Facility Assessment

|  |  |
| --- | --- |
| Facility Name |  |
| Names/Titles of individuals involved in completing assessment | Administrator:Director of NursingGoverning Body Representative:Medical Director:Environmental Operations Manager:Other |
| Date(s) of Assessment or Update |  |
| Date(s) Facility Assessment was reviewed with QAA/QAPI committee |  |

|  |  |
| --- | --- |
| Total Bed Capacity: | Average Daily Census: |
|  | Average number OR range of persons admitted | Average number OR range of persons discharged |
| Weekday |  |  |
| Weekend |  |  |

|  |  |
| --- | --- |
| How does the facility admit or continue to provide care for individuals with diagnoses that staff is less familiar with and/or have not previously cared for? Please provide a brief summary. |  |

|  |  |
| --- | --- |
| **Facility Wide** | **Number of Residents** |
| Long-term care beds |  |
| Subacute Rehab beds |  |
| Hospice/Palliative Care |  |
| Ventilator |  |
| Dialysis |  |
| Bariatric |  |
| Dementia |  |
| TBI |  |
| Isolation for Active Infectious Disease |  |
| Behavioral and Mental Health *(including history of and active substance abuse disorders)* |  |
| Cancer Treatments *(Chemotherapy, Radiation)* |  |
| Respiratory Treatments *(Oxygen, Suctioning, Tracheostomy Care, BIPAP/CPAP)* |  |
| Other *(Please specify)* |  |

|  |  |
| --- | --- |
| **Facility Care Requirements** |  |
| Overall CMI |  |
| Diagnoses / Conditions of current resident population *(Please list the most common diagnoses in your facility. This documentation helps to identify the types of human and physical resources needed to meet resident care needs)* |   |
| Physical / Cognitive Disabilities |  |
| Ethnic & Cultural Factors*(Specify factors that may affect care provided, including activities, food/nutrition services, etc.)*  |  |
| Religious Factors*(Specify Religious faiths that are represented in your facility and the services provided)*  |  |

|  |  |
| --- | --- |
| **Major RUG-IV Categories** | **Number/Average or Range of Residents** |
| Rehabilitation Plus Extensive Services |  |
| Rehabilitation |  |
| Extensive Services |  |
| Special Care High |  |
| Special Care Low |  |
| Clinically Complex |  |
| Behavioral Symptoms and Cognitive Performance |  |
| Reduced Physical Function |  |

*\*Please modify the following charts to meet the specifications of your facility*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit-Based Demographics** |  |  |  |  |
| Total Bed Capacity | Unit 1 | Unit 2 | Unit 3 | Unit 4 |
| Unit Census |  |  |  |  |
| Residents < 55 |  |  |  |  |
| Short Term Rehab |  |  |  |  |
| Long Term |  |  |  |  |
| Dx: MI |  |  |  |  |
| Dx: DD |  |  |  |  |
| PASARR Level II |  |  |  |  |

**UNIT 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assistance with Activities of Daily Living** | **Independent** | **Assist of 1 Staff** | **Assist of 2 Staff** | **Dependent** |
| Dressing |  |  |  |  |
| Bathing |  |  |  |  |
| Transfer |  |  |  |  |
| Eating |  |  |  |  |
| Toileting |  |  |  |  |
| Other care, describe: |  |  |  |  |
|  | **Independent** | **Assistive Device Used to Ambulate** | **In Chair Most of Time** | **Non-ambulatory** |
| Mobility  |  |  |  |  |

**UNIT 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assistance with Activities of Daily Living** | **Independent** | **Assist of 1 Staff** | **Assist of 2 Staff** | **Dependent** |
| Dressing |  |  |  |  |
| Bathing |  |  |  |  |
| Transfer |  |  |  |  |
| Eating |  |  |  |  |
| Toileting |  |  |  |  |
| Other care, describe: |  |  |  |  |
|  | **Independent** | **Assistive Device Used to Ambulate** | **In Chair Most of Time** | **Non-ambulatory** |
| Mobility  |  |  |  |  |

**UNIT 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assistance with Activities of Daily Living** | **Independent** | **Assist of 1 Staff** | **Assist of 2 Staff** | **Dependent** |
| Dressing |  |  |  |  |
| Bathing |  |  |  |  |
| Transfer |  |  |  |  |
| Eating |  |  |  |  |
| Toileting |  |  |  |  |
| Other care, describe: |  |  |  |  |
|  | **Independent** | **Assistive Device Used to Ambulate** | **In Chair Most of Time** | **Non-ambulatory** |
| Mobility  |  |  |  |  |

