
CHECKING THE PULSE OF YOUR FACILITY WITH THE FACILITY ASSESSMENT



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AGENDA

- Importance of Facility Assessment
- F-Tag Considerations
- Components of the Facility Assessment
- Developing the Facility Assessment
- Updating the Facility Assessment



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THE IMPORTANCE OF FACILITY ASSESSMENT

The facility assessment intends to evaluate its resident population and identify the resources needed to provide the necessary person-centered care and services the residents require.

The facility assessment will enable each nursing home to thoroughly assess the needs of its resident population and the required resources to provide the care and services the residents need. It should serve as a record for staff and management to understand the reasoning for decisions made regarding staffing and other resources. It may include the operating budget necessary to carry out facility functions.

An assessment of the resident population is the foundation of the facility assessment. It must include an evaluation of diseases, conditions, physical, functional, or cognitive status, acuity of the resident population, and any other pertinent information about the residents that may affect and plan for the services the facility must provide.

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**REMEMBER:
AFTER CHECKING
THE PULSE, WE START
CPR!**

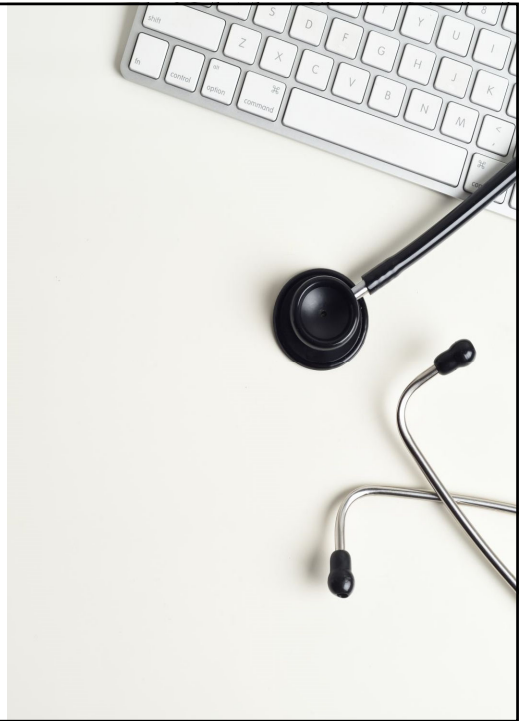
Current and Competency-Based
Patient-Centered
Realistic



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F-TAG CONSIDERATIONS

- F838 FACILITY ASSESSMENT
- F656 COMPREHENSIVE PERSON-CENTERED CARE PLANNING
- F725/F726 SUFFICIENT AND COMPETENT NURSING STAFF
- F866 QAPI/QAA DATA COLLECTION AND MONITORING
- F880 INFECTION CONTROL

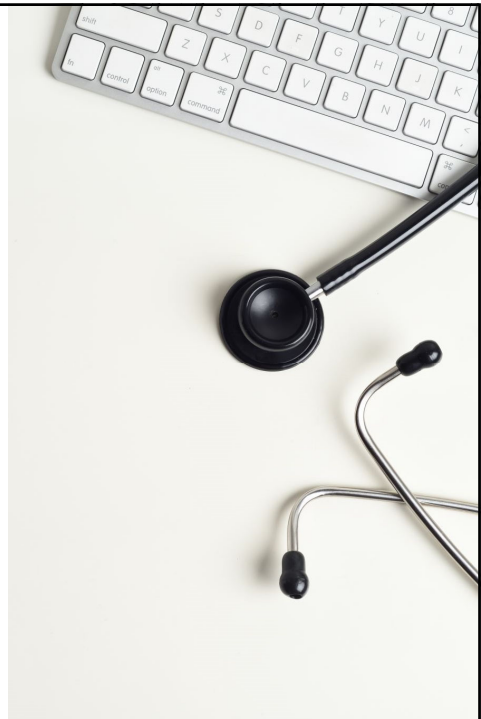


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F-TAG CONSIDERATIONS

STAFFING TAGS:

- F725/F726 SUFFICIENT AND COMPETENT NURSING STAFF
- F741 SUFFICIENT/COMPETENT STAFF BEHAVIORAL HEALTH NEEDS
- F801 QUALIFIED DIETARY STAFF

