HR.01.01.01

The organization defines and verifies staff qualifications.

**Elements of Performance (EPs) for HR.01.01.01**

1. The organization defines staff qualifications specific to their job responsibilities.

   - **Note:** Qualifications for infection control may be met through education, training, experience, and/or certification (such as certification from the Certification Board for Infection Control and Epidemiology).

2. The organization verifies and documents the credentials of care providers using the primary source when licensure, certification, or registration is required by law and regulation to practice their profession. This is done at the time of hire and at the time credentials are renewed.

   - **Note:** The credentials of contracted providers are verified by their employer or the organization. The organization needs to have verification of this information whether or not the provider's employer verifies.

3. The organization verifies and documents that the applicant has the education and experience required by the job responsibilities, unless this information has already been verified by the entity that issued the applicant's licensure, certification, or registration authority.

   - **Note:** Verification of education does not have to be obtained from the primary source.

4. The organization obtains a criminal background check and fingerprints on the applicant or contractor as required by law and regulation or organization policy. Criminal background checks are documented.

5. Staff comply with health screening in accordance with law and regulation or organization policy.

   - Health screening compliance is documented.

HR.01.02.05

The organization has the necessary staff to support the care, treatment, and services it provides.

**Elements of Performance (EPs) for HR.01.02.05**

21. The organization provides licensed nurses and other nursing personnel, in accordance with its scope of services and law and regulation.

   - (See also LD.03.06.01, EP 2)

22. The organization provides the services of a registered nurse at a frequency that meets the resident's needs, and is in accordance with the scope of its services and law and regulation.

25. The organization plans for staffing based on the following:
Proposed New and Revised Requirements for Assisted Living Communities

- Resident acuity
- Complexity of clinical tasks
- Staff experience and expertise
- Physical layout of the facility
- Staff shortage contingencies

26. To meet the needs of residents with dementia, at a minimum, the organization plans nurse staffing (RN, LPN, CNA) based on the following:
   - Resident personal care needs
   - The varying cognitive levels of the resident population served
   - The level of supervision needed to maintain resident safety

27. The organization provides consistent nurse staffing (RN, LPN, CNA) assignments in order to meet the individualized needs of residents with dementia.
   Note: Consistent staffing assignments refer to the same caregiver caring for the same resident almost every time they are on duty. Consistent staffing assignments help build staff's personal knowledge on ways to provide the best care while cultivating meaningful and engaging relationships with residents.

42. The organization has contingency plans for staff shortages.

HR.01.05.03

Staff participate in education and training.

Elements of Performance (EPs) for HR.01.05.03

4. Staff participate in education and training whenever staff responsibilities change. Staff participation is documented.

5. Staff participate in education and training that is specific to the needs of the residents served by the organization. Staff participation is documented.
   (See also PC.01.02.09, EP 3)

21. For organizations that provide rehabilitation services: The organization involves staff in identifying staff learning needs relevant to rehabilitation and advanced care services.

22. All staff participate in education and training that addresses how to identify early warning signs of a change in a resident's condition and how to respond to a resident's decline in condition. Participation in this education is documented.

23. All staff education and training incorporate person-centered care principles.
   (See also HR.01.07.01, EP 6)

24. For organizations that provide care to residents with dementia: Staff participate in, at a minimum, annual education and training that aligns with current best practices in dementia care and includes the following:
   - Symptoms of dementia and its progression
   - How to recognize potential symptoms of delirium
   - Understanding how a resident's unmet needs are expressed through behaviors, such as inappropriate conduct or exit seeking
   Note: Unmet needs could encompass pain, hunger, thirst, bowel irregularity, bladder troubles, boredom, loneliness, spirituality, cultural issues, or an underlying medical condition.
   - Communication techniques for the resident with dementia
   - Personalized approaches to behavioral expressions of unmet needs
Proposed New and Revised Requirements for Assisted Living Communities

- Abuse prevention
- Supporting the resident through environmental cues and landmarks
- Environmental measures that promote comfort including room temperature, lighting, and sound.

Participation in this education is documented.
Staff participation is documented.

Note: Valuable training resources include the Centers for Medicare & Medicaid Services’ “Hand in Hand” training toolkit found at https://qsep.cms.gov/pubs/ClassInformation.aspx?cid=0CMSHIH_ONL, the “Bathing Without a Battle” video found at www.bathingwithoutabattle.unc.edu, the “Mouthcare Without a Battle” video found at http://www.mouthcarewithoutabattle.org, and the Alzheimer’s Association essentiALZ® certification program found at https://www.alz.org/professionals/professional-providers/certification-program.

(See also EC.02.06.01, EP 39; HR.01.06.01, EP 25)

24. For organizations that provide care to residents with dementia: Staff participate in, at a minimum, annual education and training that aligns with current best practices in dementia care and includes the following:
- Symptoms of dementia and its progression
- How to recognize potential symptoms of delirium
- Understanding how a resident’s unmet needs are expressed through behaviors, such as inappropriate conduct or exit seeking
Note: Unmet needs could encompass pain, hunger, thirst, bowel irregularity, bladder troubles, boredom, loneliness, spirituality, cultural issues, or an underlying medical condition.
- Communication techniques for the resident with dementia
- Personalized approaches to behavioral expressions of unmet needs
- Abuse prevention
- Supporting the resident through environmental cues and landmarks
- Environmental measures that promote comfort including room temperature, lighting, and sound. Participation in this education is documented.
Staff participation is documented.

(See also EC.02.06.01, EP 39; HR.01.06.01, EP 25)

HR.01.06.01

Staff are competent to perform their responsibilities.

Elements of Performance (EPs) for HR.01.06.01

1. The organization defines the competencies it requires of its staff who provide resident care, treatment, or services.
Note: Competencies may relate to the techniques, procedures, technology, equipment, and skills required to provide the population served with care, treatment, and services.

1. The organization defines the competencies it requires of its staff who provide resident care, treatment, or services. **Staff competencies must include the proper use of personal protective equipment.**
Note: Competencies may relate to the techniques, procedures, technology, equipment, and skills required to provide the population served with care, treatment, and services.

3. An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence.
117 Note: When a suitable individual cannot be found to assess staff competence, the organization can utilize an outside individual for this task. If a suitable individual inside or outside the organization cannot be found, the organization may consult the competency guidelines from an appropriate professional organization to make its assessment.

5. The organization conducts an initial assessment of staff competence as part of orientation. This assessment is documented.

6. Staff competence is assessed and documented once every three years, or more frequently as required by organization policy or in accordance with law and regulation.

25. For organizations that provide care to residents with dementia: Staff competencies include at least the following:

- Communication techniques for the resident with dementia
- Effective personalized approaches to care for residents with dementia

(See also HR.01.05.03, EP 24)

HR.02.02.01

The organization provides orientation to licensed independent practitioners.

The organization provides orientation to physicians and other licensed practitioners.

Elements of Performance (EPs) for HR.02.02.01

1. The organization orients its licensed independent practitioners to the key safety content it identifies before they provide care, treatment, and services. Completion of this orientation is documented.

Note 1: Key safety content may include specific processes and procedures related to the provision of care, the environment of care, and infection control.

Note 2: The organization determines the specific responsibilities included in orientation. For example, a covering licensed independent practitioner may have different or fewer responsibilities than an attending licensed independent practitioner.

3. The organization orients licensed independent practitioners on the following:

- Relevant policies and procedures
- Their specific responsibilities, including those related to infection prevention and control

Note: The organization determines the specific responsibilities included in orientation. For example, a covering licensed independent practitioner may have different or fewer responsibilities than a licensed independent practitioner who is privileged.

- Sensitivity to cultural diversity based on their specific responsibilities

Completion of this orientation is documented.

LD.03.01.01

Leaders create and maintain a culture of safety and quality throughout the organization.

Elements of Performance (EPs) for LD.03.01.01

1. Leaders regularly evaluate the culture of safety and quality using a valid and reliable tool.

Note: An example of a valid and reliable tool is the Agency for Healthcare Research and Quality (AHRQ) Nursing Home Survey on Patient Safety Culture found at www.ahrq.gov.

2. Leaders prioritize and implement changes identified by the evaluation.
Proposed New and Revised Requirements for Assisted Living Communities

3. Leaders provide opportunities for all individuals who work in the organization to participate in safety and quality initiatives.

4. Leaders develop a code of conduct that defines acceptable behavior and behaviors that undermine a culture of quality and safety.

5. Leaders create and implement a process for managing behaviors that undermine a culture of quality and safety.

10. Leadership promotes staff wellness and provides ongoing resources and support to prevent physical or mental burnout and after difficult events.

LD.03.01.02

Leaders create and maintain a culture of person-centered care.

Elements of Performance (EPs) for LD.03.01.02

1. Leaders work in partnership with residents, families, and staff to evaluate the organization’s culture in regard to providing person-centered care. The evaluation is documented.

Note: Some commonly used resources for culture evaluation include The Artifacts of Culture Change, developed by the Centers for Medicare & Medicaid Services and Edu-Catering, LLP; Eden Alternative Principles in Action tool; and Long-Term Care Improvement Guide, published by Planetree and Picker Institute.

(See also PI.01.01.01, EP 14)

2. Based on the organization’s culture evaluation, leaders work with residents, families, and staff to develop and implement strategies that promote person-centered care.

3. Organizational leaders, in collaboration with residents, families, and staff, determine the frequency for re-evaluation of the organization’s culture in regard to providing person-centered care.

4. Leadership supports the building of authentic, caring relationships between staff and residents.

Note: Support may include education, competency exercises, and relationship-building activities.

PC.01.02.03

The organization obtains resident assessments according to defined time frames.

Note: The information can be obtained from the organization’s staff, contracted staff, or other providers.

Elements of Performance (EPs) for PC.01.02.03

1. The organization obtains the resident’s initial assessment in accordance with written time frames it defines and law and regulation.

2. Each resident is reassessed in accordance with law and regulation, their plan of care, and...
changes in their physical or mental condition, which include signs and symptoms of infectious
disease.

Note: Reassessments may also be based on the resident's diagnosis; desire for care, treatment,
and services; response to previous care, treatment, and services; and/or their setting
requirements, acuity, and needs.

3. Each resident is reassessed in accordance with law and regulation, their plan of
care, and changes in their physical or mental condition.

Note: Reassessments may also be based on the resident’s diagnosis; signs and
symptoms of infectious disease(s) as defined by the state or local health
authorities and/or the Centers for Disease Control and Prevention; desire for
care, treatment, and services; response to previous care, treatment, and services;
and/or their setting requirements, acuity, and needs.

PC.01.02.05

Qualified staff or licensed independent practitioners assess and reassess the resident.

Qualified staff, physicians, or other licensed practitioners assess and reassess the resident.

Elements of Performance (EPs) for PC.01.02.05

1. Based on the initial assessment, the organization determines the resident’s need for nursing
care, as required by organization policy and in accordance with law and regulation.

6. All resident assessments and screenings obtained for the use of determining care, treatment, and
services or the level of care needed are conducted by qualified staff or licensed independent
practitioners in accordance with law and regulation.

PC.02.01.05

The organization provides collaborative care, treatment, and services.

Elements of Performance (EPs) for PC.02.01.05

1. Care, treatment, and services are provided to the resident in a collaborative manner.

9. Information about the resident is shared among all care providers, including the physician, home
health agency, and contracted services, within the organization’s defined time frames.

13. Changes in the resident’s condition are communicated to the resident’s provider or other
authorized health care professional(s), the resident, and the resident’s family.

