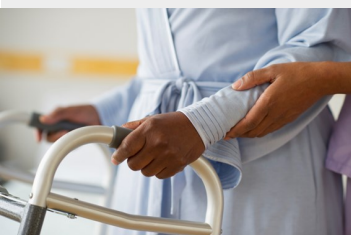
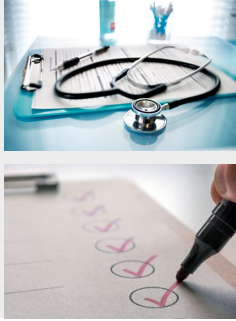


## Facility Assessment Checklist

The Facility Assessment checklist can be used by facilities to self-audit if they are meeting all requirements of the updated Facility Assessment regulation at §483.71 per the [CMS Minimum Staffing Rule](#). Facilities should compare their assessment to the checklist to identify if each regulatory required element is complete. If the answer to a question on this checklist is no, facilities should take action to meet the required area of the facility assessment.

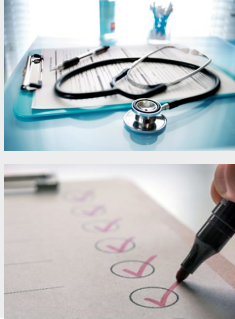


	YES	NO
Did you review and update the facility assessment, as necessary, and at least annually?	<input type="radio"/>	<input type="radio"/>
Does your assessment determine what resources are necessary to care for your residents competently during both day-to-day operations (including nights and weekends) and emergencies?	<input type="radio"/>	<input type="radio"/>
Did you update the assessment when there was, or you have planned for, any change that would require a substantial modification to any part of the assessment?	<input type="radio"/>	<input type="radio"/>
Did you address the number of residents you currently have, and your facility's resident capacity?	<input type="radio"/>	<input type="radio"/>
Did you address the care required by the resident population?	<input type="radio"/>	<input type="radio"/>
Did you address care needs by utilizing an evidence-based, data-driven method?	<input type="radio"/>	<input type="radio"/>
Did you consider the residents you are caring for based on their diseases, conditions, physical and behavioral needs, cognitive disabilities, overall acuity, and other pertinent facts?	<input type="radio"/>	<input type="radio"/>
Was the review of the resident's care required consistent with and informed by individual resident assessments?	<input type="radio"/>	<input type="radio"/>
Did you address the staff competencies and skill sets that are necessary to provide the level and types of care needed for the resident population?	<input type="radio"/>	<input type="radio"/>
Did you address the physical environment, equipment, services, and other physical plant considerations that are necessary to care for the resident population?	<input type="radio"/>	<input type="radio"/>
Did you address any 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?	<input type="radio"/>	<input type="radio"/>
Did you discuss the facility's resources including the buildings and/or other physical structures and vehicles?	<input type="radio"/>	<input type="radio"/>
Did you discuss the equipment needs of the facility, both medical and non-medical?	<input type="radio"/>	<input type="radio"/>



## Facility Assessment Checklist

	YES	NO
Did you discuss services provided in your facility, such as physical therapy, pharmacy, behavioral health, and specific rehabilitation therapies?	<input type="radio"/>	<input type="radio"/>
Did you determine all personnel resources needed, including managers, nursing, and direct care staff (both employees and those who provide services under contract), and volunteers, based on the residents identified?	<input type="radio"/>	<input type="radio"/>
Did you determine the education needs and/or training and any competencies related to resident care, for each position included in the previous question?	<input type="radio"/>	<input type="radio"/>
Did you discuss all contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies?	<input type="radio"/>	<input type="radio"/>
Did you discuss health information technology resources, such as systems for electronically managing resident records and electronically sharing information with other organizations?	<input type="radio"/>	<input type="radio"/>
Did you review your facility-based and community-based risk assessment, using an all-hazards approach?	<input type="radio"/>	<input type="radio"/>
Did you have active involvement of the following participants in the process:		
⇒ Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and	<input type="radio"/>	<input type="radio"/>
⇒ Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and representatives of the direct care staff, if applicable.	<input type="radio"/>	<input type="radio"/>
Did you also solicit and consider input received from residents, resident representatives, and family members?	<input type="radio"/>	<input type="radio"/>
Did you use the assessment to inform staffing decisions to ensure that there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessment and plans of care?	<input type="radio"/>	<input type="radio"/>
Did you use the assessment to consider specific staffing needs for each resident unit in the facility and adjust as necessary based on changes to its resident population?	<input type="radio"/>	<input type="radio"/>
Did you use the assessment to consider specific staffing needs for each shift, such as day, evening, night, and adjust as necessary based on any changes to your resident population?	<input type="radio"/>	<input type="radio"/>
Does the assessment include a recruitment and retention plan for direct care staff?	<input type="radio"/>	<input type="radio"/>
Does the assessment inform contingency planning for events that do not require activation of the facility's emergency plan, but do have the potential to affect resident care, such as, but not limited to the availability of direct care nurse staffing or other resources needed for resident care?	<input type="radio"/>	<input type="radio"/>



## Facility Assessment Checklist

**Completed by:**

**Date:**

---

---

---

---

---

---

---

---

**Notes:**

This document is for general informational purposes only in light of the modified requirements of participation found at 42 C.F.R. §483.71 et seq. It does not represent legal advice nor should it be relied upon as supporting documentation or advice with CMS or other government regulatory agencies.