



Revised Facility Assessment

- Effective date: August 8, 2024
- [QSO-24-13-NH](#) with guidance issued June 18, 2024
- Update to SOM Investigative procedures - *Surveyors determine whether a facility assessment contains the required components under the regulation. However, they should not evaluate the quality of the assessment.*



Revised Facility Assessment – Guidance

- *The intent of the FA is for the facility to evaluate the resident population and identify the resources needed to provide the necessary care and services the residents require during both day-to-day operations (including nights and weekends) and emergencies.*
- *Facility must review and update this assessment as necessary, and at least annually or whenever there is, or the facility plans for, any change that would require a modification to any part of this assessment.*



Revised Facility Assessment – Investigative Procedures/Guidance

- *Does the FA include an evaluation of the resident population, and its needs (e.g. acuity) based on evidence-based, data driven methods? Does this reflect the population observed? Does it address the facility's resident capacity?*
 - *Including number of residents & facility's resident capacity.*
 - *Evaluation of behavioral health needs...consistent with resident assessments.*
 - *Other pertinent info examples: race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, preferred language, health literacy or other factors that affect access to care and health outcomes related to health equity.*



Revised Facility Assessment – Investigative Procedures/Guidance

- Does the FA *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 resident population?*
 - *Also, weekend and for each resident unit in facility noted in guidance.*
- Does the FA *address* what skills and competencies are required by those providing care?



Revised Facility Assessment – Investigative Procedures/Guidance

- *Was the FA conducted with input of the individuals stated in the regulation (483.71(b))?*
 - *Solicit and consider input from residents, their reps, family members, and reps of direct care staff when formulating the assessment.*
 - *Variety of ways to solicit input such as: distributing a questionnaire related to staffing to residents/families placing convenient suggestion boxes throughout the facility for anonymous input, or providing annual notices for soliciting input to residents and families prior to conducting the annual review and update of the FA.*



Revised Facility Assessment – Investigative Procedures/Guidance

- *Was the FA conducted **with input of the individuals stated in the regulation (483.71(b))**?*
 - To ensure the required thoroughness, individuals **actively** involved in FA **process must include, but are not limited to, the facility's leadership** (including a **member** of the governing body and the medical director), management (including the administrator and the DON), **and direct care staff (including RNs, LPNs/LVNs, and NAs)**. 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.
 - **“Representative of direct care employees” definition: is an employee of the facility or a third party authorized by direct care employees at the facility to provide expertise and input on behalf of the employees for the purpose of informing a facility assessment.**



Revised Facility Assessment – Investigative Procedures/Guidance

- Does the FA *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?
 - *Medical and non-medical equipment.*
- *Does the FA have a plan for maximizing recruitment and retention of direct care staff?*
- *Does the FA include a contingency plan that is informed by the facility assessment?*
 - *Events that do not require activation of facility emergency plan (ex. use of contract nurses to cover several shifts during a holiday)*



Revised Facility Assessment – Operational Considerations

- Interviews of specific staff (including direct care staff) re: active involvement in FA process.
- Evidence of solicit and consider input of res, res rep, family.
- Resource needs on nights and weekends, by unit and shift.
- Address/include behavioral health needs
- Non-emergency contingency planning.
- Plan to maximize recruitment and retention of direct care staff.
- Consider more frequent reviews of FA for updates needed.
 - Attention to substantial changes in resident population.
 - Such as dietary, equipment, supplies, staffing, HIT, physical environment.

Member Resource- Facility Assessment Action Brief



ACTION BRIEF: § 483.71 Facility Assessment



Nursing Facilities 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 the assessment, as necessary, and at least annually. The facility must also review and update the assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of the assessment.

Federal Requirements

- (a) The facility assessment must address or include the following:
- a. 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 needs, cognitive disabilities, overall acuity, and any 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 set 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.
 - b. 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);
 - 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