



# LEADINGAGE MINNESOTA

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## UPDATED FACILITY ASSESSMENT TOOL

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Updated June 2024

# FACILITY ASSESSMENT UPDATE

**JUNE 2024**



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LeadingAge Minnesota is driven to transform and enhance the experience of aging. Our members provide quality, compassionate care to older adults every day in all the places they call home, including adult day programs, independent senior housing, assisted living communities, in-home care, and skilled nursing facilities. LeadingAge Minnesota is a state partner of LeadingAge and a state affiliate of Argentum.

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## INTRODUCTION

The Centers for Medicare and Medicaid Services released [QSO-24-13-NH](#) providing guidance for nursing homes regarding the long-term care facility assessment requirements. LeadingAge Minnesota adapted the facility assessment from [Quality Improvement Organizations](#) to include the new requirements.

This facility assessment tool revision has two features to assist in completing the assessment and identifying where the new components are located. Anything in **[RED brackets]** contains information that should be customized for your organization. LeadingAge Minnesota placed sample information in some of these areas for your consideration, but these pieces should be made to fit everyone individually. Anything in **(Red, bolded, italicized parenthesis)** is a note or information for your consideration. Once you have addressed the information you can delete this from your assessment. Information in **[BLUE brackets]** or **(Blue, bolded, italicized parenthesis)** is the same as the red except it is new information added from the final rule and QSO-24-13-NH.

There are directions in the original QIO document that you may want to review and you can find the template on the [QIO website](#).

New to the surveyor guidance is a paragraph that states:

*Surveyors determine whether a facility assessment contains the required components under the regulation. However, they should not evaluate the quality of the assessment. 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?*

If you have questions or would like to discuss the facility assessment tool, please contact [Kari Everson](#) or anyone else on the expert support team.

## FACILITY ASSESSMENT TOOL

[Name of Organization]

<b>Persons (names/ titles) involved in completing assessment</b>	Administrator: Director of Nursing: Governing Body Rep: <b>(Ex. Board President)</b> Medical Director: [Licensed Nursing:] [Nursing Assistant(s):] [Direct Care Staff Representative:] <i>(if applicable solicit and consider input, ex.) In union environment and only if staff choose to include these individuals).</i> Other: <b>(Ex. IP or QAPI nurse - not required just examples of "other").</b>  <i>(Indicate/explain how you will solicit and consider input from residents, resident representatives, and family members. Consider using res/fam councils.)</i>
<b>Date(s) of assessment or update</b>	
<b>Date(s) assessment reviewed with QAA/QAPI committee</b>	

### EVIDENCE-BASED; DATA DRIVEN METHODS

[Utilizing evidence-based, data-driven methods to ascertain the care requirements of nursing home residents ensures a high standard of individualized care. Central to this approach is the comprehensive resident assessment conducted using the Minimum Data Set (MDS). The MDS systematically collects detailed information on a resident's health status, functional capabilities, and care needs. This data, in turn, activates the Care Area Assessments (CAAs), which are structured around evidence-based questions designed to identify specific areas requiring attention. The synthesis of MDS data and CAAs facilitates the development of a personalized plan of care for each resident. This plan is tailored to address the unique needs and preferences of the resident, ensuring a holistic and effective care approach. Through this method, our organization delivers data-driven, evidence-based interventions that enhance the overall well-being and quality of life for our residents.]

### Part 1: Our Resident Profile

#### CENSUS

Licensed beds	
Average Daily Census (range)	
<b><i>(Determine if you want to divide into long-stay, short-stay, or specialized units. If not – delete the following cells.)</i></b>	
[Long-Stay]	

[Short-Stay]	
[Other / Specialized Unit]	

### ADMISSIONS

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

### DISEASES/CONDITIONS, PHYSICAL AND COGNITIVE DISABILITIES, BEHAVIORAL HEALTH NEEDS

*(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 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.)*

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, Behavioral and Psychological Symptoms of Dementia (BPSD), <i>Developmentally Delayed, Addiction, Opioid Abuse Disorder</i>
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, ALS, encephalopathy
Vision	Visual Loss, Cataracts, Glaucoma, Macular Degeneration
Hearing	Hearing Loss
Musculoskeletal System	Fractures, Osteoarthritis, Other Forms of Arthritis, DJD, Degenerative disk disease
Neoplasm	Prostate Cancer, Breast Cancer, Lung Cancer, Colon Cancer, Skin Cancer
Metabolic Disorders	Diabetes, Thyroid Disorders, Hyponatremia, Hyperkalemia, Hyperlipidemia, Obesity, Morbid Obesity, adrenal insufficiency, pancreatitis
Respiratory System	Chronic Obstructive Pulmonary Disease (COPD), Pneumonia, Asthma, Chronic Lung Disease, Respiratory Failure, emphysema
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, Sickle Cell Anemia

