

# FACILITY ASSESSMENT TEMPLATE



Disclaimer: Use of this specific tool is not mandated by CMS. This template **must** be adapted to your facility resident population, policies, and procedures to ensure compliance with the regulation to complete a facility specific assessment.

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### DISCLAIMER: FACILITY ASSESSMENT TOOL

This facility assessment tool is provided for informational purposes only. It is designed to assist skilled nursing facility professionals in conducting a facility assessment as required at §483.71 Facility Assessment in Appendix PP ([QSO-24-13-NH](#)). Use of this tool does not constitute or ensure regulatory compliance.

#### Limitations:

1. **Not a Substitute for Professional Judgment:** This tool is not a substitute for professional judgment, clinical expertise, or regulatory requirements. Users are encouraged to consult relevant regulations, guidelines, and standards in addition to using this tool.
2. **General Guidance:** The assessment generated by this tool is based on general principles and may not account for specific local, state, or federal regulations applicable to individual facilities.
3. **No Guarantee of Accuracy:** While efforts have been made to ensure the accuracy of the information and assessments provided, no guarantee is made regarding completeness, reliability, or suitability for any particular purpose.
4. **Independent Verification:** Users are encouraged to independently verify the results of the facility assessment before making any decisions based on its findings. The results of the facility assessment based on this tool should be reviewed by those who have federal regulatory knowledge and in consultation with medical professionals who have knowledge relating to each resident's history and medical needs. This tool does not ensure regulatory compliance.
5. **Modification and Updates:** QIPMO reserves the right to modify, update, or discontinue this tool at any time without prior notice. This tool was adapted based on information found in the [Quality Improvement Organizations Facility Assessment Tool](#). By using this SNF assessment tool, you acknowledge that you have read, understood, and agreed to the terms and conditions outlined in this disclaimer. Date: 07/12/2024.

### HOW TO USE THIS TEMPLATE

1. This template can be modified to individual use without permission from QIPMO.
2. For any changes to the form itself (**not the contents**), complete the [revision table](#) below so that you can track the version of this assessment.
3. The text boxes are created in table format and will flow over pages for ease of use.
4. Once the content is **completely updated**, complete [this table](#) on page 35.
5. 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".

Requirements of Participation §483.71 Facility Assessment

Revision Table:

Date	Person Revising	Items Updated

### PURPOSE

The Facility Assessment (§483.71) is a complete review of internal human and physical resources required by the facility to care for residents competently during day to day 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.

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
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)
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

The facility assessment will enable each nursing home to thoroughly assess the needs of its resident population and the required resources to provide the care and services the residents need using evidence-based, data-driven methods. It 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 conduct facility functions.

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, 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 the administrator, a representative of the governing body, the medical director, and the director of nursing. Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and representatives of the direct care staff if applicable (i.e. union representative). The environmental operations manager, and other department heads (for example, the dietary manager, director of rehabilitation services, or other individuals) should be involved as needed. Additionally, the facility must also solicit and consider input received from residents, resident representatives, and family members. There are a variety of ways to solicit this input, such as distributing surveys regarding facility staffing, services, and/or customer satisfaction, conveniently placing suggestions boxes throughout the facility for anonymous input, or providing annual notices for soliciting input to staff, residents, family members, or other resident representatives prior to conducting the annual review

## Requirements of Participation §483.71 Facility Assessment

and update to the facility assessment. Other options would be to host family council meetings or a “town hall” type meeting. Regardless of the approach to solicit input, it should be made clear the purpose of why you are asking for it.

2. The facility assessment must be conducted at the facility level.
3. The facility must review and update this assessment as necessary and at least annually or whenever there is/the facility plans for any change that would require a 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.
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 conduct facility functions.

### **QSO-24-13-NH REVISED GUIDANCE FOR LONG-TERM CARE FACILITY ASSESSMENT REQUIREMENTS**

#### **§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:

- (i) Both the number of residents and the facility’s resident capacity;
- (ii) The care required by the resident population, *using evidence-based, data-driven methods that* consider 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*;
- (iii) The staff competencies and *skill sets* that are necessary to provide the level and types of care needed for the resident population;
- (iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and
- (v) 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*:

- (i) All buildings and/or other physical structures and vehicles;
- (ii) Equipment (medical and non- medical);

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- (iii) Services provided, such as physical therapy, pharmacy, *behavioral health*, and specific rehabilitation therapies;
- (iv) 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;
- (v) 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
- (vi) 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 all-hazards 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:*

- (i) 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.*

*§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.*



### KEY ELEMENTS OF NONCOMPLIANCE

To cite deficient practice at F838, the surveyor's investigation will generally show that the facility failed to do any one of the following:

- Annually and as necessary, conduct, document, review and update a facility-wide assessment; or
- Address or include in the facility assessment the minimum requirements as described in sections *§483.71(a), (b), and (c)*.

### POTENTIAL TAGS FOR ADDITIONAL INVESTIGATION

If the survey investigation reveals that there are not sufficient or competent staff surveyors are instructed to refer to:

- F639, §483.21(b)(3), Comprehensive Person-Centered Care Planning;
- F725 or 726, §483.35(a), (c) for any nursing services not related to behavioral health care or dementia care;
- F741, §483.40 for any staff caring for residents with dementia or a history of trauma and/or post-traumatic stress disorder;
- F801, §483.60(a) for Food and Nutrition staff;
- F826, §483.65(b), Specialized rehabilitative services;
- F839, §483.70(e), Staff qualifications;
- F837, §483.70(d), Governing Body
- F865, §483.75, QAPI/QA&A

### RESOURCES FOR COMPLETING A THOROUGH FACILITY ASSESSMENT

- **CMS FACILITY ASSESSMENT FINAL RULE**
  - See the Code of Federal Regulations (CFR) section §483.71 [here](#).
- **FINAL RULE REGARDING NURSING SERVICES**
  - See the CFR section §483.35 [here](#).
- **FINAL RULE REGARDING EMERGENCY PREPAREDNESS**
  - See the CFR section §483.73 [here](#).
- **STATE OPERATIONS MANUAL: APPENDIX PP - GUIDANCE TO SURVEYORS FOR LONG TERM CARE FACILITIES**
  - The CMS.gov website-Appendix PP State Operations Manual. See the Downloads section [here](#).
- **FACILITY ASSESSMENT TOOL UPON WHICH THIS DOCUMENT IS BASED.**
  - The information is on the qioprogram.org website [here](#).
- **MEDICARE PROVIDER COMPLIANCE TIPS (CMS.GOV)**
  - The CMS Medicare Provider Compliance Tips webpage can be found [here](#).
- **INFECTION PREVENTION AND CONTROL GUIDANCE**
  - See the CFR sections §483.80(a)(1), (a)(2), (a)(4), (e), and (f) [here](#).
- **CDC INFECTION PREVENTION AND CONTROL ASSESSMENT AND RESPONSE TOOL**
  - The webpage can be found [here](#).
- **NHSN ANNUAL FACILITY SURVEY FORM**

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- The CDC.gov website usually provides an LTCF Annual Facility Survey guidance document. See the LTCF Guidance Documents section [here](#).
- **CMS F-TAG REVISIONS AND INFORMATION**
  - The CMS.gov website usually provides a Survey Resources ZIP file which contains a file called List-of-Revised-FTags.pdf. See the Downloads section [here](#).
- **POLICY & MEMOS TO STATES AND CMS LOCATIONS**
  - CMS Quality Safety & Oversight memoranda, guidance, clarifications and instructions to State Survey Agencies and CMS Locations can be found [here](#).
- **MEDICARE AND MEDICAID PROGRAMS: MINIMUM STAFFING STANDARDS FOR LONG-TERM CARE FACILITIES**
  - Information regarding the Federal minimum staffing standards can be found [here](#).
- **CDC CORE ELEMENTS OF ANTIBIOTIC STEWARDSHIP FOR NURSING HOMES**
  - See the CDC webpage [here](#).
- **QIPMO**
  - Gerontological nurse experts and long-term care leadership coaches provide education on best practices to improve care delivery and outcomes for nursing home residents is [here](#).

