**Section 2**

**Implementation Checklist**

**Tool**

**Tool: Facility Assessment Implementation Guide**

To assist an individual facility in identifying all the required steps for the development and implementation of a Facility Assessment following the Requirements of Participation (RoP), the following checklist captures specific suggested action items for successful completion.

The *left* column represents the actual RoP language, and the *right* column indicates suggested leadership strategies for the successful completion and implementation of the facility assessment requirements. When preparing updated policies and procedures, it is recommended to include actual RoP language as applicable.

**Suggested Facility Assessment Checklist**

| **Regulation** | **Recommended Actions** |
| --- | --- |
| **§483.71 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 (including nights and weekends) 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**“(a) The facility assessment must address or include the following:** (1) The facility’s resident population, including, but not limited to: (i) Both the number of residents and the facility’s resident capacity; (ii) The care required by the resident population, using evidence-based, data-driven methods that consider the types of diseases, conditions, physical and behavioral health needs, cognitive disabilities, overall acuity, and other pertinent facts that are present within that population, consistent with and informed by individual resident assessments as required under § 483.20; (iii) The staff competencies and skill sets that are necessary to provide the level and types of care needed for the resident population; (iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and (v) 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 **(a) The facility assessment must address or include the following:** “(2) The facility’s resources, including but not limited to the following: (i) All buildings and/or other physical structures and vehicles; (ii) Equipment (medical and nonmedical);(iii) Services provided, such as physical therapy, pharmacy, behavioral health, and specific rehabilitation therapies; (iv) All personnel, including managers, nursing and other direct care staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;(v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and (vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.”1“(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach as required in § 483.73(a)(1).”1 “(b) In conducting the facility assessment, the facility must ensure: (1) Active involvement of the following participants in the process: (i) Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and (ii) Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and representatives of the direct care staff, if applicable. (iii) The facility must also solicit and consider input received from residents, resident representatives, and family members.”1(**c) The facility must use this facility assessment to:** (1) Inform staffing decisions to ensure that there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents’ needs as identified through resident assessments and plans of care as required in § 483.35(a)(3). (2) Consider specific staffing needs for each resident unit in the facility and adjust as necessary based on changes to its resident population. (3) Consider specific staffing needs for each shift, such as day, evening, night, and adjust as necessary based on any changes to its resident population. (4) Develop and maintain a plan to maximize recruitment and retention of direct care staff. (5) Inform contingency planning for events that do not require activation of the facility’s emergency plan, but do have the potential to affect resident care, such as, but not limited to, the availability of direct care nurse staffing or other resources needed for resident care.”1 | [ ]  Review and revise as necessary the facility assessment policy and procedure and how it is a foundation for care and service delivery direction in the organization. Define who is responsible for:* Gathering the data for the assessment based on the category or subject matter of the data within the facility assessment
* What tools/data sources will be used for the assessment completion
* Determination of data sources to be reviewed on a routine basis to determine if the assessment requires modifications
* Determination of the members of the assessment team to include at a minimum –
	+ Facility Leadership and management, for example:
		- A member of the governing body
		- Medical Director
		- Administrator
		- Director of Nursing
	+ Direct Care Employees/Staff, for example:
		- Registered Nurses
		- Licensed Practical/Vocational Nurses
		- Nurse Aides
	+ Representatives of the Direct Care Staff, if applicable
	+ Solicited Input from Residents
	+ Solicited Input Resident Representatives, Family
* Determination of roles and responsibilities related to the assessment process, data gathering, training, staff competencies, monitoring of outcomes and integration into the QAPI program
* Writing the overall assessment
* Determination of the facility assessment document that will be shared with survey team members per requirements
* Monitoring system which will facilitate assessment update
* Training evaluation process
* Review of the facility policy and procedure process on, at a minimum, annual basis

 Provide education about the facility assessment, purpose and outcomes to all staff and their roles and responsibilities.  Identify where the facility assessment will be stored within administration and accessibility off hours for survey team review. [ ]  Integrate the facility assessment process and results into the facility QAPI plan. Best practice would also be to integrate/consider how facility assessment relates to the Infection Control program, Training Program, Hazards and Vulnerability Assessment, and Compliance & Ethics program and related policies & procedures, auditing and monitoring, and processes. [ ]  Suggested update of the following policies and procedures (per current professional standards of practice) as it relates to the integration of the facility assessment and results for organization decision making (not an all-inclusive list):* Budget process
* Capital budget process
* Abuse prevention
* Abuse, Neglect and Exploitation training
* Admission, PASARR
* Transfer and discharge
* Readmission to facility
* Comprehensive individualize care plan
* Resident assessment
* MDS/RAI process
* Activities of Daily Living
* Specialty programs – dementia, ERSD, TCU, Cardio-Pulmonary, etc. and identification of risk levels
* Nursing P&P related to Change of Condition, special populations, cognitive impairment, and other DX/disease risk areas
* Infection Prevention and Control
* Accidents and supervision
* Dementia/Cognitive impairment
* Pain management
* Wound management
* Physical Device
* Medication management
* Psychotropic medication
* Resident Rights
* Resident Council
* Cultural competency
* Respiratory care
* Physician delegation of writing orders – dietary and therapist
* Nursing services, sufficient staff consistent with resident acuity and regulatory requirements, staffing process
* Nurse competency
* Training program
* Nursing assistant training
* Annual training requirements
* Orientation program
* Onboarding process and screening process
* Staff competency per department
* Nutrition services
	+ Qualified and competent staff
	+ Sufficient staff
	+ Menus and food procurement meeting resident’s ethnic, cultural, religious factors
* Preventative Maintenance Program
* Facility maintenance – grounds, vehicles, safety, security
* Physical plant and/or geographic layout of the facility
* Geographic location of the facility
* Environmental or extrinsic factors affecting the facility (i.e., retention ponds, wooded areas, fountains, etc.)
* Equipment Management Program
* Equipment and adaptive equipment
* Medical supply procurement
* Pharmacy services
* Rehabilitation services
* Third part agreements (services, equipment and supplies) and contract expectations as it relates to the facility assessment
* Behavioral health services
* Emergency preparedness
* Activity therapy
* Volunteers
* Social services – medically related social services specific to resident needs, demographics, and access to services
* Grievance process
* Governing body and their role in the FA
* Medical Director role in FA
* QAPI policy and plan
* Data management plan
* Data security and privacy
* Health information technology - interoperability, privacy, and records management
* Medical records

[ ]  **Determine and utilize a data collection process for organization specific information, including but not limited to:****Community Demographics*** Resident demographics
* Number of residents – average daily census and capacity with self-imposed restrictions
* Diseases and conditions (diagnosis report for last year) as well as a review of active diagnosis from the MDS section I
* Physical Disabilities
* Cognitive Disabilities (BIMS scores)
* Overall Acuity
* Care considerations - considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within the resident population
* Potentially gather information with respect to care level and acuity perception from residents or representatives, direct care staff, and respective practitioners
* Ethnic and cultural considerations of the resident population
* Psychosocial factors affecting the residents (i.e., substance use disorder, homelessness, history of trauma or PTSD, etc.)

**Facility Personnel and Nursing Services****Competency** * Staff competencies that are necessary to provide the level and types of care needed for the resident population (i.e., abuse prevention, behaviors, dementia, dual diagnosis, MI, infection control, communication disabilities, restorative needs, ADL decline, skin/wound care, tracheostomy, ERSD, disease specific, cultural competency, pain, incontinence, etc.)

[ ]  Development and implementation of nursing competency skills process and training* Nurse competency considerations including nursing assessment, suctioning, dressing change, pain management, technology/equipment, transmission precautions, IV, phlebotomy, transfers, feeding, ADLs, change of condition, transition of care, communication, cultural competency, notification, etc.)
	+ Competency is a measurable pattern of knowledge, skills, abilities, behaviors and characteristics needed to perform the role or occupational function. This is not dependent solely upon qualifications or licensure. Examples include lecture with return demonstration for physical tasks or activities, the ability to use tools, devices and equipment, an evaluation of adverse events to identify competency gaps and demonstrated ability to perform job functions.

[ ]  Development and implementation of competency skills process and training for non-nursing departments[ ]  Development and implementation of competency skills process and training for vendors, contracted individuals who provide services and equipment for resident population [ ]  Development and implementation of competency skills process and training for volunteers as applicable [ ]  Development and implementation of a process to review training programs which include onboarding, orientation, on the job training, specialty programs, new resident conditions, new equipment, gaps in competencerelated to adverse conditions and annual training plan review. * Training programs to incorporate 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.

