

# Facility Assessment Policy

*LeadingAge*<sup>®</sup>



**PATHWAY  
HEALTH**  
Insight | Expertise | Knowledge

*LeadingAge*<sup>®</sup>  
Illinois

## Facility Assessment Policy

### PREFACE

It is the policy of this facility that it must conduct and document an individualized facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility assessment will be conducted at the facility level and may incorporate input from the governing body/ownership. The facility will review and update the facility assessment annually and as necessary whenever there is, or the facility plans for, any change that would require a substantial modification to any part of the assessment. The facility assessment will address or include the following per requirements:

- The facility's resident population
  - Number of residents and resident capacity
  - Care required by the resident population which considers:
    - Types of diseases
    - Conditions
    - Physical and cognitive disabilities
    - Overall acuity
    - Other pertinent facts that are present within the facility population
  
- The facility's resources, including but not limited to:
  - All buildings and/or other physical structures and vehicles
  - Equipment (medical and non- medical)
  - Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies
  - All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care
  - Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and
  - Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.
  
- A facility-based and community-based risk assessment, utilizing an all-hazards approach.



## **OBJECTIVE OF FACILITY ASSESSMENT POLICY**

The objective of the facility assessment is to evaluate the resident population and identify the resources needed to provide the necessary care and services the residents require. The facility assessment shall enable the facility to thoroughly assess the needs of its resident population and required resources to provide the care and services the residents need – serving as a record for staff and management to understand the reasoning for decisions made regarding staffing and other resources needed. The facility assessment will be conducted at the facility level including the administrator, medical director, a representative of the governing body, and the director of nursing at a minimum. The environment operations manager, other department heads, or direct care staff will be involved as needed.

## **CENTERS FOR MEDICAID AND MEDICARE SERVICES (CMS) – DEFINITIONS FOR THE FACILITY ASSESSMENT**

The following are CMS definitions or clarifications from the State Operations Manual Appendix PP Interpretive Guidance:

**“Competency”** is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics in performing that an individual needs to perform work roles or occupational functions successfully.

## **PROCEDURE**

The facility will conduct and document a facility-wide assessment to determine the resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility will follow the below process to complete the facility assessment:

1. Facility Assessment Team
  - a. Under the direction of the administrator, the following team members, at a minimum, will participate in the completion of the facility assessment:
    - i. Administrator
    - ii. Medical Director
    - iii. Representative from the Governing Body
    - iv. Director of Nursing
  - b. Additional team members for consideration may be needed or recommended, based upon facility resident population and service delivery. Incorporate the input as applicable. Other team members may include:
    - i. Environmental services
    - ii. Dietary services

This document is for general informational purposes only.

It does not represent legal advice nor relied upon as supporting documentation or advice with CMS or other regulatory entities.  
© Pathway Health Services, Inc. – All Rights Reserved – Copy with Permission Only – The RoP Facility Assessment Toolkit – 2017



**PATHWAY  
HEALTH**

Insight | Expertise | Knowledge

**LeadingAge**<sup>®</sup>

- iii. Activity Therapy
- iv. Social Services
- v. Rehabilitation
- vi. Direct Care Staff
- vii. Financial Department
- viii. Resident Council Representative
- ix. Family Council Representative
- x. Resident or Resident Representative

## 2. Organization Data

- a. The facility will collect facility data specific to the required elements of the facility assessment as required.
  - i. Required Elements:
    - 1. The facility's resident population
      - a. Number of residents and resident capacity
      - b. Care required by the resident population which considers:
        - i. Types of diseases
        - ii. Conditions
        - iii. Physical and cognitive disabilities
        - iv. Overall acuity
        - v. Other pertinent facts that are present within the facility population
    - 2. The facility's resources, including but not limited to:
      - a. All buildings and/or other physical structures and vehicles
      - b. Equipment (medical and non- medical)
      - c. Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies
      - d. All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care
      - e. Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and
      - f. Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.
    - 3. A facility-based and community-based risk assessment, utilizing an all-hazards approach.

