

Facility Assessment: Personnel Resources

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Facility Assessment - Facility Personnel Resources

CMS State Operations Manual Appendix PP -Guidance to Surveyors for Long Term Care Facilities

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,

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

The facility's resources, including but not limited to,

- 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;

I. Intent of this section of the regulation

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

II. All Personnel

A. Personnel are the primary resource for meeting residents' care needs. Each staff member has a role in the facility's mission, operation, objectives and successes and residents' quality of life. Every staff member requires specific knowledge and skills to complete their job duties and function appropriately in the residents' environment, even if they do not provide direct care to the residents of the facility.

B. The number of staff and competencies needed for each type of staff in the facility varies according to the organization, the physical plant, required job duties and the unique needs of the facility resident population.

C. Although nursing facility federal regulations do not stipulate standard staffing levels, the Facility Assessment serves as a standardized tool to assist facilities to determine the

number of staff needed according to the residents' needs and/or acuity. There are a number of F tags that describe staffing requirements, listed later in this section.

III. Four Steps to determine Facility Personnel Resources

1. The first step for determining the facility personnel resources is to quantify all personnel, including managers, staff (both employees and those who provide services under contract), and volunteers by job descriptions or roles as they interact with residents.
2. The second step will be to identify the credentials, and education related to resident care for each job category.
3. The third step is to identify the number and type of staff needed to meet the resident's needs.
4. The fourth step is the identification of staff competencies needed to provide the level and types of care needed for the resident population.

A. Step One – Quantify Facility Personnel

1. Data Sources To Identify All Facility Personnel

- a. There are several sources of facility personnel information. Facility personnel is collected and tracked by the Human Resources department and the Payroll department. Each department also tracks and manages facility personnel information in order to assign and deploy staff to meet residents' needs.
- b. CMS requires that payroll data be routinely submitted to the Payroll Base Journal (PBJ) system. The PBJ program has standardized definitions for each staff role. Hours worked by staff in each job category are routinely reported to CMS.
- c. Use information about the hours worked by the staff, as reported in the PBJ submissions. Personnel information from the facility budget plans for the types and quantity of staff for the facility each year.
- d. Data Source Examples for Step One
 - PBJ reports
 - Human Resources files
 - Payroll files

A. PBJ Reports

1. The PBJ program describes standard personnel job categories and job descriptions and collects the hours worked by each employee in each category for a defined period.
2. To use PBJ data for the Facility Assessment, obtain personnel data from PBJ submissions for the time period that you are using for the completion of the facility assessment, or you can annualize the payroll data based on the most recent quarter if the information is representative of the staffing hours worked.
3. PBJ information may be available from the payroll office, human resources department or the corporate offices of larger organizations.
4. Identify the number of Full Time Equivalent (FTE) positions, including personnel providing services to residents under contract, working in the facility during the last 90 days.
5. You will need to separately identify and quantify dietary services workers, as this job category is included in the “Other” category in PBJ submissions.
6. The Facility Assessment requires the volunteers to be included as personnel resources.

B. To calculate FTE

1. Full time equivalent = total number of hours worked per year divided by 2080 hours.

For example, an Administrator that works 40 hours per week would have hours equal to one FTE.

$$40 \text{ hrs. per week} \times 52 \text{ weeks} = 2080 \text{ hours} / 2080 = 1 \text{ FTE}$$

OR

$$480 \text{ hours this quarter} = \text{Average } 40 \text{ hours per week}$$

$$40 \text{ hours per week for } 52 \text{ weeks} = 2080 \text{ hours annually} / 2080 = 1 \text{ FTE}$$

2. You may have a document or report that captures this information. If not, there is a Facility Personnel Workbook; an Excel workbook with three tabs, to document the information required for the Facility Personnel Resources section of the Facility Assessment

Below is an example of how to categorize facility job titles into PBJ job categories and list the number of FTE in each category.

EXAMPLE of Facility Personnel listing based on PBJ data

PBJ Job Category	List facility job description titles counted in this category	# FTE in the facility
Administrator Administrative staff responsible for facility management as required under 483.75(d) such as the administrator and the assistant administrator.	Administrator Assistant Administrator	2 FTE (two full time positions)
Medical Director A physician designated as responsible for implementation of resident care policies and coordination of medical care in the facility in accordance with 483.75(i).	Medical Director	0.25 FTE (520 hours per year, or 10 hours per week)
Registered Nurse with Administrative Duties Nurses (RN) who, as either a facility employee or contractor, perform the Resident Assessment Instrument function in the facility and do not perform direct care functions. Also include other RNs whose principal duties are spent conducting administrative functions. For example, the Assistant Director of Nursing is conducting educational/in-service. Facilities with an RN waiver who do not have an RN as DON report all administrative nursing hours in this category.	Evening Supervisor MDS Coordinator Staff Development Coordinator	1.25 FTE (7 days per week) 1 FTE 0.6 FTE (3 days per week)

C. Human Resources and Payroll information

1. If PBJ information is not readily available or is difficult to decipher, the same information can be obtained from human resources and payroll files, comparative to the CMS PBJ requirements
2. Identify the job titles that meet the PBJ job categories listed above. Identify from payroll information, the number of hours worked in each job category in the last year and calculate the number of FTEs in each job category.

- ***Use the Facility Personnel Resources Workbook, Tab 1, Personnel & Credentials to enter the job categories and job titles of the facility's personnel.***

B. Step Two – Credentials, and Education

1. Review the facility's job descriptions. Each job description will identify the required credentials and education for each job title.
2. The credentials and required education for some registered licensed or certified staff are defined by individual State laws and regulations. Others are determined by the organization or facility.
3. Use the credential title and education requirements for your specific state in the Facility Personnel Resources Workbook.

