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- **F607 - Policies that Prohibit & Prevent Abuse, Neglect, Exploitation**

*Assuring that residents are free from neglect by having the structures and processes to provide needed care and services to all residents, which includes, but is not limited to, the provision of a **facility assessment** to determine what resources are necessary to care for its residents competently;*

- **F622 - Transfer & Discharge**

*Section 483.15(c)(1)(i) provides that “The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless....” This means that once admitted, for most residents (other than short-stay rehabilitation residents) the facility becomes the resident’s home. Facilities are required to determine their capacity and capability to care for the residents they admit. Therefore, facilities should not admit residents whose needs they cannot meet based on the **Facility Assessment**. (See F838, **Facility Assessment**). There may be rare situations, such as when a crime has occurred, that a facility initiates a discharge immediately, with no expectation of the resident’s return.*

- **F626 - Permitting Residents to Return to Facility**

*Work with the hospital to ensure the resident’s condition and needs are within the nursing home’s scope of care, based on its **facility assessment**, prior to hospital discharge. For example, the nursing home could ask the hospital to:*

- *Attempt reducing a resident’s psychotropic medication prior to discharge and monitor symptoms so that the nursing home can determine whether it will be able to meet the resident’s needs upon return;*
- *Convert IV medications to oral medications and ensure that the oral medications adequately address the resident’s needs.*

- **F656 - Comprehensive Care Plans**

*If the surveyor identifies concerns about the resident’s care plan being individualized and person-centered, the surveyor should also review requirements at:*

- *Resident assessment, §483.20*
- *Activities, §483.24(c)*
- *Nursing services, §483.35*
- *Food and nutrition services, §483.60*
- ***Facility assessment**, §483.70(e)*

- **F689 - Accidents**

*Identification of hazards and risks is the process through which the facility becomes aware of potential hazards in the resident environment and the risk of a resident having an avoidable accident. All staff (e.g., professional, administrative, maintenance, etc.) are to be involved in observing and identifying potential hazards in the environment, while taking into consideration the unique characteristics and abilities of each resident. The facility should make a reasonable effort to identify the hazards and risk factors for each resident. Various sources provide information about hazards and risks in the resident environment. These sources may include, but are not limited to, *Quality Assessment and Assurance (QAA)* activities, environmental rounds, MDS/CAAs data, medical history and*

physical exam, **facility assessment** as required in F838, and individual observation. This information is to be documented and communicated across all disciplines.

- **F695 - Respiratory Care**

*Based upon its **facility assessment**, the resident population, diagnosis, staffing, resources and staff skills/knowledge, the facility must determine whether it has the capability and capacity to provide the needed respiratory care/services for a resident with a respiratory diagnosis or syndrome that requires specialized respiratory care and/or services. This includes at a minimum, sufficient numbers of qualified professional staff, established resident care policies and staff trained and knowledgeable in respiratory care before admitting a resident that requires those services.*

- **F715 - Dietary Order Delegation**

§483.35 Nursing Services

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

- **F725 - Nursing Services - Sufficient Staff**

§483.35 Nursing Services

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

*Many factors must be considered when determining whether or not a facility has sufficient nursing staff to care for residents' needs, as identified through the **facility assessment**, resident assessments, and as described in their plan of care. A staffing deficiency under this requirement may or may not be directly related to an adverse outcome to a resident's care or services. It may also include the potential for physical or psychosocial harm.*

*As required under Administration at F838, §483.70(e) an assessment of the resident population is the foundation of the **facility assessment** and determination of the level of sufficient staff needed. It must include an evaluation of diseases, conditions, physical, functional or cognitive limitations of the resident population's, acuity (the level of severity of residents' illnesses, physical, mental and cognitive limitations and conditions) and any other pertinent information about the residents that may affect the services the facility must provide. The assessment of the resident population should drive staffing decisions and inform the facility about what skills and competencies staff must possess in order to deliver the necessary care required by the residents being served.*

*PROCEDURES AND PROBES: §§483.35(a)(1)-(2)*

*Although federal regulations do not define minimum nursing staff ratios, many States do. If a facility does not meet State regulations for staffing, do NOT cite that as a deficiency here, refer to Administration, F836, §483.70(b). In addition, if a facility meets the State's staffing regulations that is not, by itself, sufficient to demonstrate that the facility has sufficient staff to care for its residents.*