## SAMPLE PLAN FOR CONDUCTING THE FACILITY ASSESSMENT

### Plan for the Assessment

1. **Understand the Requirements:** Review the specific requirements outlined in 483.71 to ensure clarity on what needs to be assessed. Familiarize yourself with any guidelines or frameworks provided by regulatory bodies or industry standards. The facility administrator:
  - a. Reviews the regulation for the facility assessment requirements.
  - b. Reviews the Interpretive Guidelines, Appendix PP for F838 Facility Assessment, QSO-24-13-NH, and other areas that refer to the Facility Assessment.
  - c. Choose a format to conduct the assessment.
2. **Identify Scope and Objectives:** The leader identifies areas of the facility operations that are covered (e.g., physical environment, equipment, staffing, policies). Identify what outcomes are you aiming to achieve through this facility assessment (e.g., compliance with regulations, identifying areas for improvement)? It 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 conduct facility functions.
3. **Formulate Assessment Team:** Assemble a multidisciplinary team including relevant and required stakeholders such as facility managers, governing body, medical director, director of nursing, department heads, maintenance staff, regulatory compliance officers, residents, and other direct care staff (refer to § 483.71(b)(1) on page 8 of 30):
  - a. Review and discuss the requirement.
  - b. Review the process with the team; discuss and clarify steps needed.
  - c. Discuss and establish a timeline for the assessment.
    - i. Consider if the facility assessment timing should align with the budgeting process.
  - d. Discuss and decide how the assessment will be completed.
    - i. One person takes the lead on the first draft, or

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- ii. Assign people to complete different sections.

### Complete the Facility Assessment

4. The team leader and others assigned complete the assessment.
5. Team leader and others completing the assessment check-in as needed to discuss any questions or barriers that are coming up to completing the assessment.

### Synthesize and Use the Assessment Findings

6. Review the findings of your assessment as a leadership team and discuss the following questions. The goal is to make decisions about needed resources, including direct care staff needs, as well as their capabilities to provide services to the residents in the facility. This step in the process is to use the assessment findings to ensure you are providing competent care to residents every day and during emergencies, and work to continuously identify and act on opportunities for improvement. Documentations of discussions or responses to the questions below are intended for facility use. Consider the questions below:
  - a. How has the resident population- diseases, conditions, acuity, etc. changed since the last assessment?
  - b. Do we need to make any changes in staffing?
    - i. Based on resident number, acuity, and diagnoses of resident population and our current level of staffing, do we have sufficient nursing staff (nurses and CNAs) with the appropriate competencies and skills?

How do we determine if we have sufficient staffing? Consider the following:

- Gather input from residents, family members, and/or resident representatives, and direct care staff about how well the current staffing plan has been working and any concerns, and make sure to consider this information when developing the staffing plan.
- Calculate the type of staff and the amount of staff time needed to meet residents' daily needs, preferences, and routines to help each resident attain or maintain the highest practicable physical, mental, and psychosocial well-being.
- Review expectations for minimum staffing requirements at the federal and state level. Federal law requires nursing homes to have sufficient staff to meet the needs of residents, to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(1) and must designate a licensed nurse to serve as a charge nurse on each tour of duty (§483.35(a)(2)). Planning for the potential minimum staffing requirements should also be considered. Those standards are outlined in the [Federal Register](#).
- Review comparative data (at the nursing home, state and national level) available on the staff measure on Nursing Home Compare. Ask how do we compare, and if we have different HRPD from other homes, the state, and nation, why? What might that mean and how might it inform our staffing plan? Note that the Nursing Home Compare staffing rating

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considers differences in the levels of residents' care needs in each nursing home. Ask if there are any opportunities for improvement in the current staffing approach.

- Does the plan include staffing contingencies for events that do not require activation of the facility's emergency plan but have the potential to affect resident care? Ask "What happens if no NAs show up for the evening shift"?
- ii. Based on resident number, acuity, and diagnoses of resident population, do we have sufficient staff with the appropriate skills and competencies to conduct functions of food and nutrition services, for example, dietitian?
- c. Is there any training, education and/or competency needs based on resident and/or staff data or trends identified in the Facility Assessment?
  - i. Does our current behavioral health training sufficiently address our resident population, as identified by the Facility Assessment?
  - ii. Does our current CNA training program sufficiently address our resident population as identified by the Facility Assessment?
  - iii. Do we need to update job descriptions to coincide with new competencies identified?
  - iv. Are new requirements incorporated into our annual performance evaluation process?
- d. What opportunities do we have to further collaborate closely with our medical practitioners to enhance our approaches to resident/patient care?
- e. Are there any infection control issues (e.g., increase in or new infectious diseases, surveillance needs) that require a change in our infection prevention resources and methods?
- f. What opportunities exist for quality initiatives (QAA/QAPI) as a result of what we learned from the Facility Assessment to improve our facility's services and resources?
  - i. Do the trends identified in the Facility Assessment suggest areas where we need to improve the quality of our care, quality of life for our residents and/or quality of our services?
  - ii. What findings in the assessment indicate a need for us to collect and use additional data to inform decision making for future care and improvement?
- g. Are there any other resources we need to care for residents competently during day-to-day operations and emergencies, based on the Facility Assessment?
- h. Has our facility's anticipated income been evaluated with relation to anticipated needs in the coming year, as identified in the assessment? Are adjustments needed in our operating budget to address any gaps in resource needs?

### Evaluate Your Process and Plan for Future Assessments

7. Review the facility assessment requirements and guidance at F838. Questions surveyors should consider [*and you will want to ensure you can answer if asked*] include, but are not limited to, the following:

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- a. *Does the facility assessment include an evaluation of the resident population, and its needs (e.g., acuity) based on evidence-based, data-driven methods?*
  - b. Does this reflect the population observed?
  - c. *Does it address the facility's resident capacity?*
  - d. *Does the facility assessment include information on the staffing level(s) needed for specific shifts, such as day, evening, and night and adjusted as necessary based on changes to [in the] resident population?*
  - e. *Does the facility assessment address what skills and competencies are required by those providing care?*
  - f. *Was the facility assessment conducted with input from the individuals stated in the regulation (483.71(b))?*
  - g. *Does the facility assessment indicate what resources, including but not limited to, equipment, supplies, services, personnel, health information technology, and physical environment are required to meet all resident needs?*
  - h. *Does the facility have a plan for maximizing recruitment and retention of direct care staff?*
  - i. *Does the facility assessment include a contingency plan that is informed by the facility assessment?*
8. Evaluate, with your team, the process to conduct the assessment and use the findings. What went well? What will you do differently next time? Analyze the documented findings to prioritize actions based on resident and/or staffing needs impact.
  9. Establish a process for updating the assessment annually or earlier if there are substantive changes. Consider reviewing and/or updating the facility emergency preparedness plan in conjunction with the facility assessment.

