

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

LTCCC 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:

See the “[LTCCC Factsheet Resident Assessment Care Planning](#)” for information on resident assessment requirements, which are fundamental to care planning.

See the “[Forms & Tools For Resident-Centered Advocacy](#)” page at www.nursinghome411.org for our Resident Assessment Worksheet and other resources.

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

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 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.*

(Continued on page 2)

- *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.*

II. Baseline Care Plans

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.*
 - *Discharge plans in the comprehensive care plan, as appropriate...*

RESOURCES

WWW.NURSINGHOME411.ORG. LTCCC's website includes materials on the relevant standards for nursing home care, training materials and other resources.