31. For residents with dementia, the organization discusses care, treatment, and services with the
family or surrogate decision-maker on an ongoing basis including the following:
- The presence of behavioral symptoms
- Personalized approaches to behavioral expressions of unmet needs that minimize the use of
psychotropic medications
- Use of any psychotropic medications
- Interventions to promote optimal physical function

31. For residents with dementia, the organization discusses care, treatment, and
services with the family or surrogate decision-maker on an ongoing basis including
the following:
- The presence of behavioral expressions of unmet needs
- Personalized approaches to behavioral expressions of unmet needs that minimize
  the use of psychotropic medications
- Use of any psychotropic medications
- Interventions to promote optimal physical function

32. For residents with dementia, direct care staff communicate with each other between shifts regarding the following:
   - Residents with behavioral symptoms
   - Identification of potential underlying cause(s) of behavioral symptoms
   - Successful personalized approaches to care
   - Successful communication techniques with residents
   - Emotional support provided to family

39. When staff identify signs of a change in a resident’s condition they respond in accordance with policies and procedures. Policies and procedures include who should be notified of changes and what information needs to be documented in the resident’s record.

### PC.02.01.15

Residents at risk for health-related complications receive preventive care.

#### Elements of Performance (EPs) for PC.02.01.15

1. The organization provides preventive care to avoid complications resulting from the resident’s inactivity, including the following:
   - Encouraging and helping residents to spend time out of bed, except when prohibited by a physician’s order
   - Maintaining proper body position and alignment
   - Helping with ambulation, including maintenance of gait training
   - Providing active and passive range-of-motion exercises

2. The organization provides the resident with preventive care to avoid complications resulting from incontinence, including implementing the following:
   - A skin integrity program
   - A bowel management program
   - A bladder management program

3. The organization provides preventive care to avoid aspiration, dehydration, and malnutrition.

4. The organization provides preventive care to avoid complications arising from social isolation, including the following:
   - Encouraging and helping chair-fast residents to leave their rooms for a change in environment
   - Helping residents cope with the effects of illness, disability, treatment, or stay in the organization

4. The organization provides preventive care to avoid complications arising from
social isolation, including the following:
- Encouraging and helping chair-fast residents to leave their rooms for a change in environment
- Helping residents cope with the effects of illness, disability, treatment, or stay in the organization
- Using the least restrictive visitation practices recommended by state or local authorities and/or the Centers for Disease Control and Prevention, and considering alternate visitation options when restrictions are necessary

5. Assess and periodically reassess each resident’s risk for developing a pressure injury and take action to address any identified risks.

6. Create a written plan for the identification of risk for and prevention of pressure injuries and reporting procedures.

7. Take action to address any identified risks to the resident for pressure injuries, including the following:
- Protecting against the adverse effects of external mechanical forces

8. Educate staff on how to identify risk for and prevent pressure injuries.

PC.02.02.09

Residents are provided with opportunities to participate in social and recreational activities.

**Elements of Performance (EPs) for PC.02.02.09**

1. The organization offers residents a variety of social and recreational activities according to their abilities and interests.

3. The organization helps residents to participate in social and recreational activities according to their abilities and interests.

4. For residents with dementia, the organization provides activities that accomplish the following:
- Recognize the resident with dementia as a mature adult
- Encompass both small groups with similar cognitive levels and one-to-one opportunities
- Match the resident’s cognitive, sensory, and physical capabilities
- Promote engagement in a manner that supports the resident’s communication ability
- Match the resident’s past and current interests
- Promote creative artistic expression
- Meet the resident’s spiritual or religious needs
- Allow for flexibility based on the resident’s sleep and wake patterns
(See also PC.01.03.01, EP 48)

4. For residents with dementia, the organization provides activities that accomplish the following:
- Recognize the resident with dementia as a mature adult
- Encompass both small groups with similar cognitive levels and one-to-one opportunities
- Match the resident’s cognitive, sensory, and physical capabilities
- Promote engagement in a manner that supports the resident’s communication ability
- Match the resident’s past and current interests
- Promote creative artistic expression
- Meet the resident’s spiritual or religious needs
- Allow for flexibility based on the resident's sleep and wake patterns
- Include activity options that allow for unplanned participation
(See also PC.01.03.01, EP 48)

6. The organization documents the life story of residents with dementia to create opportunities for meaningful engagement that includes major life events, important people, lifelong occupation, hobbies, interests, favorite music, favorite foods, cultural practices, spiritual practices, and other activities of enjoyment.

8. The organization provides opportunities for family of residents with dementia to be involved in activity programs.

8. The organization provides planned and unplanned opportunities for family of residents with dementia to be involved in activity programs.

PC.02.03.01

The organization provides resident education and training based on each resident's needs and abilities.

Elements of Performance (EPs) for PC.02.03.01

1. The organization assesses the resident's learning needs.

4. The organization provides education and training to the resident based on the resident's assessed needs.

10. Based on the resident's condition and assessed needs, the education and training provided to the resident by the organization include the following:
- An explanation of the procedures and plan for care, treatment, and services
- Procedures to follow if care, treatment, or services are disrupted by a natural disaster or emergency
- Basic health practices and safety
- Fall reduction strategies
- Resident's rights and responsibilities
- Medication management and storage
- Modified diets
- Infection prevention and control policies and procedures
- Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management
- Basic physical and structural facility safety
- Information on the identification, handling, and safe disposal of hazardous medications

10. Based on the resident's condition and assessed needs, the education and training provided to the resident by the organization include the following:
- An explanation of the procedures and plan for care, treatment, and services
- Procedures to follow if care, treatment, or services are disrupted by a natural disaster or emergency
- Basic health practices and safety
- Fall reduction strategies
- Person-centered care strategies
- Resident's rights and responsibilities
- Medication management and storage
- Modified diets
- Infection prevention and control policies and procedures, including reasons for using personal protective equipment
- Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management
- Basic physical and structural facility safety
- Information on the identification, handling, and safe disposal of hazardous medications

**PC.04.02.01**

When a resident is transferred to a higher level of care, the organization gives information about the care, treatment, and services provided to the resident to other service providers who will provide the resident with care, treatment, and services.

**Elements of Performance (EPs) for PC.04.02.01**

1. At the time of the resident’s transfer, the organization informs other service providers who will provide care, treatment, and services to the resident about the following:
   - The reason for the resident’s transfer
   - The resident’s physical and psychosocial status
   - A summary of care, treatment, and services it provided to the resident
   - The resident’s progress toward goals
   - A list of community resources or referrals made or provided to the resident
   (See also PC.02.02.01, EP 1)

8. For residents with dementia, the organization provides the following resident information to other service providers at the time of transfer:
   - A complete list of medications
   - Successful communication techniques
   - Successful personalized anxiety-reducing interventions that may promote a feeling of safety
   (See also PC.02.02.01, EPs 1, 2)

8. For residents with dementia, the organization provides the following resident information to receiving providers at the time of transfer:
   - A complete list of medications
   - Successful communication techniques
   - Successful personalized anxiety-reducing interventions that may promote a feeling of safety
   - Identification of potential underlying cause(s) of behavioral expressions
   - Successful personalized approaches to care
   - The resident’s cognitive, sensory, and physical capabilities
   - Advanced care planning
   (See also PC.02.02.01, EPs 1, 2)

**RI.01.06.05**

The resident has the right to an environment that preserves dignity and contributes to a positive self-image.

**Elements of Performance (EPs) for RI.01.06.05**

1. The organization’s environment of care supports the resident’s positive self-image and dignity.
3. The organization provides homelike surroundings with access to personal living space.

4. The organization allows the resident to keep and use personal clothing and possessions, unless this infringes on others' rights or is medically contraindicated, based on the setting or service.

7. The organization provides environmental adaptations to help residents with dementia, cognitive impairment, or temporary confusion.

24. Residents who are married or have significant others are given a reasonable degree of privacy and accommodations to be together. These provisions are made regardless of sexual orientation, unless any limitations consistent with the organization’s mission and philosophy have been disclosed to the resident before, or at the time of, admission.

25. The organization obtains and documents resident consent when confidential information needs to be posted in the organization.

Note: For example, the organization might post on the resident’s door “swallowing difficulty,” “fluid restriction,” or “hard of hearing.”

32. The organization minimizes disruption and preserves the psychological safety and well-being of residents when implementing infection prevention and control protocols.

Note: Minimizing disruptions can include allowing the resident to return to their original accommodations when safe to do so.