

Tool- Facility Assessment Implementation Guide

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Tool: Facility Assessment Implementation Guide

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 must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. For example, if the facility decides to admit residents with care needs who were previously not admitted, such as residents on ventilators or dialysis, the facility assessment must be reviewed and updated to address how the facility staff, resources, physical environment, etc., meet the needs of those residents and any areas requiring attention, such as any training or supplies required to provide care.

The facility assessment must address or include:

- §483.70(e)(1) The facility's resident population, including, but not limited to,
- (i) Both the number of residents and the facility's resident capacity;
 - (ii) 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;
 - (iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population;
 - (iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and
 - (v) 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.

§483.70(e)(2) The facility's resources, including but not limited to,

- (i) All buildings and/or other physical structures and vehicles;
- (ii) Equipment (medical and non-medical);
- (iii) Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies;
- (iv) 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;
- (v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and



(vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.

§483.70(e)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach.

Purpose and Intent of §483.70(e)

The intent to develop of a facility assessment is to evaluate the resident population within the facility and identify the resources needed to provide the necessary care and services the facility residents require on a day to day basis and in emergency situations. The facility assessment must be conducted at the facility level including the administrator, medical director, a representative of the governing body, and the director of nursing at a minimum. The environment operations manager, other department heads, or direct care staff should be involved as needed.

The facility assessment shall enable the facility to thoroughly assess the needs of its resident population and required resources to provide the care and services the residents need – serving as a record for staff and management to understand the reasoning for decisions made regarding staffing and other resources. It may include the operating budget necessary to carry our facility functions.

The facility assessment serves as an evaluation of the overall number of staff needed for sufficient numbers of qualified competent staff available to meet resident needs. The facility assessment must be reviewed and updated: annually at a minimum, when there is a change that requires substantial modification (i.e. the facility begins to admit residents who have new tracheostomy or ventilator, etc.), based upon training program evaluation related to staff skills and competencies, and as necessary. For example, if the facility decides to admit residents with care needs who were previously not admitted, such as residents on ventilators or dialysis, the facility assessment must be reviewed and updated to address how the facility staff, resources, physical environment, etc., meet the needs of those residents and any areas requiring attention, such as any training or supplies required to provide care.

To assist an individual facility in identifying all the required steps for the development and implementation of a Facility Assessment in accordance to the Requirements of Participation, the following checklist captures specific suggested action items for successful completion. The far left column represents the actual RoP language and the right column indicates suggested leadership strategies for successful completion and implementation of the facility assessment requirements. When preparing updated policies and procedures, it is recommended to include actual RoP language as applicable.

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**Suggested Checklist:
Comprehensive Advance Directive Policy and Procedure**

Regulation	Recommended Actions
<p>F838 §483.70(e) Facility assessment.</p> <p>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 must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Develop, implement and train on a general facility assessment policy and procedure and how it is a foundation for care and service delivery direction in the organization. <input type="checkbox"/> Define who is responsible for: <ul style="list-style-type: none"> ▪ Gathering the data for the assessment ▪ What tools/data sources will be used for the assessment completion ▪ Determination of data sources to be reviewed on a routine basis to determine if the assessment requires modifications ▪ Determination of the members of the assessment team to include at a minimum – NHA, DON, Medical Director, governing body representative ▪ The environmental operations manager, and other department heads (for example, the dietary manager, director of rehabilitation services, or other individuals including direct care staff should be involved as needed. ▪ Determination of roles and responsibilities related to the assessment process, data gathering, training, staff competencies, monitoring of outcomes and integration into the QAPI program ▪ Writing the overall assessment ▪ Determination of the facility assessment document that will be shared with survey team members per requirements ▪ Monitoring system which will facilitate assessment update ▪ Training evaluation process ▪ Review of the facility policy and procedure process on, at a minimum, annual basis



Regulation	Recommended Actions
	<ul style="list-style-type: none"> <li data-bbox="803 338 1430 447">☐ Provide education about the facility assessment, purpose and outcomes to all staff and their roles and responsibilities. <li data-bbox="803 495 1430 604">☐ Identify where the facility assessment will be stored within administration and accessibility off hours for survey team review. <li data-bbox="803 653 1430 957">☐ Integrate the facility assessment process and results into the facility QAPI plan. Best practice would also be to integrate/consider how facility assessment relates to the Infection Control program, Training Program, and Compliance & Ethics program and related policies & procedures, auditing and monitoring, and processes. <li data-bbox="803 1005 1430 1230">☐ Suggested update of the following policies and procedures (per current professional standards of practice) as it relates to the integration of the facility assessment and results for organization decision making (not an all-inclusive list): <ul style="list-style-type: none"> <li data-bbox="803 1278 1430 1312">▪ Budget process <li data-bbox="803 1316 1430 1350">▪ Capital budget process <li data-bbox="803 1354 1430 1388">▪ Abuse prevention <li data-bbox="803 1392 1430 1425">▪ Abuse, Neglect and Exploitation training <li data-bbox="803 1430 1430 1463">▪ Admission, PASARR <li data-bbox="803 1467 1430 1501">▪ Transfer and discharge <li data-bbox="803 1505 1430 1539">▪ Readmission to facility <li data-bbox="803 1543 1430 1577">▪ Comprehensive individualize care plan <li data-bbox="803 1581 1430 1614">▪ Resident assessment <li data-bbox="803 1619 1430 1652">▪ MDS/RAI process <li data-bbox="803 1656 1430 1690">▪ Activities of Daily Living <li data-bbox="803 1694 1430 1810">▪ Specialty programs – dementia, ERSD, TCU, Cardio-Pulmonary, etc. and identification of risk levels

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Regulation	Recommended Actions
	<ul style="list-style-type: none">▪ Nursing P&P related to Change of Condition, special populations, cognitive impairment, and other DX/disease risk areas▪ Infection Control▪ Accidents and supervision▪ Dementia/Cognitive impairment▪ Pain management▪ Wound management▪ Physical Device▪ Medication management▪ Antipsychotic medication▪ Resident Rights▪ Resident Council▪ Cultural competency▪ Respiratory care▪ Physician delegation of writing orders – dietary and therapist▪ Nursing services, sufficient staff, staffing process▪ Nurse competency▪ Training program▪ Nursing assistant training▪ Annual training requirements▪ Orientation program▪ Onboarding process and screening process▪ Staff competency per department▪ Nutrition services<ul style="list-style-type: none">○ Qualified and competent staff○ Sufficient staff○ Menus and food procurement meeting residents ethnic, cultural, religious factors▪ Preventative Maintenance Program▪ Facility maintenance – grounds, vehicles, safety, security▪ Equipment Management Program▪ Equipment and adaptive equipment▪ Medical supply procurement▪ Pharmacy services▪ Rehabilitation services

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	<ul style="list-style-type: none"> ▪ Third part agreements (services, equipment and supplies) and contract expectations as it relates to the facility assessment ▪ Behavioral health services ▪ Emergency preparedness ▪ Activity therapy ▪ Volunteers ▪ Social services – medically related social services specific to resident needs, demographics and access to services ▪ Grievance process ▪ Governing body and their role in the FA ▪ Medical Director role in FA ▪ QAPI policy and plan ▪ Data management plan ▪ Data security and privacy ▪ Health information technology - interoperability, privacy, and records management ▪ Medical records
<p>The facility assessment must address or include:</p> <p>§483.70(e)(1) The facility’s resident population, including, but not limited to,</p> <ul style="list-style-type: none"> (i) Both the number of residents and the facility’s resident capacity; (ii) 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; (iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population; (iv) The physical environment, equipment, services, and other physical 	<p><input type="checkbox"/> Determine and utilize a data collection process for organization specific information, including but not limited to:</p> <p>Community Demographics</p> <ul style="list-style-type: none"> ▪ Resident demographics ▪ Number of residents – average daily census and capacity with self-imposed restrictions ▪ Diseases and conditions (diagnosis report for last year) as well as a review of active diagnosis from the MDS section I ▪ Physical Disabilities (CMS 672) ▪ Cognitive Disabilities (BIMS scores) ▪ Overall Acuity (average non-Medicare RUG distribution) ▪ Care considerations - considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and

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<p>plant considerations that are necessary to care for this population; and</p> <p>(v) 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.</p>	<p>other pertinent facts that are present within the resident population</p> <ul style="list-style-type: none"> ▪ Potentially gather information with respect to care level and acuity perception from residents or representatives, direct care staff, and respective practitioners ▪ Ethnic and cultural considerations of the resident population <p>Facility Personnel and Nursing Services Competency</p> <ul style="list-style-type: none"> ▪ Staff competencies that are necessary to provide the level and types of care needed for the resident population (i.e. abuse prevention, behaviors, dementia, dual diagnosis, MI, infection control, communication disabilities, restorative needs, ADL decline, skin/wound care, tracheostomy, ERSD, disease specific, cultural competency, pain, incontinence, etc.) <input type="checkbox"/> Development and implementation of nursing competency skills process and training ▪ Nurse competency considerations including nursing assessment, suctioning, dressing change, pain management, technology/equipment, transmission precautions, IV, phlebotomy, transfers, feeding, ADLs, change of condition, transition of care, communication, cultural competency, notification, etc) <ul style="list-style-type: none"> ○ Competency is a measurable pattern of knowledge, skills, abilities, behaviors and characteristics needed to perform the role or occupational function. This is not dependent solely upon qualifications or licensure. Examples include: lecture with return demonstration for physical

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	<p>tasks or activities, the ability to use tools, devices and equipment, an evaluation of adverse events to identify competency gaps and demonstrated ability to perform job functions.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Development and implementation of competency skills process and training for non-nursing departments <input type="checkbox"/> Development and implementation of competency skills process and training for vendors, contracted individuals who provide services and equipment for resident population <input type="checkbox"/> Development and implementation of competency skills process and training for volunteers as applicable <input type="checkbox"/> Development and implementation of a process to review training programs which include: onboarding, orientation, on the job training, specialty programs, new resident conditions, new equipment, gaps in competence related to adverse conditions and annual training plan review. <ul style="list-style-type: none"> ▪ Training programs to incorporate 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. <input type="checkbox"/> Development and implementation of competency skills process and training for non-nursing departments <input type="checkbox"/> Review of job descriptions to reflect the facility assessment findings related to respective roles and responsibilities based on the resident population

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	<p><input type="checkbox"/> Development and implementation of competency skills process and training for governing body and leadership related to resident population, budget process, capital acquisition process, as well as provider knowledge and skill related to:</p> <ul style="list-style-type: none"> • Knowledge of local culture • Respect shown to consumers • Beliefs about what consumers value • History / reputation in community • Availability of continuum of care • Education, competency, skills of staff • Evaluation of facility training program for staff and volunteers • Human resources • Insurance contracts – who can you take • Community Involvement
<p>§483.70(e)(2) The facility’s resources, including but not limited to,</p> <ul style="list-style-type: none"> (i) All buildings and/or other physical structures and vehicles; (ii) Equipment (medical and non-medical); (iii) Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies; (iv) 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; (v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and 	<p>Physical Plant and Equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review and assessment of the physical plant – internal and external as well as all structures/buildings for potential risks and resident resource needs – including nonresident areas <input type="checkbox"/> Review and assessment of facility vehicles for potential risks and resident resource needs <input type="checkbox"/> Equipment (All departments) – medical and non-medical inventory with consideration to type, amount, condition and training related to care for the resident population (i.e. lifts, stands, wheel chairs, walkers, beds, specialty beds, bladder scanners, equipment used for resident care, dietary equipment, activity equipment, etc.) <input type="checkbox"/> Equipment management program review



Regulation	Recommended Actions
<p>(vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Preventative Maintenance Program review and utilization in accordance to policy and procedure <input type="checkbox"/> Assisted technology - medical and non-medical inventory with consideration to type, amount, condition and training related to care for the resident population <input type="checkbox"/> Review of services provided: rehabilitation, pharmacy, respiratory, behavioral health, diagnostic, physician, etc. necessary to provide the level and types of care needed for the resident population <input type="checkbox"/> Determine a process to review and evaluate external contracts, MOU's, third party agreements for the provision of equipment, goods and services for resident care both day-to-day and in emergencies <input type="checkbox"/> Health Information technology – Evaluation process for managing health information – electronic health record, other electronic systems, sharing of resident information, privacy/safe guards, interoperability, interruption of services plan, back up energy source, etc.
<p>§483.70(e)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Develop and implement a process to assess and document potential hazards within the facility, community and potential hazards and the vulnerabilities and challenges that may impact the facility in conjunction with the facility emergency preparedness plan such as a Hazard Vulnerability Assessment



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	<ul style="list-style-type: none"><li data-bbox="805 327 1435 449"><input type="checkbox"/> Update the Emergency Preparedness Plan in conjunction with the completion of the facility assessment and vice versa as applicable <li data-bbox="805 491 1435 760"><input type="checkbox"/> Develop and implement a process to conduct a facility risk assessment which may include a review of clinical governance and leadership; ethics and resident rights; QAPI processes; resident safety and incident trends; and facility safety and emergency management.



The below areas serve as a cross reference for facility leaders to conduct addition policy and procedure review across departments to incorporate the changes set forth in **§483.70(e) Facility Assessment**. This listing is not all encompassing however should serve as a resource for leaders as they update their internal policies, procedures and operational processes.

Cross Reference: (additional areas for review)

- Resident Rights
- Resident Postings
- CMS Definitions
- Admission Agreement
- Admission Policy
- Resident Education
- Resident Representative Education
- Transitions of Care Policies and Procedures
- Admission, transfer, discharge policies and procedures
- Change of Condition policies and procedures
- Notification policies and procedures
- Individualize Resident Assessment policies and procedures
- Comprehensive Person Centered Care Plan policies and procedures
- Physician Policies
- Medical Director Policies
- Resident Care Policies
- Infection Prevention and Control
- Interdisciplinary Department Policies and Procedures
- Clinical System Policies and Procedure
- Facility Training Program
- Life Safety, Physical Plant
- Emergency Preparedness Plan
- Preventative Maintenance Program
- Equipment Management Plan
- Volunteer Policies
- Contractual Services
- Governing Body Policies and Roles related to Facility Assessment
- Business Ethics and Corporate Compliance
- Operational Policies
- Hospital Transfer Agreements or Memorandum of Understanding
- Medical Records and Retention
- HIPPA and Privacy
- Employee Onboarding and Orientation
- Annual Training Requirements
- Quality Assurance and Performance Improvement

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