

CODE	SOCIAL SERVICES/ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
	SOCIAL SERVICES (CONDITION OF PARTICIPATION)				
F233	SNF (405.1130) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F234	SNF (405.1130(b)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F235	ICF (442.344) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	A. Plan				
F236	The medically related social and emotional needs of the resident are identified.				
	B. Provision of Services				
F237	1. Services are provided to meet the social and emotional needs by the facility or by referral to an appropriate social agency.				
F238	2. If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency.				
	ACTIVITIES (CONDITION OF PARTICIPATION)				
F239	SNF(405.1131) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	Provision of Services				
F240	SNF (405.1131(b)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				