

## Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

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Also see Survey & Certification memos and Appendix PP in the State Operations Manual for additional information.

### §483.70(e): Facility Assessment

The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include:

- (1) The facility's resident population, including, but not limited to,
  - (i) Both the number of residents and the facility's resident capacity;
  - (ii) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;
  - (iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population;
  - (iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and
  - (v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.
- (2) The facility's resources, including but not limited to,
  - (i) All buildings and/or other physical structures and vehicles;
  - (ii) Equipment (medical and nonmedical);
  - (iii) Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies;
  - (iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;
  - (v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and
  - (vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.
- (3) A facility-based and community-based risk assessment, utilizing an all hazards approach.

### Additional References to the Facility Assessment:

Nursing Services § 483.35 - The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity

and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).

Behavioral Health Services § 483.40(a) - The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with §483.70(e).

-These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for: 483.40(a)(1) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e).

Food and Nutrition Services § 483.60(a) - Staffing. The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).

§483.75(c) QAPI Program feedback, data systems, and monitoring. The policies and procedures must include, at a minimum, the following: ... (2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.70(e) and including how such information will be used to develop and monitor performance indicators.

§483.75(e) QAPI Program activities .... (3) ... The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e).

Infection Control §483.80(a) - Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: (1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards.

§483.95 Training Requirements. A facility must develop, implement, and maintain an effective training program for all new and existing staff; individuals providing services under a contractual arrangement; and volunteers, consistent with their expected roles. A facility must determine the amount and types of training necessary based on a facility assessment as specified at § 483.70(e).

§483.95(i) Behavioral health. A facility must provide behavioral health training consistent with the requirements at §483.40 and as determined by the facility assessment at §483.70(e).

§483.95(g) Required in-service training for nurse aides. In-service training must—§483.95(g)(3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at §483.70(e) and may address the special needs of residents as determined by the facility staff  
Process for Conducting the Facility Assessment

# Facility Assessment Tool

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## Requirement

Nursing facilities will conduct, document, and annually review a facility-wide assessment, which includes both their resident population and the resources the facility needs to care for their residents (§483.70(e)).

## Purpose

The purpose of the assessment is to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. Use this assessment to make decisions about your direct care staff needs, as well as your capabilities to provide services to the residents in your facility. Using a competency-based approach focuses on ensuring that each resident is provided care that allows the resident to maintain or attain their highest practicable physical, mental, and psychosocial well-being.

*The intent of the facility assessment is for the facility to evaluate its resident population and identify the resources needed to provide the necessary person-centered care and services the residents require.*

## Overview of the Assessment Tool

This is an optional template provided for nursing facilities, and if used, it may be modified. Each facility has flexibility to decide the best way to comply with this requirement.

The tool is organized in three parts:

1. **Resident profile** including numbers, diseases/conditions, physical and cognitive disabilities, acuity, and ethnic/cultural/religious factors that impact care
2. **Services and care offered** based on resident needs (includes types of care your resident population requires; the focus is not to include individual level care plans in the facility assessment)
3. **Facility resources needed** to provide competent care for residents, including staff, staffing plan, staff training/education and competencies, education and training, physical environment and building needs, and other resources, including agreements with third parties, health information technology resources and systems, a facility-based and community-based risk assessment, and other information that you may choose

This assessment asks you to collect and use information from a variety of sources. Some of the sources may include but are not limited to MDS reports, Quality Measures, 672 (Resident Census and Conditions of Residents) and/or 802 (Roster/Sample Matrix Form) reports, the Payroll-Based Journal, and in-house designed reports.

THIS DOCUMENT CONTAINS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR INTERNAL USE.

