**Name of Facility**

Address

**Facility Assessment**

**[Picture of Facility]**

**Date Completed**

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**Executive Summary**

**Facility Name:** [Facility Name]

**Administrator:** [Administrator Name]

**Director of Nursing:** [Director of Nursing Name]

**Governing Body Representative:** [Name]

**Medical Director:** [Name]

**Date of Assessment/Update:**  [Date(s)]

**Date Assessment Reviewed with the Quality Committee:** [Date(s)]

**Resident Population:**

**Services Provided:**

**Resources:**

**Risk Assessments:**

**Synthesis/Use of Assessment Findings:**

|  |  |
| --- | --- |
| **Part 1** | **Resident Profile** |

**1.1 Number of Residents (Annual ADC):**

**1.2 Total Number of Beds:**

**1.2a Units**

**Unit 1:**

**Unit 2:**

**… Unit x:**

|  |  |  |
| --- | --- | --- |
| **Unit** | **Descriptor** | **Number of Beds** |
| **Unit 1** | **VCU** |  |
| **Unit 2** | **Tracheostomy and LTC Residents** |  |
| **Unit 3** | **Short Term and Long-Term Care Patients** |  |
| **Unit 4** | **Short Term and Long-Term Care Patients** |  |
|  | **Total** |  |

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

|  |  |
| --- | --- |
| **Part 1** | **Resident Profile** |

**1.3 Types of Diseases and 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.*

*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 intervention |
| 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 |

|  |  |
| --- | --- |
| **Part 1** | **Resident Profile** |

**1.3 Types of Diseases and Conditions (Continued):**

|  |  |
| --- | --- |
| **Category** | **Common Diagnoses** |
| 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 |

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

*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?*

**1.3a Physical Disabilities**

**1.3b Cognitive Disabilities**

**1.4 Overall 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. Potential data sources include RUGs, MDS data, and resident/patient acuity tools.*

|  |  |
| --- | --- |
| **Part 1** | **Resident Profile** |

*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).*

|  |  |
| --- | --- |
| **Major RUG-IV Categories** | **Average Annual Number 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 |  |

**1.4a Special Treatments and Conditions**

|  |  |  |
| --- | --- | --- |
|  | **Special Treatments** | **Average Annual Number of Residents** |
| **Cancer treatments** | Chemotherapy |  |
| Radiation |  |
| **Respiratory treatments** | Oxygen therapy |  |
| Suctioning |  |
| Tracheostomy care |  |
| Ventilator or respirator |  |
| BiPAP/CPAP |  |
| **Mental health** | Behavioral health needs |  |
| Active/current substance use disorders |  |
| **Other** | IV medications |  |
| Injections |  |
| Transfusions |  |
| Dialysis |  |
| Ostomy care |  |
| Hospice care |  |
| Respite care |  |
| Isolation or quarantine for active infectious disease |  |

|  |  |
| --- | --- |
| **Part 1** | **Resident Profile** |

**1.4b 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 |  |  |  |

**1.4c All Facility Case Mix (CMI)**

**All Facility CMI**

**Trend**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Month 1** | **Month 2** | **Month 3** | **Month 4** | **Month 5** | **Month 6** | **Month 7** | **Month 8** | **Month 9** | **Month 10** | **Month**  **11** | **Month**  **12** |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Insert All Facility CMI Trend Bar Graph**

|  |  |
| --- | --- |
| **Part 1** | **Resident Profile** |

**All Facility CMI**

**Distribution**

**DATE**

**Insert Case Mix RUG by Major Categories Pie Graph**

|  |  |
| --- | --- |
| **RUG Category** | **Percent** |
| **Rehab** |  |
| **Extensive Services** |  |
| **Special Care** |  |
| **Clinically Complex** |  |
| **Other** |  |
| **Total** |  |

|  |  |
| --- | --- |
| **Part 1** | **Resident Profile** |

**All Facility CMI**

**Distribution by RUG Level**

**Insert table for CMI RUG with # of Residents and % of Total**

**1.4d Case Mix Medicaid Only (CMI)**

**Medicaid CMI**

**Trend**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Month 1** | **Month 2** | **Month 3** | **Month 4** | **Month 5** | **Month 6** | **Month 7** | **Month 8** | **Month 9** | **Month 10** | **Month**  **11** | **Month**  **12** |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Insert Case Mix Historical Data Bar Graph**

|  |  |
| --- | --- |
| **Part 1** | **Resident Profile** |

**1.4e Case Mix Medicare Only (CMI)**

**Medicare Part A CMI**

**Trend**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Month 1** | **Month 2** | **Month 3** | **Month 4** | **Month 5** | **Month 6** | **Month 7** | **Month 8** | **Month 9** | **Month 10** | **Month**  **11** | **Month**  **12** |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Insert Medicare Part A CMI Trend Bar Graph**

**1.5 Other Pertinent Facts Present Within Populations**

*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 Offered** |

**2.1 Support and Care Services**

*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.*

|  |  |
| --- | --- |
| **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. |

|  |  |
| --- | --- |
| **Part 2** | **Services Offered** |

**2.1 Support and Care Services (Continued)**

|  |  |
| --- | --- |
| **General Care** | **Specific Care or Practices** |
| **Pain Management** | * Assessment of pain, pharmacologic and non-pharmacological 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. |

|  |  |
| --- | --- |
| **Part 2** | **Services Offered** |

**2.1 Support and Care Services (Continued)**

|  |  |
| --- | --- |
| **General Care** | **Specific Care or Practices** |
|  | * 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. |

**2.2 Ethnic Factors (activities, food and nutrition services):**

*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.*

**2.3 Cultural Factors (activities, food and nutrition services):**

**2.4 Religious Factors (activities, food and nutrition services):**

|  |  |
| --- | --- |
| **Part 3** | **Facility Resources** |

**3.1 Tangible Resources**

*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** |
| **Physical Structures:**  **Buildings and/or Other Structures** |  |  |
| **Vehicles** |  |  |
| **Equipment (Medical)** |  |  |
| **Equipment (Non- Medical)** |  |  |
| **Services** |  |  |
| **Other physical plant needs** |  |  |

**3.2 Staff Type**

*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)*

|  |  |
| --- | --- |
| **Part 3** | **Facility Resources** |

* *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*

**3.2a Personnel (Organizational Chart):**

|  |  |
| --- | --- |
| **Part 3** | **Facility Resources** |

**3.2a Personnel (Organizational Chart Continued):**

**3.2b Staffing Plan**

*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.*

|  |  |
| --- | --- |
| **Part 3** | **Facility Resources** |

**Staffing Nursing Hours PPD**

**Date**

|  |  |  |
| --- | --- | --- |
|  | **Hours** | **HPPD** |
| **RN** |  |  |
| **LPN** |  |  |
| **Aide** |  |  |
| **LPN and Aide** |  |  |
| **Total Nurse** |  |  |
|  |  |  |
|  |  |  |
| **Respiratory** |  |  |
| **Total with Respiratory** |  |  |

**Example 1:**

|  |  |
| --- | --- |
| **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** |  |

**Example 2:**

|  |  |
| --- | --- |
| **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 reach 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)** |  |

|  |  |
| --- | --- |
| **Part 3** | **Facility Resources** |

**3.2c Individual Staff Assignments**

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

**3.2d Staff Training/Education and Competencies**

*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.*

|  |  |
| --- | --- |
| **Part 3** | **Facility Resources** |

* + *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, MRSA/VRE/CDI precautions, environmental cleaning*
* *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*

|  |  |
| --- | --- |
| **Part 3** | **Facility Resources** |

* *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*

**3.3 Contract Services**

* + **a.) Therapy:** Therapy Services are provided by **INSERT COMPANY NAME**. Therapy provided **XXX** days a week as needed for resident care.
  + **b.) Pharmacy:** Pharmacy Services are provided by **INSERT COMPANY NAME** to provide physician prescribed medications and supplies, medication administration sheets and a monthly visit by the consulting pharmacist.

**3.4 Policies and Procedures for Provisions of Care**

*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.*

**3.5 Working with Medical Practitioners**

**3.5a Recruitment Plan**

*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.*

**3.5b Expectations**

*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*

|  |  |
| --- | --- |
| **Part 3** | **Facility Resources** |

*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?*

**3.6 List of Contracts, Memorandums of Understanding, or Other Agreements with Third Parties for Services or Equipment:**

*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.*

**Facility’s Contracts/Memorandums of Understanding/Agreements with Third Party Organizations**

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| --- | --- | --- | --- | --- | --- | --- |
| **Main Agreements** | **Contract=C MOU=M Agreement=A** | **Vendor/Supplier/Agency** | **Expiration**  **Date** | **Current Copy  Available  Y/N** | **Contract Has Expired  Y/N** | **Available During an Emergency Y/N** |
| **Lab Services** |  |  |  |  |  |  |
| **Therapy** |  |  |  |  |  |  |
| **Respiratory Therapy** |  |  |  |  |  |  |
| **X-Ray** |  |  |  |  |  |  |
| **Dialysis** |  |  |  |  |  |  |
| **Nursing Agency Services** |  |  |  |  |  |  |
| **DMS** |  |  |  |  |  |  |
| **Pharmacy** |  |  |  |  |  |  |
| **Security** |  |  |  |  |  |  |
| **Food Services** |  |  |  |  |  |  |
| **DME Equipment** |  |  |  |  |  |  |
| **Lawn Care** |  |  |  |  |  |  |
| **Kitchen Equipment Maintenance** |  |  |  |  |  |  |
| **Ambulance** |  |  |  |  |  |  |

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| **Part 3** | **Facility Resources** |

