**Physical Assessment & Evaluation**

**Competency**

Suggested Implementation Checklist

**Suggested Implementation Checklist: Physical Assessment and Evaluation**

| **Regulation** | **Recommended Action** |
| --- | --- |
| **F636 Resident Assessment**  “The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident’s functional capacity.  **§483.20(b) Comprehensive Assessments** §483.20(b)(1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident’s needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS.”[[1]](#footnote-1)  “The facility is responsible for addressing all needs and strengths of residents regardless of whether the issue is included in the MDS or CAAs. The scope of the RAI does not limit the facility’s responsibility to assess and address all care needed by the resident.”[[2]](#footnote-2) | Review discipline-specific assessments to assure that physical assessment findings are integrated into the data collection where appropriate.  Establish the physical assessment components of focused (condition-specific) assessments and assure that assessment tools contain areas for documentation of physical assessment findings relevant to the condition being assessed. |
| **F641 Accuracy of Assessments.**  “The assessment must accurately reflect the resident’s status.    **INTENT §483.20(g)**  To assure that each resident receives an accurate assessment, reflective of the resident’s status at the time of the assessment, by staff qualified to assess relevant care areas and are knowledgeable about the resident’s status, needs, strengths, and areas of decline.    **GUIDANCE §483.20(g)**  “Accuracy of Assessment” means that the appropriate, qualified health professionals correctly document the resident’s medical, functional, and psychosocial problems and identify resident strengths to maintain or improve medical status, functional abilities, and psychosocial status using the appropriate Resident Assessment Instrument (RAI) (i.e. comprehensive, quarterly, significant change in status).  Facilities are responsible for ensuring that all participants in the assessment process have the requisite knowledge to complete an accurate assessment.”[[3]](#footnote-3) | Develop and implement assessment education and competency evaluations for nurses for physical assessment, and nursing assistants’ collection and reporting of new symptoms or changes in residents’ status or function.  Review the assessment documentation tools to assure that physical assessment findings are integrated into the tool.  Review the assessment policies and procedures to delineate which discipline will complete each assessment, section of the MDS, Care Area Assessments and corresponding care plan.  Assure that assigned staff have education and reference resources for completing the assigned documentation.  Assure that each person participating in the assessment process has verified competency. |
| **F644**  “§483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes:    §483.20(e)(1)Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident’s assessment, care planning, and transitions of care.    §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment.”[[4]](#footnote-4)  **F645**  “§483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability”[[5]](#footnote-5) | Review facility policy and procedure for coordination of assessments with the pre-admission screening and resident review (PASARR) program  Review facility policy and procedure for incorporating recommendation for the PASARR level II in to the resident assessment, care planning and transitions of care  Review facility policy and procedure for referring all level II residents and all residents with newly evident or possible serious mental disorders, ID or related condition for level II resident review upon a significant change in status assessment  Educate nurses completing the assessment process on the coordination of assessment information from the PASARR into the resident assessment, care plan and transitions of care  Educate nurses completing the assessment process on referring level II residents with new or possible serious mental disorder, ID or related condition upon a significant change in status |
| **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.”[[6]](#footnote-6)  “Competency in skills and techniques necessary to care for residents’ needs”[[7]](#footnote-7) | Review, revise and institute a Nursing Policy and Procedure in accordance with the new RoP and the MDS 3.0 RAI Manual.  Update all definitions and new terms in policies, procedures and education.  Develop a training plan for the Interdisciplinary Team.  Provide staff training on the revised Nursing Policy and Procedure. Update training for orientation, annual, agency staff, as needed.  Conduct updated training for Management Personnel on supervising and monitoring competencies with resident assessment and evaluation. |
| **F656 Comprehensive Care Plan**  “§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.”[[8]](#footnote-8) | Review facility policy and procedure on completion of the comprehensive care plan  Provide education to the interdisciplinary team on completing of the person-centered, comprehensive care plan to meet the residents needs as identified in the comprehensive assessment |
| **F657 Comprehensive Care Plan**  ”NOTE: Although Federal requirements dictate the completion of RAI assessments according to certain time frames, standards of good clinical practice dictate that the clinical assessment process is more fluid and should be ongoing. The lack of ongoing clinical assessment and identification of changes in condition, to meet the resident’s needs between required RAI assessments should be addressed at §483.35 Nursing Services, F726 (competency and skills to identify and address a change in condition), and the relevant outcome tag, such as §483.12 Abuse, §483.24 Quality of Life, §483.25 Quality of Care, and/or §483.40 Behavioral Health.”[[9]](#footnote-9) | Assure that nursing staff, including nursing assistants, have knowledge about how to identify changes in a resident’s condition or function.  Assure that there is a formal system for nursing assistants to report observed changes in residents’ function or conditions to a nurse for assessment. |
| **F636 Comprehensive Assessments and Timing**  “Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident’s needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS.”[[10]](#footnote-10) | Review the Assessment and re-evaluation  Ensure training and competency with completion of the MDS 3.0 RAI process |
| **F658: Services Provided Meet Professional Standards**  Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must—  (i) Meet professional standards of quality.”[[11]](#footnote-11) | Ensure training and competency:   * Physical Assessment * Medical conditions relevant to the facility population * Care Plan Development * Care Plan Evaluation and Revisions |
| **F684: Quality of Care**  “§ 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”[[12]](#footnote-12) | Review of facility policies, procedures and training materials to ensure best practice approach and current standards of practice are included |

**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>
* U.S. Department of Health and Human Services, Office for Civil Rights, May 20, 2016. “Guidance and Resources for Long Term Care Facilities: Using the Minimum Data Set to Facilitate Opportunities to Live in the Most Integrated Setting: <https://www.hhs.gov/sites/default/files/mds-guidance-2016.pdf>
* Centers for Medicare & Medicaid Services. MDS 3.0 Training: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinits/nhqimds30trainingmaterials.html>

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. 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)
5. [↑](#footnote-ref-5)
6. 6,7” Centers for Medicare and Medicaid Services (CMS) State Operations Manual, Appendix PP. Guidance to Surveyors for Long Term Care Facilities: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-6)
7. [↑](#footnote-ref-7)
8. 8,9,10 Centers for Medicare and Medicaid Services (CMS) State Operations Manual, Appendix PP. Guidance to Surveyors for Long Term Care Facilities: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-8)
9. [↑](#footnote-ref-9)
10. [↑](#footnote-ref-10)
11. 11,12 Centers for Medicare and Medicaid Services (CMS) State Operations Manual, Appendix PP. Guidance to Surveyors for Long Term Care Facilities: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-11)
12. [↑](#footnote-ref-12)