

| Domain/Tasks | Knowledge and Skills <u>most</u> needed to perform task | Core expectations for entry level across lines of service (what the person should be able to know and do) | What is different across lines of Service? How would training content, test questions, and testing emphasis differ?) |
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| DOMAIN 10 - Customer Care, Supports and Services | | Core | Skilled Nursing line of service |
| <p>10.01 Establish care recipient service policies and procedures that comply with applicable federal and state laws, rules, and regulations.</p> | <p>K01 Applicable federal and state laws, rules, and regulations</p> <p>S11 Analyzing and interpreting information/data</p> <p>S13 Recognizing and ensuring care recipients' holistic needs are being met</p> <p>S16 Writing and evaluating policies and procedures</p> <p>S19 Managing regulatory and accreditation surveys, inspections, and audits</p> | <p>Able to create policies and procedures that follow federal and states laws rules and regulations</p> <p>Understands and implements contemporary care planning processes assuring preferences based on customers stated needs.</p> <p>These laws apply across lines of service (LOSs):</p> <ul style="list-style-type: none"> • Older Americans Act of 1965 • Social Security Amendments Act of 1965 • Rehabilitation Act of 1973 • State practice acts for nurse, therapist, dietician, etc. • Elder Justice Act of 2010 • Condition of Participation and State specific laws • Affordable Care Act of 2010 | <p>Skilled Nursing Facilities (SNFs) are typically required to be knowledgeable on 42 CFR 483.5 to 483.75 or the Centers of Medicare Services (CMS) Medicare & Medicaid Requirements for Long-Term Care Facilities.</p> <p>Omnibus Budget Reconciliation Act of 1987 applies</p> |
| <p>10.02 Ensure plans of care are evidence-based, established, implemented, updated, and monitored based on care recipient preferences and assessed needs.</p> | <p>K01 Applicable federal and state laws, rules, and regulations</p> <p>K05 Psychosocial aspects of aging</p> <p>K06 Physiological aspects of aging</p> <p>K19 Basic understanding of mental health issues</p> <p>K20 Basic understanding of cognitive impairments</p> <p>K21 Basic principles of behavior management</p> <p>K22 Basic principles of restraint usage and reduction</p> <p>K27 Basic principles of hospice and palliative care</p> <p>K34 Resident Assessment Instrument (RAI) and interdisciplinary care plan requirements and process</p> <p>K35 Care recipient assessment instruments (OASIS) and interdisciplinary care plan requirements and process</p> <p>S11 Analyzing and interpreting information/data</p> <p>S13 Recognizing and ensuring care recipients' holistic needs are being met</p> <p>S16 Writing and evaluating policies and procedures</p> <p>S17 Developing and evaluating systems</p> | <p>Able to ensure that staff implements the plan of care for each care recipient based on the individuals needs and preferences under the direction of a physician. Includes comprehensive assessment of each care recipient, which includes (but is not limited to) assessments for nutrition (to include diet, texture, weight, swallowing), therapy, mobility, fall risk, skin/wound management, medications and contraindications, cognitive abilities, behavior, mental health, etc.</p> | <p>Care planning for individual preferences based on professional assessment is consistent across all LOS. Specific to SNF is: CFR 483.</p> <ul style="list-style-type: none"> • MDS assessment • Resident Assessment Instrument Manual • Care planning processes |
| <p>10.03 Ensure the planning, development, implementation/ execution, monitoring, and evaluation of admission/move in process, including preadmission/ pre-move in information, to promote a quality experience for care recipients.</p> | <p>K05 Psychosocial aspects of aging</p> <p>K06 Physiological aspects of aging</p> <p>K18 Basic principles of creating a safe environment for care recipients</p> <p>K30 Person-centered care concepts</p> <p>K31 Diversity of care recipients</p> <p>K33 Care recipient Bill of Rights</p> <p>K37 Admission/move-in, transfer, and discharge/move-out requirements</p> | <p>Able to ensure that the admission process is comprehensive and is resident centered. This task includes obtaining all available documentation at the time of admission to include; but not limited to; power of attorney for health care and financial, care recipient identification cards, insurance information, doctor and all other orders related to the care recipient to include hospital/doctors/clinic records pertaining to the care recipient stay at the facility or services provided by the organization.</p> | <p>Beyond the empathy of the transition events for the care recipient, Administrators need a basic understanding of the concepts of bill of rights and comprehension of the bill of rights for their LOS. Bill of Rights are written for each LOS. Advanced Directives are universal across all LOS. Specific bill of rights for SNF can be found at www.cms.gov. (Code of Federal Regulations)</p> <p>483.12 d. (1)-(4)</p> <ul style="list-style-type: none"> • Intake of orders from hospital or incoming referral source • A basic understanding of the State Practice Acts for each licensee is essential to avoid direction to an occupation that would be counterproductive to their profession; i.e. Nurse, physical therapist, dietician, etc. |

