



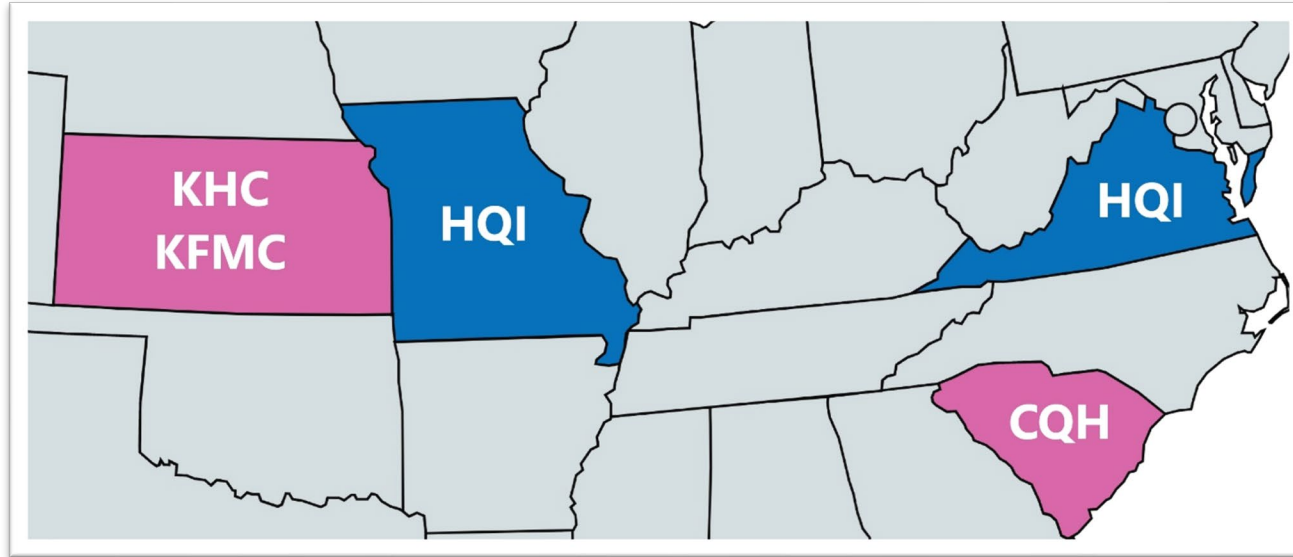
Health Quality Innovation Network



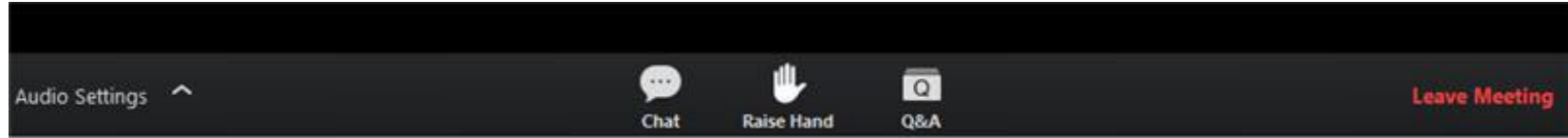
Health Quality Innovation Network

Facility Assessment: More than a Regulatory Requirement

Health Quality Innovation Network



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Today's Presenter



Teresa Remy
MHA, BSN, LNHA, RN, CDP, QCP, IPCO
Vice President of LeaderStat Consulting Services

Objectives

- ✓ Understand the revised facility assessment requirements and regulatory updates
- ✓ Understand how to complete the facility assessment process with your team
- ✓ Understand how to identify resources that are necessary to care for residents competently during normal day-to-day operations and in emergencies
- ✓ Understand how to link the facility assessment to your emergency preparedness plan and QAPI program

Facility Assessment

- The facility assessment requirement has been in effect long enough that most facilities have a document put together, but now it is time for a review or enhancement based on changes made for the staffing mandate, Phase 3 requirements of participation, and services being provided post-PDPM
- The facility assessment is referenced 172 times in the 329-page staffing rule
- This information will be reviewed by surveyors to assure compliance with requirements
- If surveyors have identified systemic care concerns, they will review how the facility has planned for care – whether there is a service need or number of staff needed
 - This includes both day to day operations as well as during emergencies

F838 §483.70 Facility Assessment

The facility must conduct and document a facility assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations (including nights and weekends) 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.

§483.71 Facility-based and community-based risk assessment, utilizing an all-hazards approach

In conducting the facility assessment, the facility assessment must ensure

a. Active involvement of the following participants in the process:

- i. Nursing home leadership and management, including but not limited to a member of the governing body, the medical director, an administrator, and the director of nursing; and
- ii. Direct care staff including, but not limited to RNs, LPN/LVNs, NAs, and representatives of the direct care staff, if applicable.
- iii. The facility must also solicit and consider input received from residents, resident representatives, and family members.

b. The facility must use the facility assessment to:

- i. Inform staffing decisions to ensure that there are enough staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care as required in §483.35(a)(3).
- ii. Consider specific staffing needs for each shift, such as day, evening, night, and adjust as necessary based on any changes to its resident population.
- iii. Develop and maintain a plan to maximize recruitment and retention of direct care staff.
- iv. Inform contingency planning for events that do not require activation of the facility's emergency plan, but do have the potential to affect resident care, such as, but not limited to, the availability of direct care nurse staffing or other resources as needed for resident care.

Requirements of Participation – INTENT:

To conduct an assessment which includes:

- The facility's **resident population** to identify the resources needed to provide the necessary care and services the residents require
- **Resources** necessary to care for residents competently during normal day-to-day operations and in emergencies
- Information for administration and staff to utilize for decisions made regarding staffing and other resources
- Updates as necessary and at least annually
 - The facility must also review and update the facility assessment whenever there is, or the facility plans for, changes that would require substantial modification of the facility assessment
- The development of a plan describing the process for the facility assessment linked to the QAPI plan/program and the Emergency preparedness plan

New Facility Assessment Focus

- Emphasis of requirement by moving into its own section: 42 CFR 483.71
- Emphasis on going beyond the minimums
- Establishes new requirements for facility assessment
- The previous rule did not specify who must participate in the resident assessment process; instead, CMS made recommendations
- Now the required “active” participants are listed, including facility management, direct care workers, and representatives
- While residents/families are listed under “active participants,” the regulation states that the facility is only required to solicit and consider any input they may provide
- Includes cross-references to facility assessment in numerous other regulations
- Changes apply 90 days from official publication (August 8, 2024)
- As of August 8, 2024, assessments not meeting the new requirements will be considered non-compliant
- Every SNF must review their facility assessment before then and revise as necessary to meet the new standards

What is CMS saying...



CMS Responses to Comments: **Active Participation**

- Active participation does not require that all identified staff or their representatives are at every meeting or discussion or must approve the final facility assessment
- At a minimum, all identified staff should have the opportunity to present their views and have those views considered by the other staff that are actively participating in the process
- Facilities should determine the level of active participation thereafter
- Facilities could limit the staff who would be responsible for the final approval of the facility assessment
- Individuals could participate in-person or virtually

CMS Responses to Comments: **Mandatory Participants**

Include:

- All levels of nursing staff, including representatives of direct care staff
- Solicit input or even active participation from other staff, especially physicians, nurse practitioners, physician assistants, social workers, activity directors, dietitian/nutritionists, and therapists
- Input of staff from specialized units such as memory care, behavioral health, sub-acute, or ventilator/trach dependent
- Member of governing body
- Medical director input is essential to the process
- Third-party elected local union representatives, business agents, safety, and health specialists, or a non-union worker's designated representatives from a worker advocacy group, community organization, local safety organization, or labor union

