

Focused Dementia Care Surveyor Worksheets

INSTRUCTIONS:

The purpose of the on-site Focused Dementia Care Survey is to determine compliance with the regulations at §483.25, Appendix PP F309 Care and Services for a Resident with Dementia. Compliance with F309 is assessed during the focused survey by surveyor observations, interviews and record reviews for a sample of residents with dementia. If during the survey, other issues unrelated to dementia are identified at the facility, at the discretion of the state survey agency, these may be investigated as a separate complaint.

In general, 2 surveyors will be able to complete the focused survey of 5 residents in 2-3 days for a medium sized (e.g., 120-150 bed) facility. For larger facilities (e.g., over 150 beds), or facilities with a history of deficiency citations at F309 that relate to dementia care, state agency directors or managers may elect to expand the sample up to 10 residents.

In addition to staff who are on site (e.g., CNAs, nurses, activities professionals, dementia unit director), surveyors will interview physicians, nurse practitioners, physician's assistants, pharmacists, LTC ombudsmen and family members as part of the survey.

Language with respect to dementia care is rapidly evolving and changes frequently. Currently, guidance at F309 refers to behavioral or psychological symptoms of dementia (BPSD), while newer articles and texts may refer to communication of an underlying need, expressions or indications of distress, or behaviors that appear to be distress-related

Citation instructions are provided throughout this instrument, indicating the applicable regulatory provision to be cited on the Form CMS-2567, if deficient practices are observed.

Parts 1, 2 and 3 will be completed once for each nursing home.

Focused Dementia Care Surveyor Worksheets

Name of State Agency: *(please specify)*

Team Leader: _

Surveyors on Team: _

PART 1 -- NURSING HOME CHARACTERISTICS	
1. Nursing Home Name	
2a. Nursing Home Street Address/PO Box	
2b. Nursing Home State	
2c. Nursing Home Zip Code	
3. 6-digit CMS Certification Number	
4. Date(s) of site visit (MM/DD/YYYY)	___ To ___
5. What is the ownership of the facility? <i>(Select only ONE)</i>	<input type="checkbox"/> For profit – part of a corporate chain <input type="checkbox"/> For profit – independent owner <input type="checkbox"/> Not for profit <input type="checkbox"/> Public (state or county-owned) <input type="checkbox"/> Other (please <i>specify</i>):
PART 2 -- DEMENTIA CARE – POLICIES, LEADERSHIP, TRAINING, DOCUMENTATION	
6a. Does the nursing home have a specific unit or wing for residents with dementia?	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>6b. If there is a special care unit, is it only for residents with a diagnosis of dementia (e.g., Alzheimer's, Lewy body, vascular, other dementia)? If no, list other diagnoses as well (e.g., TBI, psychiatric disorders):</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>7. Does the nursing home have specific policies and procedures related to dementia care (whether they have a special dementia unit or not)?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>8a. Is it evident, through conversations with facility leadership (e.g., the director of nursing, supervisors, unit managers, medical director or administrator) that nationally recognized dementia care guidelines or programs (refer to examples provided in section 8c. below) are the basis of care for people with dementia in the nursing home?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>8b. Is it evident, through review of policies, procedures and/or protocols that nationally recognized dementia care guidelines or programs are the basis of care for people with dementia in the nursing home?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>8c. If YES to (a) or (b), which nationally-recognized dementia care guidelines or programs has the nursing home selected? (Select all that apply)</p> <p><i>Note: This is not meant to be an all-inclusive list, please feel free to specify another program, by selecting 'other' on page 4 of this worksheet.</i></p>	<input type="checkbox"/> CMS' Hand in Hand series <input type="checkbox"/> OASIS program <input type="checkbox"/> University of Iowa program <input type="checkbox"/> VA Program (STAR) <input type="checkbox"/> Johns Hopkins DICE program <input type="checkbox"/> Alzheimer's Association materials <input type="checkbox"/> NHQCC or other QIO guidelines <input type="checkbox"/> Advancing Excellence medication management tools <input type="checkbox"/> AHCA toolkit

