Facility Assessment:
Facility Resident Population

Facility Assessment
Facility Resident Population

Reference - F838 *§483.70(e) Facility assessment.*
The facility must conduct and document a 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 must address or include:

The facility's resident population, including, but not limited to,

- Both the number of residents and the facility's resident capacity;

- The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;

- The staff competencies that are necessary to provide the level and types of care needed for the resident population;

- The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and

- Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.

I.   **Intent of the Facility Resident Population Section**

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

II. Number of Residents and Facility Resident Capacity

a. The Facility Assessment includes a variety of information to determine the needs of their resident population.

b. The first step in the Facility Assessment process is to identify the average daily resident census of the facility. Count residents who were present in the building, not those out on leave or in the hospital. Most clinical information about residents used in the Facility Assessment will be from the most recent quarter.

c. Report the average daily census for the most recent quarter unless there has been a change in the number of beds or units available for admission, such as a closed or new unit or wing, in the last year.

d. An average daily census report can typically be found in the electronic health record (EHR) system or billing software. Most information about residents used in the Facility Assessment will represent the most recent quarter.

e. The second step is to identify the facility resident capacity, or the total number of existing beds. Existing beds may be the total number of licensed beds, or the beds that the facility has available for admissions and current residents.

    i. Do not count beds on closed wings or unused areas of the facility. Some facilities have limited their census and admission pattern due to staffing or other considerations.

    ii. For the Facility Assessment, count only the existing beds that are available for admissions and current residents.

    iii. If that number has changed over the past year, reflect the current available beds in the Facility Assessment and explain the change in the narrative part of the Assessment.

f. If your facility has a specialty unit, break out the bed capacity and census by units so that the unique needs of the resident population for the specialty program can be explained.

III. Data Sources for Census and Capacity

a. Listed below are examples of where to find the Census and Capacity information for your facility.

b. Census Data Sources (Annual, Quarterly, Monthly and Average Daily Census)

c. Electronic Health Record

   i. The information for the EHR reports comes from different sources than the CMS 672 Resident Census and Conditions of Residents report.

   ii. The EHR information is typically counted from the Admissions, Discharges and Transfers entered into the software.

   iii. Reports will reflect the census on the day the reports are run or for the time frame you stipulate when you set up the reports.

   iv. Each EHR software is different.

   v. Read the background information about the reports to determine where the information comes from and follow the directions to run the reports.

  d. d. Billing software

   i. Billing software may also contain census information. Check this source if the billing software is separate from clinical software system.

   ii. Ask the financial team to obtain the reports reflecting the data that you are seeking (i.e. average daily census, census trends quarterly – annually)

  e. CMS 672 Resident Census and Conditions of Residents - Field F78 – total residents

   i. The CMS 672 Resident Census and Conditions of Residents report is typically available in the MDS report area in your EHR.

   ii. Field F78 of the report counts residents with a completed MDS in the EHR on the day the report is run and includes residents on bed-hold status.

   iii. Important to note - In some software the report must be refreshed or updated to delete discharged residents and add new admissions.

   iv. New admissions without a completed MDS will not be included.

   v. Directions for the report indicate that all items must be independently verified by facility staff for accuracy.

For the narrative of the Facility Assessment, review the census information and describe the average census and total bed capacity in the Facility Assessment.

IV. **Identify the Facility's Resident Population characteristics and ethnic, cultural, or religious factors**

a. The objective of this section of the Facility Assessment is to identify those needs and preferences that are unique to the facility in order to determine the appropriate level of resources needed to provide competent care for the residents while promoting their highest level of practicable function.

b. Each facility has a unique mix of residents that constitutes the culture of the facility. Some of the variables to explain the resident population may include the number of male and female residents, the age range of the residents, languages spoken by the residents, religious practices of the residents, and the ethnic origins of the resident population. There are many variables to consider.

c. **Data Sources for characteristics and ethnic, cultural, or religious factors**

Listed below are examples of where to find characteristics and ethnic, cultural, or religious factors:

    i. CASPER Quality Measure Facility Characteristics Report

        1. This report includes only data from MDS assessments submitted and accepted into the Quality Improvement and Evaluation System and the Assessment Submission and Processing System (QIES/ASAP) on the CASPER website.

