

<b>1</b>	<b>Quality of Care (Care, Services, and Supports)</b>	<b>12 questions</b>
<b>1.1</b>	<b>Medical and Nursing Care Practices</b>	
1.1.5	Ensure that the resident receives treatment and care in accordance with professional standards of practice (e.g., pressure ulcers/injury, bowel and bladder, ostomy, dialysis, pain management) (42CFR483.25)	
<b>1.2</b>	<b>Medication Management and Administration</b>	
1.2.5	Establish, observe and monitor medication preparation and administration processes to ensure regulatory compliance (42CFR483.45)	
1.2.6	Verify appropriate storage and security of drugs and biologicals (42CFR483.45)	
1.2.7	Develop and maintain policies and procedures for drug regimen review, and prevention of the use of unnecessary drugs (e.g., psychotropic) (42CFR483.45(c)(5))	
<b>1.3</b>	<b>Nutrition and Hydration</b>	
1.3.6	Establish and implement procedures for nutrition and hydration (e.g., nutritive value, food temperatures) (42CFR483.60, 42CFR483.25)	
<b>1.5</b>	<b>Rehabilitation and Restorative Programs</b>	
1.5.5	Educate staff to identify changes in condition that would require rehabilitation or restorative nursing services (e.g., range of motion, changes in mobility) (42CFR483.65)	
<b>1.6</b>	<b>Care Recipient Assessment and Interdisciplinary Care Planning</b>	
1.6.6	Ensure an accurate resident assessment instrument (RAI) is initiated and completed on admission and as needed in accordance with professional standards (42CFR483.20)	
1.6.7	Ensure the development and implementation of a baseline and comprehensive person-centered care plan that meets professional standards of quality care (42CFR483.21)	
1.6.8	Ensure compliance with all requirements in completing and submitting a Minimum Data Set (MDS) (42CFR483.20)	
<b>1.7</b>	<b>Clinical and Medical Records and Documentation Requirements for provision of care</b>	
1.7.4	Establish policies and procedures for residents to access personal medical records in a timely manner (42CFR483.10(g)(2))	
<b>1.8</b>	<b>Physician and Provider Services</b>	
1.8.4	Develop policies and procedures to ensure timely visits and physician services (42CFR483.30(b))	
1.8.5	Designate a physician to serve in the role as Medical Director and define their authority (42CFR483.70(g))	
<b>1.9</b>	<b>Emergency Medical Services</b>	
1.9.4	Ensure facility personnel provides basic life support including CPR to a resident requiring such emergency care prior to arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives (42CFR483.24(a)(3))	
<b>1.10</b>	<b>Transition of Care</b>	
1.10.4	Develop policies and procedures to communicate the bed hold policy and adhere to notice requirements (42CFR483.15(d))	
1.10.5	Ensure a Pre-Admission Screening (PASRR) is completed for every resident prior to admission and as needed (42CFR483.20(k))	
1.10.6	Develop a comprehensive program with education to ensure the transfer and/or discharge (facility or resident initiated) is documented in the medical record and notice requirements are met (42CFR483.15(c)(3-5))	
<b>1.11</b>	<b>Pain Management</b>	
1.11.4	Develop policies and procedures to ensure pain management is provided to residents who require such services consistent with professional standards of practice (42CFR483.25(k))	
<b>1.12</b>	<b>Ancillary Services</b>	
1.12.3	Develop policies and procedures to ensure emergency dental care (42CFR483.55)	
1.12.4	Develop policies and procedures to ensure diagnostic services are provided to meet the needs of the resident (42CFR483.50(a), 42CFR483.50(a)(1))	
1.12.5	Assist the resident in arrangement of transportation services to and from the source of service (42CFR483.50(a)(2))	
<b>2</b>	<b>Quality of Life (Care, Services, and Supports)</b>	<b>10 questions</b>
<b>2.2</b>	<b>Person-Centered Care</b>	
2.2.4	Develop policies and procedures to ensure residents with prior trauma receive culturally competent trauma informed care. (CFR483.25(m))	
<b>2.3</b>	<b>Care Recipient Bill of Rights and Responsibilities</b>	
2.3.1	Educate staff and residents on the CMS protected resident rights. (42CFR483.10)	
2.3.2	Develop policies and procedures on informing residents of their rights in a timely manner and in a language they understand. (42CFR483.10(a))	
<b>2.4</b>	<b>Care Recipient (and Representative) Grievance, Conflict, and Dispute Resolution</b>	
2.4.4	Develop policies and procedures to designate a Grievance Official to communicate and oversee the process of how to file a grievance and ensure prompt written summary of the resolution CFR483.10(j)	
<b>2.5</b>	<b>Care Recipient Advocacy and Support</b>	
2.5.4	Develop and implement policies to protect the rights of residents to organize and participate in resident groups in accordance with CMS guidance. (42CFR483.10(f)(5))	
<b>2.9</b>	<b>Maltreatment Recognition and Response</b>	
2.9.5	Develop and implement policies to ensure timely reporting to applicable external agencies. CMS483.12(b)	
<b>2.12</b>	<b>Restraint Usage and Reduction</b>	
2.12.1	Develop policies and procedures to keep residents free from physical and chemical restraints (CMS483.10(e)(1))	
<b>2.13</b>	<b>Dining Experience</b>	
2.13.1	Protect the residents' right to choose the time, place and manner to receive meals in accordance with their personal preferences to enhance the overall dining experience (42CFR483.60)	