**FACILITY INFORMATION**

Assessment Date	
Name of Facility	
Date Updated	
Date Reviewed with QAPI Committee	
<b>SIGNATURES (ACTIVE AND MANDATORY PARTICIPANTS)</b>	
<b>Title</b>	<b>Signature</b>
Administrator	
Director of Nursing	
Governing Body	
Medical Director	
Direct Care Staff Member (RN, LPN, C.N.A., etc.)	
Direct Care Staff Member (RN, LPN, C.N.A., etc.)	
Direct Care Staff Member (RN, LPN, C.N.A., etc.)	
Resident	
Family Member	
Resident Representative	
Staff Representative	

**Solicitation for input from residents, resident representatives, and family member was conducted by: Describe here what means you used to solicit this input. Surveys, questionnaires, suggestion boxes, town hall meetings, etc.**

**RESIDENT PROFILE**

**Numbers**

**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

ITEM	FACILITY RESPONSE
# of Licensed Beds	
Average Daily Census (Range)	
Average Weekday Admissions	
Average Weekend Admissions	
Average Weekday Discharges	
Average Weekday Discharges	

**Diseases/Conditions, Physical and Cognitive Disabilities**

**Considerations:**

- Indicate if you may accept residents with, or your residents may develop, the following **common** diseases, conditions, physical and cognitive disabilities, or combinations of conditions that require complex medical care and management.
- The intent is not to list every 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.
- Indicate if you may accept residents with, or your residents may develop, the following **common** diseases, conditions, physical and cognitive disabilities, or combinations of conditions that require complex medical care and management.
- 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. Edit the list below to your needs.

**Common Diagnoses/Conditions**

CATEGORY	COMMON DIAGNOSES
Psychiatric/Mood Disorders	Psychosis (Hallucinations, Delusions, etc.), Impaired Cognition, Mental Disorder, Depression, Bipolar Disorder (i.e., Mania/Depression), Schizophrenia, Post-Traumatic Stress Disorder, Anxiety Disorder, Behavior that Needs Interventions
Heart/Circulatory System	Congestive Heart Failure, Coronary Artery Disease, Angina, Dysrhythmias, Hypertension, Orthostatic Hypotension, Peripheral Vascular Disease, Risk for Bleeding or Blood Clots, Deep Venous Thrombosis (DVT), Pulmonary Thrombo-Embolism (PTE)
Neurological System	Parkinson’s Disease, Hemiparesis, Hemiplegia, Paraplegia, Quadriplegia, Multiple Sclerosis, Alzheimer’s Disease, Non-Alzheimer’s Dementia, Seizure Disorders, CVA, TIA, Stroke, Traumatic Brain Injuries, Neuropathy, Down’s Syndrome, Autism, Huntington’s Disease, Tourette’s Syndrome, Aphasia, Cerebral Palsy
Vision	Visual Loss, Cataracts, Glaucoma, Macular Degeneration
Hearing	Hearing Loss
Musculoskeletal System	Fractures, Osteoarthritis, Other Forms of Arthritis
Neoplasm	Prostate Cancer, Breast Cancer, Lung Cancer, Colon Cancer
Metabolic Disorders	Diabetes, Thyroid Disorders, Hyponatremia, Hyperkalemia, Hyperlipidemia, Obesity, Morbid Obesity
Respiratory System	Chronic Obstructive Pulmonary Disease (COPD), Pneumonia, Asthma, Chronic Lung Disease, Respiratory Failure
Genitourinary System	Renal Insufficiency, Nephropathy, Neurogenic Bowel or Bladder, Renal Failure, End Stage Renal Disease, Benign Prostatic Hyperplasia, Obstructive Uropathy, Urinary Incontinence



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CATEGORY	COMMON DIAGNOSES
Diseases of Blood	Anemia, CLL, CML
Digestive System	Gastroenteritis, Cirrhosis, Peptic Ulcers, Gastroesophageal Reflux, Ulcerative Colitis, Crohn’s Disease, Inflammatory Bowel Disease, Bowel Incontinence
Integumentary System	Skin Ulcers, Injuries
Infectious Diseases	Skin and Soft Tissue Infections, Respiratory Infections, Tuberculosis, Urinary Tract Infections, Infections with Multi-Drug Resistant Organisms, Septicemia, Viral Hepatitis, <i>Clostridium difficile</i> , Influenza, Scabies, Legionella’s

### Acuity

#### Considerations:

- Describe your residents’ acuity levels that help you to understand potential implications regarding the intensity of care and services needed. The intent of this is to give an overall picture of acuity – **over the past year, prior quarter, or during a typical month**, for example. Potential data sources include PDPM Case Mix Groups, Nursing Case Mix Index, MDS data, and resident/patient acuity tools.
- 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).
- Acuity can be measured in many ways. Complete the tables below which make sense to your organization. Delete the tables you do not use and update the [table of contents](#).

### Resident Reimbursement Classification

PDPM NURSING CMG	TOTAL NUMBER OF RESIDENT DAYS PER PDPM CMG FOR THE PREVIOUS QUARTER <b>OR</b> THE AVERAGE NUMBER OF RESIDENTS PER CMG FOR THE PREVIOUS QUARTER
<b>Extensive Services</b>	
ES3	
ES2	
ES1	
<b>Special Care High</b>	
HDE2	
HDE1	
HBC2	
HBC1	

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Special Care Low	
LDE2	
LDE1	
LBC2	
LBC1	
Clinically Complex	
CDE2	
CDE1	
CBC2	
CA2	
CBC1	
CA1	
Behavioral Symptoms and Cognitive Performance (BSCP)	
BAB2	
BAB1	
Reduced Physical Function	
PDE2	
PDE1	
PBC2	
PA2	
PBC1	
PA1	

**Special Treatments and Conditions**

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	
Mental Health	Behavioral Health Needs	

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PROBLEM	SPECIAL TREATMENTS	NUMBER/AVERAGE OR RANGE OF RESIDENTS
	Active or Current Substance Use Disorders	
Other	IV Medications	
	Injections	
	Transfusions	
	Dialysis	
	Ostomy Care	
	Hospice Care	
	Respite Care	
	Isolation or Quarantine for Active Infectious Disease	
	Advanced Wound Care Needs	

### Assistance with Activities of Daily Living

ASSISTANCE WITH ACTIVITIES OF DAILY LIVING	INDEPENDENT	ASSIST OF 1-2 STAFF	DEPENDENT
Dressing			
Bathing			
Transfer			
Eating			
Toileting			
Other care, describe:			
	INDEPENDENT	ASSISTIVE DEVICE USED TO AMBULATE	IN CHAIR, MOST OF TIME
Mobility			

### Ethnic, Cultural, or Religious Factors

#### Considerations:

- Describe ethnic, cultural, or religious factors or personal resident preferences that may potentially affect the care provided to residents by your facility.

## Requirements of Participation §483.71 Facility Assessment

- Examples may include activities, food and nutrition services, languages, clothing preferences, access to religious services, or religious-based advanced directives.

RACE/ETHNICITY	MALE	FEMALE	INTERPRETER NEEDED Y/N/U
White			
Black or African American			
American Indian or Alaska Native			
Asian			
Asian Indian			
Hispanic or Latino			
Native Hawaiian			
Other Pacific Islander			
<b>Total</b>			
<b>RELIGIONS</b>			
Catholic			
Protestant			
Baptist			
Pentecostal			
Judaism			
Non-Denominational			
Unknown			
<b>Total</b>			
<b>ITEM</b>	<b>FACILITY RESPONSE</b>		
Ethnic Factors (activities, food and nutrition services)			
Cultural Factors (activities, food and nutrition services)			

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RACE/ETHNICITY	MALE	FEMALE	INTERPRETER NEEDED Y/N/U
White			
Black or African American			
American Indian or Alaska Native			
Asian			
Asian Indian			
Hispanic or Latino			
Native Hawaiian			
Other Pacific Islander			
<b>Total</b>			
<b>RELIGIONS</b>			
Catholic			
Protestant			
Baptist			
Pentecostal			
Judaism			
Non-Denominational			
Unknown			
<b>Total</b>			
<b>ITEM</b>	<b>FACILITY RESPONSE</b>		
Religious Factors (activities, food and nutrition services)			

**Other**

- Describe other pertinent facts or descriptions of the resident population that must be considered when determining staffing and resource needs (e.g., residents’ preferences regarding daily schedules, waking, bathing, activities, naps, food, going to bed, etc.)

ITEM	FACILITY RESPONSE
Other	

**SERVICES PROVIDED BASED ON RESIDENT ASSESSMENTS AND CARE PLANS**

**Resident support/care needs**

**Considerations:**

- List the types of care that your resident population requires and that you provide for your resident population.
- List by general categories, adding specifics as needed.
- It is not expected that you quantify each care or practice in terms of the number of residents that need that care or enter an aggregate of all resident care plans here.
- 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 Delete the tables you do not use and update the [table of contents](#).

## Requirements of Participation §483.71 Facility Assessment

GENERAL CARE	SPECIFIC CARE OR PRACTICES
Activities of daily living	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 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
Medications	<p>Awareness of any limitations of administering medications</p> <p>Administration of medications that residents need</p> <p>By route: oral, nasal, buccal, sublingual, topical, subcutaneous, rectal, intravenous (peripheral or central lines), intramuscular, inhaled (nebulizer), vaginal, ophthalmic, etc.</p> <p>Assessment/management of polypharmacy</p>
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

## Requirements of Participation §483.71 Facility Assessment

Therapy	PT, OT, Speech/Language, Respiratory, Music, Art, management of braces, splints
Other particular 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
Provide person-centered/directed care: Psycho/social/spiritual support:	<p>Build relationship with resident/get to know him/her; engage resident in conversation</p> <p>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</p> <p>Record and discuss treatment and care preferences</p> <p>Support emotional and mental well-being; support helpful coping mechanisms</p> <p>Support resident having familiar belongings</p> <p>Provide culturally competent care: learn about resident preferences and practices about culture and religion; stay open to requests and preferences and work to support those as appropriate</p> <p>Provide or support access to religious preferences, use or encourage prayer as appropriate/desired by the resident</p> <p>Provide opportunities for social activities/life enrichment (individual, small group, community)</p> <p>Support community integration if resident desires</p> <p>Prevent abuse and neglect</p> <p>Identify hazards and risks for residents</p> <p>Offer and assist resident and family caregivers (or other proxy as appropriate) to be involved in person-centered care planning and advance care planning</p> <p>Provide family/representative support</p>

### FACILITY RESOURCES NEEDED TO PROVIDE COMPETENT RESIDENT SUPPORT AND CARE DAILY AND DURING EMERGENCIES

#### STAFF TYPE

**Considerations** (*must consider resident assessments and care plans*):



## Requirements of Participation §483.71 Facility Assessment

- Identify the type of staff members, other health care professionals, and medical practitioners that are needed to provide support and care for residents.
- *Attach a copy of the staff recruitment and retention plan*
- *Staffing contingency planning for events that do not require the activation of the emergency preparedness plan*
- Potential data sources include staffing records, organization chart (*is it current?*), and Payroll-Based Journal reports.
- Considering the following type of staff and other professionals/practitioners, list (or refer to or provide a link to) your staffing data, directories, organization chart, or other lists that show the type of staff needed to care for your resident population.
  - Administration (e.g., Administrator, Administrative Assistant, Staff Development, QAPI, Infection Control and Prevention, Environmental Services, Social Services, Discharge Planning, Business Office, Finance, Human Resources, Compliance and Ethics)
  - Nursing Services (e.g., DON, RN, LPN or LVN, CNA or NAR, medication aide or technician, MDS nurse)
  - Food and Nutrition Services (e.g., Director, support staff, registered dietician)
  - Therapy Services (e.g., OT, OTA, PT, PTA, RT, RT tech, speech language pathology, audiologist, optometrist, activities professionals, other activities staff, social worker, mental health social worker)
  - Medical/Physician Services (e.g., Medical Director, Attending Physician, Physician Assistant, Nurse Practitioner, Dentist, Podiatrist, Ophthalmologist)
  - Pharmacist
  - Behavioral and mental health providers
  - Support Staff (e.g., engineering, plant operations, information technology, custodians, housekeeping, maintenance staff, groundskeepers, laundry services)
  - Chaplain/Religious services
  - Volunteers, students
  - Other (vocational services worker, clinical laboratory services worker, diagnostic X-ray services worker, blood services worker) psychiatric services and mental health providers
- Based on your resident population and their needs for care and support, describe your general approach to staffing to ensure that you have sufficient staff to meet the needs of the residents at any given time. Consider the needs of residents residing in special care units, dementia care units, or other specialty areas that may need to be considered.
- *Consider staffing needs based on resident assessment and care plans (surveyor guidance)*
- *Consider staffing needs for each shift and adjust as necessary based on changes to resident population*
- *Consider staffing needs for each resident unit and adjust as necessary based on changes to resident population*

## Requirements of Participation §483.71 Facility Assessment

- Examples of different approaches to look at your staffing plan are provided in the tables below. Choose what works best for your organization. You may elect to use one or both tables below or choose your own methodology. Delete the tables you do not use and update the [table of contents](#).

Table 1 - All Departments Facility Staff

ALL STAFF	CURRENT NUMBER OF EMPLOYEES
Full-time (all departments)	
Part-time (all departments)	
PRN (all departments)	
Total number of all staff	

Table 2 - Direct Care Staff Hours Per Resident Day (HPRD)

Notes:

Shift	RN	LPN	C.N.A./STNA	Other
Days				
Evenings				
Nights				

Table 3 Food and Nutrition Services HPRD

FOOD AND NUTRITION SERVICES STAFF	COOK	AIDE	DIETARY SERVICES MANAGER	OTHER (I.E. REGISTERED DIETICIAN)
Days				
Evenings				
Part-time, PRN, or Consultant basis				

Table 4 All other Disciplines HPRD

SHIFT	DEPARTMENT					
	THERAPY			ENVIRONMENTAL SERVICES	LAUNDRY SERVICES	OTHER SUPPORT STAFF
	PT	OT	ST			
Days						
Evenings						
Nights						

**Staff Assignments**

**Considerations:**

- Describe how you determine and review individual staff assignments for coordination and continuity of care for residents within and across these staff assignments.

**Staff training/education and competencies**

**Considerations:**

- Describe the staff training/education and competencies that are necessary to provide the level and types of support and care needed for your resident population. Include staff certification requirements as applicable.
- Potential data sources include hiring, education, training, competency instruction, and testing policies.

## Requirements of Participation §483.71 Facility Assessment

- List (or refer to or provide a link to) all staff training and competencies needed by type of staff. Consider if it would be helpful to indicate which competencies are reviewed at the time the staff member is hired, and how often they are reviewed after that.
- Modify the list as appropriate below

POSITION/WORKFORCE	DESIRED NUMBER OF FTEs	MINIMUM EDUCATION LEVEL	PROFESSIONAL AND/OR FACILITY POLICY REQUIREMENT
Executive Director			LNHA
Associate Executive Director			
Director of Nursing		Associates	
Infection Preventionist			
Assistant Director of Nursing			
Staff Development Coordinator			
MDS Coordinator			
Admission Director			
Social Services			
Activity Coordinator			
Director of Therapy			
Dietitian			
Business Office			
Human Resources			
Facilities - Maintenance			
Dining/Food Services Director			
Registered Nurses		Associates	
Licensed Practical/Vocational Nurses			
Certified Nursing Assistant			
Physical Therapist			
Physical Therapist Assistant			
Occupational Therapist			
Certified Occupational Therapist Assistant			
Speech Therapist			
Receptionist			
Activity Aids			
Cooks			
Dietary Aids			
Environmental Services Technicians			

**Education/In-services**

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	
State-approved training program for feeding assistants	

Requirements of Participation §483.71 Facility Assessment

TOPIC	STAFF TYPE AND TIMING (ON HIRE, ANNUAL, PRN, ON DEMAND), HOW
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	

COMPETENCY	STAFF TYPE AND TIMING (ON HIRE, ANNUAL, PRN, ON DEMAND), HOW
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	

**Policies and Procedures for Provision of Care**

**Considerations:**

- Describe how you evaluate what policies and procedures may be required in the provision of care, and how you ensure those meet current professional standards of practice.
- Include, for example, your process to determine if new or updated policies are needed, and how they are developed or updated.
- Examples of policies and procedures include pain management, IV therapy, fall prevention, skin and wound care, restorative nursing, specialized respiratory care for tracheostomy or ventilator, storage of medications and biologicals, and transportation.

**Process for Updating and Rolling Out New/Updated policies**

**Collaborating with Medical Practitioners**

**Considerations:**

- Describe your plan to recruit and retain enough medical practitioners (e.g., physicians, nurse practitioners) who are adequately trained and knowledgeable in the care of your residents/patients, including how you will collaborate with them to ensure that the facility has appropriate medical practices for the needs and scope of your population.
- Describe how the management and staff familiarize themselves with what they should 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 your resident population.

## Requirements of Participation §483.71 Facility Assessment

- For example, do you share expectations for providers that see residents in your nursing home on the use of standards, protocols, or other information developed by your medical director?
- Do you have discussions on what providers and staff expect of each other in terms of the care delivery process and clinical reasoning essential to providing high quality care?

### Physical environment and building/plant needs

#### Considerations:

- List (or refer to or provide a link to inventory) physical resources for the following categories. Review the resources in the example below and modify as needed.
- If applicable, describe your processes to ensure adequate supplies and to ensure equipment is maintained to protect and promote the health and safety of residents.
- Update the list below. Delete the tables you do not use and update the [table of contents](#).

SYSTEMS	REQUIRED Y/N	CONDITION	QUANTITY	AVAILABLE INSPECTION RECORDS	PROCESS TO ENSURE ADEQUATE SUPPLY, APPROPRIATE MAINTENANCE, REPLACEMENT, ETC.
Wander Management					
Call System					
Phones					
Printers and Fax Machines					
Fire Alarm					
Fire Protection and Sprinkler System					
Paging /Intercom Systems					
Other					



MEDICAL EQUIPMENT	Y/N	CONDITION	QUANTITY	AVAILABLE INSPECTION RECORDS	PROCESS TO ENSURE ADEQUATE SUPPLY, APPROPRIATE MAINTENANCE, REPLACEMENT, ETC.
BiPap/CPap					
Bladder Scanner					
CPM					
Defibrillator					
DVT Pump					
E Stem Machine					
ECG Machine					
EKG Machine					
Electric Bed					
Manual Wheelchair					
Electric Wheelchair w/charger					
Wheelchair Battery Charger					
IV Pump					
Lift Chair					
Low-air Loss Mattress					
Mechanical Lift					
Oxygen Concentrator					
Oxygen Regulator					
Pulse Oximeter					
Scale					
Suction Equipment					
Tube Feed Pump					
Ultrasound Machine					
Ventilator					
Vision Touch Equipment					
Vital Sign Monitor					
Wound Vac					
Other					

<b>NON-MEDICAL EQUIPMENT</b>	<b>Y/N</b>	<b>CONDITION</b>	<b>QUANTITY</b>	<b>AVAILABLE INSPECTION RECORDS</b>	<b>PROCESS TO ENSURE ADEQUATE SUPPLY, APPROPRIATE MAINTENANCE, REPLACEMENT, ETC.</b>
Emergency Generator					
Cell Phone and Chargers					
Laptops and chargers					
Television					
Food Serving Tables					
Overbed Tables					
Med carts					
Other					
<b>HIT</b>	<b>Y/N</b>	<b>CONDITION</b>	<b>QUANTITY</b>	<b>AVAILABLE INSPECTION RECORDS</b>	<b>PROCESS TO ENSURE ADEQUATE SUPPLY, APPROPRIATE MAINTENANCE, REPLACEMENT, ETC.</b>
<b>PHYSICAL THERAPY EQUIPMENT</b>	<b>Y/N</b>	<b>CONDITION</b>	<b>QUANTITY</b>	<b>AVAILABLE INSPECTION RECORDS</b>	<b>PROCESS TO ENSURE ADEQUATE SUPPLY, APPROPRIATE MAINTENANCE, REPLACEMENT, ETC.</b>
Parallel Bars					
Mat table					
Hi-Lo table					
Other treatment table					
Nu-Step or similar					
UBE or similar					
Ultrasound					
Electronic Stimulation or combo with US					
Hydrocollator					
Pulleys					
Balance testing equipment					
Hand testing equipment					
Weight rock/cuff weight					
Wedges/rolls					
Therapy ball					
Kitchen Simulation					
Walkers, canes, and wheelchair					

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Slide Band					
Rebounder					
Weight ball					
Mirror					
Hand weight					
weight bar					
Activity Equipment					
<b>ACTIVITY EQUIPMENT</b>	<b>Y/N</b>	<b>CONDITION</b>	<b>QUANTITY</b>	<b>AVAILABLE INSPECTION RECORDS</b>	<b>PROCESS TO ENSURE ADEQUATE SUPPLY, APPROPRIATE MAINTENANCE, REPLACEMENT, ETC.</b>
Bingo Supplies, Art, Games, Puzzles					
<b>VEHICLES</b>	<b>Y/N</b>	<b>CONDITION</b>	<b>QUANTITY</b>	<b>AVAILABLE INSPECTION RECORDS</b>	<b>PROCESS TO ENSURE ADEQUATE SUPPLY, APPROPRIATE MAINTENANCE, REPLACEMENT, ETC.</b>
Vans					
Bus					
Golf Carts					
<b>PHYSICAL RESOURCE CATEGORY</b>	<b>RESOURCES</b>				<b>PROCESS TO ENSURE ADEQUATE SUPPLY, APPROPRIATE MAINTENANCE, REPLACEMENT, ETC.</b>
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				

## Requirements of Participation §483.71 Facility Assessment

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 Resources

Considerations:

- List health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.
- Consider including a description of a) how the facility will securely transfer health information to a hospital, home health agency, or other providers for any resident transferred or discharged from the facility; b) how downtime procedures are developed and implemented; and c) how the facility ensures that residents and their representative can access their records upon request and obtain copies within required timeframes.

### Evaluation of Infection Prevention and Control Program

Considerations:

- Describe how you evaluate if your infection prevention and control program 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, which follow accepted national standards (see links below). Attachments are acceptable.

<https://nursinghomehelp.org/wp-content/uploads/2024/03/ICP-Manual-Updated-Mar-2024.pdf>

### Risk Assessment

The facility must conduct a facility-based and community-based risk assessment, utilizing an all-hazards approach as required in §483.73(a)(1). Provide your facility-based and community-based risk

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assessment, utilizing an all-hazards approach (an integrated approach focusing on capacities and capabilities critical to preparedness for a full spectrum of emergencies and natural disasters).

**Note:** It is acceptable, to refer to the risk assessment of your emergency preparedness plan as required in §483.73(a)(1).

The facility must conduct a facility based and community-based risk assessment. Gaps and issues should be identified and adapted to QAPI programs.

A statement such as, *“This facility’s risk assessment may be found in the Emergency Preparedness Plan (EPP) on page XX. The master EPP is in/at the [insert location here] and will be provided upon request.”*

**should be** acceptable. The risk assessment should be updated at least annually. If you would like to complete a risk assessment to include with the FA, a HVA is available at:

<https://www.calhospitalprepare.org/hazard-vulnerability-analysis>.

COMPLETION TABLE	
AREAS FACILITY ASSESSMENT INFORMED	ACTION TO BE TAKEN/ALREADY TAKEN THIS YEAR
Staffing	
Infection Prevention/Control	
Training, Competencies	
QAPI Initiatives/Performance Improvement Projects	
Business Strategy	
Notes:	

## Facility Assessment: Evaluation Approach

### Introduction:

This evaluation approach aims to comprehensively assess diseases, conditions, physical and behavioral health needs, cognitive status, acuity of the resident population, and factors affecting health equity. Additionally, it evaluates staffing requirements, staff competency, cultural considerations, training programs, contractual agreements, and the physical environment at [INSERT FACILITY NAME]. This approach ensures that resident care is personalized, meets regulatory standards, and enhances overall resident well-being.

