

CAMPBELL COUNTY HEALTH LTC POLICY & PROCEDURE

SUBJECT: Facility Assessment

POLICY:

A Facility assessment will be completed and reviewed annually for LTC to include but not limited to :

- Resident Profile including census, prevalent diagnosis, prevalence of physical and cognitive disabilities and ethnic/cultural and religious factors that impact care
- Services are offered based on resident needs
- Facility resources needed to provide competent care for residents
 - Staffing plan
 - Acuity of residents
 - Facility needs
 - Contracts
 - HIM and IT resources
 - HVA and community based risk assessment

PROCEDURES:

1. An annual risk assessment will be completed in conjunction with organization which will be used to guide emergency preparedness planning
2. Annual competencies are developed in conjunction with Professional development/Quality/Infection Prevention, Medical Director and Nursing Leadership and based on resident and staff educational needs, high risk, low volume and problem prone processes. Also included in competency is organizational standard of behaviors as well as regulatory updates.
3. Admissions are based on admission matrix and clinical decision making utilizing an interdisciplinary team. Clarification of admissions that require Administrator approval as well as those which are an unable to admit status are included in the admission matrix.
 - a. Potential admission clinical, equipment and cognitive needs are considered in admission decision.
 - b. Potential admissions are considered regardless of sex, sexual preference, religion, ethnicity or race.
 - c. Every consideration to cultural preferences and religious preferences will be made for all residents.
4. Staffing matrix for all departments in the LTC setting is based on resident need and/ or core staffing guidelines. Considerations in changing staffing levels may include census, acuity, behaviors, clinical condition eg isolation or treatments, experience of the staff and communication with leadership.
5. LTC adheres to consistent staffing and primary assignment to promote relationships, competence, trust and minimize anxiety among residents and families.
6. LTC Scope of service includes staffing, services, interdisciplinary approach to care of residents, resource allocation and competency education.
7. An annual inventory of resources will be completed to ensure the facility resources are adequate to meet the resident's needs, this includes but not limited to the following.

- a. Medical Equipment
 - b. Assessment tools
 - c. Supplies
 - d. Waste management, hazardous waste management
 - e. Clinical services
 - f. ADA compliant access
 - g. Transportation capability
 - h. ADL supplies
 - i. Oxygen needs
 - j. Furnishings
 - k. Facility resources and support
 - l. Emergency Preparedness
 - m. Staffing needs and competency needs
 - n. Community Resources
8. LTC is supported by CCH organization IT and Health Information Systems. Current EMR is Meditech. Current Medication Administration Record is MedRight. Meditech is the organization electronic medical record which allows for a contiguous medical record when residents are transferred. See information release policy for release of medical records.
9. Infection prevention and Antibiotic Stewardship is an interdisciplinary team which reports to LTC Quality and the organization Quality Committee. See Infection Prevention Plan and Exposure Plan as well as Antibiotic Stewardship plan for LTC.
10. Contracts are reviewed annually and reviewed by organization Quality committee for quality service, OIG exclusions and continuance approval.

Reference:

CMS Rules and Regulations
Facility Assessment guide
CCH policies and procedures

INITIATED BY: Jonni Belden RN/LNHA DATE: 09/08/17

APPROVED BY: Jonni Belden, RN/LNHA/Dr. Meade Medical Director DATE: 09/08/17