

# FACILITY ASSESSMENT

UNIVERSITY OF MISSOURI  
QIPMO PROGRAM  
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1

## DAD JOKE

- Why do fathers take an extra pair of socks when they go golfing?



2

# DAD JOKE

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- In case they get a hole in one!



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3

# DAD JOKE

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What kind of chips do your feet like best?



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4

# DAD JOKE

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Dori-toes



5

# DAD RIDDLE

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- WHAT DO TIGERS HAVE THAT NO OTHER ANIMALS HAVE?



6

# BABY TIGERS!!



7

# FACILITY ASSESSMENT

## Purpose

The Facility Assessment (§483.71) is a **complete review** of internal human and physical resources required by the facility to care for residents competently during day to day and emergency operations. The facility assessment identifies your capabilities as a skilled nursing services provider.

**PURPOSE**



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8

## FACILITY ASSESSMENT-REGULATIONS

§483.71 Facility assessment.

The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations (including nights and weekends) and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment.



9

## FACILITY ASSESSMENT-REGULATIONS

§483.71(a) The facility assessment must address or include the following: .....

§483.71(a)(1) The facility's resident population, including, but not limited to:

- (i) Both the number of residents and the facility's resident capacity;
- (ii) The care required by the resident population, using evidence-based, data-driven methods that consider the types of diseases, conditions, physical and behavioral health needs, cognitive disabilities, overall acuity, and other pertinent facts that are present within that population, consistent with and informed by individual resident assessments as required under § 483.20;
- (iii) The staff competencies and skill sets that are necessary to provide the level and types of care needed for the resident population;
- (iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and
- (v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.



10

## FACILITY ASSESSMENT-REGULATIONS

§483.71 (a)

(2) The facility's resources, including but not limited to the following:

- (i) All buildings and/or other physical structures and vehicles;
- (ii) Equipment (medical and non- medical);
- (iii) Services provided, such as physical therapy, pharmacy, behavioral health, and specific rehabilitation therapies;
- (iv) All personnel, including managers, nursing and other direct care staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;
- (v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and
- (vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations



11

## FACILITY ASSESSMENT-REGULATIONS

§483.71 (a)

(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach as required in §483.73(a)(1).

§ 483.71 (b) In conducting the facility assessment, the facility must ensure:

§ 483.71 (b)(1) Active involvement of the following participants in the process:

- (i) Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and
- (ii) Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and representatives of the direct care staff, if applicable.
- (iii) The facility must also solicit and consider input received from residents, resident representatives, and family members



12

## FACILITY ASSESSMENT-REGULATIONS

§ 483.71 (b) In conducting the facility assessment, the facility must ensure:

§ 483.71 (b)(1) Active involvement of the following participants in the process:

- (i) Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and
- (ii) Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and representatives of the direct care staff, if applicable.
- (iii) The facility must also solicit and consider input received from residents, resident representatives, and family members



13

## FACILITY ASSESSMENT-REGULATIONS

§483.71 (c) The facility must use this facility assessment to:

§483.71 (c)(1) Inform staffing decisions to ensure that there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care as required in § 483.35(a)(3).

§483.71 (c)(2) Consider specific staffing needs for each resident unit in the facility and adjust as necessary based on changes to its resident population.



14

# FACILITY ASSESSMENT-REGULATIONS

§483.71(c)(3) Consider specific **staffing needs for each shift**, such as day, evening, night, and adjust as necessary based on any changes to its resident population.

§483.71(c)(4) Develop and maintain a **plan to maximize recruitment and retention** of direct care staff.

§483.71(c)(5) Inform **contingency planning for events that do not require activation of the facility's emergency plan**, but do have the potential to affect resident care, such as, but not limited to, the availability of direct care nurse staffing or other resources needed for resident care.



15

# FACILITY ASSESSMENT

## The BIG 3

1. **Resident profile** including numbers, diseases/conditions, physical and cognitive disabilities, acuity, and ethnic/cultural/religious factors that impact care

# 3



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16



# FACILITY ASSESSMENT

## The BIG 3

1. **Resident profile** including numbers, diseases/conditions, physical and cognitive disabilities, acuity, and ethnic/cultural/religious factors that impact care
2. **Services and care offered** based on resident needs (includes types of care your resident population requires; the focus is not to include individual level care plans in the facility assessment)

