**Section 4**

**Facility Assessment Policy and Procedure Template**

**Facility Assessment Policy**

**TEMPLATE**

**PREFACE**

It is the policy of this facility that it must conduct and document an individualized 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 assessment will be conducted at the facility level and will incorporate input from leadership, direct care staff, residents, and resident representatives. The facility will review and update the facility assessment annually and as necessary whenever there is, or the facility plans for, any change that would require a substantial modification to any part of the assessment.

The facility assessment will address or include the following per requirements:

* The facility’s resident population
	+ Number of residents and resident capacity
	+ Care required by the resident population, using evidence-based, data-driven methods which consider:
		- Types of diseases
		- Conditions
		- Physical, behavioral health, and cognitive disabilities
		- Overall acuity
		- Other pertinent facts that are present within the assessed facility population
	+ Staff competencies and skill sets necessary to care for the resident population
	+ Physical environment, equipment, services, and other considerations necessary to care for the resident population
	+ Ethnic, cultural, or religious factors
* The facility’s resources, including but not limited to:
	+ All buildings and/or other physical structures and vehicles
	+ Equipment (medical and non- medical)
	+ Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies
	+ 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
	+ 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
	+ Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.
* A facility-based and community-based risk assessment, utilizing an all-hazards approach.

**OBJECTIVE OF FACILITY ASSESSMENT POLICY**

The objective of the facility assessment is to evaluate the resident population and identify the resources needed to provide the necessary care and services the residents require. The facility assessment shall enable the facility to thoroughly assess the needs of its resident population and required resources to provide the care and services the residents need – serving as a record for staff and management to understand the reasoning for decisions made regarding staffing and other resources needed.

The facility assessment will be conducted at the facility level including the facility's governing body, administrator, medical director, director of nursing, direct care staff including RNs, PLNs/LVNs, NAs, and representatives of the direct care staff if applicable. The environment operations manager, other department heads, or direct care staff will be involved as needed. The facility will solicit input from residents, resident representatives and family members.

**CENTERS FOR MEDICAID AND MEDICARE SERVICES (CMS) – DEFINITIONS FOR THE FACILITY ASSESSMENT**

The following are CMS definitions or clarifications from the State Operations Manual Appendix PP Interpretive Guidance:

 **“Competency”** is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics in performing that an individual needs to perform work roles or occupational functions successfully.”1

“**Representative of direct care employees**” is an employee of the facility or a third party authorized by direct care employees at the facility to provide expertise and input on behalf of the employees for the purposes of informing a facility assessment.

**PROCEDURE**

The facility will conduct and document a facility-wide assessment to determine the resources necessary to care for its residents competently during both day-to-day operations and emergencies. The facility will follow the below process to complete the facility assessment:

1. Facility Assessment Team
	* 1. Facility Leadership and management, for example:
			1. A member of the governing body
			2. Medical Director
			3. Administrator
			4. Director of Nursing
		2. Direct Care Employees/Staff, for example:
			1. Registered Nurses
			2. Licensed Practical/Vocational Nurses
			3. Nurse Aides
		3. Representatives of the Direct Care Staff, if applicable
		4. Solicited Input from Residents
		5. Solicited Input Resident Representatives, Family
2. Organization Data
	1. The facility will collect facility data specific to the required elements of the facility assessment as required.
		1. Required Elements:
			1. The facility’s resident population
				1. Number of residents and resident capacity
				2. Care required by the resident population which considers:

Types of diseases

Conditions

Physical, behavioral health, and cognitive disabilities

Overall acuity

Other pertinent facts that are present within the facility population

* + - * 1. Staff competencies necessary to care for the resident population
				2. Physical environment considerations necessary to care for the resident population
				3. Ethnic, cultural, or religious factors
			1. The facility’s resources, including but not limited to:
				1. All buildings and/or other physical structures and vehicles
				2. Equipment (medical and non- medical)
				3. Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies
				4. All personnel, including managers, 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
				5. 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
				6. Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.
			2. A facility-based and community-based risk assessment, utilizing an all-hazards approach.
	1. The facility will identify current data and existing tools to meet the above elements of the facility assessment.
	2. Potential data sources may include, but are not limited to:
		1. Minimum Data Set
		2. Financial/Billing Software – UB04
		3. Operational Budget
		4. Capital Acquisition Plan
		5. Rehabilitation software
		6. Electronic Health Record
		7. Admission/Referral Software
		8. Hazard Vulnerability Assessment
		9. Emergency Preparedness Plan
		10. Safety Plan
		11. Preventative Maintenance Plan
		12. Equipment Management Plan
		13. Vendors and Contractual Service partners
		14. Staffing and Scheduling
		15. Human Resources and /or Payroll
		16. Training Plan and /or Software
		17. Online Learning – Learning Management System
		18. Lab, Pharmacy, Infection Control
		19. **((INSERT FACILITY SPECIFIC DATA SOURCES i.e. electronic health record software, etc.))**
1. Analysis and Evaluation
	1. The facility team will conduct a thorough review, analysis, and trending of the collected data to support the completion of the written facility assessment assessing residents’ needs and identifying resources needed for care and for future planning.
	2. The facility team will identify specific insights related to care and service delivery as well as resource needs to meet the needs of the resident population.
		1. The facility assessment will inform staffing decisions to ensure a sufficient number of staff with appropriate competencies and skill sets to care for resident needs, based upon assessments and plans of care.
		2. Staffing needs will be adjusted based on changes in the resident population, including staffing needs per shift
	3. The facility will correlate its analysis findings with the operating budget.
	4. The facility team will organize the data to determine key business strategies, determine applicable action steps, and finalize the written facility assessment.
2. Written Facility Assessment
	1. Based upon the data collected and the insights gathered, the facility will complete a written summarization of key findings with respect to the required facility assessment elements as indicated in 2(a)(i).
	2. The written facility assessment will describe the resident population, the needs of the population, and the required resources to provide the care and services the residents need. The assessment will serve as a foundation for the facility’s staffing and resource allocation plan.
	3. A plan will be developed and maintained to maximize recruitment and retention of direct care staff.
	4. Inform contingency plan for events that will not initiate activation of the facility’s emergency plan but may affect resident care.
	5. See attached Facility Assessment Template
		1. **((Insert facility-specific Facility Assessment Written Narrative Template))**

1. Quality Assurance and Performance Improvement
	1. The facility will incorporate the Facility Assessment process and findings into the overall facility quality assurance and performance improvement plan and will include how the information will be used to develop and monitor performance indicators.
2. Facility Assessment Update
	1. The facility will review and update the facility assessment annually and as necessary whenever there is, or the facility plans for, any change that would require a substantial modification to any part of the assessment.
3. Location of the Facility Assessment
	1. The written facility assessment will be located **((INSERT FACILITY SPECIFIC INFORMATION HERE)) and will be accessible to ((INSERT FACILITY SPECIFIC INFORMATION HERE))**

**References**

1Centers 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>

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 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>