<b>2.16</b>	<b>Volunteer Programs</b>	
2.16.1	Develop, implement and maintain policies and procedures related to training volunteers (42CFR483.95)	
<b>3</b>	<b>Financial Management (Operations)</b>	<b>8 questions</b>
<b>3.2</b>	<b>Financial Analysis and Reporting Requirements</b>	
3.2.5	Create and submit cost reports in a timely manner (e.g., Medicare, Medicaid)	
<b>3.4</b>	<b>Revenue and Reimbursement</b>	
3.4.4	Differentiate between third-party payor sources (e.g., Veteran Administration, private insurance, Patient Driven Payment Model (PDPM), value-based purchasing (VBP), consolidated billing)	
3.4.5	Adhere to federal regulations regarding third-party payors (e.g., admissions, expedited admission, continued stay in facility or transfer/discharge) (42CFR483.15)	
<b>3.7</b>	<b>Resident Trust Accounts for Personal Funds</b>	
3.7.1	Create policies to secure, manage, and audit resident funds (42CFR483.10(f)(10))	
3.7.2	Provide documentation to the resident and/or responsible party of fund receipts and disbursements (42CFR483.10(f)(10))	
3.7.3	Create policies to secure, manage, and audit surety bonds (42CFR483.10(f)(10)(vi))	
<b>4</b>	<b>Risk Management (Operations)</b>	<b>7 questions</b>
<b>4.2</b>	<b>Ethical Conduct and Standards of Practice</b>	
4.2.3	Enforce compliance with ethics standards for conduct (42CFR483.95(f))	
<b>4.5</b>	<b>Quality Improvement Processes</b>	
4.5.3	Develop, implement and maintain an effective comprehensive data driven Quality Assurance and Performance Improvement (QAPI) program that focuses on indicators of the outcomes of care and quality of life (42CFR483.75)	
4.5.4	Create an effective Quality Assessment and Assurance committee (QAA) (42CFR483.75)	
4.5.6	Provide mandatory staff training on the elements and goals of the Quality Assurance and Performance Improvement (QAPI) program (42CFR483.75)	
<b>4.10</b>	<b>Disaster and Emergency Planning, Preparedness, Response, and Recovery</b>	
4.10.4	Evaluate and update disaster and emergency policies and procedures (42CFR483.73)	
4.10.5	Coordinate staff training and drills to effectively respond to emergency situations (42CFR483.73)	
4.10.6	Develop and implement emergency preparedness plans to ensure safety, continuity of operations, and regulatory compliance during emergencies (e.g., State Operations Manual Appendix Z) (42CFR483.73)	
<b>5</b>	<b>Human Resources (Operations)</b>	<b>7 questions</b>
<b>5.4</b>	<b>Organizational Staffing Requirements and Compliance</b>	
5.4.3	Adhere to the federal reporting requirements including Payroll-Based Journal (PBJ) and National Healthcare Safety Network (NHSN)	
5.4.4	Ensure staff meet all applicable professional licensing, qualifications, certifications and credentialing (e.g., dietary manager, dietician, social worker, activity professional)	
<b>5.5</b>	<b>Employee Training (ongoing education)</b>	
5.5.4	Develop and administer mandatory employee training to ensure compliance with federal and state regulations, in accordance with their job descriptions (e.g., abuse & neglect, resident rights, fire safety, infection control, advance directives, feeding assistants) (42CFR483.95)	
5.5.5	Adhere to federal regulations regarding training, registry, and ongoing certifications of nursing aids (42CFR483.95)	
<b>5.6</b>	<b>Performance Evaluation</b>	
5.6.5	Conduct performance evaluations to ensure compliance with federal and state regulations (42CFR483.152)(42CFR483.35(d)(7))	
<b>5.8</b>	<b>Personnel Recordkeeping Requirements</b>	
5.8.4	Ensure employee record files contain applications and qualifications, background and abuse registry checks, health screening and immunizations, orientation, education and competency records, and performance evaluations (42CFR483.12)(42CFR483.95)	
<b>5.11</b>	<b>Cultural Competence and Awareness</b>	
5.11.4	Educate nursing staff on competencies and skillsets needed to provide culturally competent and trauma-informed care (F699, F726)	
<b>6</b>	<b>Care Setting (Environment and Quality)</b>	<b>7 questions</b>
<b>6.1</b>	<b>Federal Codes and Regulations for Building, Equipment, Maintenance, and Grounds</b>	
6.1.2	Ensure the building is designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public (42CFR483.90, State Operations Manual Appendix Z)	
6.1.3	Implement applicable policies and procedures to comply with Life Safety Code	
<b>6.2</b>	<b>Person-Centered Environment</b>	
6.2.1	Ensure a safe, clean and home-like environment for the resident	
6.2.2	Ensure a person-centered environment and that includes adequate lighting, safe temperature, and sound level control	
6.2.3	Ensure the physical layout of each resident's space incorporates the ability to personalize and maximize independence and safety (42CFR483.24)	
<b>6.3</b>	<b>Safety and Accessibility</b>	
6.3.3	Ensure proper outside and mechanical ventilation systems are in place to maintain a safe environment (42CFR483.90(i)(1))	
6.3.4	Ensure resident call systems are adaptable for all care recipients to include functional adaptability based on need (42CFR.483.90(g))	
6.3.5	Educate and verify a person-centered approach is used when determining the use of bed rails, including conducting a comprehensive assessment, the medical need and the proper use (42CFR483.25 (n))	
<b>6.4</b>	<b>Environmental Services and Preventative/Routine Maintenance Programs</b>	
6.4.4	Maintain an effective pest control program (42CFR483.90 (i)(4))	