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| | K41 Care recipient specific legal matters (such as power of attorney, guardianship, conservatorship, code status, Advance Directives) S02 Communicating effectively S03 Cultivating effective relationships S05 Demonstrating empathy S13 Recognizing and ensuring care recipients' holistic needs are being met S22 Utilizing social media | | |
| 10.04 Ensure the planning, development, implementation/ execution, monitoring, and evaluation of discharge/move out process to promote a quality experience for care recipients. | K01 Applicable federal and state laws, rules, and regulations K05 Psychosocial aspects of aging K06 Physiological aspects of aging K18 Basic principles of creating a safe environment for care recipients K30 Person-centered care concepts K31 Diversity of care recipients K33 Care recipient Bill of Rights K37 Admission/move-in, transfer, and discharge/move-out requirements K41 Care recipient specific legal matters (such as power of attorney, guardianship, conservatorship, code status, Advance Directives) S02 Communicating effectively S03 Cultivating effective relationships S05 Demonstrating empathy S13 Recognizing and ensuring care recipients' holistic needs are being met S22 Utilizing social media | Ensures that care recipient care is appropriate for the level of care they require and that an interdisciplinary team continually monitors the care recipient's progress and recommends the best care environment need to maximize the care recipient's quality of living. | Each 483.12 (a)-(b) Safe discharge Older Americans Act of 1965 Omnibus Budget Reconciliation Act of 1987 Social Security Amendments Act of 1965 Rehabilitation Act of 1973 State Practice Acts for: Nurse, therapist, Dietician, etc. http://www.pioneernetwork.net/ Same Best Practices guidance and resources as 10.03. |
| 10.05 Ensure the planning, development, implementation/ execution, monitoring, and evaluation of programs to meet care recipients' psychosocial needs and preferences. | K01 Applicable federal and state laws, rules, and regulations K03 Ethical decision-making K05 Psychosocial aspects of aging K11 Basic principles and concepts of restorative/wellness programs K19 Basic understanding of mental health issues K20 Basic understanding of cognitive impairments K23 Basic elements of a social services program K24 Basic elements of a therapeutic recreation/activity program K27 Basic principles of hospice and palliative care K28 Grieving process K32 Care recipients' support network interests, needs, and values K40 Services and resources available across the continuum of care (such as community, social, financial, spiritual) K50 Signs and symptoms of abuse, neglect, and exploitation K56 Hospitality services S03 Cultivating effective relationships S05 Demonstrating empathy S13 Recognizing and ensuring care recipients' holistic needs are being met | Able to ensure that care recipients are properly evaluated and cared for based on their psychosocial needs and preferences. | 483.15 (a)-(h) Resident Bill of Rights 483.13 Resident Behavior and Facility Practices C.20 comprehensive Care Plans 483.25(l) Unnecessary Drugs 483.25(f) Mental and Psychosocial Functioning |
| | K01 Applicable federal and state laws, rules, and regulations K06 Physiological aspects of aging | | Administrators should be exposed to Achieving Excellence in America's Nursing Homes, Pioneer Network and other resources <i>regardless of their LOS</i> to learn person centered options for the care recipient. |

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| <p>10.06 Ensure the planning, development, implementation/ execution, monitoring, and evaluation of care recipients' activities/recreation to meet social needs and preferences.</p> | <p>K11 Basic principles and concepts of restorative/wellness programs K12 Basic principles of rehabilitation K23 Basic elements of a social services program K24 Basic elements of a therapeutic recreation/activity program K30 Person-centered care concepts K42 Activities of Daily Living (ADLs) and Independent Activities of Daily Living (IADLs) K48 Quality assurance and performance improvement processes as related to care and services S13 Recognizing and ensuring care recipients' holistic needs are being met S21 Utilizing technology S22 Utilizing social media</p> | <p>Able to ensure that activities, events, and programs are care recipient centered and designed to meet the needs and preferences of each care recipient.</p> | <p>42 CFR 483.15 (d)-(f) requires specific SNF Age-appropriate activities within the Resident Rights. http://www.pioneernetwork.net/</p> |
