**Dementia Care**

**Competency**

Suggested Implementation Checklist

**Suggested Implementation Checklist: Dementia Care**

| **Regulation** | **Recommended Action** |
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| **F744 §483.40(b)(3)**  “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.”1  “The facility must provide dementia treatment and services which may include, but are not limited to, the following:  • 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.”1 | * Develop a training plan for designated staff regarding Dementia Care. * Incorporate above training into orientation and annual in-service calendar. * Provide training and resources for management level nursing staff regarding supervision and monitoring for compliance related to Dementia Care policies and procedures; *e.g.,* CMS-20133 “Dementia Care Critical Element Pathway.” * Initiate/Review all licensed nurses’, social services staff’s, activities/therapeutic recreation staff’s, and CNAs’ education files for Dementia Care training and areas of weakness in this area as determined in performance reviews. * Review Quality Measures associated with psychoactive medication usage. * Review hospitalizations associated with behavioral health conditions. * Review past survey citations related to Dementia Care. |
| **F838 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.”1  **“**The facility’s resident population, including, but not limited to,   1. Both the number of residents and the facility’s resident capacity; 2. 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; 3. The staff competencies that are necessary to provide the level and types of care needed for the resident population; 4. The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and   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.”1 | * Review/Update Facility-Wide Resource Assessment regarding census, acuity, and diagnoses of the facility’s resident population. * Review/Update Facility-Wide Resource Assessment regarding nursing staff on a 24-hour basis including mix of RNs, LPNs/LVNs, CNAs; 8 hours RN 7 days per week; full time Director of Nursing. * Review/Update Facility-Wide Resource Assessment regarding specialty unit; *e.g.,* dementia, *etc.* and associated staffing. * Review/Update Facility-Wide Resource Assessment regarding licensed nurses’ competencies and skill sets and CNAs’ competencies and skill sets. |
| **F741 §483.40(a)**  “The facility must have sufficient staff who provide direct services to residents 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 §483.70(e). These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:  §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), and [as linked to history of trauma and/or post-traumatic stress disorder, will be implemented beginning November 28, 2019 (Phase 3)]  §483.40(a)(2) Implementing non-pharmacological interventions.  **INTENT** §483.40(a), (a)(1) & (a)(2)  The intent of this requirement is to ensure that the facility has sufficient staff members who possess the basic competencies and skills sets to meet the behavioral health needs of residents for whom the facility has assessed and developed care plans. The facility must consider the acuity of the population and its assessment in accordance with §483.70(e). This includes residents with mental disorders, psychosocial disorders, or substance use disorders (SUDs), and those with a history of trauma and/or post-traumatic stress disorder (PTSD), as reflected in the facility assessment. Facility staff members must implement person-centered care approaches designed to meet the individual goals and needs of each resident. Additionally, for residents with behavioral health needs, nonpharmacological interventions must be developed and implemented.”1 | * Review facility assessment to identify if behavioral health needs have been addressed to determine the numbers and types of staff are necessary to meet the behavioral health needs of the residents * Review and revise as necessary, education and competency verification to be able to work effectively with residents with and without mental disorders, psychosocial disorders, SUDs, a history of trauma, and/or PTSD, to include:   + Communication and interpersonal skills;   + Promoting residents' independence;   + Respecting residents' rights;   + Caring for the residents' environment;   + Mental health and social service needs; and   + Care of cognitively impaired residents. * Review and revise all staff (IDT) education related to communication, resident rights, meaningful activities, person-centered care, daily routines, preferences and choices, underlying causes and triggers, non-pharmacological approaches, etc. |
| **F580 Notification of Changes**  “(i) A facility must immediately inform the resident; consult with the resident’s physician; and notify, consistent with his or her authority, the resident representative(s) when there is—   1. An accident involving the resident which results in injury and has the potential for requiring physician intervention; 2. A significant change in the resident’s physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); 3. A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or 4. A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii)   When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician”1 | * Review facility protocol for staff identifying changes in resident condition   + Review education provided related to identification, evaluation, management, notification, documentation, and follow-up with resident that has a change in condition |
| **F636 §483.20 Resident Assessment**  “The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident’s functional capacity.”  Note: Recommended Actions also address the following related Resident Assessments Requirements of Participation:  F637 Comprehensive Assessment after Significant Change  F641 Accuracy of Assessments  Note: Carry out the Recommended Actions associated with this Regulation if QAPI activities indicate issues with the resident assessment process. | * Review policies, procedures, and practices related to the comprehensive assessment process. * Develop a training plan for IDT members for conducting a comprehensive assessment. * Incorporate above training into orientation. * Provide training and resources for management level staff regarding supervision and monitoring for compliance related to the comprehensive assessment process * Utilize QAPI for root cause analysis and performance improvement projects. |
| **F656 §483.21(b) Comprehensive Care Plans**  §483.21(b)(1) “The facility must develop and implement a comprehensive person centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following —   1. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and 2. (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). 3. (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident’s medical record. 4. (iv)In consultation with the resident and the resident’s representative(s)— (A) The resident’s goals for admission and desired outcomes.   (B) The resident’s preference and potential for future discharge. Facilities must document whether the resident’s desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.  (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.  §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must— (iii) Be culturally-competent and trauma–informed.1  Note: Recommended Actions also address the following related Comprehensive Resident Centered Care Plans Requirements of Participation:  F550 Resident Rights/Exercise of Rights  F553 Right to Participate in Planning Care  F657 Care Plan Timing and Revision  F658 Services Provided Meet Professional Standards  F659 Qualified Persons  Note: Carry out the Recommended Actions associated with this Regulation if QAPI activities indicate issues with the comprehensive care plan process. | * Review policies, procedures, and practices related to the comprehensive care plan process. * Develop a training plan for IDT members for the comprehensive care plan process. * Incorporate above training into orientation. * Provide training and resources for management level staff regarding supervision and monitoring for compliance related to the comprehensive care plan process * Utilize QAPI for root cause analysis and performance improvement projects. |
| **F600 Free from Abuse, Neglect, and Exploitation**  “The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident’s medical symptoms.”1  Note: Recommended Actions also address the following related Freedom from Abuse, Neglect, and Exploitation Requirements of Participation:  F606 Not Employ/Engage Staff with Adverse Actions  F607 Develop/Implement Abuse/Neglect *etc.* Policies  F608 Reporting of Reasonable Suspicion of a Crime  F609 Reporting of Alleged Violations  F610 Investigate/Prevent/Correct Alleged Violation | * Initiate/Review all licensed nurses’ and CNAs’ education files for abuse prevention training, and areas of weakness as determined in performance reviews. |
| **F605 Right to be Free of Chemical Restraints**  “§483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:  §483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2).  §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident’s medical symptoms.  §483.12(a) The facility must—  §483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident’s medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.”1 | * Review and revise as necessary policies and procedures related to chemical restraints to prohibit the use for discipline or convenience and when not required to treat a medical symptom(s). Chemical restraints should only be used to treat a medical symptom using the least restrictive alternative for the least amount of time, provide ongoing re-evaluation of the need for the medication and not use the medication for discipline or convenience. * Provide education for all nurses upon hire and at least annually on the facility chemical restraint policy and procedure * Monitor the use of chemical restraints for compliance * Utilize QAPI for root cause analysis and performance improvement projects. |
| **F725 §483.35 Nursing Services**  **§483.35(a) Sufficient Staff.**  “The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:   1. Except when waived under paragraph (e) of this section, licensed nurses; and 2. Other nursing personnel, including but not limited to nurse aides.   §483.35(a)(2) Except when waived under paragraph [(e)] of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.”1  **“**Compliance with State staffing standards is not necessarily determinative of compliance with Federal staffing standards that require a sufficient number of staff to meet all of the residents’ basic and individualized care needs. A facility may meet a state’s minimum staffing ratio requirement, and still need more staff to meet the needs of its residents. Additionally, the facility is required to provide licensed nursing staff 24 hours a day, 7 days a week.”1 | * Review daily staffing to identify sufficient numbers based upon the resident’s care needs to include:   + Licensed nurses on all shifts   + RN staff available when indicated based upon scope of practice procedures   + Adequate direct care staff to meet the needs of the residents * Review PBJ staffing data submitted via the CASPER reporting system and correlate information with facility assessment to validate staffing numbers * Interview direct care staff to identify if staff feel that they have enough time to provide direct services to residents * Interview nurses to identify if they have enough time to assist and monitor the CNAs that they are responsible for * Interview and/or review resident/resident representative reports regarding care provided * Audit key areas to determine potential sufficient staffing concerns:   + Call light response times   + Device use to identify if staff are using devices to compensate for staffing concerns   + Audit residents identified at risk of wandering for compliance with care planned interventions * Initiate/Review all licensed nurses’ personnel files for current status of state license and all CNAs’ personnel files for current status on registry. * Review complaint survey citations related to Dementia Care competency. |
| **F745 Provision of Medically Related Social Services**  **“**The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.”1 | * Review medically related social services to identify if services assist the residents in attaining or maintaining their mental and psychosocial health |
| **F677 §483.24(a)(2) ADL Care Provided for Dependent Residents**  “A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.”  Note: Carry out the Recommended Actions associated with this Regulation if QAPI activities indicate issues with the provision of ADL care for dependent residents. | * Review policies, procedures, and practices related to the provision of ADL care for dependent residents. * Utilize QAPI for root cause analysis and performance improvement projects. * Develop a training plan for licensed nurses and CNAs for the provision of ADL care for dependent residents. * Incorporate above training into orientation. * Provide training and resources for management level nursing staff regarding supervision and monitoring for compliance related to the provision of ADL care for dependent residents. |
| **F679 Activities**  **“**The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.”1  **“**Activity Approaches for Residents with Dementia All residents have a need for engagement in meaningful activities. For residents with dementia, the lack of engaging activities can cause boredom, loneliness and frustration, resulting in distress and agitation. Activities must be individualized and customized based on the resident’s previous lifestyle (occupation, family, hobbies), preferences and comforts.”1 | * Review resident records for residents with Dementia to identify if activities are individualized and customized based upon resident’s previous lifestyle * Educate all activity employees on following the person-centered care plans |
| **F684 §483.25 Quality of Care**  “Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents’ choices.”1 | * Review policies, procedures, and practices related to the provision of the specific Quality of Care requirement. * Develop a training plan for licensed nurses and CNAs for the provision of the specific Quality of Care requirement to identify services that need to be provided for residents to attain or maintain their highest level of functioning. * Incorporate above training into orientation. * Provide training and resources for management level nursing staff regarding supervision and monitoring for compliance related to the provision of the specific Quality of Care requirement. |
| **F689 Accidents**  “The facility must ensure that –  §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.”1 | * Provide education for all staff related to accident prevention with care of the resident with dementia   + Identification of hazards and risks   + Evaluation and analyzing hazards and risks   + Implementation of individualized interventions to reduce hazards and risks   + Monitor for effectiveness   + Modify interventions as necessary |
| **F692 Nutrition and Hydration**  “Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident’s clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;  §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;  §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.”1 | * Provide education for all caregivers related to the nutrition and hydration needs for a resident with dementia:   + Assessment   + Care Plan   + Implementation of individualized interventions   + How to handle meal refusals   + Nutrition approaches for residents who wander   + Documentation   + Supplements   + Modification of interventions as necessary |
| **F697 Pain Management**  “The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents’ goals and preferences.”1 | * Provide education to all caregivers regarding recognition and management of pain for residents with dementia |
| **F730 Regular in-service education**  “The facility must complete a performance review of every nurse aide at least once every 12 months and must provide regular in-service education based on the outcome of these reviews.”1 | * Review a sample of CNA personnel files   + Determine if topics of education provided are based upon performance reviews * Determine if each nurse aide has received at least twelve (12) hours of in-service each year |
