**Basic Nursing Skills Competency**

Suggested Implementation

Checklist for Leaders

**Suggested Implementation Checklist: Basic Nursing Skills**

| **Regulation** | **Recommended Action** |
| --- | --- |
| **F726 §483.35 Nursing Services**  “The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population in accordance with the facility assessment required at §483.70(e).  §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents’ needs, as identified through resident assessments, and described in the plan of care.  §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident’s needs.  §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents’ needs, as identified through resident assessments, and described in the plan of care.”[[1]](#footnote-1)  Note: Recommended Actions also address the following related Nursing Services Requirements of Participation:  F725 Sufficient Nursing Staff  F726 Competent Nursing Staff  F727 RN 8 Hours/7 days/Week, Full Time DON  F728 Facility Hiring and Use of Nurse  F729 Nurse Aide Registry Verification, Retraining  F730 Nurse Aide Performance Review – 12 Hr./Year In-service  F731 Waiver – Licensed Nurses 24 Hr./Day and RN Coverage  F732 Posted Nursing Staffing Information  Note: Recommended Actions also address the following related Resident Rights Requirements of Participation:  F580 Notify of Changes (Injury/Decline/Room, *etc.*)  F585 Grievances  Note: Recommended Actions also address the following related Freedom from Abuse, Neglect, and Exploitation Requirements of Participation:  F600 Free from Abuse and Neglect  F604 Right to Be Free from Physical Restraints  F605 Right to Be Free from Chemical Restraints  F606 Not Employ/Engage Staff with Adverse Actions  F607 Develop/Implement Abuse/Neglect *etc.* Policies  F608 Reporting of Reasonable Suspicion of a Crime  F609 Reporting of Alleged Violations  F610 Investigate/Prevent/Correct Alleged Violation  Note: Recommended Actions also address the following related Administration Requirements of Participation:  F838 Facility Assessment  F842 Resident Records – Identifiable Records  Note: Recommended Actions also address the following related Infection Control Requirements of Participation:  F880 Infection Prevention and Control  Note: Recommended Actions also address the following related Training Requirements of Participation:  F943 Abuse, Neglect, and Exploitation Training  F947 Required In-Service Training for Nurse  Aides | * Review/Update Facility-Wide Resource Assessment regarding census, acuity, and diagnoses of the facility’s resident population. * Review/Update Facility-Wide Resource Assessment regarding nursing staff on a 24 hour basis including mix of RNs, LPNs/LVNs, CNAs; 8 hours RN 7 days per week; full time Director of Nursing. * Review/Update Facility-Wide Resource Assessment regarding specialty unit; *e.g.,* sub-acute, ventilator, pediatric, behavioral health, dementia, *etc.* and associated staffing. * Review/Update Facility-Wide Resource Assessment regarding licensed nurses’ competencies and skill sets and CNAs’ competencies and skill sets. * Review Grievance log related to issues of abuse, neglect. * Review complaint survey citations related to Basic Nursing Skills competency. * Review/Revise policies and procedures related to Basic Nursing Skills. * Initiate/Review all licensed nurses’ personnel files for current status of state license and all CNAs’ personnel files for current status on registry. * Initiate/Review all licensed nurses’ and CNAs’ education files for dementia training, abuse prevention training, and areas of weakness as determined in performance reviews. * Initiate/Review all CNAs’ personnel files for 12 hours of in-service education in a year based upon date of hire. * Develop a training plan for licensed nurses and CNAs for Basic Nursing Skills. * Incorporate above training into orientation and annual in-service calendar. * Provide training and resources for management level nursing staff regarding supervision and monitoring for compliance related to Change of Condition policies and procedures; *e.g.,*  CMS-20062 “Sufficient and Competent Nurse Staffing Review.” |
| **F656 §483.21(b) Comprehensive Care Plans**  “§483.21(b)(1) “The facility must develop and implement a comprehensive person centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following —   1. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and 2. (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). 3. (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident’s medical record. 4. (iv)In consultation with the resident and the resident’s representative(s)— (A) The resident’s goals for admission and desired outcomes.   (B) The resident’s preference and potential for future discharge. Facilities must document whether the resident’s desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.  (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.”[[2]](#footnote-2)  Note: Recommended Actions also address the following related Comprehensive Resident Centered Care Plans Requirements of Participation:  F655 Baseline Care Plan  Note: Recommended Actions also address the following related Comprehensive Resident Centered Care Plans Requirements of Participation:  F657 Care Plan Timing and Revision  F658 Services Provided Meet Professional Standards  F659 Qualified Persons  Note: Carry out the Recommended Actions associated with this Regulation if QAPI activities indicate issues with the comprehensive care plan process. | * Review policies, procedures, and practices related to the baseline care plan process. * Review policies, procedures, and practices related to the comprehensive care plan process. * Utilize QAPI for root cause analysis and performance improvement projects. * Develop a training plan for IDT members for the baseline and comprehensive care plan processes. * Incorporate above training into orientation. * Provide training and resources for management level staff regarding supervision and monitoring for compliance related to the comprehensive care plan process. |
| **F677 §483.24(a)(2) ADL Care Provided for Dependent Residents**  “A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.”[[3]](#footnote-3)  Note: Carry out the Recommended Actions associated with this Regulation if QAPI activities indicate issues with the provision of ADL care for dependent residents. | * Review policies, procedures, and practices related to the provision of ADL care for dependent residents. * Utilize QAPI for root cause analysis and performance improvement projects. * Develop a training plan for licensed nurses and CNAs for the provision of ADL care for dependent residents. * Incorporate above training into orientation. * Provide training and resources for management level nursing staff regarding supervision and monitoring for compliance related to the provision of ADL care for dependent residents. |
| **F684 §483.25 Quality of Care**  “Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents’ choices.”[[4]](#footnote-4)  Note: Recommended Actions also address the following related Quality of Care Requirements of Participation:  F686 Treatment/Services to Prevent/Heal Pressure Ulcers  F688 Increase/Prevent Decrease in ROM/Mobility  F689 Free of Accident Hazards/Supervision/Devices  F690 Bowel/Bladder Incontinence, Catheter, UTI  F692 Nutrition/Hydration Status Maintenance  Note: Carry out the Recommended Actions associated with this Regulation if QAPI activities indicate issues with one or more specific Quality of Care Requirement of Participation. | * Review policies, procedures, and practices related to the provision of the specific Quality of Care requirement. * Utilize QAPI for root cause analysis and performance improvement projects. * Develop a training plan for licensed nurses and CNAs for the provision of the specific Quality of Care requirement. * Incorporate above training into orientation. * Provide training and resources for management level nursing staff regarding supervision and monitoring for compliance related to the provision of the specific Quality of Care requirement. |

**References and Resources**

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

CMS Staff Competency Toolkit: [https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment.html](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.cms.gov_Medicare_Provider-2DEnrollment-2Dand-2DCertification_SurveyCertificationGenInfo_LTC-2DCMP-2DReinvestment.html&d=DwQFAg&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=z2935PWnInh601eYke6LdAuKQhc517TCaz4LV7dNch0&s=3bmTMfcqB7YZ3gUjBcM8w8dGPSQqzXXR4xEv7uuT8vY&e=)

1. Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-1)
2. Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-2)
3. 3,4 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-3)
4. [↑](#footnote-ref-4)