**Dementia Care**

**Competency**

Suggested Implementation Checklist

**Suggested Implementation Checklist: Dementia Care**

| **Regulation** | **Recommended Action** |
| --- | --- |
| **F744 §483.40(b)(3)**  “A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.”[[1]](#footnote-1)  **F741 §483.40(a)**  “The facility must have sufficient staff who provide direct services to residents 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 §483.70(e). These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:  §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)]  §483.40(a)(2) Implementing non-pharmacological interventions.”[[2]](#footnote-2)  Note: Recommended Actions also address the following related Behavioral Health Requirements of Participation.  F740 Behavioral Health Services  F741 Sufficient/Competent Staff – Behavioral Health Needs  F742 Treatment/Services for Mental/Psychosocial Concerns  F743 No Pattern of Behavioral Difficulties Unless Unavoidable  F745 Provision of Medically Related Social Services  Note: Recommended Actions also address the following related Freedom from Abuse, Neglect, and Exploitation Requirements of Participation:  F605 Right to Be Free from Chemical Restraints  Note: Recommended Actions also address the following related Physician Services Requirements of Participation:  F710 Resident’s Care Supervised by a Physician  Note: Recommended Actions also address the following related Nursing Services Requirements of Participation:  F725 Sufficient Nursing Staff  F726 Competent Nursing Staff  Note: Recommended Actions also address the following related Pharmacy Services Requirements of Participation:  F756 Drug Regime Review, Report Irregularities, Act On  F757 Drug Regimen Review is Free from Unnecessary Drugs  F758 Free from Unnecessary Psychotropic Meds/PRN Use  F881 Antibiotic Stewardship  Note: Recommended Actions also address the following related Administration Requirements of Participation:  F838 Facility Assessment | * 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/Update Facility-Wide Resource Assessment regarding physician and physician extender specialties; vendor contracts; current supplies and equipment. * Review Quality Measures associated with psychoactive medication usage. * Review hospitalizations associated with behavioral health conditions. * Review past survey citations related to Dementia Care. * Initiate/Review all licensed nurses’, social services staff’s, activities/therapeutic recreation staff’s, and CNAs’ education files for Dementia Care training and areas of weakness in this area as determined in performance reviews. * Develop a training plan for designated staff regarding Dementia Care. * 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 Dementia Care policies and procedures; *e.g.,* CMS-20133 “Dementia Care Critical Element Pathway.” |
| **F636 §483.20 Resident Assessment**  “The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident’s functional capacity.”[[3]](#footnote-3)  Note: Recommended Actions also address the following related Resident Assessments Requirements of Participation:  F637 Comprehensive Assessment after Significant Change  F641 Accuracy of Assessments  Note: Carry out the Recommended Actions associated with this Regulation if QAPI activities indicate issues with the resident assessment process. | * Review policies, procedures, and practices related to the comprehensive assessment process. * Utilize QAPI for root cause analysis and performance improvement projects. * Develop a training plan for IDT members for conducting a comprehensive assessment. * Incorporate above training into orientation. * Provide training and resources for management level staff regarding supervision and monitoring for compliance related to the comprehensive assessment process. |
| **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.”[[4]](#footnote-4)  Note: Recommended Actions also address the following related Comprehensive Resident Centered Care Plans Requirements of Participation:  F550 Resident Rights/Exercise of Rights  F553 Right to Participate in Planning Care  F580 Notify of Changes (Injury/Decline/Room)  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 comprehensive care plan process. * Utilize QAPI for root cause analysis and performance improvement projects. * Develop a training plan for IDT members for the comprehensive care plan process. * 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 |

**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>
* Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual, Version 1.16. October 2018: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>
* CMS National Partnership to Improvement Dementia Care:  [https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/national-partnership-to-improve-dementia-care-in-nursing-homes.html](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.cms.gov_medicare_provider-2Denrollment-2Dand-2Dcertification_surveycertificationgeninfo_national-2Dpartnership-2Dto-2Dimprove-2Ddementia-2Dcare-2Din-2Dnursing-2Dhomes.html&d=DwQF-g&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=TYFlNDYmeYY46oWx1-IUSjiBGDqTsXXJCVwAmFwUhlw&s=wBTZs44NZpQVLocA-torj46A6e7_aAzSWD6XlEispYw&e=)
* CMS Hand in Hand Training: <https://surveyortraining.cms.hhs.gov/pubs/HandinHand.aspx>
* National Nursing Home Quality Improvement Campaign Dementia Care: [https://www.nhqualitycampaign.org/dementiaCare.aspx](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.nhqualitycampaign.org_dementiaCare.aspx&d=DwQF-g&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=TYFlNDYmeYY46oWx1-IUSjiBGDqTsXXJCVwAmFwUhlw&s=lqV8H0MTRKO5KCe1PgsXKVsBr1yO_6OTQiBIV7w2W5M&e=)
* About Dementia – Alzheimer’s Foundation of America (pg. 442): [https://alzfdn.org/caregiving-resources/about-alzheimers-disease-and-dementia/](https://urldefense.proofpoint.com/v2/url?u=https-3A__alzfdn.org_caregiving-2Dresources_about-2Dalzheimers-2Ddisease-2Dand-2Ddementia_&d=DwQF-g&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=TYFlNDYmeYY46oWx1-IUSjiBGDqTsXXJCVwAmFwUhlw&s=p7gNAKdT1f9DW3s2NoEplPDM6fkJgz3E4Dmvx-lIMrI&e=)
* Music and Memory: [https://musicandmemory.org/](https://urldefense.proofpoint.com/v2/url?u=https-3A__musicandmemory.org_&d=DwQF-g&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=TYFlNDYmeYY46oWx1-IUSjiBGDqTsXXJCVwAmFwUhlw&s=oB-gvX2F9RRaAevGMbwSx05o6lBaH7kTKIUui77HRfo&e=)
* Alzheimer’s toolkit (Part of a CMPRP Project): <https://dhss.delaware.gov/dhss/dsaapd/alzheimers_toolkit.html>
* Several resources on the surveyor training webpage: [https://surveyortraining.cms.hhs.gov/pubs/ProviderWelcome.aspx](https://urldefense.proofpoint.com/v2/url?u=https-3A__surveyortraining.cms.hhs.gov_pubs_ProviderWelcome.aspx&d=DwQF-g&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=TYFlNDYmeYY46oWx1-IUSjiBGDqTsXXJCVwAmFwUhlw&s=gXpBCAFOMMc2AvE8i2JkRuTGJPR_8fhR8i0VhVb7jFY&e=)

1. 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-1)
2. [↑](#footnote-ref-2)
3. 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. 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-4)