**Section 5**

**Facility Assessment**

**Narrative Template**

**Customizable**

**Facility Assessment** *(Template)*

* **Order of Information**
* **Introduction** 
  + Intent
  + Facility Assessment Process
  + Facility Assessment and QAPI
* **Facility Overview**
  + Facility Description
  + Resident Profile
* **Resident Demographics**
  + Caring for Residents with Conditions not listed above
  + Resident Population Acuity
  + Resident Level of Independence to Dependence
  + Resident Preferences
  + Resident Care and Services Correlating to Resident Population
  + Physical Environment necessary to care for the resident population
  + Behavioral health needs
  + Ethnic, cultural, or religious factors

## **Facility Resources**

## Facility Staff

## Staffing Plan

## Staff Education, Training and Competencies

* + Services Provided
  + Policies and Procedures for the provision of care
* **Resources for Resident Population Needs**
  + Equipment, Supplies, Additional Services, and Third-Party Arrangements
* **Health Information Technology**
* **Infection Control**
* **Facility and Community Risk Assessment**
* **Summary**

**<< INSERT LOGO or NAME Of FACILITY>>**

**FACILITY ASSESSMENT**

|  |  |
| --- | --- |
| **Facility Assessment Team Members** | *(Reminder required members are: Facility Leadership and management,*   1. *A member of the governing body* 2. *Medical Director* 3. *Administrator* 4. *Director of Nursing* 5. *Direct Care Employees/Staff, for example:*     1. *Registered Nurses*    2. *Licensed Practical/Vocational Nurses*    3. *Nurse Aides* 6. *Representatives of the Direct Care Staff, if applicable* 7. *Solicited Input from Residents* 8. *Solicited Input from Resident Representatives, Family* |
| **Assessment Completed** |  |
| **QAA/QAPI Review Completed** |  |

**Introduction**

The Facility Assessment is required by the nursing home Requirements of Participation to identify and analyze the facility’s resident population and identify the personnel, physical plant, and environmental and emergency response resources needed to competently care for the residents during day-to-day operations, including nights, weekends, and emergencies.

**Intent**

The facility provides person-centered, competent care that helps each person served to live their life as they wish. The services and care provided assist people to reach their highest level of practicable potential and maintain their ability to participate in life activities as long as they are able. The facility offers comfort and compassionate care to those at the end of their lives.

***((Insert facility Mission or Philosophy of care))***

The facility assessment serves as a resource to support decision-making regarding staffing and other resources.

***((Describe what you will do with the Facility Assessment – modify as needed – the language follows the requirements))***

The Facility Assessment collects information about the facility’s resident population to identify the number of residents; facility capacity; the care required; staff competencies; the ethnic, cultural, and religious aspects of the unique resident population; physical; and personnel resources needed; contractual agreements; health information technology resources; environment; equipment, supplies, and other services utilized; and a facility and community-based risk assessment utilizing an all-hazards approach. The facility’s resources are identified and evaluated to ensure that care can be provided to meet residents’ needs during day-to-day and emergency operations.

## **Facility Assessment Process**

Leadership, such as a Representative from the Governing Body, the Administrator, the Medical Director, the Director of the Nursing, Direct Care Employees/Staff such as RNs, LPNs/LVNs, Nurse Aides, Representatives of the Direct Care Staff, Solicited Input from Residents and Resident Representatives/family, and other employees such as Therapy, *Social Work Services, Nutrition Services, Activity Services, and Environmental Services* departments collaborated to develop and conduct the facility assessment.

Each department identified the relevant information to identify the resident population and the resources available within their departments to meet the residents’ needs.

Information sources such as ***((Insert examples of data used to develop the Facility Assessment i.e. the average daily census, Quality Measure Facility Characteristics Report, Diagnosis reports, Facility equipment inventory, staff orientation plan and annual training plan, and others))*** were used to develop the Facility Assessment.

The Facility Assessment will be reviewed annually and if the resident population changes, new types of care and services are provided or new technology, equipment or other resources are introduced, or any other change that would require a substantial modification to the Facility Assessment.