CMS Responses to Comments: **Input from Residents, Resident Representatives, Family Members**

- The facility should actively solicit input from identified participants
- The facility should determine the best way to contact these individuals to solicit their input
- The input should then be shared with all the individuals who are actively participating in the facility assessment process in time for there to be a discussion of the received input
- The time for providing input should be reasonable
 - The individuals from whom input is being sought would likely need more than a few days or a week to contemplate what input they want to provide

Components of the FA

The facility assessment is organized in three main components/sections:

1. **Resident profile** – including but not limited to the numbers, diseases/conditions, physical and cognitive disabilities, decisions regarding caring for residents with conditions not listed, acuity, and ethnic/cultural/religious factors which impact care
2. **Services and care offered** – including but not limited to care needed by the resident population using evidence-based, data-driven methods which consider types of diseases, conditions, physical and behavioral needs, cognitive disabilities, overall acuity, and any other pertinent facts present within the population (consistent with residents' assessments)
3. **Facility resources needed** – including but not limited to providing competent care for residents, including facility staff, staffing plan, staff training/education and competencies, individual staff assignments, policies and procedures for provision of care, working with medical practitioners, physical environment and building needs, and other resources

Resident Profile & Services and Care Provided

- Determine team members
- Make assignments to team members prior to your first meeting
 1. First question: what is our resident population?
 2. Second question: what kind of care and services do our residents need?
- During the facility assessment meeting, work through the assessment by having team members contribute information they have prepared ahead of the meeting
- As a team, discuss diagnoses you have cared for, and any diagnoses or special conditions you are likely to care for in the coming year
- After discussing and documenting the diseases you currently care for, the group should discuss how you make decisions regarding care for residents with conditions not listed
- This discussion (which must be documented on the facility assessment and or attachments maybe referenced) should include a description of 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 been previously supported

Resident Profile & Services and Care Provided

- When determining resident acuity, you should consider if it would be helpful to differentiate between long-stay and short-stay residents or other categorizations (e.g., unit, floors, or other specialty areas or units, such as those that provide care and support for persons living with dementia or using ventilators)
- The activities director, dietary director, and/or the social services director (along with feedback from residents and families) should be able to provide detailed information on the ethnic, cultural, or religious factors within the resident population
- On the assessment you should describe ethnic, cultural, or religious factors or personal resident preferences that may potentially affect the care provided to residents by your facility
- The entire group can discuss (this is an important area to get feedback from both residents and direct care staff on) other pertinent facts or descriptions of the resident population that must be considered when determining staffing and resource needs
- Facilities should use the facility assessment to help make the determination about which residents *they can* admit, based upon the documented diagnoses and special care areas they have the resources to care for

Facility Resources

- Include what type of staff is needed to meet the needs of the residents identified in the previous sections of the assessment
- Discussion/documentation could be completed by listing the types of staff members and other health care professionals needed to support and care for residents
- Another method of outlining staff needs would be through documentation of the facility's organizational chart which includes all positions
- The team will need to address the staffing plan based upon acuity and other resident characteristics established in previous sections of the assessment

Facility Resources

Staffing plans:

- Ratios
- Recruitment efforts
- Retention plan
- Roles and responsibilities
- Nurse delegation/structure
- Organizational chart
- Number of staff (FT, PT, PRN, agency, contract)
- Number of staff per shift per unit
- Evaluation of the overall number of qualified staff available to meet the residents needs
- Review of individual staff assignments & systems for coordination and continuity of care for residents within and across these staff assignments
- Include day-to-day and contingency

Facility Resources

Staff Assignments and Competencies:

- There should be a documented discussion regarding how the facility determines and reviews individual staff assignments for coordination and continuity of care for residents within and across these staff assignments
- Consider specific staffing needs for each shift, such as day, evening, night, *and adjust as necessary* based on any changes to its resident population
- In addition, you will need to determine what specific training, education, and competencies are necessary to meet the needs identified for your resident population
- Competency is defined as a **measurable** pattern of **knowledge, skills, abilities, behaviors**, and other characteristics that an individual needs to perform work roles or occupational functions successfully
- Show how the competencies you identified link to the characteristics of your resident population, including the number of residents in your center, their acuity and diagnosis, and other pertinent factors
- Competencies should be job and team specific and should be tailored to meet the unique needs of residents in your facility
 - In addition, they should be tied to your facility's mission

Facility Resources

Other:

- Nutritional services – include in staffing plan, training & competency of staff, kitchen delivery, dining room delivery, number of meals served per day, preferences of resident population such as religious, cultural, ethnic, special diets/needs, emergency food needs
- Contracts, MOU & other 3rd party agreements for services and/or equipment for normal day-to-day operations as well as during emergencies
 - Example: language translation
- Under facility resources be sure to include buildings and structures, physical environment, services (e.g., waste management, telephone, HVAC, etc.), other physical plant needs, medical supplies, and non-medical supplies
- Physical space of resident areas & non-resident areas; owned & non-owned equipment, preventative maintenance, and services; physical layout, hallways/units, specialty areas
- Equipment used by the facility during both normal operations and emergencies should be included
 - The group should consider including a description of the facility's process for overseeing these services and how these services will meet the needs of the residents, as well as regulatory, operational, maintenance, and staff training requirements

Facility Resources

Policies and procedures:

- Policies and procedures needed to meet the needs of the facility's population should be addressed
- The facility should describe in the assessment how they plan to evaluate policies and procedures in the provision of care, and how the facility ensures the policies meet the professional standards of practice
- An explanation should be provided regarding how the facility identifies the need for a new policy if new care areas are provided within the facility
- Address how the facility accounts for staff call-offs and the process for covering shifts in case of call-offs
- The facility will need to use the facility assessment to develop and maintain a plan to maximize recruitment and retention of direct care staff
 - This must be documented

Facility Resources

Technology/Electronic Medical Record (EMR):

- The assessment should list all health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations
- The assessment should document considerations including a description of how the facility will securely transfer health information to the hospital, home health agencies, or other providers for any resident transferred or discharged from the facility
- The facility should document how downtime procedures are developed and implemented, along with how the facility ensures residents and their representatives can access their records upon request and obtain copies within the required time limits

Facility Resources

Infection Prevention and Control Program:

- The assessment should describe how the infection prevention and control program is evaluated:
- To include effective systems for preventing, identifying, reporting, and controlling infections and communicable diseases
- This includes all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement, which follow accepted national standards

Facility Resources

Emergency Preparedness

- The results of the facility's hazard-risk assessment and infection control risk assessment should be reviewed as part of the facility assessment
- Another addition to the assessment, as outlined in the final rule, is the requirement to document contingency planning
- It is important that your Emergency Preparedness Plan considers input and analysis from your facility assessment.
- Be sure the facility has reviewed and updated your Emergency Preparedness Plan

Emergency Preparedness Plan

Question

When CMS uses the terminology **Hazard Risk Assessment**, what do they mean?

Answer

A process facilities are to use to access and document potential hazards within their areas and the vulnerabilities and challenges that impact the facility.

Emergency Preparedness Plan

Facility & Community-Based Risk Assessment:

- All hazards approach
- How will the facility maintain continuity of operations
- Facility's ability to secure supplies & resources during an emergency or natural disaster
- Facility should include involving their local/county Office of Emergency Preparedness
- Require review & updates
- Link to Facility Assessment – is your Emergency Preparedness Plan completed?

Surveyor Questions

- *Does the facility assessment include an evaluation of the resident population, and its needs (e.g., acuity) based on evidence-based, data-driven methods? Does this reflect the population observed? Does it address the facility's resident capacity?*
- *Does the facility assessment include information on the staffing level(s) needed for specific shifts, such as day, evening, and night and adjusted as necessary based on changes to resident population?*
- *Does the facility assessment address what skills and competencies are required by those providing care?*
- *Was the facility assessment conducted with input from the individuals stated in the regulation (483.71(b))?*
- *Does the facility assessment indicate what resources, including but not limited to, equipment, supplies, services, personnel, health information technology, and physical environment are required to meet all resident needs?*
- *Does the facility have a plan for maximizing recruitment and retention of direct care staff?*
- *Does the facility assessment include a contingency plan that is informed by the facility assessment?*

Surveyor Deficiencies

To cite noncompliance the surveyor's investigation will show the facility failed to do any **ONE** of the following:

Annually and as necessary, conduct, document, review and update an FA

OR

Address or include in the FA the minimum requirements as described in

§ 483.71(a), (b), and (c)

Deficiency Examples

One of the sampled residents had experienced a fall while staff were transferring them from the bed to a chair as a result of a faulty mechanical lift.

- The resident's care plan indicates requiring a two-person assist using a mechanical lift
- After the fall, the resident was evaluated and although he did not suffer any physical harm, upon interview he did express psychological harm and stated he was afraid of using these lifts and would prefer to remain in bed
- Interviews with *direct care* staff indicated that many of the lifts are old, in frequent need of repair, and often malfunction when used
- A review of the *current* facility assessment did not include or address equipment necessary to provide for the needs of residents *and did not have active involvement of direct care staff in the process*

Deficiency Examples

The facility recently admitted several individuals – some who follow a vegan diet and others that follow the Judaism faith, both of which include dietary restrictions.

- *These individuals did not previously reside in the facility and represents a substantial change in the resident population*
- *The residents expressed concerns that they are not always able to choose foods consistent with their cultural beliefs*
- *Upon review of the facility assessment, the facility did not review and update their assessment based on this change in their resident population*
- *As a result, the facility did not adjust the menus for these newly admitted residents*
- *When reviewing the facility assessment, the survey team identified that while the assessment included all the required components, it had not been reviewed for any potential updates in the last 15 months*
- *Facilities are required to review and update the assessment as necessary and at least annually*
- *Even though there were no changes to resident needs, staffing, or other resources, the facility's failure to review the assessment within 12 months may result in the facility failing to identify a factor which would require a change to the assessment, thereby potentially placing the residents at risk for at least minimal harm*

Potential Tags for Additional Investigation

If the survey investigation reveals there is not sufficient or competent staff, refer to:

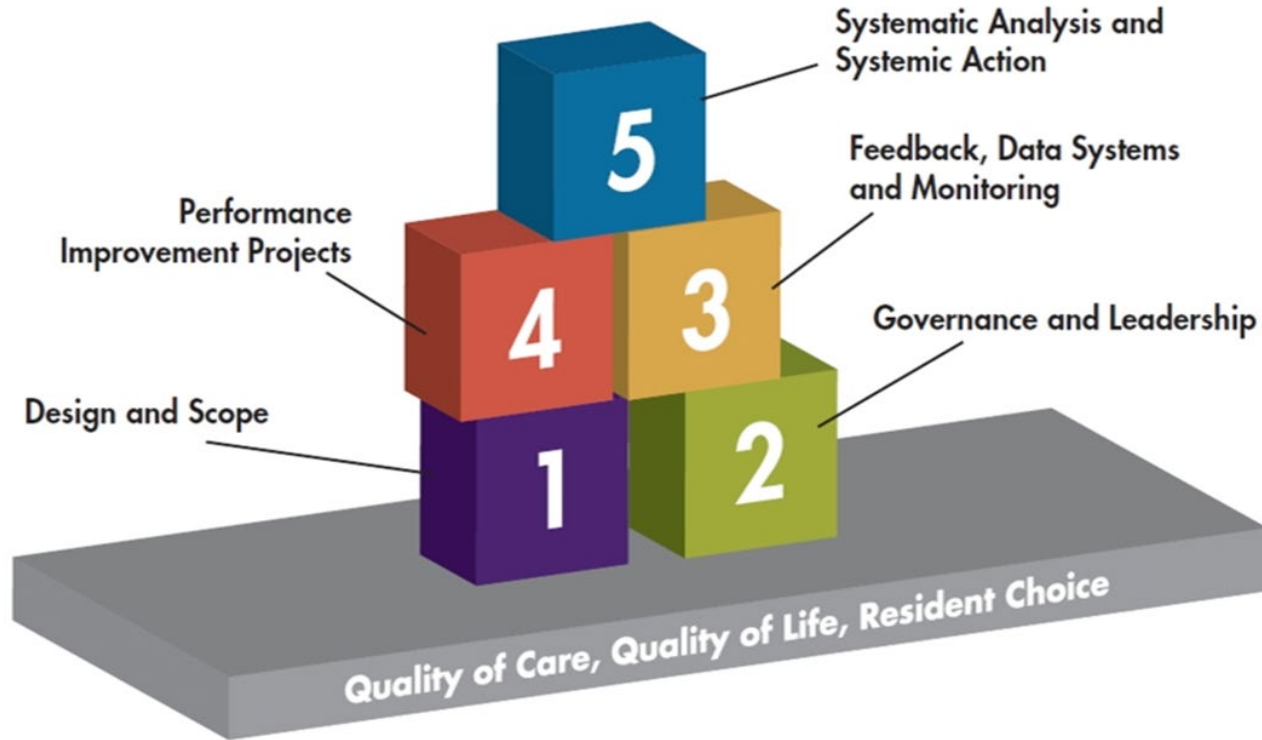
- F639 - Comprehensive Person-Centered Care Planning;
- F725/726 - Nursing Services Not Related to Behavioral Health Care or Dementia Care;
- F741 - Staff Caring for Residents with Dementia or a History of Trauma and/or PTSD
- F801- Food and Nutrition Staff;
- F826 - Specialized Rehabilitative Services;
- F839 - Staff Qualifications
- F837 - Governing Body
- F865 - QAPI/QA&A

QAPI Plan

F865, 866, 867, 868:

- These requirements are intended to ensure facilities develop a plan that describes the process for conducting QAPI/QAA activities, such as identifying & correcting quality deficiencies as well as opportunities for improvement, which will lead to improvement in the lives of nursing home residents, through continuous attention to QOC, QOL & resident safety
- Represents an ongoing, organized method of doing business to achieve optimum results, involving all levels of an organization
- The IG state QAPI plan must describe the process for identifying & correcting quality deficiencies

QAPI Plan



Components



Steering
Committee/QAPI
Leadership Team



Performance
Improvement Charters



PIP Teams



RCA & Action Plans



Documentation



QAPI Awareness
Campaign



EPP and Facility
Assessment

Facility Assessment Template

Facility Assessment Tool

Quality Improvement Organizations
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Disclaimer

This Facility Assessment template is presented as a model only and has not been reviewed by counsel. Before applying a form to specific residents, it should be reviewed by a counsel knowledgeable in applicable facility rules and regulations.

The Facility Assessment template should not be used or relied upon without consultation with and supervision by qualified physicians and other professionals who have full knowledge of each resident's case history and medical condition.

The Facility Assessment Template is offered to nursing facilities to develop individualized Facility Assessment plans, and for information and guidance.

The development process included a review of government regulations, opinions and consensus. The guidelines strive to be consistent with:

- Evidence-based criteria
- Consistent with statutory and regulatory requirements
- Use of federal and state government terminology, definitions, and standards

Staff, residents and families should be involved in Facility Assessment and appropriate implementation.

Introduction to the Facility Assessment

Purpose

The purpose of the assessment is to determine what resources are necessary to care for residents completely 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 service to residents in your facility. Using a competency-based approach focuses on ensuring each resident is provided care that allows the resident to maintain or attain their highest practicable mental and psychosocial well-being.

