**Section 1**

**Introduction to the Facility Assessment §483.71**

**Facility Assessment**

**§483.71**

**Introduction**

The regulations at **§483.71** require facilities to 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.”1. The facility must also review and update the facility assessment whenever necessary and at least on an annual basis. Anytime the facility plans for, or if there are changes that would require the facility to modify any part of the facility assessment, the facility must review and make the appropriate updates.

As identified in **§483.71,** the facility assessment must include the following:

“(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, 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;
3. The staff competencies and skill sets 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
5. 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.

(2) The facility’s resources, including but not limited to the following:

1. All buildings and/or other physical structures and vehicles;
2. Equipment (medical and non-medical);
3. Services provided, such as physical therapy, pharmacy, behavioral health, and

 specific rehabilitation therapies;

1. 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;

1. 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

1. Health information technology resources, such as systems for electronically

 managing patient records and electronically sharing information with other

 organizations

(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach as

 Required in §483.73(a)1.”1

**Leaders Guide**

When the facility conducts the facility assessment, the facility must include active involvement from:

* Facility Leadership and management, for example:
	+ A member of the governing body
	+ Medical Director
	+ Administrator
	+ Director of Nursing
	+ Direct care staff, including RNs, LPNs/LVNs and NAs
* Must solicit and consider input from:
	+ Representatives of the Direct Care Staff, if applicable
	+ Residents
	+ Resident Representatives, Family
	+ Resident/Family Council
* Recommend:
	+ Environmental Services / Plant Operations
	+ Department Heads
	+ Dietary Manager
	+ Director of Therapy Services

The facility assessment must then be used to inform decision-making to determine:

* Sufficient number of staff to be able to care for the resident population, based on assessments and care plans including:
	+ Competencies
	+ Skill sets necessary
* Staffing on each unit based on the needs and changes in the resident population
* Staffing needs for each shift with adjustments necessary to care for the resident population
* Facility plan for recruitment and retention of direct care staff
* Contingency planning is necessary that does not require the facility’s emergency plan to be activated, but has 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

The facility assessment is not to be a “cookie cutter” approach to documenting assessment findings, rather it should reflect the individuality of the facility’s specific resident population, programs, and services. CMS guidance indicates that the facility assessment should be completed at the individual facility level rather than a document provided and completed at the corporate level.

The assessment process and its findings are intended to provide the foundation for operational, clinical, and resource allocations by facility leadership and current operations. It will provide the opportunity to evaluate operational plans and practices. It is important to note that the facility assessment will need to be accessible and available to the survey team within four hours of entrance to the facility.

The facility must utilize available internal organization data to support the assessment, reflecting the resident population. Data can be derived from the Minimum Data Set (MDS) which can support information such as cognitive conditions, care requirements, diagnosis, and more. As previously indicated, a specific methodology or reporting format has not been mandated, however, there are best-practice data collection tools and resources available to assist facilities in developing the facility assessment. Of primary importance is the accuracy of the data and its correlation to the specific assessment components identified.

The facility assessment will also need to be coordinated with the facility quality assurance and performance improvement (QAPI) program. “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.” 1

“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.”

At least annually, the facility must conduct performance projects “that focus on high risk or problem-prone areas identified through the data collection and analysis”1 The facility is also responsible for the performance improvement projects “Data collection can be done using several methods, such as audit tools (purchased or developed by the facility), direct observation, interview, or testing. Sources for data may include the Minimum Data Set (MDS) and Quality Measures, electronic and paper medical records, survey results, incident reports, complaints, suggestions, and staffing data.

CMS expects the data collection methodology to be consistent, reproducible, and accurate to produce valid and reliable data and support all departments and the facility assessment (§483.70(e)). It is not necessary to collect all data at the same frequency. The facility may develop a schedule for routine data collection. For example, data related to high-risk or problem-prone issues will generally be collected more frequently (e.g. daily, weekly, or monthly) until performance is at a satisfactory level, then collected less frequently (e.g. quarterly or every six months).”1

Navigating the expectations and intent of the regulations for Nursing Facilities can be daunting and additional burdens on facility leaders. Many facilities have the processes in place to assess the resident population and the resources necessary to provide care and services to the population, however having a formal written articulated, and documented system may not be in place.