➤ ***Use the Facility Personnel Resources Workbook, Tab 1, Personnel & Credentials to enter required credential and required education.***

C. Step Three - Number of Staff Needed To Meet Residents' Needs

1. Review the residents' needs as identified in the Facility Resident Population section of the Facility Assessment.
2. For each broad area of care needs identify the number of FTE needed to provide the care.
3. Include consideration of contract staff and other staff contributing to the residents' care such as the Medical Director, Dentist and Psychologist.

➤ ***Use the Facility Personnel Resources Workbook, Tab 3, Resident Needs & Competencies or your organization's worksheets to identify the number of staff needed to meet each resident care need***

D. Step Four - Competencies

1. There are competencies required by federal nursing home regulations and other governing organizations for persons working in healthcare organizations. Some of the organizations overseeing rules and laws that apply to staff and leaders include the Occupational Health and Safety Administration, the U.S. Equal Employment Opportunity Commission, Medicare and Medicaid integrity program, State and Federal labor laws, State and Federal Building codes, and practice rules for licensed, certified and registered professionals.
2. The Facility Assessment is focused on the competencies needed to provide appropriate care to residents.
 - According to the State Operations Manual, Appendix PP,
“Competency” is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully. This is not dependent solely upon qualifications or licensure.
3. All personnel who work in a nursing facility are required by the Requirements of Participation to have knowledge in specific topics including:
 - a. Abuse, neglect, exploitation, and misappropriation of resident property (abuse prevention)
 - b. Dementia management and
 - c. Infection control
 - d. Other areas as identified through the Facility Assessment.

See §483.95(c) for more detailed information about the content of training for abuse prevention.

4. **F 726 Nursing Services** lists minimum competency requirements for nursing staff, as listed below.
 - a. Competency in skills and techniques necessary to care for residents’ needs includes but is not limited to competencies in areas such as;
 - Resident Rights;
 - Person centered care;
 - Communication;
 - Basic nursing skills;
 - Basic restorative services;
 - Skin and wound care;
 - Medication management;
 - Pain management;



- Infection control;
- Identification of changes in condition;
- Cultural competency.

5. In **F726 Nursing Services** the surveyor is directed to determine if staff competencies are evaluated upon initial hire and routinely thereafter and when new technologies or equipment are put into use.

6. Competency is included in many areas of the Guidance to Surveyors.

7. Fundamentally, the facility must identify the residents' needs and determine, beyond the required topics, what knowledge, skills, abilities, behaviors, and other characteristics are needed.

- **Competency Levels**

1. One way to address competency needs is to determine the levels of competencies needed for each level of staff based on their interaction level with the residents. These are the topics covered in general orientation when staff from all departments is together for education. Think of competency requirements as an inverted pyramid (see below). The job categories requiring the fewest competencies are represented by the tip of the pyramid.
2. The next level of competencies is for staff that works in resident care areas, but do not provide direct care. Consider this to be Level II competencies.
 - a. These staff must have the basic level competencies and additional knowledge and skills to appropriately and safely interact with residents. Those staff may include housekeepers, laundry staff, maintenance staff and volunteers, as well as others identified in your facility.
3. Level III of the competency pyramid is for direct care givers who do not have responsibility for assessment and treatment of residents. Nursing assistants will be the largest group in this level. Nursing assistants will need the Basic Level and Level II competencies, as well as a list required by the Requirements of Participation.
4. Continue to add levels and build on the competencies from prior levels as you define competencies needed for nurses, therapists, the consulting



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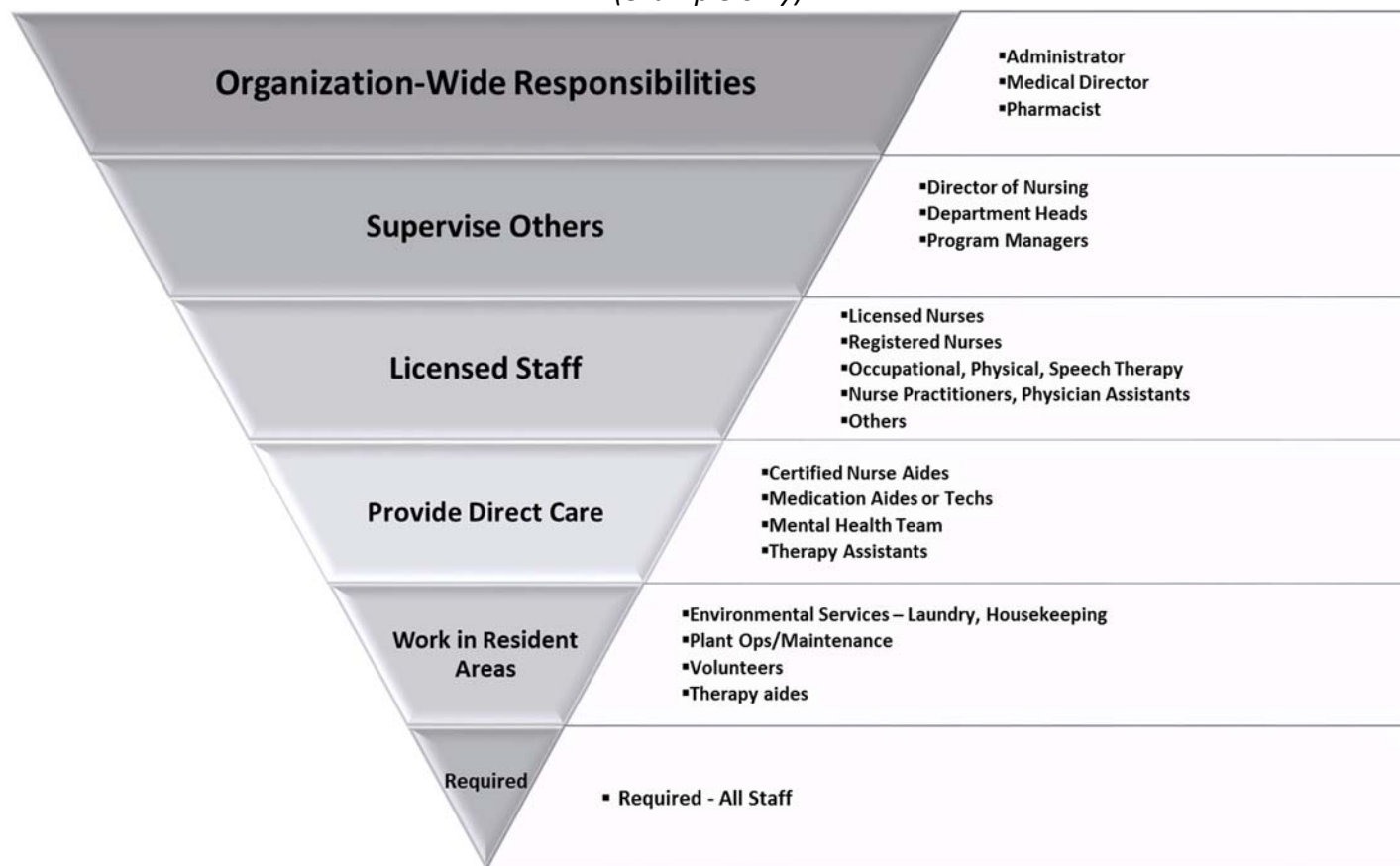
pharmacist and other professionals who provide care and services to the residents.

5. Include a competency level for staff that supervises other staff and oversee care, as well as participate in assessments of residents' needs and development of their care plans. Determine what knowledge, skills, abilities, behaviors, and other characteristics that these staff need to provide care to residents, including indirect care provided through others.
6. The largest number of competencies will be required for the positions that have responsibility and accountability for the systems, policies and procedures, protocols and standards for resident care across the entire facility. These positions will include the Medical Director, the Administrator, The Director of Nursing and others, as defined by your facility.

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The Competency Pyramid (example only)



The Guidance to Surveyors for Long Term Care Facilities does have a few areas of specific competencies required for some positions. See the lists below to include these in your library of competencies.

❖ **Level I - Basic Competencies for All Facility Staff**

Identify the Basic competencies **required** for all staff who work in the facility. The regulations specify:

- Abuse, neglect, exploitation, and misappropriation of resident property,
- Dementia management and
- Infection control
- Other areas as identified through the Facility Assessment

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- You can add knowledge, skills and abilities required by other organizations, such as OSHA.

Examples include:

- OSHA Hazard communication
- HIPPA,
- QAPI

Additional topics for all staff may include:

- Response to Emergency Codes, such as fire

❖ **Level II - For staff that works in resident care areas, the competencies may include**

- Level I

Consider these suggested topics and more:

- Communication
- Fall Prevention
- Operation of exit alarms
- Transmission-based precautions
- Reporting changes in residents conditions
- Job specific competencies
- Competencies identified by the assessment of residents' needs

❖ **Level III – Direct Care Givers**

- Level I
- Level II

Plus these required topics:

- Person centered care
- Communication
- Basic nursing skills
- Basic restorative services
- Skin and wound care
- Medication management
- Pain management
- Additional Infection control topics
- Identification of changes in condition



- Cultural competency
- Specific care skills as identified through the Facility Assessment

❖ **Level IV – Licensed Staff**

- Level I
- Level II
- Level III

Consider these topics and others identified through the assessment of residents' needs:

- Job specific evaluation and assessment skills
- Documentation
- Care plan development
- State and Federal Long Term Care requirements
- Standards of practice
- Specific care skills as identified through the Facility Assessment

❖ **Level V – Supervise Others**

- Level I
- Level II
- Level III
- Level IV

Consider these suggested topics and more:

- Delegation
- Effective communication for supervisors
- Task specific competencies, such as infection data collection
- Human Resources policies and procedures
- Develop and utilize competencies
- Effective staff performance evaluation
- State and Federal Long Term Care requirements
- Standards of practice

❖ **Level VI – Facility-wide responsibilities**

- All prior levels

Consider these suggested topics and more:

- Federal and State nursing home regulations
- Nursing home survey process
- Budgeting
- Data collection, interpretation and management
- Policy and procedure development and management
- Role specific knowledge and skills

➤ ***Go to the Facility Personnel Resources Workbook to enter Required Competencies according to regulations, rules and state specific requirements on Tab 3 Competency Levels***

A. Competencies defined by the Resident population needs

1. Define the competencies that are needed to meet the residents' needs as you've identified them. List the major resident needs and define the knowledge, skills, abilities, attitudes and behaviors that staff needs to provide appropriate care and services.

2. There are several ways to demonstrate competency. CMS gives examples of in F 726.

F726 Nursing Services - Demonstration of Competency

Competency may not be demonstrated simply by documenting that staff attended training, listened to a lecture, or watched a video. A staff's ability to use and integrate the knowledge and skills that were the subject of the training, lecture or video must be assessed and evaluated by staff already determined to be competent in these skill areas.

Examples for evaluating competencies may include but are not limited to:

- Lecture with return demonstration for physical activities;
- A pre-and post-test for documentation issues;
- Demonstrated ability to use tools, devices, or equipment that were the subject of training and used to care for residents;
- Reviewing adverse events that occurred as an indication of gaps in competency; or
- Demonstrated ability to perform activities that is in the scope of practice an individual is licensed or certified to perform.

3. Once you have identified the competencies needed to care for the residents, identify the type of competency demonstration that is appropriate for the task, skill, knowledge, ability or behavior.
4. Competency for high risk physical tasks, such as transferring a resident with a mechanical lift may require knowledge and a return demonstration, while competency for a nursing assessment may be knowledge and observed ability.
5. Document your decision-making process for the type of competency when you are categorizing the competency documentation needed. Consider the risk level of the activity, how frequently the activity is completed, the knowledge level of the staff completing the activity, and instances of adverse results from the activity at the facility.

EXAMPLE

For example, there are 10 residents who require a mechanical lift for transfers. The appropriate roles to provide that care are: Nursing Assistant, LPN, RN, PT, and OT. There are 8 FTE of LPN, 12 FTE of Nursing Assistants, 3 FTE of RN and 2 FTE of PT and OT. The competency documentation required for this high risk activity is Knowledge and a Return Demonstration for safe use of the mechanical lift.

Resident care need	Average % residents	Appropriate position or role RN – Registered Nurse LPN/LVN – Licensed Practical Nurse CNA - Certified Nursing Assistant VOL - Volunteer PFA - Paid Feeding Assistant TMA- Trained medication aide OT –Occupational Therapist PT – Physical Therapist ST – Speech Language Pathologist	# FTE available	Type of competency* documentation needed RD – Knowledge & Return demo KT - Knowledge & test OA - Knowledge & Observed ability OB - Knowledge & Observed behavior PR - Knowledge & Performance review
EXAMPLE Transfer with mechanical lift	4%	CNA LPN RN OT PT	12 8 3 2 2	RD

- **Review the Resident Care Needs from the prior section of the Facility Assessment**
- **Identify the types of Competencies needed to meet those needs and organize them into levels for use of explanation and use. See Tab 2 Competency Levels of the Facility Personnel Resources Workbook.**
- **Use the Facility Personnel Resources Workbook, Tab 4, Needs and Competencies to document the type and amount of staff and appropriate competency documentation.**

Narrative Template Example

Section II Services and Care We Offer Based on Our Residents' Needs

Facility Name provides care in a culture of respect and dignity for all people we serve. *Our primary goal is to offer compassionate support to help people live the lives they desire to and are capable of living. The residents of this community have unique needs which we serve with a person-centered philosophy that maintains the person as decision-maker or promotes the involvement of a resident selected representative when needed.*

Insert mission statement here?

Based on a review of the resident populations' needs, the **facility** hires and maintains a qualified workforce with up to date knowledge and skills.

Discuss ADL needs here

A full program of leisure activities is offered at **Facility Name**, based on the residents' preferences and designed to supports each resident's quality of life. Activities are modified to meet the needs of residents with physical, cognitive, psychosocial and mental impairments and conditions. **70% of the resident require assistance with mobility** and staff from the activities and nursing departments are available to provide assistance. Supplies and resources are offered to residents that prefer to do some activities in their own rooms. Assistive devices, such as amplification devices, wheelchair height games and large print books offer support for the **15% of the residents with hearing deficits, 35% that primarily use a wheelchair for mobility and 12% with visual deficits.**

Discuss ADL needs here

All residents are provided with assistance with bathing, grooming, dressing and personal hygiene as needed. **88% of residents require help with bathing.** One or more nursing assistants accompanies each resident that needs assistance with bathing in the spa room. **Facility Name** provides staff assistance with self-care for resident's at each resident's preferred schedule. **90% of the 100** residents require some assistance with dressing grooming and personal hygiene. There are **30 FTE** of nursing assistants who work across all three shift to provide care the residents that require assistance.

Between **70 and 85% of the residents** at **Facility Name** are **at risk for skin breakdown and at risk for falls.** The facility provides resident-specific preventive measures for these risk areas, based on an individualized assessment and in accordance with the residents' treatment goals and preferences. There are Preventive Skin Program and Fall Prevention Program resources available to staff. An interdisciplinary approach is used to develop a resident-centered care plan with input from the resident, the nurse and nursing assistant, the medical providers, PT and OT, the registered dietitian and the social worker.

Discuss programs that apply to all residents here

The licensed nurses provide care and treatments to residents based on their medical needs. **30%** of the residents have a **diagnosis of diabetes.** Nurses monitor and treat residents' symptoms and collaborate with the residents and medical providers to maintain consistent blood sugar levels for these residents.

Discuss the most prevalent diagnoses and conditions here

At Facility Name, 60% of the residents have a diagnosis of **cardiopulmonary disease.** **Facility Name** provides a **Cardiac Rehab Program** with a Restorative Nursing to assist residents with cardiopulmonary conditions to reach and maintain their highest level of function and well-being. The program includes appropriate staff from the **Therapy department, registered and licensed nurses, a registered dietitian,**

restorative nursing assistants, social workers, and activity department staff with the knowledge and credentials to meet those residents' needs.

Approximately **20%** of the resident population at **Facility Name** have a medical condition with related dementia symptoms, some of who have behaviors toward others. **Facility Name** provides a secured memory care unit for people with dementia who can benefit from a secured environment and the special social programming offered for this population. There is a dedicated staff of nursing staff, the social worker and activities staff that are consistently assigned to work with these residents.

Nursing staff assignments are reviewed and adjusted as needed before each shift to meet residents' needs. While most staff has a consistent assignment and work with the same residents each day, a few nursing staff move between two of the four units to fill in for vacancies.

Discuss
approaches
to staffing
here

When vacancies cannot be covered by scheduled staff, other facility staff are contacted to work and existing licensed nurse staff may be assigned to provide ADL care for a group of residents. Supervisory and administrative nurses then assume the duties of the licensed nurse staff as needed.

Staff are vetted for appropriate education and credentials prior to hire and attend both general and role specific orientation. Orientation assesses staff knowledge and skill levels and provides education about the expected standards of care at **Facility Name**. Before new staff work with residents they are required to complete the orientation and specified competencies, according to their role.

All facility staff have knowledge competencies in Abuse, Neglect, Exploitation and misappropriation of resident property. Basic infection control knowledge competencies include transmission of infections, immunizations, employee health and are required to complete return demonstration for hand hygiene. All staff have knowledge competency about dementia symptoms, including communicating with people with dementia symptoms and safety protocols for residents that are exit seeking. Staff have knowledge and return observed competencies in emergency response for fire, weather, missing resident, and active shooter scenarios. Knowledge competency is also required for all staff for OSHA hazard communication.

Discuss the
Basic
competencies
here

Additional competencies are based on the amount of interaction with residents, the skills required to complete their role, their responsibility for providing and managing the residents' care and for supervising others.

Competencies are evaluated upon hire, when a new type of resident condition is present, a new type of equipment is introduced or there is a programmatic or policy change at the facility. Evaluation of competencies based on observed abilities and observed behaviors are reviewed at least annually as part of the annual performance evaluation process and more frequently in response to actual or potential adverse outcomes to residents.

Discuss
frequency
of
competency
evaluations
here

❖ **F Tags Related To Staffing, Credentials and Education**

F689

§483.12 Freedom from Abuse, Neglect, and Exploitation

The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

§483.12(a) The facility must—

§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;

TYPES OF ABUSE

Identified facility characteristics^{1,2} that could increase the risk for abuse include, but are not limited to:

- Chronic staffing problems;
- Neglect of goods or services may occur when staff are aware, or should be aware, of residents' care needs, based on assessment and care planning, but are unable to meet the identified needs due to other circumstances, such as lack of training to perform an intervention (e.g., suctioning, transfers, use of equipment), lack of sufficient staffing to be able to provide the services, lack of supplies, or staff lack of knowledge of the needs of the resident

For specific allegations of abuse, the surveyor should review:

- For allegations of staff to resident abuse, staffing rosters to determine staffing at the time of the alleged abuse, timecards for staff on duty at the time, and conduct staff interviews to determine whether there was adequate monitoring and supervision of staff at the time of the allegation.

F689

§483.25(d) Accidents. The facility must ensure that –

§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and

§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.

“Risk” refers to any external factor, facility characteristic (e.g., staffing or physical environment) or characteristic of an individual resident that influences the likelihood of an accident.

“Supervision/Adequate Supervision” refers to an intervention and means of mitigating the risk of an accident. Facilities are obligated to provide adequate supervision to prevent accidents. Adequate supervision is determined by assessing the appropriate level and number of staff required, the competency and training of the staff, and the frequency of supervision needed. This determination is based on the individual resident’s assessed needs and identified hazards in the resident environment.

F695

§483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.

The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents’ goals and preferences, and 483.65 of this subpart.

Refer to §483.65 specialized rehabilitative services, for review of provision of services by qualified personnel. When providing respiratory care, the facility must, based on professional standards of practice:

- Have sufficient numbers of trained, competent, qualified staff, consistent with State practice acts/laws; and
- Identify who is authorized to perform each type of respiratory care service, such as responding to mechanical ventilator alarms, suctioning and tracheostomy care.

F715

§483.30(e)(2) A resident’s attending physician may delegate the task of writing dietary orders, consistent with §483.60, to a qualified dietitian or other clinically qualified nutrition professional who—

- (i) Is acting within the scope of practice as defined by State law; and**
- (ii) Is under the supervision of the physician.**

§483.30(e)(3) A resident’s attending physician may delegate the task of writing therapy orders, consistent with §483.65, to a qualified therapist who—

- (i) Is acting within the scope of practice as defined by State law; and**
- (ii) Is under the supervision of the physician**

DEFINITIONS §483.30(e)(2)-(3)

“Qualified dietitian” – is defined in §483.60 as follows: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who—

- i. Holds a bachelor’s or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited

by an appropriate national accreditation organization recognized for this purpose.

- ii. Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.
- iii. Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a “registered dietitian” by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section.
- iv. For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law.

“Qualified therapist” – professional staff, licensed, certified or registered to provide specialized therapy/rehabilitative services in accordance with State laws. Includes: Physical, Occupational, and Respiratory therapists and Speech-Language Pathologists.

F715

§483.35 Nursing Services

The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population in accordance with the facility assessment required at §483.70(e).

Always, review nursing services requirements under §483.35 during a standard or extended survey, when a waiver of RN and/or licensed nurse (RN/LPN) staffing has been requested or granted, or if a complaint has been received regarding nursing services.

F725

§483.35 Nursing Services

The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the

number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).

§483.35(a) Sufficient Staff.

§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:

- (i) Except when waived under paragraph (e) of this section, licensed nurses; and
- (ii) Other nursing personnel, including but not limited to nurse aides.

§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

Many factors must be considered when determining whether or not a facility has sufficient nursing staff to care for residents' needs, as identified through the facility assessment, resident assessments, and as described in their plan of care. A staffing deficiency under this requirement may or may not be directly related to an adverse outcome to a resident's care or services. It may also include the **potential** for physical or psychosocial harm.

PROCEDURES AND PROBES: §§483.35(a)(1)-(2)

Although federal regulations do not define minimum nursing staff ratios, many States do. If a facility does not meet State regulations for staffing, do NOT cite that as a deficiency here, refer to Administration, F836, §483.70(b). In addition, if a facility meets the State's staffing regulations that is not, by itself, sufficient to demonstrate that the facility has sufficient staff to care for its residents

F727

§483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.

§483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.

§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.

