Requirements of Participation

Facility Assessment Template

|  |
| --- |
| **Disclaimer**: The Facility Assessment is mandated by CMS but no specific format has been dictated. This template was created by PointClickCare for your use but use of this template does not ensure your regulatory compliance. This tool must be adapted to your facility’s needs, to your state regulatory requirements and, for your resident population. This template has been compiled using a variety of resources. Further information on the Facility Assessment can be found here: [QSO-24-13-NH (cms.gov)](https://www.cms.gov/files/document/qso-24-13-nh.pdf) and through [CMS (Final Rule)](https://www.cms.gov/files/document/qso-24-13-nh.pdf). |

# **Purpose**

The Facility Assessment (§ 483.70 (e) Administration) is a complete review of internal human and physical resources required by the facility to care for residents competently during day to day, weekend and emergency operations. The facility assessment identifies your capabilities as a skilled nursing services provider. The Facility Assessment will be the basis for surveyors to ascertain whether you are prepared to competently take care of the population you have identified that you serve.

§483.71 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 (including nights and weekends) 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.

There are three components to the review:

1. **Resident profile** including numbers, diseases/conditions, physical and cognitive disabilities, acuity, and ethnic/cultural/religious factors that impact care (§483.71(a)(1) i, ii, and v).
2. **Services and care offered** based on resident needs (includes types of care your resident population requires; the focus is not to include individual level care plans in the facility assessment) (§483.71(a)(1) iii).
3. **Facility resources needed** to provide competent care for residents, including staff, staffing plan, staff training/education and competencies, education and training, physical environment and building needs, and other resources, including agreements with third parties, health information technology resources and systems, a facility-based and community-based risk assessment, and other information that you may choose (§483.71(a)(1) iv).

The assessment is not intended as a static tool but is intended to be a living document. It should include your business plan, staffing plan, the types of residents you can serve, and the resources and physical plant required to competently care for the identified populations. It should provide the basis for decisions regarding quality programs, staffing and business moving forward.

This assessment asks you to collect and use information from a variety of sources. Some of the sources may include but are not limited to MDS reports, Quality Measures, 672 (Resident Census and Conditions of Residents) and/or 802 (Roster/Sample Matrix Form) reports, the Payroll-Based Journal, EHR reports and in-house designed reports.

# **Guidelines for Conducting the Assessment**

1. To ensure the required thoroughness, individuals involved in the facility assessment should, at a minimum, include Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and (ii) Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and representatives of the direct care staff, if applicable. (iii) The facility must also solicit and consider input received from residents, resident representatives, and family members. The environmental operations manager and other department heads (e.g., the dietary manager, director of rehabilitation services, or other individuals) should be involved as needed.
2. While a facility may include input from its corporate organization, the facility assessment must be conducted at the facility level.
3. 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. For example, if the facility decides to admit residents with care needs who were previously not admitted, such as residents on ventilators or dialysis, the facility assessment must be reviewed and updated to address how the facility staff, resources, physical environment, etc., meet the needs of those residents and any areas requiring attention, such as any training or supplies required to provide care.
	* It is not the intent that the organizational assessment is updated for every new person that moves into the nursing home, but rather for significant changes such as when the facility begins admitting residents that require substantially different care. Likewise, hiring new staff or a director of nursing or even remodeling should not require an update of the facility assessment, unless these are actions that the facility assessment indicated the facility needed to do.
4. The facility assessment should serve as a record for staff and management to understand the reasoning for decisions made regarding staffing and other resources and may include the operating budget necessary to carry out facility functions.

Appendix PP provides surveyor guidance through Interpretive Guidelines in the State Operations Manual.

**QSO-24-13-NH / June 18, 2024 - Revised Guidance for Long-Term Care Facility Assessment Requirements**

Also see Survey & Certification memos and Appendix PP in the State Operations Manual for additional information.

§483.71 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 (including nights and weekends) 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.

**§483.71(a)** The facility assessment must address or include the following:

**§483.71(a)(1)** The facility’s resident population, including, but not limited to:

1. Both the number of residents and the facility’s resident capacity;
2. The care required by the resident population, using evidence-based, data-driven methods that considering the types of diseases, conditions, physical and behavioral health needs, cognitive disabilities, overall acuity, and other pertinent facts that are present within that population, consistent with and informed by individual resident assessments as required under § 483.20;
3. The staff competencies and skill sets that are necessary to provide the level and types of care needed for the resident population;
4. The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and
5. 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.

**§483.71(a)(2)** The facility’s resources, including but not limited to the following:

1. All buildings and/or other physical structures and vehicles;
2. Equipment (medical and non- medical);
3. Services provided, such as physical therapy, pharmacy, behavioral health, and specific rehabilitation therapies;
4. All personnel, including managers, nursing and other direct care 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;
5. Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and
6. Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.

 **§483.71(a)(3)** A facility-based and community-based risk assessment, utilizing an allhazards approach as required in §483.73(a)(1).

**§ 483.71(b)** In conducting the facility assessment, the facility must ensure:

**§ 483.71(b)(1)** Active involvement of the following participants in the process:

1. Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and
2. Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and representatives of the direct care staff, if applicable.
3. The facility must also solicit and consider input received from residents, resident representatives, and family members.

Nursing Services and Staffing § 483.35

**§483.71(c)** The facility must use this facility assessment to:

**§483.71(c)(1)** Inform staffing decisions to ensure that there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care as required in § 483.35(a)(3).

**§483.71(c)(2)** Consider specific staffing needs for each resident unit in the facility and adjust as necessary based on changes to its resident population.

**§483.71(c)(3)** Consider specific staffing needs for each shift, such as day, evening, night, and adjust as necessary based on any changes to its resident population.

**§483.71(c)(4)** Develop and maintain a plan to maximize recruitment and retention of direct care staff.

**§483.71(c)(5)** Inform contingency planning for events that do not require activation of the facility's emergency plan, but do have the potential to affect resident care, such as, but not limited to, the availability of direct care nurse staffing or other resources needed for resident care.

**Instructions for Completing the Facility Assessment Template**

## **How to Use This Template**

1. This template can be modified to individual use without permission from PointClickCare.
2. For any changes to the form itself (not the contents), complete the revision table so that you can track version of this report.
3. It contains the contents of the CMS released version, with additional resources including PointClickCare reports itemized within each section where applicable.
4. The text boxes are created in table format and will flow over pages for ease of use.
5. Once the content is completed updated, complete the table in section 1.
6. Once you have completed the form, last step is to update the table of contents. Navigate to the table and click “Update Table” in the header row. Select “Update Entire Table”.

**Facility Information:** Complete Facility name, People involved in Completing the assessment, regardless of the amount of involvement, date completed and or updated and the date that the QAPI committee reviewed and who participated.

1. Resident Profile
	1. Census Numbers- Enter licensed, certified, and specialty unit beds.

Then specify your date range and document average daily census and average admissions & discharges for time periods listed.

Considerations:

* Consider if it would also be helpful to 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).
* Consider if it would also be helpful to 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).
* Consider if it would be helpful to describe the number of persons admitted and discharged, as these processes can impact staffing needs
* **POINTCLICKCARE REPORTS – Census Reports**
	1. Diseases/Conditions- Edit the list of common diagnoses to match your resident population.

Considerations:

* The intent is not to list every possible diagnosis or condition. Rather, it is to document **common diagnoses or conditions** to identify the types of human and material resources necessary to meet the needs of residents living with these conditions or combinations of these conditions.
* **POINTCLICKCARE REPORTS: Roster Matrix, Census and Conditions Report, MDS, Diagnosis Report, Orders Reports, UDA Reports (Scoring, Response)**
	1. Acuity- Provide the number or average number of residents under each profile for the designated date range. The intent is to give a picture of the overall acuity of your resident population.

Considerations:

* Consider if it would also be helpful to differentiate between long-stay and short-stay residents or other categorizations (e.g., unit floors or specialty care areas).
* Acuity can be measured in many ways.  Complete the tables below which make sense to your organization.
* **POINTCLICKCARE REPORTS: Enterprise Case Mix Report, Assessment Scoring Report, MDS Response Reports, Care Plans, Tasks**
	1. Ethnic, Cultural or Religious Factors- Provide the ethnic, Cultural, and religious items that impact the care provided to your residents by your staff or others (examples may include translation services, special diet, religious services, religious activities, cultural activities).
* **POINTCLICKCARE REPORTS: Resident List, Religion List, Care Profile, MDS, Care Plans, Incident Reports, Nutrition Management, Diet Types**
1. Services and Care Offered
	1. Resident Preferences- Provide specific preferences that should be considered when determining staffing resources needed to support /accommodate the resident preferences.
	2. Resident Care Needs- Edit the list of care needs to match your resident population
	3. Considerations:
* The intent is to identify and reflect on resources needed (in Section 3) to provide these types of care.
* Modify the table below to address your populations
* **POINTCLICKCARE REPORTS: Census and Conditions Report, Task, Care Plans, MDS, Risk Management**
1. Facility Resources Needed
	1. Staff Plan- Edit this list to identify what type of staff members and how many are needed to care for your resident population.
	2. Staff Assignments-Provide how you determine staff assignments across all shifts based on care needs.
	3. Recruitment and Retention of Staff- Document current strategies for recruitment and retention of staff and plans to maximize strategies.
	4. Staff Training/education- Document staff training and or competencies that are necessary based on your resident population.
	5. Policies & Procedures- Provide process for rolling out any updated Policies and Procedures.
	6. Medical Professionals- Document your process to recruit and retain Medical Professionals to adequately provide necessary care to your resident population. Provide details on expectations of how medical professionals meet standards of care and competencies that are required for your resident population.
	7. Physical Environment- List resources that are required and available to promote the health and safety of your resident population.
	8. Health Information Technology - List health information technology resources that are used to support patient records for your population. Provide process for transfer of information, downtime, emergencies and required resident access to their records.
	9. Evaluation of Infection Prevention and Control- Provide details on your infection prevention and control program and how it aligns with national standards.
	10. Risk Assessment- Provide details of your facility based and community-based risk assessment.

**Column 1:** Compile a list of assets (people, facilities, machinery, equipment, raw materials, finished goods, information technology, etc.) in the left column.

**Column 2:** For each asset, list hazards that could cause an impact. Since multiple hazards could impact each asset, you will probably need more than one row for each asset. You can group assets together as necessary to reduce the total number of rows but use a separate row to assess those assets that are highly valued or critical.

**Column 3:** For each hazard consider both high probability/low impact scenarios and low probability/high impact scenarios.

**Column 4:** As you assess potential impacts, identify any vulnerabilities or weaknesses in the asset that would make it susceptible to loss. These vulnerabilities are opportunities for hazard prevention or risk mitigation. Record opportunities for prevention and mitigation in column 4.

**Column 5:** Estimate the probability that the scenarios will occur on a scale of “L” for low, “M” for medium and “H” for high.

**Columns 6-10:** Analyze the potential impact of the hazard scenario in columns 6 - 10. Rate impacts “L” for low, “M” for medium and “H” for high.

**Column 8:** Information from the business impact analysis should be used to rate the impact on “Operations.”

**Column 10:** The “entity” column is used to estimate potential financial, regulatory, contractual, and brand/image/reputation impacts.

**Column 11:** The “Overall Hazard Rating” is a two-letter combination of the rating for “probability of occurrence” (column 5) and the highest rating in columns 6 – 10 (impacts on people, property, operations, environment, and entity).

Carefully review scenarios with potential impacts rated as “moderate” or “high.” Consider whether action can be taken to prevent the scenario or to reduce the potential impacts (QAPI).

Facility Assessment Template

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Facility Assessment for

{Facility Name Here}

|  |  |
| --- | --- |
| Company Bio: |  |
| Company Logo: |  |
| People Involved in Completing: |  |
| Date Completed/Updated:  |  |
| Date Reviewed with QAPI Committee |  |

Table of Contents

[Revision History 15](#_Toc173255836)

[Resident Profile 16](#_Toc173255837)

[Number of Residents for which our Facility is Licensed to Provide Care 16](#_Toc173255838)

[Diseases/Conditions, Physical and Cognitive Disabilities 17](#_Toc173255839)

[Acuity 18](#_Toc173255840)

[Acuity Affecting Licensed Nurses 19](#_Toc173255841)

[Acuity Affecting Nurse Aides 22](#_Toc173255842)

[Ethnic, Cultural or Religious Factors 23](#_Toc173255843)

[Services and Care Offered 24](#_Toc173255844)

[Resident Preferences 24](#_Toc173255845)

[Resident Care Needs 25](#_Toc173255846)

[Facility Resources Needed 26](#_Toc173255847)

[Nurse Staffing Plans 26](#_Toc173255848)

[Staff Assignments 27](#_Toc173255849)

[Staff Recruitment and Retention of Staff 28](#_Toc173255850)

[Staff Training and Education 29](#_Toc173255851)

[Staff Competencies 31](#_Toc173255852)

[Policies and Procedures for Provision of Care 33](#_Toc173255853)

[Medical Professionals 33](#_Toc173255854)

[Physical environment and building/plant needs 33](#_Toc173255855)

[Health Information Technology (HIT) Resources 35](#_Toc173255856)

[Infection Control Program Evaluation 35](#_Toc173255857)

[Facility Based Risk Assessment 36](#_Toc173255858)

[Community Based Risk Assessment 37](#_Toc173255859)

# Revision History

|  |  |  |
| --- | --- | --- |
| Date  | Person Revising  | Items Updated |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

| Resident Profile |
| --- |
| Number of Residents for which our Facility is Licensed to Provide Care |
| **ITEM** | **FACILITY RESPONSE** |
| # of Licensed Beds |  |
| # of Certified Beds |  |
| # of Specialty Unit Beds |  |
| **Census Date Range \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Average Daily Census |  |
| Average Weekday Admissions |  |
| Average Weekend Admissions |  |
| Average Weekday Discharges |  |
| Average Weekend Discharges |  |

| Diseases/Conditions, Physical and Cognitive Disabilities |
| --- |
| **Category**  | **Common diagnoses** |
| Psychiatric/Mood Disorders/Substance Use Disorders |  |
| Heart/Circulatory System |  |
| Neurological System  |  |
| Intellectual Disabilities |  |
| Vision |  |
| Hearing |  |
| Musculoskeletal System |  |
| Neoplasm  |  |
| Metabolic Disorders  |  |
| Respiratory System |  |
| Genitourinary System |  |
| Diseases of Blood  |  |
| Digestive System |  |
| Integumentary System |  |
| Infectious Diseases  |  |
| Conditions not listed |  |

| Acuity (Date Range: \_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| --- |
| **Profile** | **Number/Average or Range of Residents** |
| Major Joint Replacement or Spinal Surgery |  |
| Non-Orthopedic Surgery and Acute Neurologic |  |
| Other Orthopedic |  |
| Medical Management |  |
| Function Score: 0 – 5 |  |
| Function Score: 6 – 9 |  |
| Function Score: 10 – 23 |  |
| Function Score: 24 |  |
| Mechanically Altered Diet or Swallowing Disorder |  |
| Extensive Services |  |
| Special Care High |  |
| Special Care Low |  |
| Clinically Complex |  |
| Behavioral Symptoms and Cognitive Performance |  |
| Reduced Physical Function |  |
| Nursing Function Score: 0 – 5  |  |
| Nursing Function Score: 6 – 10 |  |
| Nursing Function Score: 11 – 16 |  |
| NTA Score: 12+ |  |
| NTA Score: 9-11 |  |
| NTA Score: 6-8 |  |
| NTA Score: 3-5 |  |
| NTA Score: 1-2 |  |
| NTA Score: 0 |  |

| Acuity Affecting Licensed Nurses |
| --- |
| **Problem** |  **Special Treatments**  | **Number/Average or Range of Residents** |
| **Cancer Treatments** | Chemotherapy |  |
| Radiation |  |
| **Respiratory Treatments**  | Oxygen therapy |  |
| Suctioning |  |
| Tracheostomy Care |  |
| Ventilator or Respirator |  |
| BIPAP/CPAP |  |
| **Behavioral and Mental Health**  | Behavioral Health Needs |  |
| Active or Current Substance Use Disorders |  |
| **Other**  | IV Medications |  |
| Injections |  |
| Transfusions |  |
| Dialysis Care |  |
| Hemodialysis |  |
| Peritoneal dialysis |  |
| Ostomy Care |  |
| Indwelling catheter (including suprapubic catheter and nephrostomy tube) |  |
| Intermittent catheterization |  |
| Hospice Care |  |
| Respite Care |  |
| Isolation or Quarantine for Active Infectious Disease (affects all staff) |  |
| Advanced Wound Care Needs |  |
| Tube Feedings/ Parenteral Nutrition |  |
| Drain/Tube Management |  |
| Tube Feedings/ Parenteral Nutrition |  |
| Drain/Tube Management |  |

| Acuity Affecting Nurse Aides |
| --- |
| **Assistance with Activities of Daily Living** | **Independent** | **Helper Assistance** | **Dependent** |
| Dressing |  |  |  |
| Bathing |  |  |  |
| Transfers |  |  |  |
| Eating |  |  |  |
| Toileting |  |  |  |
| Oral Hygiene |  |  |  |
| Mobility |  |  |  |
| Upper Body Dressing |  |  |  |
| Lower Body Dressing |  |  |  |
| Other care, describe: |  |  |  |

| Ethnic, Cultural or Religious Factors |
| --- |
| **ITEM** | **FACILITY RESPONSE** |
| Activities |  |
| Food and Nutrition Services |  |
| Languages |  |
| Clothing Preferences |  |
| Access to Religious Services |  |
| Religious-based Advanced Directives |  |
| Other |  |

| Services and Care Offered |
| --- |
| Resident Preferences |
| **ITEM** | **FACILITY RESPONSE** |
| Waking Times Outside Routine Schedule |  |
| Bathing Preferences - Morning |  |
| Bathing Preferences - Evening |  |
| Bathing Preferences - Night |  |
| Activities |  |
| Meal Times Outside Routine Schedule |  |
| Bed Times Outside Routine Schedule |  |
| Other |  |

|  |
| --- |
| Resident Care Needs |
| **Category** | **Specific Care or Practices** |
| Activities of daily living |  |
| Mobility and fall/fall with injury prevention |  |
| Bowel/bladder |  |
| Skin integrity  |  |
| Behavioral and Mental Health  |  |
| Medication Management |  |
| Pain management  |  |
| Infection prevention and control  |  |
| Management of medical conditions |  |
| Rehabilitation Services |  |
| Other special care needs  |  |
| Nutrition |  |
| Provide person-centered/directed care: Psycho/social/spiritual support:  |  |
| Medical Social Services |  |
| Discharge Planning |  |

| Facility Resources Needed |
| --- |
| Nurse Staffing Plans |
| **Staff**  | **Plan**  |
| RNs providing direct care |  |
| LPNs/LVNs providing direct care |  |
| RNs Available to Provide Direct Care (includes DON and RNs with admin duties) |  |
| LPNs/LVNs Available to Provide Direct Care (i.e. LPNs/LVNs with admin duties) |  |
| Nurse Aides (CNAs, NAs, Med. Techs |   |
| Other (e.g., department heads, nurse educator, quality assurance, ancillary staff in maintenance, housekeeping, dietary, laundry) |  |

| Staff Assignments |
| --- |
|  | **Staffing Needs as per Resident Unit** |
| **Unit** | **Staff Position** | **Ratio of Staff to Resident or #HPRD** | **RN Coverage / Shift** |
|  | RN |  |  |
|  | LPN/LVN |  |  |
|  | CNA |  |  |
|  | Med Tech |  |  |
|  | Nurse Aide |  |  |
|  | Other |  |  |
|  | **Staffing Needs as per Shift** |
| **Shift** | **Staff Position** | **Ratio of Staff to Resident or #HPRD** | **RN Coverage / Shift** |
| Days | RN |  |  |
| LPN/LVN |  |  |
| CNA |  |  |
| Med Tech |  |  |
| Nurse Aide |  |  |
| Other |  |  |
| Evenings | RN |  |  |
| LPN/LVN |  |  |
| CNA |  |  |
| Med Tech |  |  |
| Nurse Aide |  |  |
| Other |  |  |
| Nights | RN |  |  |
| LPN/LVN |  |  |
| CNA |  |  |
| Med Tech |  |  |
| Nurse Aide |  |  |
| Other |  |  |
| Staff Recruitment and Retention of Staff |
| **Staff Recruitment and Retention** |
| Current Strategies for recruitment and retention of nursing staff: |
| Plans to maximize strategies: |
| **Contingency Planning for Staffing** |
| *In the case of an emergency event, the facility’s emergency plan will be activated. If the event does not rise to the level of activation of the facility’s emergency plan the facility will:* |

| Staff Training and Education |
| --- |
| Topic | Staff Type and Timing (on hire, annual, PRN, On Demand), How |
| Communication – effective communications for direct care staff |  |
| Resident’s rights and facility responsibilities – ensure that staff members are educated on the rights of the resident and the responsibilities of a facility to properly care for its residents |  |
| Abuse, neglect, and exploitation – training that at a minimum educates staff on— (1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property; (2) Procedures for reporting incidents, of abuse, neglect, exploitation, or the misappropriation of resident property; and (3) Care/management for persons with dementia and resident abuse prevention |  |
| Infection control – a facility must include as part of its infection prevention and control program mandatory training that includes the written standards, policies, and procedures for the program  |  |
| Culture change (that is, person-centered and person-directed care) |  |
| State-approved training program for feeding assistants |  |
| Identification of resident changes in condition, including how to identify medical issues appropriately, how to determine if symptoms represent problems in need of intervention, how to identify when medical interventions are causing rather than helping relieve suffering and improve quality of life |  |
| Cultural competency (ability of organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of residents) |  |

| Staff Competencies |
| --- |
| Competency  | Staff Type and Timing (on hire, annual, PRN, On Demand), How |
| Person-centered care |  |
| Activities of Daily Living |  |
| Disaster Planning |  |
| Infection Control – Hand Hygiene |  |
| Infection Control – Universal Precautions |  |
| Infection Control – Protective Equipment |  |
| Medication Administration |  |
| Measurements – Vitals and Intake and Output |  |
| Resident Assessment |  |
| Caring for People with Dementia. Alzheimer’s and Cognitive Impairments |  |
| Caring for Residents with Mental and Psychosocial disorders |  |
| Non-pharmacological management of Responsive Behaviors  |  |
| Caring for Residents with Trauma/PTSD |  |
| Caring for Residents with Substance Abuse Disorder (SUD) |  |

| Policies and Procedures for Provision of Care |
| --- |
| Process for Updating and Rolling Out New/Updated policies |
|  |
| Medical Professionals |
|  |

| Physical environment and building/plant needs |
| --- |
| **Physical Resource Category** | **Resources** | **If applicable, process to ensure adequate supply, appropriate maintenance, replacement**  |
| Buildings and/or other structures  | Building description, garage, storage shed |  |
| Vehicles  | Transportation van |  |
| Physical equipment | Bath benches, shower chairs, bathroom safety bars, bathing tubs, sinks for residents and for staff, scales, bed scales, ventilators, wheelchairs and associated positioning devices, bariatric beds, bariatric wheelchairs, lifts, lift slings, bed frames, mattresses, room and common space furniture, exercise equipment, therapy tables/equipment, walkers, canes, nightlights, steam table, oxygen tanks and tubing, dialysis chair and station, ventilators |  |
| Services | Waste management, hazardous waste management, telephone, HVAC, dental, barber/beauty, pharmacy, laboratory, radiology, occupational, physical, respiratory, and speech therapy, gift shop, religious, exercise, recreational music, art therapy, café/snack bar/bistro  |  |
| Other physical plant needs  | Sliding doors, ADA compliant entry/exit ways, nourishment accessibility, nurse call system, emergency power |  |
| Medical supplies (if applicable) | Blood pressure monitors, compression garments, gloves, gowns, hand sanitizer, gait belts, infection control products, heel and elbow suspension products, suction equipment, thermometers, urinary catheter supplies, oxygen, oxygen saturation machine, Bi-PAP, bladder scanner |  |
| Non-medical supplies (if applicable) | Soaps, body cleansing products, incontinence supplies, waste baskets, bed and bath linens, individual communication devices, computers  |  |
| Health Information Technology (HIT) Resources |
|  |
| Infection Control Program Evaluation |
|  |

<https://www.aadns-ltc.org/Resources/Tools>

Facility Based Risk Assessment

**SWOT Analysis**

|  |  |
| --- | --- |
| **Strengths:** |  |
| **Weakness:** |  |
| **Opportunities:** |  |
| **Threats:** |  |

| **(1)****Asset or Operation at Risk** | **(2)****Hazard** | **(3)****Scenario (Location, Timing, Magnitude)** | **(4)****Opportunity for Prevention****or Mitigation** | **(5)****Probability**(L, M, H) | **Impacts with Existing Mitigation** (L, M, H) | **(11)****Overall Hazard Rating** |
| --- | --- | --- | --- | --- | --- | --- |
| **(6)****People** | **(7)****Property** | **(8)****Operations** | **(9)****Environment** | **(10)****Entity** |
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Community Based Risk Assessment

**SWOT Analysis**

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| **Strengths:** |  |
| **Weakness:** |  |
| **Opportunities:** |  |
| **Threats:** |  |

| **(1)****Asset or Operation at Risk** | **(2)****Hazard** | **(3)****Scenario (Location, Timing, Magnitude)** | **(4)****Opportunity for Prevention****or Mitigation** | **(5)****Probability**(L, M, H) | **Impacts with Existing Mitigation** (L, M, H) | **(11)****Overall Hazard Rating** |
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| **(6)****People** | **(7)****Property** | **(8)****Operations** | **(9)****Environment** | **(10)****Entity** |
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