

Basic Nursing Skills Competency

Suggested Implementation
Checklist for Leaders

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Suggested Implementation Checklist: Basic Nursing Skills

Regulation	Recommended Action
<p>F838 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.”¹</p> <p>“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; (iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and (v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.”¹ 	<ul style="list-style-type: none"> <input type="checkbox"/> Review/Update Facility-Wide Resource Assessment regarding census, acuity, and diagnoses of the facility’s resident population. <input type="checkbox"/> Review/Update Facility-Wide Resource Assessment regarding nursing staff on a 24 hour basis including mix of RNs, LPNs/LVNs, CNAs; 8 hours RN 7 days per week; full time Director of Nursing. <input type="checkbox"/> Review/Update Facility-Wide Resource Assessment regarding specialty unit; <i>e.g.</i>, sub-acute, ventilator, pediatric, behavioral health, dementia, <i>etc.</i> and associated staffing. <input type="checkbox"/> Review/Update Facility-Wide Resource Assessment regarding specialty unit; <i>e.g.</i>, sub-acute, ventilator, pediatric, behavioral health, dementia, <i>etc.</i> and associated staffing. <input type="checkbox"/> Review/Update Facility-Wide Resource Assessment regarding licensed nurses’ competencies and skill sets and CNAs’ competencies and skill sets.
<p>F726 §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</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review/Revise policies and procedures related to Basic Nursing Skills.



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<p>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 the facility assessment required at §483.70(e).</p> <p>§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.</p> <p>§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(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.”¹</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review facility protocol for staff identifying changes in resident condition <ul style="list-style-type: none"> ○ Review education provided related to identification, evaluation, management, notification, documentation, and follow-up with resident that has a change in condition <input type="checkbox"/> Develop a training plan for licensed nurses and CNAs for Basic Nursing Skills. <input type="checkbox"/> Incorporate above training into orientation and annual in-service calendar. <input type="checkbox"/> Provide training and resources for management level nursing staff regarding supervision and monitoring for compliance related to Change of Condition policies and procedures; <i>e.g.</i>, CMS-20062 “Sufficient and Competent Nurse Staffing Review.”
<p>F725 §483.35 Nursing Services §483.35(a) Sufficient Staff. “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> <ul style="list-style-type: none"> (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. <p>§483.35(a)(2) Except when waived under paragraph [(e)] of this section, the facility</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review daily staffing to identify sufficient numbers based upon the resident’s care needs to include: <ul style="list-style-type: none"> ○ Licensed nurses on all shifts ○ RN staff available when indicated based upon scope of practice procedures ○ Adequate direct care staff to meet the needs of the residents <input type="checkbox"/> Review PBJ staffing data submitted via the CASPER reporting system and correlate information with facility assessment to validate staffing numbers



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<p>must designate a licensed nurse to serve as a charge nurse on each tour of duty.”¹</p> <p>“Compliance with State staffing standards is not necessarily determinative of compliance with Federal staffing standards that require a sufficient number of staff to meet all of the residents’ basic and individualized care needs. A facility may meet a state’s minimum staffing ratio requirement, and still need more staff to meet the needs of its residents. Additionally, the facility is required to provide licensed nursing staff 24 hours a day, 7 days a week.”¹</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Interview direct care staff to identify if staff feel that they have enough time to provide direct services to residents <input type="checkbox"/> Interview nurses to identify if they have enough time to assist and monitor the CNAs that they are responsible for <input type="checkbox"/> Interview and/or review resident/resident representative reports regarding care provided <input type="checkbox"/> Audit key areas to determine potential sufficient staffing concerns: <ul style="list-style-type: none"> <input type="checkbox"/> Call light response times <input type="checkbox"/> Device use to identify if staff are using devices to compensate for staffing concerns <input type="checkbox"/> Audit residents identified at risk of wandering for compliance with care planned interventions <input type="checkbox"/> Initiate/Review all licensed nurses’ personnel files for current status of state license and all CNAs’ personnel files for current status on registry. <input type="checkbox"/> Review complaint survey and past annual survey citations related to Basic Nursing Skills competency.
<p>F727 Registered Nurse</p> <p>“§483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.</p> <p>§483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full-time basis.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review daily schedule to identify RN services 8 consecutive hours per day or more dependent upon the acuity level of the resident population <ul style="list-style-type: none"> <input type="checkbox"/> The DON may only be permitted to serve as a charge nurse then the facility has an average daily occupancy of 60 or fewer residents



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<p>§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.”¹</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review DON hours each week <ul style="list-style-type: none"> ○ The DON must work at least 40 hours per week (Full-time)
<p>F728 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—</p> <ul style="list-style-type: none"> (i) 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 GUIDANCE §483.35(d)(1-3) a nurse aide. (B) That individual has been deemed or determined competent”¹ 	<ul style="list-style-type: none"> <input type="checkbox"/> Review personnel hiring practices related to minimum required competency <ul style="list-style-type: none"> ○ Full-time employee in a State-approved training and competency evaluation program ○ Demonstrated competence through satisfactory participation in a State-approved nurse aide training and competency evaluation program or competency evaluation program ○ Has been deemed or determined competent consistent with regulations <input type="checkbox"/> Review orientation and annual competency processes to incorporate mandatory and facility specific competency verification methods
<p>F729 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—</p> <ul style="list-style-type: none"> (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.”¹ 	<ul style="list-style-type: none"> <input type="checkbox"/> Review personnel files: <ul style="list-style-type: none"> ○ Determine if facility received registry verification that the CNA has met competency evaluation requirements before the start date ○ Determine if facility verified information from every State registry that the facility believes includes information regarding individual before the start date ○ If nurse aide has not provided nursing related services for monetary compensation over a 24-month period, determine if individual completes a new



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	<p>training and competency evaluation program</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review agency staff personnel verification processes to included competency requirements and also facility specific competency requirements as indicated in annual training plan and facility assessment.
<p>F730 Regular in-service education “The facility must complete a performance review of every nurse aide at least once every 12 months and must provide regular in-service education based on the outcome of these reviews.”¹</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review a sample of CNA personnel files <ul style="list-style-type: none"> ○ Determine if topics of education provided are based upon performance reviews ○ Determine if each nurse aide has received at least twelve (12) hours of in-service each year ○ Determine if annual competency evaluations have been completed including basic nursing skills
<p>F580 Notification of Changes “(i) A facility must immediately inform the resident; consult with the resident’s physician; and notify, consistent with his or her authority, the resident representative(s) when there is—</p> <ul style="list-style-type: none"> (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident’s physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or 	<ul style="list-style-type: none"> <input type="checkbox"/> Review facility protocol for staff identifying changes in resident condition <ul style="list-style-type: none"> ○ Review education provided related to identification, evaluation, management, notification, documentation, and follow-up with resident that has a change in condition



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<p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician”¹</p>	
<p>F585 Grievances “The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.”</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review Grievance log related to issues of abuse, neglect, or competency concerns related to basic nursing skills
<p>F600 Free from Abuse, Neglect, and Exploitation “The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident’s medical symptoms.”¹</p> <p>Note: Recommended Actions also address the following related Freedom from Abuse, Neglect, and Exploitation Requirements of Participation:</p> <ul style="list-style-type: none"> F604 Right to Be Free from Physical Restraints F605 Right to Be Free from Chemical Restraints F606 Not Employ/Engage Staff with Adverse Actions F607 Develop/Implement Abuse/Neglect <i>etc.</i> Policies F608 Reporting of Reasonable Suspicion of a Crime F609 Reporting of Alleged Violations F610 Investigate/Prevent/Correct Alleged Violation 	<ul style="list-style-type: none"> <input type="checkbox"/> Initiate/Review all licensed nurses’ and CNAs’ education files for abuse prevention training, and areas of weakness as determined in performance reviews. <input type="checkbox"/> Review training records and personnel records for annual abuse, neglect and exploitation training and competency verification. <input type="checkbox"/> Review agency staff orientation process to assure abuse, neglect and exploitation training and competency verification is completed and documented.



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<p>F744 Dementia Care “A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.”¹</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review all licensed nurses’ and CNAs’ education files for dementia training <input type="checkbox"/> Review orientation program and annual training plan for dementia training, facility specific practices and competency verification
<p>F880 Infection Prevention and Control “The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.”¹</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Educate all staff and the interdisciplinary team about the Infection Prevention and Control Policies and Procedures
<p>F943 Abuse, Neglect, and Exploitation Training “In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on— §483.95(c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12. §483.95(c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property. §483.95(c)(3) Dementia management and resident abuse prevention.”¹</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Initiate/Review all licensed nurses’ and CNAs’ education files for dementia training, abuse prevention training, and areas of weakness as determined in performance reviews. <input type="checkbox"/> Review training records and personnel records for annual abuse, neglect and exploitation training and competency verification. <input type="checkbox"/> Review agency staff orientation process to assure abuse, neglect and exploitation training and competency verification is completed and documented.
<p>F947 Required In-Service Training for Nurse Aides “§483.95(g)(1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year. §483.95(g)(2) Include dementia management training and resident abuse prevention training. §483.95(g)(3) Address areas of weakness as determined in nurse aides’ performance reviews and facility assessment at</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Determine if each nurse aide has received at least twelve (12) hours of in-service each year <ul style="list-style-type: none"> <input type="checkbox"/> Review annual performance review to identify if content of education includes opportunities for improvement identified <input type="checkbox"/> Initiate/Review all licensed nurses’ and CNAs’ education files for dementia training, abuse prevention training, and