	<input type="checkbox"/> Other (please specify)
<p>9. Has the nursing home designated a licensed professional to coordinate dementia care training in the nursing home? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>NOTE: This is not currently a requirement for participation; CMS is collecting this as informational only.</i></p>	
<p>9a. If YES, Is this person a: <i>(Select only ONE)</i></p>	<input type="checkbox"/> Nursing home employee <input type="checkbox"/> Contractor or consultant
<p>9b. On average, how many hours per week does this person spend in the nursing home directing dementia care?</p>	<p>_____Hours per week</p>
<p>10a. How do staff members receive dementia training? <i>(Select all that apply)</i></p>	<input type="checkbox"/> In-service (live or video) <input type="checkbox"/> Computer-based training Other <i>(please specify)</i> :

<p>10b. Which staff members receive dementia training? (Select all that apply)</p>	<p><input type="checkbox"/> Direct care staff (CNAs) Other <input type="checkbox"/> nursing staff <input type="checkbox"/> Other staff providing direct patient care (e.g., PT, OT, ST, dietary, medical staff, recreation/activities, chaplain) <input type="checkbox"/> Social work staff <input type="checkbox"/> Housekeeping, laundry and maintenance staff <input type="checkbox"/> Other (please specify)</p>
<p>10d. Indicate frequency of staff dementia training (Select all that apply)</p>	<p><input type="checkbox"/> Upon hire (circle all that apply: CNA, other nursing, other non-nsg) <input type="checkbox"/> Annually (circle all that apply: CNA, other nursing, other non-nsg) <input type="checkbox"/> Periodically / as needed (circle all that apply: CNA, other nursing, other non-nsg) <input type="checkbox"/> Other (please specify):</p>
<p>10e. How many hours of training do staff receive each year?</p>	<p>____ Hours for CNAs; ____ Hours for other nursing ____ Hours for non-nsg staff</p>
<p>10f. Is there documentation confirming that training is provided to all categories of staff listed above? Please list topics within dementia training (or attach copies of program/s):</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>NOTE: <i>If training is not provided to CNA staff upon hire with periodic refresher training thereafter, look for evidence of CNA competency and skills in dementia care. If absent, cite F498. If evidence of training, skills and competency testing are absent, consider QAA citation at F490 or F520, in addition to F498, in relation to 42 CFR 483.25, particularly if the nursing home's observed practices do not reflect accepted dementia care guidelines.</i></p>	

PART 3 – QUALITY ASSESSMENT AND ASSURANCE (QAA)

Please refer to F520 Quality Assessment and Assurance for guidance regarding the information that may be obtained from the QAA committee.

If N/A is *selected*, please explain why there is no associated observation, or why the question is not applicable, in the COMMENTS box at the end of each section.

Surveyors should consider one or more “no” responses in this QAA section potentially indicative of non-compliance in relation to 42 CFR 483.25, F309 as well.

Practices to be Assessed	Was Practice Performed?
<p>11. Does evidence support that the nursing home has a QAA committee consisting of the director of nursing, a physician designated by the facility and at least three other staff members that meet at least quarterly?</p> <p>If NO, Cite F520</p> <p>If YES, identify the person who coordinates the QAA committee and interview that person to answer questions 11a-c in this section:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Coordinator of QAA:</p>
<p>11a. Do resident care policies and procedures clearly outline a systematic process for the care of residents with dementia?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>Does the nursing home look systematically at ways to structure the care processes around the residents’ individual needs and not around staff needs or routines?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>

<p>Does the overall philosophy of care in the nursing home acknowledge behaviors as a form of communication and is there an expectation that all staff strives to understand the meaning behind these behaviors?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>Are non-nursing staff (particularly recreational therapy staff) trained in dementia care practices?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>11b. Does the QAA Committee monitor for consistent implementation of the policies and procedures for the care of residents with dementia?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>11c. Has the QAA Committee corrected any identified quality deficiencies related to the care of residents with dementia?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>Comments:</p>	