

The Purpose and Importance of a Facility Assessment:

Under 42 CFR §483.70(e), every facility is **required** to conduct, document, and annually review a facility-wide assessment designed to determine what resources are necessary to care for the facility's residents. The assessment reviews the facility's ability to meet the needs of its residents in both day-to-day operations and emergency situations. Specifically, the assessment will review the following areas:

1. Resident profile- the number of current residents and which of their needs have been identified, including physical, medical, ethnic, cultural, or religious needs.
2. Care provided - what care and services are currently provided or offered to residents at the facility.
3. Resources needed- based on the needs identified in the resident profile, what facilities, staffing, equipment, and supplies are needed to properly care for residents.
4. Facility and community risk-based assessment- this includes the infection control and emergency management plans of the facility.

The facility assessment should be conducted by a multi-disciplinary committee which **must** include all of the following individuals:

- a. the administrator
- b. the director of nursing
- c. a representative from the governing body (e.g.: owner, COO)
- d. the medical director

The assessment must be conducted, at a minimum, annually and updated as necessary. 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.

Facility Assessment Tool

Facility Name: _____

Completed by: _____ Position: _____

Persons (names/titles) involved in completing assessment:	<p>Administrator: _____</p> <p>Director of Nursing: _____</p> <p>Governing Body Rep: _____</p> <p>Medical Director: _____</p> <p>Other: _____</p> <p>(e.g. Infection Control and Prevention Officer, Environmental Operation Manager, Director of Rehabilitation Services etc.)</p>
Date(s) of assessment or update:	
Date(s) assessment reviewed with QAA/QAPI committee:	

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Section I. Resident Profile

This section of the assessment is used to determine the capacity and census of the facility. It is also used to identify the needs of the typical resident population by listing the diseases/diagnoses and conditions commonly found, the acuity of the resident population, and identifying other needs which may arise from specific ethnic, cultural, or religious factors. Please fill out the information below.

A. Capacity

The facility's licensed resident bed capacity is _____

B. Number of Residents

The facility's average number of residents is _____

Please note: If your facility differentiates between long-term residents and short-term residents or has other categorizations which may be relevant to this assessment, please list all categories separately.

Other Categories

Average persons admitted: Weekday _____ Weekend _____

Average persons discharged: Weekday _____ Weekend _____

C. Diseases, Conditions and Disabilities

Identifying the diseases, conditions, and disabilities prevalent among your resident population is necessary to determine the resources needed to provide the appropriate care and services.

Please include diseases or conditions which are typical for a resident of your facility.

<u>DISEASES, CONDITIONS, PHYSICAL AND COGNITIVE DISABILITIES</u>					
Diagnosis Category:	Typical number of residents with this condition:	List any special equipment needed:	List any special staff needed:	Environmental modifications:	Actions or additional competency needed:
Infectious and parasitic diseases					
Neoplasms					
Diseases of the blood and blood-forming organs and disorders involving the immune mechanism					
Endocrine, nutritional and metabolic diseases					
Mental, behavioral and neurodevelopmental disorders					
Diseases of the nervous system					
Diseases of the eye and adnexa					
Diseases of the circulatory system					
Diseases of the respiratory system					
Diseases of the digestive system					
Diseases of the skin and subcutaneous tissue					
Diseases of the musculoskeletal system and connective tissue					

<u>DISEASES, CONDITIONS, PHYSICAL AND COGNITIVE DISABILITIES</u>					
Diagnosis Category:	Typical number of residents with this condition:	List any special equipment needed:	List any special staff needed:	Environmental modifications:	Actions or additional competency needed:
Diseases of the genitourinary system					
Pregnancy, childbirth and the puerperium					
Conditions originating in the perinatal period					
Congenital malformations, deformations and chromosomal abnormalities					
Symptoms, signs and abnormal clinical and laboratory findings not classified elsewhere					
Injury, poisoning and certain other consequences of external causes					
External causes of morbidity					
Factors influencing health status and contact with health services					

D. Acuity

Identifying your residents' acuity levels will help you evaluate the level of care and services needed to provide sufficient care for your facility's residents. Potential data sources include RUGs, MDS data, and resident acuity tools.

