

# Competency-Based Care & Facility Assessments

**A Compliance Guide for F726 and F838**



Stefanie Corbett, DHA

# **Competency-Based Care & Facility Assessments:**

**A COMPLIANCE GUIDE FOR  
F726 AND F838**

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HCPro  
100 Winners Circle Suite 300  
Brentwood, TN 37027  
Telephone: 800-650-6787 or 781-639-1872  
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# Table of Contents

<b>About the Author .....</b>	<b>v</b>
<b>Introduction .....</b>	<b>vii</b>
The Value of This Book.....	vii
How to Use This Book .....	viii
 <b>Chapter 1: Why Is Competency Validation Required?.....</b>	<b>1</b>
CMS <i>Conditions of Participation</i> .....	1
F726 Competent Nursing Staff and F838 Facility Assessment.....	1
Additional Regulatory Agencies That Require Competency Validation.....	2
Facility Competency Initiatives .....	3
 <b>Chapter 2: What Is Competency Validation? .....</b>	<b>5</b>
Classifying Competencies by Domains and Levels.....	5
Who Performs Competency Validation? .....	10
Mandatory Training Versus Competencies .....	11
Methods for Validating Competencies .....	12
Scheduling and Organizing the Competencies .....	14
 <b>Chapter 3: Completing a Facility Assessment to Determine Competency Focus Areas .....</b>	<b>15</b>
How Often Should the Facility Assessment Be Completed? .....	15
Who Should Complete the Facility Assessment? .....	15
Action Steps for Completing the Facility Assessment .....	16
How to Use the Facility Assessment Findings .....	17
Concluding Your Facility Assessment and Preparing for Surveyor Scrutiny.....	18
Evaluate Your Process and Plan for Future Assessments .....	18
 <b>Chapter 4: Competency Validation as an HR Function .....</b>	<b>21</b>
Competency Validation Begins Prior to Hire.....	21
Job Descriptions .....	24
Key Elements of a Competency-Based Job Description .....	25
Performance Appraisals.....	27

## TABLE OF CONTENTS

<b>Chapter 5: Train Staff to Perform Competency Validation.....</b>	<b>29</b>
Developing a Competency Assessment Training Program .....	29
Identifying Your Competency Assessors.....	32
Keeping Your Validation System Consistent .....	35
Incorporating Population-Specific Competencies.....	36
Documentation and Recordkeeping.....	37
 <b>Chapter 6: Keep Up with New Competencies.....</b>	 <b>39</b>
Potential Categories for New Competencies .....	39
Guidelines for New Competency Development.....	41
Best Practices for the Implementation of New Competencies .....	43
 <b>Chapter 7: Using Your Skills Checklists.....</b>	 <b>47</b>
Differences Between Orientation Checklists and Skills Checklists .....	48
Skills Checklists for Annual Competency Assessment .....	50
The Competencies Analyzer .....	62
 <b>Chapter 8: Competencies List .....</b>	 <b>67</b>
 <b>Appendix A: Facility Assessment Tool.....</b>	 <b>205</b>

# About the Author

**Stefanie Corbett, DHA**, is a health policy educator, consultant, researcher, and author. She has a special affinity for seniors and enjoys leveraging her experience, education, and passion to healthcare professionals for the advancement of healthcare services rendered to the older adult population. She is the author of HCPro's *Long-Term Care Quality Measures: A Guide to Data Analysis, Performance Improvement, and Public Reporting* and *The Theft Prevention Guide for Senior Living*. She is the co-author of the *SNF Compliance and Ethics Toolkit*.

Corbett travels the country teaching HCPro's boot camps on Medicare regulations to healthcare professionals. Her professional experience also includes owning and operating a private healthcare consulting firm, Corbett Healthcare Solutions, LLC, and serving as the Deputy Director of Health Regulation for the state of South Carolina, leading diverse healthcare organizations. She was licensed as a nursing home administrator in several states and has also worked as an Assistant Professor of Healthcare Administration.

Corbett obtained a Doctor of Health Administration degree from the Medical University of South Carolina and completed a Master of Health Administration degree from the University of South Carolina at Columbia. She is also a graduate of the University of North Carolina at Chapel Hill, where she received a Bachelor of Arts in English degree.

# Introduction

On October 4, 2016, the Centers for Medicare & Medicaid Services (CMS) published a final rule to reform the *Conditions of Participation (CoP)* for skilled nursing facilities (SNFs). The most comprehensive regulatory update since 1991, the revised *CoPs* require SNFs to achieve compliance with new health and safety standards that reflect significant innovations in resident care and quality assessment practices over the decades. Updated survey protocols and interpretive guidelines were published on March 8, 2017, in Appendix PP of the *State Operations Manual*, including a new requirement to complete and use a facility assessment to determine the sufficient number and competencies for nursing staff by November 28, 2017. Facilities that fail to show compliance during surveys after the deadline may be subject to deficiencies, including but not limited to two new F-tags: F838, facility assessment and F726, competent nursing staff.