**Facility’s Contracts/Memorandums of Understanding/Agreements with Third Party Organizations (Continued)**

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| **Main Agreements** | **Contract=C MOU=M Agreement=A** | **Vendor/Supplier/Agency** | **Expiration**  **Date** | **Current Copy  Available  Y/N** | **Contract Has Expired  Y/N** | **Available During an Emergency Y/N** |
| **Emergency Transportation** |  |  |  |  |  |  |
| **Food and Water** |  |  |  |  |  |  |
| **Managed Care Contracts** |  |  |  |  |  |  |
| **Surety Bond** |  |  |  |  |  |  |
| **Medical Director** |  |  |  |  |  |  |
| **Podiatry** |  |  |  |  |  |  |
| **Dental** |  |  |  |  |  |  |
| **Medical Supply Company** |  |  |  |  |  |  |
| **CLIA** |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |

**3.7 Health Information Technology**

*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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| **Part 3** | **Facility Resources** |

**3.8 Infection Prevention/Control Program**

*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.*

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| **Part 4** | **Risk Assessment** |

**4.1 Facility-Based**

*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.*

**SWOT Analysis**

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| Strengths: | Weakness: |
| Opportunities: | Threats: |

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| **Part 4** | | **Risk Assessment** | | | | | | | | | |
| **(1)**  **Asset or Operation at Risk** | **(2)**  **Hazard** | | **(3)**  **Scenario (Location, Timing, Magnitude)** | **(4)**  **Opportunity 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)**  **Operations** | **(9)**  **Environment** | **(10)**  **Entity** |
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Source: ready.gov/business

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| **Part 4** | **Risk Assessment** |

**4.2 Community-Based**

**SWOT Analysis**

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| Strengths: | Weakness: |
| Opportunities: | Threats: |

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| **Part 4** | | **Risk Assessment** | | | | | | | | | |
| **(1)**  **Asset or Operation at Risk** | **(2)**  **Hazard** | | **(3)**  **Scenario (Location, Timing, Magnitude)** | **(4)**  **Opportunity 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)**  **Operations** | **(9)**  **Environment** | **(10)**  **Entity** |
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Source: ready.gov/business

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| **Part 4** | **Risk Assessment** |

**4.3 Instructions**

**Column 1:** Compile a list of assets (people, facilities, machinery, equipment, raw materials, finished goods, information technology, etc.) in the left column.

**Column 2:** For each asset, list hazards (review the “Risk Assessment” page from Ready Business) 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.

**Column 3:** For each hazard consider both high probability/low impact scenarios and low probability/high impact scenarios.

**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.

**Column 5:** Estimate the probability that the scenarios will occur on a scale of “L” for low, “M” for medium and “H” for high.

**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.

**Column 8:** Information from the business impact analysis should be used to rate the impact on “Operations.”

**Column 10:** The “entity” column is used to estimate potential financial, regulatory, contractual, and brand/image/reputation impacts.

**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).

**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.**

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| **Part 5** | **Synthesis/Use of Assessment Findings** |

**Synthesis of and Use of the Assessment Findings**

1. Review the findings of the assessment, 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.
2. Consider the questions below:
3. How has the resident population- diseases, conditions, acuity, etc. changed since the last assessment?
4. Are any changes needed 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?
     2. 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.
     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?
5. Are 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?
6. What opportunities do we have to further collaborate closely with our medical practitioners to enhance our approaches to resident/patient care?
7. 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?
8. 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?
9. Are there any other resources we need to care for residents competently during day-to-day operations and emergencies, based on the Facility Assessment?
10. 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?

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| **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.

**Appendix**

**Hazard and Vulnerability Assessment**

Naturally Occurring Events

Technologic Events

Human Related Events

Events Involving Hazardous Materials

**Educational Requirements for Nursing Staff**

SNF New Hire Orientation – Direct Care

SNF New Hire Orientation – All Staff

SNF Annual Mandatory – Direct Care

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| **Appendix** | **Hazard and Vulnerability Assessment**  **Naturally Occurring Events** |



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| **Appendix** | **Hazard and Vulnerability Assessment**  **Technologic Events** |



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| **Appendix** | **Hazard and Vulnerability Assessment**  **Human Related Events** |

**SAMPLE**



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| **Appendix** | **Hazard and Vulnerability Assessment**  **Events Involving Hazardous Materials** |

**SAMPLE**



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| **Appendix** | **Educational Requirements for Nursing Staff** |

**New Hire: All Staff**

* Abuse, neglect and exploitation in Senior Care Settings
* Activities for residents of Senior Care Homes
* Advance directives
* Alzheimer’s Dementia DOEA 1 Hour – SNF
* Challenging behaviors in dementia care
* Communicating with Senior Care residents
* Disaster preparedness for Senior Care Facilities
* Fire safety
* Infection control
* Introduction to HIPAA
* OSHA Compliance
* Resident rights for skilled nursing
* Slips, trips, and falls for employees
* The Elder Justice Act
* Corporate compliance and ethics

**New Hire: Direct Care**

* Back safety, body mechanics and transfers
* Bloodborne pathogens
* Ergonomics for Senior Care staff
* Tuberculosis

**SNF Annual Mandatory: Direct Care**

* Back safety, body mechanics and transfers
* Bloodborne pathogens
* Tuberculosis
* Restorative nursing foundation for the nurse
* Ergonomics for Senior Care staff