Hospital Swing Bed Program Consulting

Last reviewed October 2026 · https://www.integralhs.com/hospital-swing-bed-program-readiness

What to have ready

Each item ties to 42 CFR 482.58 [https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-482/subpart-E/section-482.58] or 42 CFR 485.645 [https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-485/subpart-F/section-485.645] (eCFR, current as of September 30, 2026) or to MLN006951 [https://www.cms.gov/files/document/mln006951-swing-bed-services.pdf] (May 2025).

- Your inpatient bed count, excluding newborn and intensive care type beds (482.58(a)(1)); for a CAH, your inpatient bed count against the limit of “not more than 25” (485.645(a)).
- Support for your rural location (482.58(a)(2)), or, for a CAH, your CAH certification under § 485.606(b) (485.645(a)).
- Your swing-bed approval history for the past two years (482.58(a)(4)).
- Resident rights policies written for swing-bed patients (482.58(b)).
- Admission, transfer and discharge rights policies for swing-bed patients (482.58(b)).
- Policies on freedom from abuse, neglect and exploitation (482.58(b)).
- How you provide social services, specialized rehabilitative services and dental services, and your discharge summary procedure (482.58(b)).
- Your process for confirming the 3-consecutive-day inpatient hospital or CAH stay before a Medicare swing-bed admission (MLN006951).
- Sample records showing “Acute care discharge orders, including discharge summary,” “Admission orders to swing bed status,” and “Appropriate progress notes” (MLN006951).
- A bed list marking the beds that cannot be used as swing beds: rehabilitation or psychiatric distinct part units excluded from the inpatient prospective payment system, intensive care units and newborn beds (MLN006951).