F731

§483.35(e) Nursing facilities Waiver of requirement to provide licensed nurses on a 24-hour basis. To the extent that a facility is unable to meet the requirements of paragraphs (a)(2) and (b)(1) of this section, a State may waive such requirements with respect to the facility if—

§483.35(e)(1) The facility demonstrates to the satisfaction of the State that the facility has been unable, despite diligent efforts (including offering wages at the community prevailing rate for nursing facilities), to recruit appropriate personnel;

§483.35(e)(2) The State determines that a waiver of the requirement will not endanger the health or safety of individuals staying in the facility;

§483.35(e)(3) The State finds that, for any periods in which licensed nursing services are not available, a registered nurse or a physician is obligated to respond immediately to telephone calls from the facility;

§483.35(e)(4) A waiver granted under the conditions listed in paragraph (e) of this section is subject to annual State review;

§483.35(e)(5) In granting or renewing a waiver, a facility may be required by the State to use other qualified, licensed personnel;

§483.35(e)(6) The State agency granting a waiver of such requirements provides notice of the waiver to the Office of the State Long-Term Care Ombudsman (established under section 712 of the Older Americans Act of 1965) and the protection and advocacy system in the State for individuals with a mental disorder who are eligible for such services as provided by the protection and advocacy agency; and

§483.35(e)(7) The nursing facility that is granted such a waiver by a State notifies residents of the facility and their resident representatives of the waiver.

§483.35(f) SNFs Waiver of the requirement to provide services of a registered nurse for more than 40 hours a week.

§483.35(f)(1) The Secretary may waive the requirement that a SNF provide the services of a registered nurse for more than 40 hours a week, including a director of nursing specified in paragraph (b) of this section, if the Secretary finds that—

(i) The facility is located in a rural area and the supply of skilled nursing facility services in the area is not sufficient to meet the needs of individuals residing in the area;

(ii) The facility has one full-time registered nurse who is regularly on duty at the facility 40 hours a week; and

(iii) The facility either—

(A) Has only patients whose physicians have indicated (through physicians' orders or admission notes) that they do not require the services of a registered nurse or a physician for a 48-hours period or;



(B) Has made arrangements for a registered nurse or a physician to spend time at the facility, as determined necessary by the physician, to provide necessary skilled nursing services on days when the regular full-time registered nurse is not on duty;

(iv) The Secretary provides notice of the waiver to the Office of the State Long-Term Care Ombudsman (established under section 712 of the Older Americans Act of 1965) and the protection and advocacy system in the State for individuals with developmental disabilities or mental disorders; and

(v) The facility that is granted such a waiver notifies residents of the facility and their resident representatives of the waiver.

§483.35(f)(2) A waiver of the registered nurse requirement under paragraph (f)(1) of this section is subject to annual renewal by the Secretary.

F732

§483.35(g) Nurse Staffing Information.

§483.35(g)(1) Data requirements. The facility must post the following information on a daily basis:

(i) Facility name.

(ii) The current date.

iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:

(A) Registered nurses.

(B) Licensed practical nurses or licensed vocational nurses (as defined under State law).

(C) Certified nurse aides.

(iv) Resident census.

§483.35(g)(2) Posting requirements.

(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.

(ii) Data must be posted as follows:

(A) Clear and readable format.

(B) In a prominent place readily accessible to residents and visitors.

§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.

§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.

Staffing must include all nursing staff that are paid by the facility (including contract staff). The nursing home would not include in the posting staff paid for through other sources; examples include hospice staff covered by the hospice benefit, or individuals hired by families to provide companionship or assistance to a specific resident.

F741

§483.40(a) The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with §483.70(e). These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:

§483.40(a)(1) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e),

INVESTIGATIVE PROTOCOL §483.40(a), (a)(1) & (a)(2)

Determination of Sufficient Staffing

One factor used to determine sufficiency of staff (including both quantity and competency of staff) is the facility's ability to provide needed care for residents as determined by resident assessments and individual care plans. A staffing deficiency must be supported by examples of care deficits caused by insufficient quantity or competency of staff. The surveyor's investigation will include whether inadequate quantity or competency of staff prevented residents from reaching the highest practicable level of well-being.

A deficiency of insufficient staffing is determined through observations, interviews, and/or record reviews. Information gathered through these sources will help the surveyor in determining non-compliance. Concerns such as expressions or indications of distress by residents or family members, residents living with mental, psychosocial, and/or substance use disorders who lack care plan interventions to address their individual needs, lack of resident engagement, and the incidence of elopement and resident altercations, can also offer insight into the sufficiency and competency of staff and the adequacy of training provided to them to care for residents with behavioral health needs.

F801

§483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e)

This includes:

§483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who—

- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose.
- (ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.
- (iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section.
- (iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law.

§483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services who—

- (i) For designations prior to November 28, 2016, meets the following requirements no later than 5 years after November 28, 2016, or no later than 1 year after November 28, 2016 for designations after November 28, 2016, is:
 - (A) A certified dietary manager; or
 - (B) A certified food service manager; or
 - (C) Has similar national certification for food service management and safety from a national certifying body; or

- D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; and
- (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and
- (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional.

F802

§483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).

§483.60(a)(3) Support staff. The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.

§483.60(b) A member of the Food and Nutrition Services staff must participate on the interdisciplinary team as required in § 483.21(b)(2)(ii).

DEFINITION §483.60(a)(3)-(b) "Sufficient support personnel" means having enough dietary and food and nutrition staff to safely carry out all of the functions of the food and nutrition services. This does not include staff, such as licensed nurses, nurse aides or paid feeding assistants, involved in assisting residents with eating.

F850 §483.70(p) Social worker. Any facility with more than 120 beds must employ a qualified social worker on a full-time basis. A qualified social worker is:

§483.70(p)(1) An individual with *a minimum of* a bachelor's degree in social work or a bachelor's degree in a human services field including, but not limited to, sociology, gerontology, special education, rehabilitation counseling, and psychology; and

§483.70(p)(2) One year of supervised social work experience in a health care setting working directly with individuals.

GUIDANCE §483.70(p)

The regulations do not require a Social Worker when a facility has equal to or less than 120 beds.

If the facility has more than 120 beds and its full-time social worker does not provide on-site coverage on a full-time basis determine how these services are provided to meet the individual needs of the resident whenever needed. If social services deficiencies are identified refer to §483.40(d), F745, regardless of the number of beds.