        2. It includes MDS assessments for both short and long stay residents.

        3. MDS assessments are scanned for item information, starting with the most recent MDS and scanning backward to earlier MDS assessments to obtain the information for the report.

        4. The report contains information such as:

            a. residents' gender
            b. age ranges
            c. psychiatric diagnoses
            d. Intellectual Disability or Developmental disability conditions
            e. those currently on Hospice and with life expectancy less than 6 months,
            f. discharge plan in place
            g. referral for discharge planning
            h. admissions
            i. reentries
            j. type of facility the residents entered from

        5. Review the information for accuracy.

* The reports may not reflect the current resident population due to the time it takes to complete and submit admission and discharge MDS records.

Quality Measure User Manual resources:

www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf

    d. Resident Council Meeting Minutes

        i. The facility's resident council is a group meant to represent the resident population. The Council may discuss specific ethnic, cultural and religious preferences and ways in which the facility can support the residents'

quality of life related to these areas. Often times these preferences are documented in the Resident Council Meeting Minutes

e. Activity Therapy
   i. Activity Therapy Assessment
   ii. Often times resident preferences as well as community integration are documented in the activity interests portion of the assessment process.
f. Activity Calendar
   i. The Activity calendar is planned by the Activities department with the lifestyle preferences and the residents' abilities in mind.
   ii. A review of the calendar will identify leisure pursuits that relate to the characteristics and preferences of the resident population.
g. Electronic Health Records – if the templates are set to run specific data point reports in your EHR, a specific report could be devised to pull resident population specific information
   i. MDS 3.0 Section F
   ii. Most EHR software can run reports for any MDS item. MDS item reports can include any specific item from the MDS.
   iii. Some MDS Item reports can combine a number of MDS items on one report, or summarize the number of residents with the item checked on the MDS, or group resident names together for a list of resident with the MDS item checked on the last assessment.
   iv. Consult your EHR report instructions to determine the reports available from your EHR software.
   v. Section F of the MDS captures information from resident, resident representative or staff interviews about residents' preferences for daily care, daily activities and lifestyle choices.
   vi. This information can identify trends and patterns of preferences and lifestyle choices that help describe the characteristics of the resident population.
h. Social Services
   i. Social History and Progress Notes
   ii. Often times resident preferences (cultural, religious, ethnic and characteristics) as well as community integration are documented in the social history portion of the assessment process and will be updated in the quarterly progress notes
i. Electronic Health Records – if the templates are set to run specific data point reports in your EHR, a specific report could be devised to pull resident population specific information
j. Admission/Readmission

     i.   The admissions and readmission process will review resident preferences (cultural, religious, ethnic and characteristics) as well as community integration and involvement. If the preadmission and readmission process is electronically completed, a specific report could be devised to pull resident population specific information

V.   The Facility Resident Population - Conditions, physical and cognitive disabilities, and other pertinent facts

a. The regulation requires that the residents' diseases, conditions, disabilities, acuity and other factors be assessed. Some facilities may choose to report the details of this information since the MDS 3.0 provides a high level of specific data about the level of physical and cognitive function.

b. Consider that the Facility Assessment is designed to guide us in an evaluation of the residents needs as they relate to the resources available at the facility to meet their needs, rather than to match specific care needs with specific resources.

c. Provide a clear description of a snapshot in time of the facility residents' care needs.

d. If the facility has one or more specialty units, it may be helpful to describe the resident conditions and care needs by unit.