## The Value of This Book

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This book offers a road map for SNFs to consider when developing or refining a competency-based care model or program. It is an all-in-one resource designed to help you equip your nurses and certified nurse assistants, achieve survey success, and improve the overall quality of care in your facility. The goals of this book are to:

- Explain the new regulatory requirements
- Provide a facility assessment template
- Offer guidance and options on how to assess competencies
- Provide templates for validating over 130 competencies

As a long-term care provider, you have an obligation to deliver quality services to the residents who entrust you with their care. Quality improvement requires an ongoing investment of time and resources, and the return on this investment is far-reaching. Although competency validation is now required in regulation, competency-based care has long been recognized as a best practice for quality care that reaps many rewards for facilities, including:

## INTRODUCTION

- Having clear guidelines for everyone involved in the process
- Encouraging teamwork
- Enhancing skills and knowledge
- Increasing staff retention
- Reducing staff anxiety
- Improving nursing performance

This book should be used by administration and nursing staff to become familiar with the most recent Medicare regulations that guide your collaborative efforts to ensure nursing staff competency. Competency validation must be a priority, not just because it's required in regulation, but because quality of care depends on it. The overarching strategy for each facility should be to establish a culture of excellence that makes quality improvement a focal point, which is therefore evidenced by high-performing, competent nursing staff.

## How to Use This Book

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Each of the eight chapters will guide you through the process to implement an effective competency program. **Chapter 1** outlines why competency validation is required, starting with an explanation of the regulatory requirements in the *CoPs*.

**Chapter 2** defines competency validation, identifies to whom the tasks should be delegated, and explains the different methods for validating competence. **Chapter 3** walks you through the steps of completing an initial facility assessment. Using a framework prepared by Telligen, the Quality Innovation Network National Coordinating Center under contract with CMS, you will learn how to use your findings to identify the competencies that need development in your facility. Lastly, you will learn how to evaluate, revise and re-implement your facility assessment process at least annually.

**Chapter 4** includes information on how to incorporate competency validation as a function of human resources. Competency validation begins at the point of preemployment screening and orientation of your nursing staff, and should continue throughout the period of employment and be documented in each employee's performance evaluation.

**Chapter 5** focuses on how to develop a competency assessment training program. It discusses how to identify the appropriate personnel to complete the competency assessments and best practices for effective and consistent assessment documentation.

## INTRODUCTION

**Chapter 6** provides suggestions on how to maintain a handle on new and different competencies. As your resident population and care approaches continue to evolve, you must keep pace. This chapter will help you identify the need to develop new competencies and share strategies for implementing them.

**Chapter 7** will advise you on how to use one of the most popular methods of competency validation: the skills checklist. It will also distinguish between competency validation at the time of employee orientation, routinely, and annually during performance evaluations.

**Chapter 8** includes over 130 competency validation tools that are readily available for you to download and use. Most of the tools are in the form of skills checklists to observe daily work, although some tools are offered in the case study, posttest, and self-assessment format.

I hope that you find this book to be a resource on your journey to developing competencies for your nursing staff. To get the most out of this book, you should be prepared to think critically about ways to strengthen competency and improve quality in your facility. As you read through the various chapters, do not overlook areas in your facility that may not be a current issue or one you have had to deal with before. Lastly, remember that competency development is an ongoing effort. Even the best competency program should be periodically evaluated and updated for optimal results.

Sincerely,

A handwritten signature in black ink, reading "Stefanie Corbett". The signature is written in a cursive, flowing style.

Stefanie Corbett, DHA

# Chapter 1

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## Why Is Competency Validation Required?

SNFs are regulated by a number of regulatory agencies, starting with the Centers for Medicare & Medicaid Services (CMS), that require competency validation for reasons that are centered around the welfare of those who entrust you with their care: the residents and their families. Simply put, regulators require competency validation to ensure that nurses and certified nursing assistants (CNA) possess the competencies and skill sets necessary to provide services to meet the residents' needs safely and in a manner that promotes each resident's rights and physical, mental, and psychosocial well-being.

### ***CMS Conditions of Participation***

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CMS develops *Conditions of Participation (CoP)* that skilled nursing facilities (SNF) must meet in order to participate in the Medicare and Medicaid programs. This set of health and safety standards underwent a massive overhaul with updates published on October 4, 2016 in the *Final Rule for Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities*. Effective November 28, 2016, SNFs are required to implement changes in three phases according to the following deadlines:

- Phase 1: November 28, 2016
- Phase 2: November 28, 2017
- Phase 3: November 28, 2019

As part of Phase 2, facilities must complete a facility assessment and use it in the determination of the sufficient number and competencies for nursing staff by November 28, 2017. Facilities who fail to show compliance during surveys after the deadline may be subject to, but not limited to, the following deficiencies.

### **F726 Competent Nursing Staff and F838 Facility Assessment**

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One of the goals for revising the *CoPs* was to ensure that SNF regulations aligned with modern clinical practice while allowing flexibility in the delivery of healthcare to meet the needs of diverse SNF populations. A facility-assessment and competency-based approach was taken by regulators, requiring facilities to assess their unique facility capabilities and the needs of their resident populations, and then use that information to appropriately staff their facilities. Registered nurses, licensed practical nurses, and CNA

staffing ratios must be based on patient acuity, and nursing staff must be competent to meet the needs of patients in each facility.

### ***F726 Competent Nursing Staff***

Previous requirements for nursing services located at § 483.30 in the *Code of Federal Regulations* were relocated to § 483.35 Nursing Services and updated to include a new competency requirement for determining the sufficiency of nursing staff, based on a facility assessment, which includes but is not limited to the number of patients, patient acuity, range of diagnoses, and content of individual care plans.

### ***F838 Facility Assessment***

Under § 483.70 Administration, facilities are now required to conduct, document, and annually review a facility-wide assessment to determine what resources are necessary to care for its patients competently during both day-to-day operations and emergencies. Facilities are required to address in the facility assessment the facility's resident population (that is, number of residents, overall types of care and staff competencies required by the residents, and cultural aspects), resources (i.e., equipment, and overall personnel), and a facility-based and community-based risk assessment.