Consider if your facility should differentiate between long-stay and short-stay residents or other categorizations (e.g., unit floors or specialty areas or units, such as those that provide care and support for persons living with dementia or using ventilators).

Examples of different ways to look at acuity are provided in the tables below. Choose **at least one** methodology from the following that works best for your organization. You may also choose your own methodology.

Method 1: Major RUG-IV Categories

Major RUG-IV Categories:	Number/Average or Range of Residents:
Rehabilitation Plus Extensive Services	
Rehabilitation	
Extensive Services	
Special Care High	
Special Care Low	
Clinically Complex	
Behavioral Symptoms and Cognitive Performance	
Reduced Physical Function	

Method 2: Special Treatments and Conditions

	Special Treatments:	Number/Average or Range of Residents:
Cancer Treatments	Chemotherapy	
	Radiation	
Respiratory Treatments	Oxygen therapy	
	Suctioning	
	Tracheostomy	

	Special Treatments:	Number/Average or Range of Residents:
	Ventilator or Respirator	
	BIPAP/CPAP	
Mental Health	Behavioral Health Needs	
	Active or current Substance Use Disorder	
Other	IV Medications	
	Injections	
	Transfusions	
	Dialysis	
	Ostomy Care	
	Hospice Care	
	Respite Care	
	Isolation or Quarantine for Active Infectious Disease	

Method 3: Assistance with Activities of Daily Living

	Number/Average or Range of Residents:		
Assistance with Activities of Daily Living:	Independent	Assist of 1-2 staff	Dependent
Dressing			
Bathing			
Transfer			
Eating			
Toileting			
Mobility/Walking			
Other care, describe:			

E. Ethnic, Cultural, or Religious Needs

List any ethnic, cultural, or religious factors or personal resident preferences that may potentially affect the care provided to residents by your facility. Examples may include activities, food and nutrition services, languages, clothing preferences, access to religious services, or religious-based advanced directives.

List all ethnic, cultural, or religious factors	List the resources needed for accommodation (e.g. staff, equipment, space, modifications, language services, special diets, religious leaders, etc.)

F. Other Needs

Describe all other pertinent facts or descriptions of the resident population that must be taken into account when determining staffing and resource needs (e.g., residents' preferences with regard to daily schedules, waking, bathing, activities, naps, food, going to bed, etc.)

Input from grievance logs, resident/family council, residents, resident representatives, and families should be solicited and/or reviewed for inclusion in this assessment.

List all factors not already included above that may affect resident needs	Resources needed for accommodation (e.g. staff, equipment, space, modifications)

G. Determination of Needs

Describe what processes are in place to determine how to accommodate residents with needs that are not typically addressed by your facility. (E.g. residents with conditions or needs that you don't generally deal with and your facility is not equipped or accustomed to offer.)

Section II. Care Provided

This section will identify the types of services and care needed at your facility. This determination is based on the resident profile conducted in Section I, factoring in circumstances and acuity of your typical resident population. Select all that apply.

General Care	Specifics
Activities of Daily Living	Bathing Showering Oral/denture care Eating Support with needs related to sensory impairment (e.g. hearing or vision difficulties) Supporting resident independence Other: _____
Mobility or fall/injury prevention	Transfers Ambulation Supporting resident independence Restorative nursing Contractor prevention/care Other: _____
Bowel/bladder	Incontinence prevention or care Responding to requests for assistance in the bathroom Bowel/bladder toileting programs Intermittent or indwelling or other urinary catheter Ostomy Other: _____

General Care	Specifics
Skin integrity	Prevention and care of pressure injuries and wounds, skin care, wound care Other: _____
Behavior and mental health	Manage medical conditions and medication-related issues causing psychiatric symptoms and behavior Identify and implement interventions to help support individuals with issues such as anxiety, care of cognitive impairments, trauma/PTSD, other psychiatric, intellectual or developmental disabilities Other: _____
Medications	Administration and assessments Administration by route; Oral Nasal Buccal Sublingual Topical Subcutaneous Rectal Intravenous Intramuscular Inhaled (nebulizer) Vaginal Ophthalmic Other: _____
Pain Management	Assessment of pain Pharmacologic and nonpharmacological pain management