VI.   Data Sources for Conditions, physical and cognitive disabilities, and other pertinent facts

a. There are a number of sources for information about the resident population both in the electronic health record and in CMS reports. Remember to obtain this information from exiting reports rather than creating new processes for data gathering.

     i.   CMS 672 Resident Census and Conditions of Residents

        1.   The CMS 672 report uses MDS 3.0 data to counts residents by level of ADL dependence, Mobility, and Mental Status.

        2.   The report also includes Bowel and Bladder status, Skin Integrity, Special care needs and Medications. Since the information is based on MDS data, it is critical to review the information for accuracy.

        3.   Begin with a review of the ADL counts at the top of the report. Field F78 contains the Total resident population counted in the report.

        4.   The ADL section counts residents by level of dependence as Independent, Assist of one or two staff and Dependent.

5. The ADL categories include Bathing, Dressing, Transferring, Toilet Use and Eating. The total number across all three categories in each row should equal the total number of residents in field F78.

A blank copy and the instructions for the CMS 672 Resident Census and Conditions of Residents can be found here:
www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms672.pdf

    ii. CMS 802 Roster Sample Matrix
1. Like the CMS 672 report, the CMS 802 Roster Sample Matrix report is typically available in the MDS report area in your EHR.
2. According to the CMS 802 report instructions, the form includes current residents and those on bed-hold on the day the report is run. The data is collected for the day the report is run.
3. CMS advises the facility check the report for accuracy to validate the information.
4. As with any report that uses MDS data, only those residents with a completed MDS assessment will be included.
5. Even if you refresh or update the report, new admissions with an MDS in progress or any other MDS assessments not yet completed, submitted and accepted will not be included in the report.
6. The report lists current residents with at least one completed MDS, and enters an "x" in any area included in the resident's MDS data which may impact your assessment of your resident population. Topics listed across the top columns of the report include:
   a. Pain
   b. Falls
   c. Pressure ulcers
   d. Restraints
   e. psychoactive medication use
   f. behavior symptoms
   g. Depression symptoms
   h. Infections,
   i. Indwelling catheters
   j. Urinary incontinence
   k. Weight loss
   l. Hospice
   m. Dialysis
   n. Admissions

    o. Language or communication needs

    p. Range of motion deficits

    q. Hydration

    r. Swallowing or oral health issues

    s. Specialized rehab services.

    t. Review the report for accuracy. Add information for new admissions or changes in resident's status or conditions.

    u. Ensure that discharged residents are not included in your description of resident's conditions and care needs.

A blank version of the CMS 802 Roster Sample Matrix can be found here:
www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS802.pdf
The instructions for the CMS 802 form can be found here:
www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/CMs802P.pdf

    iii. MDS Item Reports

        1. Most EHR software can run reports for any MDS item. MDS item reports can include any specific item from the MDS.

        2. Some MDS Item reports can combine a number of MDS items on one report, or summarize the number of residents with the item checked on the MDS, or group resident names together for a list of resident with the MDS item checked on the last assessment.

        3. Consult your EHR report instructions to determine the reports available from your EHR software.

        4. MDS Items Report categories may include:

            a. MDS item A1000 - Race/Ethnicity

            b. A1100 - Need for interpreter

            c. A1550 Conditions related to ID/DD Status

            d. C0500 BIMS Summary Score

            e. F0400 Interview for Daily Preferences

            f. G0110 Activities of Daily Living Assistance

            g. GG0130 Self Care

            h. J1100 Shortness of breath

            i. M0210 Unhealed pressure ulcers

            j. O0100H IV medications

October 2016 MDS and draft October 1, 2017 item sets can be found here:

    iv. Facility tracking systems, tracking software or EHR modules
    v. Other pertinent facts that are present within the population may be found in systems used by the facility to track specific topics, such as infection surveillance reports, pressure ulcer documentation systems, or incident tracking systems.
    vi. Reports from these systems may be helpful to quantify and describe these specific resident needs.