The intent of the facility assessment is for the facility to evaluate its resident population to identify the resources needed to provide the necessary person-centered care and services that residents require.

The facility assessment will be used to create a contingency plan for events that do not allow the activation of the facility emergency plan but have the potential to impact resident care, such as the availability of direct care nurse staffing or other resources needed for care of residents. This assessment will be used to develop and maintain a plan to maximize direct care staff recruitment and retention. It will serve as a record for staff and management to understand the reasons for decisions made regarding staffing and other resources and may include the operating procedures necessary to carry out facility functions.

Guidelines for Conducting the Assessment

1. To ensure the required thoroughness, the following need to be involved in the assessment:
 - Nursing home leadership and management including, but not limited to, the administrator, a representative of the governing body, the medical director of nursing and
 - Direct care staff including, but not limited to, registered nurses (RNs), licensed practical nurses/licensed vocational nurses (LPNs/LVNs) and assistants.
 - The facility must also solicit and consider input received from resident representatives and family members.
2. While a facility may include input from its corporate organization, the assessment must be conducted at the facility level.
3. The facility must review and update this assessment annually or whenever there is a change and/or when the facility plans for any change that would require modification to any part of this assessment. For example, if the facility deems it necessary to admit residents with care needs who were previously not admitted, such as on ventilators or dialysis, the facility assessment must be reviewed and updated to address how the facility staff, resources, physical environment, etc., meets the needs of those residents and any areas requiring attention, such as any training or supplies required to provide care.

Staffing plan

Facility leadership to determine if and how they will include staffing levels in facility assessment.

Based on our resident population and their needs for care and support, we have made a good faith effort and approach to ensure we have sufficient staff to meet the needs of our residents at any given time.

At our facility, we make a good faith effort to evaluate the overall number of facility staff needed to ensure enough qualified staff are available to meet each resident's needs. This is not an all-inclusive list. Please refer to the organizational chart.

Sample staffing charts below. This example uses Hours Per Resident Days (HPRD) as it is publicly available on Care Compare.

All Staff (as noted above)	Current #			
Full-time staff				
Part-time staff				
PRN staff				

Hours Per a Resident Days (HPRD)	RN	LPN	CNA/STNA	Other
Days				
Evenings				
Nights				

Direct Care Staff for Specialty Units, i.e., Behavioral Health, Memory Care, Secured Unit (insert data for each unit separately if applicable) HPRD	RN	LPN	CNA/STNA	Other/Admin
Days				
Evenings				
Nights				

Dietary Staff HPRD	Cook	Aides	Dietary Manager	Other i.e. Registered Dietitian
Days				
Evenings				

Rehab Care Staff HPRD	PT	OT	ST	PTA	OTA
Days					

FOR MORE INFORMATION

Call 877.731.4746 or visit www.hqin.org

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Don't hesitate to ask a question after the webinar is over.

Email LTC@hqi.solutions or your HQIN Quality Improvement Advisor.

References

- <https://www.ahcancal.org/News-and-Communications/Blog/Pages/Facility-Assessment-Action-Brief-%E2%80%93-Now-Available.aspx>
- <https://www.cms.gov/medicare/Provider-enrollment-and-certification/guidanceforLawsandRegulations/Nursing-Homes>
- <https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/qapiataglance.pdf>
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- <https://www.cms.gov/files/document/qso-24-13-nh.pdf>

FOR MORE INFORMATION

Call 877.731.4746 or visit www.hqin.org

LTC@hqin.solutions

Kansas

Brenda Groves

Quality Improvement Advisor

bgroves@kfmc.org

785.271.4150

Virginia and Missouri

Allison Spangler

Quality Improvement Advisor

aspangler@hqi.solutions

804.289.5342

South Carolina

Kristine Williamson

Quality Specialist

kwilliamson@constellationqh.org

919.461.5525

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Call 877.731.4746 or visit www.hqin.org



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