| <p>10.07 Ensure the planning, development, implementation/ execution, monitoring, and evaluation of a health information management program to meet documentation requirements in compliance with federal and state regulations.</p> | <p>K01 Applicable federal and state laws, rules, and regulations K07 Basic principles and concepts of nursing K08 Basic medical terminology K09 Basic pharmaceutical terminology K34 Resident Assessment Instrument (RAI) and interdisciplinary care plan requirements and process K35 Care recipient assessment instruments (OASIS) and interdisciplinary care plan requirements and process K36 Care recipient assessments and care plans other than RAI and OASIS K41 Care recipient specific legal matters (such as power of attorney, guardianship, conservatorship, code status, Advance Directives) K42 Activities of Daily Living (ADLs) and Independent Activities of Daily Living (IADLs) K47 Center for Medicare and Medicaid Services (CMS) quality indicators and measures K48 Quality assurance and performance improvement processes as related to care and services K49 Techniques for auditing care recipient services and outcomes K52 Medical record content, format, and documentation requirements K53 Confidentiality, disclosure, and safeguarding medical record information requirements S11 Analyzing and interpreting data.</p> | <p>Able to ensure that all care recipient specific documentation is protected and follows state, federal, and HIPAA regulations. HIPAA would apply to all three LOS. Knowledge on POA and resident rights on review/documentation of education and assurance of completion would apply for all three LOS with each possessing their unique bill of rights. Policies and procedures would need to be developed for all three LOS for clinical record retention, protection of the confidentiality of information and minimum contents specific to the state.</p> | <p>CFR 483.10 (e) CFR 483.75 (l)</p> |
| <p>10.08 Ensure the planning, development, implementation/execution, monitoring, and evaluation of medication management that supports the needs of the care recipient.</p> | <p>K01 Applicable federal and state laws, rules, and regulations K07 Basic principles and concepts of nursing K09 Basic pharmaceutical terminology K10 Basic principles and regulations for medication management/administration S02 Communicating effectively S10 Problem solving S11 Analyzing and interpreting information/data S16 Writing and evaluating policies and procedures</p> | <p>Able to ensure the timely ordering and procurement of medications, safe storage and distribution of the medications at the appropriately scheduled times, by the appropriately licensed staff. Able to understand terminology related to medication Able to ensure the pharmacist's periodic review of medication orders with recommendations to the physician. Able to ensure the documentation of the delivery of medications, and if held for any reason, that information and circumstances are duly noted as well.</p> | <p>Conditions of Participation, Federal Regulations, OBRA. CFR 483.10(n) CFR 483.25(l) CFR 483.60</p> |

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| | S17 Developing and evaluating systems S20 Prioritizing and managing time S21 Utilizing technology | | |
| 10.09 Ensure the planning, development, implementation/execution, monitoring, and evaluation of a rehabilitation program to maximize optimal level of functioning and independence for care recipients. | K01 Applicable federal and state laws, rules, and regulations K05 Psychosocial aspects of aging K11 Basic principles and concepts of restorative/wellness programs K24 Basic elements of a therapeutic recreation/activity program S11 Analyzing and interpreting information/data S12 Informed decision making/critical thinking S13 Recognizing and ensuring care recipients' holistic needs are being met S14 Assessing and recognizing safety concerns and needs S15 Allocating and optimizing resources and programs S17 Developing and evaluating systems | Able to provide individualized rehabilitative services to recipients that will help them meet their baseline and allow residents to be as independent as possible. | Conditions of Participation, Federal Regulations, OBRA and reimbursement types. CFR 483.20(a) CFR 483.45 CFR 483.75(h) CFR 483.55(f) |