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<p>§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.¹</p>	<p>areas of weakness as determined in performance reviews</p>
<p>F656 §483.21(b) Comprehensive Care Plans “§483.21(b)(1) “The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following —</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) (iv) In consultation with the resident and the resident's representative(s)— (A) The resident's goals for admission and desired outcomes.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review policies, procedures, and practices related to the baseline care plan process. <input type="checkbox"/> Review policies, procedures, and practices related to the comprehensive care plan process. <input type="checkbox"/> Utilize QAPI for root cause analysis and performance improvement projects. <input type="checkbox"/> Develop a training plan for IDT members for the baseline and comprehensive care plan processes. <input type="checkbox"/> Incorporate above training into orientation. <input type="checkbox"/> Provide training and resources for management level staff regarding supervision and monitoring for compliance related to the comprehensive care plan process. <input type="checkbox"/> Provide training and resources related to culturally competent and trauma-informed care planning



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<p>(B) The resident’s preference and potential for future discharge. Facilities must document whether the resident’s desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must— (iii) Be culturally-competent and trauma-informed.”¹</p> <p>Note: Recommended Actions also address the following related Comprehensive Resident Centered Care Plans Requirements of Participation: F655 Baseline Care Plan</p> <p>Note: Recommended Actions also address the following related Comprehensive Resident Centered Care Plans Requirements of Participation: F657 Care Plan Timing and Revision F658 Services Provided Meet Professional Standards F659 Qualified Persons</p> <p>Note: Carry out the Recommended Actions associated with this Regulation if QAPI activities indicate issues with the comprehensive care plan process.</p>	
<p>F677 §483.24(a)(2) ADL Care Provided for Dependent Residents “A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.”</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review policies, procedures, and practices related to the provision of ADL care for dependent residents. <input type="checkbox"/> Utilize QAPI for root cause analysis and performance improvement projects.



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<p>Note: Carry out the Recommended Actions associated with this Regulation if QAPI activities indicate issues with the provision of ADL care for dependent residents.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Develop a training plan for licensed nurses and CNAs for the provision of ADL care for dependent residents. <input type="checkbox"/> Incorporate above training into orientation and orientation for agency staff if utilized, including how to document, EHR documentation protocols, alerts and other communication processes. <input type="checkbox"/> Provide training and resources for management level nursing staff regarding supervision and monitoring for compliance related to the provision of ADL care for dependent residents.
<p>F684 §483.25 Quality of Care “Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents’ choices.”¹</p> <p>Note: Recommended Actions also address the following related Quality of Care Requirements of Participation:</p> <ul style="list-style-type: none"> F686 Treatment/Services to Prevent/Heal Pressure Ulcers F688 Increase/Prevent Decrease in ROM/Mobility F689 Free of Accident Hazards/Supervision/Devices-including updates with electronic cigarette use and safety considerations with residents with substance use disorders F690 Bowel/Bladder Incontinence, Catheter, UTI F692 Nutrition/Hydration Status Maintenance 	<ul style="list-style-type: none"> <input type="checkbox"/> Review policies, procedures, and practices related to the provision of the specific Quality of Care requirement. <input type="checkbox"/> Utilize QAPI for root cause analysis and performance improvement projects. <input type="checkbox"/> Develop a training plan for licensed nurses and CNAs for the provision of the specific Quality of Care requirement. <input type="checkbox"/> Incorporate above training into orientation. <input type="checkbox"/> Provide training and resources for management level nursing staff regarding supervision and monitoring for compliance related to the provision of the specific Quality of Care requirement.



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<p>Note: Carry out the Recommended Actions associated with this Regulation if QAPI activities indicate issues with one or more specific Quality of Care Requirement of Participation.</p>	

References and Resources

¹Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy, 2022:

<https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>

Centers for Medicare & Medicaid Services. Sufficient and Competent Nurse Staffing Review, CMS-20062, 10/2022: <https://www.cms.gov/files/zip/ce-pathways.zip>

Centers for Medicare & Medicaid Services. CMS Staff Competency Toolkit:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment.html>