

**PROBES: §483.90(i)(5)**

Ask residents who smoke how the facility permits them to smoke.

Does the facility allow smoking and how is it managed?

**§483.90(j)** The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: [http://www.archives.gov/federal\\_register/code\\_of\\_federal\\_regulations/ibr\\_locations.html](http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html). If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.

**§483.90(j)(1)** National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, [www.nfpa.org](http://www.nfpa.org), 1.617.770.3000.

- (i) NFPA 99, Standards for Health Care Facilities Code of the National Fire Protection Association 99, 2012 edition, issued August 11, 2011.
- (ii) TIA 12-2 to NFPA 99, issued August 11, 2011.
- (iii) TIA 12-3 to NFPA 99, issued August 9, 2012.
- (iv) TIA 12-4 to NFPA 99, issued March 7, 2013.
- (v) TIA 12-5 to NFPA 99, issued August 1, 2013.
- (vi) TIA 12-6 to NFPA 99, issued March 3, 2014.
- (vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011;
- (viii) TIA 12-1 to NFPA 101, issued August 11, 2011.
- (ix) TIA 12-2 to NFPA 101, issued October 30, 2012.
- (x) TIA 12-3 to NFPA 101, issued October 22, 2013.
- (xi) TIA 12-4 to NFPA 101, issued October 22, 2013.

**§483.95 Training Requirements**

**NOTE:** As published in the Federal Register (Vol. 81, No. 192, 68688, 68698, October 4, 2016), this entire section (§483.95) will be implemented in Phase 3 with the following exceptions, which will be implemented in Phase 1:

- (c) Abuse, neglect, and exploitation training;
- (g)(1) Regarding in-service training, (g)(2) dementia management & abuse prevention training, (g)(4) care of the cognitively impaired; and
- (h) Training of feeding assistants.

**F940**

**(Rev. 225; Issued: 08-08-24; Effective: 08-08-24; Implementation: 08-08-24)**

**§483.95 Training Requirements**

**A facility must develop, implement, and maintain an effective training program for all new and existing staff; individuals providing services under a contractual arrangement; and volunteers, consistent with their expected roles. A facility must**

**determine the amount and types of training necessary based on a facility assessment as specified at § 483.71. Training topics must include but are not limited to—**

## **INTENT**

Facilities are required to develop, implement, and maintain an effective training program for all staff. Appropriately trained staff can improve resident safety, create a more person-centered environment, and reduce the number of adverse events or other resident complications.

CMS recognizes that training needs are likely to change over time. Therefore, it is necessary for facilities to have the flexibility to determine training needs based on its facility assessment. Competencies and skill sets for all new and existing staff, individuals providing services under a contractual arrangement, and volunteers must be consistent with their expected roles. All facility staff needs to be trained to be able to interact in a manner that enhances the resident's quality of life and quality of care and that they can demonstrate competency in the topic areas of the training program. The facility is also expected to keep a record of these trainings. Training requirements should be met prior to staff and volunteers independently providing services to residents, annually, and as necessary based on the facility assessment. See §483.71(a) (2)(iv).

CMS does not propose a specific training mechanism to meet the Training Requirements regulation, and the regulation does not specify that a member of the facility must conduct the training activities. Facilities have the flexibility to work with outside entities to provide facilitated training, computer-based training, self-directed learning, mentoring and/or coaching. CMS encourages facilities to leverage community resources to assist with developing training programs, identifying qualified instructors, identifying training materials, and implementing facility training programs.

Based upon the outcome of a facility assessment, suggestions for additional training topics may include, but are not limited to, advance care planning, cultural competence, end-of-life care, geriatrics and gerontology (i.e., understanding of how human beings change as they grow older), substance abuse, working with young and middle-aged adults, grief and loss, interdisciplinary collaboration, person centered care, specialized rehabilitative therapy, trauma informed care, intellectual disability, mental disorder and quality of life and care.

There are various free online training tools and resources that facilities can use to assist them in complying with this requirement. For example, the Agency for Healthcare Research and Quality (AHRQ) released a set of training modules to help educate LTC facility staff on key patient safety concepts to improve the safety of LTC facility residents. (See <http://www.ahrq.gov/professionals/systems/long-term-care/resources/facilities/ptsafety/>).

Long Term Care Ombudsman can provide in-service trainings to facility staff on a variety of topics. In addition to the web based materials, instructor and student handbooks can be sent to facilities at no additional cost.