Focused Dementia Care Survey: Facility-Specific Questions

Parts 1, 2, 3, and 4 will be completed once for each nursing home. However, revisions and supplemental notations may be necessary, based upon surveyor observations, interviews, and record reviews.

Team Leader: ___________________________
Surveyors on Team: ______________________________________________________

Part 1 - Nursing Home Demographics

1. Nursing Home Name: _______________________________
2. State: _______________________
3. CMS Certification Number: ______________________
4. Dates of Site Visit (MM/DD/YYYY): ___________ to ___________

Part 2 - Dementia Care Policies, Leadership, & Documentation

5. Does the nursing home have a defined area dedicated to the care of residents with dementia? ☐ Yes ☐ No
6. Does the nursing home have specific policies and procedures related to dementia care? ☐ Yes ☐ No
7. Does the facility use nationally recognized dementia care guidelines, protocols, or a specific dementia care program as the basis for the provision of care in the facility? ☐ Yes ☐ No
8. If so, which guidelines or programs are used?
   ☐ CMS’ Hand in Hand Training Series
   ☐ Other program(s) ______________________

   Is there evidence that the facility implements the nationally recognized dementia care guidelines, protocols, etc. as identified above? ☐ Yes ☐ No

Part 3- Dementia Training and Education

9. Has the nursing home designated a person to provide dementia care training in the nursing home? ☐ Yes ☐ No

Note: CMS is collecting this for informational purposes only.
Is this designated person a: ☐ Nursing home employee
☐ Contractor or consultant

If the designated person is a nursing home employee, what is their primary role in the facility? ______________________

On average, how many hours per week does the designated person spend providing dementia care training? ____HR/WK

*Note: 40 hours a week should only be used when the person is identified as a full-time dementia coordinator/educator and this is their primary responsibility.*

10. Check all who receive dementia training:
☐ Nurse Aides  ☐ Non-Nurse Aide Staff  ☐ Volunteers  ☐ Contractors
☐ Other: Please specify ______________________

11. Dementia education is provided (check all that apply):
☐ Upon hire/Initially  ☐ Annually  ☐ Periodically (i.e., facility assessment or a specific incident identifies the need)  ☐ Other: ______________________

12. Is there documentation confirming that education is provided, as stated above?
☐ Yes  ☐ No

*Note: If there are concerns related to the development, implementation, and maintenance of an effective training program for all new and existing staff, excluding nurse aide staff, which must include training on dementia management, consider a citation at F943. For concerns related to the provision of in-service training, for nurse aide staff, which must include dementia management training, consider a citation at F947. Additionally, if evidence of training, skills, and competency testing are absent, consider a citation at F835 or F868, particularly if the nursing home’s observed practices do not reflect accepted dementia care guidelines.*

**Part 4- Quality Assessment & Assurance (QAA) Process**

13. If concerns, related to the care of residents living with dementia, exist, ask the QAA chairperson or representative of the facility to identify an issue, related to supporting the individualized needs of residents with dementia that the facility systematically analyzed in the past twelve months.
Provide a brief summary of the issue and how it was resolved.

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Does QAA documentation support that the nursing home systematically looked at the care process and that it was resolved?  ☐ Yes ☐ No ☐ Not Applicable

Has the improvement been sustained?  ☐ Yes ☐ No ☐ Not Applicable

14. Does evidence support that the nursing home has a QAA committee consisting of the director of nursing, the medical director or his/her designee, and at least three other staff members, at least one of whom must be an individual in a leadership role who has knowledge of facility systems and the authority to change those systems that meet quarterly?  ☐ Yes ☐ No

Note: Request and review at least 3 months of committee meeting agendas to determine compliance.

For concerns related to QAA improvement activities, consider a citation at F867. For concerns related to QAA committee maintenance and implementation, consider a citation at F868.