

# Facility Assessment: Facility Resident Population Probing Questions Template

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Illinois



## Facility Assessment: Facility Resident Population

### Facility Resident Population Probing Questions - 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.

<p><b>Facility Census Capacity</b>  <b>The number of beds available for current residents and new admissions.</b>          (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.</p>	
<p><b>Data Sources</b>  <i>(indicate the reports used or the location of the information used to describe this aspect of the Facility Assessment)</i>  <b>EXAMPLE:</b>          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</p>	
<p><b>Review licensed bed information and answer the following questions</b></p>	
How many <b>beds are available</b> for current resident and new admissions?	
Has the facility <b>taken any beds, units or wings out of use</b> 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 <b>added any beds, units or wings</b> in the last year?	
If yes, describe how many beds, units or wings were added, the date of the change and the reason. <i>(describe special programs later in the guide)</i>	
Is there a <b>plan to take additional beds out of service or add beds</b> in the coming year?	
If a change in bed capacity is planned, summarize the plan, timing and objectives.	



<p><b>Facility Average Census</b>  <b>The average number of residents staying in the facility.</b>          If the facility has one or more specialty units, you may choose to answer the following questions for each unit.</p>	
<p><b>Data Source</b> (<i>indicate the reports used or the location of the information used to describe this aspect of the Facility Assessment</i>)</p>	
<p><i>EXAMPLE:</i>  <i>EHR Monthly census report</i>  <i>EHR Average census report</i>  <i>Billing software Average daily census</i>          CMS 672 Resident Census And Conditions of Residents - Field F78 – total residents</p>	
<p><b>Review the census information and answer the following questions</b></p>	
<p>What was the <b>average daily census</b> in the last quarter? <i>You may wish to break out the census by unit, wing or program.</i></p>	
<p>Has the average census changed in the last year?</p>	
<p>If yes, explain the range of average daily census, the time frame and the cause if known.</p>	
<p>Is there a <b>plan to take decrease the average daily census</b> in the coming year?</p>	
<p>If a change in census is planned, summarize the plan, timing and objectives.</p>	



**Resident Population Characteristics**

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

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



**Resident Population Characteristics**

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

If the facility has one or more specialty units, you may choose to answer the following questions for each unit.

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

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



**Conditions, physical and cognitive disabilities, and other pertinent facts**

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

If the facility has one or more specialty units, you may choose to answer the following questions for each unit.

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

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**Conditions, physical and cognitive disabilities, and other pertinent facts**

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

If the facility has one or more specialty units, you may choose to answer the following questions for each unit.

What percentage of <b>residents is on a ventilator?</b>	
What percentage of <b>residents receives ostomy care?</b>	
What percentage of <b>residents receives clean dressing changes?</b>	
What percentage of <b>residents receives aseptic dressing changes?</b>	
What percentage of residents receives <b>PRN analgesics and non-pharmacologic pain management interventions?</b>	
What percentage of <b>residents receives respiratory therapy, suctioning or respiratory treatments from a licensed nurse?</b>	
What percentage of <b>residents receives medication by injection at least once per week?</b>	
What percentage of <b>residents receives IV hydration or medication at least once per day?</b>	
What percentage of <b>residents receives anticoagulant medication?</b>	
What percentage of <b>residents receives psychoactive (antipsychotic, antianxiety, hypnotic) medication?</b>	
What is the <b>average monthly UTI rate?</b>	
What is the <b>average monthly GI infection rate?</b>	
What is the <b>average monthly respiratory infection rate?</b>	
What is the <b>average monthly skin infection rate?</b>	
What is the <b>average monthly eye infection rate?</b>	





**Conditions, physical and cognitive disabilities, and other pertinent facts**

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

If the facility has one or more specialty units, you may choose to answer the following questions for each unit.

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**

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 <b>top 10 most frequent</b> 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?	



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**Types of diseases and conditions**

If the facility has one or more specialty units, you may choose to answer the following questions for each unit.

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 metabolic diagnosis 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?


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**Overall acuity**

The number and stability of a resident’s medical conditions and their physical and psychosocial care needs

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?	



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## 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](http://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](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf)

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