## **Facility Assessment and QAPI**

Information on the scope and complexity of the facility’s services and available resources from the Facility Assessment is used to inform the Quality Assurance Performance Improvement (QAPI) process as indicated in the QAPI Plan. The identification of residents' needs focuses on the activities of the QAPI process. Improvement projects will include a project that will focus on high-risk or problem-prone areas that the facility has identified through data collection. The description of care, services, and resources available at the facility provides both areas for monitoring of processes and outcomes as well as information for investigation of root causes of adverse events and gaps in performance.

***((Insert specific information related to QAPI process and correlation to***

***Facility Assessment or modify the above))***

## **FACILITY OVERVIEW**

## **Facility Description**

***((facility name))*** is a licensed ***((skilled nursing, ….))*** facility. The facility is licensed for \_\_\_\_\_\_\_\_\_\_ beds with an average daily census of \_\_\_\_\_\_\_\_\_\_. The facility provides ***(((indicate or differentiate either by number or % - short term, long stay, memory care, specialty programming i.e. vents, bariatric,* *cardio rehab, ACO, etc.)) .***

***((Example - The facility has 100 beds available for resident use and has an average census of 80 residents. There is a 20-bed secured Memory Care unit and a 20-bed Short Term Transitional Care unit as well as 40 beds for long-stay residents))***

The facility admits approximately \_\_\_\_\_ individuals and discharges \_\_\_\_\_\_\_ individuals on a monthly basis with an average length of stay of \_\_\_\_\_\_\_ days.

The facility is located ***((description of acreage, special location in community, etc.))* with ((# of buildings, structures))**, ((number of units or households)). Our facility also provides ***((insert information on transportation vans, vehicles, walking trails, swimming pool, clinic, …)***

***((Insert facility specific description of the facility or campus and surrounding area))***

**Resident Profile**

The facility serves individuals who oftentimes have one or more chronic or co-morbid conditions. Our overall resident population consists of …

***((Insert a Narrative overview of your resident population. See examples of resident population description on Facility Template with Instructions))***

* **Resident Demographics – Diseases, conditions, physical and cognitive disabilities**

The following indicates the common diagnosis/conditions, physical and cognitive disabilities or a combination of these conditions. ***((list top 10 conditions based on category))***

| **Category (system)** | **Common Diagnosis** | **% of Population** |
| --- | --- | --- |
|  |  |  |
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|  |  |  |
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|  |  |  |
|  |  |  |

***\*Data Source*** *–*

***((insert specific summary statement i.e. The information about the resident population was derived from, the CMS Quality Measure Facility Characteristics report, diagnosis and condition and MDS reports from the electronic health record))***

* **Caring for Residents with Conditions not listed above**

Although the list above depicts the top common diseases and conditions that we serve, our facility has a comprehensive process in place to assess resident needs and determine the care and services required. The facility cares for residents with skilled needs. We utilize a comprehensive admission, readmission, and required assessment process in which the interdisciplinary team identifies individualized resident care needs.

***((Modify for your facility and population you serve))***

Should an individual require care and services based upon a diagnosis or condition not typically serviced in our resident population, our team, in conjunction with our Medical Director and Director of Nursing…

***((insert facility process))***

**Resident Population Acuity**

The facility reviews acuity within our resident population. The below outlines the resident population acuity within the past \_\_\_\_\_\_\_ months.

***((the facility may wish to complete two grids if there are***

***specific specialty programs which may alter the %))***

|  |  |
| --- | --- |
| **PDPM Nursing Case Mix Indexes** | **% of Population** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

* **Resident Level of Independence to Dependence**

| **ADL Assistance** | **Independent %** | **Assist of 1-2 %** | **Dependent %** |
| --- | --- | --- | --- |
| Dressing |  |  |  |
| Bathing |  |  |  |
| Transfer |  |  |  |
| Eating |  |  |  |
| Bed Mobility |  |  |  |
| Mobility |  |  |  |
| Toileting |  |  |  |

***\*Data Source******–***

***((Insert Summary statement – i.e. The information about the resident population was derived from the CMS Quality Measure Facility Characteristics report, diagnosis and condition and MDS reports from the electronic health record))***

* **Resident Preferences**

The facility supports a culture of person-centered care with respect to personal preferences. Our facility supports this through our admission process as well as our day-to-day operations.

