Facility Assessment Guide

LeadingAge and Pathway Health developed a Facility Assessment Toolkit to assist members with compliance under F838. This guide will serve as a step-by-step resource on using the Facility Assessment Toolkit by the required components with key points on ensuring compliance. New requirements and changes effective August 8, 2024 have been identified in red below.

Facility Assessment Templates:

These templates can be used as an overall template for components of the facility assessment. Addendums will be necessary to comply with the Minimum Staffing Rule requirements outlined and linked below.

- Telligen (QIN/QIO) Facility Assessment Tool. This is a customizable word document.
- LeadingAge/Pathway Health Facility Assessment Template. You can also use the version with instructions as a guide for completion.

Introduction:

The facility assessment introduction reviews F838 requirements and how the toolkit can be used to achieve compliance with the requirements.

- The facility assessment implementation guide can be used as a checklist of recommended actions in completion of the overall facility assessment process.
- The importance of data document outlines the requirements to include "data-driven approaches" to the facility assessment along with examples of data that may be used.
- How to use the toolkit provides an overview of how the toolkit can be used to develop the overall facility assessment and ensure compliance with F838.

Policies and Procedures:

There are several policy and procedure templates throughout the facility assessment toolkit. These templates are customizable to your organization based on needs. Note that one facility assessment policy and procedure is likely sufficient, but others can be implemented as desired. There are no new requirements for the policies and procedures with the changes to the facility assessment.

- The overall Facility Assessment Policy and Procedure template outlines the entire facility assessment process and requirements
- The policy and procedure checklist is broken down into departments and outlines specific policies and procedures referenced in the Requirements of Participation (or Appendix PP) including areas for dates of review, QAPI team approval and board approval. This spreadsheet can be edited to meet organizational needs.
- Acuity Determination Policy & Procedure can be utilized in addition to the facility assessment policy and procedure linked above and includes possible data sources for determining resident acuity within the resident population section.
- The Change of Condition Policy template is not required in the facility assessment. However, it may be a useful policy for nursing home providers to identify potential changes in resident condition and outline a process for notifying the physician and following directives.
- The Person Centered Staffing Plan Policy template is not required but can provide guidance to developing a person-centered staffing plan.

Resident Population Component:

The resident population component was previously required for compliance with the facility assessment. This component must include several elements such as the capacity, average census, admissions and discharges, diseases and conditions of residents in your building, and acuity. The resident population component is included in the original facility assessment templates linked above. Tools to assist with data collection are included below.

- Acuity Determination Policy & Procedure is linked in the policy and procedures section.
- Leaders Guide Acuity Determination and Staffing is a resource for leaders to use in determining resident acuity within the individual resident population. Information contained in this resource is similar to the acuity determination policy and procedure. This is not a required document but should be used to inform leaders assisting with facility assessment development.
- Behavioral Health Issues and Impact on Facility Assessment and Plan of Care is a resource document that outlines considerations for behavioral health implications based on regulations and actual considerations with the resident population. Items such as trauma-informed care, actual behaviors identified, and conditions which may lead to additional behavioral health needs which must be

outlined in the facility assessment. While this resource is not a required component of the facility assessment, it may assist leaders in identifying needs which must be incorporated in the facility assessment based on resident population.

- Acuity Based Staffing Resource Links is a document with several links to resources that may assist nursing home providers in establishing an evidence-based staffing plan.
- The Acuity Review Worksheet is a resource that can be used as an addendum to the original facility assessment template. This worksheet outlines common conditions which may be present among the resident population, provides cues to outline necessary skills in providing care to these individuals, and whether this will impact overall staffing levels.
- The Change of Condition Determination tool is a spreadsheet that outlines common potential areas for changes in resident's condition such as falls, skin integrity, etc. The tool includes directions that can be used to review points-in-time regarding conditions present among your resident population to use a data-driven approach for staffing level adjustments. As an example during review of your facility assessment, 7 residents had pressure ulcers that required daily treatment compared to a quarter later when there were 6. Since these numbers are similar, it is a data-driven method to justify the fact that significant changes are not necessary in staffing patterns.
- How Acute vs. Chronic Management Conditions Impact Staffing is a resource document that can be reviewed by leadership to understand the impact an acute condition may have on staffing levels compared to chronic conditions. This is not required to be included in your facility assessment and can be used as a reference document.
- Residents' cultural, ethnic and religious factors must be identified in the facility assessment. Consider different ethnicity, cultures, and religions near your community and what may be necessary to provide care to those individuals (such as different dietary/nutrition needs) and what education may be necessary to the staff (such as those religions that will not accept blood products). The QSO memo from CMS also includes an example of non-compliance when a female resident expressed concerns about male staff seeing them without clothes on based on their religious and cultural background.
- Staff competencies must be addressed in the facility assessment.

- Likely the best tool to accomplish this is the Acuity Review Worksheet which identifies staff competencies based on conditions that may be present in the resident population.
- Another tool in the tool kit (which is not required but may be helpful) is the Acuity and Competency Staffing Tracking Audit Tool. There are 4 total worksheets in the excel spreadsheet. You can also use the Leaders Guide to Staffing Analysis Worksheet and Staffing Matrix Guide to understand how to use the tool.
    - The first is instructions on completing the various worksheets.
    - The second sheet "Competencies" includes a format to enter each nurse employed (reminder this would include actual employees and temporary employees such as agency) in the building and whether they have documentation of competencies in their records. For example, you may have 20 nurses employed but only nurse A has demonstrated competencies in providing care for suctioning a resident.
    - The third sheet "Questionnaire" includes all of the competencies included in the "Competencies" spreadsheet and whether staff need to have that competency based on the resident population. For example, radiation is listed as an option. If you do not provide radiation in your building, this will be checked as "No." You may consider various aspects of each competency and document the extent that staff need to be competent. For example, with radiation, your community may not actively provide radiation, but a resident may receive radiation and there may be aspects such as treating their output with special precautions that may be necessary.
    - The fourth sheet "Assessment" includes all competency areas with a section for each week of the year. This sheet will be used to identify if residents are present in your building each week that require those skill sets.
- Another tool that may be helpful is the Determination of Staff Competency Needs Workbook 2024 (review Resident Needs & Competencies sheet) which is in a spreadsheet format and outlines various care that may be provided, individuals that provide the type of care, the type of competency determination which may be necessary (such as return demonstration

compared to knowledge and test), and the average percentage of residents the competency is applicable to.
    - Another sheet that may be helpful is the competency levels in the same resource document, however, this may create more work to identify individuals based on the level in the pyramid and may not provide benefit to the overall facility assessment.
    - The Updated Version of the Toolkit – Personnel Resources Chapter includes example return demonstration competency evaluations that can be utilized. These include Perineal Care Return Demonstration Tool 2024 and Licensed Nurse Competency Assessment Tool 2024.
- Physical environment, equipment, services and other considerations must be addressed as part of the resident population component. When reviewing the resident population consider environmental adaptions that may be necessary (such as private rooms for isolation), equipment (such as mechanical lifts, IV machines, tube feeding devices), and other considerations that may be required (such as residents needs in various units – i.e. dementia care). Both assessment templates linked at the beginning have a section for documenting this requirement. If you utilized the Acuity Review Worksheet to identify specific conditions, you may want to include a column in the worksheet for what equipment may be necessary to provide care to residents. As an example, if you provide care for residents with tube feedings you will need to ensure you have equipment and supplies to provide that service.

Nursing Home Resources Component:

The interpretative guidance outlines requirements for adding nursing home resources in the facility assessment based on services provided and the resident's needs.

- Identify the building that your residents reside in, outlining specific features such as specialized units and households. Are there specific needs such as private rooms, design to allow for wandering, satellite kitchens or kitchenettes, etc. Consider physical structures that may be imperative to cultural, ethnic and religious factors such as a chapel or area to worship their religion.
- Vehicles owned and operated by the community staff. Do the vehicles have lifts that require competencies for individuals to safely operate? Are they wheelchair compatible that require competencies to ensure residents are securely fastened

during transportation? Do individuals need specific driver's licenses to operate the vehicles?

- Equipment considering the following elements:
    - If you utilized the Acuity Review Worksheet to identify specific conditions, you may want to include a column in the worksheet for what equipment may be necessary to provide care to residents. As an example, if you provide care for residents with tube feedings you will need to ensure you have equipment and supplies to provide that service.
    - Non-medical equipment is also important to consider. If you have households with satellite kitchens, are there specific carts that you use to transport food at the appropriate temperatures? What types of equipment do you use in the various departments? If you accept bariatric residents how many bariatric lifts, beds, wheelchairs, etc do you have?
- Outside services that are available such as therapy, portable x-ray, specialty pharmacy, VA pharmacy, dentist, mental and behavioral health providers, physicians, etc. The QSO memo outlines including nursing and other direct care staff that may be utilized under contract.
- Contracts and MOUs that in place with third parties to provide services both during routine operations and in the event of an emergency.
- Health Information Technology utilized in the building. How are your working through interoperability and what are plans in the event of an emergency when internet or power is not available for use of the electronic health records?

Hazard Vulnerability Assessment:

In addition to the emergency preparedness regulations, the facility assessment also outlines the need for both a nursing home based and community-based hazard vulnerability assessment. Instead of duplicating efforts, you could summarize the key areas from the EPP hazard vulnerability assessment into your facility assessment. This element was previously required in the facility assessment regulations.

Participants in the Facility Assessment:

The QSO memo outlines **changes** in the regulatory language and interpretive guidance which expand the required participants in completing the facility assessment and developing the staffing plan. The following individuals must be included:

- Active involvement from the leadership and management team including a member of the governing body, medical director, administrator, and the director of nursing. During the survey process, surveyors will likely review how you incorporated these individuals into development of the facility assessment. As an example, you could include minutes from meetings conducted that list attendees and outline discussions or key points of the meeting.
- Direct care staff, including but not limited to RNs, LPNs, Nurse Aides, and representatives of direct care staff, if applicable. Note that the interpretative guidance on "representatives of direct care staff" provides examples of unionized providers which may not be applicable to everyone. Use of direct care staff in the facility assessment can be completed in a variety of methods and the important aspect for compliance will be documenting how you included (or attempted to include) these individuals in the development. Examples may include meetings with direct care staff to discuss the facility assessment and incorporate feedback or conducting surveys of the direct care staff. LeadingAge and Pathway Health developed a letter template inviting staff to participate.
- Must solicit and consider input from residents, resident representatives, and family members. Again, this can be completed in a variety of ways and documentation of efforts is crucial to compliance. Examples may include discussion during resident council/town hall meetings, family council meetings, conducting surveys, or a separate meeting to discuss elements required in the facility assessment. LeadingAge and Pathway Health developed letter templates for resident and representative/family involvement in the process.

Staffing Plan:

The facility assessment must be used to inform staffing decisions and ensure staff have the appropriate competencies and skill sets necessary to care for the residents. The Facility Assessment templates linked above include information on staffing. Requirements for the staffing plan are **enhanced** from previous requirements. When developing the staffing plan, providers must consider the following elements with resources to assist with this plan.

- Consider specific staffing needs for each resident unit and adjust as necessary based on changes to the resident population. As you're developing the staffing plan, you want to ensure that you clearly outline the total capacity of your building (certified beds) as well as your average census or what your typical

census is. Many providers have limited admissions or are strategically decreasing census to allow for private rooms. If you're limiting admissions based on staffing, you should consider including additional information in your staffing plan to outline certain census levels that would require additional staffing (such as our staffing plan at 45 residents is this; 50 residents is this; and so on). This may reduce the need for frequent updates to the facility assessment as you increase census. The Leaders Guide to Creating a Person-Centered Staffing Plan provides guidance as you navigate developing staffing plans.

- The required minimum staffing levels have not been implemented at this time, however, there is a Staffing Calculator Compared to Minimum Staffing Standards tool that is currently available in a spreadsheet format to identify what your current staffing patterns are in comparison to what will be required in the future.
- The QSO memo outlines that you must consider specific staffing needs based on the shift (i.e. day, evening, night) and day of the week including weekends and holidays.

Recruitment and Retention Plan:

A **new** required component of the staffing plan is to develop and maintain a plan for recruitment and retention of direct care staff.

- The Retention Plan Template is a word document with a table that can be used to narratively enter your individual goals and progress towards staff retention.
- The Recruitment Plan Template is a word document with a table that can be used to narratively enter your individual recruitment plans.
- Additional recruitment and retention resources that are not required:
    - Recruitment Policy Template
    - Retention Policy Template
    - Leaders Guide to Recruitment and Retention
    - Applicant and Recruitment Tracking Tool is a spreadsheet that can be used to document what positions you have open and applications that were submitted.
    - The Recruitment and Retention Metrics and Tracking tool can be used as a QAPI monitor to review various aspects of staff recruitment and retention.

- Development of Recruitment and Retention Plans Aligning with the Facility Assessment is a review of how to develop recruitment and retention plans that meet compliance.

Contingency Staffing Plan:

A new required component of the facility assessment is a contingency staffing plan. The contingency staffing plan is to be used when ideal staffing levels cannot be met, but emergency staffing plans are not necessary. Examples provided in the QSO memo include illnesses where several individuals call off or holidays when more staff may request time off.

The Contingency Staffing Policy Template is likely the best resource in the toolkit to assist with developing a contingency staffing plan.

Misc:

The facility assessment does not include information on waivers; however, the minimum staffing rule discusses waivers based on inability to meet the minimum staffing levels. There are resources throughout the toolkit that review requirements and links that may be useful in the future.