Facility Assessment Tool

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)). The requirement for the facility assessment may be found in Attachment 1.

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, at least annually, per the above requirement. 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.

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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. 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?"
6. For a suggested process for conducting the assessment, including synthesis and use of findings, see Attachment 2.

FACILITY ASSESSMENT TOOL

Facility Name	
Persons (names/ titles) involved in completing assessment	Administrator: Director of Nursing: Governing Body Rep: Medical Director: Other:
Date(s) of assessment or update	
Date(s) assessment reviewed with QAA/QAPI committee	

Part 1: Our Resident Profile

Numbers

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

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).

1.2. Indicate your average daily census: (enter a range) _____.

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).

1.2.a. Consider if it would be helpful to describe the number of persons admitted and discharged, as these processes can impact staffing needs.

	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.

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)
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
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, Legionellosis, COVID-19

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?

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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, PDPM, 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).

Examples of different ways to look at acuity are provided in the tables below. *Choose a methodology that works best for your organization.* You may elect to use some or all of the tables below or choose your own methodology. Please also refer to the most recent guidance available.

Example 1: Major RUG-IV Categories

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	

Example 2: Special Treatments and Conditions

	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	

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	Isolation or Quarantine for Active Infectious Disease	

Example 3: 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

    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.)

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.

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

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,

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	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 with regard to 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

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, transportation aides/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.

Examples of two different ways to look at your staffing plan are provided in the tables below. Choose a methodology that works best for your organization. You may elect to use one or both tables below or choose your own methodology. It may be helpful to review specific staffing references in the regulation regarding the facility assessment (see attachment 1). For a discussion on how to determine sufficient staffing, see attachment 2, section 7.b.

Example 1. Evaluation of overall number of facility staff needed to ensure a sufficient number of qualified staff are available to meet each resident's needs. Refer to the guidance in the various tags that have requirements for staffing to be based on/in accordance with the facility assessment (refer to the CMS website for the latest FTag revisions and information). Enter number of staff needed or an average or range:

Position	Total Number Needed or Average or Range
Licensed nurses providing direct care	
Nurse aides	
Other nursing personnel (e.g., those with administrative duties)	
In addition to nursing staff, other staff needed for behavioral healthcare and services (list other staff positions/roles):	
Dietician or other clinically qualified nutrition professional to serve as the director of food and nutrition services	
Food and nutrition services staff	
Respiratory care services staff; PT, OT, ST, PTA, OTA	

Example 2. Describe your general staffing plan to ensure that you have sufficient staff to meet the needs of the residents at any given time. Consider if and how the degree of fluctuation in the census and acuity levels impact staffing needs. For example:

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)

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	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)	

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.

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.

   It may be helpful to review specific references in the regulation regarding the facility assessment (see Attachment 1).

   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.

   Consider the following **training topics** (this is not an inclusive list):
   - 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)
   - Required in-service training for nurse aides. In-service training must:
     - Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year.
     - Include dementia management training and resident abuse prevention training.
     - Address areas of weakness as determined in nurse aides' performance reviews and facility assessment and may address the special needs of residents as determined by the facility staff.
     - For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.

- Required training of feeding assistants – through a 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)

Consider the following **competencies** (this is not an inclusive list):
- Person-centered care - This should include but not be limited to person-centered care planning, education of resident and family /resident representative about treatments and medications, documentation of resident treatment preferences, end-of-life care, and advance care planning
- Activities of daily living - bathing (e.g., tub, shower, sitz, bed), bed-making (occupied and unoccupied), bedpan, dressing, feeding, nail and hair care, perineal care (female and male), mouth care (brushing teeth or dentures), providing resident privacy, range of motion (upper or lower extremity), transfers, using gait belt, using mechanic lifts
- Disaster planning and procedures - active shooter, elopement, fire, flood, power outage, tornado
- Infection control- hand hygiene, isolation, standard universal precautions including use of personal protective equipment, COVID/MRSA/VRE/CDI precautions, environmental cleaning (please visit CDC.gov for the latest guidance)
- Medication administration – injectable, oral, subcutaneous, topical
- Measurements: blood pressure, orthostatic blood pressure, body temperature, urinary output including urinary drainage bags, height and weight, radial and apical pulse, respirations, recording intake and output, urine test for glucose/acetone
- Resident assessment and examinations - admission assessment, skin assessment, pressure injury assessment, neurological check, lung sounds, nutritional check, observations of response to treatment, pain assessment
- Caring for persons with Alzheimer's or other dementia
- Specialized care - catheterization insertion/care, colostomy care, diabetic blood glucose testing, oxygen administration, suctioning, pre-op and post-op care, trach care/suctioning, ventilator care, tube feedings, wound care/dressings, dialysis care
- Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, and implementing nonpharmacological interventions

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.

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.

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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?

Physical environment and building/plant needs

3.8. 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	
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

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.

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.

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. See the CDC's Core Elements of Antibiotic Stewardship for Nursing Homes for more information.

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.

Attachment 1

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

Federal Register / Vol. 81, No. 192 / Tuesday, October 4, 2016 / Rules and Regulations.

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.

Attachment 2

Sample Process for Conducting the Facility Assessment

Plan for the Assessment
1. The administrator or designated individual assigns a person to lead the facility assessment process.

Disclaimer: Use of this tool is not mandated by the CMS, nor does it ensure regulatory compliance.
12/13/2022

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; 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.
   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
5. The team leader and others assigned complete the assessment.
6. 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
7. 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:
   a. How has the resident population- diseases, conditions, acuity, etc. changed since the last assessment?
   b. Do we need to make any changes in staffing?
      i. 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 takes into account 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.

    ii. 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?

c. Are there any training, education and/ or competency needs based on resident and/or staff data or trends identified in the Facility Assessment?
    i. Does our current behavioral health training sufficiently address our resident population, as identified by the Facility Assessment?
    ii. Does our current CNA training program sufficiently address our resident population as identified by the Facility Assessment?
    iii. Are ensure agency staff sufficiently trained to address needs of resident population?
    iv. Do we need to update job descriptions to coincide with new competencies identified?
    v. Are new requirements incorporated into our annual performance evaluation process?

d. What opportunities do we have to further collaborate closely with our medical practitioners to enhance our approaches to resident/patient care?

e. 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?

f. 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?
    i. 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?

      ii.   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?

    g.   Are there any other resources we need to care for residents competently during day-to-day operations and emergencies, based on the Facility Assessment?

    h.   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?

    i.   Have you completed a Hazard Vulnerability Assessment? Are adjustments needed to minimize risk? See examples from [Kaiser Permanente](#), [Leading Age Minnesota,](#) and the [California Association of Health Facilities](#).

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	
Hazard Vulnerability	

Evaluate Your Process and Plan for Future Assessments

8. 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?
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.