[ ]  Development and implementation of competency skills process and training for non-nursing departments[ ]  Review of job descriptions to reflect the facility assessment findings related to respective roles and responsibilities based on the resident population [ ]  Development and implementation of competency skills process and training for governing body and leadership related to resident population, budget process, capital acquisition process, as well as provider knowledge and skill related to:* Knowledge of local culture
* Respect shown to consumers
* Beliefs about what consumers value
* History / reputation in community
* Availability of continuum of care
* Education, competency, skills of staff related to adverse conditions and annual training plan review.
* Training programs that incorporate 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.

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* Respect shown to consumers
* Beliefs about what consumers value
* History / reputation in community
* Availability of continuum of care
* Education, competency, skills of staff
* Evaluation of facility training program for staff and volunteers
* Human resources
* Insurance contracts – who can you take
* Community Involvement

**Physical Plant and Equipment**[ ]  Review and assessment of the physical plant – internal and external as well as all structures/buildings for potential risks and resident resource needs – including nonresident areas [ ]  Review and assessment of facility vehicles for potential risks and resident resource needs[ ]  Equipment (All departments) – medical and non-medical inventory with consideration to type, amount, condition and training related to care for the resident population (i.e., lifts, stands, wheelchairs, walkers, beds, specialty beds, bladder scanners, equipment used for resident care, dietary equipment, activity equipment, etc.) [ ]  Equipment management program review [ ]  Preventative Maintenance Program review and utilization in accordance with policy and procedure [ ]  Assisted technology - medical and non-medical inventory with consideration to type, amount, condition, and training related to care for the resident population [ ]  Review of services provided: rehabilitation, pharmacy, respiratory, behavioral health, diagnostic, physician, etc. necessary to provide the level and types of care needed for the resident population[ ]  Determine a process to review and evaluate external contracts, MOU’s, third party agreements for the provision of equipment, goods, and services for resident care both day-to-day and in emergencies [ ]  Health Information technology – Evaluation process for managing health information – electronic health record, other electronic systems, sharing of resident information, privacy/safeguards, interoperability, interruption of services plan, back up energy source, etc. [ ]  Develop and implement a process to assess and document potential hazards within the facility, community and potential hazards and the vulnerabilities and challenges that may impact the facility in conjunction with the facility emergency preparedness plan such as a Hazard Vulnerability Assessment [ ]  Update the Emergency Preparedness Plan in conjunction with the completion of the facility assessment and vice versa as applicable [ ]  Develop and implement a process to conduct a facility risk assessment which may include a review of clinical governance and leadership; ethics and resident rights; QAPI processes; resident safety and incident trends; and facility safety and emergency management. [ ] Perform and Ad Hoc QAPI Meeting or introduce the changes to any plan(s) or program(s) in the next scheduled QAPI meeting. It is recommended an Interdisciplinary Team approach is conducted and approved by the QAA/QAPI Committee. Document the approval and/or any changes of the Plan(s) or program(s) in the QAPI Meeting minutes.* + Facility Leadership and management, for example:
		- A member of the governing body
		- Medical Director
		- Administrator
		- Director of Nursing
	+ Direct Care Employees/Staff, for example:
		- Registered Nurses
		- Licensed Practical/Vocational Nurses
		- Nurse Aides
	+ Representatives of the Direct Care Staff, if applicable
	+ Solicited Input from Residents
	+ Solicited Input Resident Representatives, Family

[ ]  Develop a plan to meet the nursing staff requirements and acuity of the residents as identified in the facility assessment and ongoing evaluation to include:* Competent nursing staff must meet or exceed 3.48 hours per resident day for total nurse staffing including:
	+ Minimum of 0.55 hours per resident day for RNs
	+ Minimum of 2.45 hours per resident day for nurse aides
	+ Registered Nurse onsite 24 hours per day for 7 days/week available to provide direct resident care

