**Dementia Care**

**Competency**

General Information

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Most persons diagnosed with Alzheimer’s disease or other dementias live in the community. Family caregivers typically seek nursing facility care when the burdens of physical care and behavioral care become too demanding, and safety cannot be assured.

The Centers for Disease Control and Prevention (CDC) indicates, “Of those at least 65 years of age, there is an estimated 5.0 million adults with dementia in 2014 and projected to be nearly 14 million by 2060.”1

The Centers for Medicare & Medicaid Services (CMS) indicates for F744 Dementia Care: “A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.”2

**Definitions**

**“Dementia** is a general term that describes a wide range of symptoms associated with a decline in memory or other thinking skills, including judgement, reasoning and complex motor skills.  Though there are different types of dementia-related illnesses, Alzheimer’s disease is the most common in persons aged 65 and older, and accounts for 60 to 80 percent of cases.  Other types of dementia include vascular dementia, Lewy Body dementia (LBD, an umbrella term that refers to both Parkinson’s disease dementia and dementia with Lewy bodies), frontotemporal dementia, and alcohol-induced dementia.  Dementia-related illnesses, such as Alzheimer’s disease, are NOT part of normal aging.”1

**“Highest practicable physical, mental, and psychosocial well-being”** is defined as the highest possible level of functioning and well-being, limited by the individual’s recognized pathology and normal aging process. Highest practicable is determined through the comprehensive resident assessment and by recognizing and competently and thoroughly addressing the physical, mental or psychosocial needs of the individual.”2

“Providing care for residents living with dementia is an integral part of the person-centered environment, which is necessary to support a high quality of life with meaningful relationships and engagement. Fundamental principles of care for persons living with dementia involve an interdisciplinary approach that focuses holistically on the needs of the resident living with dementia, as well as the needs of the other residents in the nursing home. Additionally, it includes qualified staff that demonstrate the competencies and skills to support residents through the implementation of individualized approaches to care (including direct care and activities) that are directed toward understanding, preventing, relieving, and/or accommodating a resident’s distress or loss of abilities.”2

**Required Dementia Services**

CMS indicates that the facility must provide dementia treatment and services that include:

* “Ensuring adequate medical care, diagnosis, and supports based on diagnosis;
* Ensuring that the necessary care and services are person-centered and reflect the resident’s goals, while maximizing the resident’s dignity, autonomy, privacy, socialization, independence, choice, and safety; and
* Utilizing individualized, non-pharmacological approaches to care (e.g., purposeful and meaningful activities). Meaningful activities are those that address the resident’s customary routines, interests, preferences, and choices to enhance the resident’s well-being.”2

**Staff Competencies in Dementia Care**

Key competencies in Dementia Care include the following:

* “Assess resident treatment and service needs through the Resident Assessment Instrument (RAI) process;
* Identify, address, and/or obtain necessary services for the dementia care needs of residents;
* Develop and implement person-centered care plans that include and support the dementia care needs, identified in the comprehensive assessment;
* Develop individualized interventions related to the resident’s symptomology and rate of progression (*e.g.,* providing verbal, behavioral, or environmental prompts to assist a resident with dementia in the completion of specific tasks);
* Review and revise care plans that have not been effective and/or when the resident has a change in condition;
* Modify the environment to accommodate resident care needs; or
* Achieve expected improvements or maintain the expected stable rate of decline”2

**Suggested Competencies for Staff**

Licensed Nurses

* Alzheimer’s disease and dementias
* Person-centered care
* Assessment and care planning
* MDS 3.0
	+ Section C. Cognitive Patterns
	+ Section D. Mood
	+ Section E. Behavior
	+ Section F. Activities
	+ Section G. ADLs
	+ Care Area Assessments – Psychosocial Well-Being, Mood State, ADLs, and Behavioral Symptoms
* Dementia-related behaviors
* Psychoactive medication management
* Non-pharmacologic behavioral interventions
* Communication
* Documentation

CNAs

* Knowledge of dementia disorders
* Person-centered care
* Care interactions
* Enriching the person’s life
* Understanding behaviors
* Interacting with families
* Self-care
* Communication
* Documentation

**Tag Reference General Information**

 F550 Resident Rights/Exercise of Rights

F553 Right to Participate in Planning Care

 F580 Notify of Changes (Injury/Decline/Room)