## Guidelines for Conducting the Assessment

1. To ensure the required thoroughness, individuals involved in the facility assessment should, at a minimum, include the administrator, a representative of the governing body, the medical director, and the director of nursing. The environmental operations manager and other department heads (e.g., the dietary manager, director of rehabilitation services, or other individuals including direct care staff) should be involved as needed. Facilities are encouraged to seek input from residents, their representative(s), or families, and consider that information when formulating their assessment.
2. While a facility may include input from its Consulting company, the facility assessment must be conducted at the facility level.
3. The facility must review and update this assessment annually or whenever there is/the facility plans for any change that would require a modification to any part of this assessment. For example, if the facility decides to admit residents with care needs who were previously not admitted, such as residents on ventilators or dialysis, the facility assessment must be reviewed and updated to address how the facility staff, resources, physical environment, etc., meet the needs of those residents and any areas requiring attention, such as any training or supplies required to provide care.
  - It is not the intent that the organizational assessment is updated for every new person that moves into the nursing home, but rather for significant changes such as when the facility begins admitting residents that require substantially different care. Likewise, hiring new staff or a director of nursing or even remodeling should not require an update of the facility assessment, unless these are actions that the facility assessment indicated the facility needed to do.
4. The facility assessment should serve as a record for staff and management to understand the reasoning for decisions made regarding staffing and other resources.
5. Appendix PP provides surveyor guidance through Interpretive Guidelines in the State Operations Manual. With regard to the facility assessment, Appendix PP states, "If systemic care concerns are identified that are related to the facility's planning, review the facility assessment to determine if these concerns were considered as part of the facility's assessment process. For example, if a facility recently started accepting bariatric residents, and concerns are identified related to providing bariatric services, did facility staff update its assessment before accepting residents with these needs to identify the necessary equipment, staffing, etc., needed to provide care that is effective and safe for the residents and staff?"

### Plan for the Assessment

1. The administrator or designated individual assigns a person to lead the facility assessment process.
2. The facility assessment leader:
  - a. Reviews the regulation for the facility assessment requirements.
  - b. Reviews the Interpretive Guidelines, Appendix PP for F838 Facility Assessment, and other areas that refer to the Facility Assessment.
  - c. Reviews the optional tool made available by CMS

3. The leader identifies and invites team members to be on the assessment team, including the administrator, representative of the governing body, medical director, and director of nursing, and considers other persons to be on the team.
  - a. Consider and plan for how you will get input and participation from residents, their representatives and/or family members and CNAs (who provide most of the hands-on care) throughout the assessment process. This could include a) asking for input from both the resident council and the family council (if there is one); b) getting feedback from the local long-term care ombudsman program; and c) involving residents, their representatives, and/or family members and CNAs as part of the facility assessment team (for instance, the president of the resident council could represent residents.)
  - b. Consider and plan for how you will engage the medical director and medical practitioners in discussing the entire approach to, and ability to care for, residents/patients.
4. The leader convenes a team to work on the assessment, and with the team:
  - a. Review and discuss the requirement.
  - b. Review the process with the team; discuss and clarify steps needed.
  - c. Discuss and establish a timeline for the assessment.
    - i. Consider if the facility assessment timing should align with the budgeting process.
  - d. Discuss and decide how the assessment will be completed.
    - i. One person takes the lead on the first draft, or
    - ii. Assign persons to complete different sections.

#### **Complete the Facility Assessment**

1. The team leader and others assigned complete the assessment.
2. Team leader and others completing the assessment check-in as needed to discuss any questions or barriers that are coming up to completing the assessment.

#### **Evaluate Your Process and Plan for Future Assessments**

1. Review the facility assessment requirements and guidance at F838. Be prepared to respond to the surveyor on the following questions.
  - a. How did the facility assess the resident population? Does this reflect the population observed?
  - b. How did the facility determine the acuity of the resident population?
  - c. How did the facility determine the staffing level?
  - d. How did the facility determine what skills and competencies would be required by those providing care?
  - e. Who was involved in conducting the facility assessment?
  - f. How did the facility determine what equipment, supplies, and physical environment would be required to meet all resident needs?
  - g. How did the facility develop its emergency plan?
2. Evaluate with your team the process to conduct the assessment and use the findings. What went well? What will you do differently next time?
3. Establish a process for updating the assessment in one year or earlier if there are substantive changes.



## FACILITY ASSESSMENT TOOL

<b>Facility Name</b>	
<b>Persons (names/ titles) involved in completing assessment</b>	Administrator: Director of Nursing: SSD/PRSD: Dietary: Medical Director: Other:
<b>Date(s) of assessment or update</b>	
<b>Date(s) assessment reviewed with QAA/QAPI committee</b>	

## Part 1: Our Resident Profile

### Numbers

1.1. Indicate the number of residents you are licensed to provide care for: (enter number of beds)

a.	Floor/Unit _____	# of Beds: _____	Brief Description: _____
b.	Floor/Unit _____	# of Beds: _____	Brief Description: _____
c.	Floor/Unit _____	# of Beds: _____	Brief Description: _____
d.	Floor/Unit _____	# of Beds: _____	Brief Description: _____
e.	Floor/Unit _____	# of Beds: _____	Brief Description: _____
f.	Floor/Unit _____	# of Beds: _____	Brief Description: _____