## **Additional Regulatory Agencies That Require Competency Validation**

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Other agencies that guide and oversee care and, thus, require competency validation include the following:

- State departments of Health and Human Services
- State medical foundations
- State boards of nurse examiners
- State nurse aide registries
- Health quality improvement initiatives
- Occupational Safety and Health Administration
- Office of Inspector General
- Quality improvement organizations
- Agency for Healthcare Research and Quality
- Food and Drug Administration
- Centers for Disease Control and Prevention

# Chapter 3

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## Completing a Facility Assessment to Determine Competency Focus Areas

You can determine which competencies should be evaluated each year in a variety of ways. The first and best way to make this determination and to comply with the Phase 2 changes of the *Conditions of Participation* (CoP) is to complete the federally mandated facility assessment previously discussed in Chapter 1. This chapter includes a narrative of the facility assessment template published by the Centers for Medicare & Medicaid Services (CMS) in August 2017. A copy of the template can be found in Chapter 8.

### How Often Should the Facility Assessment Be Completed?

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Facilities must review and update the facility assessment annually or whenever any change is anticipated that would require a modification to the assessment. For example, if the facility decides to implement a new niche program and admit bariatric residents for the first time, the facility assessment must be reviewed and updated to address how the facility staff, resources, physical environment, etc., meet the needs of those residents and any areas requiring attention, such as any training or supplies required to provide care. The facility assessment should not be updated for every new admission to the nursing home or new equipment purchase.

### Who Should Complete the Facility Assessment?

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The administrator or designated individual should assign a person to lead the facility assessment process. This person would be responsible for:

- Reviewing the regulation for the facility assessment requirements.
- Reviewing the Interpretive Guidelines, Appendix PP, for F838 Facility Assessment and F726 Nursing Staff Competency, and other areas that refer to the facility assessment.
- Reviewing the optional tool made available by CMS (see Appendix A).

The facility assessment leader would also be responsible for organizing an assessment team to include, at a minimum:

- The administrator
- A representative of the governing body

- The medical director
- The director of nursing

Additional staff who would make valuable contributions should be considered for membership on the team. When selecting members for the facility assessment team, keep in mind that each team member should feel comfortable working independently, effectively manage their time and balance other routine job responsibilities, and commit to ongoing communication with the other team members.

For a thorough and comprehensive facility assessment, input and participation should not be limited to the positions mentioned above. In addition to staff, the team leader should consider, discuss, and develop a plan on how to engage the following stakeholders:

- Residents and their families (i.e., resident and family councils)
- Certified nursing assistants (CNA)
- Local long-term care ombudsman
- Medical director
- Medical practitioners

Each of the stakeholders should be involved in discussing the entire approach to, and ability to care for, residents/patients.

The team leader would ultimately be responsible for educating the team on the federal requirement, reviewing the process, and establishing a timeline for the assessment. Consideration should be given to aligning the timing of the completion of the facility assessment with the budgeting process.

### Action Steps for Completing the Facility Assessment

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The planning for the facility assessment is perhaps the most challenging part. Once the plan has been established, there are two steps for carrying it out:

1. The team leader and others assigned complete the assessment.
2. Team leader and others completing the assessment check-in as needed to discuss any questions or barriers that are coming up to completing the assessment.

While there are only two steps to completing the facility assessment, they are the most time-consuming. Each team member is responsible for completing his or her delegated tasks, documenting his or her steps, and keeping the rest of the team updated on progress and barriers to implementation. A best practice is for the team leader to facilitate frequent, brief meetings to encourage ongoing communication between team members to ensure that tasks are being completed according to the established timeline.

## How to Use the Facility Assessment Findings

The findings of your assessment should be reviewed by the leadership team. The goal is to make decisions about needed resources, including direct care staff needs, as well as their capabilities to provide services to the residents in the facility. This step in the process will guide you in how to use the assessment findings to ensure you are providing competent care to residents every day and during emergencies, and work to continuously identify and act on opportunities for improvement.

Figure 3.1 is a list of discussion questions that should guide the synthesis of the information documented in your facility assessment.

**FIGURE 3.1**

### Discussion Questions to Guide Assessment Documentation

- a) How has the resident population (diseases, conditions, acuity, etc.) changed since the last assessment?
- b) Do we need to make any changes in staffing?
  - i. Based on resident number, acuity, and diagnoses of resident population and our current level of staffing, do we have sufficient nursing staff (nurses and CNAs) with the appropriate competencies and skills?
 

How do we determine if we have sufficient staffing? Consider the following:

    - Gather input from residents, family members, and/or resident representatives, CNAs, licensed nurses providing direct care, and the local long-term care ombudsman about how well the current staffing plan has been working and any concerns. Make sure to consider this information when developing the staffing plan.
    - Calculate the type of staff and the amount of staff time needed to meet residents' daily needs, preferences, and routines in order to help each resident attain or maintain the highest practicable physical, mental, and psychosocial well-being.
    - Review expectations for minimum staffing requirements at the federal and state level. Federal law requires nursing homes to have sufficient staff to meet the needs of residents, to use the services of a registered nurse for at least eight consecutive hours a day, seven days a week (§483.35(b)(1)), and to designate a licensed nurse to serve as a charge nurse on each tour of duty (§483.35(a)(2)). However, there is no current federal requirement for specific nursing home staffing levels.
    - Review comparative data (at the nursing home, state, and national levels) available on the staff measure on Nursing Home Compare. Ask how the facility compares, and if it has different HRPD from other homes, the state, and nation, why? What might that mean, and how might it inform our staffing plan? Note that the Nursing Home Compare staffing rating takes into account differences in the levels of residents' care needs in each nursing home. For example, a nursing home with residents who have more health problems would be expected to have more nursing staff than a nursing home where the residents need less healthcare.
  - ii. Based on resident number, acuity, and diagnoses of resident population, do we have sufficient staff with the appropriate skills and competencies to carry out functions of food and nutrition services, for example, dietitian?
- c) Are there any training, education, and/or competency needs based on resident and/or staff data or trends identified in the facility assessment?
  - i. Does our current behavioral health training sufficiently address our resident population, as identified by the facility assessment?
  - ii. Does our current CNA training program sufficiently address our resident population, as identified by the facility assessment?
  - iii. Do we need to update job descriptions to coincide with new competencies identified?
  - iv. Are new requirements incorporated into our annual performance evaluation process?
- d) What opportunities do we have to further collaborate closely with our medical practitioners to enhance our approaches to resident/patient care?
- e) Are there any infection control issues (e.g., increase in or new infectious diseases, surveillance needs) that require a change in our infection prevention resources and methods?

**Figure 4.1****Essential Functions****1. Assesses and diagnoses patient and family needs to provide quality care to assigned patients.**

Performs admission assessment within eight hours of admission or in accordance with specific unit standards.

<input type="checkbox"/> Consistently does not meet standards	<input type="checkbox"/> Developmental/needs improvement	<input type="checkbox"/> Consistently meets/sometimes exceeds standards	<input type="checkbox"/> Consistently exceeds standards
---	--	---	---

Identifies and documents nursing diagnosis on patients' plan of care within eight hours of admission.

<input type="checkbox"/> Consistently does not meet standards	<input type="checkbox"/> Developmental/needs improvement	<input type="checkbox"/> Consistently meets/sometimes exceeds standards	<input type="checkbox"/> Consistently exceeds standards
---	--	---	---

Identifies and documents patient/family/significant other of admission.

<input type="checkbox"/> Consistently does not meet standards	<input type="checkbox"/> Developmental/needs improvement	<input type="checkbox"/> Consistently meets/sometimes exceeds standards	<input type="checkbox"/> Consistently exceeds standards
---	--	---	---

**Overall rating**

<input type="checkbox"/> Consistently does not meet standards	<input type="checkbox"/> Developmental/needs improvement	<input type="checkbox"/> Consistently meets/sometimes exceeds standards	<input type="checkbox"/> Consistently exceeds standards
---	--	---	---

Performance narrative

**2. Develops, discusses, and communicates a realistic problem list (plan of care) for each patient, in collaboration with each patient/family/significant other in order to address all identified needs.**

Plan of care will include nursing diagnosis statement for each identified problem.

<input type="checkbox"/> Consistently does not meet standards	<input type="checkbox"/> Developmental/needs improvement	<input type="checkbox"/> Consistently meets/sometimes exceeds standards	<input type="checkbox"/> Consistently exceeds standards
---	--	---	---

Develops patient/family/significant other teaching and discharge plan as per unit standard.

<input type="checkbox"/> Consistently does not meet standards	<input type="checkbox"/> Developmental/needs improvement	<input type="checkbox"/> Consistently meets/sometimes exceeds standards	<input type="checkbox"/> Consistently exceeds standards
---	--	---	---

**Overall rating**

<input type="checkbox"/> Consistently does not meet standards	<input type="checkbox"/> Developmental/needs improvement	<input type="checkbox"/> Consistently meets/sometimes exceeds standards	<input type="checkbox"/> Consistently exceeds standards
---	--	---	---

Performance narrative

### ***Performance narratives***

Performance narratives offer supervisors an opportunity to document their ongoing feedback and evaluation of staff performance. Your goal should be to establish consistency in rating performance across the organization. There is a lot of disagreement regarding what constitutes a good performance evaluation. However, the general thinking is that if you stick to criteria established in your job descriptions, you will make it easier on employees and satisfy surveyors.

To this end, a narrative box can be placed at the end of each essential function in your job description (see Figure 4.2).

This differs from most traditional performance evaluations, which have space only at the end of the form to document a narrative. This format would allow a supervisor to apply more specific feedback and recommendations.

The key to successfully incorporating your competency assessment process into the ongoing maintenance of job descriptions and the completion of performance evaluations is to develop manageable tools. At the very least, these tools need to identify measurable performance criteria and promote consistent, agreed-upon methods for evaluating the staff.

**Figure 4.2**

#### **Rating Scale and Definitions**

<b>Consistently exceeds standards</b>	Performance consistently surpasses all established standards. Activities often contribute to improved innovative work practices. This category is to be used for truly outstanding performance.
<b>Consistently meets/sometimes exceeds standards</b>	Performance meets all established standards and sometimes exceeds them. Activities contribute to increased unit/departmental results. Employees consistently complete the work that is required and at times go beyond expectations.
<b>Developmental/needs improvement</b>	Performance meets most but not all established standards. Activities sometimes contribute to unit/department results. This category is to be used for employees who must demonstrate improvement or more consistent performance and/or for employees still learning their job.
<b>Consistently does not meet standards</b>	Performance is consistently below requirements/expectations. Immediate improvement is necessary.