**UNIT 4**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assistance with Activities of Daily Living** | **Independent** | **Assist of 1 Staff** | **Assist of 2 Staff** | **Dependent** |
| Dressing |  |  |  |  |
| Bathing |  |  |  |  |
| Transfer |  |  |  |  |
| Eating |  |  |  |  |
| Toileting |  |  |  |  |
| Other care, describe: |  |  |  |  |
|  | **Independent** | **Assistive Device Used to Ambulate** | **In Chair Most of Time** | **Non-ambulatory** |
| Mobility  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Clinical Conditions****& Services Provided** |  |  |  |  |
|  | Unit 1 | Unit 2 | Unit 3 | Unit 4 |
| Hoyer Lift |  |  |  |  |
| T&P Schedule |  |  |  |  |
| Altered OOB Schedule |  |  |  |  |
| FAP |  |  |  |  |
| ROM |  |  |  |  |
| Wound Care |  |  |  |  |
| Pain Management |  |  |  |  |
| Enteral Feedings |  |  |  |  |
| IV Therapy |  |  |  |  |
| Fingerstick Monitoring |  |  |  |  |
| BIPAP/CPAP |  |  |  |  |
| Tracheostomy CareVentilator or Respirator |  |  |  |  |
| Oxygen Therapy |  |  |  |  |
| Suctioning |  |  |  |  |
| Pain Management |  |  |  |  |
| Pressure Injury Prevention and Care |  |  |  |  |
| Injections |  |  |  |  |
| Toileting Program |  |  |  |  |
| Dialysis |  |  |  |  |
| Behavioral Health Needs(i.e. Psychological Services, etc.) |  |  |  |  |
| Other |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nurse Staffing** | **Unit 1** | **Unit 2** | **Unit 3** | **Unit 4** |
| RN 7-3 |  |  |  |  |
| LPN 7-3 |  |  |  |  |
| CNA 7-3 |  |  |  |  |
| RN 3-11 |  |  |  |  |
| LPN 3-11 |  |  |  |  |
| CNA 3-11 |  |  |  |  |
|  |  |  |  |  |
| RN 11-7 |  |  |  |  |
| LPN 11-7 |  |  |  |  |
| CNA 11-7 |  |  |  |  |

|  |  |
| --- | --- |
| Total # of Facility Nursing Staff |  |
| Total # of Contracted Nursing Staff |  |
| Education, Training & Competencies (*Please list)* |  |

|  |  |
| --- | --- |
| **Food & Nutrition Services Staff** |  |
| Dietitian |  |
| Food Service Manager |  |
| Support Staff |  |
| Total # of Facility Staff |  |
| Total # of Contracted Staff |  |
| **Education, Training & Competencies** |  |
| **Behavioral Health Staff** |  |
| Social Worker(s) |  |
| Total # of Facility Staff |  |
| Total # of Contracted Staff |  |
| **Education, Training & Competencies** |  |
| **Rehabilitation Staff** |  |
| Physical Therapist |  |
| Occupational Therapist |  |
| Speech Pathologist |  |
| Rehab Support Staff |  |
| Total # of Facility Staff |  |
| Total # of Contracted Staff |  |
| **Education, Training & Competencies** |  |
| **Therapeutic Recreation** |  |
| Director |  |
| Recreation Aides |  |
| Total # of Facility Staff |  |
| Total # of Contracted Staff |  |
| **Education, Training & Competencies** |  |
| **Maintenance** |  |
| Director |  |
| Support Staff |  |
| Total # of Facility Staff |  |
| Total # of Contracted Staff |  |
| **Education, Training & Competencies** |  |
| **Housekeeping** |  |
| Director |  |
| Support Staff |  |
| Total # of Facility Staff |  |
| Total # of Contracted Staff |  |
| **Education, Training & Competencies** |  |
| **Other Staff** |  |
| Total # of Facility Staff |  |
| Total # of Contracted Staff |  |
| Security |  |
| Transport |  |
| Volunteers |  |
| **Education, Training & Competencies** |  |
| **Medical Personnel** |  |
| Physicians (Attending) |  |
| Physician (Consultant) |  |
| NP/PA |  |
| **Credentials / Training** |  |
| Total # of Facility Staff |  |
| Total # of Contracted Staff |  |
| **Administrative Personnel** |  |
| Administration |  |
| Nursing Administration |  |
| RN Supervisors / Unit Manager |  |
| Infection Control |  |
| Support Staff |  |
| **Education, Training & Competencies** |  |

|  |  |  |
| --- | --- | --- |
|  | **Physical Environment** |  |
|  |  | **Comments** |
| # of Facility Buildings |  |  |
| Building Layout |  |  |
| # of Facility Vehicles |  |  |
| Medical Equipment *(specify)*(i.e. Blood pressure monitors, suction machines, oxygen, etc. How many pieces of equipment are available on each unit?) |  |  |
| Non-Medical Equipment *(specify)*(i.e. Incontinence supplies, Linens, Communication Devices. How does the facility maintain adequate supply?) |  | **Comments** |
| Physical Equipment (i.e. Bath benches, Shower Chairs, Hoyer lifts) |  |  |
| Services Provided |  |  |
| Contracts with 3rd parties to provide services/equipment |  |  |
| Health Information Technology Resources: *(please indicate how PHI is secured during inter-facility transfers)* |  |  |
|  | **Facility Risk Assessment** |  |
|  | **Facility Response Plan** | **Additional Comments** |
| Infectious Outbreak |  |  |
| Resident Elopement |  |  |
| Workplace Violence |  |  |
| Union Strike |  |  |
| Gas Leak / Explosion |  |  |
| Loss of Electrical Power |  |  |
| Loss of / Contamination of Water Supply |  |  |
| Weather Emergencies |  |  |
| Facility Evacuation  |  |  |
| Emergency Preparedness Plan |  |  |
|  | **Community Risk Assessment** |  |
|  | **Facility Response Plan** | **Additional Comments** |
| Community Risk (specify) |  |  |