F851

§483.70(q) Mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS.

❖ F tags related to competency

F607 §483.12(b) The facility must develop and implement written policies and procedures that:
§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,

GUIDANCE

The facility must develop and implement policies and procedures that include the *following* seven components:

I. Screening:

In addition, a facility must develop and implement policies and procedures to prohibit and prevent both abuse and neglect. This would include screening prospective residents to determine whether the facility has the capability and capacity to provide the necessary care and services for each resident admitted to the facility. The facility's written procedures may include, but are not limited to:

- For prospective residents, reviewing:
 - o An assessment of the individual's functional and mood/behavioral status;
 - o Medical acuity; and
 - o Special needs (e.g., mechanical ventilation care, dialysis, hospice).

The facility can then determine whether – in consideration of current staffing patterns, staff qualifications, competency and knowledge, clinical resources, physical environment, and equipment-it can safely and competently provide the necessary care to meet the resident's needs.

VII. Reporting/Response:

The facility must have written procedures that must include

- Taking all necessary actions as a result of the investigation, which may include, but are not limited to, the following:
 - Analyzing the occurrence(s) to determine why abuse, neglect, misappropriation of resident property or exploitation occurred, and what changes are needed to prevent further occurrences;
 - Defining how care provision will be changed and/or improved to protect residents receiving services;
 - Training of staff on changes made and demonstration of staff competency after training is implemented;

F689

§483.25(d) Accidents. The facility must ensure that – §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and

§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.

“Supervision/Adequate Supervision” refers to an intervention and means of mitigating the risk of an accident. Facilities are obligated to provide adequate supervision to prevent accidents. Adequate supervision is *determined by assessing the appropriate level and number of staff required, the competency and training of the staff, and the frequency of supervision needed. This determination is based on the individual resident’s assessed needs and identified hazards in the resident environment.* Adequate supervision may vary from resident to resident and from time to time for the same resident.

A systematic approach enables the facility to evaluate safety throughout its environment and among all staff, and make appropriate adjustments in training and competency testing as required

Ongoing staff training, competencies and supervision, including how to approach a resident who may be agitated, combative, verbally or physically aggressive, or anxious, and how and when to obtain assistance in managing a resident with behavior symptoms

Factors that may influence a resident’s risk of accident during transfer include staff availability, resident abilities, staff training and competency

F694

§ 483.25(h) Parenteral Fluids. Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences.

Competency of staff to:

- o Use infusion equipment;
- o Accurately perform IV insertion, and maintain vascular access; and
- o Assess for complications

F695

§483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart

Emergency care which includes staff training and competency for implementation of emergency interventions for, at a minimum, cardiac/respiratory complications, and include provision of appropriate equipment at the resident's bedside for immediate access, such as for unplanned extubation;

F698

§483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.

Dialysis in a Nursing Home: Receive home hemodialysis (HHD) or peritoneal dialysis (PD) treatments in the nursing home, by trained and qualified staff who have received training and competency from the dialysis facility.

The dialysis facility is responsible for providing training and assuring the competency of staff or individuals that are allowed to initiate, access and discontinue dialysis treatments. The nursing home must maintain documentation of completion of training/competency for staff or other individuals providing the dialysis treatments.

F726

§483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).

§483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

§483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.

§483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

INTENT §483.35(a)(3)-(4),(c)

To assure that *all* nursing staff possess *the competencies and skill sets necessary to provide nursing and related services* to meet the residents' needs *safely and in a manner that promotes each resident's rights*, physical, mental and psychosocial well-being.

All nursing staff must also meet the specific competency requirements as part of their license and certification requirements defined under State law or regulations.

Many factors must be considered when determining whether or not facility staff have the specific competencies and skill sets necessary to care for residents' needs, as identified through the facility assessment, resident-specific assessments, and described in their plan of care. A staff competency deficiency under this requirement may or may not be directly related to an adverse outcome to a resident's care or services. It may also include the **potential** for physical and psychosocial harm.

As required under F838, §483.70(e), the facility's assessment must address/include an evaluation of staff competencies that are necessary to provide the level and types of care needed for the resident population. Additionally, staff are expected to demonstrate competency with the activities listed in the training requirements per §483.95, such as preventing and reporting abuse, neglect, and exploitation, dementia management, and infection control. Also, nurse aides are expected to demonstrate competency with the activities and components that are required to be part of an approved nurse aide training and competency evaluation program, per §483.152.

Staff Competencies in Identifying Changes in Condition

A key component of competency is a nurse's (CNA, LPN, RN) ability to identify and address a resident's change in condition. Facility staff should be aware of each resident's current health status and regular activity, and be able to promptly identify changes that may indicate a change in health status. Once identified, staff should demonstrate effective actions to address a change in condition, which may vary depending on the staff who is involved. For example, a CNA who identifies a change in condition may document the change on a short form and report it to the RN manager. Whereas an RN who is informed of a change in condition may conduct an in-depth assessment, and then call the attending practitioner.

These competencies are critical in order to identify potential issues early, so interventions can be applied to prevent a condition from worsening or becoming acute. Without these competencies, residents may experience a decline in health status, function, or need to be transferred to a hospital. Not all conditions, declines of health status, or hospitalizations are preventable.

Demonstration of Competency

Competency may not be demonstrated simply by documenting that staff attended a training, listened to a lecture, or watched a video. A staff's ability to use and integrate the knowledge and skills that were the subject of the training, lecture or video must be assessed and evaluated by staff already determined to be competent in these skill areas.

Examples for evaluating competencies may include but are not limited to:

- Lecture with return demonstration for physical activities;
- A pre-and post-test for documentation issues;
- Demonstrated ability to use tools, devices, or equipment that were the subject of training and used to care for residents;
- Reviewing adverse events that occurred as an indication of gaps in competency; or
- Demonstrated ability to perform activities that is in the scope of practice an individual is licensed or certified to perform.