# Chapter 7

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## Using Your Skills Checklists

Skills checklists may be used to document the results of competency assessments, no matter the chosen validation method from the list of those discussed in Chapter 2. They are appropriate for use during the orientation of new hires and throughout the course of the nursing staff's employment.

Skills checklists must clearly identify expectations and should be completed by staff members who know how to use them. Criteria for safe, effective performance must be clearly defined, and everyone participating in the evaluation process must have a common understanding of the criteria and the basis for assigning ratings. Research has shown that making direct observations using precise measurement criteria in checklists, with immediate feedback on performance, is more effective than the traditional evaluation of clinical skills using subjective rating forms. The format for skills checklists may vary, but most contain similar information. Regardless of how they are used, skills checklists should:

- Be learner-oriented
- Focus on behaviors
- Be measurable
- Use criteria validated by experts
- Be specific enough to avoid ambiguity

A template used to create the skills checklists included in this manual appears in Figure 7.1, and an electronic version of this template is included in the downloadable materials for this book; you can open it as a Microsoft Word document. The individual's name and date are important to identify whose skills are being validated and when the evaluation is being conducted.

The steps identified in the checklist should define the critical competencies needed for effective performance of the skill and do not include every step of the procedure. You can use the "Completed" column to indicate that each step was performed correctly, but note that some checklists use a "Met/Not met" format instead. It is helpful if checklists include an area for comments. Also note that most checklists are used to evaluate one occurrence.

In the checklist format just described, the self-assessment can give the evaluator an idea of the individual's perceived skill level, although that can never take the place of validating competency. Individuals

FIGURE 7.2

## RN Competency-Based Orientation Checklist

### RN SKILLS ASSESSMENT/EVALUATION

**NAME:** \_\_\_\_\_ **HIRE DATE:** \_\_\_\_\_

**UNIT:** \_\_\_\_\_

STAFF DEVELOPMENT:	INITIALS:	PRECEPTORS:	INITIALS:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Directions:**

**Orientee:** Complete the self-assessment by placing a check (✓) in the appropriate column based on your level of familiarity or experience with each competency.

**Staff Development/Preceptor:** Complete the evaluation section for each competency after the orientee has demonstrated successful completion of that competency. Place the date and your initials in the appropriate column. If NE (not evaluated) is checked, include an explanation in the comments column.

	SELF-ASSESSMENT			EVALUATION			
Competencies	Comfortable	Need review	Have never done	* SD ORT	Unit	**NE	Comments
<b>I. Competency</b>							
<b>A. Applies a systematic problem-solving approach in the implementation of nursing plans of care:</b>							
1. Uses nursing process to systematically assess, plan, implement, and evaluate nursing care							

\*SD ORT = Staff Development Orientation \*\*NE = If Not Evaluated, indicate explanation

**FIGURE 7.2 (CONT.)****RN Competency-Based Orientation Checklist**

Competencies	SELF-ASSESSMENT			EVALUATION			
	Comfortable	Need review	Have never done	* SD ORT	Unit	**NE	Comments
2. Provide/documents patient teaching/discharge planning							
3. Involves patient/significant other in plan of care							
4. Prioritizes nursing care for a group of patients							
5. Initiates patient referrals as needed							
6. Utilizes appropriate resources							
<b>B. Medication administration</b>							
1. Describes usual dose, common side effects, compatibilities, action, and untoward reactions of medications.							
2. Administers medications							
a. I.M.							
b. SQ and Insulin							
c. Calculations							
d. Other							
3. Documents administration of medications (MAR, controlled drugs, etc.)							
4. Identifies medication error reporting system							

\*SD ORT = Staff Development Orientation \*\*NE = If Not Evaluated, indicate explanation

## UNIT:

[illegible]

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## Competencies Tracking Sheet

## Using Your Skills Checklists

- Facility resources needed to provide competent care

The following is a list of some questions to consider in an evaluation of the competence assessment system (Cooper, 2002):

- Is the new-employee competence assessment completed during the initial orientation process?
- Is employee orientation based on assessed competencies and the knowledge and skills required to deliver resident care services?
- Is the new-employee competence assessment completed at the conclusion of the orientation process?
- Do clinical staff members participate in ongoing educational activities to acquire new competencies that support resident care delivery? Are those activities minimally based on quality improvement findings, new technology, therapeutic or pharmacology interventions, and the learning needs of the nursing staff?
- Does the management or leadership staff participate in competence assessment activities (i.e., clinical knowledge, skills, or technology)?
- Does the management or leadership staff participate in ongoing education activities to acquire new competencies for resident care management (i.e., management development)?
- Does the performance evaluation system address staff competence?
- When competency deficiencies are noted, is a plan for correction initiated and implemented?
- Does reassessment of competence occur as necessary?
- Are summaries of competence assessment findings available by individual, resident-care unit, and department?
- Are plans for competence maintenance and improvement documented?
- Is an annual report submitted to the governing body?
- Do policies and procedures exist to define the process of competence assessment?

The overall competency assessment process must be reviewed on an ongoing basis to determine its effectiveness and any opportunities for improvement. This evaluation identifies what works, what doesn't, why it doesn't, and how it can be improved. It can take a very formal approach through survey methodology and interviews or a less formal approach of asking for subjective data and feedback from key people and groups.

## References

Cooper, D. (2002). *The 'C' word: Competency. Staff development nursing secrets*. Philadelphia: Hanley & Belfus.

