



**Facility Assessment F838 §483.70(e)
Corresponding/Referenced F Tags**

F Tag	Reference Description
F607	<p>Abuse</p> <p><i>“Assuring that residents are free from neglect by having the structures and processes to provide needed care and services to all residents, which includes, but is not limited to, the provision of a facility assessment to determine what resources are necessary to care for its residents competently;</i></p>
F622	<p>Transfer and discharge</p> <p><i>“Facilities should not admit residents whose needs they cannot meet based on the Facility Assessment”</i></p>
F626	<p>Permitting Residents to Return to Facility – Readmission</p> <p><i>“Work with the hospital to ensure the resident’s condition and needs are within the nursing home’s scope of care, based on its facility assessment, prior to hospital discharge. For example, the nursing home could ask the hospital to:</i></p> <ul style="list-style-type: none"> <i>o Attempt reducing a resident’s psychotropic medication prior to discharge and monitor symptoms so that the nursing home can determine whether it will be able to meet the resident’s needs upon return;</i> <i>o Convert IV medications to oral medications and ensure that the oral medications adequately address the resident’s needs.</i>
F656	<p>Comprehensive Care Plans</p> <p><i>“If the surveyor identifies concerns about the resident’s care plan being individualized and person-centered, the surveyor should also review requirements at:</i></p> <ul style="list-style-type: none"> <i>• Resident assessment, §483.20</i> <i>• Activities, §483.24(c)</i> <i>• Nursing services, §483.35</i> <i>• Food and nutrition services, §483.60</i> <i>• Facility assessment, §483.70(e)</i>
F689	<p>Accidents – resident environment remains free of accident and hazards as is possible and each resident receives adequate supervision and assistance devices to prevent accidents</p>



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	<p>Identification of Hazards – <i>“These sources may include, but are not limited to, Quality Assessment and Assurance (QAA) activities, environmental rounds, MDS/CAAs data, medical history and physical exam, facility assessment”</i></p> <p>Physical Plant Hazards – <i>“facility responsibilities regarding the facility’s physical environment.”</i></p>
<p>F695</p>	<p>Respiratory Care</p> <p><i>“Based upon its facility assessment, the resident population, diagnosis, staffing, resources and staff skills/knowledge, the facility must determine whether it has the capability and capacity to provide the needed respiratory care/services for a resident with a respiratory diagnosis or syndrome that requires specialized respiratory care and/or services. This includes at a minimum, sufficient numbers of qualified professional staff, established resident care policies and staff trained and knowledgeable in respiratory care before admitting a resident that requires those services.”</i></p>
<p>F715</p>	<p>Physician delegation of writing order – Dietary and Therapist</p> <p><i>“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).”</i></p> <p><i>“noncompliance – will need to refer to facility assessment...”</i></p>
<p>F725</p>	<p>Nursing Services and Sufficient Staff</p> <p><i>“§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</i></p>



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	<p><i>considering the number, acuity and diagnoses of the facility’s resident population in accordance with the facility assessment required at §483.70(e).”</i></p> <p><i>“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.”</i></p> <p><i>“assessment of the resident population is the foundation of the facility assessment and determination of the level of sufficient staff needed. It must include an evaluation of diseases, conditions, physical, functional or cognitive limitations of the resident population’s, acuity (the level of severity of residents’ illnesses, physical, mental and cognitive limitations and conditions) and any other pertinent information about the residents that may affect the services the facility must provide. The assessment of the resident population should drive staffing decisions and inform the facility about what skills and competencies staff must possess in order to deliver the necessary care required by the residents being served.”</i></p> <p><i>“Does the facility assessment describe the type and level of staff required to meet each resident’s needs as required under 483.70(e). Does the type and level of the staff onsite reflect the expectations described in the facility assessment”</i></p>
<p>F726</p>	<p>Competent Nursing Staff</p> <p><i>“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).”</i></p> <p><i>“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.</i></p>



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	<p><i>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.”</i></p> <p><i>“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.”</i></p> <p><i>“However, through the facility assessment (483.70(e)), facilities are required to address the staff competencies that are necessary to provide the level and types of care needed for 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. Furthermore, per §483.95, facilities must determine the amount and types of training based on the facility assessment.”</i></p> <p><i>“Does the facility assessment describe the type of competencies required to meet each resident’s needs as required under §483.70(e). Do the competencies of the staff reflect the expectations described in the facility assessment?”</i></p>
<p>F741</p>	<p>Sufficient/Competent Staff-Behav Health Needs</p> <p><i>“§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),”</i></p> <p><i>“GUIDANCE §483.40(a), (a)(1) & (a)(2) Sufficient Staff to Provide Behavioral Health Care and Services The facility must address in its facility assessment under §483.70(e) (F838), the behavioral health needs that can be met and the numbers and types of staff needed to meet these needs.”</i></p>
<p>F742</p>	<p>*Treatment/Svc for Mental/Psychosocial Concerns (Phase III)</p> <p><i>“A facility must determine through its facility assessment what types of behavioral health services it may be able to provide.”</i></p>