General Care	Specifics
	Other: _____
Infection Control	Identification and containment of infections Prevention of infections Other: _____
Management of medical conditions	Assessment Early identification Diabetes COPD Gastroenteritis Infections such as UTI Pneumonia Hypothyroidism Other: _____
Therapies	Occupational Physical Speech/language Respiratory Music Art Management of braces Splints Other: _____
Nutrition	Individualized dietary requirements Liberal diets Specialized diets IV nutrition Tube feeding Cultural and/or ethnic dietary needs Assistive devices

General Care	Specifics
	Fluid monitoring or restrictions Hypodermoclysis Other: _____
Person-centered/directed care	Build relationships with residents Determine residents' preferences and likes/dislikes Record and discuss treatment and care preferences Provide culturally competent care Provide or support access to religious preferences Provide opportunities for social activities/life enrichment Support community integration (if desired by resident) Prevent abuse and neglect Offer opportunities for residents and family to be involved in care planning Other: _____
Other special care needs	Dialysis Hospice Ostomy care Tracheostomy care Ventilator care Bariatric care Palliative care End of life care Other: _____

Section III. Resources Needed

The determination of your facility's necessary resources, including staffing, physical plant, equipment, supplies, and information technology, will be based on the assessments in Sections I and II.

A. Staffing Levels and Competencies

This section provides an evaluation of the overall number and types of staff needed to provide the level and types of care appropriate for the resident population. This is a competency-based approach¹ to determine the knowledge and skills required to ensure residents' well-being.

1. Workforce profile

Please list all personnel, including managers, staff (both employees and those who provide services under contract), and volunteers.

Position/Workforce:	Typical number of employees:	Professional or educational requirement for this position:	Knowledge, training, and/or skills required by this workforce member²:
Executive Director			
Associate Executive Director			
Director of Nursing			
Human Resources			
Admissions			
Staff Development Coordinator			
MDS Coordinator			
Medical Director			

¹ Competency is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual must have to successfully perform work roles or occupational functions.

² Determine the knowledge and skills required among staff that meet current professional standards of practice and ensure that residents are able to maintain or attain their highest practicable physical, functional, mental, and psychosocial well-being.

Position/Workforce:	Typical number of employees:	Professional or educational requirement for this position:	Knowledge, training, and/or skills required by this workforce member²:
Physicians			
Nurse Practitioner			
Registered Nurses			
Licensed Practical/Vocational Nurses			
Certified Nursing Assistant			
Specific types of providers or specialties (e.g. physician, PA, dentist, podiatrist, ophthalmologist)			
Mental/Behavioral health providers			
Director of Therapy			
Physical Therapist			
Physical Therapist Assistant			
Occupational Therapist			
Certified Occupational Therapist Assistant			
Speech Therapist			
Pharmacist			
Dietitian			
Dietary Aids			
Social Services			
Activity Coordinator			

Position/Workforce:	Typical number of employees:	Professional or educational requirement for this position:	Knowledge, training, and/or skills required by this workforce member²:
Activity Aide			
Chaplain			
Facilities-Maintenance			
Receptionist			
Business Office			
Dining Director			
Cooks			
Housekeepers			
Groundskeepers			
Volunteers			
Other, not listed (make sure to add in any positions identified in Section I - Resident Profile)			

2. Staffing plan and assignments

i. Attach or describe your staffing plan-

Your staffing plan should be based on your resident population and identified needs for care and support. It should describe your general approach to ensure that you have sufficient staff to meet the needs of the residents at any given time.

ii. Attach or describe individual staff assignments-

Include information on how staff assignments are determined and adjusted for coordination and continuity of care throughout your facility.

3. Staff training, education, and competencies-

Attach or describe your facility's training program. Include information on what training/education is required, the frequency of trainings (e.g. before hire and/or ongoing), which individuals or departments are responsible for conducting and tracking trainings, and how the process is monitored or audited.

4. Recruitment and retention plan-

Attach or describe your facility's recruitment and retention plan. Include information on how your facility recruits employees, fills vacancies, and retains staff.

5. Systems of coordination and continuity of care within and across staff assignments-
Describe your facility's systems or processes that coordinate resident care between and across departments.

6. List the policies and procedures that address the provision of care to residents. Include information as to whether or not these policies and procedures meet current professional standards of practice.

