



## Facility Assessment Template

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<< INSERT LOGO or NAME OF FACILITY >>

**FACILITY ASSESSMENT**

Team Members	<i>(Reminder required members are: Administrator, Director of Nursing, Medical Director, Governing Body rep)</i>
Assessment Completed	
QAA/QAPI Review Completed	

Insert Names and Titles of those completing the assessment

Date the Assessment was completed

Date QAA/QAPI reviewed and approved \*\*Make sure reflected in QAPI Mtg Minutes

**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, environmental and emergency response resources to needed to competently care for the residents during day to day operations and emergencies.

Insert a Description of the facility Philosophy of care or Mission Statement – This is an example

**Intent**

The facility provides person-centered, competent care that helps each person served to live their lives 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.

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

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

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; 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.

Describe who developed the Facility Assessment and what was the process utilized

**Facility Assessment Process**

A Representative from the Governing Body, the Administrator, the Medical Director, Director of the Nursing, Therapy, *Social Work Services, Nutrition Services, Activity Services and Environmental Services* departments collaborated to develop and conduct the facility assessment with input from staff in each department.

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

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Insert the examples of data used to develop the Facility Assessment. These are a few examples of data to use or list

Information sources such as the average daily census, CMS Resident Census and Condition report 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.

Frequency of review

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.

Describe how information is used for QAPI

**Facility Assessment and QAPI**

Information 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 the activities of the QAPI process. 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.

**FACILITY OVERVIEW**

**Facility Description**

Describe your Census and capacity

*((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. Our average RUG level for the facility is \_\_\_\_\_. *((if applicable - separate out RUG level for specialty programs))*

Describe Physical Plant, structures, buildings and vehicles

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, ...))*



## Resident Profile

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

Narrative overview of your resident population. See examples

### Narrative Examples:

*The population of the facility is 90% female. The age range of residents in the Short Term Transitional Care unit is 50 – 90 years old. The average age of residents in the Memory Care unit and long term care units is 80 – 100 years old. Hospice services are typically provided for approximately 10% of the facility population. The resident population of the facility reflects the surrounding community with residents of various cultures and religions.*

*The residents of the facility have both chronic illnesses and post-acute conditions.*

*The residents of the 20 bed Short Term Transitional Care unit have some combination of post-surgical conditions and chronic diseases, such as COPD, CHF and Diabetes. Common admitting diagnoses include hip fracture, pneumonia, and exacerbation of COPD. The residents of the Short Term Transitional Care unit are admitted from the hospital and require skilled nursing skilled therapy services for recovery from surgery and illness. The average RUG level for these residents is RVB. Residents typically enter the facility with dependencies in ADL care and mobility and are discharged to the community at more independent levels of functioning.*

*The residents of the 20 bed Memory Care unit have a range of diseases with associated dementia symptoms, such as Parkinson's disease, Alzheimer's disease and residual effects of CVA. Approximately 50% of the residents living in the Memory Care unit have behaviors toward others, wandering or exit seeking behaviors. The average RUG level for the residents of the Memory Care unit is BA2. Residents of the Memory Care unit typically require supervision for mobility and need assistance with bathing, dressing and grooming. Approximately 50% of the residents require supervision and assistance with eating.*

*Residents living in long term care units typically have a number of chronic diseases. The most common are COPD (25%), CHF (10%), Diabetes (15%), Hypertension (80%) and Cancer (10%). The average RUG level for the long term care residents is CA1. 75% of these residents require assistance with mobility and 85% require assistance with bathing, dressing and grooming. Most residents (90%) can eat after staff set up their meals. 5% of the residents require enteral feedings. 55% of these residents are incontinent of bladder or bowel due to functional incontinence.*

*Residents of the facility are at risk for falls, pressure ulcers, infections, incontinence, increased disability, weight loss, depression and other potential areas of decline.*

Examples of resident population description



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

Use data sources to gather information to describe. Identify the top 10 conditions

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

*\*Data Source - The information about the resident population was derived from the CMS 672 Resident Census and Condition report, the CMS Quality Measure Facility Characteristics report, diagnosis and condition and MDS reports from the electronic health record.*

Modify for your facility and population you serve

▪ **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. 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 %))*

Modify for your facility and population you serve

RUG IV	% of Population



Modify for your facility and population you serve

▪ **Resident Level of Independence to Dependence**

ADL Assistance	Independent %	Assist of 1-2 %	Dependent %
Dressing			
Bathing			
Transfer			
Eating			
Toileting			
	Independent %	Asst Device Used to Ambulate	In Chair Most of Time
Mobility			

Indicate the data sources utilized to gather information

*\*Data Source - The information about the resident population was derived from the CMS 672 Resident Census and Condition report, 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 support this by 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**

Indicate facility specific information

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

- Assistance with activities of daily living
- Mobility assistance
- Incontinence prevention and care
- Medications and Medication Management
- Intravenous Therapy
- Behavioral health
- Psycho social support
- Clinical System - Pain, Wound Care, Pain Management.....
- Infection Control
- Rehabilitation
- Respiratory Therapy
- Therapeutic Recreation
- Special Care Needs including: \_\_\_\_\_
- Nutrition

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Examples of statements

*A skilled rehabilitation program is offered with therapy available seven days per week.  
Respiratory care and treatment are provided. Oxygen and respiratory treatments are provided. There is a consulting respiratory therapist available on-call from the hospital.  
The licensed nursing staff provides IV therapy, medication by injection and inhalation and specialty wound care. Residents requiring hemodialysis are treated at the Dialysis center in the community. Care and treatment for these residents is a joint effort of the facility and dialysis center staff.  
The facility has agreements with two of the local Hospice agencies to provide services in the facility. The Administrator will be happy to arrange an agreement with other agencies as requested by the residents and their representatives.  
The staff is capable to provide support, assistance and direct care as needed for activities of daily living, mobility and eating. Bathing is offered in the spa room and showers are available in residents' bathrooms. Residents are encouraged to establish their own daily routines and schedules.  
The Restorative Nursing Program assists residents to reach higher levels of function and avoid decline in self-care abilities and mobility. The programs are implemented following an assessment of needs by a therapist or RN. Programs include range of motion, ambulation, transfer, strength and balance, bladder retraining and bowel retraining.  
The facility has an agreement with the local psychology clinic. Therapists visit residents at the facility as needed, upon referral from their attending medical provider.  
The facility offers on-site dental, podiatry and optometry services to meet residents' needs. Services may be requested by residents and their representatives or recommended by the staff.  
Medication administration is offered by the nursing staff. Residents will be assessed for safe self-administration of medications upon request by residents and their representatives or recommendation by the staff. Medication management is provided by the Pharmacy. A consulting pharmacist reviews each resident's medication regimen monthly and collaborates with the nursing staff and medical provides for optimal medication therapies.  
The nutrition services department provides nutritious and appetizing meals to meet each resident's dietary needs, based on assessment by the registered dietician. Staff serves meals in the three dining areas and can provide meals in residents' rooms. Nutrition services staff make every effort to provide for each resident's food preferences. Special meals are provided for religious holidays celebrated by the residents.  
The Activities department provides a variety of activities based on the expressed preferences of the residents. Residents are supplied with reading materials, hand crafts and other hobby or activity supplies for use in their rooms.  
The facility has routine clergy visits and religious services available in the facility from the Lutheran and Catholic churches in the community.*

**Facility Resources**

Insert Specific Information

**Facility Staff**

The facility is managed by ((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 own physician. There are \_\_\_ physicians and \_\_\_ nurse practitioners that visit the facility regularly to see residents. The facility collaborates medical practitioners as it relates to the care and service needs of the facility resident population.

Possibly insert overview Org Chart

**Organizational Chart**



The facility personnel consist of:

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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 sift and adjusted as needed to meet the care needs and acuity of the resident population. Please see the posted nursing staffing hours for details.

Position	FTEs
Licensed nurses	
Certified nursing assistants	
Medication techs	
Restorative nursing assistants	
Licensed social worker	
Dietician	
Nutrition services staff	
Social Services	
Activity Therapy	
Other Services	

Modify and Insert Specific Information

Modify and Insert Specific Information . Describe how staff assignments are assigned to promote coordination and continuity of care.

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))



## Staff Education, Training and Competencies

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

Every staff member has knowledge competency in: abuse, neglect, exploitation and misappropriation; resident rights; identification of condition change; and resident preferences. Additional knowledge competencies for all staff include dementia management, 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.

Modify and  
Insert Specific  
Information

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

- *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, least annually and as needed.

Modify and Insert Specific  
Information

The facility provides education and training (*insert if in person, self directed, on line – what system, in-service...*) The staff training and education program is designed to ensure knowledge competency for all staff. Education is provided through the on-line 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**

Modify and Insert Specific Information

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

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 which is based upon the resident population 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 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.

Modify and Insert Specific Information

### **Equipment and Supplies**

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

*((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 upon 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 needs for provision of care, annually or as needed.

### Third Party Agreements, Contracts, Memoranda of Understanding

Modify and Insert Specific Information

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

### 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

Modify and Insert Specific Information

*((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))*

Modify and Insert Specific 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 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.

*((Insert facility specific information if applicable))*

Modify and Insert Specific Information

### Facility and Community Risk Assessment

The facility has conducted a facility and community based risk assessment which document potential hazards within the geographic area of the facility, the facility 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.

### Summary

In summary, the facility

Modify and Insert Specific Information

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