

Facility Assessment: More Than a Regulatory Requirement

Questions & Answers July 8 and 17, 2024 Webinars

Question: Is there a new Facility Assessment Template that includes all the new requirements?

Answer: Yes, you can request the template. Email LTC@hqi.solutions to request the template.

Question: The acronym SNF, what does that stand for? Does it reference swing bed patients?

Answer: SNF stands for Skilled Nursing Facility. The CMS QSO-24-13-NH does not reference Swing Bed Patients.

Question: What specific recommendations do you have for how best to utilize the MDS (sections or reports) to support this newer more comprehensive Facility Assessment process?

Answer: You should start by pulling a report of the HIPPS codes over the last six months and focus on the third letter from the left. This represents the Nursing Case Mix Group and will be one of 25 alpha letters with "A" being the most acute and "Y" being the least acute. Next, determine which Nursing categories your residents typically fall into (Extensive Services, Special Care High, Special Care Low, Clinically Complex, Behaviors/Cognition or Reduced Physical Functioning). These categories will give you further insight into who you take care of in your facility, their needs from a treatment/equipment standpoint, and the competency level that your staff would need to have to meet resident needs.

Question: Must all the "mandatory participants" be present during the entire CMS survey?

Answer: There is no indication that mandatory participants must be present during the entire CMS survey.

Question: What about acuity, staff to resident ratio to provide the best care?

Answer: The acuity needs of the residents who reside in your facility will be determined by you and your team and documented within your facility assessment. Remember to document your process and data utilized to make determinations regarding staffing required to meet your residents' needs.

Question: What are some ideas to seek input from residents, resident representatives and family members?

Answer: A few mentioned in the webinar include face-to-face meetings, suggestion boxes, satisfaction surveys, anonymous surveys and discharge surveys.

Question: These revisions apply to all LTC facilities and not just SNFs correct?

Answer: Yes, please refer to [QSO-24-13-NH](#) titled “the revised guidance for Long Term Care Facility Assessment Requirements.”

Question: Will the surveyors be looking at my facility assessment and my EPP for areas that should be coordinated if needed?

Answer: When you complete your facility assessment and your facility Emergency Preparedness Plan you will plan for the resources your residents need day to day as well as in emergencies. Therefore, it is essential that the facility assessment and Emergency Preparedness Plan are coordinated and aligned to plan for the care and resources your residents will need.

Question: Does the facility assessment have to address what skills and competencies are required by those providing care in my facility?

Answer: Based on the needs of your residents your facility assessment should address the skills and competencies to care for and meet the identified needs of your resident population.

Question: Does the facility assessment have to include what resources we have to care for our residents?

Answer: Yes, your facility assessment needs to include the resources needed to care for your residents completely in day-to-day operations as well as emergency situations.

Question: Please send the slides.

Answer: The slides and recording can be accessed [HERE](#).

Question: Do I have to include in my facility assessment a plan for recruitment and retention for direct care staff?

Answer: The CMS QSO-24-13-NH under 483.71(c)(4) states “the facility must use this facility assessment to: develop and maintain a plan to maximize the recruitment and retention of direct care staff.”

Question: Should we consider the SNFs current PBJ/adjusted staffing HPPD when documenting staff recommendations on the FAssessment? E.g., if the SNFs PBJ numbers are low based on acuity (not actual staffing), how do we better explain that on the FAssessment from a regulatory standpoint?

Answer: The described staffing levels for the facility should be based on the unique needs of the facility at various points, such as nights, evenings, weekends, specific units/halls, etc., and avoid a picture that only represents Monday through Friday from 8 a.m. to 4 p.m., for example.

The adjusted staffing listed on Five Star, from your PBJ submissions and MDS data, is a starting point but can also suffer from not representing the actual care requirements in your facility. Since it is based on MDS data, those pictures of the residents could be 90 days old and/or not have captured acuity changes that staffing levels need to account for.

Question: Is there a template available for the Hazard Risk Assessment?

Answer:

1. [Hazardous Vulnerability Assessment Checklist | HQIN](#)
2. [Kaiser Permanente Hazard Vulnerability Analysis](#)

Question: We need direction on how to retrieve information on average PDPM category over previous 12 months AND how to determine average GG codes for all residents residing in facility in previous 12 months including function scores.

Answer: You should start by pulling a report of the HIPPS codes over the last 12 months and focus on the third letter from the left. This represents the Nursing Case Mix Group and will be one of 25 alpha letters with “A” being the most acute and “Y” being the least acute. Next, determine which Nursing categories your residents typically fall into (Extensive Services, Special Care High, Special Care Low, Clinically Complex, Behaviors/Cognition or Reduced Physical Functioning). These categories will give you further insight into who you take care of in your facility, their needs from a treatment/equipment standpoint, range of GG Functional score, and the competency level that your staff would need to have to meet resident needs.

Question: What sort of documentation would they expect related to resident feedback? Would they want to see the results of the survey or a paragraph summary of how you collected the data?

Answer: Consider how you currently gather residents' input and determine if it can be used or enhanced to meet the requirements. Examples that you may already be doing include care conferences, resident council meetings and satisfaction surveys. Determine if you need to seek additional input as we discussed during the webinar. Once all input is gathered, you can summarize it and the process you use to make decisions for the completion of your facility assessment. Keep all input available if surveyors should ask for it.

Question: Would documented input from resident council meetings be sufficient?

Answer: Input from resident council would be considered a valuable resource to consider as input, however you may need to consider other sources of input from residents as we discussed prior and on the webinar.

Question: Is there a general list of what requires a competency?

Answer: You will need to determine in your facility assessment and the needs of your residents what training and competencies are required to meet the needs of your residents.

The information presented is intended to enhance understanding of the revised CMS Guidance for Long-Term Care Facility Assessment requirements as of July 17, 2024. The content does not take place of and is not all inclusive of the information and instructions provided by the June 18, 2024 QSO-24-13-NH. Any updates will supersede this content. Readers should always utilize the most current requirements.