VII.   The Facility Resident Population - Types of diseases and conditions

a. Many facilities do not have professional medical records staff to code and manage diagnosis information. Diagnosis codes may be inaccurate, resolved conditions and diseases may remain on the resident diagnosis list and new conditions may not be added timely when a resident has a change in their health status. To use a diagnosis summary report to accurately describe the resident population for the Facility Assessment, the diagnoses should be accurately identified, coded and active.

b. The standard definition of an active diagnosis comes from the October 1, 2016 RAI manual for MDS 3.0, Section I, page I-3. Using this definition maintains a consistent framework for adding and inactivating diagnoses to a resident's diagnosis list.

ACTIVE DIAGNOSES

Physician-documented diagnoses in the last 60 days that have a direct relationship to the resident's current functional status, cognitive status, mood or behavior, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period.

VIII.   Data Sources for resident diagnosis information
a. Remember to obtain this information from exiting reports rather than creating new processes for data gathering.

b. Electronic Health Record Diagnosis Reports
   i. Begin with a summary diagnosis report for the residents in the facility in the last quarter. Most EHR software has the ability to compile this report.
   ii. Configure the report with the most frequent diagnoses at the top of the list.
   iii. Before using a diagnosis report to define the care needs of the facility resident population, review the report to ensure that the information is accurate.

c. MDS Diagnosis Report
   i. Section I contains active diagnoses, listed by categories.
   ii. Section J captures information about pain, shortness of breath, current tobacco use and other problem conditions.
   iii. Section M contains information about pressure ulcers.
   iv. Section O captures information about special treatments, procedures and programs.
d. Most EHR software allows the facility to run reports about coded answers in specific MDS items.

October 2016 MDS and draft October 1, 2017 item sets can be found here:
www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html

X.   The Facility Resident Population - Overall acuity

a. In skilled nursing facilities, resident acuity includes the number and stability of a resident's medical conditions and their physical and psychosocial care needs. These resident characteristics and services are represented by the Resource Utilization Groups, version IV (RUG IV) categories.
    i. Medicare Part A Fee-for-Service reimburses SNFs using a 66 RUG IV category system.
    ii. CMS also provides RUG 66, 57 and 48 categories for use by state Medicaid programs. RUG IV categories are derived from MDS 3.0 data.

b. Each completed MDS used for Medicare part payment contains both a Medicare Part A Health Insurance Prospective Payment System (HIPPS) code and a Medicare Part A non-therapy HIPPS code in Section Z of the MDS.
    i. The HIPPS code is composed of the RUG IV group and the MDS assessment type indicator. If RUG categories are used by the state for Medicaid reimbursement, a State Medicaid Billing RUG Case Mix Group is also calculated and found in Section Z of the MDS.

c. RUG IV categories are calculated using a combination of information coded on the MDS that indicates the resident's conditions and services provided in a specific time frame. Time frames vary by specific MDS sections.

d. The information used to calculate a RUG IV category includes therapy minutes provided, resident conditions and diagnoses, special treatments, depression symptoms, the provision of restorative nursing services and the resident's ADL needs and ADL support provided.

e. A few states use a different reimbursement category system, such as the Management Minutes Questionnaire in Massachusetts. The reimbursement categories are based on a combination of conditions and diagnoses and care provided during a specific time frame. Facilities typically have access to reports for information they have submitted for these programs.

XI. Data Sources of acuity information

    a. Remember to obtain this information from exiting reports rather than creating new processes for data gathering.

    b. RUG category report and MDS item reports
        i. The RUG IV category, represented by the HIPPS code is available on each MDS used for payment can be obtained through an MDS item report from the EHR or through reports developed by the EHR software vendor.
        ii. A helpful report format will contain information about the RUG categories and the number of residents or resident days covered under each category.
        iii. It may be helpful to have individual residents identified by the report in each RUG category to make it easier to validate the accuracy of the information.

    c. Monthly billing reports
        i. The facility's billing software may also contain reports about the number of residents or resident days billed under each RUG category.

    d. State Medicaid reimbursement category reports
        i. If the state does not use RUG categories for billing, the billing office may be able to provide reports about the number of residents or resident days billed under each Medicaid reimbursement category.

XIII. How to use data reports for the Facility Assessment: Facility Resident Population

a. The Facility Assessment is not intended to be a data collection tool. The facility needs to use the data collected about residents to identify the care required by the facility to provide the necessary care and services to the resident population. It is important to:

i. Gather the data reports as described above.

ii. Use the information to answer the questions in the *Facility Resident Population Guide* to write a narrative description of the facility resident population and their care needs.

iii. Review the data for census and capacity and write a narrative description of your facility.

iv. Review the resident characteristics, ethnic, cultural, or religious traits.

v. Review the data about the resident population's conditions, physical and cognitive disabilities, and other pertinent

vi. Review the data for residents' types of diseases and conditions

vii. Write a narrative description of the facility's resident population

viii. Incorporate your processes into your QAPI plan

ix. Monitor the facility resident population data for changes which will warrant a modification to the Facility Assessment per requirements

See the Facility Assessment Template SAMPLE related to the inclusion of the necessary information obtained via this process for the completion of the Facility Assessment.

Facility Resident Population Guide – TEMPLATE

Gather and review the data reports. Use the information to answer the questions in the Facility Resident Population Guide to write an outline for the narrative description of the facility resident population and their care needs.

Facility Census Capacity	
The number of beds available for current residents and new admissions.	
(Insert Facility Specific information here) If the facility has one or more specialty units, you may choose to answer the following questions for each unit.	
Data Sources	

(indicate the reports used or the location of the information used to describe this aspect of the Facility Assessment)
   EXAMPLE:
   EHR Monthly census report
   EHR Average census report
   Billing software Average daily census
   CMS 672 Resident Census And Conditions of Residents - Field F78 – total residents	

i) Review licensed bed information and answer the following questions	
How many beds are available for current resident and new admissions?	
Has the facility taken any beds, units or wings out of use in the last year?	
If yes, describe how many beds, units or wings were taken out of service, the date of the change and the reason.	
Has the facility added any beds, units or wings out of use in the last year?	
If yes, describe how many beds, units or wings were added, the date of the change and the reason. *(describe special programs later in the guide)*	
Is there a plan to take additional beds out of service or add beds in the coming year?	
If a change in bed capacity is planned, summarize the plan, timing and objectives.	

Facility Average Census

The average number of residents staying in the facility.

(Insert Facility Specific information here) If the facility has one or more specialty units, you may choose to answer the following questions for each unit.

Data Source *(indicate the reports used or the location of the information used to describe this aspect of the Facility Assessment)*

EXAMPLE:
EHR Monthly census report
EHR Average census report
Billing software Average daily census
CMS 672 Resident Census And Conditions of Residents - Field F78 – total residents

ii) *Review the census information and answer the following questions*	
What was the average daily census in the last quarter? *You may wish to break out the census by unit, wing or program*.	
Has the average census changed in the last year?	
If yes, explain the range of average daily census, the time frame and the cause if known.	
Is there a plan to take decrease the average daily census in the coming year?	
If a change in census is planned, summarize the plan, timing and objectives.	

Resident Population Characteristics

The unique characteristics that make up the resident population and the facility culture.

(Insert Facility Specific information here) If the facility has one or more specialty units, you may choose to answer the following questions for each unit.