 F600 Freedom from Abuse, Neglect, and Exploitation

 F605 Right to Be Free of Chemical Restraints

F620 Admissions Policy

F636 Comprehensive Assessments and Timing

F637 Comprehensive Assessments After Significant Changes

F641 Accuracy of Assessments

F655 Baseline Care Plan

F656 Develop/Implement Comprehensive Care Plan

F657 Care Plan Timeline and Revision

F658 Services Provided Meet Professional Standards

F659 Qualified Persons

F677 ADL Care Provided for Dependent Residents

F679 Activities

F675 Quality of Life

F684 Quality of Care

F689 Accidents

F690 Incontinence

F692 Nutrition and hydration

F697 Pain Management

F700 Bed Rails

F710 Resident’s Care Supervised by a Physician

F715 Physician Delegation to Dietician

F725 Sufficient Nursing Staff

F726 Competent Nursing Staff

F727 RN 8 Hours/7 Days/Week, Full Time DON

F728 Facility Hiring and Use of Nurse

F729 Nurse Aide Registry Verification, Retraining

F730 Nurse Aide Performance Review – 12 hours/Year In-Service

F731 Waiver-Licensed Nurses 24 Hour/Day and RN Coverage

F732 Posted Nurse Staffing Information

F740 Behavioral Health Services

F741 Sufficient/Competent Staff – Behavioral Health Needs

F742 Treatment/Services for Mental/Psychosocial Concerns

F743 No Pattern of Behavioral Difficulties Unless Unavoidable

F744 Treatment Services for Dementia

F745 Provision of Medically Related Social Services

F756 Drug Regimen Review, Report Irregularities, Act On

F757 Drug Regimen Is Free from Unnecessary Drugs

F758 Free from Unnecessary Psychotropic Meds/PRN Use

F760 Significant Medication Errors

F838 Facility Assessment

F839 Staff Qualifications

F841 Medical Director

F880 Infection Prevention and Control

F881 Antibiotic Stewardship

F940 Training Requirements

F940 Training Requirements – Communication

F943 Training Requirements – Abuse, neglect, and exploitation

F947 Training Requirements – Nurse Aide 12-hours

F949 Training Requirements – Behavior Health

**Link to Critical Element Pathway**

LTC Survey Pathways (Download) CMS 20133 Dementia Care Critical Element Pathway

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes.html>

**References**

1Centers for Disease Control and Prevention. Alzheimer’s Disease and Healthy Aging. What is Dementia? Page last reviewed: April 5, 2019: <https://www.cdc.gov/aging/dementia/index.html>

2Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy 6/29/22: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>

LTC Survey Pathways (Download) CMS 20133 Dementia Care Critical Element Pathway

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes.html>

Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

**Suggestions for Resources/Data to Support Competency for Dementia Care**

CMS Hand In Hand: A Training Series for Nursing Homes

<https://qsep.cms.gov/pubs/HandinHand.aspx>

Alzheimer’s Association: Dementia Care Training Resources

<https://www.alz.org/help-support/resources/care-training-resources>

Dementia Care Practice Recommendations (2018)

<https://alz.org/professionals/professional-providers/dementia_care_practice_recommendations>

A Guide to Quality Care from the Perspective of People Living with Dementia

<https://www.alz.org/getmedia/a6b80947-18cb-4daf-91e4-7f4c52d598fd/quality-care-person-living-with-dementia>

National Council of Certified Dementia Practitioners

[www.nccdp.org](http://www.nccdp.org)

The Best Friends™ Approach to Dementia Care

<https://bestfriends.healthpropress.com/>

Quality Improvement Organizations. Dementia Care & Psychotropic Medications: Create Improvement: <https://qioprogram.org/dementia-care-psychotropic-medications-create-improvement>

Pioneer Network

<https://www.pioneernetwork.net/>

Alzheimer’s Disease & Related Dementias. Education and Referral Center

<https://www.nia.nih.gov/health/alzheimers>

Centers for Disease Control. Alzheimer Disease

<https://www.cdc.gov/nchs/fastats/alzheimers.htm>

Systematic Review: Nonpharmacologic Interventions for Agitation and Aggression in Dementia. Content last reviewed December 2019. Effective Health Care Program, Agency for Healthcare Research and Quality, Rockville, MD. <https://effectivehealthcare.ahrq.gov/products/dementia-agitation-aggression/research>