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F801	<p>Staffing – Quality Dietary Staff</p> <p><i>“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)”</i></p>
F802	<p>Sufficient Dietary Support Personnel</p> <p><i>“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).”</i></p>
F803	<p>Menus Meet Res Needs/Prep in Advance/Followed</p> <p><i>“Periodically” means that a facility should update its menus to accommodate their changing resident population or resident needs as determined by their facility assessment. See F838. This includes ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.”</i></p>
F837	<p>Governing Body</p> <p><i>“How the administrator and the governing body are involved with the facility wide assessment in §483.70(e) Facility assessment at F838.”</i></p>
F838	<p>Facility Assessment</p> <p>See https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Survey-and-Cert-Memo-Revision-SOM-Appendix-PP-Phase-2.pdf</p>
F841	<p>Medical Director</p> <p><i>“His/her participation or involvement in conducting the Facility Assessment and the Quality Assessment and Assurance (QAA) Committee.”</i></p>



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F865	<p>QAPI</p> <p><i>“Each nursing home, including facilities which are a part of a multi-chain organization, should tailor its QAPI plan to reflect the specific units, programs, departments, and unique population it serves, as identified in its facility assessment.”</i></p>
F866	<p>*QAPI/QAA Data Collection and Monitoring</p> <p><i>“Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.70(e) and including how such information will be used to develop and monitor performance indicators.”</i></p> <p><i>“As part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e).”</i></p>
F880	<p>Infection Control</p> <p><i>“A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e)”</i></p> <p><i>“The Infection Prevention and Control Program must include the following parts:</i></p> <p><i>A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases that:</i></p> <ul style="list-style-type: none"> <i>o Covers all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement;</i> <i>o Is based on the individual facility assessment;</i> <i>o Follows accepted national standards; “</i> <p>“FACILITY ASSESSMENT</p> <p><i>Pursuant to §483.70(e) (F838), 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</i></p>



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	<p><i>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. The facility assessment must address or include a facility-based and community-based risk assessment, utilizing an all-hazards approach. See §483.70(e) (F838) for guidance on the facility assessment. The results of the facility assessment must be used, in part, to establish and update the IPCP, its policies and/or protocols to include a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for residents, staff, and visitors.”</i></p> <p><i>“As necessary, and at least annually, review and revision of the IPCP based upon the facility assessment (according to 483.70(e)) which includes any facility and community risk;”</i></p> <p><i>“Wound care, fecal/urinary incontinence care, and skin care. Since the IPCP must be based on the facility assessment, the presence of certain resident conditions would require that the facility have policies and procedures related to other specific services such as mechanical ventilation, infusion therapy, and/or dialysis either onsite or at an offsite dialysis facility;”</i></p> <p><i>“The facility must establish a system for surveillance based upon national standards of practice and the facility assessment, including the resident population and the services and care provided.”</i></p> <p><i>“The facility’s IPCP and its standards, policies and procedures must be reviewed at least annually to ensure effectiveness and that they are in accordance with current standards of practice for preventing and controlling infections; the IPCP must be updated as necessary. In addition, the facility population and characteristics may change over time, and the facility assessment may identify components of the IPCP that must be changed accordingly.”</i></p>
F940	<p>Training Requirements</p> <p><i>“A facility must determine the amount and types of training necessary based on a facility assessment as specified at § 483.70(e).”</i></p>
F943	<p>Abuse, Neglect, and Exploitation Training</p> <p><i>“All facilities must develop, implement and permanently maintain an effective training program for all staff, which includes, at a minimum, training on abuse, neglect, exploitation, misappropriation of resident property, and</i></p>



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	<p><i>dementia management, that is appropriate and effective, as determined by staff need and the facility assessment (as specified at §483.70(e)).</i></p> <p><i>“Changes to the facility’s resident population, staff turnover, the facility’s physical environment, and modifications to the facility assessment may necessitate ongoing revisions to the facility’s training program.”</i></p>
<p>F947</p>	<p>Required In-Service Training for Nurse Aides</p> <p><i>“Address areas of weakness as determined in nurse aides’ performance reviews and facility assessment at § 483.70(e) and may address the special needs of residents as determined by the facility staff”</i></p> <p><i>“All facilities must develop, implement and permanently maintain an in-service training program for nurse aides that is appropriate and effective, as determined by nurse aide evaluation or the facility assessment as specified at §483.70(e). Changes to the facility’s resident population, the facility’s physical environment, staff turnover, and modifications to the facility assessment may necessitate ongoing revisions to the facility’s training program.”</i></p> <p><i>“The adequacy of the in-service education program may be measured not only by documentation of hours of completed in-service education, but also by demonstrated competencies of nurse aide staff through written exam and/or in consistently applying the interventions necessary to meet residents’ needs as identified in the facility assessment. Observations of nurse aides that indicate deficiencies in their nurse aide skills may be the result of an inadequate training program and/or inadequate performance review.”</i></p>
<p>F949</p>	<p>Behavioral Health</p> <p><i>“A facility must provide behavioral health training consistent with the requirements at §483.40 and as determined by the facility assessment at §483.70(e).”</i></p>