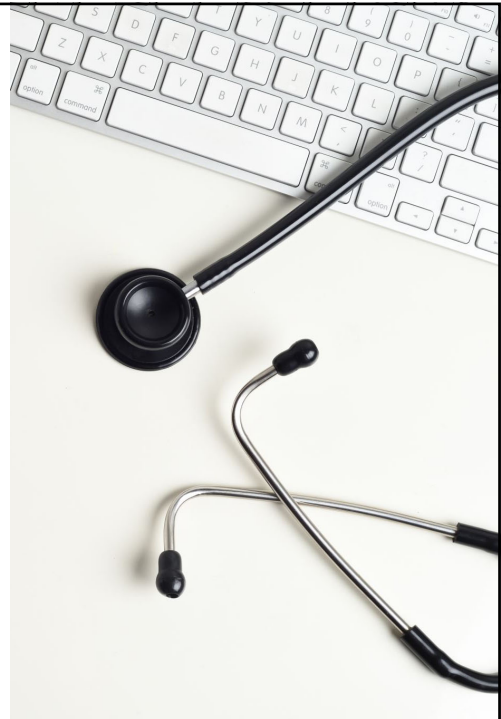


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F-TAG CONSIDERATIONS

TRAINING TAGS:

- F940 GENERAL TRAINING REQUIREMENTS
- F941 COMMUNICATION TRAINING
- F947 REQUIRED TRAINING FOR IN-SERVICE TRAINING FOR NURSE AIDES
- F949 BEHAVIORAL HEALTH TRAINING



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COMPONENTS OF THE FACILITY ASSESSMENT

RESIDENT POPULATION:

NUMBER OF RESIDENTS AND FACILITY CAPACITY

TYPES OF CARE NECESSARY TO PROVIDE CARE FOR THE RESIDENTS INCLUDING:

DISEASES

HEALTH CONDITIONS

PHYSICAL DISABILITIES

COGNITIVE DISABILITIES

OVERALL ACUITY

ANY OTHER PERTINENT INFORMATION THAT PROVIDES INFORMATION ABOUT THE RESIDENT POPULATION

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COMPONENTS OF THE FACILITY ASSESSMENT
SERVICES AND CARE OFFERED BASED ON RESIDENT'S NEEDS

SUPPORT CARE NEEDS SUCH AS:
ADL SUPPORT
FALL PREVENTION
BOWEL/BLADDER
SKIN INTEGRITY
MENTAL/BEHAVIORAL HEALTH
MEDICATIONS AND PAIN MANAGEMENT
INFECTION PREVENTION AND CONTROL
THERAPY
OTHER SPECIAL CARE NEEDS
NUTRITION
PERSON-CENTERED CARE
PSYCHOSOCIAL/SPIRITUAL SUPPORT

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COMPONENTS OF THE FACILITY ASSESSMENT
RESOURCES: STAFFING

STAFF TYPE
STAFFING PLAN
INDIVIDUAL STAFF ASSIGNMENT
STAFF TRAINING/EDUCATION AND COMPETENCIES

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COMPONENTS OF THE FACILITY ASSESSMENT

RESOURCES:

POLICIES AND PROCEDURES FOR PROVISION OF CARE
WORKING WITH MEDICAL PRACTITIONERS

HEALTH INFORMATION TECHNOLOGY RESOURCES
EVALUATION OF YOUR INFECTION PREVENTION AND CONTROL PROGRAM

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COMPONENTS OF THE FACILITY ASSESSMENT

RESOURCES: PHYSICAL ENVIRONMENT AND BUILDING/PLANT NEEDS

CATEGORIES INCLUDE:

BUILDING AND/OR OTHER STRUCTURES

VEHICLES

PHYSICAL EQUIPMENT

SERVICES

OTHER PHYSICAL PLANT NEEDS

MEDICAL SUPPLIES

NON-MEDICAL SUPPLIES

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COMPONENTS OF THE FACILITY ASSESSMENT

FACILITY-BASED & COMMUNITY-BASED RISK ASSESSMENT

NOTE: It is acceptable to refer to the risk assessment of your emergency preparedness plan and focus on high-volume, high-risk areas.