# Chapter 8

## Competencies List

### A

Admission, Licensed Nurse .....	71
Admission, Nurse Assistant .....	72
Ambulation .....	73
Antibiotics .....	74
Aphasia, Care of Resident With .....	75

### B

Bed Bath .....	76
Bed Making, Fully Occupied Bed .....	78
Bed Making, Fully Unoccupied Bed .....	80
Bed Rails, Use of .....	81
Bedpan, Assisting With .....	82
Behaviors .....	83
Bladder Retraining and Toileting .....	84
Blood Pressure .....	85
Bowel Retraining .....	86

### C

Call Lights .....	87
Cancer, Care of Resident With .....	88
Carotid Artery, Assessing for a Bruit .....	89
Catheter (External), Application of .....	90
Catheter Care .....	92
Catheter Removal .....	93
Catheterization .....	94
Chemotherapy, Care of Resident Receiving .....	99
Chronic Obstructive Pulmonary Disease (COPD) .....	100
Colostomy Care .....	101
Condition, Change in .....	103
Congestive Heart Failure (CHF) .....	104

### D

Denture Care .....	105
Depression, Care of Resident With .....	106
Diabetes, Care of Resident With .....	107
Dialysis Treatment, Care of Resident Receiving .....	108
Discharge Against Medical Advice .....	109
Discharge, Anticipated .....	110
Disoriented Resident, Care of .....	111
Dressing (Clean), Application .....	112
Dressing (Sterile), Application .....	113

### E

Enema, Cleansing .....	114
Enema, Prefilled .....	115

### F

Falls .....	116
Feeding Tube, Checking Placement of Gastrostomy .....	117
Feeding Tube, Checking Placement of Nasogastric .....	118
Feeding, Syringe .....	119
Feeding, Tube .....	121
Feedings, Gastrostomy .....	122
Fractures .....	123
Fragile Skin, Care of Resident With .....	124

### G

Gait Belt .....	125
-----------------	-----

## H

Hearing Aid Care .....	126
Heimlich Maneuver.....	127
Hygiene, Oral.....	128
Hygiene, Oral (for Unconscious Resident).....	129

## I

Incident Reporting.....	130
Injections, Intramuscular .....	131
Injections, Subcutaneous.....	132
Insomnia, Care of Resident With .....	133
Irrigation, Bladder.....	134
Irrigation, Colostomy.....	135
Irrigation, Vaginal .....	137

## L

Lab Result Reporting.....	138
Linen Handling .....	139

## M

Mechanical Lift.....	140
Medication Administration .....	141
Medication Errors .....	142
Medications, Self-Administration of.....	143
Missing Resident .....	144

## O

Oxygen Administration.....	147
Oxygen Humidifiers, Prefilled.....	148

## P

Pacemaker Checks.....	149
Pain .....	150
Pneumonia .....	151
Positioning.....	152
Postmortem Care, Licensed Nurse.....	153
Postmortem Care, Preparing the Body .....	154
Postoperative Care Coronary Artery Bypass Graft Surgery . (CABG; Heart Bypass Surgery).....	155
Pressure Ulcers .....	156
Psychosocial Medications, Monitoring the Side Effects of.....	157
Psychotherapeutic Medication Use .....	158
Psychotic Disorders .....	159
Pulse, Taking a .....	160

## R

Radiation Treatments, Care of Resident Receiving.....	161
Range of Motion Exercises.....	162
Renal Disease, Care of Resident With.....	163
Respirations.....	164
Respiratory Disease, Care of Resident With.....	165
Restraints .....	166

## Competencies List

### S

Seizure Precautions.....	167
Self-Determination and No CPR Requests.....	168
Serving Meals.....	169
Sexual Behaviors, Care of Resident	
Who Has Public Displays of .....	171
Shampoo.....	172
Shower.....	173
Shunt Care, Arteriovenous.....	174
Sitz Bath .....	175
Specimen Collection, Foley Catheter Urine .....	176
Specimen Collection, Mid-Stream Urine.....	177
Specimen Collection, Routine Urine .....	178
Specimen Collection, Sputum.....	179
Specimen Collection, Stool .....	180
Staple Removal .....	182
Suctioning.....	184
Suppository Administration, Rectal.....	186
Suppository Administration, Vaginal .....	187
Suture Removal .....	188

### T

TED Hose .....	190
Temperature, Oral.....	191
Temperature, Rectal.....	192
Tracheostomy.....	193
Transferring a Resident Out of the Facility .....	194
Tube Feedings, Nasogastric.....	195
Tube Insertion, Gastrostomy .....	196
Tube Insertion, Nasogastric .....	197
Tube Removal, Gastrostomy.....	198
Tube Removal, Nasogastric.....	199

### U

Urinal, Assisting With the .....	200
Urinary Tract Infection (UTI).....	201

### W

Wandering Resident, Caring for .....	202
Weights.....	204

## Competencies List

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Skill: **Admission, Licensed Nurse**

Steps	Completed	Comments
1. Introduce yourself to the resident and family. Ensure that the resident has been oriented.		
2. Assess for any immediate needs such as hunger, pain, or comfort.		
3. Screen the resident and perform a thorough body check. Complete the admission assessment form. Orient the resident to use of the call signal before leaving room.		
4. Call the attending physician and obtain admission orders.		
5. Notify the pharmacy, therapy, dietary, lab, or X-ray of orders, as appropriate.		
6. Take off orders for medications, treatments, and restorative, and record them on the appropriate sheets.		
7. Complete the telephone orders form.		
8. Initiate the care plan.		
9. Write an admission nurses note.		
10. Check the resident prior to leaving duty.		
11. Report the admission to the incoming nurse.		

Self-assessment	Evaluation/ validation methods	Levels	Type of validation	Comments
<input type="checkbox"/> Experienced <input type="checkbox"/> Need practice <input type="checkbox"/> Never done <input type="checkbox"/> Not applicable (based on scope of practice)	<input type="checkbox"/> Verbal <input type="checkbox"/> Demonstration/ observation <input type="checkbox"/> Practical exercise <input type="checkbox"/> Interactive class	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert	<input type="checkbox"/> Orientation <input type="checkbox"/> Annual <input type="checkbox"/> Other _____	

Employee signature \_\_\_\_\_

Observer signature \_\_\_\_\_

# Appendix A

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## Facility Assessment Tool

### Requirement

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Nursing facilities will conduct, document, and annually review a facility-wide assessment, which includes both their resident population and the resources the facility needs to care for their residents (§483.70(e)).

The requirement for the facility assessment may be found in Attachment 1.

### Purpose

---

The purpose of the assessment is to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. Use this assessment to make decisions about your direct care staff needs, as well as your capabilities to provide services to the residents in your facility. Using a competency-based approach focuses on ensuring that each resident is provided care that allows the resident to maintain or attain their highest practicable physical, mental, and psychosocial well-being.

*The intent of the facility assessment is for the facility to evaluate its resident population and identify the resources needed to provide the necessary person-centered care and services the residents require.*

### Overview of the Assessment Tool

---

This is an optional template provided for nursing facilities, and if used, it may be modified. Each facility has flexibility to decide the best way to comply with this requirement.

The tool is organized in three parts:

1. **Resident profile** including numbers, diseases/conditions, physical and cognitive disabilities, acuity, and ethnic/cultural/religious factors that impact care
2. **Services and care offered** based on resident needs (includes types of care your resident population requires; the focus is not to include individual level care plans in the facility assessment)

Source: <https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2017-09-07-Dementia-Care-in-Nursing-Homes-Call.html>

3. **Facility resources needed** to provide competent care for residents, including staff, staffing plan, staff training/education and competencies, education and training, physical environment and building needs, and other resources, including agreements with third parties, health information technology resources and systems, a facility-based and community-based risk assessment, and other information that you may choose

This assessment asks you to collect and use information from a variety of sources. Some of the sources may include but are not limited to MDS reports, Quality Measures, 672 (Resident Census and Conditions of Residents) and/or 802 (Roster/Sample Matrix Form) reports, the Payroll-Based Journal, and in-house designed reports.

### Guidelines for Conducting the Assessment

---

1. To ensure the required thoroughness, individuals involved in the facility assessment should, at a minimum, include the administrator, a representative of the governing body, the medical director, and the director of nursing. The environmental operations manager and other department heads (e.g., the dietary manager, director of rehabilitation services, or other individuals including direct care staff) should be involved as needed. Facilities are encouraged to seek input from residents, their representative(s), or families, and consider that information when formulating their assessment.
2. While a facility may include input from its corporate organization, the facility assessment must be conducted at the facility level.
3. The facility must review and update this assessment annually or whenever there is/the facility plans for any change that would require a modification to any part of this assessment. For example, if the facility decides to admit residents with care needs who were previously not admitted, such as residents on ventilators or dialysis, the facility assessment must be reviewed and updated to address how the facility staff, resources, physical environment, etc., meet the needs of those residents and any areas requiring attention, such as any training or supplies required to provide care.
  - » It is not the intent that the organizational assessment is updated for every new person that moves into the nursing home, but rather for significant changes such as when the facility begins admitting residents that require substantially different care. Likewise, hiring new staff or a director of nursing or even remodeling should not require an update of the facility assessment, unless these are actions that the facility assessment indicated the facility needed to do.
4. The facility assessment should serve as a record for staff and management to understand the reasoning for decisions made regarding staffing and other resources, and may include the operating budget necessary to carry out facility functions.

Source: <https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2017-09-07-Dementia-Care-in-Nursing-Homes-Call.html>

## Facility Assessment Tool

5. Appendix PP provides surveyor guidance through Interpretive Guidelines in the State Operations Manual. With regard to the facility assessment, Appendix PP states, “If systemic care concerns are identified that are related to the facility’s planning, review the facility assessment to determine if these concerns were considered as part of the facility’s assessment process. For example, if a facility recently started accepting bariatric residents, and concerns are identified related to providing bariatric services, did facility staff update its assessment before accepting residents with these needs to identify the necessary equipment, staffing, etc., needed to provide care that is effective and safe for the residents and staff?”
6. For a suggested process for conducting the assessment, including synthesis and use of findings, see Attachment 2.

## FACILITY ASSESSMENT TOOL

<b>Facility Name</b>	
<b>Persons (names/ titles) involved in completing assessment</b>	Administrator: Director of Nursing: Governing Body Rep: Medical Director: Other:
<b>Date(s) of assessment or update</b>	
<b>Date(s) assessment reviewed with QAA/QAPI committee</b>	

## Part 1: Our Resident Profile

### *Numbers*

**1.1.** Indicate the number of residents you are licensed to provide care for: (enter number of beds) \_\_\_\_\_.

Consider if it would also be helpful to differentiate between long-stay and short-stay residents or other categorizations (e.g., unit floors or specialty areas or units, such as those that provide care and support for persons living with dementia or using ventilators).

**1.2.** Indicate your average daily census: (enter a range) \_\_\_\_\_.

Consider if it would also be helpful to differentiate between long-stay and short-stay residents or other categorizations (e.g., unit floors or specialty areas or units, such as those that provide care and support for persons living with dementia or using ventilators).