Data Sources for characteristics and ethnic, cultural, or religious factors *(indicate the reports used or the location of the information used to describe this aspect of the Facility Assessment)*

> *EXAMPLE:*
> *CASPER Quality Measure Facility Characteristics Report*
> *Resident Council minutes*
> *Activity Calendar*
> *MDS 3.0 Section F*

Review the resident population characteristics information and answer the following questions

What is the **age range** of the resident population?	
How does the age range impact the needs of the resident population?	
What **percentage** of the resident population is **male** and what percentage is **female**?	
How does the gender mix impact the needs of the resident population?	
What **percentage** of the resident population is **receiving Hospice care** or has a **6 month life expectancy**?	
How does the percentage of resident receiving end of life care impact the needs of the resident population?	
What **percentage** of the resident population has a **psychiatric diagnosis**?	
How does the percentage of residents with psychiatric diagnoses impact the needs of the resident population?	
What **percentage** of the resident population has **intellectual or developmental disability**?	
How does the percentage of residents with intellectual or developmental disability impact the needs of the resident population?	

What **percentage** of residents has **active discharge planning** occurring?	
How does this percentage of short stay residents impact the overall needs of the resident population?	
Are there any **ethnic or cultural** considerations for the resident population?	
How do these ethnic or cultural factors impact the needs of the resident population?	
Describe any other **unique characteristics** that impact the overall resident population?	

Conditions, physical and cognitive disabilities, and other pertinent facts

Specific diseases, conditions and care needs related to resident's disabilities

(Insert Facility Specific information here) If the facility has one or more specialty units, you may choose to answer the following questions for each unit.

Data Sources for characteristics and ethnic, cultural, or religious factors *(indicate the reports used or the location of the information used to describe this aspect of the Facility Assessment)*

> *EXAMPLES:*
> *CMS 672 Resident Census And Conditions of Residents*
> *CMS 802 Roster Sample Matrix*
> *MDS item reports, such as MDS item A1000 - Race/Ethnicity, A1100 - Need for interpreter, A1550 Conditions related to ID/DD Status, C0500 BIMS Summary Score, G0110 Activities of Daily Living Assistance, GG0130 Self Care, J1100 Shortness of breath, M0210 Unhealed pressure ulcers, O0100H IV medications,*
> *Facility tracking systems, tracking software or EHR modules*

Review the resident conditions, physical and cognitive disabilities and other pertinent facts about the resident's care needs and answer the following questions

What percentage of residents has **impaired communication and requires a communication device**?	
What percentage of residents is **cognitively impaired and dependent for daily decision-making**?	
What percentage of residents has **cognitive impairment and behaviors that affect others**?	
What percentage of residents has **cognitive impairment and wandering or exit seeking behaviors?**	
What percentage of residents is **totally dependent for bathing, grooming and dressing**?	
What percentage of residents is **totally dependent for transfers**?	
What percentage of residents **is totally dependent for other mobility**?	
What percentage of residents is **totally dependent for eating**?	
What percentage of residents is **totally dependent for toileting or incontinence care**?	

What percentage of residents is **totally independent for bathing, grooming and dressing**?	
What percentage of residents is **totally independent for transfers**?	
What percentage of residents is **totally independent for other mobility**?	
What percentage of residents is **totally independent for eating**?	
What percentage of residents **is totally independent for toileting or incontinence care**?	
What percentage of residents has an **indwelling catheter**?	
What percentage of residents has a **feeding tube for more than 50% of their calorie intake**?	
What percentage of residents is **physically restrained for some part of the day or night**?	
What percentage of residents has a **current pressure ulcer**?	
What percentage of residents is on **resident-specific preventive skin program**?	
What percentage of **residents receives dialysis in the facility**?	
What percentage of **residents receives dialysis outside the facility**?	
What percentage of **residents receives chemotherapy outside the facility**?	
What percentage of **residents receives radiation therapy outside the facility**?	
What percentage of **residents receives tracheostomy care**?	
What percentage of **residents is on a ventilator**?	
What percentage of **residents receives ostomy care**?	
What percentage of **residents receives clean dressing changes?**	