1.2. Indicate your average daily census:

a.	Floor/Unit _____	Census: _____
b.	Floor/Unit _____	Census: _____
c.	Floor/Unit _____	Census: _____
d.	Floor/Unit _____	Census: _____
e.	Floor/Unit _____	Census: _____
f.	Floor/Unit _____	Census: _____

1.2.a. The number of persons admitted and discharged, as these processes can impact staffing needs.

#### Admits/Discharges:

	Number (enter average or range) of persons admitted	Number (enter average or range) of persons discharged
Weekday		
Weekend		

### Diseases/conditions, physical and cognitive disabilities

1.3. Indicate if you may accept residents with, or your residents may develop, the following **common** diseases, conditions, physical and cognitive disabilities, or combinations of conditions that require complex medical care and management.

For example, start with this list and modify as needed. The intent is not to list every possible diagnosis or condition. Rather, it is to document common diagnoses or conditions in order to identify the types of human and material resources necessary to meet the needs of resident's living with these conditions or combinations of these conditions.

Diagnoses (insert report - instructions at end of Part 1 document):

Any care/diagnoses/ages which facility does not accept:

*Decisions regarding caring for residents with conditions not listed above*

- 1.4. Describe the process to make admission or continuing care decisions for persons that have diagnoses or conditions that you are less familiar with and have not previously supported. For example, how do you determine, if you have the opportunity to admit a person with a new diagnosis to your facility, or to continue caring for a person that has developed a new diagnosis, condition or symptom, if you have the resources, or how you might secure the resources, to provide care and support for the person?

*Included: Admission Policy. Resources obtained thru assistance with Consultant Company, vendors, and organizations as appropriate*

*Acuity*

- 1.5. Describe your residents' acuity levels that help you to understand potential implications regarding the intensity of care and services needed. The intent of this is to give an overall picture of acuity – **over the past year, or during a typical month**, for example. Potential data sources include RUGs, MDS data, and resident/patient acuity tools.

**ADL - Activities of Daily Living: 0= least assistance 16=most assistance (instructions at end of Part 1 document):**

<b>ADL Scores for All Residents in 12 Months</b>		
<u>Score</u>	<u>Residents at ADL Score</u>	<u>Percent</u>
0		
1		
2		
3		
4		
5		
6		
7		
8		
9		

10		
11		
12		
13		
14		
15		
16		

**CAA Trigger Percentages (instructions at end of Part 1 document)**

<u>CAA</u>	<u>Percentage</u>
Delirium	
Cognitive Loss/Dementia	
Visual Function	
Communication	
ADL Functional Status / Rehabilitation Potential	
Urinary Incontinence and Indwelling Catheter	
Psychosocial Well-Being	
Mood State	
Behavioral Symptoms	
Activities	
Falls	
Nutritional Status	
Feeding Tubes	
Dehydration / Fluid Maintenance	

Dental Care	
Pressure Ulcers	
Psychotropic Medication Use	
Physical Restraints	
Pain	
Return to Community Referral	

**Included: MDS 3.0 Facility Characteristics Report (insert report - instructions included at end of Part 1 document)** This includes information on gender, age, diagnostic characteristics, prognosis, discharge plan, referral, type of entry and entered facility from.

*Ethnic, cultural, or religious factors*

- 1.6. Describe ethnic, cultural, or religious factors or personal resident preferences that may potentially affect the care provided to residents by your facility. Examples may include activities, food and nutrition services, languages, clothing preferences, access to religious services, or religious-based advanced directives.

*Other*

- 1.7. Describe other pertinent facts or descriptions of the resident population that must be taken into account when determining staffing and resource needs (e.g., residents' preferences with regard to daily schedules, waking, bathing, activities, naps, food, going to bed, etc.)

