Facility Assessment Work Document

For evaluating our resident population and identifying the resources needed to provide the necessary care and services of our resident population during both day-to-day operations and emergencies

SHP
STRATEGIC HEALTHCARE PROGRAMS

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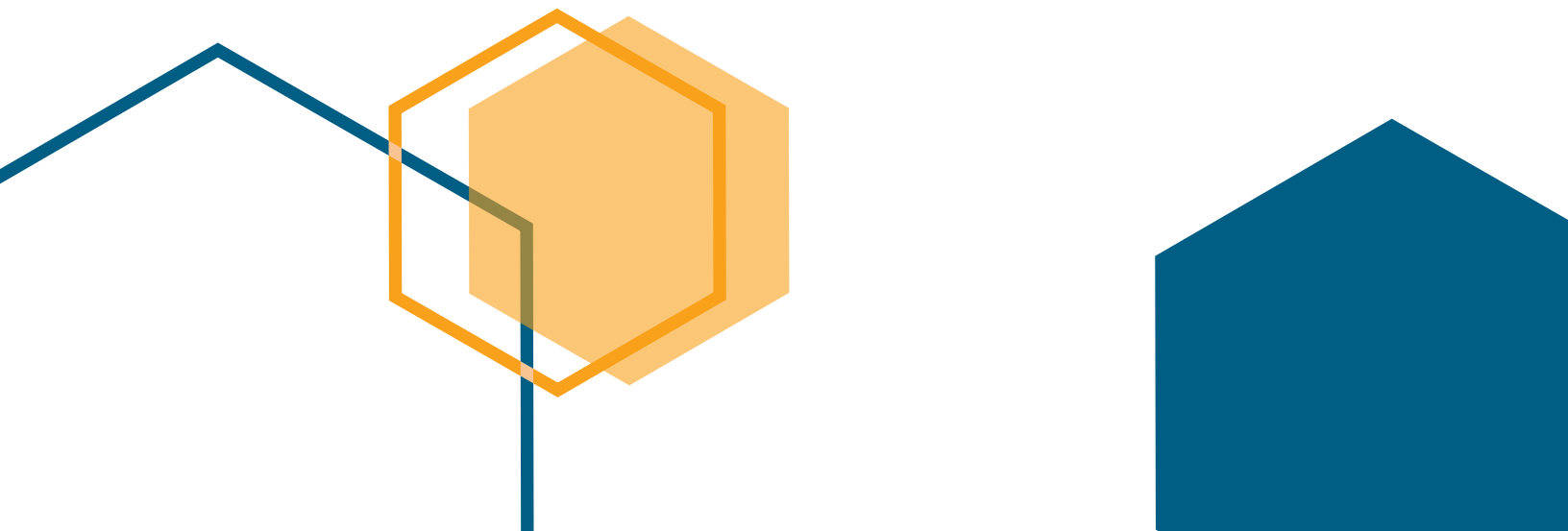
Part 1 – Facility Assessment Team Member Composition			
Team Member	**Name**	**Position/Relationship**	**Primary Responsibility to Assessment Team**
Governing Board Representative			
Administrator			
Director of Nursing Services			
Medical Director			
Direct Care Staff Member (e.g., RN, LPN, CNA, etc.)			
Direct Care Staff Member (e.g., RN, LPN, CNA, etc.)			
Direct Care Staff Member (e.g., RN, LPN, CNA, etc.)			
Direct Care Staff Representative			
Direct Care Staff Representative			
Resident/Representative/Family Member			
Resident/Representative/Family Member			

Disclaimer: Use of this tool is not mandated by CMS, nor does its completion ensure regulatory compliance

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly Quarterly Annual Other
		Assessment Data Year			

Part 2 – Census Data

A. Number of **licensed** beds:

Bed Type	Number Beds
SNFs	
NFs	
Specialty Care (e.g., Dialysis, Hospice, Alzheimer's, etc.)	
Inactive	
Total Number Licensed Beds	

B. Facility's **average** <u>daily</u> census:

Resident Type	Average Daily Census
Short Stay	
Long Stay	
Specialty Care	
Total Average Census	

C. **Gender Identity**:

Gender	Number Residents	MDS Item #
Male		A0800 = 1
Female		A0800 = 2

D. **Average** number (or range) of residents admitted and discharged:

	Number (or Range) Admitted Monthly Quarterly Annually	Number (or Range) of Discharges			
		Planned (A0310G = 1)		Unplanned (A0310G = 2)	
		Facility Initiated	Resident Initiated	Facility Initiated	Resident Initiated
Weekdays					
Weekends					

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Part 2 – Census Data - Continued

E. **Religious Affiliation**: Number (or range) of religious affiliation:

Religion	Male	Female	Religion	Male	Female
Baptist			Protestant		
Catholic			Non-Denominational		
Judaism			Unknown		
Pentecostal			None		

Based on religious preferences identified above, describe any ethnic, cultural, food or nutritional services, access to religious services, activities, religious-based advance directives, etc., that may potentially affect resident care:

F. **Health Literacy**: Number (or range) of residents who need someone to **help** them read instructions, pamphlets, or other written material:

Frequency	Number (or Range)	MDS Item #
Never		B1300 = 0
Rarely		B1300 = 1
Sometimes		B1300 = 2
Often		B1300 = 3
Always		B1300 = 4
Declines to Respond		B1300 = 7
Unable to Respond		B1300 = 8

G. **Cognitive Impairment/Function**: Number (or range) of residents with **cognitive impairment/function**:

Condition	Number (or Range)	MDS Item #
Cognitively Intact		C0500: BIMS Score = 13-15
Moderately Impaired		C0500: BIMS Score = 8-12
Severe Impairment		C0500: BIMS Score = 0-7
Minimal Depression		D0600: Total Severity Score = 1-4
Mild Depression		D0600: Total Severity Score = 5-9
Moderate Depression		D0600: Total Severity Score = 10-14
Moderately Severe Depression		D0600: Total Severity Score = 15-19
Severe Depression		D0600: Total Severity Score = 20-30

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Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly
					Quarterly
		Assessment Data Year			Annual
					Other

H. **Behavioral Symptoms**: Number (or range) of resident with the **presence** of behavioral symptoms:

Exhibited Behavior	Number (or Range)	MDS Item #
Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing other sexually).		E0200A = 1, 2, or 3
Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others).		E0200B = 1, 2, or 3
Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds).		E0200C = 1, 2, or 3
Rejection of Care/Treatments (Resident rejected evaluation or care (e.g., bloodwork, taking medications, ADL Assistance, treatments, etc.)		E0800 = 1, 2, or 3
Wandering (Has the resident wandered?)		E0900 = 1, 2, or 3
Change in Behavior or Other Symptoms since prior assessment or evaluation?		E1100 = 0, 1, or 2

Comments/Notes:

Facility Assessment Work Document

		Date of Assessment		Assessment Period Used to Create Data	Monthly
Facility Name					Quarterly
		Assessment Data Year			Annual
					Other

1. **Primary** medical conditions:

Primary Condition	Accepted/Treated			Number (or Range) Accepted/Treated	MDS Item # (as applicable)
	Yes	**No**	**Under Consideration**		
Stroke					I0020.01
Non-Traumatic Brain Dysfunction					I0020.02
Traumatic Brain Dysfunction					I0020.03
Non-Traumatic Spinal Cord Dysfunction					I0020.04
Traumatic Spinal Cord Dysfunction					I0020.05
Progressive Neurological Conditions					I0020.06
Other Neurological Conditions					I0020.07
Amputation					I0020.08
Hip and Knee Replacement					I0020.09
Fractures and Other Multiple Traum					I0020.10
Other Orthopedic Condition					I0020.11
Debility, Cardiorespiratory Conditions					I0020.12
Medically Complex Conditions					I0020.13

Comments/Notes:

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Part 3 – Diseases/Conditions, Physical and Cognitive Disabilities – Continued

2. Accepted/treated diseases, conditions, physical and cognitive disabilities, or combinations of conditions:

Note: This listing does not include 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 who have or may develop these conditions or combinations of these conditions as our resident population changes.

Category	Common Diagnoses	Accepts/Treats			Number (or Range) Accepted / Treated	MDS Item # (as applicable)
		Yes	No	Under Consideration		
Cancer	Cancer (with or without metastasis)					I0100
Heart/Circulation	Anemia (e.g., aplastic, iron deficiency, pernicious, and sickle cell)					I0200
	Atrial Fibrillation or Other Dysrhythmias (e.g., bradycardias and tachycardias)					I0300
	Coronary Artery Disease (CAD) (e.g., angina, myocardial infarction, and atherosclerotic heart disease (ASHD))					I0400
	Deep Venous Thrombosis (DVT), Pulmonary Embolus (PE), or Pulmonary Thrombo-Embolism (PTE)					I0500
	Heart Failure (e.g., congestive heart failure (CHF) and pulmonary edema).					I0600
	Hypertension					I0700
	Orthostatic Hypotension					I0800
	Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)					I0900
Gastrointestinal	Cirrhosis					I1100
	Gastroesophageal Reflux Disease (GERD); or Ulcer (e.g., esophageal, gastric, and peptic ulcers)					I1200
	Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease					I1300

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Part 3 – Diseases/Conditions, Physical and Cognitive Disabilities – Continued

Category	Common Diagnoses	Accepts/Treats			Number (or Range) Accepted / Treated	MDS Item # (as applicable)
		Yes	No	Under Consideration		
Genitourinary	Benign Prostatic Hyperplasia (BPH)					I1400
	Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD)					I1500
	Neurogenic Bladder					I1550
	Obstructive Uropathy					I1650
Infections	Multidrug-Resistant Organism (MDRO)					I1700
	Pneumonia					I2000
	Septicemia					I2100
	Tuberculosis					I2200
	Urinary Tract Infection (UTI)					I2300
	Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E)					I2400
	Wound Infection (other than foot)					I2500
	Clostridium difficile					
	Influenza					O0250
	Scabies					
	Legionellosis					
Metabolic	Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy)					I2900
	Hyponatremia					I3100
	Hyperkalemia					I3200
	Hyperlipidemia (e.g., hypercholesterolemia)					I3300
	Thyroid Disorder (e.g., hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis)					I3400
	Obesity					
	Morbid Obesity					

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					Other

Part 3 – Diseases/Conditions, Physical and Cognitive Disabilities – Continued

Category	Common Diagnoses	Accepts/Treats			Number (or Range) Accepted / Treated	MDS Item # (as applicable)
		Yes	No	Under Consideration		
Musculoskeletal	Arthritis (e.g., degenerative joint disease (DJD), osteoarthritis, and rheumatoid arthritis (RA))					I3700
	Osteoporosis					I3800
	Hip Fracture - any hip fracture that has a relationship to current status, treatments, monitoring (e.g., sub-capital fractures, and fractures of the trochanter and femoral neck)					I3900
	Other Fracture					I4000
Neurological	Alzheimer's Disease					I4200
	Aphasia					I4300
	Cerebral Palsy					I4400
	Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke					I4500
	Non-Alzheimer's Dementia (e.g. Lewy body dementia, vascular or multi-infarct dementia; mixed dementia; frontotemporal dementia such as Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases)					I4800
	Hemiplegia or Hemiparesis					I4900
	Paraplegia					I5000
	Quadriplegia					I5100
	Multiple Sclerosis (MS)					I5200
	Huntington's Disease					I5250
	Parkinson's Disease					I5300
	Tourette's Syndrome					I5350
	Seizure Disorder or Epilepsy					I5400 A1550B
	Traumatic Brain Injury (TBI)					I5500
	Down's Syndrome					A1550A
	Autism					A1550B

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Category	Common Diagnoses	Accepts/Treats			Number (or Range) Accepted / Treated	MDS Item # (as applicable)
		Yes	No	Under Consideration		
Nutritional	Malnutrition (protein or calorie) or at risk for malnutrition					I5600
Psychiatric/Mood Disorder	Anxiety Disorder					I5700
	Depression (other than bipolar).					I5800
	Bipolar Disorder					I5900
	Psychotic Disorder (other than schizophrenia)					I5950
	Schizophrenia (e.g., schizoaffective and schizophreniform disorders)					I6000
	Post Traumatic Stress Disorder (PTSD)					I6100
	Hallucinations					E0100A
	Delusions					E0100B
	Impaired Cognition					C0500 C1310
	Mental Disorder					C0700-C1000
	Behavior that Needs Interventions					E0200
Pulmonary	Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease (e.g., chronic bronchitis and restrictive lung diseases such as asbestosis)					I6200
	Respiratory Failure					I6300
Vision	Vision Loss, Cataracts, Glaucoma, or Macular Degeneration					I6500; B1000; B1200

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					Other

Category	Common Diagnoses	Accepts/Treats			Number (or Range) Accepted / Treated	MDS Item # (as applicable)
		Yes	No	Under Consideration		
Hearing	Hearing Loss					B0200 – B0800
Integumentary System	Skin Ulcers, Injuries					M0300
	Venous and Arterial Ulcers					M1030
	Other Ulcers, Wounds and Skin Problems					M1040
Other						

3. ***Decisions regarding caring for residents with conditions not listed above:***

The information listed below describes the facility's process for making **admission or continuing care** decisions for residents that have diagnoses or conditions that the facility has not previously supported. (For **example**, how the facility determines, should an opportunity to admit a resident with a new diagnosis arise, or to continue caring for a resident that has developed a new diagnosis, condition or symptom, determine the resources, or how the facility might secure the resources, to provide care and support for the resident.)

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Part 4 – Acuity Levels: Self-Care

Describe the residents' acuity levels regarding the intensity of care and services needed. The **intent** of this part is to give an **overall** picture of our facility's resident acuity levels over the time-period indicated above.

Function MDS Item #: GG0130A - I = 01 - 06	01 Number (or Range) of Dependent Residents	02 Number (or Range) Needing Substantial / Maximal Assistance	03 Number (or Range) Needing Partial / Moderate Assistance	04 Number (or Range) Needing Supervision or Touching Assistance	05 Number (or Range) Needing Setup or Clean-Up Assistance	06 Number (or Range) of Independent Residents
A. Eating (The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.) [MDS Item #: GG0130A]						
B. Oral Hygiene (The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth and manage denture soaking and rinsing with use of equipment.) [MDS Item #: GG0130B]						
C. Toileting Program (The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.) [MDS Item #: GG0130C]						
E. Shower Bathe Self (The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair.) Does not include transferring in/out of tub/shower.) [MDS Item #: GG0130E]						
F. Upper Body Dressing (The ability to dress and undress above the waist; including fasteners, if applicable.) [MDS Item #: GG0130F]						
G. Lower Body Dressing (The ability to dress and undress below the waist, including fasteners; does not include footwear.) [MDS Item #: GG0130G]						
H. Putting on / taking off Footwear (The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.) [MDS Item #: GG0130H]						
I. Personal Hygiene (The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene.) [MDS Item #: GG0130I]						

Legend:

01 – Dependent: Helper does ALL of the effort. Resident does none of the effort to complete the activity. **OR**, the assistance of 2 or more helpers is required for the resident to complete the activity.

02 – Substantial/Maximal Assistance: Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

03 – Partial/Moderate Assistance: Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.

04 – Supervision or Touching Assistance: Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.

05 – Setup or Clean-Up Assistance: Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.

06 – Independent: Resident completes the activity by themselves with no assistance from a helper.

Comments/Notes:

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly
					Quarterly
		Assessment Data Year			Annual
					Other

Part 4 – Acuity Levels – Mobility

Function MDS Item #: GG0170A - K = 01 - 06	01 Number (or Range) of Dependent Residents	02 Number (or Range) Needing Substantial / Maximal Assistance	03 Number (or Range) Needing Partial / Moderate Assistance	04 Number (or Range) Needing Supervision or Touching Assistance	05 Number (or Range) Needing Setup or Clean-Up Assistance	06 Number (or Range) of Independent Residents
A. Roll Left and Right (The ability to roll from lying on back to left and right side and return to lying on back on the bed.) [MDS Item #: GG0170A]						
B. Sit to Lying (The ability to move from sitting on side of bed to lying flat on the bed. [MDS Item #: GG0170B]						
C. Lying to Sitting on Side of Bed (The ability to move from lying on the back to sitting on the side of the bed and with no back support.) [MDS Item #: GG0170C]						
D. Sit to Stand (The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.) [MDS Item #: GG0170D]						
E. Chair/Bed-to-Chair Transfer (The ability to transfer to and from a bed to a chair (or wheelchair) [MDS Item #: GG0170E]						
F. Toilet Transfer (The ability to get on and off a toilet or commode.) [MDS Item #: GG0170F]						
FF Tub/Shower Transfer (The ability to get in and out of a tub/shower.) [MDS Item #: GG0170FF]						
G. Car Transfer (The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.) [MDS Item #: GG0170G]						
I. Walk 10 Feet (Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space.) [MDS Item #: GG0170I]						
J. Walk 50 Feet with Two Turns (Once standing, the ability to walk at least 50 feet and make two turns.) [MDS Item #: GG0170J]						
K. Walk 150 Feet (Once standing, the ability to walk at least 150 feet in a corridor or similar space.) [MDS Item #: GG0170K]						

Legend:

01 – Dependent: Helper does ALL of the effort. Resident does none of the effort to complete the activity. **OR**, the assistance of 2 or more helpers is required for the resident to complete the activity.

02 – Substantial/Maximal Assistance: Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

03 – Partial/Moderate Assistance: Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.

04 – Supervision or Touching Assistance: Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.

05 – Setup or Clean-Up Assistance: Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.

06 – Independent: Resident completes the activity by themselves with no assistance from a helper.

Comments/Notes:

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly
					Quarterly
		Assessment Data Year			Annual
					Other

Part 4 – Acuity Levels – Mobility *(continued)*

Function MDS Item #: GG0170L - S = 01 - 06	01 Number (or Range) of Dependent Residents	02 Number (or Range) Needing Substantial / Maximal Assistance	03 Number (or Range) Needing Partial / Moderate Assistance	04 Number (or Range) Needing Supervision or Touching Assistance	05 Number (or Range) Needing Setup or Clean-Up Assistance	06 Number (or Range) of Independent Residents
L. Walking 10 Feet on Uneven Surfaces (The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.) [MDS Item #: GG0170L]						
M. 1 Step (curb) (The ability to go up and down a curb and/or up and down one step.) [MDS Item #: GG0170M]						
N. 4 Steps (The ability to go up and down four steps with or without a rail.) [MDS Item #: GG0170N]						
O. 12 Steps (The ability to go up or down 12 steps with or without a rail.) [MDS Item #: GG0170O]						
P. Picking up Object (The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.) [MDS Item #: GG0170P]						
Q. Uses a Wheelchair or Scooter (Resident uses a manual or motorized wheelchair.) [MDS Item #: GG0170Q]						
R. Wheel 50 Feet with Two Turns (Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.) [MDS Item #: GG0170R]						
S. Wheel 150 Feet (Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.) [MDS Item #: GG0170S]						

Legend:

01 – Dependent: Helper does ALL of the effort. Resident does none of the effort to complete the activity. **OR**, the assistance of 2 or more helpers is required for the resident to complete the activity.

02 – Substantial/Maximal Assistance: Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

03 – Partial/Moderate Assistance: Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.

04 – Supervision or Touching Assistance: Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.

05 – Setup or Clean-Up Assistance: Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.

06 – Independent: Resident completes the activity by themself with no assistance from a helper.

Comments/Notes:

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Part 5 – Clinical Group Categories

Enter the current number of residents in the following clinical group categories.

Category	Number of Residents
Physical Therapy (PT) Group	
Occupational Therapy (OT) Group	
Speech-Language Therapy (SLT) Group	
Nursing Group	
Non-Therapy Ancillaries (NTA) Group	

Part 6 – Special Treatments, Procedures, and Programs

Description	Special Treatments, Procedures, and Programs	Accepts/Treats			Number (or Range) Accepted / Treated	MDS Item # (as applicable)
		Yes	No	Under Consideration		
Cancer Treatments	**Chemotherapy**					O0110A1
	IV					O0110A2
	Oral					O0110A3
	Other					O0110A10
	Radiation					O0110B1
Respiratory Treatments	**Oxygen Therapy**					O0110C1
	Continuous					O0110C2
	Intermittent					O0110C3
	High-concentration					O0110C4
	Suctioning					O0110D1
	Scheduled					O0110D2
	As Needed					O0110D3
	Tracheostomy Care					O0110E1
	Invasive Mechanical Ventilator (ventilator or respirator)					O0110F1
	Non-Invasive Mechanical Ventilator					O0110G1
	BiPAP					O0110G2
	CPAP					O0110G3

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					Quarterly
		Assessment Data Year			Annual
					Other

Part 6 – Special Treatments, Procedures, and Programs – *Continued*

Description	Special Treatments, Procedures, and Programs	Accepts/Treats			Number (or Range) Accepted / Treated	MDS Item # (as applicable)
		Yes	No	Under Consideration		
Other	**IV Medications**					O0110H1
	Vasoactive Medications					O0110H2
	Antibiotics					O0110H3
	Anticoagulant					O0110H4
	Other					O0110H10
	Transfusions					O0110I1
	Dialysis					O0110J1
	Hemodialysis					O0110J2
	Peritoneal Dialysis					O0110J3
	Hospice Care					O0110K1
	Isolation or Quarantine for Active Infectious Diseases (does not include standard body/fluid precautions)					O0110M1
	IV Access					O0110O1
	Peripheral					O0110O2
	Midline					O0110O3
	Central (e.g., PICC, tunneled, port)					O0110O4
Mental Health	Behavioral Health Needs					
	Active or Current Substance Use Disorders					

Comments/Notes:

Facility Assessment Work Document

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Part 7 – Preferred Languages

Resident's Preferred Language [MDS Item #: A1110A]	Number (or Range) of Resident Preferring this Language	Number Needing/Wanting Interpreter Services [MDS Item #: A1110B]			
		Not Needed or Wanted [A1110B = 0]	Needed or Wanted [A1110B = 1]	Unable to Determine [A1110B = 9]	Provided As Needed or Wanted
English					
Spanish					
Chinese					
French					
Tagalog					
Vietnamese					
Korean					
Arabic					
Russian					
German					
Sign Language					
Communication Board					

Part 8 – Ethnicity

Ethnic Group	Number or Range of Residents In this Ethnic Group	MDS Item #
A. Not of Hispanic, Latino/a, or Spanish Origin		A1005A = Checked
B. Mexican, Mexican American, Chicano/a		A1005B = Checked
C. Puerto Rican		A1005C= Checked
D. Cuban		A1005D = Checked
E. Another Hispanic, Latino/a, or Spanish Origin		A1005E = Checked
X. Unable to Respond		A1005X = Checked
Y. Declines to Respond		A1005Y = Checked

Facility Assessment Work Document

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Part 9 – Race

Race	Number or Range of Residents In this Race Group	MDS Item #
A. White		A1010A = Checked
B. Black or African American		A1010B = Checked
C. American Indian or Alaska Native		A1010C = Checked
D. Asian Indian		A1010D= Checked
E. Chinese		A1010E = Checked
F. Filipino		A1010F = Checked
G. Japanese		A1010G = Checked
H. Korean		A1010H = Checked
I. Vietnamese		A1010I = Checked
J. Other Asian		A1010J = Checked
K. Native Hawaiian		A1010K = Checked
L. Guamanian or Chamorro		A1010L = Checked
M. Samoan		A1010M = Checked
N. Other Pacific Islander		A1010N = Checked
X. Unable to Respond		A1010X = Checked
Y. Declines to Respond		A1010Y = Checked
Z. None of the Above		A1010Z = Checked

Comments/Notes:

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Part 10 – Resident Personal Preferences

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Identify resident **personal preferences** that may *potentially* affect the care provided by the facility:

Preference	Number [or Range] Indicating "Very Important" [F0400 = 1]	Number [or Range] Indicating "Somewhat Important" [F0400 = 2]	Number [or Range] Indicating "Not Very Important" [F0400 = 3]	Number [or Range] Indicating "Not Important at All" [F0400 = 4]	Number [or Range] Indicating "Important, But Can't Do or No Choice" [F0400 = 5]
A. Choosing What Clothes to Wear					
B. Taking Care of Personal Belongings or Things					
C. Receiving a Tub Bath					
D. Receiving a Shower					
E. Receiving a Bed Bath					
F. Receiving a Sponge Bath					
G. Having Snacks Available Between Meals					
H. Choosing Own Bedtime					
I. Have Family or Close Friends or Significant Other Involved in Discussion About Care					
J. Using the Phone in Private					
K. Having a Place to Lock Personal Things to Keep them Safe					
L. Reading Books, Newspapers, or Magazines					
M. Listening to Music					
N. Being Around Animals such as Pets					
O. Keeping Up with the News					
P. Doing Things with Groups of People					
Q. Participating in Favorite Activities					
R. Spending Time Away from the Facility					
S. Spending Time Outdoors					
T. Participating in Religious Activities or Practices					
Taking a Nap					
Cultural/Ethnic Appropriate Dietary Preferences					

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly Quarterly Annual Other
		Assessment Data Year			

Part 11 – Services and Care Offered Based on Resident Needs

Categories of Care	Included Care or Practices	Provided			Comments/Notes
		Yes	No	Under Consideration	
Activities of daily living (ADLs)	Bathing, showers, oral/denture care, dressing, eating, support with needs related to hearing/vision/sensory impairment; supporting resident independence in doing as much of these activities by himself/herself.				
Mobility and fall/fall with injury prevention	Transfers, ambulation, restorative nursing, contracture prevention/care; supporting resident independence in doing as much of these activities by himself/herself.				
Bowel/bladder	Bowel/bladder toileting programs, incontinence prevention and care, intermittent or indwelling or other urinary catheter, ostomy, responding to requests for assistance to the bathroom/toilet promptly in order to maintain continence and promote resident dignity.				
Skin integrity	Pressure injury prevention and care, skin care, wound care (surgical, other skin wounds).				
Mental health and behavior	Manage the medical conditions and medication-related issues causing psychiatric symptoms and behavior, identify and implement interventions to help support individuals with issues such as dealing with anxiety, care of someone with cognitive impairment, care of individuals with depression, trauma/PTSD, other psychiatric diagnoses, intellectual or developmental disabilities.				

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly
					Quarterly
		Assessment Data Year			Annual
					Other

Part 11 – Services and Care Offered Based on Resident Needs – Continued

Categories of Care	Included Care or Practices	Care/Practices Provided			Comments/Notes
		Yes	**No**	**Under Consideration**	
Medications	Awareness of any limitations of administering medications. Administration of medications that residents need. **By route:** oral, nasal, buccal, sublingual, topical, subcutaneous, rectal, intravenous (peripheral or central lines), intramuscular, inhaled (nebulizer), vaginal, ophthalmic, etc. Assessment and management of polypharmacy.				
Pain management	Assessment of pain, pharmacologic and nonpharmacological pain management.				
Infection prevention and control	Identification and containment of infections, prevention of infections.				
Management of medical conditions	Assessment, early identification of problems/deterioration, management of medical and psychiatric symptoms and conditions such as heart failure, diabetes, chronic obstructive pulmonary disease (COPD), gastroenteritis, infections such as UTI and gastroenteritis, pneumonia, hypothyroidism.				
Therapy	PT, OT, Speech/Language, Respiratory, Music, Art, management of braces, splints.				
Other special care needs	Dialysis, hospice, ostomy care, tracheostomy care, ventilator care, bariatric care, palliative care, end of life care.				
Nutrition	Individualized dietary requirements, liberal diets, specialized diets, IV nutrition, tube feeding, cultural or ethnic dietary needs, assistive devices, fluid monitoring or restrictions, hypodermoclysis.				

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly Quarterly Annual Other
		Assessment Data Year			

Categories of Care	Included Care or Practices	Care/Practices Provided			Comments/Notes
		Yes	No	Under Consideration	
Provide person-centered/directed care: Psycho/social/spiritual support	Build relationship with resident/get to know him/her; engage resident in conversation. Find out what resident's preferences and routines are; what makes a good day for the resident; what upsets him/her and incorporate this information into the care planning process. Make sure staff caring for the resident have this information. Record and discuss treatment and care preferences. Support emotional and mental well-being; support helpful coping mechanisms. Support resident having familiar belongings. Provide culturally competent care: learn about resident preferences and practices with regard to culture and religion; stay open to requests and preferences and work to support those as appropriate. Provide or support access to religious preferences, use or encourage prayer as appropriate/desired by the resident. Provide opportunities for social activities/life enrichment (individual, small group, community). Support community integration if resident desires. Prevent abuse and neglect. Identify hazards and risks for residents. Offer and assist resident and family caregivers (or other proxy as appropriate) to be involved in person-centered care planning and advance care planning. Provide family/representative support.				
Other (Specify)					

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly Quarterly Annual Other
		Assessment Data Year			

Part 12 – Facility-Wide Daily Staffing Needs Including Evening, Nights, Weekends, and Holidays

Based on relevant information contained in Part 1 through Part 11, as appropriate, enter the **number** of full-time (FT) or part-time (PT) (or range) of staff needed for **each position and each shift**, as applicable.

Department	Position (as applicable)	Number Needed Daily					
		1st Shift		2nd Shift		3rd Shift	
		FT	PT	FT	PT	FT	PT
Administration *(Other positions may include HIPAA Compliance Officer, Language Interpreters, Risk Manager, Purchasing Agent, Compliance and Ethics Director, Public Relations/ Marketing Director, etc. List other positions as appropriate.)*	Chief Executive Officer						
	Administrator						
	Administrative Assistant						
	Business Office Manager						
	Administrative Support Staff (Clerks, Secretaries, etc.)						
	Admissions Director						
	Discharge Planning Coordinator						
	Staff Development/Training Coordinator						
	Financial/Accounting Staff						
	Human Resources/Personnel Director						
	Medical Records/Health Information Director						
	Security Personnel						
	Chaplain						
	Director of Volunteers						
	Volunteers						

Comments/Notes:

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly Quarterly Annual Other
		Assessment Data Year			

Department	Position (as applicable)	Number of Staff Needed					
		1st Shift		2nd Shift		3rd Shift	
		FT	PT	FT	PT	FT	PT
Nursing Services *(Other positions may include Case Managers, Memory Care Coordinator, Scheduling Coordinator, Unit Secretary, etc. List other positions as appropriate.)*	Director of Nursing Services (RN)						
	Staff Registered Nurses (RNs)						
	Licensed Practical/Vocational Nurses (LPNs/LVNs)						
	Medication Nurses						
	Certified Nurse Aides (CNAs)						
	Certified Medication Aides/Technicians						
	MDS/RAI Coordinator (RN)						
	Clinical Data Entry Staff						
	NATP Training Program Coordinator						
	Pharmacist						
Food and Nutrition Services *(Other positions may apply. List as appropriate.)*	Registered Dietitian						
	Director of Food and Nutrition Services						
	Food Services Director/Manager						
	Chief Cook/Chef						
	Cooks						
	Support Dietary Staff (e.g., Servers, Dishwashers, etc.)						
	Paid Feeding Assistants						

Comments/Notes:

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly Quarterly Annual Other
		Assessment Data Year			

Department	Position (as applicable)	Number of Staff Needed					
		1st Shift		2nd Shift		3rd Shift	
		FT	PT	FT	PT	FT	PT
Therapy Services *(Other positions may apply. List as appropriate.)*	Physical Therapists						
	Physical Therapy Assistants						
	Occupational Therapists						
	Occupational Therapists Assistants						
	Speech-Language Therapists						
	Speech-Language Assistants						
	Respiratory Therapists						
	Respiratory Therapists Assistants						
	Psychological Therapist						
	Psychological Therapists Assistants						
	Recreational Therapists						
	Recreational Therapists Assistants						
	Audiologist						
	Optometrist						
	Restorative Care Nurse						

Comments and Notes:

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly Quarterly Annual Other
		Assessment Data Year			

Department	Position (as applicable)	Number of Staff Needed					
		1st Shift		2nd Shift		3rd Shift	
		FT	PT	FT	PT	FT	PT
Medical/Physician Services *(Other positions may apply. List as appropriate.)*	Medical Director						
	Nurse Practitioner						
	Advanced Practice Registered Nurse (APRN)						
	Infection Preventionist						
	Physicians						
	Physician Assistant						
	Dentist						
	Podiatrist						
	Ophthalmologist						
	Lab Services						
	Diagnostic X-Ray Services						
Activity Services *(Other positions may apply. List as appropriate.)*	Activities Consultant						
	Activity Director						
	Activity Support Staff						
	Activity Volunteers						
Social Services *(Other positions may apply. List as appropriate.)*	Social Services Consultant						
	Social Services Director						
	Social Services Designee						
	Social Services Support Staff						
	Psychiatrist						
	Behavioral and Mental Health Staff						

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly
					Quarterly
		Assessment Data Year			Annual
					Other

Department	Position (as applicable)	Number of Staff Needed					
		1st Shift		2nd Shift		3rd Shift	
		FT	PT	FT	PT	FT	PT
Environmental Services *(Other positions may apply. List as appropriate)*	Environmental Services Director						
	Maintenance Supervisor/Director						
	Safety Compliance Officer						
	Maintenance Support Staff						
	Housekeeping Supervisor/Director						
	Housekeepers						
	Housekeeping Support Staff						
	Laundry Services Supervisor/Director						
	Laundry Staff						
	Laundry Services Support Staff						
	Groundskeeping Staff						
Behavioral Health Services [Staff with knowledge of behavioral health care and services.] *(Other positions may apply. List as appropriate.)*							
Other *List positions not included in other categories (e.g., consultants, lab services, etc.)*							

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly
					Quarterly
					Annual
		Assessment Data Year			Other

Part 13 – Daily Staffing Needs by Unit (e.g., Floor, Wing, Specialty Care)

Unit Name	Location (e.g., Floor, Wing, Hall, Specialty Care Unit, Isolation, etc.)	Number of Residents in Unit

Based on the staffing data outlined in **Part 12**, enter the **number** (or range) of **daily** staff needed for **this unit**.

Staff Position	Number of Staff Needed					
	1st Shift		2nd Shift		3rd Shift	
	FT	PT	FT	PT	FT	PT
Administrative (e.g., MDS, unit secretary, medical records, etc.)						
Licensed Nurses (RNs, LPNs, LVNs, etc.)						
Certified Nurse Aides						
Certified Medication Aides						
Activity Services						
Social Services						
Therapy Services						
Food/Nutrition Services						
Environmental Services						
Housekeeping Services						
Laundry Services						
Contracted Services (e.g., consultants, physicians, etc.)						

Comments/Notes:

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly Quarterly Annual Other
		Assessment Data Year			

Part 13 – Daily Staffing Needs by Unit (e.g., Floor, Wing, Specialty Care) – Continued

Unit Name	Location (e.g., Floor, Wing, Hall, Specialty Care Unit, Isolation, etc.)	Number of Residents in Unit

Based on the staffing data outlined in **Part 12**, enter the **number** {or range} of **daily** staff needed for **this unit**.

Staff Position	Number of Staff Needed					
	1st Shift		2nd Shift		3rd Shift	
	FT	PT	FT	PT	FT	PT
Administrative (e.g., MDS, unit secretary, medical records, etc.)						
Licensed Nurses (RNs, LPNs, LVNs, etc.)						
Certified Nurse Aides						
Certified Medication Aides						
Activity Services						
Social Services						
Therapy Services						
Food/Nutrition Services						
Environmental Services						
Housekeeping Services						
Laundry Services						
Contracted Services (e.g., consultants, physicians, etc.)						

Comments/Notes:

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly Quarterly Annual Other
		Assessment Data Year			

Part 13 – Daily Staffing Needs by Unit (e.g., Floor, Wing, Specialty Care) – Continued

Unit Name	Location (e.g., Floor, Wing, Hall, Specialty Care Unit, Isolation, etc.)	Number of Residents in Unit

Based on the staffing data outlined in **Part 12**, enter the **number** {or range) of **daily** staff needed for **this unit**.

Staff Position	Number of Staff Needed					
	1st Shift		2nd Shift		3rd Shift	
	FT	PT	FT	PT	FT	PT
Administrative (e.g., MDS, unit secretary, medical records, etc.)						
Licensed Nurses (RNs, LPNs, LVNs, etc.)						
Certified Nurse Aides						
Certified Medication Aides						
Activity Services						
Social Services						
Therapy Services						
Food/Nutrition Services						
Environmental Services						
Housekeeping Services						
Laundry Services						
Contracted Services (e.g., consultants, physicians, etc.)						

Comments/Notes:

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly Quarterly Annual Other
		Assessment Data Year			

Part 13 – Daily Staffing Needs by Unit (e.g., Floor, Wing, Specialty Care) – Continued

Unit Name	Location (e.g., Floor, Wing, Hall, Specialty Care Unit, Isolation, etc.)	Number of Residents in Unit

Based on the staffing data outlined in **Part 12**, enter the **number** {or range) of **daily** staff needed for **this unit**.

Staff Position	Number of Staff Needed					
	1st Shift		2nd Shift		3rd Shift	
	FT	PT	FT	PT	FT	PT
Administrative (e.g., MDS, unit secretary, medical records, etc.)						
Licensed Nurses (RNs, LPNs, LVNs, etc.)						
Certified Nurse Aides						
Certified Medication Aides						
Activity Services						
Social Services						
Therapy Services						
Food/Nutrition Services						
Environmental Services						
Housekeeping Services						
Laundry Services						
Contracted Services (e.g., consultants, physicians, etc.)						

Comments/Notes:

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly Quarterly Annual Other
		Assessment Data Year			

Unit Name	Location (e.g., Floor, Wing, Hall, Specialty Care Unit, Isolation, etc.)	Number of Residents in Unit

Based on the staffing data outlined in **Part 12**, enter the **number** {or range) of **daily** staff needed for **this unit**.

Staff Position	Number of Staff Needed					
	1st Shift		2nd Shift		3rd Shift	
	FT	PT	FT	PT	FT	PT
Administrative (e.g., MDS, unit secretary, medical records, etc.)						
Licensed Nurses (RNs, LPNs, LVNs, etc.)						
Certified Nurse Aides						
Certified Medication Aides						
Activity Services						
Social Services						
Therapy Services						
Food/Nutrition Services						
Environmental Services						
Housekeeping Services						
Laundry Services						
Contracted Services (e.g., consultants, physicians, etc.)						

Comments/Notes:

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly Quarterly Annual Other
		Assessment Data Year			

Part 13 – Daily Staffing Needs by Unit (e.g., Floor, Wing, Specialty Care) – Continued

Unit Name	Location (e.g., Floor, Wing, Hall, Specialty Care Unit, Isolation, etc.)	Number of Residents in Unit

Based on the staffing data outlined in **Part 12**, enter the **number** {or range} of **daily** staff needed for **this unit**.

Staff Position	Number of Staff Needed					
	1st Shift		2nd Shift		3rd Shift	
	FT	PT	FT	PT	FT	PT
Administrative (e.g., MDS, unit secretary, medical records, etc.)						
Licensed Nurses (RNs, LPNs, LVNs, etc.)						
Certified Nurse Aides						
Certified Medication Aides						
Activity Services						
Social Services						
Therapy Services						
Food/Nutrition Services						
Environmental Services						
Housekeeping Services						
Laundry Services						
Contracted Services (e.g., consultants, physicians, etc.)						

Comments/Notes:

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly Quarterly Annual Other
		Assessment Data Year			

Part 13 – Daily Staffing Needs by Unit (e.g., Floor, Wing, Specialty Care) – Continued

Unit Name	Location (e.g., Floor, Wing, Hall, Specialty Care Unit, Isolation, etc.)	Number of Residents in Unit

Based on the staffing data outlined in **Part 12**, enter the **number** {or range) of **daily** staff needed for **this unit**.

Staff Position	Number of Staff Needed					
	1st Shift		2nd Shift		3rd Shift	
	FT	PT	FT	PT	FT	PT
Administrative (e.g., MDS, unit secretary, medical records, etc.)						
Licensed Nurses (RNs, LPNs, LVNs, etc.)						
Certified Nurse Aides						
Certified Medication Aides						
Activity Services						
Social Services						
Therapy Services						
Food/Nutrition Services						
Environmental Services						
Housekeeping Services						
Laundry Services						
Contracted Services (e.g., consultants, physicians, etc.)						

Comments/Notes:

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly
					Quarterly
		Assessment Data Year			Annual
					Other

Part 14 – Staff Training/Education

Based on the types of residents admitted to our facility, as identified **in Parts 3, 4, 5, 6, and 11**, the staff training/education programs listed below are conducted to provide the level and types of support and care needed for our resident population. Training programs apply to **ALL** facility staff to include direct care staff, indirect care staff, managers, supervisors, contracted staff, and volunteers, as appropriate. Training programs, as appropriate, are provided as part of our orientation (onboarding) process for new and newly assigned staff, annually, and/or as needed. Training programs contain learning objectives, performance standards, and evaluation criteria.

Training Topic	General Content Description	Required Participation									
		Direct Care Staff		Indirect Care Staff		Mgment Staff		Contract Staff		Vol	
		Y	N	Y	N	Y	N	Y	N	Y	N
Resident Rights and Facility Responsibilities	This education program supports current scope and standards of practice to ensure residents are treated with respect and dignity and includes educational materials that address: resident individual rights; rights exercised by his/her representative; treatment decisions; care planning; self-administration of medications; right of choice; reasonable accommodations; refusal of treatments; self-determination; visitation privileges; personal funds; personal property; charges; communication; clean, comfortable, safe environment; personal privacy; family/state agency contacts; grievances; confidentiality of information; etc., as well as the facility's policies and procedures governing resident rights.										
Abuse, Neglect, and Exploitation	This educational program consists of training relative to activities that constitute abuse; neglect; exploitation; involuntary seclusion; misappropriation of resident property; unlawful use of restraints; use of staff with adverse actions; policies and procedures governing reporting incidents of abuse, neglect, exploitation, seclusion, misappropriation of resident property; and the reporting of a suspicious crime. Training also includes care/management for persons with dementia and resident abuse prevention.										
Communication	This educational program provides services and devices to direct care staff to support effective communication between staff and residents. Training includes specific communication procedures, topics, and mechanisms to promote speaking to others in a way they can understand as well as active listening and observation of verbal and non-verbal cues.										
Infection Control	This educational program includes training on our facilities policies, written standards, procedures, and reporting requirements that govern our infection control and prevention program.										
Quality Assurance and Performance Improvement (QAPI)	This educational program incorporates information relative to the facility's QAPI Program and includes the goals and various elements of the program and how those goals are implemented. Training also includes the staff member's role in the QAPI Program.										

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly Quarterly Annual Other
		Assessment Data Year			

Part 14 – Staff Training/Education – Continued

Training Topic	General Content Description	Required Participation									
		Direct Care Staff		Indirect Care Staff		Mgment Staff		Contract Staff		Vol	
		Y	N	Y	N	Y	N	Y	N	Y	N
Compliance and Ethics	This education program consists of reviews of our facility's written compliance and ethics standards of conduct, policies, and operational procedures governing the preventing and detecting of criminal, civil, and administrative violations and promotes quality of care. Training also includes the identity of persons to contact to report suspected violations, as well as disciplinary actions for committing violations from the staff, those under contract, and volunteers. In addition, training also includes how our facility utilizes monitoring and auditing systems that are designed to detect criminal, civil, and administrative violations.										
Behavioral Health	This education program consists of reviews of our facility's behavioral health program's written policies and procedures governing the prevention and treatment of mental and substance use disorders. Training includes review of the competencies and skills necessary to provide the following: person-centered care and services that reflect the resident's goals for care; interpersonal communication that promotes mental and psychosocial well-being; meaningful activities which promotes engagement and positive meaningful relationships; an environment and atmosphere that is conducive to mental and psychosocial well-being; individualized, non-pharmacological approaches to care; care specific to the individual needs of residents that are diagnosed with a mental, psychosocial, or substance use disorder, a history of trauma and/or post-traumatic stress disorder, or other behavioral health condition; and care specific to the individual needs of residents that are diagnosed with dementia.										
Paid Feeding Assistants	Our facility does not use any individual as a paid feeding assistant unless that individual has successfully completed a State-approving training program which includes, as a minimum, 8 hours of training in the following: feeding techniques; assistance with feeding and hydration; communication and interpersonal skills; appropriate responses to resident behavior; safety and emergency procedures, including the Heimlich maneuver; infection control, resident rights; and recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse.										

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly
		Assessment Data Year			Quarterly
					Annual
					Other

Part 14 – Staff Training/Education – Continued

Training Topic	General Content Description	Required Participation									
		Direct Care Staff		Indirect Care Staff		Mgment Staff		Contract Staff		Vol	
		Y	N	Y	N	Y	N	Y	N	Y	N
Identification of Resident Changes in Condition	This education program consists of reviews of our facility's systems and processes on 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 how to improve quality of life.										
Required In-Service Training for Nurse Aides	Our facility's educational program includes a mandatory 12-hour per year training program for nurse aides. This training program is developed from performance reviews, in-service training pre/posttests, and other systems we use to evaluate staff members competency to provide the necessary care and services required by our resident population.										
Culture Change/Competency	This training program provides instructions relative to personal and culture preferences, values, practices, sexual orientation, gender identity, and trauma-informed care and triggers as indicated in the resident's assessment and plan of care. It incorporates training on being respectful and responsive to the health belief, practices and cultural and linguistic needs of our resident population groups, such as racial, ethnic, religious, or social groups.										

Facility Assessment Work Document

Facility Name		**Date of Assessment**		**Assessment Period Used to Create Data**	Monthly
					Quarterly
		Assessment Data Year			Annual
					Other

Part 15 – Staff Competency

Based on resident care needs, as identified in **Part 3**-Diseases/Conditions, Physical & Cognitive Disabilities, **Part 4**-Acuity Leves for Self-Care and Mobility, **Part 5**-Clinical Group Categories, **Part 6**-Special Treatments, Procedures, and Programs, and **Part 11**-Services and Care Offered Based on Resident Needs, competency demonstrations, certifications, educational and training requirements, etc., are reviewed/verified, as appropriate, at the time of hire, before position changes, annually, and/or as needed. We measure staff competence through knowledge, skills, abilities, behaviors, and other characteristics that staff need to perform work roles or occupational functions successfully as determined by the care needs of our resident population. Documentation of these reviews are maintained as part of our facility's employment history records.

Part 16 – Resident Care Policies and Procedures

The information listed below describes how our facility evaluates our resident care policies and procedures required in the provision of care, as well as how we ensure those meet current professional standards of practice. This process includes, for example, our process for determining if new or updated policies and procedures are needed, and how they are developed or updated. These includes, as a minimum, a review of the following policies and procedures annually and/or as may become necessary if and when changes in our resident population occur:

Policy/Procedure	Process for Determining if a NEW or Updated Policy/Procedure is Needed	Process for Developing / Updating
Pain Management		
IV Therapy		
Fall Prevention		
Skin and Wound Care		
Restorative Nursing		
Specialized Respiratory Care for Tracheostomy or Ventilator		
Storage of Medications and Biologicals		

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly Quarterly Annual Other
		Assessment Data Year			

Part 16 – Resident Care Policies and Procedures – Continued

Policy/Procedure	Process for Determining if a NEW or Updated Policy/Procedure is Needed	Process for Developing / Updating
Transportation		
Infection Control		
Resident Assessments		
Activities of Daily Living		
Behavioral Health Services		
Food and Nutrition		

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly
					Quarterly
		Assessment Data Year			Annual
					Other

Part 17 – Working with Medical Practitioners

The information listed below describes how our facility recruits and retains medical practitioners (e.g., physicians, nurse practitioners, physician assistants, etc.,) who are adequately trained and knowledgeable in the care of our residents, as well as how we collaborate with them to ensure that our facility has appropriate medical practices to meet the needs and scope of our resident population:

The information listed below describes how facility management and staff familiarize themselves with what they expect from medical practitioners and other healthcare professionals related to standards of care and competencies that are necessary to provide the level and types of support and care needed for our resident population. (For example, how we share expectations for providers that see residents in our facility on the use of standards, protocols, or other information developed by our medical director.)

Part 18 – Staff Assignments

The information listed below describes our facility's process for determining individual staff assignments and systems for coordination and continuity of care for residents within and across these staff assignments. For **example**, the process for making individual staff assignments for care of residents with severe cognitive impairments (e.g., review of their training, competency and skill levels, credentials, etc., prior to making the job assignment) to ensure they are qualified to perform required care and services):

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly
					Quarterly
		Assessment Data Year			Annual
					Other

Part 19 – Health Information Technology

The information listed below describes our facility's process for considering, reviewing, recommending, acquiring, and implementing health information technology resources for electronically sharing information with other providers/organizations. This process involves how our facility determines the appropriate resources to ensure the timely processing of information, as well as how the facility sends and receives health information securely to/from hospitals, home health agencies, and/or other providers for any resident admitted, transferred, or discharged from the facility. In addition, our process describes how downtime procedures are developed and implemented and how the facility ensures that residents and their representatives can access their records upon request and obtain copies within required timeframes.

Part 20 – Recruitment and Retention of Staff

The information listed below describes our facility's process for the recruitment and maintaining of our direct care staff (e.g., marketing efforts, tuition assistance, shift preferences, bonuses, promotion opportunities, etc.):

Comments/Notes:

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly
					Quarterly
		Assessment Data Year			Annual
					Other

Part 21 – Non-Emergency Contingency Plan

The information listed below describes our facility's contingency plan for events that do **not** require the activation of our facility's Disaster Preparedness Plan but may have the potential to impact our facility's day-to-day resident care operational needs. This listing includes the contingency event, the plan for obtaining needed supplies or services and who has the primary responsibility to implement such plan.

Contingency Event	Plan for Obtaining Needed Supplies or Service (e.g., How and where obtained, delivery, timeframe, cross-training, etc.)	Primary Responsibility Assigned To (Department / Staff)
Direct Care Staffing		
Other Staffing Needs		
Food and Nutritional Needs		
Medical Supplies		
Communication		
Transportation		

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly
					Quarterly
		Assessment Data Year			Annual
					Other

Part 22 – Infection Control and Prevention Program

The information listed below describes how our facility evaluates its infection prevention and control program to ensure it includes effective systems for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement, and that our program follows accepted national standards of practice.

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly Quarterly Annual Other
		Assessment Data Year			

Part 23 – Use of Contracted Staff/Agencies

The following individuals/agencies are contracted to provide goods, services, and/or equipment to our facility during both normal operations and emergencies:

Name of Individual/Agency	Services/Goods/Equipment Provided	Oversight Responsibility (Process for overseeing and determining if services / goods/ equipment meet resident needs and regulatory, operational, maintenance, and staff training requirements.)

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly
					Quarterly
		Assessment Data Year			Annual
					Other

Part 24 – Physical Environment and Building/Plant Needs

Listed below are the physical environment and building/plant needs our facility requires to meet the needs of our resident population. This listing also includes our process for ensuring that adequate supplies, appropriate maintenance, and replacement of items/services (as applicable), are met:

Physical Resource Category	Facility Resources Needed	Process to ensure adequate supply, appropriate maintenance, replacement, etc., (as applicable)
Buildings and/or other structures *Example*: Building description, garage, storage shed, etc.		
Vehicles *Example*: Transportation van, bus, auto, etc.		
Physical Equipment *Example*: 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, etc.		
Services *Example*: 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, Food, etc.		
Other physical plant needs *Example:* Sliding doors, ADA compliant entry/exit ways, nourishment accessibility, nurse call system, emergency power, etc.		

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly Quarterly Annual Other
		Assessment Data Year			

Part 24 – Physical Environment and Building/Plant Needs – Continued

Physical Resource Category	Facility Resources Needed	Process to ensure adequate supply, appropriate maintenance, replacement, etc., (as applicable)
Medical supplies (if applicable) *Example*: 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, etc.		
Non-medical supplies (if applicable) *Example*: Soaps, body cleansing products, incontinence supplies, waste baskets, bed and bath linens, individual communication devices, computers, etc.		

Comments/Notes:

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly Quarterly Annual Other
		Assessment Data Year			

Part 25 – Facility-Based and Community-Based Hazard / Risk Assessment

While it is impossible to forecast every potential hazard/risk/threat, this list identifies what we believe may be potential hazards/risks/threats to our facility and community and how those events could impact our operational status and to adequately anticipate and prepare to manage a crisis or disaster situation should such event occur. Our facility's Disaster Preparedness Policy and Procedure Manual contains our emergency operational plan.

Events	Probability of Event Occurring in our Area 0 = NA 1 = Low 2 = Moderate 3 = High	Human Impact (Probability of Death or Injury) 0 = NA 1 = Low 2 = Moderate 3 = High	Property Impact (Physical Losses and Damages) 0 = NA 1 = Low 2 = Moderate 3 = High	Business Impact (Interruption of Services) 0 = NA 1 = Low 2 = Moderate 3 = High	Facility Preparedness 0 = NA 1 = Good 2 = Fair 3 = Poor
Natural Events					
Tornado					
Hurricane					
Severe Thunderstorm					
Snow Fall					
Blizzard					
Ice Storm					
Earthquake					
Temperature Extremes					
Drought					
Flood, External					
Wildfire					
Landslide					
Dam Failure					
Volcano					
Epidemic/Pandemic					
Nuclear Power Plant Incident					

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly
					Quarterly
		Assessment Data Year			Annual
					Other

Part 25 – Facility-Based and Community-Based Hazard / Risk Assessment – Continued

Events	Probability of Event Occurring in our Area 0 = NA 1 = Low 2 = Moderate 3 = High	Human Impact (Probability of Death or Injury) 0 = NA 1 = Low 2 = Moderate 3 = High	Property Impact (Physical Losses and Damages) 0 = NA 1 = Low 2 = Moderate 3 = High	Business Impact (Interruption of Services) 0 = NA 1 = Low 2 = Moderate 3 = High	Facility Preparedness 0 = NA 1 = Good 2 = Fair 3 = Poor
Human Events					
Elopement					
Workplace Violence					
Facility Security Threat					
Active Shooter					
Hazmat Exposure, External					
Terrorism, Chemical					
Terrorism, Biological					
Electronic Systems Security Threat					
Hostage Situation					
Civil Disturbance / Community Violence					
Labor Action					
Bomb Threat					

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly Quarterly Annual Other
		Assessment Data Year			

Part 25 – Facility-Based and Community-Based Hazard / Risk Assessment – Continued

Events	Probability of Event Occurring in our Area 0 = NA 1 = Low 2 = Moderate 3 = High	Human Impact (Probability of Death or Injury) 0 = NA 1 = Low 2 = Moderate 3 = High	Property Impact (Physical Losses and Damages) 0 = NA 1 = Low 2 = Moderate 3 = High	Business Impact (Interruption of Services) 0 = NA 1 = Low 2 = Moderate 3 = High	Facility Preparedness 0 = NA 1 = Good 2 = Fair 3 = Poor
Other Events					
Fire, Internal					
Electrical Fire					
Generator Failure					
Transportation Failure					
Fuel Shortage					
Natural Gas Failure					
Water Failure					
Sewer Failure					
Steam Failure					
Fire Alarm Failure					
Sprinkler System Failure					
Communications Failure					
Medical Gas Failure					
HVAC Failure					
Information Systems Failure					
Flood, Internal					
Hazmat Exposure, Internal					
Unavailability of Supplies					
Structural Damage					

Facility Assessment Work Document

Facility Name		Date of Assessment		**Assessment Period Used to Create Data**	Monthly
					Quarterly
		Assessment Data Year			Annual
					Other

Part 26 – Resident/Representative/Family Member Input

Describe below what means were used to solicit input for this assessment from residents, representatives, and/or family members (e.g., surveys, questionnaires, suggestion boxes, meetings, etc.):

Facility Assessment Work Document

Facility Name		Date of Assessment		Assessment Period Used to Create Data	Monthly Quarterly Annual Other
		Assessment Data Year			

Part 27 – Record of Facility Assessment Reviews/Updates

The Facility Assessment Team met on _____ to review, discuss, and/or update our facility's assessment plan. Listed below is a **summary** of the results of the meeting as well as signatures of those team members who actively participated in the process:

Results of the Facility Assessment Team meeting shared with QAA/QAPI Committee on _____.

Team Member	Name	Signature
Governing Board Member		
Administrator		
Director of Nursing Services		
Medical Director		
Direct Care Staff Member		
Direct Care Staff Member		
Direct Care Staff Member		
Direct Care Staff Representative		
Direct Care Staff Representative		
Resident/Representative/Family Member		
Resident/Representative/Family Member		