

Developing Your Facility Assessment: Essential Components

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§483.70 (e) Facility Assessment states a facility must conduct and document a facility-wide assessment to define what resources are necessary to care for its resident competently during day-to-day operations and emergencies. This assessment must include the following:

- The number of residents, and the facility's capacity (i.e. the number of residents the facility is licensed to care for)
- Specific sub-populations of residents that require special care considerations
 - Disease types (example: number of diabetics who require insulin and glucose monitoring)
 - Physical or cognitive disabilities (example: the number who have Alzheimer's or related dementias)
 - Specific clinical care needs (example trach patients or intubated patients)
 - Any sub-population that may require special staff training, equipment or physical environment (example; bariatric patients)
- Staff competencies that are required to provide the level and scope of care needed. These competencies should be listed by profession and by specific population type.
- The physical environment, equipment, services and other physical plant considerations that are necessary to care for the resident population (example: wider doors for bariatric wheelchairs, continuous flow oxygen for respiratory patients)
- Any ethnic, cultural or religious factors that may affect care provided (example: a kosher kitchen serving a primarily Jewish population)
- Listing of all buildings and/or other physical structures and vehicles used for resident services – as well as environmental factors that impact resident care (example: ramps between units, elevators between resident floors)
- An inventory of all equipment – both medical and non-medical. This would include such things as beds, bed rails, mechanical lifts, IV pumps, etc. In addition to the inventory – the assessment should include inspection reports and schedules of regular maintenance

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- All services provided such as therapies, pharmacy, dialysis, etc.
- All personnel – including their education, training, competencies, and when assessed
 - Managers
 - Staff (both employees and those under contract)
 - Volunteers
- All contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies. This would include such things as laboratory and radiology service contracts, outside vendors for food, transportation, medical and personal care supplies.
- Health information technology resources, such as electronic medical records and other resources for electronically sharing information with other organizations.
- A facility-based and community-based risk assessment, utilizing an all-hazard approach. This is to identify the ability to secure needed supplies and resources during an emergency or natural disaster.

This facility assessment must be completed annually, or when “significant” changes to the resident population occur. For example, if the facility has never before admitted a resident with a tracheostomy, but have a new referral. Can they assure they have needed equipment (example: suctioning at the bedside), adequate staff (including training and demonstrated competencies to care for a resident with a tracheostomy), or other services (respiratory therapy) to meet the resident’s needs?

The facility assessment should be linked to other programs – such as QAPI, Antibiotic Stewardship and Infection Control.

The facility assessment should be a snapshot of the acuity of the resident population. But it is NOT the same as an individual care plan for a resident. For example; if an individual has a high risk of falls – that risk is incorporated into that resident’s care plan. However, a facility assessment might identify physical environmental issues (ramps, dark halls, etc) that contribute to a fall risk.

The facility assessment must be unique and specific to the individual facility – and not generated at the corporate level, although facilities may include input from their corporate organizations.

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The facility assessment must be used as the basis to determine adequate staffing, both in terms of numbers and qualifications.

At a minimum, the following individuals should participate in the facility assessment: Administration, Director of Nursing Services, Medical Director, a representative of the governing body, and the environmental operations manager. Other department heads should be included as needed, and as much as possible, facilities should seek input from residents and families.

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