### Accessing Diagnosis Report via eHDS

- After logging into eHDS → select Reports
- Under Reports → open tab for MDS 3.0 Watch Pages → select 'Diagnosis Watch'
  - ▣ MDS 3.0 Watch Pages
    - ▣ ADL Watch
    - ▣ Cognition Watch
    - ▣ Continenence Watch
    - ▣ **Diagnosis Watch**
- To select the date range being reviewed, select the 'PREFS' tab from top of the Diagnosis Watch page

As of Today **PREFS**

- Once on the PREFS page, enter 'from' and 'to' dates being reviewed and then 'save changes'

Select one of the options below to include residents that were in a facility at any time in the date range. Discharged residents are included as long as they were in the facility at some time in the date range:

- Last 6 weeks     Last 3 years  
 Last 90 days     Last 3+ years  
 Last 15 months     From 01/01/2016 To 12/31/2016

✱

- After saving the dates being reviewed, go back to the Diagnosis Watch Page, the Diagnosis Frequency area will list the diagnoses and the percentage for each diagnosis under the 11 different categories

**Diagnosis Frequency**



[-][x]

Accessing MDS 3.0 ADL Score Report in Matrix:

Facility tab → Reports → RAI Box → Radio button for MDS 3.0 ADL Score Report → Next

Complete the form as seen below (change the dates to the period of time to be reviewed)

**MDS 3.0 ADL Score Report**

<b>Assessment Selection:</b>	<input checked="" type="radio"/> Most Recent in Range <input type="radio"/> All in Range
<b>Start Date:</b>	<input type="text" value="01/01/2016"/> 
<b>End Date:</b>	<input type="text" value="12/31/2016"/> 
<b>Unit (As of End Date):</b>	<div style="border: 1px solid black; padding: 5px;">           East Wing            South Wing            West Wing         </div> <p><a href="#">Select All</a>          Hold down the 'Ctrl' key to select multiple choices</p>
<b>Payers:</b>	<div style="border: 1px solid black; padding: 5px;">           CLINICAL CENSUS - Private            COLLECTION/INCOME - Private            DEPOSITS - Private            INCOME - Private            PRIVATE - Private            PRIVATE HOSPICE - Private            AETNA - MEDICAID MCO - Medicaid (Stat            BLUE CROSS COMMUNITY OPTI - Medicaid            COMMUNITY-MEDICAID MCO - Medicaid (▼            FAMILY HEALTH NETWORK FHP - Medicaid         </div> <p><a href="#">Select All</a>          Hold down the 'Ctrl' key to select multiple choices</p>

<b>Payer Logic:</b>	<input checked="" type="radio"/> Payer at Any Date of the Report Range <input type="radio"/> Payer as of the ARD of the Qualifying Assessment
<b>Resident Status (As of End Date):</b>	<div style="border: 1px solid black; padding: 5px;"> <p>In House  Hospital Leave  Therapeutic Leave  Discharged RE  Discharged  Expired</p> <p>Outpatient  Outpatient Discharged  Preadmission</p> <p><a href="#">Select All</a>  Hold down the 'Ctrl' key to select multiple choices</p> </div>
<b>Exclude In Process Assessments:</b>	<input checked="" type="checkbox"/>
<b>Sort by:</b>	ADL Score-RUG IV ▼
<b>Report Output Type:</b>	PDF ▼

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On the far right side of each ADL Score row is the total number of residents with that ADL score. This is the number that will be entered under 'Residents at ADL Score'.

To determine percentages: Use the total assessments number found at the end of the report (see

below). **Facility Summary:**  
**Total Asmts w/RUG-IV ADL: 140**

Take the total number of each ADL score and divide it by the total number of residents.



Example: 2 residents with an ADL score of 16 divided by 140 total residents = 0.01428 Move the decimal 2 places to the right and round down to 1%

Accessing CAA Roster Report in Matrix:

Facility tab → Reports → RAI Box → Radio button for CAA Roster → Next

Complete the form as seen below (change the dates to the period of time to be reviewed)

**CAA Roster**

<b>Assessment Selection:</b>	<input checked="" type="radio"/> Most Recent in Range <input type="radio"/> All in Range
<b>Start Date:</b>	01/01/2016 
<b>End Date:</b>	12/31/2016 
<b>Units (As of End Date):</b>	<div style="border: 1px solid black; padding: 5px;">           East Wing            South Wing            West Wing         </div> <p><a href="#">Select All</a> Hold down the 'Ctrl' key to select multiple choices</p>
<b>Residents:</b>	<div style="border: 1px solid black; padding: 5px;">           ABEYTA, CAROLYN (MR# 2888)            ACOSTA, RICHARD (MR# 3407)            ADAMS, LOLA (MR# 3025)            AGNEW, LOGAN (MR# 3330)            AGNEW, MILTON (MR# 2544)            AGUILAR, JENNIE (MR# 2674)            AKINS, MONROE (MR# 3666)            ALBERSON, VICTORIA (MR# 3569)            ALDANA, ARNOLD (MR# 3231)            ALEMAN, ENRIQUE (MR# 2485)         </div> <p><a href="#">Select All</a> Hold down the 'Ctrl' key to select multiple choices</p>