Digestive System	Gastroenteritis, Cirrhosis, Peptic Ulcers, Gastroesophageal Reflux, Ulcerative Colitis, Crohn's Disease, Inflammatory Bowel Disease, Bowel Incontinence, constipation, diarrhea
Integumentary System	Skin Ulcers, Injuries, eczema, chronic rashes/yeast infections, arterial wounds, vascular wounds, Kennedy ulcer
Infectious Diseases	Skin and Soft Tissue Infections, Respiratory Infections, Urinary Tract Infections, Infections with Multi-Drug Resistant Organisms, Septicemia, Viral Hepatitis, <i>Clostridium difficile</i> , Influenza, Scabies, Legionellosis, COVID-19

**CONDITIONS NOT ACCEPTED:** Ventilators, IV chemotherapy in house, peritoneal dialysis, nasogastric tubes, Active TB, residents that are dangerous to self and others, conditions or behaviors requiring 1 to 1 supervision or restraints, active illicit drug use, and IV push medications. *(You may have residents that developed one or more of these while admitted and you are attempting to discharge. Describe your care management and discharge process).*

**DECISIONS REGARDING CARING FOR RESIDENTS WITH CONDITIONS NOT LISTED ABOVE**

[The above list and other potential admissions are evaluated to determine the facility's ability to provide care before admission. If a potential admission has a condition or diagnosis that the facility has not previously managed, and the organization believes the condition or diagnosis is something that staff could manage, the organization will utilize resources for the necessary education and supplies if the admission proceeds. For example, for complex wound management, a professional from **XXX vendor** could be brought on-site for training.]

**ACUITY**

*(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.)*

**SPECIAL TREATMENTS AND CONDITIONS [LONG-STAY]**

	Special Treatments	Number/Average or Range of Residents
<b>Cancer Treatments</b>	Care of resident - chemotherapy	
	Care of resident - radiation	
<b>Function</b>	Quadriplegia	
	Hemiplegia	
	Cerebral Palsy	
	Multiple Sclerosis	
	Parkinson's	
	ADL dependence	
	Epilepsy	
	Seizure Disorder	
<b>Respiratory Treatments</b>	Oxygen therapy	
	Chronic COPD, Asthma, Chronic Bronchitis, Emphyzema	
	Pneumonia / Respiratory Infection	

	Suctioning	
	Tracheostomy Care	
	Ventilator or Respirator	
	BIPAP/CPAP	
	Nebulizer Treatments	
<b>Mental Health</b>	Behavioral Health Needs	
	Active or Current Substance Use Disorders	
	H/O Addiction / Alcoholism	
<b>Wounds</b>	Wound Vac	
	Complex Dressing Change	
	Surgical Wound	
	Pressure Injury	
	Arterial / Vascular Wounds	
	Wound treatment	
<b>Nutrition</b>	Weight loss	
	Enteral Tube with Meds and/or tube feeding	
<b>Other</b>	IV Medications	
	Injections	
	Transfusions	
	Hemodialysis	
	Peritoneal Dialysis	
	Ostomy Care	
	Hospice Care	
<b>Infection Control</b>	Enhanced Barrier Precautions	
	Isolation or Quarantine for Active Infectious Disease	
	Routine lab testing (e.g. coagulation tests – INR machine, blood glucose, POC antigen testing.	

*(Add in anything else that fits for your organization)*

**SPECIAL TREATMENTS AND CONDITIONS [SHORT-STAY]**

	Special Treatments	Number/Average or Range of Residents
<b>Cancer Treatments</b>	Care of resident - chemotherapy	
	Care of resident - radiation	
<b>Function</b>	Quadriplegia	
	Hemiplegia	
	Cerebral Palsy	
	Multiple Sclerosis	
	Parkinson's	
	ADL dependence	

	Epilepsy	
	Seizure Disorder	
	OT, PT, ST	
<b>Respiratory Treatments</b>	Oxygen therapy	
	Chronic COPD, Asthma, Chronic Bronchitis, Emphysema	
	Pneumonia / Respiratory Infection	
	Suctioning	
	Tracheostomy Care	
	Ventilator or Respirator	
	BIPAP/CPAP	
	Nebulizer Treatments	
<b>Mental Health</b>	Behavioral Health Needs	
	Active or Current Substance Use Disorders	
	H/O Addiction / Alcoholism	
<b>Wounds</b>	Wound Vac	
	Complex Dressing Change	
	Surgical Wound	
	Pressure Injury	
	Arterial / Vascular Wounds	
	Wound treatment	
<b>Nutrition</b>	Weight loss	
	Enteral Tube with Meds and/or tube feeding	
<b>Other</b>	IV Medications	
	Injections	
	Transfusions	
	Hemodialysis	
	Peritoneal Dialysis	
	Ostomy Care	
	Hospice Care	
<b>Infection Control</b>	Enhanced Barrier Precautions	
	Isolation or Quarantine for Active Infectious Disease	
	Routine lab testing (e.g. coagulation tests – INR machine, blood glucose, POC antigen testing.	

#### **ETHNIC, CULTURAL, OR RELIGIOUS FACTORS**

[The interdisciplinary team works to ensure resident preferences and choice are observed for ethnic, cultural, or religious factors. Most work in this area is not completed by direct care staff. For example, a resident who does not communicate in English is provided interpretation services or devices procured or managed by social services. Special diets, including culturally

specific diets, are assessed for, and managed by culinary services. Religious services are coordinated by chaplain services.]

***(Besides reviewing the above, if the resident population or a specific resident is requiring more take this into consideration and address here.)***

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

### RESIDENT SUPPORT/CARE NEEDS

***(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.)***

***(For example, start with this list and modify as needed:)***

General Care	Specific Care or Practices
Activities of daily living	Identification and consideration of resident preferences related to ADL's.  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; evaluation of fall interventions / IDT approach,
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 to maintain continence and promote resident dignity
Skin integrity	Pressure injury prevention and care, skin care, wound care (surgical, other skin wounds), negative pressure therapy
Mental health and behavior	Manage the medical conditions and mental health conditions r/t psychiatric symptoms and behavior, assessment for gradual dose reduction, 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, contract with external psychological services, utilize a code alert system – Trauma informed care planning
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 including isolation and use of standard infection prevention and control practices, prevention of infections
Management of medical conditions	Assessment, early identification of problems/deterioration, management of conditions as listed above, identification of CIC
Therapy	PT, OT, Speech/Language, Respiratory,
Restorative / Nursing Management of Therapy Devices	Lymphedema wraps, restorative nursing, management of braces, splints, adaptive equipment for meals, ADLs, etc.
Recreational Therapy	Music, Art
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: Psych /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 with regard to culture and religion; stay open to requests and preferences and work to support those as appropriate Provide family/representative support
Provide person-centered social support:	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

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

### STAFF TYPE

- 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)
- Therapeutic recreation
- 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
- [Outsourced services: dental, vision, hearing, podiatrist, ophthalmologist, Lab, Xray services] ***(Be sure to put the vendor used if desired).***

### STAFFING PLAN

***(Indicate any shared positions)***

Position	Total Number Needed or Average or Range												
Administrator/ Asst. Administrator/Marketing													
Compliance													
Licensed nurses providing direct care	Ave days ____, PM ____; Noc ____ <table border="1" style="margin-left: 20px; width: 100%;"> <tr> <td>Weekday - Days</td> <td>Weekday - Eves</td> <td>Weekday - NOC</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Weekend - Days</td> <td>Weekend - Eves</td> <td>Weekend - NOC</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Weekday - Days	Weekday - Eves	Weekday - NOC				Weekend - Days	Weekend - Eves	Weekend - NOC			
Weekday - Days	Weekday - Eves	Weekday - NOC											
Weekend - Days	Weekend - Eves	Weekend - NOC											
Nurse aides -TMA	Days __ NA/R, __ TMA PM __ NA/R, __ TMA, Noc __ NA/R Restorative NA/R FT Mon-Fri ____												