**1.2.a.** Consider if it would be helpful to describe the number of persons admitted and discharged, as these processes can impact staffing needs.

Source: <https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2017-09-07-Dementia-Care-in-Nursing-Homes-Call.html>

## Appendix A

	Number (enter average or range) of persons admitted	Number (enter average or range) of persons discharged
Weekday		
Weekend		

*Diseases/conditions, physical and cognitive disabilities*

- 1.3. Indicate if you may accept residents with, or your residents may develop, the following common diseases, conditions, physical and cognitive disabilities, or combinations of conditions that require complex medical care and management.**

For example, start with this list and modify as needed. The intent is not to list every possible diagnosis or condition. Rather, it is to document common diagnoses or conditions in order to identify the types of human and material resources necessary to meet the needs of resident's living with these conditions or combinations of these conditions.

Category	Common diagnoses
Psychiatric/Mood Disorders	Psychosis (Hallucinations, Delusions, etc.), Impaired Cognition, Mental Disorder, Depression, Bipolar Disorder (i.e., Mania/Depression), Schizophrenia, Post-Traumatic Stress Disorder, Anxiety Disorder, Behavior that Needs Interventions
Heart/Circulatory System	Congestive Heart Failure, Coronary Artery Disease, Angina, Dysrhythmias, Hypertension, Orthostatic Hypotension, Peripheral Vascular Disease, Risk for Bleeding or Blood Clots, Deep Venous Thrombosis (DVT), Pulmonary Thrombo-Embolism (PTE)
Neurological System	Parkinson's Disease, Hemiparesis, Hemiplegia, Paraplegia, Quadriplegia, Multiple Sclerosis, Alzheimer's Disease, Non-Alzheimer's Dementia, Seizure Disorders, CVA, TIA, Stroke, Traumatic Brain Injuries, Neuropathy, Down's Syndrome, Autism, Huntington's Disease, Tourette's Syndrome, Aphasia, Cerebral Palsy
Vision	Visual Loss, Cataracts, Glaucoma, Macular Degeneration
Hearing	Hearing Loss
Musculoskeletal System	Fractures, Osteoarthritis, Other Forms of Arthritis
Neoplasm	Prostate Cancer, Breast Cancer, Lung Cancer, Colon Cancer
Metabolic Disorders	Diabetes, Thyroid Disorders, Hyponatremia, Hyperkalemia, Hyperlipidemia, Obesity, Morbid Obesity
Respiratory System	Chronic Obstructive Pulmonary Disease (COPD), Pneumonia, Asthma, Chronic Lung Disease, Respiratory Failure
Genitourinary System	Renal Insufficiency, Nephropathy, Neurogenic Bowel or Bladder, Renal Failure, End Stage Renal Disease, Benign Prostatic Hyperplasia, Obstructive Uropathy, Urinary Incontinence
Diseases of Blood	Anemia
Digestive System	Gastroenteritis, Cirrhosis, Peptic Ulcers, Gastroesophageal Reflux, Ulcerative Colitis, Crohn's Disease, Inflammatory Bowel Disease, Bowel Incontinence
Integumentary System	Skin Ulcers, Injuries
Infectious Diseases	Skin and Soft Tissue Infections, Respiratory Infections, Tuberculosis, Urinary Tract Infections, Infections with Multi-Drug Resistant Organisms, Septicemia, Viral Hepatitis, <i>Clostridium difficile</i> , Influenza, Scabies, Legionellosis

*Decisions regarding caring for residents with conditions not listed above*

Source: <https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2017-09-07-Dementia-Care-in-Nursing-Homes-Call.html>

## Facility Assessment Tool

- 1.4. Describe the process to make admission or continuing care decisions for persons that have diagnoses or conditions that you are less familiar with and have not previously supported. For example, how do you determine, if you have the opportunity to admit a person with a new diagnosis to your facility, or to continue caring for a person that has developed a new diagnosis, condition or symptom, if you have the resources, or how you might secure the resources, to provide care and support for the person?

### *Acuity*

- 1.5. Describe your residents' acuity levels that help you to understand potential implications regarding the intensity of care and services needed. The intent of this is to give an overall picture of acuity – over the past year, or during a typical month, for example. Potential data sources include RUGs, MDS data, and resident/patient acuity tools.

Consider if it would also be helpful to differentiate between long-stay and short-stay residents or other categorizations (e.g., unit floors or specialty areas or units, such as those that provide care and support for persons living with dementia or using ventilators).

Examples of different ways to look at acuity are provided in the tables below. *Choose a methodology that works best for your organization.* You may elect to use some or all of the tables below or choose your own methodology.

Example 1: Major RUG-IV Categories

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	

Source: <https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2017-09-07-Dementia-Care-in-Nursing-Homes-Call.html>

# Competency-Based Care & Facility Assessments

## A Compliance Guide for F726 and F838

Stefanie Corbett, DHA

Skilled nursing facilities must be careful—no longer can administrators assume that competency of staff is handled through routine training. Facilities need proper competency assessment and documentation, and management must always be up to date. *Competency-Based Care & Facility Assessments: A Compliance Guide for F726 and F838* provides guidance on assessing what your facility needs and determining whether staff are meeting those needs.

CMS updated F-tag 726 and F-tag 838, which require facilities to complete facility assessments annually—to identify specific competencies staff need, and to ensure adequate training and education. This book helps leaders tie competency into staff accountability and provides a road map for new competency development.

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