Requirements of Participation

Facility Assessment Template

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| **Disclaimer**: Use of this specific tool is not mandated by CMS. This template must be adapted to your requirements to ensure compliance with the regulation to complete a facility specific assessment.  This tool has been compiled using a variety of tools. Further information on the Facility Assessment can be found here: <http://qioprogram.org/facility-assessment-tool> and through CMS. |

# How to Use This Template

1. This template can be modified to individual use without permission from PointClickCare.
2. For any changes to the form itself (not the contents), complete the revision table below so that you can track version of this report.
3. It contains the contents of the CMS released version, with additional resources including PointClickCare reports itemized within each section where applicable.
4. The text boxes are created in table format and will flow over pages for ease of use.
5. Once the content is completed updated, complete the table in section 1.
6. Once you have completed the form, last step is to update the table of contents. Navigate to the table and click “Update Table” in the header row. Select “Update Entire Table”.

## Revision Table

|  |  |  |
| --- | --- | --- |
| Date | Person Revising | Items Updated |
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# Purpose

The Facility Assessment (§ 483.70 (e) Administration) is a complete review of internal human and physical resources required by the facility to care for residents competently during day to day and emergency operations. The facility assessment identifies your capabilities as a skilled nursing services provider. The Facility Assessment will be the basis for surveyors to ascertain whether you are prepared to competently take care of the population you have identified that you serve.

There are three components to the review:

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

The assessment is not intended as a static tool but is intended to be a living document. It should include your business plan, staffing plan, the types of residents you can serve and the resources and physical plant required to competently care for the identified populations. It should provide the basis for decisions regarding quality programs, staffing and business moving forward.

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, EHR reports and in-house designed reports.

# 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 corporate organization, 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, and may include the operating budget necessary to carry out facility functions.
5. Appendix PP provides surveyor guidance through Interpretive Guidelines in the State Operations Manual. Regarding 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?”

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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.

# Sample Process for Conducting the Facility Assessment

(Attachment 2 in CMS/QIO template)

## Plan for the Assessment

1. The administrator or designated individual assigns a person to lead the facility assessment process.
2. The facility assessment leader:
   1. Reviews the regulation for the facility assessment requirements.
   2. Reviews the Interpretive Guidelines, Appendix PP for F838 Facility Assessment, and other areas that refer to the Facility Assessment.
   3. 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.
   1. 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; if not, a meeting of families could be held to obtain such input); 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.
   2. 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:
   1. Review and discuss the requirement.
   2. Review the process with the team; discuss and clarify steps needed.
   3. Discuss and establish a timeline for the assessment.
      1. Consider if the facility assessment timing should align with the budgeting process.
   4. Discuss and decide how the assessment will be completed.
      1. One person takes the lead on the first draft, or
      2. 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.

## Synthesize and Use the Assessment Findings

1. 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:
2. How has the resident population- diseases, conditions, acuity, etc. changed since the last assessment?
3. Do we need to make any changes in staffing?
   * 1. 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?

How do we determine if we have sufficient staffing? Consider the following:

* + - Gather input from residents, family members, and/or resident representatives, CNAs, licensed nurses providing direct care, and the local long-term care ombudsman about how well the current staffing plan has been working and any concerns, and make sure to consider this information when developing the staffing plan.
    - Calculate the type of staff and the amount of staff time needed to meet residents’ daily needs, preferences, and routines in order to help each resident attain or maintain the highest practicable physical, mental, and psychosocial well-being.
    - Review expectations for minimum staffing requirements at the federal and state level. Federal law requires nursing homes to have sufficient staff to meet the needs of residents, to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(1), and must designate a licensed nurse to serve as a charge nurse on each tour of duty (§483.35(a)(2). However, there is no current federal requirement for specific nursing home staffing levels.
    - Review comparative data (at the nursing home, state and national level) available on the staff measure on Nursing Home Compare. Ask how do we compare, and if we have different HRPD from other homes, the state, and nation, why? What might that mean and how might it inform our staffing plan? Note that the Nursing Home Compare staffing rating considers differences in the levels of residents' care needs in each nursing home. For example, a nursing home with residents that have more health problems would be expected to have more nursing staff than a nursing home where the residents need less health care.
    1. 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?

1. Is there any training, education and/ or competency needs based on resident and/or staff data or trends identified in the Facility Assessment?
   * 1. Does our current behavioral health training sufficiently address our resident population, as identified by the Facility Assessment?
     2. Does our current CNA training program sufficiently address our resident population as identified by the Facility Assessment?
     3. Do we need to update job descriptions to coincide with new competencies identified?
     4. Are new requirements incorporated into our annual performance evaluation process?
2. What opportunities do we have to further collaborate closely with our medical practitioners to enhance our approaches to resident/patient care?
3. 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?
4. 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?
   * 1. Do the trends identified in the Facility Assessment suggest areas where we need to improve the quality of our care, quality of life for our residents and/or quality of our services?
     2. What findings in the assessment indicate a need for us to collect and use additional data to inform decision making for future care and improvement?
5. Are there any other resources we need to care for residents competently during day-to-day operations and emergencies, based on the Facility Assessment?
6. Has our facility’s anticipated income been evaluated with relation to anticipated needs in the coming year, as identified in the assessment? Are adjustments needed in our operating budget to address any gaps in resource needs?

|  |  |
| --- | --- |
| **Areas Facility Assessment Informed** | **Action To Be Taken/Already Taken This Year** |
| Staffing |  |
| Infection Prevention/Control |  |
| Training, Competencies |  |
| QAPI Initiatives/Performance Improvement Projects |  |
| Business Strategy |  |

## 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.
2. How did the facility assess the resident population? Does this reflect the population observed?
3. How did the facility determine the acuity of the resident population?
4. How did the facility determine the staffing level?
5. How did the facility determine what skills and competencies would be required by those providing care?
6. Who was involved in conducting the facility assessment?
7. How did the facility determine what equipment, supplies, and physical environment would be required to meet all resident needs?
8. How did the facility develop its emergency plan?
9. Evaluate, with your team, the process to conduct the assessment and use the findings. What went well? What will you do differently next time?
10. Establish a process for updating the assessment in one year or earlier of there are substantive changes.

# Facility Information

|  |  |
| --- | --- |
| Name of Facility: |  |
| Company Bio: |  |
| Company Logo: |  |
| People Involved in Completing |  |
| Date Completed/Updated: |  |
| Date Reviewed with QAPI Committee |  |

# Resident Profile

## Numbers

**Considerations**:

* Consider if it would also be helpful to differentiate between long-stay and short-stay residents or other categorizations (e.g., unit floors or specialty areas or units, such as those that provide care and support for persons living with dementia or using ventilators).
* Consider if it would also be helpful to differentiate between long-stay and short-stay residents or other categorizations (e.g., unit floors or specialty areas or units, such as those that provide care and support for persons living with dementia or using ventilators).
* Consider if it would be helpful to describe the number of persons admitted and discharged, as these processes can impact staffing needs
* **POINTCLICKCARE REPORTS – Census Reports.**

| **ITEM** | **FACILITY RESPONSE** |
| --- | --- |
| # of Licensed Beds |  |
| Average Daily Census (Range) |  |
| Average Weekday Admissions |  |
| Average Weekend Admissions |  |
| Average Weekday Discharges |  |
| Average Weekday Discharges |  |

## Diseases/Conditions, Physical and Cognitive Disabilities

**Considerations**:

* 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.
* The intent is not to list every possible diagnosis or condition. Rather, it is to document common diagnoses or conditions 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.
* 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.
* The intent is not to list every possible diagnosis or condition. Rather, it is to document **common diagnoses or conditions** 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. Edit the list below to your needs.
* POINTCLICKCARE REPORTS: Roster Matrix, MDS, Diagnosis Report, Orders Reports, UDA Reports (Scoring, Response).