What percentage of **residents receives aseptic dressing changes?**	
What percentage of residents receives **PRN analgesics and non-pharmacologic pain management interventions**?	
What percentage of **residents receives respiratory therapy, suctioning or respiratory treatments from a licensed nurse**?	
What percentage of **residents receives medication by injection at least once per week?**	
What percentage of **residents receives IV hydration or medication at least once per day**?	
What percentage of **residents receives anticoagulant medication**?	
What percentage of **residents receives psychoactive (antipsychotic, antianxiety, hypnotic) medication**?	
What is the **average monthly UTI rate**?	
What is the **average monthly GI infection rate**?	
What is the **average monthly respiratory infection rate**?	
What is the **average monthly skin infection rate**?	
What is the **average monthly eye infection rate**?	
What is the **average monthly ear infection rate**?	
What is the **average number of resident with transmission-based precautions above standard precautions**?	
What percentage of residents has chosen to receive CPR, if needed?	

Types of diseases and conditions

(Insert Facility Specific information here) If the facility has one or more specialty units, you may choose to answer the following questions for each unit.

Data Sources for resident diseases and conditions *(indicate the reports used or the location of the information used to describe this aspect of the Facility Assessment)*
EXAMPLES:
 EHR Diagnosis Reports
 MDS Diagnosis Report

Review the resident diseases and conditions for the last quarter, and answer the following questions. Consider grouping diagnoses by categories with like care needs, such as bacterial and viral pneumonia counted in one group as Lower Respiratory infections

What are the **top 10 most frequent** diagnoses categories?	
How many residents had a diagnosis of an **active drug resistant organism**?	
What percentage of residents had a diagnosis of **cancer** and was receiving cancer treatment?	
What percentage of residents had a **cardiac or circulatory diagnosis** (other than infection) and was receiving treatment or impacted their ADL or mobility needs?	
What percentage of residents had a **gastrointestinal diagnosis** (other than infection) and was receiving treatment or impacted their ADL or mobility needs?	
What percentage of residents had a **genitourinary diagnosis** (other than infection) and was receiving treatment or impacted their ADL or mobility needs?	
What percentage of residents had a **metabolic diagnosis** (other than infection) and was receiving treatment or impacted their ADL or mobility needs?	
What percentage of residents had a **musculoskeletal diagnosis** (other than infection) and was receiving treatment or impacted their ADL or mobility needs?	

What percentage of residents had a **neurological diagnosis** (other than infection) and was receiving treatment or impacted their ADL or mobility needs?	
What percentage of residents had a **pulmonary diagnosis** (other than infection) and was receiving treatment or impacted their ADL or mobility needs?	
What percentage of residents had a **vision diagnosis** (other than infection) and was receiving treatment or impacted their ADL or mobility needs?	
What **other diagnoses** were residents treated for or diagnoses that impact their ADL or mobility needs?	

Overall acuity

(Insert Facility Specific information here) If the facility has one or more specialty units, you may choose to answer the following questions for each unit.

Data Sources for resident acuity *(indicate the reports used or the location of the information used to describe this aspect of the Facility Assessment)*

> *EXAMPLES:*
> *RUG category reports*
> *MDS item reports*
> *Monthly billing reports for Medicare and Medicaid*
> *State Medicaid reimbursement category reports*

Review the resident acuity reports for the last quarter, and answer the following questions.

What average percentage of residents received skilled nursing level care?	
What were the common skilled nursing services provided?	
What average percentage of residents received skilled therapy level care?	
What were the common skilled therapy services provided?	
What average percentage of residents received restorative nursing services?	
What were the common restorative nursing services provided?	
What percentage of residents had a higher RUG level due to symptoms of depression?	
What percentage of residents was in a Behavioral Symptoms RUG level or equivalent?	
What is the average length of stay?	

References

State Operations Manual (SOM) Appendix PP for Phase 2, F-Tag Revisions, and Related Issues
www.cms.gov/Medicare/Provider-Enrollment-and-
Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf

Long Term Care Facility Resident Assessment Instrument 3.0 User's Manual version 1.14

https://downloads.cms.gov/files/MDS-30-RAI-Manual-V114-October-2016.pdf

MDS 3.0 Quality Measure User's Manual version 11

www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-
Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf