SNF Requirements of Participation

“Knowing Your Organization, Your Residents, Your Staff, and Your Resources”

Develop Your Facility-Wide Resource Assessment for Phase 2

Objectives

• Recognize the key concepts of the new facility wide resource assessment in the new regulations for skilled nursing facilities
• Describe the required elements of the facility wide resource assessment
• Summarize three leadership strategies for operational success

Intent

• To determine resources necessary to care for residents competently during both day to day operations and in emergencies
• To determine the resources you have and the resources you may need
• To assess and analyze the resident population and resources to competently determine the resources needed to care for residents
Intent
To have a record for staff and management in the future to understand the reasons for decisions that were made regarding staffing and other resources.

Facility Wide Resource Assessment

483.40(a) The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population.

What is it?
- Business Plan
- Staffing Plan
- Identity of the individual skilled nursing facility
- Identification of resources
- Identifies your capabilities as a provider of skilled nursing services
- Shows staff competencies
Template from CMS

Timeline

Must be available to the survey team on or after November 28, 2017

Recommend starting the development process early to be ready

Regulations & F-Tags

F725 & F726 – Nursing Services
F801 – Nutrition Services
F838 – Administration
F880 – Infection Control

(and many more)
Elements

• Description of resident population (Number of residents, capacity)
• Care required by residents (Diseases and conditions, physical and cognitive disabilities, overall acuity)
• Staff competencies necessary to provide for levels and types of care
• Physical Environment
• Ethical, cultural or religious factors
• Facility resources
• Facility-based and Community-based Risk assessment

Elements

• Physical Environment
• Equipment (Medical & Non-medical)
• Activities
• Buildings, physical structures
• Vehicles
• Services Provided (PT, pharmacy)
• Personnel
• Contracts, memos of understanding
• HIT

Nursing

F725 - Nursing Services
• Staffing Plan
• Care Needs
• Competencies and skills
§ 483.35 Nursing Services
The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population in accordance with the facility assessment required at §483.70(e).

§483.35(a) Sufficient Staff
§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:
(i) Except when waived under paragraph (e) of this section, licensed nurses; and
(ii) Other nursing personnel, including but not limited to nurse aides.
§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.
§483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents’ needs, as identified through resident assessments, and described in the plan of care.
§483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident’s needs.

Nursing

Types and amount of staff to meet residents’ needs
Take into account the responsibility that certain types of staff have, such as RNs and LPNs, overseeing the medical management of residents with regard to
- Medications
- Fall Prevention
- Pressure injuries
- Readmission to the hospital
Nursing

Make thoughtful and informed staffing plans and decisions based on meeting resident needs, including maintaining or improving resident function and quality of life.

National Averages*
- RN – 0.84 hppd
- Total – 4.12 hppd

* based on Nursing Home Compare Staffing on 6/21/17.

Nursing

Competencies and skills
- Based on the identification of the resident population and all of the different types of care and services provided
- Determine what competencies and skills are needed to care for your population

Examples:
Tube Feeding, Wound Vac, Wound Care
Food and Nutrition

➢ F801 - Nutrition Services

➢ Staffing Plan
➢ Consider resident assessments, individual plans of care and the number, acuity and diagnoses
➢ Ethnic, cultural, religious preferences

The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility’s resident population in accordance with the facility assessment required at §483.70(e)

This includes:
§483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis.

Dietary staffing plan
➢ Number of meals served per day
➢ Number of kitchens
➢ In room deliveries vs dining room
➢ Family style vs tray line
➢ How many dining rooms
➢ Convenience vs scratch
➢ Time to prepare
➢ Time to transport
Food and Nutrition

Ethnic, cultural, religious preferences

- Special dietary requests or needs
  - Kosher, vegan, gluten free
- How are meal requests handled outside of normal dining hours?
- Types of meal service
  - Scheduled meal times vs rise-to-dine
- Population (Ex. Hmong unit)
- Facility garden

Administration

F838 - Administration

- Facility Resource Assessment falls under administration
- Administrator and DON have core fiduciary responsibility and care of oversight by nursing staff serving residents

Administration

- We must establish that staffing remains adequate throughout the year both with regard to number of staff, skill mix and deployment of personnel
- Planning for holidays, vacation, and absences
- Ensure adequacy of training
Infection Control

F880 - Infection Control

- Incorporate Infection Control
- Antibiotic Stewardship Program

§483.80(a) Infection prevention and control program.

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

1. A system 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 based upon the facility assessment conducted according to §483.70(e) and following accepted national standards.

When to review & revise?

- Initial Development
- As necessary
- If you plan for or have a change that would require a substantial modification to any part of the assessment
- Annually
Census

Building Capacity
- 100 beds

Average Daily Census
- 92 (20 short term, 72 long term)

Types of Care - Units
- 25 bed dementia unit – secured
- 25 bed short term rehab
- 25 bed long term care
- 25 bed long term care

Types of Care

25 Bed dementia care
- Average census is 22
- Competencies Required
  - Dementia Care
  - Behavior Training
  - Medication Management
  - Activities for Dementia Care
  - ADLs
  - Chronic disease management

25 Bed Short Term Rehab
- Average census is 22
- 8-10 admissions / dc per week
  - Pain management
  - Medication management
  - IV Medication
  - Wound Care
  - PT, OT, ST
  - Ortho Care
  - Stroke rehab
Types of Care

2-25 Bed long term care units
  - Average census is 22
    - Pain management
    - Medication management
    - Chronic disease management
      - COPD
      - Diabetes
      - CHF
    - End of Life Care

Care Required

Diseases and Conditions and Physical Disabilities
  - Diagnosis listing over last year
  - MDS Section I
  - CMS 802 Resident Roster

Cognitive Disabilities
  - BIMS

CMS 672

<table>
<thead>
<tr>
<th>ADL</th>
<th>Independent</th>
<th>Assist of One or Two Staff</th>
<th>Dependent</th>
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<tbody>
<tr>
<td>Bathing</td>
<td>F79</td>
<td>F80</td>
<td>F81</td>
</tr>
<tr>
<td>Dressing</td>
<td>F82</td>
<td>F83</td>
<td>F84</td>
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<tr>
<td>Transferring</td>
<td>F85</td>
<td>F86</td>
<td>F87</td>
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<tr>
<td>Toilet Use</td>
<td>F88</td>
<td>F89</td>
<td>F90</td>
</tr>
<tr>
<td>Eating</td>
<td>F81</td>
<td>F82</td>
<td>F83</td>
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</tbody>
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### CMS 672

#### A. Bowel/Bladder Status

| F104 | With indwelling or external catheter |
| F105 | Of total number of residents with catheters, _____ were present on admission. |
| F106 | Occasionally or frequently incontinent of bladder |
| F107 | Occasionally or frequently incontinent of bowel |
| F108 | On individually written bowel training program |
| F109 | On individually written bladder training program |

#### B. Mobility

| F110 | Unable all or most of the time |
| F111 | In chair all or most of the time |
| F112 | Independently ambulatory |
| F113 | Ambulation with assistance or assistive device |
| F114 | Physically restrained |
| F115 | Of total number of residents examined were admitted with orders for restraint. |
| F116 | With restreints |
| F117 | Of total number of residents with contraindications had contraindications on admission. |

#### C. Mental Status

| F118 | With mental retardation |
| F119 | With documented signs and symptoms of depression |
| F120 | With documented psychiatric diagnosis (exclude dementia and depression) |
| F121 | Dementia, multi-infant, encephalitis, Alzheimer’s type, or other than Alzheimer’s type |
| F122 | With behavioral symptoms |
| F123 | Of the total number of residents with behavioral symptoms, the total number receiving a behavior management program |
| F124 | Receiving health rehabilitative services for MMIR |

#### D. Skin Integrity

| F125 | With pressure sores (exclude Stage I) |
| F126 | Of the total number of residents with pressure sores excluding Stage I, how many residents had pressure sores on admission? |
| F127 | Receiving preventive skin care |
| F128 | With rashes |

#### E. Special Care

| F129 | Receiving hospice care benefit |
| F130 | Receiving radiation therapy |
| F131 | Receiving chemotherapy |
| F132 | Receiving dialysis |
| F133 | Receiving intravenous therapy, parenteral nutrition, and/or blood transfusion |
| F134 | Receiving respiratory treatment |
| F135 | Receiving tracheostomy care |
| F136 | Receiving ostomy care |
| F137 | Receiving suctioning |
| F138 | Receiving injections (such as vitamin B12 injections) |
| F139 | Receiving tube feedings |
| F140 | Receiving mechanically altered diets including pureed and all chopped food (not only inset) |
| F141 | Receiving specialized rehabilitative services (physical therapy, speech-language therapy, occupational therapy) |
| F142 | Assistive devices while eating |
Staffing Considerations

- Scope of practice by license
- Known skills
- Productive vs non-productive hours
- Direct care vs administrative
- Physical layout of building
Training Considerations

Traditional in-service education alone may have marginal value in the application of skill and improving performance. Additional value may be found in:
- Coaching & mentoring
- Hands-on training
- Return demonstration

Physical Plant

The facility resource assessment must address all buildings, structures, and vehicles used for operations:
- Include non-resident areas
- Systems and equipment

Preventive maintenance plans:
- Identify specific equipment and systems

Ethnic, Cultural or Religious Factors

Specific to the resident population and staff community:
- How is day to day operation affected?
- How is emergency operation affected?
FACILITY RESOURCES
Buildings, Physical Structures and Vehicles

Describe the items, location, use, maintenance, etc.

Equipment
Medical and non-medical equipment
  o Inventory
  o Deployment
  o Preventive maintenance

Services Provided through Contract
Contracts
Memos of Understanding
Those providing services or equipment
  o Day to Day Operations
  o Emergencies

Examples: Therapy, Medical Director, Staffing Agencies, Mental Health, Hospice, etc.
Personnel
- Organizational Chart
- Management Team
- Employees and contracted services
- Volunteers

Education, competencies, training

Competencies & Training
Not all staff require the same competencies and training
Facility cannot avoid compliance by using agency staff – same rules apply
If a resident requires contact isolation, all staff providing care to that resident must have competency and skills to provide isolation care
  - Skills Checklists
  - Nurses, therapists, housekeeping, nursing assistants

Contracts for Services or Equipment
For day to day operations
  - Medical Supplies
  - Lab
  - Portable diagnostics
  - Food

For emergency operations
  - Water
  - Food
  - Transfer agreement
Health Information Technology

What types of systems do you use to manage health information
- Electronic health records
- Other electronic systems

Interoperability
- If you share information electronically with another entity, what safeguards are in place for HIPAA

Risk Assessments

“All Hazards Approach”
- Work toward hazard prevention while preparing for unexpected emergencies and unforeseen situations that inevitably occur
- Identify hazards
- Identify Vulnerabilities
- Determine potential impact

Hazards

Hazards that may cause:
- Injury
- Property Damage
- Business Disruption
- Environmental Impact

Plan should identify threats or hazards, opportunities for prevention, and risk mitigation
Scenarios for Emergency Planning

- Resources needed to respond to an emergency
- How to continue business operations in an emergency
- Communication planning during and after an emergency
- IT Recovery Plan
- Employee Assistance
- Incident Management

Community Risk Assessment

- Identify the knowledge and skill of your community and of yourself as a provider in the community
- Know your consumers and local residents
- Know your facility, your capabilities and your capacities
Consumer Knowledge & Skill

- Communication access/barriers
- Knowledge of preventive care
- Experience with health systems
- Beliefs about health outcomes
- Cultural norms, healing practices
- Skill in accessing services
- Age of community members
- Education and training of consumers
- Living conditions / homeless
- Poverty – basic needs not met
- Physical access barriers

Leadership Strategies

1. Start early on the plan
2. Tap into resources available
3. Break the plan into sections
4. Utilize a checklist to keep track of collected information
5. Check for state requirements
6. Network with peers for ideas

References

Thank you!

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