**Person-Centered Care**

**Competency**

Suggested Implementation Checklist

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| **Regulation** | **Recommended Actions:** |
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| **F553 Right to Participate in Plan of Care**  §483.10(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to:   1. The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care. 2. The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care. 3. The right to be informed, in advance, of changes to the plan of care. (iv) The right to receive the services and/or items included in the plan of care. (v) The right to see the care plan, including the right to sign after significant changes to the plan of care.”[[1]](#footnote-1)   “§483.10(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must—   1. Facilitate the inclusion of the resident and/or resident representative. 2. Include an assessment of the resident’s strengths and needs. 3. Incorporate the resident’s personal and cultural preferences in developing goals of care.” | * Review and Revise facility policy and procedure to include the focus on the resident as the center of control and supporting the resident in decision making:   + Participation in planning   + Right to request meetings   + Right to request revisions   + How resident/resident representative will be informed of any changes   + Process to review the care plan and sign after significant changes   + Process for cultural preferences * Interdisciplinary team education on:   + Resident/resident representative involvement in care planning   + Accommodation of meeting times   + Interpersonal strategies for addressing resident or resident representative concerns   + How to provide education to the resident on risks/benefits of treatments or refusals   + Documentation and communication to the IDT regarding resident preferences and choices for care as indicated in the person-centered care plan |
| **F563 §483.10(f)(4) Visitation -**The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident’s right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. (ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident’s right to deny or withdraw consent at any time; (iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident’s right to deny or withdraw consent at any time; (iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident’s right to deny or withdraw consent at any time; and (v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to  place on such rights and the reasons for the clinical or safety restriction or limitation. | * Review Visitation policies and procedures to align with current guidance - Visitation should be person-centered, consider the residents’ physical, mental, and psychosocial well-being, and support their quality of life. * Educate staff on revised visitation guidance in alignment with the new guidance – person centered as well as visitation during communicable disease outbreak. |
| **F584 -** §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. | * Review admissions policy regarding promoting the use of personal possessions and maintaining a person-centered homelike environment * Review environmental services policies related to homelike environment * Educate staff on person centered home-like environment. |
| **F604- Physical or Chemical Restraints**  §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. | * Review policies and procedures related to assessment and use of restraints including bedrails, devices – utilizing a person-centered approach when determining the use of assessed devices. * Educate staff of identified choices and preferences to be followed while interacting with the resident and providing care |
| **F655 Comprehensive Person-Centered Care Planning and Baseline Care Plans**  **§483.21(a)(1)** “The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must—   1. Be developed within 48 hours of a resident’s admission. 2. Include the minimum healthcare information necessary to properly care for a resident including, but not limited to—  * Initial goals based on admission orders. * Physician orders. * Dietary orders. * Therapy services. * Social services. * PASARR recommendation, if applicable.”[[2]](#footnote-2)   Person-centered care means the facility focuses on the resident as the center of control and supports each resident in making his or her own choices. Person-centered care includes making an effort to understand what each resident is communicating, verbally and nonverbally, identifying what is important to each resident with regard to daily routines and preferred activities, and having an understanding of the resident’s life before coming to reside in the nursing home. | * Observe and Interview residents during the intake process to identify individualized goals, needs, and preferences to be included in development of the baseline care plan are determined. * Educate staff of identified choices and preferences to be followed while interacting with the resident and providing care * Provide the resident/family with a summary of the baseline care plan and review with them to make adjustments as needed to ensure preferences are included * Complete record audit: summary provided, baseline care plan within 48 hours, documentation of resident preferences in record and care directives |
