



483.95 Training Requirements



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Welcome. This is the Training Requirements section of the training.

Training

Ftag	Tag Subject	Key Change to Regulation or Interpretive Guidelines	Significant Change or Technical Correction
F940	Training Requirements	Added new guidance for this stem requirement for all training tags	Significant
F941	Communication Training	Added new guidance for communication	Significant
F942	Resident Rights Training	Added new guidance for training related to Resident Rights/Facility Responsibilities	Significant
F944	QAPI Program	QAPI program mandatory training	Significant
F945	Infection Control Training	Added new guidance for training related to Infection Control	Significant
F946	Compliance and Ethics	Annual training requirement for organizations with 5 or more facilities	Significant
F947	In-service Training for Nurse Aids	Added new guidance for training related to Nurse Aides	Significant
F949	Behavioral Health Training	Added new guidance for training related to Behavioral Health	Significant

These are the Training Requirement tags with significant changes. Key changes for these tags will be discussed further in this portion of the training.

Key Changes to Training

F940 Training Requirements:

- Facilities must develop, implement, and maintain effective training program for:
 - All new and existing staff;
 - All individuals providing services under contract; and
 - Volunteers
- Facilities must use the Facility Assessment at F838 to determine the amount and types of training necessary.

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F940 Training Requirements

Facilities must develop, implement, and maintain effective training programs for all new and existing staff and that would be anyone who provides services under a contractual arrangement, and volunteers.

A facility must determine the amount and types of training necessary based on a facility assessment as specified at § 483.70(e).

Key Changes to Training

F941 Communication Training:

- A facility must include effective communications as mandatory training for direct care staff.
- Guidance includes description of:
 - Effective communication
 - Direct care staff

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F941 Communication Training

A facility must include effective communications as mandatory training for direct care staff.

Effective communication is a process of dialogue between individuals. The skills include speaking to others in a way they can understand and active listening and observation of verbal and non-verbal cues.

Direct care staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being.

Key Changes to Training

F942 Residents' Rights Training:

- Facilities must develop and implement an ongoing education program on all resident rights and facility responsibilities for caring of residents as outlined in §483.10.
- Education program should:
 - Support current scope and standards of practice.
 - Incorporate learning objectives, performance standards, and evaluation criteria.

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The guidance for F942 is new for the Phase 3 requirements. We drafted language to specify that an ongoing education program must be developed and implemented related to resident rights and facility responsibilities. This program should support current scope and standards of practice and ensure all facility staff understand and foster the rights of every nursing home resident.

Additionally, we provided surveyors with probes to assist in their investigation. This includes the use of interviews, observations, and record review to investigate concerns with staff knowledge and understanding of resident rights and facility responsibilities.

Key changes to Training

F944 QAPI training

§483.95(d) Quality assurance and performance improvement. A facility must include as part of its QAPI program mandatory training that outlines and informs staff of the elements and goals of the facility's QAPI program as set forth at §483.75.

F944 QAPI Training

Facilities must conduct mandatory training, for all staff on the facility's QAPI Program, that includes the goals and various elements of the program.

The training should also include the staff's role in the facility's QAPI program and how to communicate concerns, problems or opportunities for improvement to the facility's QAA Committee.

As updates are made to the facility's QAPI program or goals, the facility's training should also be updated and staff trained on the updates, as appropriate.

There should be a process in place to track staff participation in the required trainings.

It is not required to have an outcome deficiency to be cited for this tag to be cited for deficient staff training.

Key Changes to Training

F945 Infection Control Training:

- All facilities must develop, implement and permanently maintain an effective training program for all staff, which includes training on the standards, policies, and procedures for the infection prevention and control program, (as described at §483.80(a)(2)) that is appropriate and effective, as determined by staff need.
- Guidance addressing training on written standards, policies and procedures of the Infection Prevention and Control Program.
- Added probes related to observations, interviews and review of training records.

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F945 is a new Phase 3 requirement specific to Infection Control. All facilities must develop, implement and permanently maintain an effective training program for all staff, which includes training on the standards, policies, and procedures for the infection prevention and control program, (as described at §483.80(a)(2)) that is appropriate and effective, as determined by staff need.

Guidance has been written to address infection control training. It is important to note that changes to the facility's population, community infection risk, national standards, staff turnover, the facility's physical environment, or facility assessment may necessitate ongoing revisions to the facility's training program for infection prevention and control.

All training should support current scope and standards of practice through curricula which detail learning objectives, performance standards, evaluation criteria, and addresses potential risks to residents, staff, and volunteers if procedures are not followed. There should be a process in place to track staff participation in and understanding of the required training.

Surveyors can utilize interviews, observations, and record reviews to determine the following:

- Did staff observations or did interviews with residents and/or resident representatives indicate a training need? Did staff report and/or did the training records indicate the staff member did not receive training on the concern identified by the surveyor?
- What process does the facility have to encourage staff to express concerns and request training in challenging situations? Does the facility respond to staff's concerns and requests for training?
- Review the training coursework to determine if the content meets professional standards/guidelines and covers facility policy and procedures for infection prevention and control.
- Does the facility implement the training program and ensure staff are instructed to meet the requirements of §483.80(a)(2), Infection Control, F880?

Finally, surveyors should verify that the facility has a mandatory requirement that all facility staff participate in infection prevention and control training, with a process in place to track participation.

Key changes to Training

F946 Compliance and ethics training:

The operating organization for each facility must include as part of its compliance and ethics program, as set forth at §483.85—

§483.95(f)(1) An effective way to communicate the program's standards, policies, and procedures through a training program or in another practical manner which explains the requirements under the program.

§483.95(f)(2) *Annual training if the operating organization operates five or more facilities.*

F946 Compliance and ethics training

The operating organization (the individual or entity that operates a facility) for each facility must provide a training program or another practical manner to effectively communicate the standards, policies, and procedures of the compliance and ethics program to its entire staff. There should be a process in place to track staff participation in the required trainings.

In addition, for the operating organizations that operate five or more facilities, annual training for staff on the compliance and ethics program must be conducted.

Key Changes to Training

F947 Nurse Aide Training:

- Required in-service training for nurse aides.
- In-service training must- §483.95(g)(3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at §483.70(e) and may address the special needs of residents as determined by the facility staff.
- Guidance expanded to reflect that the minimum 12 hour nurse aide training, in addition to ensuring competence, and including dementia and abuse training, must address areas of weakness as determined in nurse aide performance reviews.

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F947

All facilities must develop, implement and permanently maintain an in-service training program for nurse aides that is appropriate and effective, as determined by nurse aide performance reviews and the facility assessment as specified at §483.70(e).

There are a variety of methods that could be used to provide training. For example, nurse aide training may be facilitated through any combination of in-person instruction, webinars and/or supervised practical training hours and should be reflective of nurse aides' performance reviews, in order to address identified weaknesses. When able, each nurse aide should be evaluated based on individual performance, and the facility should develop training that can be utilized and beneficial to all nurse aide staff when applicable.

Key Changes to Training

F949 Behavioral Health Training:

- Facilities must develop, implement, and maintain an effective training program for all staff, which includes, at a minimum, training on behavioral health care and services (consistent with §483.40) that is appropriate and effective, as determined by staff need and the facility assessment (as specified at §483.70(e))

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F949 Behavioral health training

We drafted language to specify that behavioral health training must be developed, implemented, and maintained for all staff.

The training must be appropriate and effective, as determined by staff need and the facility assessment.

Key Changes to Training

F949 Behavioral Health Training: New provision for Phase 3

- Training should include competencies/skills necessary to provide:
 - Person-centered care reflective of resident's goals for care;
 - Interpersonal communication that promotes mental/psychosocial well-being;
 - Meaningful activities which promote engagement/positive relationships;
 - An environment/atmosphere that is conducive to mental/psychosocial well-being;
 - Individualized, non-pharmacological approaches to care;
 - Care specific to the individual needs of residents diagnosed with a mental, psychosocial, or substance use disorder, a history of trauma, and/or post-traumatic stress disorder, or other behavioral health condition; and
 - Care specific to the individual needs of residents diagnosed with dementia.

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We discussed the competencies and skills that should be included in the behavioral health training.

Areas that were discussed include person-centered care and services, interpersonal communication, meaningful activities, environment and atmosphere, and non-pharmacological approaches to care. This also includes the needs of residents diagnosed with a mental, psychosocial, or substance use disorder, a history of trauma, and/or post-traumatic stress disorder, or other behavioral health condition and the needs of residents living with dementia.

Thank You

If you have questions about this training please send them to:

DNH_TriageTeam@cms.hhs.gov



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If you have questions about this training please send them to the DNH Triage mailbox at: DNH_TriageTeam@cms.hhs.gov.

Thank you for your continued efforts towards our shared goal in providing quality care to America's nursing home residents.