**Section 5**

**Facility Assessment**

**Narrative Overview**

**Facility Assessment Tool Overview**

**Templates**

**Requirement**

**§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

The purpose of the assessment is to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. Use this assessment to make decisions about your direct care staff needs, as well as your capabilities to provide services to the residents in your facility, at least annually, per the above requirement. Using a competency-based approach focuses on ensuring that each resident is provided care that allows the resident to maintain or attain their highest practicable physical, mental, and psychosocial well-being.1

## **Facility Assessment Templates**

The intent of the facility assessment is for the facility to evaluate its resident population and identify the resources needed to provide the necessary person-centered care and services the residents require.

There is no required format or template that the facility must use. The only requirements are the elements described in the regulation itself must be completed and documented.

**Reminder:** The Facility Assessment has to be completed, up-to-date, in writing, and accessible for review per the requirements and survey process.

The Facility Assessment Toolkit © includes two sample templates. Leaders and their team can choose which template works best for their organization. The templates serve as a customizable narrative format for the facility assessment that can be modified by the facility assessment team, based upon its evaluation process and findings. These templates are not all-encompassing; however, they do direct the organization to input the specific findings in a written narrative format.

**Templates Included In This Section**

* Facility Assessment Template – SAMPLE  
  Facility Assessment Template with Data Insert Recommendations – SAMPLE
* QIO Facility Assessment Template

Source: <http://qioprogram.org/facility-assessment-tool>

**Next Steps**

* Review the templates understanding that the necessary information needed to meet the required elements of the Facility Assessment
* Begin the evaluation/assessment process utilizing the instructions, tools, and resources located in the specific sections of The Facility Assessment Toolkit ©
* Finalize the written Facility Assessment utilizing one of the templates included in this toolkit

**Facility Assessment Process**

Below is a summary of guidelines related to the process for completing the Facility Assessment *(source: Quality Improvement Organization, Facility Assessment Tool)*

* Plan for the assessment
  + Overseen by the Administrator
  + Facility Assessment Team Composition
    - * 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 from Resident Representatives, Family
  + Designate a leader to work with the team
  + Check in on the progress of the team’s assignments
* Complete the assessment process
* Synthesize and use the findings
* Review the findings
* Remember the purpose and intent – make decisions about needed resources, including direct care staff needs as well as their capabilities to provide services and support to residents; identify opportunities for improvement
* Ask the following:
  + What has changed with our population? Explain the change (for example)
    - Level of physical care required to maintain the resident’s optimal level of care.
    - Level of supervision to maintain the resident’s safety.
    - Level of clinical complexity requiring a higher level of competency-based learning.
  + Do we need to make any changes to staffing?
  + How do we know if we have sufficient staffing?
  + What training, education, and competency needs do we have?
  + How can we better collaborate with medical practitioners?
  + Any infection control concerns?
  + Any areas of opportunity to consider a performance improvement project with the QAA/QAPI Committee?
  + Does our budget and capital plan include the resources that we need?
* Evaluate the process and plan for future assessments
  + Be prepared to respond to surveyor questions listed in the interpretive guidance
  + Debrief with your team
  + Establish and agree upon a process for updating the assessment per requirements

**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>

Centers 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. State Operations Manual. Appendix Z – Emergency Preparedness for All Provider and Certified Supplier Types, Interpretive Guidance: <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>

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

Quality Improvement Organizations, Facility Assessment Tool (2022)1, <http://qioprogram.org/facility-assessment-tool>