

Facility Assessment Tool

The Facility Assessment is a crucial process for nursing homes to ensure that they have the necessary resources and staffing to meet the needs of their residents. This tool provides a step-by-step approach to completing the Facility Assessment, helping you identify the specific needs of your facility and make informed decisions about resource allocation and staffing.

Disclaimer: This form is provided as a template to assist with completion of the facility assessment; however accurate data collection, analysis and reporting of complete information to meet all elements of the Requirements of Participation is the sole responsibility of the provider.

Facility Assessment Tool:

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Purpose of Assessment:	□ Annual Assessment□ Significant Organizational Change	
Date(s) of Assessment or Update:		
Date(s) Assessment reviewed with QAPI Committee:		
administrator, and the director of nursing ii. Direct care staff, including but not limite	s in the process: nent, including but not limited to, a member of the go	e direct care staff, if applicable.
Name/Title of persons involved in completion:	Name	Title

Facility Assessment Tool:

When not otherwise indicated, the data and information summarized in the attached report is based on the 12 months ending with _____

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Census Data Collection

Enter Census Data													
Briefly describe unit compositions e.g. units, floors & specialty areas below.													
See Section 2, staffing plan for more detail.									Capaci	tv:			
oce occurred, occurring plan for more details.										0.00	-,-	Comments:	
	Janua	ry	Februa	ary	Mare	ch	April May		June	:			
	MCR		MCR		MCR		MCR		MCR	ĺ	MCR		
	MCD		MCD		MCD		MCD		MCD		MCD		
	Mgd		Mgd		Mgd		Mgd		Mgd		Mgd		
Average Daily Census	Private		Private		Private		Private		Private		Private		
	Other		Other		Other		Other		Other		Other		
	Total		Total		Total		Total		Total		Total		
# of Admissions													
% Weekend Admits		%		%		%		%		%		%	
	Home		Home		Home		Home		Home		Home		
	Deaths		Deaths		Deaths		Deaths		Deaths		Deaths		
# of Discharges	Hospital		Hospital		Hospital		Hospital		Hospital		Hospital		
	Other		Other		Other		Other		Other		Other		
	Facility		Facility		Facility		Facility		Facility		Facility		
	July		Augu	st	Septen	nber	Octo	ber	November		Decem	ber	
	MCR		MCR		MCR		MCR		MCR		MCR		
	MCD		MCD		MCD		MCD		MCD		MCD		
Average Daily Census	Mgd		Mgd		Mgd		Mgd		Mgd		Mgd		
	Private		Private		Private		Private		Private		Private		
	Other		Other		Other		Other		Other		Other		
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# of Admissions		0/				0/		0/				0/	
% Weekend Admits		%		%		%		%		<u>%</u>		%	
	Home Deaths	\vdash	Home Deaths		Home Deaths		Home Deaths		Home		Home Deaths		
# of Discharges	Hospital	-	Hospital		Hospital		Hospital		Deaths Hospital		Hospital		
יים הואכוומוצכא	Other		Other		Other		Other		Other		Other		
	Facility	7	Facility		Facility		Facility		Facility		Facility		
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Summary of Census					 :h: A			 nd Admi:	ssions/Mont	th: _	_		
Data			of Discharge:			_	aths:		to Hospital		_ Other Disc	harges:	
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