*Surveyors must determine through information obtained by observations, interviews and verified by record reviews, whether the facility employed sufficient staff to provide care and services in assisting residents to attain or maintain their highest practicable level of physical, mental, functional and psycho-social well-being. Refer to the Critical Element Pathway on Sufficient and Competent Staffing for additional information.*

*Does the **facility assessment** describe the type and level of staff required to meet each resident's needs as required under 483.70(e). Does the type and level of the staff onsite reflect the expectations described in the **facility assessment**?*

- **F726 - Nursing Services - Staff Competencies**

*§483.35 Nursing Services*

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

*As required under F838, §483.70(e), the facility's assessment must address/include an evaluation of staff competencies that are necessary to provide the level and types of care needed for the resident population. Additionally, staff are expected to demonstrate competency with the activities listed in the training requirements per §483.95, such as preventing and reporting abuse, neglect, and exploitation, dementia management, and infection control. Also, nurse aides are expected to demonstrate competency with the activities and components that are required to be part of an approved nurse aide training and competency evaluation program, per §483.152.*

*Competency in skills and techniques necessary to care for residents' needs includes but is not limited to competencies in areas such as;*

- *Resident Rights;*
- *Person centered care;*
- *Communication;*
- *Basic nursing skills;*
- *Basic restorative services;*
- *Skin and wound care;*
- *Medication management;*
- *Pain management;*
- *Infection control;*
- *Identification of changes in condition;*

- Cultural competency.

However, through the **facility assessment** (483.70(e)), facilities are required to address the staff competencies that are necessary to provide the level and types of care needed for the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population. Furthermore, per §483.95, facilities must determine the amount and types of training based on the **facility assessment**.

Nursing leadership with input from the Medical Director should delineate the competencies required for all nursing staff to deliver, individualize, and provide safe care for the facility's residents. There should also be a process to evaluate staff skill levels, and to develop individualized competency-based training, that ensure resident safety and quality of care and service being delivered. A competency-based program might include the following elements:

- a. Evaluates current staff training programming to ensure nursing competencies (e.g. skills fairs, training topics, return demonstration).
- b. Identifies gaps in education that is contributing to poor outcomes (e.g. potentially preventable re-hospitalization) and recommends educational programing to address these gaps.
- c. Outlines what education is needed based on the resident population (e.g. geriatric assessment, mental health needs) with delineation of licensed nursing staff verses non-licensed nursing and other staff member of the facility.
- d. Delineates what specific training is needed based on the **facility assessment** (e.g. ventilator, IV's, trachs).
- e. Details the tracking system or mechanism in place to ensure that the competency-based staffing model is assessing, planning, implementing, and evaluating effectiveness of training.
- f. Ensures that competency-based training is not limited to online computer based but should also test for critical thinking skills as well as the ability to manage care in complex environments with multiple interruptions.

Does the **facility assessment** describe the type of competencies required to meet each resident's needs as required under §483.70(e). Do the competencies of the staff reflect the expectations described in the **facility assessment**?

- **F741 - Sufficient Staff - Mental & Psychosocial Disorders**

§483.40(a)(1) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the **facility assessment** conducted pursuant to §483.70(e), and As linked to

history of trauma and/or post-traumatic stress disorder, will be implemented beginning November 28, 2019 (Phase 3).

- **F742 - Comprehensive Assessment**

A facility must determine through its **facility assessment** what types of behavioral health services it may be able to provide. Some examples of treatment and services for psychosocial adjustment difficulties may include providing residents with opportunities for autonomy; arrangements to keep residents in touch with their communities, cultural heritage, former lifestyle, and religious practices; and maintaining contact with friends and family. The coping skills of a person with a history of trauma or PTSD will vary, so assessment of symptoms and implementation of care strategies should be highly individualized. Facilities should use evidence-based interventions, if possible.

Provide services and individualized care approaches that address the assessed needs of the resident and are within the scope of the resources in the **facility assessment**;

- **F801 - Staffing - Food & Nutrition Services**

§483.60(a) Staffing

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

- **F802 - Staffing - Food & Nutrition Services - Support Staff**

If a concern with having sufficient staff is identified, determine if the staffing levels provided were based on the **facility assessment**. If a concern with the **facility assessment** is identified, see §483.70(e), F838, **Facility Assessment**.