# 3



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17

# FACILITY ASSESSMENT

## The BIG 3

1. **Resident profile** including numbers, diseases/conditions, physical and cognitive disabilities, acuity, and ethnic/cultural/religious factors that impact care
2. **Services and care offered** based on resident needs (includes types of care your resident population requires; the focus is not to include individual level care plans in the facility assessment)
3. **Facility resources needed** to provide competent care for residents, including staff, staffing plan, staff training/education and competencies, education and training, physical environment and building needs, and other resources, including agreements with third parties, health information technology resources and systems, a facility-based and community-based risk assessment, and other information that you may choose



18

# FACILITY ASSESSMENT

## Plan for the Assessment

1. Understand the Requirements
2. Identify Scope and Objectives
3. Formulate Assessment Team
4. Complete the Facility Assessment
5. Synthesize and Use the Assessment Findings
6. Evaluate Your Process and Plan for Future Assessments



19

# FACILITY ASSESSMENT

## Who needs to be a part of the FA?

- I. Leadership and management
  - Member of the governing body
  - Medical director
  - Administrator
  - Director of nursing



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20

# FACILITY ASSESSMENT

Who needs to be a part of the FA?

1. Leadership and management
2. Direct care staff
  - RNs, LPNs, NAs, staff representatives



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21

# FACILITY ASSESSMENT

Who needs to be a part of the FA?

1. Leadership and management
2. Direct care staff
3. Residents, resident representatives and family members



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22

# FACILITY ASSESSMENT

Annual and PRN update:

- Changes since last update (number, type/needs of residents, regulations, etc.)
- Input from all sources
- Signatures of key people involved in update



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23

# FACILITY ASSESSMENT

Review the requirements:

- §CFR 483.71
- SOM F838
- QSO-24-13-NH



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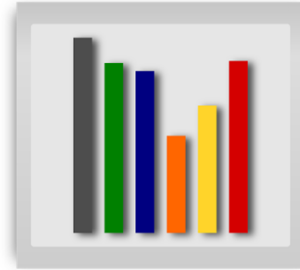


24

# FACILITY ASSESSMENT RESIDENT PROFILE

## Data driven

1. MDS Data including PDPM Components
2. Primary Diagnosis List or most prevalent diagnoses
3. CMS Form-802
4. PDPM Cognitive Level
5. PHQ-2 or 9 Reports
6. Behaviors from Section E of the MDS
7. Admission and discharge activity
8. Resident cultural/ethnic needs including dietary needs
9. Special equipment needs
10. Other examples from EMR, claims or QAPI program



25

# FACILITY ASSESSMENT RESIDENT PROFILE

## Data driven

Activities, dietary, social services: Ethnic, cultural and religious factors



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26

## FACILITY ASSESSMENT RESIDENT PROFILE

### Tips and ideas for gathering information (part I):

- Admission dept: # of admissions (weekday and weekend), ADC, (short, long term)
- MDSC: PDPM, case-mix groups
- Nursing leadership: history of special conditions/treatments (IV, infusions, dialysis, etc)
- Rehab staff/CNAs: ADL needs of residents
- Dietary, Social services, Activities staff: Nutritional needs- (medical diets, ethnic/cultural backgrounds, religious observations)
- Information from direct care staff: Surveys, interviews (some to participate in group discussion/processes)
- Information from residents, family: Surveys, interviews



27

## FACILITY ASSESSMENT RESIDENT PROFILE

### Medical conditions:

- |   |                         |
|---|-------------------------|
| o Behavioral Health and Substance Use Disorders (SUD) | o Neoplasm              |
| o Dementia/Alzheimer's                                | o Metabolic Disorders   |
| o Heart/Circulatory                                   | o Respiratory System    |
| o Neurological Systems                                | o Genitourinary System  |
| o Vision  | o Diseases of the Blood |
| o Hearing   | o Digestive System      |
| o Musculoskeletal                                     | o Integumentary Systems |
|   | o Infectious Diseases   |



28

## FACILITY ASSESSMENT RESIDENT PROFILE

Residents with special treatments:

- o Cancer treatments- chemotherapy and radiation.
- o Mental Health- behavioral health needs and active SUD.
- o Respiratory treatments- oxygen therapy, suctioning, tracheostomy care, ventilator/respirator, and BiPap/CPAP.
- o Wound care management, including pressure ulcers and diabetic foot ulcers.
- o Other- IV medications, injections, transfusions, dialysis, ostomy care, hospice care, respite care, isolation or active infectious disease, and Enteral feeding



29

## FACILITY ASSESSMENT RESIDENT PROFILE

Resident acuity

- Describe your residents' acuity levels that help you to understand potential implications regarding the intensity of care and services needed. The intent of this is to give an overall picture of acuity – **over the past year, prior quarter, or during a typical month**, for example. Potential data sources include PDPM Case Mix Groups, Nursing Case Mix Index, MDS data, and resident/patient acuity tools. Include numbers/average/range.