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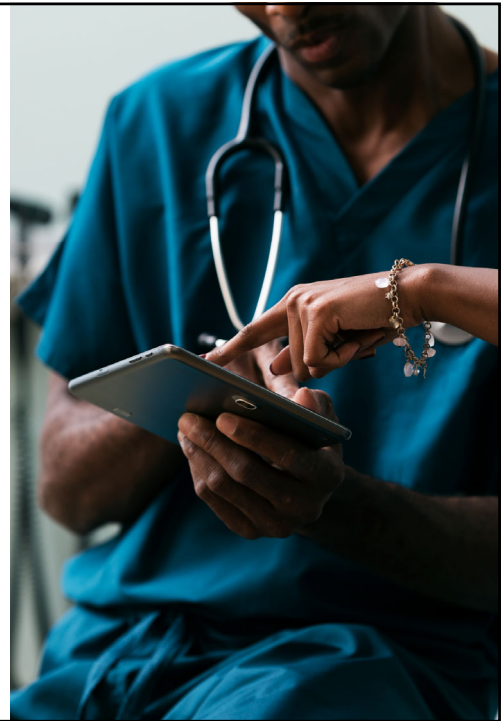
DEVELOPING THE ASSESSMENT

- Team Approach overseen by Facility Administrator. Likely key team members include department heads such as
 - DON
 - Activity Director
 - Social Service Director
 - Therapy, Dietary manager
 - Maintenance Director
 - Medical Director.

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DEVELOPING THE ASSESSMENT:

- Review the regulation for the facility assessment requirements.
- Review the Interpretive Guidelines, Appendix PP for F838 Facility Assessment, and other areas that refer to the Facility Assessment.
- Review the optional tool made available by CMS.



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DEVELOPING THE ASSESSMENT: TEAMWORK IS A MUST

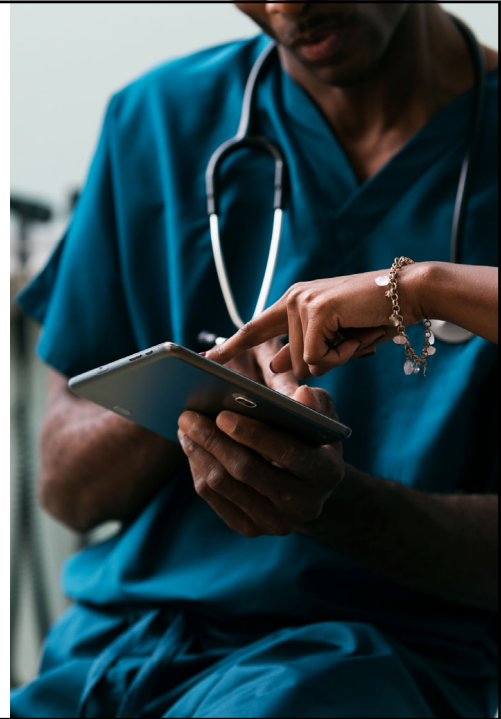
- Review and discuss the requirement.
- Review the process with the team; discuss and clarify steps needed.
- Discuss and establish a timeline for the assessment.
- Discuss and decide how the assessment will be completed.
- The team leader and others assigned complete the assessment.
- Team leader and others completing the assessment check-in as needed to discuss any questions or barriers that are coming up to completing the assessment



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DEVELOPING THE ASSESSMENT: SYNTHESIS YOUR FINDINGS

- How has the resident population- diseases, conditions, acuity, etc. changed since the last assessment?
- Do we need to make any changes in staffing?
- Are there any training, education and/ or competency needs based on resident and/or staff data or trends identified in the Facility Assessment?
- What opportunities do we have to further collaborate closely with our medical practitioners to enhance our approaches to resident/patient care?
- .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?



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UPDATING THE FACILITY ASSESSMENT

- Establish a process for reviewing and updating the assessment in one year or earlier if there are substantive changes.
- Evaluate with your team the process to conduct the assessment and use the findings. What went well? What will you do differently next time?