	<table border="1"> <tr> <td>Weekday – Days (NAR/TMA)</td> <td>Weekday – Eves (NAR/TMA)</td> <td>Weekday – NOCs (NAR/TMA)</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>Weekend – Days (NAR-TMA)</td> <td>Weekend – Eves (NAR-TMA)</td> <td>Weekend – NOCs (NAR/TMA)</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Weekday – Days (NAR/TMA)	Weekday – Eves (NAR/TMA)	Weekday – NOCs (NAR/TMA)				Weekend – Days (NAR-TMA)	Weekend – Eves (NAR-TMA)	Weekend – NOCs (NAR/TMA)																							
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Other nursing personnel (e.g., those with administrative duties)	DON Assit DON Nurse Manager Nurses (LPN, MDS, QAPI, Education) Ancillary HUC, Medical Records																																
In addition to nursing staff, other staff needed for behavioral healthcare and services (list other staff positions/roles):	Social Services																																
Dietician or other clinically qualified nutrition professional to serve as the director of food and nutrition services	CDM RDN/ Dietitian																																
<p>Food and nutrition services staff</p> <p>All positions= 1 FTE unless otherwise indicated Staffing for food industry for SNF is 5.0 meals/hour labor Our ration is 5.3 (above the standard)</p>	<table border="1"> <tr> <td></td> <td>Weekday - Days</td> <td>Weekday - Eves</td> <td>Weekday - NOC</td> </tr> <tr> <td>Supervisor</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Cook</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dietary Aide</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Weekend - Days</td> <td>Weekend - Eves</td> <td>Weekend - NOC</td> </tr> <tr> <td>Supervisor</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Cook</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dietary Aice</td> <td></td> <td></td> <td></td> </tr> </table>		Weekday - Days	Weekday - Eves	Weekday - NOC	Supervisor				Cook				Dietary Aide					Weekend - Days	Weekend - Eves	Weekend - NOC	Supervisor				Cook				Dietary Aice			
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Therapeutic recreation care services staff	<p>Director</p> <table border="1"> <tr> <td>Weekday - Days</td> <td>Weekday - Eves</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Weekend - Days</td> <td>Weekend - Eves</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Weekday - Days	Weekday - Eves			Weekend - Days	Weekend - Eves																										
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Environmental Services	<p>Director</p> <table border="1"> <tr> <td>Weekday - Days</td> <td>Weekday - Eves</td> </tr> </table>	Weekday - Days	Weekday - Eves																														
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	Weekend - Days	Weekend - Eves	
Human resources/ staffing/employee engagement			
Business office			
Maintenance			
	Weekdays	Weekends	On call
Spiritual Care	Mon-Fri ; weekends; Holidays		
Volunteers- Offer various support to the facility			

[This is an estimated range used for staffing consideration; individual extenuating circumstances e.g. needing one on one, this will be reviewed and determined how to add the additional staff.]

#### STAFF RECRUITMENT AND RETENTION

*(Describe your plan to maximize recruitment and retention of direct care staff)*

#### STAFF TRAINING/EDUCATION, COMPETENCIES, AND SKILL SETS

[All NA/R's will receive at least 12 hours of Training per year- including all the mandatory along with basic ADL cares, Dementia training, and areas of weakness as defined by annual performance reviews and as needed.]

#### Orientation

Topic	Nurse	NAR	Other
<b>Maltreatment</b>			
<ul style="list-style-type: none"> <li>● Identification of maltreatment</li> <li>● Maltreatment prohibited</li> <li>● Maltreatment reporting: what / how / who</li> <li>● Discussion – OHFC MAARC/NHIR</li> <li>● Maltreatment posting</li> </ul>	X	X	X
<b>Bill of Rights</b>			
setting specific (AL BOR, SNF BOR)	X	X	X
<b>Resident Rights</b>			
Staff responsibilities to ensure exercise and protection of resident rights	X	X	X
<b>Emergency/Disaster Plan</b>			
Procedures for handling emergencies, use of emergency services, and Emergency/Disaster preparedness plans including location.	X	X	X
<b>Hazardous substances</b>	X	X	X
<b>HIPAA</b>	X	X	X
<b>Medicaid Fraud, Waste &amp; Abuse</b>	X	X	X