The **Facility Assessment Toolkit ©** is designed to assist leaders with the tools, resources, and staff education to complete and support their individual facility assessments. This comprehensive Toolkit provides practical, step-by-step guidance for organizations as they work with their teams to evaluate the facility resident population, resource availability, allocation per resident care and service needs, and the other required components to develop their written facility assessment.

The **Toolkit** includes the following areas as are necessary for the Facility Assessment with corresponding resources and tools:

* **Leadership Implementation Strategies and Resources**
* **Facility Implementation Guide and Checklist**
	+ A leader’s guide for successful implementation.
* **Facility Assessment Policy and Procedure**
	+ A detailed P&P that can be customized to meet your organization-specific needs
* **Organization Data Needs for the Facility Assessment**
	+ Data sources
* **Facility Assessment Template and Tools** – How to Complete the Assessment
* **CMS Facility Assessment Resource Template**
* **Required Facility Assessment Components**
	+ Facility Resident Population
		- Overview
		- Resident Demographics
		- Data Source and Collection
		- Tools, Templates and Resources
	+ Personnel Resources
		- Overview
		- Review of Personnel Resources
		- Personnel and Resource Pyramid
		- Competencies – Tools, Resources and Templates
			* Non-Nursing Personnel
			* Nutritional Services
			* Nursing Services
		- Person Centered Staffing and Minimum Staffing Requirements
			* Person Centered Staffing Plan (Leaders Guide, policies, templates)
			* Person Centered Staffing Plan Analysis Tools and Resources
			* Acuity Determination and Staffing
			* Change of Condition and Impact on Staffing
			* Recruitment and Retention – (Tools, templates, resources)
			* Recruitment and Retention Tracking
			* Workforce Unavailability and Exemptions
	+ Evaluation of Training Programs
		- Intent and Overview
		- Evaluation
			* Onboarding
			* Orientation
			* On the job training
			* Specialty programs
			* New Conditions and New Equipment Training
			* Gaps in competence related to adverse events
			* Annual
	+ Infection Control
		- Infection Data Sources and Utilization for the Facility Assessment
		- Required components of Infection Prevention Program
		- Competencies needed for Infection prevention
		- Integration with FA, Emergency Preparedness and QAPI
	+ Policy and Procedure Review Process
		- Intent and overview
		- F Tag and Policy and Procedure crosswalk
	+ Facility and Community Risk Assessment
		- Intent and Overview
		- HAV Template and how to use
		- Business Impact
		- Community and Regulatory Resources
		- Facility Assessment and Emergency Preparedness plan coordination
		- E Tags Crosswalk and Surveyor Guidance
		- Tools, Templates, and Resources
	+ Resources - Physical Plant and Equipment
		- Intent and Overview
		- Tools, Templates, and Resources
			* Medical and Non-Medical
			* Vehicle
			* Buildings and Physical Plant
				+ Building assessment and vulnerabilities
	+ Health Information Technology
		- Intent and Overview
		- Tools, Templates, and Resources
	+ Third Party Agreements, Contracts, Memorandum of Understanding
		- Intent and Overviews
		- Tools, Templates, and Resources
	+ Quality Assurance and Performance Improvement (QAPI)
		- Intent and Overviews
		- Facility Assessment and QAPI coordination
		- Tools, Templates, and Resources
* **Training Plan**
	+ Designed for the facility assessment overview.
* **Competency Test**
	+ Training Post-test.
* **Competency Test Answer Key**
	+ Training Post-test Answer Key.
* **Education PowerPoint**
	+ Comprehensive training is already written for you and your team.
* **Trainer Notes**
	+ PowerPoint Speaker Notes
* **Performance Improvement Resources**
	+ Audit tools, Checklists, Data Collection, and more.

**Reference**

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