

Nursing Services: Building Competency Evaluations Policy and Procedure Checklist

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New York



Tool: Nursing Services – Building Competency Evaluations Policy and Procedure Checklist

Building Competency Evaluations is reflected in multiple areas of the Requirements of Participation.

§ 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 facility's resident population in accordance with the facility assessment required at § 483.70(e).

§ 483.35(a) Sufficient Staff

§ 483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:

- (i) Except when waived under paragraph (e) of this section, licensed nurses; and
- (ii) Other nursing personnel, including but not limited to nurse aides

§ 483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

§ 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.

§ 483.70 Administration

The facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

§ 483.70(e) Facility Assessment (Phase II)

The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include:

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- (1) The facility's resident population, including but not limited to,
- (i) Both the number of residents and the facility's resident capacity;
 - (ii) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;
 - (iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population

§ 483.70(e)(2) The facility's resources, including but not limited to,

- (iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;

§ 483.40 Behavioral health services (Phase II)

§ 483.40(a) The facility must have sufficient staff who provide direct services to residents 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 § 483.70(e). These competencies and skills sets include but are not limited to, knowledge of and appropriate training and supervision for: § 483.40(a)(1) Caring for residents with a mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to § 483.70(e) and [§ 483.40(a)(1) will be implemented beginning November 28, 2019 (Phase 3)].

CMS Definition

Competency (F498 - § 483.35(c) Proficiency of nurse aides) in skills and techniques necessary to care for residents' needs includes competencies in areas such as communication and personal skills, basic nursing skills, personal care skills, mental health and social service needs, basic restorative services and resident rights.

Purpose and Intent of Nursing Services – Building Competency Evaluations

To ensure that the facility has integrated a system to ensure hiring of competent licensed nurses and nurse aides to be able to provide competent care, based on the identified needs of the resident population in the facility.

To assure that the individual facility has followed all the required steps for the development and implementation of a system for building competency evaluation for nursing services in accordance with the new Requirements of Participation (RoP), the following checklist captures specific action items for successful completion. The far left column represents the actual RoP

language and the right column indicates specific leadership strategies for successful completion and implementation of the revised RoP. When preparing updated policies and procedures, it is recommended to include actual RoP language as applicable. Please note that CMS has not issued its interpretative guidance for the new RoP, therefore additional updates may be necessary once the guidance is released.

**Suggested Checklist:
Nursing Services – Building Competency Evaluations
Program and Policy and Procedure**

Regulation	Recommended Actions
<p>Phase II is highlighted in Yellow</p> <p>§ 483.35 Nursing Services</p> <p>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 facility’s resident population in accordance with the facility assessment required at § 483.70(e).</p> <p>(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;</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review, revise and implement the Nursing Services Policy and Procedures in accordance with the new RoP, definitions and competency requirements as indicated. <input type="checkbox"/> Ensure that the policy contains provisions to evaluate compliance with appropriate competencies and skills sets to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident
<p>§ 483.35(a) Sufficient Staff</p> <p>§ 483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p style="padding-left: 40px;">(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review facility policy and procedure for verification of licensed nurse competencies consistent with resident acuity, resident population and documented resource competency needs identified in the facility resource assessment.



Regulation	Recommended Actions
<p>(ii) Other nursing personnel, including but not limited to nurse aides § 483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. § 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.</p>	
<p>§ 483.35(d) Requirements for facility hiring and use of nurse aides- § 483.35 (d)(1) General Rule A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless- (that individual is competent to provide nursing and nursing related services; and (ii)(A) that individual has completed a training and competency evaluation program or a competency evaluation program approved by the State as meeting the requirements of § 483.151 through § 483.154; or (B) That individual has been deemed or determined competent as provided in § 483.150(a) and (b) F495 § 483.35(d) Requirement for facility hiring and use of nurse aides § 483.35(d)(3) Minimum Competency A facility must not use any individual who has worked less than 4 months as a nurse aide in that facility unless the individual –</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review policies and procedures for hiring Nurse Aides to ensure verification of completion of a State approved training and competency evaluation program. <input type="checkbox"/> Review policies and procedures for facility competency evaluation upon hire and at least annually.



Regulation	Recommended Actions
<p>(i) Is a full-time employee in a State-approved training and competency evaluation program; (ii) Has demonstrated competence through satisfactory participation in a State-approved nurse aide training and competency evaluation program or competency evaluation program; or (iii) Has been deemed or determined competent as provided in 483.150(a) and (b).</p>	
<p>§ 483.35(d)(4) Registry verification Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless – (i)The individual is a full-time employee in a training and competency evaluation program approved by the State; or (ii)The individual can prove that he or she has recently successfully completed a training and competency evaluation program or competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review facility practices and system for registry verification and documentation for nurse aides. <input type="checkbox"/> Review facility policy and system for follow up verification of employee who has completed a State approved training and competency evaluation program recently and had not yet been included in the registry.
<p>§ 483.35(d)(6) Required retraining If, since an individual’s most recent completion of a training and competency evaluation program there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review facility policy and practice for evidence of employment to ensure that the potential employee has not had a continuous period of 24 consecutive months without nursing or nursing related services for monetary compensation without completing a new training and competency evaluation program.
<p>§ 483.35(d)(7) Regular in-service education The facility must complete a performance review of every nurse aide at least once every 12</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review facility in-service policy and practice for performance review to ensure that:



Regulation	Recommended Actions
<p>months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of § 483.95(g):</p> <p>§ 483.95(g)(1): Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year.</p> <p>§ 483.95(g)(2): Include dementia management training and resident abuse prevention training.</p> <p>§ 483.95(g)(3): Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at § 483.70(e) and may address the special needs of residents as determined by the facility staff.</p> <p>§ 483.95(g)(4): For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.</p>	<ul style="list-style-type: none"> • Performance reviews for nurse aides are completed once every 12 months • In-service education is based on the outcome of the performance review <p><input type="checkbox"/> Review facility in-service policy and practice to verify evidence that all nurse aides receive at least 12 hours to include dementia management, abuse prevention and areas identified as areas of weakness on the annual performance evaluation.</p>
<p>§ 483.60(h) Paid feeding assistants</p> <p>§ 483.60(h)(1) State approved training course A facility may use a paid feeding assistant, as defined in §488.301 of this chapter, if-</p> <p>(i) The feeding assistant has successfully completed a State-approved training course that meets the requirements of §483.160 before feeding residents; and</p> <p>(ii) The use of feeding assistants is consistent with State Law</p> <p>§ 483.60(h)(2) Supervision</p> <p>(i) A feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN).</p> <p>(ii) In an emergency, a feeding assistant must call a supervisory nurse for help</p> <p>§ 483.95(h) Required training of feeding assistants A facility must not use any individual working in the facility as a paid feeding assistant unless that individual has successfully completed a State-</p>	<p><input type="checkbox"/> Review facility policy for use of paid feeding assistants.</p> <p><input type="checkbox"/> Review facility policy for evidence of ongoing evaluation of feeding assistants to include:</p> <ul style="list-style-type: none"> • Their use of appropriate feeding techniques; • Whether they are assisting assigned residents according to their identified eating and drinking needs; • Whether they are providing assistance in recognition of the rights and dignity of the resident; and • Whether they are adhering to safety and infection control practices

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Regulation	Recommended Actions
<p>approved training program for feeding assistants, as specified in §483.160</p> <p>Interpretative Guidance for F373: The supervisory nurse should monitor the provision of the assistance provided by paid feeding assistants to evaluate on an ongoing basis:</p> <ul style="list-style-type: none"> • Their use of appropriate feeding techniques; • Whether they are assisting assigned residents according to their identified eating and drinking needs; • Whether they are providing assistance in recognition of the rights and dignity of the resident; and • Whether they are adhering to safety and infection control practices 	
<p>§ 483.70 Administration The facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p>	<p><input type="checkbox"/> The facility resource assessment should include means to identify resource training and management based on the resident population and acuity.</p>
<p>§ 483.70(e) Facility Assessment The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include:</p>	<p><input type="checkbox"/> The facility resource assessment should include means to identify resource training and management based on the resident population and acuity.</p>



Regulation	Recommended Actions
<p>(1) The facility’s resident population, including but not limited to,</p> <ul style="list-style-type: none"> (i) Both the number of residents and the facility’s resident capacity; (ii)The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population; (iii)The staff competencies that are necessary to provide the level and types of care needed for the resident population 	
<p>§ 483.70(e)(2) The facility’s resources, including but not limited to,</p> <ul style="list-style-type: none"> (iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care; 	<ul style="list-style-type: none"> <input type="checkbox"/> Review and Revise system to ensure licensed nurses have received the education, training and a system for verification of valid licensure with the State professional licensing board and is in good standing. <input type="checkbox"/> Review and Revise policy and systems to verify competency evaluations for all licensed nurses to include any licensed nurses working in the facility under contract.
<p>§ 483.40 Behavioral health services § 483.40(a) The facility must have sufficient staff who provide direct services to residents 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</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review and Revise competency evaluation for nursing staff related to residents with mood and behavior disorders to include residents with a history of trauma and/or post-traumatic stress disorder.

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Regulation	Recommended Actions
<p>accordance with § 483.70(e). These competencies and skills sets include but are not limited to, knowledge of and appropriate training and supervision for: § 483.40(a)(1) Caring for residents with a mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to § 483.70(e) and [§ 483.40(a)(1) will be implemented beginning November 28, 2019 (Phase 3)].</p>	

The below areas serve as a cross reference for facility leaders to conduct addition policy and procedure review across departments to incorporate the changes set forth in **§ 483.35 Nursing Services and Building Competency Evaluations**. This listing is not all encompassing however should serve as a resource for leaders as they update their internal policies, procedures and operational processes.

Cross Reference

- CMS Definitions
- Hiring Practices
- Employee Orientation
- Employee Performance Evaluations
- Annual Training Requirements
- Human Resources
- Nursing Services
- Behavioral Health
- Specialized Services
- Facility Resource Assessment
- Resident comprehensive assessment
- Resident comprehensive care planning
- Quality Assurance and Performance Improvement
- Staff Training and Education

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