<b>Resident Status (As of End Date):</b>	<div style="background-color: #0070C0; color: white; padding: 2px;">           In House            Hospital Leave            Therapeutic Leave            Discharged RE            Discharged            Expired         </div> <div style="padding: 2px;">           Outpatient            Outpatient Discharged            Preadmission         </div> <p><a href="#">Select All</a> Hold down the 'Ctrl' key to select multiple choices</p>
<b>Exclude In Process Assessments:</b>	<input checked="" type="checkbox"/>
<b>Sort by:</b>	Resident Name ▼
<b>Report Output Type:</b>	PDF ▼

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To determine percentages after running the report: Count the total number of residents on the report. Take the total number of each triggered CAA and divide it by the total number of residents.

Example: 8 triggered the CAA for Delirium divided by 75 total residents = 0.1066 Move the decimal 2 places to the right and round up to 11%

MDS 3.0 Facility Characteristics Report

After signing into Ability, click Tasks, click MDS Transmission Watch,

Tasks Reports Print Help Ask eHDS (13/7) Logout

Home > MDS Transmission Watch

CareWatch, UBWatch

Start Date: 07/18/2017

Edit Options Save Changes

All Assessments Ready to Transmit

Transmit Selected Details

No records found

Assessments Not to be Transmitted

No records found

Assessments Transmitted

Action	Added to
<a href="#">Trans File</a>	
<a href="#">Details</a>	7/31/2017 10:53 AM
<a href="#">Feedback</a>	
<a href="#">Validation</a>	
<a href="#">Download</a>	
<a href="#">Trans File</a>	
<a href="#">Comments:</a>	

**Tasks**

- [-] Favorites
  - Five-Star Performance Dashboard
  - Correct Suspended Assessments
  - Submit PBJ Files
  - Focused Survey
  - MDS Transmission Watch
  - PBJ Transmission Watch
  - Change Password
  - Manage Users
- [-] Tasks
  - Submit MDS 3.0 Assessments
  - Correct Suspended Assessments
  - Submit PBJ Files
  - MDS 3.0 Details Definition
  - Manage CMS-802 Report
  - Manage CMS-672 Report
  - Focused Survey
  - MDS Transmission Watch
  - PBJ Transmission Watch
  - Change Password
  - Admin Tools

Scroll to the bottom of the page to box titled **CMS Reports** – click on the link ‘Request a Report’

**CMS Reports**

Report Type:

**Request a Report**

Action	Created ↓	Completed	Type
	8/1/2017 10:53 AM	8/1/2017	MDS 3.0 Facility Quality Measure

On the right hand side drop down box, select the Report 'MDS 3.0 Facility Characteristics Report'. Enter the year parameters next to Begin Date and End Date

**Home** > **MDS Transmission Watch** > **Request CMS Report**

Facility:  Report Type:

Begin Date:

End Date:

Comparison Group:

Report Format:

Calculation Date: 07/31/2017

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Click the gray box labeled 'Request' and you will then see 'Request generated successfully'

**Request generated successfully**

Using the 'breadcrumbs' at the top of the page, click on MDS Transmission Watch

|  |  |  |  |

**Home** > **MDS Transmission Watch** > **Request CMS Report**

Facility:  Report Type:

Scroll down to the bottom of the page to the CMS Reports box – you may have to refresh the page several times before you see the report that was requested. Once you see the report listed, click on the View link on the left.

**CMS Reports**

Report Type:

**Request a Report**

Action	Created ↓	Completed	Type
<a href="#">View</a>	7/31/2017 06:01PM	7/31/2017	MDS 3.0 Facility Characteristics Report

**ErrorMessage:**

The report will come up as a pdf document – print to get the data

## Part 2: Services and Care We Offer Based on our Residents' Needs

### *Resident support/care needs*

- 2.1 List the types of care that your resident population requires and that you provide for your resident population. List by general categories, adding specifics as needed. It is not expected that you quantify each care or practice in terms of the number of residents that need that care, or enter an aggregate of all resident care plans here. The intent is to identify and reflect on resources needed (in Section 3) to provide these types of care.

**Start with this list and modify as needed:**

<b>General Care</b>	<b>Specific Care or Practices</b>
Activities of daily living	Bathing, showers, oral/denture care, dressing, eating, support with needs related to hearing/vision/sensory impairment; supporting resident independence in doing as much of these activities by himself/herself
Mobility and fall/fall with injury prevention	Transfers, ambulation, restorative nursing, contracture prevention/care; supporting resident independence in doing as much of these activities by himself/herself
Bowel/bladder	Bowel/bladder toileting programs, incontinence prevention and care, intermittent or indwelling or other urinary catheter, ostomy, responding to requests for assistance to the bathroom/toilet promptly in order to maintain continence and promote resident dignity
Skin integrity	Pressure injury prevention and care, skin care, wound care (surgical, other skin wounds)
Mental health and behavior	Manage the medical conditions and medication-related issues causing psychiatric symptoms and behavior, identify and implement interventions to help support individuals with issues such as dealing with anxiety, care of someone with cognitive impairment, care of individuals with depression, trauma/PTSD, other psychiatric diagnoses, intellectual or developmental disabilities
Dementia Care	
Medications	Awareness of any limitations of administering medications Administration of medications that residents need By route: oral, nasal, buccal, sublingual, topical, subcutaneous, rectal, intravenous (peripheral or central lines), intramuscular, inhaled (nebulizer), vaginal, ophthalmic, etc. Assessment/management of polypharmacy
Pain management	Assessment of pain, pharmacologic and nonpharmacological pain management
Infection prevention and control	Identification and containment of infections, prevention of infections
Management of medical conditions	Assessment, early identification of problems/deterioration, management of medical and psychiatric symptoms and conditions such as heart failure, diabetes, chronic obstructive

	pulmonary disease (COPD), gastroenteritis, infections such as UTI and gastroenteritis, pneumonia, hypothyroidism
Therapy	PT, OT, Speech/Language, Respiratory, Music, Art, management of braces, splints
Other special care needs	Dialysis, hospice, ostomy care, tracheostomy care, bariatric care, palliative care, end of life care
Nutrition	Individualized dietary requirements, liberal diets, specialized diets, IV nutrition, tube feeding, cultural or ethnic dietary needs, assistive devices, fluid monitoring or restrictions, hypodermoclysis
Provide person-centered/directed care: Psycho/social/spiritual support:	<p>Build relationship with resident/get to know him/her; engage resident in conversation</p> <p>Find out what resident's preferences and routines are; what makes a good day for the resident; what upsets him/her and incorporate this information into the care planning process. Make sure staff caring for the resident have this information</p> <p>Record and discuss treatment and care preferences</p> <p>Support emotional and mental well-being; support helpful coping mechanisms</p> <p>Support resident having familiar belongings</p> <p>Provide culturally competent care: learn about resident preferences and practices with regard to culture and religion; stay open to requests and preferences and work to support those as appropriate</p> <p>Provide or support access to religious preferences, use or encourage prayer as appropriate/desired by the resident</p> <p>Provide opportunities for social activities/life enrichment (individual, small group, community)</p> <p>Support community integration if resident desires</p> <p>Prevent abuse and neglect</p> <p>Identify hazards and risks for residents</p> <p>Offer and assist resident and family caregivers (or other proxy as appropriate) to be involved in person-centered care planning and advance care planning</p> <p>Provide family/representative support</p>

## Part 3: Facility Resources Needed to Provide Competent Support and Care for our Resident Population Every Day and During Emergencies

### *Staff type*

3.1 Identify the type of staff members, other health care professionals, and medical practitioners that are needed to provide support and care for residents. Potential data sources include staffing records, organization chart, and Payroll-Based Journal reports.

*Considering the following type of staff and other professionals/practitioners, list (or refer to or provide a link to) your staffing data, directories, organization chart, or other lists that show the type of staff needed to care for your resident population.*

- Administration (e.g., Administrator, Administrative Assistant, Staff Development, QAPI, Infection Control and Prevention, Environmental Services, Social Services, Discharge Planning, Business Office, Finance, Human Resources, Compliance and Ethics)
- Nursing Services (e.g., DON, RN, LPN or LVN, CNA or NAR, medication aide or technician, MDS nurse)
- Food and Nutrition Services (e.g., Director, support staff, registered dietician)
- Therapy Services (e.g., OT, OTA, PT, PTA, RT, RT tech, speech language pathology, audiologist, optometrist, activities professionals, other activities staff, social worker, mental health social worker)
- Medical/Physician Services (e.g., Medical Director, Attending Physician, Physician Assistant, Nurse Practitioner, Dentist, Podiatrist, Ophthalmologist)
- Pharmacist
- Behavioral and mental health providers
- Support Staff (e.g., engineering, plant operations, information technology, custodians, housekeeping, maintenance staff, groundskeepers, laundry services)
- Chaplain/Religious services
- Volunteers, students
- Other (vocational services worker, clinical laboratory services worker, diagnostic X-ray services worker, blood services worker) psychiatric services and mental health providers

### *Staffing plan*

3.2. Based on your resident population and their needs for care and support, describe your general approach to staffing to ensure that you have sufficient staff to meet the needs of the residents at any given time.

*Included: Labor Budget and update if any changes before next year's budget*

### *Individual staff assignment*

3.3. Describe how you determine and review individual staff assignments for coordination and continuity of care for residents within and across these staff assignments.

*We review care needed by residents on each unit/floor to determine staff assigned. This is a combination of ADL needs, nursing needs, psychosocial needs, and any other special considerations to provide person centered care.*

#### *Staff training/education and competencies*

- 3.4. Describe the staff training/education and competencies that are necessary to provide the level and types of support and care needed for your resident population. Include staff certification requirements as applicable. Potential data sources include hiring, education, training, competency instruction, and testing policies.

*Aside from having licensures/certifications as required by law, the facility has a comprehensive orientation program and annual inservice calendar. As needed, the facility continues to re-educate staff on specific areas of improvement. Included: Orientation checklist, Inservice Calendar, Nurse Competency, CNA Competency,*

#### *Policies and procedures for provision of care*

- 3.5. Describe how you evaluate what policies and procedures may be required in the provision of care, and how you ensure those meet current professional standards of practice. Include, for example, your process to determine if new or updated policies are needed, and how they are developed or updated. Examples of policies and procedures include pain management, IV therapy, fall prevention, skin and wound care, restorative nursing, specialized respiratory care for tracheostomy or ventilator, storage of medications and biologicals, and transportation.

*Policies are in place for all needed areas and are updated/reviewed annually and as needed by the facility with the help of the consultant company. Included: Signatures of last policy manual review*

#### *Working with medical practitioners*

- 3.6. Describe your plan to recruit and retain enough medical practitioners (e.g., physicians, nurse practitioners) who are adequately trained and knowledgeable in the care of your residents/patients, including how you will collaborate with them to ensure that the facility has appropriate medical practices for the needs and scope of your population.

*Work with Medical Director, Business Development, hospitals, and other vendors ie Vohra or Impac to ensure residents' needs are met*

- 3.7. Describe how the management and staff familiarize themselves with what they should expect from medical practitioners and other healthcare professionals related to standards of care and competencies that are necessary to provide the level and types of support and care needed for your resident population. For example, do you share expectations for providers that see residents in your nursing home on the use of standards, protocols, or other information developed by your medical director? Do you have discussions on what providers and staff expect of each other in terms of the care delivery process and clinical reasoning essential to providing high quality care?

*Discuss expectations during credentialing process and discuss areas on improvement as they occur with physician or Medical Director with physician. Included Physician Orientation Checklist.*

### *Physical environment and building/plant needs*

3.8. List physical resources for the following categories. Review the resources in the example below and modify as needed. If applicable, describe your processes to ensure adequate supplies and to ensure equipment is maintained to protect and promote the health and safety of residents.

#### Physical Resources Graph

<b>Physical Resource Category</b>	<b>Resources</b>	<b>If applicable, process to ensure adequate supply, appropriate maintenance, replacement</b>
Buildings and/or other structures	Building description – can use floor plans, garage, storage shed	
Vehicles	Transportation van OR company(ies) worked with to provide service	
Physical equipment	Bath benches, shower chairs, bathroom safety bars, bathing tubs, sinks for residents and for staff, scales, bed scales, ventilators, wheelchairs and associated positioning devices, bariatric beds, bariatric wheelchairs, lifts, lift slings, bed frames, mattresses, room and common space furniture, exercise equipment, therapy tables/equipment, walkers, canes, nightlights, steam table, oxygen tanks and tubing, dialysis chair and station, ventilators	
Services	Waste management, hazardous waste management, telephone, HVAC, dental, barber/beauty, pharmacy, laboratory, radiology, occupational, physical, respiratory, and speech therapy, gift shop, religious, exercise, recreational music, art therapy, café/snack bar/bistro	
Other physical plant needs	Sliding doors, ADA compliant entry/exit ways, nourishment accessibility, nurse call system, emergency power	
Medical supplies (if applicable)	Blood pressure monitors, compression garments, gloves, gowns, hand sanitizer, gait belts, infection control products, heel and elbow suspension products, suction equipment, thermometers, urinary catheter supplies, oxygen, oxygen saturation machine, Bi-PAP, bladder scanner	

Non-medical supplies (if applicable)	Soaps, body cleansing products, incontinence supplies, waste baskets, bed and bath linens, individual communication devices, computers	
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*Other*

- 3.9. List contracts, memoranda of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies. Consider including a description of your process for overseeing these services and how those services will meet resident needs and regulatory, operational, maintenance, and staff training requirements.

*Vendor list from Emergency Preparedness and vendors for medical/non-medical supplies.*

- 3.10. List health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations. Consider including a description of a) how the facility will securely transfer health information to a hospital, home health agency, or other providers for any resident transferred or discharged from the facility; b) how downtime procedures are developed and implemented; and c) how the facility ensures that residents and their representative can access their records upon request and obtain copies within required timeframes.

*Included: Hitech Policy and Procedure for Release/Disclosure of Resident Records*

- 3.11. Describe how you evaluate if your infection prevention and control program includes effective systems for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement, that follow accepted national standards.

*Have program to include recording, monitoring and policies for controlling infections and communicable diseases. Please refer to policies from website/manual and infection control logs.*

- 3.12. Provide your facility-based and community-based risk assessment, utilizing an all-hazards approach (an integrated approach focusing on capacities and capabilities critical to preparedness for a full spectrum of emergencies and natural disasters). Note that it is acceptable to refer to the risk assessment of your emergency preparedness plan (§483.73), and focus on high-volume, high-risk areas.

*Please see Emergency Preparedness Manual*

**EVALUATION:****Synthesize and Use the Assessment Findings**

Review the findings of your assessment as a leadership team and discuss the following questions. The goal is to make decisions about needed resources, including direct care staff needs, as well as their capabilities to provide services to the residents in the facility. This step in the process is to use the assessment findings to ensure you are providing competent care to residents every day and during emergencies, and work to continuously identify and act on opportunities for improvement.

Documentations of discussions or responses to the questions below are intended for facility use.

Consider the questions below:

QUESTION	RESPONSE	Plans to be implemented based on response	Who is responsible	When will plans implemented?
How has the resident population-diseases, conditions, acuity, etc. changed since the last assessment?				
Based on resident number, acuity, and diagnoses of resident population and our current level of staffing, do we have sufficient nursing staff (nurses and CNAs) with the appropriate competencies and skills?				
Based on resident number, acuity, and diagnoses of resident population, do we have sufficient staff with the appropriate skills and competencies to carry out functions of food and nutrition services; for example, dietitian?				
Are there any training, education and/ or competency needs based on resident and/or staff data or trends identified in the Facility Assessment? <ul style="list-style-type: none"> <li>• Behavioral training: dementia/ SMI/ Misc</li> <li>• CNA training sufficient for care needed</li> <li>• Other</li> </ul>				

If changes to any competencies involved, do we need to update job descriptions or annual performance evaluations?				
What opportunities do we have to further collaborate closely with our medical practitioners to enhance our approaches to resident/patient care?				
Are there any infection control issues (e.g., increase in or new infectious diseases, surveillance needs) that require a change in our infection prevention resources and methods?				
What opportunities exist for quality initiatives (QAA/QAPI) as a result of what we learned from the Facility Assessment to improve our facility's services and resources?				
Are there any other resources we need to care for residents competently during day-to-day operations and emergencies, based on the Facility Assessment?				
Are adjustments needed in our operating budget to address any gaps in resource needs?				