***((Indicate how your facility supports preferences – activities, food, space. Describe other pertinent facts or descriptions of the resident population that must be taken into account))***

## **Resident Care and Services Correlating to Resident Population**

The facility provides care and services based on the needs of our resident population. Our facility embraces a person-centered care culture in which we provide care and services based on our resident population, including the following:

**((See example statements in the Facility Assessment Template with Instructions))**

***((Modify based upon resident population))***

* + Assistance with activities of daily living
  + Mobility assistance
  + Incontinence prevention and care
  + Medications and Medication Management
  + Intravenous Therapy
  + Behavioral Health issues
  + Psychosocial support
  + Clinical System - Pain, Wound Care, Pain Management ***(Insert all that apply)***
  + Infection Control
  + Rehabilitation
  + Respiratory Therapy
  + Therapeutic Recreation
  + Special Care Needs including: \_\_\_\_\_\_\_\_\_\_\_\_\_
  + Nutrition

## **Facility Resources**

## **Facility Staff**

The facility is managed by *((insert specific information -governing body, a Board of Directors, etc.))* and Administrator. The Medical Director oversees medical practice and the clinical policies and programs of the facility. Each resident is supported to choose their physician. There are \_\_\_ physicians and \_\_\_\_ nurse practitioners who visit the facility regularly to see residents. The facility collaborates with medical practitioners as it relates to the care and service needs of the facility's resident population.

***((Insert overview organization chart if applicable))***

Diagram, timeline

Description automatically generated

The facility personnel consist of: ***((insert specific information))***

* licensed nurses, RN and LPN, certified nursing assistants, medication technicians,
* medical records staff,
* licensed social workers,
* a registered dietician and
* nutrition services staff,
* activities staff,
* maintenance, housekeeping and laundry staff, and
* staff in the business office.
* Each department is led by a department director.
* Therapy services are provided under contract and staff includes, licensed physical and occupational therapists and speech-language pathologists.
* Volunteers
* Pharmacist
* Behavioral Health providers
* Support services
* Laboratory
* Diagnostic Services
* Other

## **Staffing Plan**

The table below describes the number of staff available to meet residents’ needs. Nursing, nutrition services, and housekeeping staffing is evaluated at the beginning of each shift and adjusted as needed to meet the care needs and acuity of the resident population. Please see the posted nursing staffing hours for details.

***((insert specific information))***

|  |  |
| --- | --- |
| **Position** | **FTEs** |
| Registered nurses |  |
| LPNs/LVNs |  |
| Certified nursing assistants |  |
| Medication techs |  |
| Restorative nursing assistants |  |
| Licensed social worker |  |
| Dietician |  |
| Nutrition services staff |  |
| Social Services |  |
| Activity Therapy |  |
| Other Services |  |

***(\*\*Attach person-centered facility staffing plan and specific nursing services staffing plan)***

The nursing staff is primarily assigned to care for the same residents. There are a few nursing staff who move between two primary units to fill in vacancies.

***((Insert Information -Describe how staff assignments are assigned for continuity of care))***

## Staff Education, Training, and Competencies

Each job description identifies the required education and credentials for the job. Staff education and credentials are verified before hire.

Every staff member has knowledge competency in ***((insert specific information))***abuse, neglect, exploitation, and misappropriation; resident rights; identification of condition change; and resident preferences. Additional knowledge competencies for all staff include dementia management, behavioral health needs, infection transmission and prevention, immunization, QAPI, and OSHA hazard communication. Hand hygiene return demonstration competencies and observed knowledge competencies for emergency response are also required.

Additional competencies are determined according to the amount of resident interaction required by the job role, job-specific knowledge, skills and abilities, and those needed to care for the resident population.

Certified nursing assistants have additional required competencies for ***((insert specific facility information))***

|  |
| --- |
| *Person-centered care* |
| * *Communication* |
| * *Basic nursing skills* |
| * *Basic restorative services* |
| * *Skin and wound care* |
| * *Medication management* |
| * *Pain management* |
| * *Additional Infection control topics* |
| * *Identification of changes in condition* |
| * *Cultural competency* |

Competencies are based on current standards of practice and may include knowledge and a test, knowledge and return demonstration, knowledge and observed ability, knowledge and observed behavior, and annual performance evaluation. Competencies are based on the care and services needed by the resident population. Please see the Resident Needs and Competencies worksheet for more details

Competencies are verified upon orientation, at least annually and as needed.