- **F803 - Menus & Nutritional Adequacy**

"Periodically" means that a facility should update its menus to accommodate their changing resident population or resident needs as determined by their **facility assessment**. See F838. This includes 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.

- **F837 - Governing Body**

How the administrator and the governing body are involved with the facility wide assessment in §483.70(e) **Facility assessment** at F838.

- **F838 - Facility Assessment**

- **F841 - Medical Director**

His/her participation or involvement in conducting the **Facility Assessment** and the Quality Assessment and Assurance (QAA) Committee.

- **F865 - QAPI Program**

The QAPI plan must describe in detail the scope of the QAA committee's responsibilities and activities, and the process addressing how the committee will conduct the activities necessary to identify and correct quality deficiencies. Each nursing home, including facilities which are a part of a multi-chain organization, should tailor its QAPI plan to reflect the specific units, programs, departments, and unique population it serves, as identified in its facility assessment.

- **F866 - Program Feedback, Data Systems, and Monitoring**

§483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.70(e) and including how such information will be used to develop and monitor performance indicators.

- **F867 - Program Systemic Analysis and Systemic Action**

§483.75(e)(3) As part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e). Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section

- **F880 - Infection Control**

The Infection Prevention and Control Program must include the following parts:

- A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases that:
- Covers all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement;
- Is based on the individual facility assessment;
- Follows accepted national standards;

The results of the facility assessment must be used, in part, to establish and update the IPCP, its policies and/or protocols to include a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for residents, staff, and visitors.

As necessary, and at least annually, review and revision of the IPCP based upon the facility assessment (according to 483.70(e)) which includes any facility and community risk;

Wound care, fecal/urinary incontinence care, and skin care. Since the IPCP must be based on the facility assessment, the presence of certain resident conditions would require that the facility have policies and procedures related to other specific services such as mechanical ventilation, infusion therapy, and/or dialysis either onsite or at an offsite dialysis facility;

Performing fingersticks and point-of-care testing (e.g., assisted blood glucose monitoring) to the extent identified as a resident need based on the **facility assessment**;

The facility must establish a system for surveillance based upon national standards of practice and the **facility assessment**, including the resident population and the services and care provided.

In addition, the facility population and characteristics may change over time, and the **facility assessment** may identify components of the IPCP that must be changed accordingly.

Implement a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement, based on the **facility assessment** (see §483.70(e)) and follows accepted national standards;

- **F940 - Training Requirements**

- **§483.95 Training Requirements**

A facility must develop, implement, and maintain an effective training program for all new and existing staff; individuals providing services under a contractual arrangement; and volunteers, consistent with their expected roles. A facility must determine the amount and types of training necessary based on a **facility assessment** as specified at § 483.70(e). Training topics must include but are not limited to—[§483.95 will be implemented beginning November 28, 2019 (Phase 3)]

All facilities must develop, implement and permanently maintain an effective training program for all staff, which includes, at a minimum, training on abuse, neglect, exploitation, misappropriation of resident property, and dementia management, that is appropriate and effective, as determined by staff need and the **facility assessment** (as specified at §483.70(e)).

- **F943 - Training to Prevent Abuse, Neglect, and Exploitation**

Changes to the facility's resident population, staff turnover, the facility's physical environment, and modifications to the **facility assessment** may necessitate ongoing revisions to the facility's training program.

- **F947 - Required In-service Training for Nurse Aides**

§483.95(g)(3) Address areas of weakness as determined in nurse aides' performance reviews and **facility assessment** at § 483.70(e) and may address the special needs of residents as determined by the facility staff.

[§483.95(g)(3) was implemented on November 28, 2016 (Phase 1) with the exception of **facility assessment** which was implemented on November 28, 2017 (Phase 2).]

The adequacy of the in-service education program may be measured not only by documentation of hours of completed in-service education, but also by demonstrated competencies of nurse aide staff through written exam and/or in consistently applying

*the interventions necessary to meet residents' needs as identified in the **facility assessment**. Observations of nurse aides that indicate deficiencies in their nurse aide skills may be the result of an inadequate training program and/or inadequate performance review.*

- **F949 - Behavioral Health**

*§483.95(i) Behavioral health.*

*A facility must provide behavioral health training consistent with the requirements at §483.40 and as determined by the **facility assessment** at §483.70(e).*

*[§483.95(i) will be implemented beginning November 28, 2019 (Phase 3)]*