Facility Assessment

Objectives

- Participants will be able to verbalize understanding of the 3 required components of the facility assessment
- Participants will be able to verbalize understanding of the intent of the Facility Assessment Requirement(s)
- Participants will be able to verbalize understanding of Competency-Based Requirements and methods to document competency of staff

Facility Assessment & Competency-Based Approach

- Facilities need to know themselves, their staff, and their residents.
  - Not a one-size fits all approach
  - Accounts for, and allows for, diversity in populations and facilities
  - Focus on each resident achieving their highest practicable physical, mental, and psychosocial well-being

F838 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 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. The facility assessment must address or include: (following slides)

Required Components of Facility Assessment: Resident Population

- §483.70(e)(1) The facility’s resident population, including, but not limited to:
  - Both the number of residents and the facility’s resident capacity;
  - The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;
  - The staff competencies that are necessary to provide the level and types of care needed for the resident population;
  - The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and
  - 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.

Required Components of Facility Assessment: Facility Resources

- §483.70(e)(2) 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, 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 for provision of services or equipment to the facility during both normal operations and emergencies;
  - Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.
Required Components of Facility Assessment

§483.70(e)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach.

Intent of Requirement for Facility Assessment

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

Enable each facility to thoroughly assess the needs of its resident population & the required resources to provide the care & services residents need.

Serve as a record for staff & management to understand the reasoning for decisions made regarding staffing and other resources & may include the operating budget necessary to carry out facility functions

Definition

“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.

Guidance: Resident Population

“Resident population is the foundation of the facility assessment”

Both number of licensed beds & average census & any census trends notated over time; i.e., increase in a particular season

Evaluation of:

- Diseases
- Condition
- Physical
- Functional
- Cognitive status
- Acuity of population
- Any other pertinent information about residents that may affect & plan for services facility must provide

Facility’s Resident Population

- Number of residents & facility’s resident capacity
- Care required by resident population: considered the types of diseases, conditions, physical & cognitive disabilities, overall acuity and other pertinent facts that are present within the resident population
- Staff competencies that are necessary to provide the level & types of care needed for the resident population
- Physical environment, equipment, services & other physical plant considerations that are necessary to care for this population
- Any ethnic, cultural or religious factors that may potentially affect the care provided by the facility, including but not limited to activities & food & nutrition services

Facility Information

- Facility name
- Address
- Phone number
- Number of bedrooms
- Number of licensed beds
- Mission statement
- Vision statement
- Governing body and by-laws
- Copy of rating operating budget
- Average census over previous 12 months
- Average RUG level over previous 12 months
- List of diagnoses of resident in facility
### Potential Staff Competencies

- Administration
- Policy/Procedure
- Regulatory compliance
- Staffing resources
- Staff competencies
- Disaster planning
- Census enhancement
- QAP

- Therapy
- OT
- PT
- IP
- Restorative Nursing
- QAP

### Potential Nursing Competencies

- Nursing
- Personal cares
- Enteral feedings
- Wound care & skin integrity
- Pain management
- Fall reduction program
- Diabetes management
- Orthopedic management
- Palliative/hospice care
- Cardiovascular management/CVA management

- ADLs
- PT
- OT
- SP

### Potential Staff Competencies

- Human Resources
- Training/In-Services
- Staff Competencies
- Reference checks
- License verifications
- Background checks
- Attendance policy
- Staff benefits

- Life Enhancement/Activities
- Meaningful activities days, evenings, weekends
- Interview skills
- Non-pharmacological interventions
- QAP

- Social Services
- Advance Directives
- Resident Rights
- Discharge Planning
- QAP

### Potential Staff Competencies

- Support Staff
- Cleaning Rooms
- Preventive Maintenance Logs
- Maintenance Logs
- Service Agreements
- Disaster Plan
- Fire/Safety Plan
- QAP
- Marketing Strategies

- All Staff
- ADE Prevention
- QAP
- Fire/Safety & Emergency Preparedness
- Missing Resident
- Safety
- Corporate Compliance & Ethics
- Dementia Care
- Infection Control and Hand Hygiene
- Resident Rights

### Environment

- List general description of each household/neighborhood/unit
- # of skilled beds
- # of dually certified beds
- List & describe any/all special care units