### Objectives of the Evaluation:

#### Resident Population Assessment:

- Evaluated the thoroughness and accuracy of resident assessments including diseases, conditions, physical and behavioral health needs, cognitive status, and acuity levels.
- Assessed the consideration of health equity factors such as race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, preferred language, and health literacy.
  - **Assessment of Resident Health Conditions:**
    - Evaluate the accuracy and completeness of resident health assessments, including documentation of diseases, chronic conditions, acute illnesses, and comorbidities.
    - Assess the frequency and thoroughness of health assessments conducted upon admission, periodically, and in response to changes in health status.
  - **Physical Health Needs:**
    - Review the assessment and documentation of residents' physical health needs, such as mobility, activities of daily living (ADLs), nutritional status, skin integrity, and medication management.
    - Evaluate the implementation of care plans tailored to address physical health issues and maintain optimal health outcomes.
  - **Behavioral Health Needs:**
    - Assess the identification and documentation of behavioral health needs among residents, including cognitive impairments, mental health conditions, and behavioral challenges.
    - Review the integration of behavioral health considerations into individualized care plans and interventions.
  - **Health Equity Considerations:**
    - Evaluate how factors such as race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, preferred language, and health literacy impact access to care and health outcomes.
    - Assess the facility's approach to promoting health equity and addressing disparities in care delivery.

## Requirements of Participation §483.71 Facility Assessment

### **Staffing Requirements:**

- Determined the overall number of qualified staff needed to meet resident care needs as identified through assessments and care plans.
- Assessed specific staffing needs for each shift (day, evening, night, weekend) and resident unit based on changes in the resident population.

### **Staff Competency:**

- Reviewed competency-based evaluations of staff knowledge and skills required to maintain or improve residents' physical, functional, mental, and psychosocial well-being.
- Evaluates competency levels among employees, contracted staff, and volunteers to meet professional standards of practice.

### **Cultural Considerations:**

- Reviewed and considered how ethnic, cultural, or religious factors are incorporated into care plans, including activities, food preferences, nutrition services, and other aspects of care identified through assessments.

### **Training Programs:**

- Evaluates the facility's training program to ensure alignment with the needs identified in resident assessments and regulatory standards.
- Assesses training adequacy for new and existing staff, managers, nursing and direct care staff, contractors, and volunteers.

### **Policies and Procedures:**

- Review existing policies and procedures to ensure they meet current professional standards of practice and regulatory requirements.
- Identify any gaps or areas requiring updates based on evaluation findings.

### **Contractual Agreements:**

- Evaluate contracts, memorandums of understanding, and third-party agreements for provision of goods, services, or equipment during normal operations and emergencies.
- Assess oversight processes to ensure services meet resident needs and comply with regulatory, operational, maintenance, and training requirements.

### **Physical Environment and Equipment:**

- Assess the physical environment's ability, including equipment, to meet resident needs, including safety, accessibility, and equipment maintenance.
- Evaluate capital improvements, maintenance plans, and equipment/supply management protocols to promote resident health and safety.

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### Methodology:

#### Document Review:

- Review resident assessment records (MDS, Care Plans, etc.), staffing schedules, competency assessments, training materials, policies/procedures, and contractual agreements.

#### Staff Interviews:

- Conduct interviews with key personnel (e.g., administrators, nursing supervisors, trainers) to gather insights on assessment processes, staffing challenges, and cultural competence in care delivery.

#### Observations:

- Observe resident care practices, staff interactions, and facility operations to assess adherence to protocols and quality of care.

#### Quality Improvement Analysis:

- Analyze quality improvement data related to resident outcomes, staff performance metrics, and incident reports to identify areas for improvement.

#### Evaluation Criteria:

- **Compliance:** Assess adherence to regulatory standards and professional practices in resident assessment, staffing, training, and care delivery.
- **Effectiveness:** Measure the effectiveness of policies, training programs, and operational protocols in meeting resident needs and enhancing quality of care.
- **Cultural Competence:** Evaluate integration of cultural considerations into care plans and staff training to ensure culturally sensitive care delivery.

#### Reporting and Implementation:

- Compile evaluation findings into a comprehensive report with recommendations for enhancing resident care, staff training, policies/procedures, and facility operations.
- Implement recommended changes to improve care quality, ensure regulatory compliance, and promote resident well-being.

### CONCLUSION:

This approach provides a structured framework to complete a facility assessment utilizing a comprehensive approach to assess resident profile, staffing needs, staff competency, cultural considerations, training programs, contractual agreements, and the physical environment at [INSERT FACILITY NAME]. Regular facility assessment reviews and updates will be conducted as necessary and at least annually as required in §483.71.



## SAMPLE PLAN TO EVALUATE RESIDENTS' BEHAVIORAL HEALTH NEEDS

### Introduction:

Understanding and addressing the behavioral health needs of residents in long-term care (LTC) settings is crucial for providing comprehensive, person-centered care. Behavioral health care and services could include:

- Ensuring that the necessary care and services are person-centered and reflect the resident's goals for care, while maximizing the resident's dignity, autonomy, privacy, socialization, independence, choice, and safety;
- Ensuring that direct care staff interact and communicate in a manner that promotes mental and psychosocial well-being.
- Providing meaningful activities which promote engagement, and positive meaningful relationships between residents and staff, families, other residents and the community. Meaningful activities are those that address the resident's customary routines, interests, preferences, etc. and enhance the resident's well-being. *Residents living with mental health and SUDs may require different activities than other nursing home residents. Facilities must ensure that activities are provided to meet the needs of their residents.*
- Providing an environment and atmosphere that is conducive to mental and psychosocial well-being;
- Ensuring that pharmacological interventions are only used when non-pharmacological interventions are ineffective or when clinically indicated. For concerns about the use of pharmacological interventions, see Pharmacy Services requirements at §483.45. This resource aims to guide healthcare professionals in evaluating and managing behavioral health issues among LTC residents effectively.

### Key Considerations:

**Sections of the MDS related to behavioral health needs that may be helpful include, but are not limited to:**

- Section C. Cognitive Patterns;
- Section D. Mood;
- Section E. Behavior; and
- Section F. Activities.

### Comprehensive Assessment:

- *Initial Assessment:* Conduct a thorough initial assessment upon admission to gather information on the resident's medical history, including any previous behavioral health diagnoses, treatments, and medications.
- *Ongoing Assessment:* Continuously monitor and reassess behavioral health needs as part of routine care planning and in response to changes in the resident's condition.

**Documentation and Observation:**

- Maintain detailed and accurate documentation of behavioral observations, including mood changes, sleep patterns, social interactions, and any behavioral incidents.
- Use standardized assessment tools when applicable to quantify and track behavioral symptoms over time.

**Interdisciplinary Collaboration:**

- Involve a multidisciplinary team (MDT), including nurses, physicians, social workers, psychologists, and occupational therapists, in the assessment and care planning process.
- Collaborate with family members or caregivers to gather insights into the resident's behavioral health history and preferences.

**Person-Centered Care Planning:**

- Develop individualized care plans that address the resident's specific behavioral health needs, preferences, and goals.
- Incorporate non-pharmacological interventions such as behavioral therapies, structured activities, and environmental modifications to support positive behavioral outcomes.

**Medication Management:**

- Consider non-pharmacological *prior to* pharmacological interventions for managing behavioral symptoms when necessary, ensuring medications are prescribed judiciously and monitored closely for effectiveness and side effects.
- Regularly review medication regimens in collaboration with healthcare providers to optimize treatment outcomes and minimize risks.