| **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 — (i) 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 (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). (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. (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.”  Each resident will have a person-centered comprehensive care plan developed and implemented to meet his other preferences and goals, and address the resident’s medical, physical, mental and psychosocial needs.” | * Review and revise comprehensive person-centered care plan policy and procedure to include current definitions related to culture, cultural competency and trauma informed care with respect to person-centered care. * Educate staff on new definitions, corresponding policies and programs as well as their respective roles and responsibilities. * Use observations, interactions with resident, and resident expressed goals and preferences in development of the comprehensive care plan * Educate staff of individualized approaches to be used while providing care and services to meet resident preferences * Identify alternative processes to be used in the case of resident refusal and inform the care team. Document * Through observation, record audit, and interviews identify effectiveness of the approaches used and involve the resident/family in updates when needed. |
| **F636 Comprehensive Assessments and Timing**  **Resident Assessment Instrument**. “A facility must make a comprehensive assessment of a resident’s needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS.” | * Review the Assessment and re-evaluation * Ensure training and competency with completion of the MDS 3.0 RAI process * Ensure that the resident’s preferences are included wen completing the assessment process |
| **F658: Services Provided Meet Professional Standards**  “Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must—  (i) Meet professional standards of quality.” | * Ensure training and competency: * Care Plan Development * Care Plan Evaluation and Revisions * Skills and Techniques to ensure that resident preferences and person-centered care practices are in place |
| **F 675 – Quality of Life**  § 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive, and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident’s comprehensive assessment and plan of care. | * Educate staff on the principles of quality of life, and honor and support these principles for each resident * Review organization practices and policies (department by department) to assure care and services provided are person-centered and honor and support each resident’s preferences, choices, values and beliefs |
| **F684 – Quality of Care**  § 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 | * Determine a plan to review facility polices that are applicable to resident care and service delivery to align with current guidance and best practice for person-centered care. * Review orientation program and annual training program to assure that person-centered care approach is incorporated into all training. |
| **F699 Trauma Informed Care**  §483.25(m) Trauma-informed care- The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents’ experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident. | * Review trauma informed care policies and procedures - person centered approach which are culturally-competent and account for experiences and preferences, and address the needs of trauma survivors by minimizing triggers and/or re-traumatization. * See trauma informed care resources * Educate staff on person centered approaches to care which are culturally-competent and account for experiences and preferences, and address the needs of trauma survivors by minimizing triggers and/or re-traumatization. |
| **F726 Nursing Services**  §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 well­being 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).  **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)] | * Review training and competency programs to include specific competencies related to person-centered care as outlined in Appendix PP. “Competency in skills and techniques necessary to care for residents’ needs includes but is not limited to competencies in areas such as; * Resident Rights; * **Person centered care;** * Communication; * Basic nursing skills; * Basic restorative services; * Skin and wound care; * Medication management; * Pain management; * Infection control; * Identification of changes in condition; * Cultural competency. “ |
| **F744 Dementia Care**  §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.  **“**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.” | * Review facility dementia care program policies, procedures and training reflecting that 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 * Review policies to include the implementation of person-centered non-pharmacological approaches to care |
| **F940 Training Requirements**  §483.95 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 as specified at § 483.70(e). Training topics must include but are not limited to—   * Person -centered environment * Person-centered approach to care   **“…**develop, implement, and maintain an effective training program for all staff. Appropriately trained staff can improve resident safety, create a more person-centered environment, and reduce the number of adverse events or other resident complications.”  **“**Based upon the outcome of **a facility assessment,** suggestions for additional training topics may include, but are not limited to, advance care planning, cultural competence, end-of-life care, geriatrics and gerontology (i.e., understanding of how human beings change as they grow older), substance abuse, working with young and middle-aged adults, grief and loss, interdisciplinary collaboration, **person centered care**, specialized rehabilitative therapy, trauma informed care, intellectual disability, mental disorder and quality of life and care.” | * Review training program to include competencies related to person-centered care, person-centered environment, person centered approaches to care * Review facility assessment outcomes and processes * Review orientation program for alignment with person-centered care principles and practice. |

**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 6/29/22: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>

LTC Survey Pathways (Download) Critical Element Pathways: <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>

1. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)