

CLINICAL SITE STATUS

NATCEP [42 *CFR* §483.151 (B), (E)]

Provide **each** clinical site with a copy of this page to be completed by the nursing home administrator.

The Omnibus Budget Reconciliation Act (OBRA) mandates that nurse aide training must not be performed by or in a facility which has had any of the below in the previous two years. To ensure this requirement is met, indicate whether any of the following conditions existed within the past two years.

- | YES | NO | |
|--------------------------|--------------------------|--|
| | | 1. *Substandard quality of care in: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Resident Behavior and Facility Practices [42 <i>CFR</i> §483.13] |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Quality of Life [42 <i>CFR</i> §483.15] |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Quality of Care [42 <i>CFR</i> §483.25] |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. A staffing waiver |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. An extended survey |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Civil Money Penalty of not less than \$5,000 (adjusted annually; \$13,343 as of 2025) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Medicare and/or Medicaid participation terminated |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Denial of payment for admission under Medicare and/or Medicaid |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Operated under temporary management |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Pursuant to state action, was closed or had residents transferred |

* Substandard quality of care implies that a deficiency occurred for tag items 42 *CFR* §483.13, 483.15 and 483.25 and the scope and severity were graded as F, H, I, J, K, or L.

If the answer is “YES” to any of the conditions cited above, please explain in detail on the back of this page.

Nursing Home Administrator (print name)

Signature of Administrator

Facility Name

Date