| 10.10 Ensure the planning, development, implementation/execution, monitoring, and evaluation of systems for coordination and oversight of contracted services. | K01 Applicable federal and state laws, rules, and regulations K39 Roles, responsibilities, regulation and oversight of contracted providers and services K40 Services and resources available across the continuum of care (such as community, social, financial, spiritual) S02 Communicating effectively S03 Cultivating effective relationships S09 Negotiating, collaborating, and resolving disputes S12 Informed decision making/critical thinking S13 Recognizing and ensuring care recipients' holistic needs are being met S15 Allocating and optimizing resources and programs S18 Protecting and promoting financial viability | Able to ensure that services are available to meet the needs of each recipient from qualified vendors that meet city, state, and federal requirements. | Conditions of Participation, Federal Regulations, OBRA and reimbursement types. CFR 483.60 CFR 483.75 (h through o) |
| 10.11 Ensure the planning, development, implementation/execution, monitoring, and evaluation of policies and procedures for responses to care recipient-specific incidents, accidents, and/or emergencies. | K01 Applicable federal and state laws, rules, and regulations K18 Basic principles of creating a safe environment for care recipients K46 Emergency medical services and techniques (such as CPR, first aid, Heimlich maneuver, AED) K50 Signs and symptoms of abuse, neglect, and exploitation K51 Mandatory reporting requirements for incidents and adverse events S10 Problem solving S11 Analyzing and interpreting information/data S12 Informed decision making/critical thinking S14 Assessing and recognizing safety concerns and needs S16 Writing and evaluating policies and procedures S17 Developing and evaluating systems | Able to ensure that policies and procedures are written and followed to prevent incidents and accidents and to prepare staff to act appropriately when incidents, accidents, and emergencies occur. | Conditions of Participation, Federal Regulations, OBRA and reimbursement types. CFR 483.13(b) CFR 483.25 (h) CFR 483.25 (m) CFR 483.35 (b) CFR 483.40 (d) CFR 483.70 (a) CFR 483.75 (o) |
| 10.12 Ensure the planning, development, implementation/execution, monitoring, and evaluation of housekeeping and laundry services for care recipients. | K01 Applicable federal and state laws, rules, and regulations K14 Basic principles of infection control K18 Basic principles of creating a safe environment for care recipients S13 Recognizing and ensuring care recipients' holistic needs are being met S14 Assessing and recognizing safety concerns and needs | Able to ensure a clean, safe, and sanitary environment. Center for Disease Control (CDC) recommendations and Infection Control best practices would apply across the continuum, and may vary for some settings. OSHA guidelines with respect to chemical usages and Safety Data Sheets (SDS) would apply across all settings. | Conditions of Participation, Federal Regulations, OBRA and reimbursement types. CFR 483.10(i) CFR 483.15 (h) CFR 483.35 (i) CFR 483.65 (all sub-sections) |

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| | S15 Allocating and optimizing resources and programs S16 Writing and evaluating policies and procedures S17 Developing and evaluating systems | | CFR 483.70 (h) |
| 10.13 Ensure the planning, development, implementation/execution, monitoring, and evaluation of education intended for care recipients and their support networks. | K01 Applicable federal and state laws, rules, and regulations K05 Psychosocial aspects of aging K06 Physiological aspects of aging K27 Basic principles of hospice and palliative care K32 Care recipients' support network interests, needs, and values K33 Care recipient Bill of Rights K40 Services and resources available across the continuum of care (such as community, social, financial, spiritual) S13 Recognizing and ensuring care recipients' holistic needs are being met S14 Assessing and recognizing safety concerns and needs S16 Writing and evaluating policies and procedures | Able to ensure that the care recipient and or their responsible party is informed of their care, condition, and treatment as much as practical. | Conditions of Participation, Federal Regulations, OBRA and reimbursement types. CFR 483.12 (a-d) CFR 483.10 (a) CFR 483.15 (c) CFR 483.20 |