Nursing leadership with input from the Medical Director should delineate the competencies required for all nursing staff to deliver, individualize, and provide safe care for the facility's residents. There should also be a process to evaluate staff skill levels, and to develop individualized competency-based training, that ensure resident safety and quality of care and service being delivered. A competency-based program might include the following elements:

- a. Evaluates current staff training programming to ensure nursing competencies (e.g. skills fairs, training topics, return demonstration).
- b. Identifies gaps in education that is contributing to poor outcomes (e.g. potentially preventable re-hospitalization) and recommends educational programming to address these gaps.
- c. Outlines what education is needed based on the resident population (e.g. geriatric assessment, mental health needs) with delineation of licensed nursing staff verses non-licensed nursing and other staff member of the facility.
- d. Delineates what specific training is needed based on the facility assessment (e.g. ventilator, IV's, trachs).
- e. Details the tracking system or mechanism in place to ensure that the competency-based staffing model is assessing, planning, implementing, and evaluating effectiveness of training.
- f. Ensures that competency-based training is not limited to online computer based but should also test for critical thinking skills as well as the ability to manage care in complex environments with multiple interruptions.

F728

§483.35(d) Requirement for facility hiring and use of nurse aides §483.35(d)(1) General rule. A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless—

- (i) That individual is competent to provide nursing and nursing related services; and
- (ii)(A) That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of §483.151 through §483.154; or
- (B) That individual has been deemed or determined competent as provided in §483.150(a) and (b).

§483.35(d)(2) Non-permanent employees. A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the requirements in paragraphs (d)(1)(i) and (ii) of this section.

§483.35(d)(3) Minimum Competency A facility must not use any individual who has worked less than 4 months as a nurse aide in that facility unless the individual—

- (i) Is a full-time employee in a State-approved training and competency evaluation program;
- (ii) Has demonstrated competence through satisfactory participation in a State-approved nurse aide training and competency evaluation program or competency evaluation program; or
- (iii) Has been deemed or determined competent as provided in §483.150(a) and (b).

F729

§483.35(d)(4) Registry verification. Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless—

- (i) The individual is a full-time employee in a training and competency evaluation program approved by the State; or
- (ii) The individual can prove that he or she has recently successfully completed a training and competency evaluation program or competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered.

§483.35(d)(5) Multi-State registry verification. Before allowing an individual to serve as a nurse aide, a facility must seek information from every State registry established under sections 1819(e)(2)(A) or 1919(e)(2)(A) of the Act *that* the facility believes will include information on the individual.

§483.35(d)(6) Required retraining. If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program.

F741

§483.40(a) The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with §483.70(e). These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:

§483.40(a)(1) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e), and

§483.40(a)(2) Implementing non-pharmacological interventions.

Skill and Competency of Staff

The facility must identify the skills and competencies needed by staff to work effectively with residents (both with and without mental disorders and psychosocial disorders). Staff need to be knowledgeable about implementing non-pharmacological interventions. The skills and competencies needed to care for residents should be identified through an evidence-based process that could include the following: an analysis of Minimum Data Set (MDS) data, review of quality improvement data, resident-specific and population needs, review of literature, applicable regulations, etc. Once identified, staff must be aware of those disease processes that are relevant to enhance psychological and emotional well-being. Competency is established by observing the staff's ability to use this knowledge through the demonstration of skill and the implementation of specific, person-centered interventions identified in the care plan to meet residents' behavioral health care needs. Additionally, competency involves staff's ability to communicate and interact with residents in a way that promotes psychosocial and emotional well-being, as well as meaningful engagements.

Under §483.152 Requirements for approval of a nurse aide training and competency evaluation program, nurse aides are required to complete and provide documentation of training that includes, but is not limited to, competencies in areas such as:

- Communication and interpersonal skills;
- Promoting residents' independence;
- Respecting residents' rights;
- Caring for the residents' environment;
- Mental health and social service needs; and
- Care of cognitively impaired residents.

In phases one and two of implementation of the Reform of Requirements for Long-term Care Facilities, it is the expectation that all facility staff members, including non-nurse aide staff, assisting

residents living with behavioral health needs, be competent in care areas, such as those mentioned previously.

F755

§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.

§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.

- Develop intravenous (IV) therapy procedures if used within the facility (consistent with state requirements) which may include: determining competency of staff and facility-based IV admixture procedures that address sterile compounding, dosage calculations, IV pump use, and flushing procedures;

F826

§483.65(b) Qualifications Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.

In addition to meeting the specific competency requirements as part of their license and certification requirements defined under State law or regulations, these personnel must have the training, competencies and skill sets to care for residents as identified through resident assessments, and described in the plan of care.

F880 §483.80 Infection Control The facility must establish and maintain an infection *prevention and control* program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of *communicable* diseases and infections.

§483.80(a) Infection *prevention and control* program.

Education and competency assessment: facilities must ensure staff follow the IPCP's standards, policies and procedures. Therefore, staff must be informed and competent. Knowledge and skills pertaining to the IPCP's standards, policies and procedures are needed by all staff in order to follow proper infection control practices (e.g., hand hygiene and appropriate use of personal protective equipment) while other needs are specific to particular roles, responsibilities, and situations (e.g., injection safety and point of care testing)



SYSTEM OF SURVEILLANCE: DATA ANALYSIS, DOCUMENTATION AND REPORTING

How the data will be used and shared with appropriate individuals (e.g., staff, medical director, director of nursing, quality assessment and assurance committee-QAA), when applicable, to ensure that staff minimize spread of the infection or disease (e.g., require revision of staff education and competency assessment).

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References

State Operations Manual (SOM) Appendix PP for Phase 2, F-Tag Revisions, and Related Issues

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