

42 CFR 483.40

This section is current through the March 20, 2014 issue of the Federal Register

Code of Federal Regulations > TITLE 42-- PUBLIC HEALTH > CHAPTER IV-- CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES > SUBCHAPTER G-- STANDARDS AND CERTIFICATION > PART 483-- REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES > SUBPART B-- REQUIREMENTS FOR LONG TERM CARE FACILITIES

§ 483.40 Physician services.

A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician.

- (a) Physician supervision. The facility must ensure that --
 - (1) The medical care of each resident is supervised by a physician; and
 - (2) Another physician supervises the medical care of residents when their attending physician is unavailable.
- (b) Physician visits. The physician must --
 - (1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section;
 - (2) Write, sign, and date progress notes at each visit; and
 - (3) Sign and date all orders with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications.
- (c) Frequency of physician visits.
 - (1) The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter.
 - (2) A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.
 - (3) Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally.
 - (4) At the option of the physician, required visits in SNFs after the initial visit may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner, or clinical nurse specialist in accordance with paragraph (e) of this section.
- (d) Availability of physicians for emergency care. The facility must provide or arrange for the provision of physician services 24 hours a day, in case of an emergency.
- (e) Physician delegation of tasks in SNFs. (1) Except as specified in paragraph (e)(2) of this section, a physician may delegate tasks to a physician assistant, nurse practitioner, or clinical nurse specialist who--
 - (i) Meets the applicable definition in § 491.2 of this chapter or, in the case of a clinical nurse specialist, is licensed as such by the State;
 - (ii) Is acting within the scope of practice as defined by State law; and

(iii) Is under the supervision of the physician.

(2) A physician may not delegate a task when the regulations specify that the physician must perform it personally, or when the delegation is prohibited under State law or by the facility's own policies.

(f) Performance of physician tasks in NFs. At the option of the State, any required physician task in a NF (including tasks which the regulations specify must be performed personally by the physician) may also be satisfied when performed by a nurse practitioner, clinical nurse specialist, or physician assistant who is not an employee of the facility but who is working in collaboration with a physician.

Statutory Authority

AUTHORITY NOTE APPLICABLE TO ENTIRE PART:

Secs. 1102, 1128I and 1871 of the Social Security Act ([42 U.S.C. 1302](#), 1320a-7j, and 1395hh).

History

[56 FR 48875, Sept. 26, 1991; [67 FR 61808, 61814](#), Oct. 2, 2002]

Annotations

Notes

[EFFECTIVE DATE NOTE:

[67 FR 61808, 61814](#), Oct. 2, 2002, revised paragraph (b)(3), effective Oct. 2, 2002.]

Case Notes

NOTES TO DECISIONS: COURT AND ADMINISTRATIVE DECISIONS SIGNIFICANTLY DISCUSSING SECTION --

[Goda v White Cliff Leasing P'ship \(2003, Co Ct\) 62 Pa D & C4th 476](#)

LexisNexis® Notes

Case Notes Applicable to Entire Part

[Part Note](#)

[Dupree v. Plantation Pointe, L.P., 892 So. 2d 228, 2004 Miss. LEXIS 1460](#) (Miss Dec. 9, 2004).

Overview: New trial was not warranted in daughter's unsuccessful negligence suit against nursing home. Her bedridden mother was assaulted by male resident, who was known for sexual behavior, but home was not negligent; only doctor could transfer resident.

- Only a resident's family or treating physician can transfer a resident to another facility. [42 C.F.R. § 483.40 \(2004\)](#). *Go To Headnote*

Research References & Practice Aids
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NOTES APPLICABLE TO ENTIRE CHAPTER:

[PUBLISHER'S NOTE: Nomenclature changes affecting Chapter IV appear at 45 FR 53806, Aug. 13, 1980; 50 FR 12741, Mar. 29, 1985; [50 FR 33034](#), Aug. 16, 1985; 51 FR 41338, Nov. 14, 1986; 53 FR 6634, Mar. 2, 1988; 53 FR 47201, Nov. 22, 1988; 56 FR 8852, Mar. 1, 1991; [66](#)

[FR 39450, 39452](#), July 31, 2001; [67 FR 36539, 36540](#), May 24, 2002; [77 FR 29002, 29028](#), May 16, 2012.]

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