### Other Resident Factors

- Current diagnosis list
- Residency Component
- Attach Quality measures
- Attach NPI ID Information
- Attach CASA & A27
- Attach most recent CASPER Report
- Attach current NNIS levels without resident identifiers
- Attach Resident Census & Conditions report & descriptive information for any special care units
- Attach Case Mix Index
- Attach RUG levels
- % residents receiving 1 or 2 staff members
- % of residents dependent on staff for all ADLs
- % of residents requiring mechanical lift for transfers
- % of residents receiving enteral feedings
- % of residents receiving injections
- % of residents receiving exceptional care
- % of residents with Alzheimer’s disease or related dementia
- % of residents with mental illness
Other Resident Factors

- Average number of residents receiving Medicare Skilled Services or services provided by insurance managed care organization over previous 12 months
- Gender %
- Ethnicity %
- Age %
- Marital Status
  - Married/Civil Union
  - Single
  - Widowed
- Religion & Culture
  - % Catholic
  - % Protestant
  - % Jewish
  - % Middle Eastern
  - % No Religious Affiliation
  - % Other
- Language
  - % English
  - % English as a second language
  - % Without English ability (list languages & accommodations)
  - % Braille
  - % American sign language

Buildings

- List all buildings on campus with purpose & utilization

Equipment

- Attach inventory of all equipment owned/rented/leased by facility including date placed in service
- Attach all preventive maintenance logs performed by facility staff
- Attach capital budget for upcoming year with projected needs for capital equipment

Services Provided

- Therapy
  - PT
  - OT
  - ST
  - Respiratory
- Behavioral Health
- Spiritual/Chaplaincy
- Physician/Physician Extender Services
- Beautician
- Pharmacy
- Laboratory
- Radiology
- Respiratory
- Transportation
- Dementia Care
- Person-Centered Care
- Nursing
- Diagnostic
- Restorative nursing services

Personnel

- County/State/City employment environment
- ALRC educational providers in locality including educational institutions & facility-provided educational opportunities & requirements available to staff
- List all trainings available to facility staff
- List all association-related training providers available to staff
- List all planned training opportunities in next year based on competency needs, QAPI, & Infection Control monitoring
- List all staff support offered to staff members of facility (i.e., EAP, insurance benefits, career ladder(s), advancement opportunities, etc.

Contracts

- Lab
- Radiology
- Pharmacy
- Therapy
- Hospitals
- Medical Director
- Behavioral Health Providers
- Infection Care providers
- Laboratory tests
- Transportation agencies
- Hospice
- Memos of Understanding for Disaster Plan
Health Information Technology Resources

- Name of EMR
- Modules in use in EMR
- Clinical Records not included in EMR
- Policies for clinical records during disasters
- HIPAA policy

Identification of Risks

- State/Country/County/Facility Infection risks identified
- Regulatory and survey risks
- Attach survey results for re-surveys, complaints, & life safety for past 12 months
- Attach all HCCD total survey
- Disaster all-hazard risk assessment
- QM Plan
- Infection Control & Antibiotic Stewardship Plan
- Most recent Quality Measures
- Campus environment
- Staff stability/turnover rates
- Physical plant condition/age/preventive maintenance risk assessment
- Contractor variables
- Variable/changing payment models

Summary

- Narrative summary statement of using the facility assessment & how/when updates will be made & at least annual review
- Use assessment tool to set strategic plans, departmental goals & strategic plans
- Effectively use the data & information you gather to build the care provided in your center

Tools That May Be Used in Evaluation of Resident Population

- MDS Data (RUG Levels)
- Facility Characteristics from CMS 672
- CASPER Report
- Quality Measures
- Staff:
  - Diagnosis(es) List
  - Racial characteristics
  - Age
  - Religion/culture characteristics

Guidance: Facility-Based & Community-Based Risk Assessment

- All hazards approach
- Each facility must conduct its preparedness planning according to the facility’s individual risk profile as determined by an “all-hazards risk assessment”
- A satisfactory emergency preparedness plan under the rule will anticipate the “full spectrum of emergencies or disasters” to which the facility is most susceptible
- Specifically, the rule requires that a facility considers the probability of dangers such as equipment failures and interruptions in water and power supplies
- The risk assessment must also address the needs of the facility’s resident population

Hazard Vulnerability Analysis
Hazard Vulnerability Analysis

Who should be involved in development of the Facility Assessment?
- Must be developed at the facility level
- Participants:
  - Administrator
  - Representative of governing body
  - Medical Director
  - Director of Nursing
  - May also include:
    - Environmental Operations Manager
    - Dietary Manager
    - Director of Rehabilitation
    - Direct Care Partners
  - **STRONGLY ENCOURAGED** to include input from Resident/Family Council, Residents, or family members.

Overwhelmed yet?
Frustrated yet?
We can do this...together

Thank You
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