| 10.14 Ensure the planning, development, implementation/execution, monitoring, and evaluation of nutritional needs and preferences of care recipients. | K01 Applicable federal and state laws, rules, and regulations K06 Physiological aspects of aging K25 Basic principles of nutrition including specialized diets K26 Basic principles of dietary sanitation, food storage, handling, preparation, and presentation K30 Person-centered care concepts K34 Resident Assessment Instrument (RAI) and interdisciplinary care plan requirements and process (NHA) K35 Care recipient assessment instruments (OASIS) and interdisciplinary care plan requirements and process (HCBS) S02 Communicating effectively S11 Analyzing and interpreting information/data S17 Developing and evaluating systems | Able to ensure that the care recipient's nutritional needs are met in accordance with their individualized needs and preferences while simultaneously meeting all physicians prescribed orders. *Federal regulations (NH-Apdx PP, HH-Apdx B, Hospice-Apdx M) differ across service lines | 483.25(i) Quality of Care – Nutrition & 483.25(j) Quality of Care – Hydration and 483.35 Dietary Services 483.15(b) Self-Determination and Participation 483.15(e) Accommodation of Needs |
| 10.15 Ensure the planning, development, implementation/execution, monitoring, and evaluation of dining experience that meets the needs and preferences of care recipients. | K01 Applicable federal and state laws, rules, and regulations K05 Psychosocial aspects of aging K06 Physiological aspects of aging K20 Basic understanding of cognitive impairments K25 Basic principles of nutrition including specialized diets K26 Basic principles of dietary sanitation, food storage, handling, preparation, and presentation K30 Person-centered care concepts K56 Hospitality services S01 Creating and communicating a vision S13 Recognizing and ensuring care recipients' holistic needs are being met S15 Allocating and optimizing resources and programs S17 Developing and evaluating systems | Able to ensure that dining services are resident centered and meets the nutritional needs paralleled with the recipient preferences. *Federal regulations (NH-Apdx PP, HH-Apdx B, Hospice-Apdx M) differ across service lines | Focus on determining resident preferences but then service delivery still rigidly dictated by regulatory/recommended guidelines. Federal regulations will govern aspects of this, namely 483.25 (i) Quality of Care – Nutrition & 483.25(j) Quality of Care – Hydration, 483.70(g) Physical Environment - Dining and Resident Activities 483.35 Dietary Services 483.15(b) Self-Determination and Participation 483.15(e) Accommodation of Needs |

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| <p>10.16 Ensure care recipients' rights and individuality within all aspects of care.</p> | <p>K01 Applicable federal and state laws, rules, and regulations</p> <p>K03 Ethical decision-making</p> <p>K22 Basic principles of restraint usage and reduction</p> <p>K27 Basic principles of hospice and palliative care</p> <p>K30 Person-centered care concepts</p> <p>K33 Care recipient Bill of Rights</p> <p>K50 Signs and symptoms of abuse, neglect, and exploitation</p> <p>S01 Creating and communicating a vision</p> <p>S05 Demonstrating empathy</p> <p>S13 Recognizing and ensuring care recipients' holistic needs are being met</p> | <p>Able to ensure all staff are trained and follow State and Federal Guidelines related to Resident Rights. Attention must be made to issues related to Abuse, Neglect, Misappropriation of Resident Property and Mistreatment of Residents.</p> <p>*Although federal regulations (NH-Apdx PP, HH-Apdx B, Hospice-Apdx M) dictate practices in NH, HH, and Hospice, realistically, the general dictates of these Resident Rights should really be applied across all settings and the knowledge and skills necessary to support their provision do not differ significantly across services lines.</p> | <p>Uniform federal definition of abuse and neglect.</p> <p>Federal Regulations will govern aspects of this – namely the entirety of 483.10 Resident Rights, most of 483.13 Resident Behavior and Facility Practices, and most of 483.15 Quality of Life.</p> |
| <p>10.17 Integrate support network's perspectives to maximize care recipients' quality of life and care.</p> | <p>K02 Government programs and entities</p> <p>K03 Ethical decision-making</p> <p>K32 Care recipients' support network interests, needs, and values</p> <p>K33 Care recipient Bill of Rights</p> <p>K41 Care recipient specific legal matters (such as power of attorney, guardianship, conservatorship, code status, Advance Directives)</p> <p>K48 Quality assurance and performance improvement processes as related to care and services</p> <p>S02 Communicating effectively</p> <p>S03 Cultivating effective relationships</p> <p>S06 Group facilitation, consensus building, and team building</p> <p>S12 Informed decision making/critical thinking</p> <p>S13 Recognizing and ensuring care recipients' holistic needs are being met</p> | <p>Able to ensure that measures are taken to incorporate perspectives from all parties involved in formally or informally supporting the care recipient, including family and supportive friends, as well as interdisciplinary care providers from across the care continuum. Both their recommendations and outcome measures should be considered when strategizing how each member of the support network helps to improve the resident's quality of life and care. Attention must be made to issues related to meeting the care recipient's individualized needs.