## Common Diagnoses/Conditions

| **Category** | **Common diagnoses** |
| --- | --- |
| Psychiatric/Mood Disorders | Psychosis (Hallucinations, Delusions, etc.), Impaired Cognition, Mental Disorder, Depression, Bipolar Disorder (i.e., Mania/Depression), Schizophrenia, Post-Traumatic Stress Disorder, Anxiety Disorder, Behavior that Needs Interventions |
| Heart/Circulatory System | Congestive Heart Failure, Coronary Artery Disease, Angina, Dysrhythmias, Hypertension, Orthostatic Hypotension, Peripheral Vascular Disease, Risk for Bleeding or Blood Clots, Deep Venous Thrombosis (DVT), Pulmonary Thrombo-Embolism (PTE) |
| Neurological System | Parkinson’s Disease, Hemiparesis, Hemiplegia, Paraplegia, Quadriplegia, Multiple Sclerosis, Alzheimer’s Disease, Non-Alzheimer’s Dementia, Seizure Disorders, CVA, TIA, Stroke, Traumatic Brain Injuries, Neuropathy, Down’s Syndrome, Autism, Huntington’s Disease, Tourette’s Syndrome, Aphasia, Cerebral Palsy |
| Vision | Visual Loss, Cataracts, Glaucoma, Macular Degeneration |
| Hearing | Hearing Loss |
| Musculoskeletal System | Fractures, Osteoarthritis, Other Forms of Arthritis |
| Neoplasm | Prostate Cancer, Breast Cancer, Lung Cancer, Colon Cancer |
| Metabolic Disorders | Diabetes, Thyroid Disorders, Hyponatremia, Hyperkalemia, Hyperlipidemia, Obesity, Morbid Obesity |
| Respiratory System | Chronic Obstructive Pulmonary Disease (COPD), Pneumonia, Asthma, Chronic Lung Disease, Respiratory Failure |
| Genitourinary System | Renal Insufficiency, Nephropathy, Neurogenic Bowel or Bladder, Renal Failure, End Stage Renal Disease, Benign Prostatic Hyperplasia, Obstructive Uropathy, Urinary Incontinence |
| Diseases of Blood | Anemia, CLL, CML |
| Digestive System | Gastroenteritis, Cirrhosis, Peptic Ulcers, Gastroesophageal Reflux, Ulcerative Colitis, Crohn’s Disease, Inflammatory Bowel Disease, Bowel Incontinence |
| Integumentary System | Skin Ulcers, Injuries |
| Infectious Diseases | Skin and Soft Tissue Infections, Respiratory Infections, Tuberculosis, Urinary Tract Infections, Infections with Multi-Drug Resistant Organisms, Septicemia, Viral Hepatitis, *Clostridium difficile*, Influenza, Scabies, Legionella’s |

## Acuity

**Considerations**:

* 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.
* Consider if it would also be helpful to differentiate between long-stay and short-stay residents or other categorizations (e.g., unit floors or specialty areas or units, such as those that provide care and support for persons living with dementia or using ventilators).
* Acuity can be measured in many ways. Complete the tables below which make sense to your organization.
* POINTCLICKCARE REPORTS: MDS RUGS reports, MDS Response Reports, RUG ADL Reports (POC), Care Plans, Tasks

### Resident Reimbursement Classification

| **Major RUG-IV Categories** | **Number/Average or Range of Residents** |
| --- | --- |
| Rehabilitation Plus Extensive Services |  |
| Rehabilitation |  |
| Extensive Services |  |
| Special Care High |  |
| Special Care Low |  |
| Clinically Complex |  |
| Behavioral Symptoms and Cognitive Performance |  |
| Reduced Physical Function |  |

### Special Treatments and Conditions

| **Problem** | **Special Treatments** | **Number/Average or Range of Residents** |
| --- | --- | --- |
| **Cancer Treatments** | Chemotherapy |  |
| Radiation |  |
| **Respiratory Treatments** | Oxygen therapy |  |
| Suctioning |  |
| Tracheostomy Care |  |
| Ventilator or Respirator |  |
| BIPAP/CPAP |  |
| **Mental Health** | Behavioral Health Needs |  |
| Active or Current Substance Use Disorders |  |
| **Other** | IV Medications |  |
| Injections |  |
| Transfusions |  |
| Dialysis |  |
| Ostomy Care |  |
| Hospice Care |  |
| Respite Care |  |
| Isolation or Quarantine for Active Infectious Disease |  |
| Advanced Wound Care Needs |  |

### Assistance with Activities of Daily Living

| **Assistance with Activities of Daily Living** | **Independent** | **Assist of 1-2 Staff** | **Dependent** |
| --- | --- | --- | --- |
| Dressing |  |  |  |
| Bathing |  |  |  |
| Transfer |  |  |  |
| Eating |  |  |  |
| Toileting |  |  |  |
| Other care, describe: |  |  |  |
|  | **Independent** | **Assistive Device Used to Ambulate** | **In Chair, Most of Time** |
| Mobility |  |  |  |

## Ethnic, Cultural or Religious Factors

**Considerations**:

* 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.
* POINTCLICKCARE REPORTS: Resident List, Religion List, Care Profile, MDS, Care Plans, Incident Reports, Nutrition Management, Diet Types,

| **ITEM** | **FACILITY RESPONSE** |
| --- | --- |
| **Ethnic Factors (activities, food and nutrition services)** |  |
| **Cultural Factors (activities, food and nutrition services)** |  |
| **Religious Factors (activities, food and nutrition services)** |  |

## Other

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

| **ITEM** | **FACILITY RESPONSE** |
| --- | --- |
| **Other** |  |
|  |  |
|  |  |

# Services Provided Based on Resident Need

## Resident support/care needs

Considerations:

* 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.
* Modify the table below to address your populations
* POINTCLICKCARE REPORTS: Task, Care Plans, MDS, Risk Management,

|  |  |
| --- | --- |
| **General Care** | **Specific Care or Practices** |
| 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 |
| 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, ventilator 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: | Build relationship with resident/get to know him/her; engage resident in conversation  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  Record and discuss treatment and care preferences  Support emotional and mental well-being; support helpful coping mechanisms  Support resident having familiar belongings  Provide culturally competent care: learn about resident preferences and practices about culture and religion; stay open to requests and preferences and work to support those as appropriate  Provide or support access to religious preferences, use or encourage prayer as appropriate/desired by the resident  Provide opportunities for social activities/life enrichment (individual, small group, community)  Support community integration if resident desires  Prevent abuse and neglect  Identify hazards and risks for residents  Offer and assist resident and family caregivers (or other proxy as appropriate) to be involved in person-centered care planning and advance care planning  Provide family/representative support |

# Facility Resources Needed to Provide Competent Resident Support and Care Daily and During Emergencies

## Staff Type/Plan

**Considerations**:

* 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
* 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.
* Examples of different ways to look at your staffing plan are provided in the tables below. Choose what works best for your organization. You may elect to use one or both tables below or choose your own methodology.

Table 1

| **Staff** | **Plan** |
| --- | --- |
| Licensed Nurses (LN): RN, LPN, LVN  providing direct care | DON: 1 DON RN full-time Days; if has other responsibilities, add x more RN as Asst. DON to equal one FTE  RN or LPN Charge Nurse: 1 for each shift  1-x residents DON may be Charge Nurse  1:x LN ratio Days and Evenings (consider breaking this down by RN and LPN per shift)  1:x LN ratio Nights (consider breaking this down by RN and LPN per shift) |
| Direct care staff | 1:x ratio Days (total licensed or certified)  1:x ratio Evenings  1:x ratio Nights  Or  x hours per resident days (HPRD) indicating: a) total number of licensed nurse staff hours per resident per day, b) RN hours per resident per day, c) LPN/LVN hours per resident per day, d) Certified Nursing Assistant hours per resident per day, e) Physical therapy staff hours per resident per day    Note: comparative data for HPRD are available on Nursing Home Compare |
| Other (e.g., department heads, nurse educator, quality assurance, ancillary staff in maintenance, housekeeping, dietary, laundry) |  |

Table 2

|  |  |
| --- | --- |
| **Areas Facility Assessment Informed** | **Action To Be Taken/Already Taken This Year** |
| Staffing |  |
| Infection Prevention/Control |  |
| Training, Competencies |  |
| QAPI Initiatives/Performance Improvement Projects |  |
| Business Strategy |  |

## Staff Assignments

**Considerations:**

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

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## Staff training/education and competencies

**Considerations:**

* 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.
* List (or refer to or provide a link to) all staff training and competencies needed by type of staff. Consider if it would be helpful to indicate which competencies are reviewed at the time the staff member is hired, and how often they are reviewed after that.
* Modify the List as appropriate below
* POINTCLICKCARE: SmartZone/Relias

### Education/In-services

| Topic | Staff Type and Timing (on hire, annual, PRN, On Demand), How |
| --- | --- |
| Communication – effective communications for direct care staff |  |
| Resident’s rights and facility responsibilities – ensure that staff members are educated on the rights of the resident and the responsibilities of a facility to properly care for its residents |  |
| Abuse, neglect, and exploitation – training that at a minimum educates staff on— (1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property; (2) Procedures for reporting incidents, of abuse, neglect, exploitation, or the misappropriation of resident property; and (3) Care/management for persons with dementia and resident abuse prevention |  |
| Infection control – a facility must include as part of its infection prevention and control program mandatory training that includes the written standards, policies, and procedures for the program |  |
| Culture change (that is, person-centered and person-directed care) |  |
| State-approved training program for feeding assistants |  |
| Identification of resident changes in condition, including how to identify medical issues appropriately, how to determine if symptoms represent problems in need of intervention, how to identify when medical interventions are causing rather than helping relieve suffering and improve quality of life |  |
| Cultural competency (ability of organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of residents) |  |

### Staff Competencies

| Competency | Staff Type and Timing (on hire, annual, PRN, On Demand), How |
| --- | --- |
| Person-centered care |  |
| Activities of Daily Living |  |
| Disaster Planning |  |
| Infection Control – Hand Hygiene |  |
| Infection Control – Universal Precautions |  |
| Infection Control – Protective Equipment |  |
| Medication Administration |  |
| Measurements – Vitals and Intake and Output |  |
| Resident Assessment |  |
| Caring for People with Dementia. Alzheimer’s and Cognitive Impairments |  |
| Caring for Residents with Mental and Psychosocial disorders |  |
| Non-pharmacological management of Responsive Behaviors |  |
| Caring for Residents with Trauma/PTSD |  |

## Policies and Procedures for Provision of Care

**Considerations:**

* 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.

### Process for Updating and Rolling Out New/Updated policies

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## Working with Medical Practitioners

**Considerations:**

* Describe your plan to recruit and retain enough medical practitioners (e.g., physicians, nursepractitioners) 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.
* 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?

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## Physical environment and building/plant needs

**Considerations:**

* List (or refer to or provide a link to inventory) 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.
* Update the list below

| **Physical Resource Category** | **Resources** | **If applicable, process to ensure adequate supply, appropriate maintenance, replacement** |
| --- | --- | --- |
| Buildings and/or other structures | Building description, garage, storage shed |  |
| Vehicles | Transportation van |  |
| 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 |  |

## Health Information Technology Resources

Considerations:

* 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.

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## Evaluation of Infection Prevention and Control Program

**Considerations:**

* 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 (see links below).

<http://www.cumc.columbia.edu/studies/pnice/nursinghomes/documents/New%20Definitions%20for%20Infections%20Long-term%20Care.pdf>

<https://www.cdc.gov/nhsn/pdfs/training/2017/Bell_March20.pdf>

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## Risk Assessments

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.

The Facility must conduct a facility based and community based risk assessment. Gaps and issues should be identified and adapted to QAPI programs.

1. **Column 1:** Compile a list of assets (people, facilities, machinery, equipment, raw materials, finished goods, information technology, etc.) in the left column.
2. **Column 2:** For each asset, list hazards that could cause an impact. Since multiple hazards could impact each asset, you will probably need more than one row for each asset. You can group assets together as necessary to reduce the total number of rows, but use a separate row to assess those assets that are highly valued or critical.
3. **Column 3:** For each hazard consider both high probability/low impact scenarios and low probability/high impact scenarios.
4. **Column 4:** As you assess potential impacts, identify any vulnerabilities or weaknesses in the asset that would make it susceptible to loss. These vulnerabilities are opportunities for hazard prevention or risk mitigation. Record opportunities for prevention and mitigation in column 4.
5. **Column 5:** Estimate the probability that the scenarios will occur on a scale of “L” for low, “M” for medium and “H” for high.
6. **Columns 6-10:** Analyze the potential impact of the hazard scenario in columns 6 - 10. Rate impacts “L” for low, “M” for medium and “H” for high.
7. **Column 8:** Information from the business impact analysis should be used to rate the impact on “Operations.”
8. **Column 10:** The “entity” column is used to estimate potential financial, regulatory, contractual, and brand/image/reputation impacts.
9. **Column 11:** The “Overall Hazard Rating” is a two-letter combination of the rating for “probability of occurrence” (column 5) and the highest rating in columns 6 – 10 (impacts on people, property, operations, environment, and entity).
10. Carefully review scenarios with potential impacts rated as “moderate” or “high.” Consider whether action can be taken to prevent the scenario or to reduce the potential impacts (QAPI).

### Facility Based Risk Assessment

**SWOT Analysis**

|  |  |
| --- | --- |
| **Strengths:** |  |
| **Weakness:** |  |
| **Opportunities:** |  |
| **Threats:** |  |

| **(1)**  **Asset or Operation at Risk** | **(2)**  **Hazard** | **(3)**  **Scenario (Location, Timing, Magnitude)** | **(4)**  **Opportun-ity for Prevention**  **or Mitigation** | **(5)**  **Probability**  (L, M, H) | **Impacts with Existing Mitigation** (L, M, H) | | | | | **(11)**  **Overall Hazard Rating** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(6)**  **People** | **(7)**  **Property** | **(8)**  **Opera-tions** | **(9)**  **Environ-ment** | **(10)**  **Entity** |
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### Community Based Risk Assessment

**SWOT Analysis**

|  |  |
| --- | --- |
| **Strengths:** |  |
| **Weakness:** |  |
| **Opportunities:** |  |
| **Threats:** |  |

| **(1)**  **Asset or Operation at Risk** | **(2)**  **Hazard** | **(3)**  **Scenario (Location, Timing, Magnitude)** | **(4)**  **Opportun-ity for Prevention**  **or Mitigation** | **(5)**  **Probability**  **(L, M, H)** | **Impacts with Existing Mitigation (L, M, H)** | | | | | **(11)**  **Overall Hazard Rating** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(6)**  **People** | **(7)**  **Property** | **(8)**  **Opera-tions** | **(9)**  **Environ-ment** | **(10)**  **Entity** |
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# Attachment: Facility Assessment Considerations – Reports and Data Sources

<https://www.aadns-ltc.org/Resources/Tools>