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HOW THE FACILITY ASSESSMENT IS USED DURING SURVEY: GUIDANCE TO SURVEYORS

- While you request the Facility Assessment upfront, you will only review it if there are concerns with sufficient or competent staffing or patterns of concerns.
- The facility must conduct a facility-wide assessment to determine what resources are needed to competently care for residents each day and during emergencies. If systemic concerns are identified in resident-specific areas (e.g., hospice, dialysis, ventilators, activities, nutrition, behavioral/emotional, dementia) or if there is a systemic concern with a lack of adequate resources(e.g., specialized rehabilitation, pharmacy), review the facility assessment.

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ENTRANCE CONFERENCE WORKSHEET

<input type="checkbox"/> 25. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.
<input type="checkbox"/> 26. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.
<input type="checkbox"/> 27. Does the facility have an onsite separately certified ESRD unit?
<input type="checkbox"/> 28. Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice providers).
<input type="checkbox"/> 29. Infection Prevention and Control Program Standards, Policies and Procedures, including: <ul style="list-style-type: none"> • the surveillance plan; • Antibiotic Stewardship program; and • Influenza, Pneumococcal, and COVID-19 Immunization Policy & Procedures.
<input type="checkbox"/> 30. QAA committee information (name of contact, names of members and frequency of meetings).
<input type="checkbox"/> 31. QAPI Plan.
<input type="checkbox"/> 32. Abuse Prohibition Policy and Procedures.
<input type="checkbox"/> 33. Description of any experimental research occurring in the facility.
<input type="checkbox"/> 34. Facility assessment.
<input type="checkbox"/> 35. Nurse staffing waivers.
<input type="checkbox"/> 36. List of rooms meeting any one of the following conditions that require a variance: <ul style="list-style-type: none"> • Less than the required square footage • More than four residents
INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY

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Mapping for Neglect, Mandatory and Triggered Facility Tasks, and Closed Record Reviews

Neglect (Not Mapped to IP), Closed Records, Mandatory/Triggered Facility Tasks	Facility Task or CE Pathway	Critical Element #	Tag #	Tag Description
Extended	Extended Task Pathway - Physician Services	1	F710	Resident's Care Supervised by a Physician
		2	F711	Physician Visits - Review Care/Notes/Order
		3	F712	Physician Visits - Frequency/Timeliness/Alternate NPPs
		4	F713	Physician for Emergency Care, Available 24 Hours
		5	F714	Physician Delegation of Tasks to NPP
		6	F715	Physician Delegation to Dietitian/Therapist
	Extended Task Pathway - Administration for all CEs Additionally, Investigative Protocol for Admissions Policy	1	F835	Administration
		2	F836	License/Comply w/Fed/State/Local Law/Prof Std
		3	F837	Governing Body
		4	F838	Facility Assessment
		5	F839	Staff Qualifications
		6	F840	Use of Outside Resources
		7	F841	Responsibilities of Medical Director
		8	F842	Resident Records - Identifiable Information
		9	F843	Transfer Agreement
		10	F844	Disclosure of Ownership Requirements
		11	F845	Facility Closure-Administrator
		12	F846	Facility Closure
		13	F849	Hospice Services
		14	F850	Qualifications of Social Worker >120 Beds
	Extended Task Pathway -Training Requirements	1	F940	Training Requirements-General
		2	F941	Communication Training
		3	F942	Resident's Rights Training
		4	F943	Abuse Neglect, and Exploitation Training
		5	F944	QAPI Training
		6	F945	Infection Control Training
		7	F946	Compliance and Ethics Training
		8	F947	Required In-Service Training for Nurse Aides
		9	F948	Training for Feeding Assistants
		10	F949	Behavioral Health Training

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REVIEW OF F838 CITATIONS RECEIVED.



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RESOURCES

<https://www.cms.gov/files/zip/survey-resources.zip>

[OSO 20-03 Updates and initiatives to ensure safety and quality in nursing \(cms.gov\)](#)

[Facility Assessment Tool | qioprogram.org](#)

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THANK YOU!

KEEP IN TOUCH!
VeronicaCeaser.com



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