[ ]  If the facility is unable to meet the minimum staffing requirements, prepare a process with adequate documentation that meets the hardship criteria exemption:* Location
* Good Faith Efforts to Hire
* Demonstrated Financial Commitment
* Disclosure of Exemption Status
 |
| **F699 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.”2“Facilities must use their Facility Assessment (See F838 for additional guidance related to Facility Assessment) to identify resident populations having unique cultural characteristics, such as language (including American Sign Language), religious or cultural practices, values, and preferences. This facilitates a facility-wide and department-wide understanding of cultural differences and how to approach the provision of care and services with dignity and respect for the individual. (Also see, F675, Quality of Life, for further discussion of the impact of cultural differences on residents and staff.)”1 | * Review and revise as necessary facility process to identify resident populations having unique cultural characteristics on the resident assessment in order to prepared education for all staff on understanding cultural differences and approach to care
* Conduct education for all staff related to understanding cultural differences and approach to care
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| **F725 Nursing Services – Sufficient Nursing Staff**“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”2 | * Review and revise as necessary facility process to identify sufficient nursing staff (type and level) based upon the facility assessment
* Review and revise facility recruitment and retention processes, policies, tracking methods, documentation processes to prove good faith efforts to obtain the necessary staff
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| **F726 Nursing Staff – Competent****“**§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 considering the number, acuity and diagnoses of the facility’s resident population in accordance with the facility assessment”2 | * Review and revise as necessary, facility education and verification of competencies for nursing staff to be able to provide the level of care needed for the identified resident population
* Review staff gap analysis – identification of staff needs and skill sets necessary to provide care and services to the facility resident population
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| **Behavioral Health Needs**“§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 §483.71. These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for: 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 §483.71 and
2. Obtain the required services from the outside resource in accordance with §483.70(f) from a Medicare and/or Medicaid provider of specialized rehabilitative services.”1
 | * Review and revise as necessary, facility education and verification of competencies for all staff caring for residents with behavioral health needs, to be able to provide the level of care needed for the identified resident population
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| **F865 QAPI Program**“The QAPI plan should describe the scope of the QAA committee’s responsibilities and activities, and the process addressing how the committee will conduct the activities necessary to identify and correct quality deficiencies. 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.”2**§ 483.75 Quality assurance and performance improvement**(2) 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 § 483.71 and including how such information will be used to develop and monitor performance indicators.(3) As a 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 § 483.71. Improvement projects must include at least annually a project that focuses on high-risk or problem-prone areas identified through the data collection and analysis”1 | * Review and revise as necessary facility process to coordinate QAPI process with the facility assessment
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| “§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”1 | * Review and revise as necessary the facility training program for all new and existing staff to include the amount and types of training necessary based upon the facility assessment
 |

The below areas serve as a cross-reference for facility leaders to conduct additional policy and procedure reviews across departments to incorporate the changes set forth in **§483.71 Facility Assessment.** This listing is not all-encompassing, however, should serve as a resource for leaders as they update their internal policies, procedures, and operational processes.

**Cross Reference: (additional areas for review)**

Resident Rights

Resident Postings

CMS Definitions

Admission Agreement

Admission Policy

Resident Education

Resident Representative Education

Transitions of Care Policies and Procedures

Admission, transfer, discharge policies and procedures

Change of Condition policies and procedures

Notification policies and procedures

Individualize Resident Assessment policies and procedures

Comprehensive Person-Centered Care Plan policies and procedures

Physician Policies

Medical Director Policies

Resident Care Policies

Infection Prevention and Control

Interdisciplinary Department Policies and Procedures

Clinical System Policies and Procedure

Recruitment and Retention Policies and Procedures

Workforce Availability and Good Faith Efforts

Person-Centered Staffing Plan Policies and Procedures

Vendor Contracting Policies and Procedures

Facility Training Program

Staff Competency Processes

Life Safety, Physical Plant

Emergency Preparedness Plan

Preventative Maintenance Program

Equipment Management Plan

Volunteer Policies

Contractual Services

Governing Body Policies and Roles Related to Facility Assessment

Business Ethics and Corporate Compliance

Operational Policies

Hospital Transfer Agreements or Memorandum of Understanding

Medical Records and Retention

HIPPA and Privacy

Employee Onboarding and Orientation

Annual Training Requirements

Quality Assurance and Performance Improvement

**References**

1 Medicare and Medicaid Programs, Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting final rule (CMS 3442-F). May 10, 2024. <https://www.federalregister.gov/documents/2024/05/10/2024-08273/medicare-and-medicaid-programs-minimum-staffing-standards-for-long-term-care-facilities-and-medicaid>

2Centers for Medicare & Medicaid Services. State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities: <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

Centers for Medicare & Medicaid Services. QSO Memo 24-12-NH. June 18, 2024. <https://www.cms.gov/files/document/qso-24-13-nh.pdf>