Competency Based Training

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ALL STAFF ANNUALLY AND NEWLY HIRED STAFF** | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
| Fire Safety |  |  |  |  |
| Emergency Preparedness |  |  |  |  |
| Abuse Prohibition(including Social Media Policy) |  |  |  |  |
| Effective Communication Techniques |  |  |  |  |
| **Person-Centered Care** |  |  |  |  |
| **Cultural Competency** |  |  |  |  |
| Resident Rights (including new revised Resident Rights) |  |  |  |  |
| Advance Directives  |  |  |  |  |
| Suicidal Ideation |  |  |  |  |
| Infection Control |  |  |  |  |
| HIPPA |  |  |  |  |
| Corporate Compliance |  |  |  |  |
| Sexual Harassment / Workplace violence |  |  |  |  |
| Elopement |  |  |  |  |
| Heat Emergencies |  |  |  |  |
| Safety in the Workplace |  |  |  |  |

\* Note the number of employees and newly hired employees that have received orientation and mandatory inservices each quarter

\* Please note that the organization of this chart is a recommendation and not a mandate. You may customize this tool to meet the needs of your facility – i.e. Monthly, Quarterly, Semi-annually, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CERTIFIFED NURSING ASSISTANT** | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
| Body mechanics |  |  |  |  |
| Incontinence Care |  |  |  |  |
| Fall Prevention (including the use of bed/chair alarms) |  |  |  |  |
| Skin Care Prevention |  |  |  |  |
| Meal time feeding Guidelines |  |  |  |  |
| Assistive Devices |  |  |  |  |
| Effective Communication Techniques |  |  |  |  |
| CNAAR and Timeliness of Documentation |  |  |  |  |
| Guidelines for the change of shift |  |  |  |  |
| Special Care Needs of Residents to include decreased vision, hearing impairment, and impaired communication |  |  |  |  |
| Reporting Resident Changes in Condition |  |  |  |  |
| Caring for Residents with Dementia and/or Behavioral issues |  |  |  |  |
| **COMPETENCIES** |  |  |  |  |
| Hand Hygiene |  |  |  |  |
| Hoyer/Sarita Transfers |  |  |  |  |
| Changing foley drainage and leg bags |  |  |  |  |
| Skin Care Prevention |  |  |  |  |
| Obtaining Resident Weights |  |  |  |  |
| Range of Motion |  |  |  |  |
| FAP/Standing Program |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ALL LICENSED NURSES** | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
| Orientation to the EHR/EMAR |  |  |  |  |  |
| Pain Management |  |  |  |  |
| Skin Care Prevention |  |  |  |  |
| Meal Time/Dining room guidelines |  |  |  |  |
| Psychotropic Drug Use |  |  |  |  |
| Effective Communication Techniques |  |  |  |  |
| Monitoring/Documenting/Reporting changes in Resident Condition |  |  |  |  |
| Reporting labs/diagnostic results |  |  |  |  |
| The Admission Process |  |  |  |  |
| Advanced Directives |  |  |  |  |
| Care Planning |  |  |  |  |
| Residents requiring hospitalization |  |  |  |  |
| **COMPETENCIES** |  |  |  |  |
| Hand Hygiene |  |  |  |  |
| Blood Glucose Monitoring |  |  |  |  |
| Medication Administration |  |  |  |  |
| Wound care: Treatment and Dressing changes |  |  |  |  |
| Foley catheter (insertion and care of) |  |  |  |  |
| GT Tube Care & Tube Feedings |  |  |  |  |
| Code Blue Drill(CPR Performance and use of AED & Ambu bag)  |  |  |  |  |
| Heimlich Maneuver/Resuscitation of the unconscious choking victim |  |  |  |  |
| Respiratory Care and nebulizer therapy |  |  |  |  |
| Oral Hygiene and oral suctioning |  |  |  |  |
| IV Therapy |  |  |  |  |
| Tracheostomy Care |  |  |  |  |
| Ostomy Care |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Registered Nurses**  | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
| Physical Assessment |  |  |  |  |
| Effective Communication Techniques |  |  |  |  |
| Intravenous Competency Training |  |  |  |  |
| Central Line Dressing Change |  |  |  |  |
| Assessment and treatment of Wounds (including Wound Vac) |  |  |  |  |
| Administration of Medications via centrally place line |  |  |  |  |
| Access of Infusaport |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Social Services**  | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
| Behavioral Services |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Food & Nutrition Services**  | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
| Safe Food Handling |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Housekeeping & Environmental Services**  | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
| MSD Sheet Usage |  |  |  |  |
| Environmental Cleaning (including Terminal Cleaning) |  |  |  |  |

Interim Inservices for ALL Staff

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

Policies & Procedures: Updates and Revisions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
| QAPI |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |