

## 5. RESIDENT ASSESSMENT

The facility must conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity.

### 5.1 Admission Orders

At the time each resident is admitted, the facility must have physician orders for the resident's immediate care.

### 5.2 Comprehensive Assessments

(a) The facility must make a comprehensive assessment of the resident's needs which

(1) is based on a uniform data set and instrument specified by the licensing agency; and

(2) describes the resident's capability to perform daily life functions and any significant impairments in functional capacity.

(b) The comprehensive assessment must include at least the following information:

(1) medically defined conditions and prior medical history;

(2) medical status measurement;

(3) physical and mental functional status;

(4) sensory and physical impairments;

(5) nutritional status and requirements;

(6) special treatments or procedures;

(7) mental and psychosocial status;

(8) discharge potential;

(9) dental condition;

(10) activities potential;

(11) rehabilitation potential;

(12) cognitive status; and

(13) drug therapy.

(c) Frequency. Assessments must be conducted:

(1) no later than 14 days after the date of admission;

(2) promptly after a significant change in the resident's physical or mental condition; and

(3) in no case less often than once every 12 months.

(d) Review of Assessments. The nursing facility must examine each resident no less than once every 3 months, and as appropriate, revise the resident's assessment to assure the continued accuracy of the assessment.

(e) Use. The results of the assessment are used to develop, review, and revise the resident's comprehensive plan of care under Section 6 of these rules.

(f) Coordination. The facility must coordinate assessments with any state-required pre-admission screening program to the maximum extent practicable to avoid duplicative testing and effort.

### 5.3 Accuracy of Assessments

(a) Each assessment must be conducted or coordinated with the appropriate participation of health professionals.

(b) Each assessment must be conducted or coordinated by a registered nurse who signs and certifies the completion of the assessment.

(c) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.

(d) Penalty for Falsification. An individual who willfully and knowingly certifies (or causes another individual to certify) a material and false statement in a resident assessment is subject to civil money penalties pursuant to 42 C.F.R. Part 1003.

(e) Use of independent assessors. If the licensing agency determines, under a survey or otherwise, that there has been a knowing and willful certification of false statements under subsection 5.3(c) above, the licensing agency may require (for a period specified by the licensing agency) that resident assessments under this paragraph be conducted and certified by individuals who are independent of the facility and who are approved by the licensing agency.