

Advancing Quality, Dignity & Justice

CONSUMER FACTSHEET: RESIDENT CARE PLANNING

There are many standards which nursing homes are required to follow in order to ensure that residents receive appropriate care, have a good quality of life and are treated with dignity. The purpose of these factsheets is to provide relevant language from the standards and information that **YOU** can use to support your resident-centered advocacy.

Following is the language from the federal requirements for resident care planning in nursing homes. [Note: The brackets provide the relevant federal regulation (CFR) and F-tag (category of deficiency).]

IMPORTANT NOTES: The new federal nursing home standards greatly expand expectations for care planning. This was done to help ensure that they are more resident-focused and establish plans of care that are appropriate for each resident's individual needs. These changes are being implemented over three phases: November 2016, November 2017 and November 2019. Effective dates are indicated for each provision presented below.

Please also see the "LTCCC Factsheet Resident Assessment Care Planning" for information on resident assessment requirements, which are fundamental to care planning. It is available at www.nursinghome411.org.

I. COMPREHENSIVE PERSON-CENTERED CARE PLANNING [42 CFR 483.21(b) F-656]¹

The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with... resident rights..., 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. [Emphasis added.]

A comprehensive care plan must be—

- Developed within 7 days after completion of the comprehensive assessment.
- Prepared by an interdisciplinary team, that includes but is not limited to—
 - The attending physician.
 - A registered nurse with responsibility for the resident.
 - A nurse aide with responsibility for the resident.
 - A member of food and nutrition services staff.
 - To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the

¹ Effective November 2016.

- participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.
- Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.
- Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.

The services provided or arranged by the facility, as outlined by the comprehensive care plan, must—...Meet professional standards of quality.

The services... outlined by the comprehensive care plan, must—

- Be provided by qualified persons in accordance with each resident's written plan of care.
- Be culturally-competent and trauma-informed.²

II. Baseline Care Plans³

The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must--

- Be developed within 48 hours of a resident's admission.
- Include the minimum healthcare information necessary to properly care for a resident including, but not limited to—
 - Initial goals based on admission orders.

Physician orders, Dietary orders, Therapy services, Social services [and] PASARR [Preadmission Screening and Resident Review] recommendation, if applicable.

Requirements for the Comprehensive Care Plan

The comprehensive care plan must describe the following:

- ✓ The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being...
- ✓ Any services that would otherwise be required... but are not provided due to the resident's exercise of rights..., including the right to refuse treatment...
- ✓ In consultation with the resident and the resident's representative(s)—
 - The resident's goals for admission and desired outcomes.
 - 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.
 - o Discharge plans in the comprehensive care plan, as appropriate...

² Trauma-informed effective November 2019.

³ Effective November 2017.