<b>6.5</b>	<b>Infection Control and Sanitation</b>	
6.5.5	Maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections (ref. 42CFR483.80)	
6.5.6	Establish a system for preventing, identifying, reporting investigating and controlling infections and communicable diseases (42CFR483.80(a)(1))	
6.5.7	Routinely educate and monitor staff to ensure compliance with all infection control practices	
6.5.8	Designate an individual who oversees an effective infection prevention and control program (42CFR483.80(b))	
<b>7</b>	<b>Regulatory Compliance (Environment and Quality)</b>	<b>9 questions</b>
<b>7.1</b>	<b>Healthcare Laws, Rules, and Regulations</b>	
7.1.1	Ensure compliance with applicable rules, laws and regulations (e.g., OBRA of 1987, SOM Appendix PP, QSEP, CMS Policies and Memos)	
<b>7.2</b>	<b>Organizational Certification and Licensure Requirements</b>	
7.2.1	Adhere to licensing requirements in accordance with federal, state and local laws (42CFR483.70)	
<b>7.3</b>	<b>Regulatory Survey and Inspection Process</b>	
7.3.1	Develop a protocol for staff response to the regulatory survey process (SOM Chapter 7)	
7.3.2	Ensure knowledge of statements of deficiencies and develop and implement plans of correction to ensure regulatory compliance (SOM Chapter 7)	
7.3.3	Differentiate between the types of surveys (e.g., recertification, abbreviated, extended) (SOM Chapter 7)	
7.3.4	Ensure knowledge of survey terminology, time frames and enforcement remedies (SOM Chapter 7, SOM Appendix Q)	
<b>7.4</b>	<b>Procedures for Informal Dispute Resolution (IDR)</b>	
7.4.1	Differentiate between Informal Dispute Resolution (IDR) and Independent Informal Dispute Resolution (IIDR) (e.g., SOM Chapter 7)	
<b>7.5</b>	<b>Centers for Medicare and Medicaid Services (CMS) Quality Measures</b>	
7.5.1	Analyze and assess the impact of CMS Quality Measures on facility operations (42CFR483.75(a))	
7.5.2	Analyze and assess the impact of CMS Five Star Rating System on facility operations (42CFR483.75)	
7.5.3	Report, review and maintain data to ensure an effective, comprehensive, data-driven QAPI program (42CFR483.75)	
<b>7.6</b>	<b>Facility Assessment</b>	
7.6.1	Conduct and document a facility wide assessment to determine what resources are necessary to care for its residents (42CFR483.71)	

**DISCLAIMER**

*NAB has shared a tertiary (task statement) level to the examination blueprint to give you a clear picture of the role of a senior living and health services leader. Please note that this is not an exhaustive list of everything you might need to know. As regulations and business practices change, the exam content is also updated to reflect the most current information.*