**Behavioral Management Strategies:**

- Implement behavioral management strategies tailored to the resident's unique needs and preferences, focusing on positive reinforcement, redirection, and de-escalation techniques.
- Provide staff training on recognizing behavioral cues, implementing interventions, and maintaining a therapeutic environment.

**Quality Improvement and Monitoring:**

- Establish quality improvement initiatives to monitor outcomes related to behavioral health interventions, including resident satisfaction, staff competence, and incidence of behavioral incidents.
- Use data-driven approaches to continuously evaluate and improve care practices based on observed outcomes and resident feedback.

**Resources:**

**Behavioral health care and services resources can be found by visiting:**

**SAMHSA.** <http://www.samhsa.gov/>. This website provides numerous resources with the mission to reduce the impact of substance abuse and mental illness on America's communities.

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**NAMI** <https://www.nami.org/>. This website provides resources dedicated to building better lives for the millions of Americans affected by mental illness.

**National Institute of Mental Health (NIMH)**. <https://www.nimh.nih.gov/>.

This website provides resources for the understanding and treatment of mental illnesses.

**National Long-term Care Ombudsman Resource Center**. <https://ltcombudsman.org/>. This website is filled with information, resources, and news from Ombudsman programs to support and inform programs across the country.

**MentalHealth.gov**. <https://www.mentalhealth.gov/> This website provides one-stop access to U.S. government mental health and mental health problems information.

**SAMSHA**. “*Anger Management for Substance Use Disorder and Mental Health Clients: Participant Workbook.*”

[https://store.samhsa.gov/sites/default/files/d7/priv/anger\\_management\\_workbook\\_508\\_compliant.pdf](https://store.samhsa.gov/sites/default/files/d7/priv/anger_management_workbook_508_compliant.pdf). This workbook is designed for people living with a mental illness and/or substance use disorder who participate in group cognitive behavioral therapy sessions pertaining to anger management. It summarizes core concepts for each session and includes worksheets and homework assignments.

**NIMH**. “*Schizophrenia.*” <https://www.nimh.nih.gov/health/topics/schizophrenia>. This brochure describes symptoms, causes, and treatments for schizophrenia with information on ways to get help and cope effectively.

**NIMH**. “*Bipolar Disorder.*” <https://www.nimh.nih.gov/health/topics/bipolar-disorder>.

This brochure describes symptoms, causes, and treatments for bipolar disorder with information on ways to get help and cope effectively.

**NIMH**. “*Post-Traumatic Stress Disorder.*” <https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd>. This brochure describes symptoms, causes, and treatments for post-traumatic stress disorder with information on ways to get help and cope effectively.

**NIMH**. “*Anxiety Disorders.*” <https://www.nimh.nih.gov/health/topics/anxiety-disorders>. This brochure describes symptoms, causes, and treatments for anxiety disorders with information on ways to get help and cope effectively.

**NIMH**. “*Depression.*” <https://www.nimh.nih.gov/health/topics/depression>. This brochure describes symptoms, causes, and treatments for depression with information on ways to get help and cope effectively.

**NIMH**. “*Generalized Anxiety Disorder (GAD): When Worry Gets Out of Control.*”

<https://www.nimh.nih.gov/health/publications/generalized-anxiety-disorder-gad>. This brochure discusses signs and symptoms, diagnosis, and treatment options for GAD

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### Resources for Missouri Facilities:

**Missouri Department of Mental Health.** <https://dmh.mo.gov/about/services>. The Department of Mental Health works to prevent mental disorders, developmental disabilities, and substance abuse; to treat, habilitate, or rehabilitate persons with those conditions; and to educate the public about mental health.

### **Preadmission Screening and Resident Review (PASRR).**

<https://health.mo.gov/seniors/nursinghomes/pasrr.php>. A federally mandated screening process for individuals with serious mental illness and/or intellectual disability/developmental disability related diagnosis who apply or reside in Medicaid Certified beds in a nursing facility regardless of the source of payment.

**Senior & Disability Services.** <https://health.mo.gov/seniors/seniorservices/>. Listing of services for Missouri Seniors.

**QIPMO.** <https://nursinghomehelp.org/>. A cooperative service between the MU Sinclair School of Nursing and the Missouri Department of Health and Senior Services. The program is entirely separate from the state survey and enforcement process.

### **CONCLUSION:**

By utilizing a systematic approach to evaluating and addressing behavioral health needs in long-term care residents, [INSERT FACILITY NAME HERE] can enhance the quality of life and well-being of residents while promoting a supportive and therapeutic care environment. Continuous education, collaboration, and evidence-based practices are essential to effectively manage behavioral health challenges and optimize resident outcomes at [INSERT FACILITY NAME HERE]. Regular assessments and adaptations to care plans based on individual needs and response to interventions will further support the delivery of person-centered care.

## SAMPLE RECRUITMENT AND RETENTION PLAN FOR STAFFING IN LONG-TERM CARE FACILITIES

### Introduction:

Recruiting and retaining qualified staff at [INSERT FACILITY NAME] is essential for maintaining high-quality care, ensuring resident satisfaction, and meeting regulatory requirements. This plan outlines strategies to attract new staff members and foster a supportive environment that promotes employee retention.

### Recruitment Strategies:

#### 1. Targeted Recruitment Campaigns:

- Develop targeted marketing campaigns highlighting the benefits of working at [INSERT FACILITY NAME], such as career growth opportunities, competitive salaries, benefits packages, and a supportive work environment.
- Utilize digital platforms, social media, job boards, and industry-specific websites to reach potential candidates.

#### 2. Partnerships and Networking:

- Establish partnerships with local educational institutions, nursing programs, and healthcare organizations to recruit new graduates and entry-level professionals.
- Attend career fairs, networking events, and industry conferences to connect with job seekers and promote career opportunities in LTC.

#### 3. Employee Referral Programs:

- Implement referral programs that incentivize current staff members to refer qualified candidates for open positions.
- Offer rewards or bonuses for successful referrals that lead to hires and retention milestones.

#### 4. Recruitment Incentives:

- Offer signing bonuses or relocation assistance for new hires to attract candidates from outside the local area.
- Provide incentives such as tuition reimbursement, continuing education opportunities, or certifications to support professional development.

#### 5. Enhanced Job Postings:

- Create compelling job postings that highlight the unique aspects of working at [INSERT FACILITY NAME], including meaningful resident interactions, teamwork, and opportunities to make a difference in residents' lives.
- Clearly outline job responsibilities, qualifications, and career advancement opportunities to attract candidates who align with the facility's mission and values.

**Retention Strategies:**

**1. Competitive Compensation and Benefits:**

- Conduct regular reviews of salary and benefits packages to ensure competitiveness with industry standards and local market conditions.
- Offer comprehensive benefits such as healthcare coverage, retirement plans, paid time off, and flexible scheduling options to support work-life balance.

**2. Professional Development:**

- Provide ongoing training, workshops, and certification programs to enhance staff skills and competencies.
- Create career pathways and opportunities for advancement within the organization to foster long-term commitment and professional growth.

**3. Recognition and Appreciation:**

- Implement employee recognition programs to acknowledge staff achievements, milestones, and contributions to resident care.
- Foster a culture of appreciation through verbal praise, awards, and celebrations of team successes.

**4. Supportive Work Environment:**

- Promote open communication, transparency, and collaboration among staff members and management.
- Ensure adequate staffing levels to minimize workload stress and burnout and implement team-building activities to strengthen relationships among colleagues.

**5. Employee Wellness Programs:**

- Offer wellness initiatives such as fitness memberships, stress management workshops, and health screenings to support employee well-being.
- Provide access to employee assistance programs (EAPs) for counseling services and resources to manage personal and professional challenges.