B. Physical Environment and Building /Plant Needs

1. Building, physical structures and vehicles

This section lists the building/plants and vehicles maintained by the facility in response to the needs identified in previous sections. Select all that apply.

Physical Resource Category:	Specifics:
Building and/or other structures	Building Garage Storage shed Other: _____
Vehicles	Transportation van Other: _____

2. Physical Equipment

This section lists the physical equipment maintained by the facility in response to the needs identified in previous sections. Select all that apply.

Bath benches	Bed frames
Shower chairs	Mattresses
Bathroom safety bars	Furniture
Bathing tubes	Exercise equipment
Sinks for residents and for staff	Therapy equipment
Scales	Walkers
Bed scales	Canes
Ventilators	Nightlights
Lift slings	Steam table
Bariatric wheelchairs	Oxygen tanks and tubing
Lifts	Dialysis chair and station
Wheelchairs and associated positioning devices	Other: _____

3. Services related to buildings

This section lists the services that are required and maintained by the facility in response to the needs identified in previous sections. Select all that apply.

Waste management	Radiology
Hazardous waste management	Occupational therapy
Telephone	Physical therapy
HVAC	Respiratory therapy
Dental therapy area	Speech therapy
Laboratory	Cafe/gift shop
Pharmacy	Recreation
Barber/beauty	Other: _____

4. Physical plant needs

This section lists the physical plant needs maintained by the facility in response to the needs identified in previous sections. Select all that apply.

Sliding doors	Emergency power
ADA compliant entries/exits	Other: _____
Call systems	

C. Supplies

1. Medical supplies

This section lists the medical supplies used and maintained by the facility in response to the needs identified in previous sections. Select all that apply.

Blood pressure monitors	Suction equipment
Compression garments	Thermometers
Gloves	Urinary catheter supplies
Gowns	Oxygen
Hand sanitizers	Oxygen saturation machine
Gait belts	Bi-PAP
Infection control products	Bladder scanner
Heel and elbow suspension products	Other: _____ _____ _____

2. Non-medical supplies

This section lists the non-medical supplies used and maintained by the facility in response to the needs identified in previous sections. Select all that apply.

Soaps	Bath linens
Incontinence supplies	Waste basket
Bed linens	Computers and carts
Individual communication devices	Other: _____ _____ _____

D. Information Technology Resources

Health information technology resources are increasingly used to manage resident records and sharing information with other organizations. Establishing policies and procedures for these resources is important in ensuring the information is managed appropriately, in compliance with all applicable laws, and is available during routine and emergency care.

1. List any systems or processes by which you electronically manage or send health information. Be sure to include data bases, faxes, emails or other methods and systems which address any needs identified in this assessment.

2. How does your facility maintain electronic medical records and transfer health information to hospitals, home health agencies or other providers when a resident is transferred or discharged from the facility?

3. How does your facility ensure residents, and/or their representatives, can access their records upon request and obtain copies within required time frames? (If your facility does not utilize electronic records, this question can be answered for paper records.)

E. Contracts and Other Arrangements

Please list contracts, memorandums of understanding, or other agreements with third parties to provide goods, services or equipment to the facility during both normal operations and emergencies. Consider including a description of your process for overseeing these services and how those services will meet resident needs and regulatory, operational, maintenance, and staff training requirements.

Vendor/third party:	Supervising staff/ contact person at this facility:	Process for normal operations:	Process during emergencies:

Section IV. Facility and Community-Based Risk Assessment

A facility-based and community-based risk assessment, utilizing an all-hazards approach, is necessary to evaluate the facility's ability to maintain continuity of operations and secure supplies and resources during an emergency or natural disaster.

A. Infection Control

1. Describe how your facility's Infection Control Plan follows accepted national standards for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services on behalf of your facility.

2. Attach your facility's Infection Control Plan (or manual.)

If not attached, please explain why not: _____

B. Emergency Management

1. Describe your facility's process in developing its Emergency Management Plan. List any outside organizations (e.g. your local Office of Emergency Preparedness) which were consulted or provided plan templates and assistance.

2. Has your facility developed a Hazard Vulnerability Assessment (HVA) or a similar plan to identify potential hazards?

3. Attach your facility's Emergency Management Plan (or manual) and any related emergency or hazard assessments. If not attached, please explain why not: _____