Topic	Nurse	NAR	Other
<b>Policies &amp; Procedures</b> Facility specific	X	X	X
<b>Job description</b> upon hire and if changes	X	X	X
<b>Orientation to the resident</b>	X	X	X
<b>Advanced Directives</b>	X	X	X
<b>Infection Control:</b> <ul style="list-style-type: none"> <li>● Bloodborne pathogen</li> <li>● Handwashing</li> <li>● PPE</li> <li>● Transmission based precautions</li> <li>● Disposal of contaminated materials / sharps</li> <li>● Disinfecting reusable equipment</li> <li>● Disinfecting environmental surfaces</li> <li>● Reporting communicable diseases</li> <li>● TB program / Prevention</li> </ul>	X	X	X
<b>QAPI – elements and goals</b>	X	X	X
<b>Principles of person centered care and service delivery</b>	X	X	X
<b>Infection Control:</b> <ul style="list-style-type: none"> <li>● Surveillance System</li> <li>● Antibiotic Stewardship</li> </ul> System to record IPCP incidents and corrective action taken	X	X	X
<b>Compliance and Ethics:</b> Communicating program’s standards, policies and procedures	X	X	X
<b>Behavioral Health</b>	X	X	X
<b>Elder Justice Act</b>	X	X	X
<b>CMS – protecting resident privacy and prohibiting mental abuse r/t photographs and audio/video recordings by nursing home staff</b>	X	X	X
<b>Medicare Fraud Waste and Abuse</b>	X	X	X
<b>Trauma-Informed Care</b>	X	X	X
<b>Communication and Conflict Resolution</b>	X	X	X
<b>Cultural Competency</b>	X	X	X
<b>Safe Patient Handling</b>	X	X	X
Explanation Alzheimer’s Disease and other Dementias	X	X	X
Assistance with ADL’s	X	X	X
Problem solving with challenging behavior	X	X	X
Communication skills	X	X	X
Person-centered planning and service delivery	X	X	X
<b>Documentation</b> requirements for services provided	X	X	N/A
Explanation Alzheimer’s Disease and other Dementias	X	X	X
Assistance with ADL’s	X	X	X
Problem solving with challenging behavior	X	X	X
Communication skills	X	X	X
Person-centered planning and service delivery	X	X	X
<b>Other topics as determined by your facility assessment</b>	X	X	X

## ANNUAL TRAINING

<b>Safe Patient Handling</b>	X	X	X
Explanation Alzheimer's Disease and other Dementias	X	X	X
Assistance with ADL's	X	X	X
Problem solving with challenging behavior	X	X	X
Communication skills	X	X	X
<b>Emergency and Disaster Preparedness Plan</b> ** required 2x/year	X	X	X
<b>Infection Control:</b> <ul style="list-style-type: none"> <li>● Bloodborne pathogen</li> <li>● Handwashing</li> <li>● PPE</li> <li>● Transmission based precautions</li> <li>● Disposal of contaminated materials / sharps</li> <li>● Disinfecting reusable equipment</li> <li>● Disinfecting environmental surfaces</li> <li>● Reporting communicable diseases</li> </ul> TB program / Prevention	X	X	X
<b>Bill of Rights</b>	X	X	X
<b>Maltreatment / Vulnerable Adult</b>	X	X	X
<b>Organization Policies and Procedures</b>	X	X	X
<b>Resident rights</b>	X	X	X
<b>Compliance and Ethics –</b> if operate more than 5 facilities	X	X	X
<b>HIPAA</b>	X	X	X
<b>Medicare Fraud, Waste, and Abuse</b>	X	X	X
<b>Elder Justice Act</b>	X	X	X
<b>Trauma Informed Care</b>	X	X	X
<b>Cultural Competency</b>	X	X	X
<b>QAPI, Compliance and Ethics</b>	X	X	X
<b>Safety Program</b>	X	X	X
<b>Safe Patient Handling</b>	X	X	X
<b>Communication</b>	X	X	X
<b>Behavioral Health</b>	X	X	X
<b>Cognitive Impairment – for aides providing care to individuals with cognitive impairments.</b>	X	X	X
<b>Training Program in Rehabilitation for nursing personnel</b> To promote ambulation, aid in activities of daily living, assist in activities, self-help, maintenance of range of motion, and proper chair and bed positioning; prevention and reduction of incontinence	X	X	N/A
<b>Education Based Upon Facility Assessment – RECOMMEND ADDING IN AN ANNUAL SKILLS FAIR WITH SKILLS TESTING BASED UPON FACILITY ASSESSMENT OR REVIEW OF QUALITY ISSUES, ETC. NOT REQUIRED.</b>			

## CONTINGENCY PLANNING

[The organization implements a proactive and systematic approach involving regular review of staffing and other potential disruptions. The organization cross-trains staff members for work within the organization including behavior and mental health care needs, on-call staff are available, and the organization has established partnerships with staffing agencies to mitigate the impact of sudden staffing shortages. Please see the emergency preparedness and disaster plan for process on maintenance of a critical supply inventory and relationships with multiple vendors to ensure resource availability. Also see emergency preparedness process for conducting drills and pro-active training.]