| **F757 Drug Regimen is Free from Unnecessary Drugs**  “Each resident’s drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used—  §483.45(d)(1) In excessive dose (including duplicate drug therapy); or  §483.45(d)(2) For excessive duration; or  §483.45(d)(3) Without adequate monitoring; or §  483.45(d)(4) Without adequate indications for its use; or  §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.”1 | * Review and revise facility policy and procedure on unnecessary drugs * Provide education for all nurses on the facility unnecessary drug policy and procedure |
| **F758 Free from Unnecessary Psychotropic Meds/PRN use**  “A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:   1. Anti-psychotic; 2. Anti-depressant; 3. Anti-anxiety; and 4. Hypnotic.   §483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that—  §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;  §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;  §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and  §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in  §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident’s medical record and indicate the duration for the PRN order.  §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.”1 | * Review and revise, if necessary, the facility policy and procedures related to psychotropic drug use, including PRN use. * Educate all nurses upon hire and at least annually related to the facility psychotropic drug policy and procedure * Review resident records for resident’s with dementia for appropriate psychotropic use, consistent with the regulations |
| **F880 Infection Prevention and Control**  “The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.”1 | * Educate all staff and the interdisciplinary team about the Infection Prevention and Control Policies and Procedures |
| **F940 Training Requirements**  “A facility must develop, implement, and maintain an effective training program for all new and existing staff; individuals providing services under a contractual arrangement; and volunteers, consistent with their expected roles. A facility must determine the amount and types of training necessary based on a facility assessment”1 | * Review and revise as necessary, all facility training programs at least annually or with changes in guidance or standards of care * Educate all staff when any changes in educational programs are made, upon hire and at least annually |
| **F943 Abuse, Neglect, and Exploitation Training**  **“**In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on—  §483.95(c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12.  §483.95(c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property.  §483.95(c)(3) Dementia management and resident abuse prevention.”1 | * Initiate/Review all licensed nurses’ and CNAs’ education files for dementia training, abuse prevention training, and areas of weakness as determined in performance reviews. |
| **F947 Required In-Service Training for Nurse Aides**  **“**§483.95(g)(1) Be sufficient to ensure the continuing competence of nurse aides but must be no less than 12 hours per year.  §483.95(g)(2) Include dementia management training and resident abuse prevention training.  §483.95(g)(3) 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.  §483.95(g)(4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.1 | * Determine if each nurse aide has received at least twelve (12) hours of in-service each year   + Review annual performance review to identify if content of education includes opportunities for improvement identified * Initiate/Review all licensed nurses’ and CNAs’ education files for dementia training, abuse prevention training, and areas of weakness as determined in performance reviews |
| **F949 Behavioral Health Training**  “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).  §483.95 Training Requirements.  Training topics must include but are not limited to—  §483.95(i) Behavioral health. 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).  **GUIDANCE §483.95(i)**  All facilities must develop, implement, and maintain an effective training program for all staff, which includes, at a minimum, training on behavioral health care and services (consistent with §483.40) that is appropriate and effective, as determined by staff need and the facility assessment (as specified at §483.70(e)). For the purposes of this training requirement, staff includes all facility staff, (direct and indirect care functions), contracted staff, and volunteers (training topics as appropriate to role).  Changes to the facility’s resident population, staff turnover, the facility’s physical environment, and modifications to the facility assessment may require ongoing revisions to the facility’s training program.” | * Review and revise as necessary all behavioral health training programs * Update education with regulatory or best practice changes * Provide education with a process for evidence of competency to all staff upon hire, at least annually and with any changes to the program |

**References and Resources**

1Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy, 2022: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>

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>

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

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