§483.5 Definitions

(a) Facility defined. For purposes of this subpart “facility” means, a skilled nursing facility (SNF) or a nursing facility (NF) which meets the requirements of §§1819 or 1919(a), (b), (c), and (d) of the Social Security Act, the Act. “Facility” may include a distinct part of an institution specified in §440.40 of this chapter, but does not include an institution for the mentally retarded or persons with related conditions described in §440.150 of this chapter. For Medicare and Medicaid purposes (including eligibility, coverage, certification, and payment), the “facility” is always the entity which participates in the program, whether that entity is comprised of all of, or a distinct part of a larger institution. For Medicare, a SNF (see §1819(a)(1)), and for Medicaid, a NF (see §1919(a)(1)) may not be an institution for mental diseases as defined in §435.1009.

Interpretive Guidelines §483.5
The following are the statutory definitions at §§1819(a) and 1919(a) of the Act for a SNF and a NF:

“Skilled nursing facility” is defined as an institution (or a distinct part of an institution) which is primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons, and is not primarily for the care and treatment of mental diseases; has in effect a transfer agreement (meeting the requirements of §1861(1)) with one or more hospitals having agreements in effect under §1866; and meets the requirements for a SNF described in subsections (b), (c), and (d) of this section.

“Nursing facility” is defined as an institution (or a distinct part of an institution) which is primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care, rehabilitation services for the rehabilitation of injured, disabled, or sick persons, or on a regular basis, health-related care and services to individuals who because of their mental or physical condition require care and services (above the level of room and board) which can be made available to them only through institutional facilities, and is not primarily for the care and treatment of mental diseases; has in effect a transfer agreement (meeting the requirements of §1861(1)) with one or more hospitals having agreements in effect under §1866; and meets the requirements for a NF described in subsections (b), (c), and (d) of this section.

If a provider does not meet one of these definitions, it cannot be certified for participation in the Medicare and/or Medicaid programs.

NOTE: If the survey team finds substandard care in §§483.13, 483.15, or 483.25, follow the instructions for partial extended or extended surveys.