</p> | <p>Regulations require collecting history/preferences from family/support network.</p> <p>In a sense, this is governed by all of the federal Nursing Home regulations which are purportedly intended to help maximize residents' quality of life and care. More specifically, 483.20 Resident Assessment includes provisions that family members input should be included in the assessment process, and with respect to individual care needs, 483.15 Quality of Life, 483.15(b) Self-Determination and Participation, and 483.15(e) Accommodation of Needs also apply.</p> |
| | <p>K01 Applicable federal and state laws, rules, and regulations</p> <p>K02 Government programs and entities</p> | <p>Able to ensure adequate transportation to recipients. The facility should identify transportation that is available and the costs (if any) for the services and inform recipients and their responsible parties of availability and cost. The facility/entity must be available to help coordinate transportation services based on the recipients preference and available funding.</p> | <p>Most providers have in-house transportation available. In-house availability may be limited due to state/federal safety or training requirements for transportation staff.</p> |

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| <p>10.18 Ensure transportation options are available for care recipients.</p> | <p>K39 Roles, responsibilities, regulation and oversight of contracted providers and services</p> <p>K40 Services and resources available across the continuum of care (such as community, social, financial, spiritual)</p> <p>K54 Transportation options for care recipients</p> <p>S02 Communicating effectively</p> <p>S14 Assessing and recognizing safety concerns and needs</p> <p>S15 Allocating and optimizing resources and programs</p> | <p>* There are federal regulations (NH-Appendix PP, HH- Appendix B, Hospice- Appendix M) require provision of transportation in certain cases in NH, HH, and Hospice, but the necessary knowledge and skills needed to be able to offer or arrange safe transportation to not likely differ significantly across services lines.</p> | <p>Federal regulations generally require the facility to provide transportation when it is necessary for the resident to receive care from, participate in activities outside the building, or otherwise transfer to alternative locations, Nursing Homes are expected to arrange safe transportation. The obligation to offer transportation outside of the facility is specifically referenced in the following Nursing Home regulations:483.15(f) Activities, 483.25(b) Vision and Hearing, 483.25(c), 483.40(d) Availability of Physicians for Emergency Care, 483.55(a) Dental Services, 483.55(b) Skilled Nursing Facilities, 483.65 Infection Control, 483.75(j) Laboratory Services, and 483.75(k) Radiology and Other Diagnostic Services.</p> |
| <p>10.19 Ensure the provision of a customer service culture that leads to a quality experience for care recipients.</p> | <p>K04 Interpersonal relationships, dispute resolution, and group dynamics</p> <p>K05 Psychosocial aspects of aging</p> <p>K30 Person-centered care concepts</p> <p>K32 Care recipients' support network interests, needs, and values</p> <p>K48 Quality assurance and performance improvement processes as related to care and services</p> <p>K56 Hospitality services</p> <p>S01 Creating and communicating a vision</p> <p>S03 Cultivating effective relationships</p> <p>S06 Group facilitation, consensus building, and team building</p> <p>S10 Problem solving</p> <p>S13 Recognizing and ensuring care recipients' holistic needs are being met</p> | <p>*Overall, this task shouldn't really differ significantly across services lines, since understanding your customer and meeting their needs are at the core of this, in reality, there are probably different focuses for administrators across service lines.</p> | <p>Often more focused on regulatory compliance than customer satisfaction. Venues such as resident and family councils may established for regulatory compliance rather than to solicit customer feedback.</p> <p>There are not specific federal regulations that speak to this, although certainly regulations such as 483.15(b) Self-Determination and Participation and 483.15(e) Accommodation of Needs speak to meeting customers' needs and preferences which is a bedrock of quality customer service.</p> |