***((Modify and insert specific information))***

The facility provides education and training *((insert if in person, self-directed, online – what system, in-service…))* The staff training and education program is designed to ensure knowledge competency for all staff. Education is provided through the online learning system, peer mentoring, and classroom sessions. The training program is reviewed and revised each time the Facility Assessment is reviewed and/or revised.

**Policies and Procedures for Provision of Care**

The care needs of the residents and the requirements of the regulations rules and laws govern the needed policies and procedures.

***((Modify and insert specific information))***

Policies and procedures for care are reviewed and updated at least annually and as needed with the introduction of new resident care needs, new technology or equipment or a change in the physical plant or environmental hazards.

**Resources for Resident Population Needs**

*Equipment, Supplies, Additional Services and Third-Party Arrangements*

Via a prescribed process, the facility evaluates the day-to-day and emergency provision of equipment (medical and non-medical), supplies, as well as additional services by providers via a contractual arrangement that is based upon the resident population's care needs, annually or as needed. The following steps are utilized throughout the evaluation process:

***((Modify and insert specific information))***



This process is conducted in conjunction with the facility assessment evaluation, per requirement, and the facility QAPI process.

Upon the evaluation process, it has been determined that the type and number of resources (i.e. equipment, supplies, other services) is adequate to meet the resident population's care needs and services daily. The facility has reviewed the provision of resources in an emergency and determined that the type and number of resources, services, and supplies are planned and applicable to the resident population. See the Emergency Preparedness Plan.

**Equipment and Supplies**

The facility has a designee who oversees the procurement and maintenance of par levels for resident equipment and supplies based on resident population needs.

***((Modify and insert specific information))***

***((insert facility specific information – describing the facility process which reviews resident needs, par levels for adequate supplies and equipment))***

The facility utilizes the Preventative Maintenance Program to inventory equipment, physical plant, and other physical plant needs and conduct maintenance prevention based on the PMP plan.

***((Modify and insert specific information))***

The facility evaluates the physical environment, equipment (medical and non-medical), supplies, and additional services by providers via a contractual arrangement based upon the resident population's needs for the provision of care, annually or as needed.

**Third-Party Agreements, Contracts, Memoranda of Understanding**

Under the direction of the Administrator, the facility reviews all third-party agreements, contracts, and memoranda of understanding via a prescribed process that reviews the vendor arrangement, terms of the contract, and the provision of services on a daily or emergency need. These arrangements are for the provision of services, equipment, and supplies to provide the level and types of care needed for the resident population.

***((Modify and insert specific information))***

**Health Information Technology**

The facility has a designee who oversees the health information technology resources including electronic health records and electronic sharing of resident information. The facility has a system to

***((insert facility specific information as it relates to interoperability, security, how information is exchanged with other providers – home care, assisted living, acute, physicians, receiving facility and resident/resident representative access of information))***

**Infection Control**

The facility has conducted an infection control risk assessment which evaluated and determined the risk or potential vulnerabilities within the resident population and the surrounding community. This process is integrated with the facility's Infection Prevention and Control Program (IPCP). The IPCP is designed to meet current standards of practice and the needs of the facility population, staff, and community. It is part of the QAPI program. The IPCP is reviewed at least annually and whenever the Facility Assessment is reviewed.

***((Modify and insert specific information))***

**Facility and Community Risk Assessment**

The facility has conducted a facility and community-based risk assessment which documents potential hazards within the geographic area of the facility, the facility's physical plant, and the vulnerabilities and challenges that may impact the facility utilizing an all-hazards approach. In addition, the risk assessment evaluates the facility’s ability to maintain continuity of operations, its ability to provide care and services, and its ability to secure required supplies and resources during an emergency or natural disaster. This risk assessment has been incorporated into the Emergency Preparedness Plan.

***((Modify and insert specific information))***

**Summary**

In summary, the facility

**((Insert ending summary statement if applicable or desired))**