This document is for general informational purposes only.

It does not represent legal advice nor relied upon as supporting documentation or advice with CMS or other regulatory entities.  
© Pathway Health Services, Inc. – All Rights Reserved – Copy with Permission Only – The RoP Facility Assessment Toolkit – 2017



- b. The facility will identify current data and existing tools to meet the above elements of the facility assessment.
  - c. Potential data sources may include, but are not limited to:
    - i. Minimum Data Set
    - ii. Financial/Billing Software – UB04
    - iii. Operational Budget
    - iv. Capital Acquisition Plan
    - v. Rehabilitation software
    - vi. Electronic Health Record
    - vii. Admission/Referral Software
    - viii. Hazard Vulnerability Assessment
    - ix. Emergency Preparedness Plan
    - x. Safety Plan
    - xi. Preventative Maintenance Plan
    - xii. Equipment Management Plan
    - xiii. Vendors and Contractual Service partners
    - xiv. Staffing and Scheduling
    - xv. Human Resources and /or Payroll
    - xvi. Training Plan and /or Software
    - xvii. On Line Learning – Learning Management System
    - xviii. Lab, Pharmacy, Infection Control
    - xix. ((INSERT FACILITY SPECIFIC DATA SOURCES i.e. electronic health record software, etc))**
3. Analysis and Evaluation
- a. The facility team will conduct thorough review, analysis and trending of the collected data to support the completion of the written facility assessment assessing resident’s needs and identify resources needed for care and for future planning.
  - b. The facility team will identify specific insights related to care and service delivery as well as resource needs to meet the needs of the resident population.
  - c. The facility will correlate its analysis findings with the operating budget.
  - d. The facility team will organize the data to determine key business strategies, determine applicable action steps and finalize the written facility assessment.
4. Written Facility Assessment
- a. Based upon the data collected and the insights gathered, the facility will complete a written summarization of key findings with respect to the required facility assessment elements as indicated in 2(a)(i).
  - b. The written facility assessment will describe the resident population, the needs of the population and the required resources to provide the care and services the residents need. The assessment will serve as a foundation for the facility’s staffing and resource allocation plan.

- c. See attached Facility Assessment Template
  - i. **((Insert facility specific Facility Assessment Written Narrative Template))**
5. Quality Assurance and Performance Improvement
  - a. The facility will incorporate the Facility Assessment process and findings into the overall facility quality assurance and performance improvement plan.
6. Facility Assessment Update
  - a. The facility will review and update the facility assessment annually and as necessary whenever there is, or the facility plans for, any change that would require a substantial modification to any part of the assessment.
7. Location of the Facility Assessment
  - a. The written facility assessment will be located **((INSERT FACILITY SPECIFIC INFORMATION HERE))** and will be accessible to **((INSERT FACILITY SPECIFIC INFORMATION HERE))**

## References

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

- <https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities>

CMS Memo Ref: S&C 17-36-NH: Revision to State Operations Manual (SOM) Appendix PP for Phase 2, F-Tag Revisions, and Related Issues

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Survey-and-Cert-Memo-Revision-SOM-Appendix-PP-Phase-2.pdf>

CMS Transmittal 169-Advanced Copy Revision to State Operations Manual (SOM) Appendix PP for Phase 2, F-Tag Revisions, and Related Issues

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf>

CMS Memo Ref: S&C 17-29-ALL: Advanced Copy- Appendix Z, Emergency Preparedness Final Rule Interpretive Guidelines and Survey Procedures

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-29.pdf>

This document is for general informational purposes only.

It does not represent legal advice nor relied upon as supporting documentation or advice with CMS or other regulatory entities.  
© Pathway Health Services, Inc. – All Rights Reserved – Copy with Permission Only – The RoP Facility Assessment Toolkit – 2017