## POLICIES AND PROCEDURES FOR PROVISION OF CARE

*(Describe how you evaluate what policies and procedures may be required in the provision of care, when are they reviewed, etc. 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. List current resource utilization Ex) Lippincott, MedPass, explain process for annual review – ex. Annual review @ QAPI. State they should be signed off as reviewed.)*

## WORKING WITH MEDICAL PRACTITIONERS

Medical Practitioner Staff Contracts: [name of organization]

[Physicians: \_\_\_\_\_]

[NPs: \_\_\_\_\_]

[PA-C: \_\_\_\_\_]

[Visits / Week: \_\_\_\_\_]

[The Rounding MD's meet regulatory regulations for visits. Communication is on a regular basis either in person or by written communication. The Medical Director may provide training on specific items as need arises. The organization the maintains documentation on continuing education, licensure requirements.]

## PHYSICAL ENVIRONMENT AND BUILDING/PLANT NEEDS

*(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.)*

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	<b>List contracted services for these Ex) appletree dental, therapy group,</b>
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, PPE (face shields, goggles, Isolation gowns, shoe covers)	
Non-medical supplies (if applicable)	Soaps, body cleansing products, incontinence supplies, waste baskets, bed and bath linens, individual communication devices, computers	

**OTHER**

**(Contracts, MOUs, and Other Agreements)**

**Comprehensive Listing:** 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.

**Regular Updates:** This list is reviewed and updated quarterly to ensure all agreements are current and relevant to both normal operations and emergency situations.

**Background Checks:** Background checks and references are reviewed to ensure vendors have a strong track record.

**Regular Audits:** Conduct regular audits of services provided by third parties to ensure they meet contractual obligations and performance standards.

**Feedback Loop:** Establish a feedback loop with staff and residents to report any issues or concerns with third-party services.

**Staff Training:** Ensure staff receive regular training on the proper use of third-party services and equipment. This includes emergency response protocols.

**Vendor Training:** Require vendors to provide training sessions for staff, especially when new equipment or procedures are introduced.]

#### **SYSTEMS FOR MANAGING PATIENT RECORDS**

*(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.)*

#### **Electronic Health Record (EHR) System**

- **Description:** A comprehensive EHR system that manages patient records electronically, ensuring accurate and up-to-date information is readily available.
- **Features:** Includes functionalities for medical history, treatment plans, medication management, and clinical notes.

#### **Health Information Exchange (HIE) – USE THIS IF YOU HAVE AN AGREEMENT FOR RECORD SHARE WITH A HOSPITAL OR HEALTH SYSTEM.**

- **Description:** A system for securely sharing health information electronically with other healthcare organizations.
- **Features:** Enables real-time exchange of health data with hospitals, home health agencies, and other providers.

**Secure Transfer of Health Information**

**Downtime Procedures – please see ER / Disaster Preparedness Plan**

*Resident Access to Records – check your policy on access to records*

*Implementation and Monitoring*

- **Regular Reviews:** *Conduct regular reviews and audits of health information technology resources and procedures to ensure compliance with regulations and effectiveness in meeting resident needs.*
- **Continuous Improvement:** *Incorporate feedback from residents, staff, and other stakeholders to continuously improve health information management practices.*

*This approach ensures that health information is managed securely and efficiently, facilitating continuity of care for residents and compliance with regulatory requirements.*

**INFECTION CONTROL PROGRAM EVALUATION: (INFECTION RISK ASSESSMENT)**

[All staff are trained in Basic infection control on hire and annually. Staff conduct random skill audits such as hand hygiene, glove use, peri cares, wound cares. Ongoing monitoring identifies staff, volunteer, visitor may have a contagious condition. Infection Control Risk Assessment done yearly to determine any needs. Per the Infection Control risk assessment areas to consider are XXXXX.]

[Please refer to the risk assessment in the emergency preparedness plan (§483.73) and all-hazards assessment.]

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