**Evaluation and Implementation:**

**1. Monitoring and Feedback:**

- Regularly assess recruitment and retention metrics, including turnover rates, time-to-fill positions, and employee satisfaction surveys.
- Solicit feedback from staff through anonymous surveys or focus groups to identify areas for improvement and adjust strategies accordingly.

**2. Continuous Improvement:**

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- Review and update recruitment and retention strategies based on evaluation findings and emerging trends in LTC staffing.
- Maintain flexibility and adaptability to meet evolving workforce needs and challenges in the healthcare industry.

### CONCLUSION:

[INSERT FACILITY NAME] has implemented a comprehensive recruitment and retention plan tailored to the needs of [INSERT FACILITY NAME], to ensure that [INSERT FACILITY NAME] can attract qualified staff, enhance employee satisfaction, and promote continuity of care for residents. The combination of targeted recruitment efforts, competitive incentives, supportive work environments, and ongoing professional development opportunities will contribute to a resilient and dedicated workforce committed to delivering exceptional care for the residents of [INSERT FACILITY NAME]. Regular evaluation and adjustment of strategies will ensure sustained success in staffing initiatives and overall organizational effectiveness.

## **SAMPLE NON-EMERGENT CONTINGENCY STAFFING PLAN**

### **Introduction:**

A non-emergent contingency staffing plan is essential to address situations where staff are absent for reasons that are not urgent, immediate, or do not require the activation of the facility emergency preparedness plan. This plan aims to ensure continuity of care, maintain regulatory compliance, and uphold quality standards in resident care at [INSERT FACILITY NAME].

### **Immediate Response Actions:**

#### **Assessment of Staffing Shortfall:**

- Upon notification of staff absences, designate a senior administrator or supervisor to assess the staffing situation.
- Verify the accuracy and scope of the absences to determine the extent of the staffing shortfall.

#### **Activation of Contingency Measures:**

- Contact per diem nursing agencies and available on-call nursing staff to secure immediate coverage.
- Utilize internal resources such as nursing supervisors, clinical educators, and administrative staff with clinical backgrounds to fill critical shifts.

#### **Staffing Prioritization and Allocation:**

#### **Special Care Areas:**

- Prioritize staffing for units with residents requiring special care, specialized treatments, or high levels of monitoring.
- Allocate resources based on resident acuity levels, medical complexity, and specific care needs identified in care plans.

#### **Shift Coverage and Scheduling:**

- Adjust staffing schedules and prioritize coverage for essential shifts, including day, evening, and night shifts.
- Implement flexible scheduling options, such as overtime and extended shifts, to ensure continuous coverage until regular nursing staff return.

#### **Support and Coordination:**

#### **Cross-Training and Supportive Roles:**

- Cross-train non-nursing staff, such as certified nursing assistants (CNAs), therapists, and administrative personnel, to provide basic nursing support under supervision.
- Clarify roles and responsibilities to ensure safe and effective care delivery, adhering to facility policies and regulatory guidelines.



**Communication and Collaboration:**

- Maintain open communication channels with remaining staff, residents, families, and external stakeholders to provide updates and reassurance.
- Coordinate closely with other departments, including dietary, housekeeping, and maintenance, to ensure smooth operation and support resident care activities.

**Continuous Monitoring and Review:**

**Monitoring Resident Care:**

- Conduct regular rounds and assessments to monitor resident status, address immediate care needs, and ensure continuity of care.
- Document observations, interventions, and any deviations from normal care protocols due to staffing shortages.

**Post-Incident Evaluation:**

- Conduct a debriefing session with involved staff to review the contingency response, identify challenges, and gather feedback for improvement.
- Update the contingency plan based on lessons learned and recommendations to enhance preparedness for future staffing challenges.

**CONCLUSION:**

This non-emergent contingency staffing plan for [INSERT FACILITY NAME] is designed to manage staffing shortages effectively while maintaining quality standards of care and compliance. By promptly activating contingency measures, prioritizing critical care areas, leveraging internal and external resources, and ensuring clear communication and support, we aim to minimize disruption to resident care and uphold our commitment to resident well-being. Regular training, drills, and updates of this plan will be conducted to strengthen our preparedness and response capabilities in non-emergent staffing situations.

## SAMPLE RESOURCE PLANNING FOR NON-EMERGENT EVENTS IN LONG-TERM CARE FACILITIES

### Introduction

Resource planning for non-emergent events in long-term care (LTC) facilities, such as scheduled or unscheduled equipment maintenance or repair, is crucial for maintaining operational continuity, ensuring resident care quality, and managing routine challenges that may impact daily operations. This plan outlines strategies and considerations for effectively managing resources during non-emergent situations.

### Key Considerations

#### Identifying Non-Emergent Events:

Define non-emergent events as situations that do not require immediate activation of emergency response protocols but may disrupt normal operations or require additional resources to resolve effectively.

#### Resource Categories:

**Personnel:** Assess staffing needs for various shifts (day, evening, night, weekend) and ensure adequate coverage to meet resident care requirements.

**Supplies and Equipment:** Inventory essential medical and non-medical supplies, including medications, personal protective equipment (PPE), dietary provisions, and maintenance tools.

**Facility Infrastructure:** Evaluate building maintenance needs, including repairs, utilities management, and accessibility features to ensure resident safety and comfort.

#### Planning and Preparation:

**Risk Assessment:** Conduct risk assessments to identify potential non-emergent events such as equipment failures, staffing shortages, or supply chain disruptions.

**Scenario Planning:** Develop contingency plans for common non-emergent events based on identified risks and historical data, outlining response strategies and resource allocation priorities.

#### Resource Allocation Strategies:

**Staffing:** Implement flexible staffing schedules, cross-training initiatives, and on-call arrangements to address anticipated or unexpected absences and fluctuations in resident needs.

**Supplies and Equipment:** Establish supply chain partnerships, maintain adequate inventory levels, and implement Just-In-Time (JIT) inventory practices to minimize stockouts and ensure timely replenishment.

**Infrastructure:** Schedule routine maintenance checks, prioritize repairs based on criticality, and establish emergency response protocols for facility infrastructure failures.

**Communication and Coordination:**

**Internal Communication:** Establish clear communication channels within the facility to disseminate resource allocation plans, update staff on operational changes, and solicit feedback on process improvements.

**External Coordination:** Maintain relationships with external vendors, community resources, and healthcare partners to facilitate resource sharing and mutual aid agreements during non-emergent events.

**Training and Preparedness:**

**Staff Training:** Provide ongoing training programs on resource management, crisis response protocols, and incident command systems to enhance staff readiness and effectiveness during non-emergent events.

**Drills and Exercises:** Conduct regular tabletop exercises, mock scenarios, and debriefing sessions to evaluate response strategies, identify gaps in resource planning, and improve overall preparedness.

**Implementation and Evaluation**

**Implementation Strategies:**

Deploy resource allocation plans during identified non-emergent events, ensuring adherence to established protocols and continuous monitoring of response effectiveness.

Adjust resource allocation strategies based on real-time feedback, lessons learned from previous incidents, and evolving resident care needs.

**Evaluation and Improvement:**

Conduct post-event debriefings and performance evaluations to assess the efficacy of resource planning strategies, identify areas for improvement, and update contingency plans as needed.

Incorporate feedback from staff, residents, and stakeholders to enhance resource allocation processes, streamline communication protocols, and optimize operational resilience.

**CONCLUSION:**

Effective resource planning for non-emergent events at [INSERT FACILITY NAME] requires proactive assessment, strategic allocation, and continuous improvement to mitigate operational disruptions and maintain high standards of resident care. By implementing comprehensive planning strategies, fostering interdisciplinary collaboration, and investing in staff training and preparedness, [INSERT FACILITY NAME] will enhance its ability to respond effectively to non-emergent challenges and uphold their commitment to resident well-being and safety. Regular evaluation and refinement of resource planning efforts will ensure sustained readiness and resilience in managing non-emergent events within the dynamic healthcare environment.