30

# FACILITY ASSESSMENT-SERVICES/CARE

- List types of care your resident population requires (and you provide).
- General categories (with specifics as needed)



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31

# FACILITY ASSESSMENT-SERVICES/CARE

GENERAL CARE	SPECIFIC CARE OR PRACTICES
Activities of daily living	Bathing, showers, oral/denture care, dressing, eating, support with needs related to hearing/vision/sensory impairment, supporting resident independence in doing as much of these activities by himself/herself
Mobility and fall/fall with injury prevention	Transfers, ambulation, restorative nursing, contracture prevention/care; supporting resident independence in doing as much of these activities by himself/herself



32



# FACILITY ASSESSMENT-RESOURCES NEEDED

1. Staff
2. Buildings/equipment



33

# FACILITY ASSESSMENT-RESOURCES NEEDED

## Other

- List contracts, memoranda of understanding, or other agreements with third parties
- List health information technology resources
- Describe how you evaluate your infection prevention and control program
- Provide your facility-based and community-based risk assessment



34

# FACILITY ASSESSMENT-RESOURCES NEEDED

## IPC program

- [Evaluation of Infection Prevention and Control Program](#)
- **Considerations:**
  - Describe how you evaluate if your infection prevention and control program includes effective systems for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement, which follow accepted national standards (see links below). Attachments are acceptable.
- <https://nursinghomehelp.org/wp-content/uploads/2024/03/ICP-Manual-Updated-Mar-2024.pdf>



35

# FACILITY ASSESSMENT

## Hazard Vulnerability Assessment

§483.71(a)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach as required in §483.73(a)(1).

The LTC facility must comply with all applicable Federal, State and local emergency preparedness requirements. The LTC facility must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

(a) **Emergency plan.** The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually.



IT'S ESSENTIAL TO KNOW THE INTERMEDIATE, LARGEST, CENTER, AND RADIATION: HIGH AS THE, LABOR OF THE: BONDING THE CORE THE, CLIPPING TIME IT CLIPPER.



36

# FACILITY ASSESSMENT

HVA assessment forms:

<https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/MemberOnlyDocs/AHCA%20HVA%20tool%20instructions.pdf#search=hazard%20vulnerability%20assessment>

<https://www.ahcancal.org/News-and-Communications/Blog/Pages/Access-AHCANCAL%E2%80%99s-Hazard-Vulnerability-Assessment-Tool.aspx>



37

# FACILITY ASSESSMENT-RESOURCES NEEDED

Contingency staffing (non-emergency)

- **SAMPLE NON-EMERGENT CONTINGENCY STAFFING PLAN**

- **Introduction:**

- A non-emergent contingency staffing plan is essential to address situations where staff are absent for reasons that are not urgent, immediate, or do not require the activation of the facility emergency preparedness plan. This plan aims to ensure continuity of care, maintain regulatory compliance, and uphold quality standards in resident care at **[INSERT FACILITY NAME]**.



38

## FACILITY ASSESSMENT-RESOURCES NEEDED

CNA annual evaluations (identify skills training needed)

F730 §483.35(d)(7) Regular in-service education.

The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g). See F947 Training requirements



39

## FACILITY ASSESSMENT-RESOURCES NEEDED

Behavioral health resources

- Current staff training
- Outside resources
- [Samhsa.gov/](https://www.samhsa.gov/)



40

# FACILITY ASSESSMENT-RESOURCES NEEDED

Recruitment and retention

SAMPLE RECRUITMENT AND RETENTION PLAN FOR STAFFING IN LONG-TERM CARE FACILITIES



41

# FACILITY ASSESSMENT-RESOURCES NEEDED

Recruitment and retention

• **Recruitment Strategies:**

**1. Targeted Recruitment Campaigns:**

- Develop targeted marketing campaigns highlighting the benefits of working at [INSERT FACILITY NAME], such as career growth opportunities, competitive salaries, benefits packages, and a supportive work environment.
- Utilize digital platforms, social media, job boards, and industry-specific websites to reach potential candidates.

**2. Partnerships and Networking:**

- Establish partnerships with local educational institutions, nursing programs, and healthcare organizations to recruit new graduates and entry-level professionals.
- Attend career fairs, networking events, and industry conferences to connect with job seekers and promote career opportunities in LTC.



42

# FACILITY ASSESSMENT-RESOURCES NEEDED

## Recruitment and retention

### 3. Employee Referral Programs:

- Implement referral programs that incentivize current staff members to refer qualified candidates for open positions.
- Offer rewards or bonuses for successful referrals that lead to hires and retention milestones.

### 4. Recruitment Incentives:

- Offer signing bonuses or relocation assistance for new hires to attract candidates from outside the local area.
- Provide incentives such as tuition reimbursement, continuing education opportunities, or certifications to support professional development.



43

# FACILITY ASSESSMENT-RESOURCES NEEDED

## Recruitment and retention

### 5. Enhanced Job Postings:

- Create compelling job postings that highlight the unique aspects of working at [INSERT FACILITY NAME], including meaningful resident interactions, teamwork, and opportunities to make a difference in residents' lives.
- Clearly outline job responsibilities, qualifications, and career advancement opportunities to attract candidates who align with the facility's mission and values.



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44

# FACILITY ASSESSMENT-RESOURCES NEEDED

## Retention Strategies:

1. Competitive Compensation and Benefits:
2. Professional Development:
3. Recognition and Appreciation:
4. Supportive Work Environment:
5. Employee Wellness Programs:



45

# FACILITY ASSESSMENT

## Q/A

- **Will the QIO release an updated Facility Assessment template?**
  - o CMS has said previously that the **QIO may release** an updated template. However, they have not provided a time frame for its release, and they have asked facilities not to wait for a template to begin preparing for the August 8 implementation date.



46

# FACILITY ASSESSMENT

Q/A

• **Who is included in the governing body requirement?**

o Governing body refers to individuals such as **facility owner(s), Chief Executive Officer(s), or other individuals who are legally responsible** to establish and implement policies regarding the management and operations of the facility. A member of the governing body that meets this criteria must have active involvement in the facility assessment preparation



47

# FACILITY ASSESSMENT

Q/A

**Does CMS specify what evidence-based, data-driven reports facilities should use?**

o Facilities can **choose from several types of data driven methods**. For example, they could analyze admissions and discharges (e.g., on average, weekends/holidays, etc.), most prevalent diagnoses, residents' cultural/ethnic needs including dietary needs, or needs for special equipment. Some of this information is captured by the MDS, but there are other sources for data, such as an electronic medical record system, claims, or data/reports used in their QAPI program.



Sinclair School of Nursing  
University of Missouri

48



# FACILITY ASSESSMENT

Q/A

• **What would constitute a substantial change that would require facilities to update their assessments?**

- o CMS has not given a specific answer to this. However, in the guidance, CMS provides the following example- if the facility decides to admit residents with care needs who were previously not admitted, such as residents on ventilators or dialysis, the facility assessment must be reviewed and updated to address how the facility staff, resources, physical environment, etc., meet the needs of those residents and any areas requiring attention, such as any training or supplies required to provide care



49

# FACILITY ASSESSMENT

Q/A

• **What will suffice as a recruitment & retention plan?**

Will surveyors expect to see advertising, bonus/benefits options, job postings, cooperation with local training/school programs?

- o The guidance is not specific as to what must be included in the recruitment and retention plan and no examples are provided by CMS at this time. According to the rule, the plan must maximize recruitment and retention efforts of direct care staff. Facilities could outline methods they have used to increase and retain their direct care workforce.



50

# FACILITY ASSESSMENT

Q/A

• **If surveyors find there is not enough staff to meet the needs of the residents, will the facility be cited for their Facility Assessment being deficient?**

o Included in the guidance, under survey procedures, CMS reports that if surveyors find the residents' needs are not being met due to insufficient staffing, the facility will be cited for noncompliance at Nursing Staffing at §483.35 (F725) However, **if a concern with having sufficient staff is identified, the surveyor must determine if the staffing levels provided were based on the facility assessment.** If a concern with the facility assessment is identified, the facility could be cited for non-compliance under Facility Assessment.



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51

# FACILITY ASSESSMENT

Q/A

• **What percent of direct care staff must participate in the facility assessment to achieve active participation?**

o **The regulation is not based on percent of direct care staff participating.**

The regulation requires active involvement of direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and representatives of the direct care staff, if applicable.



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52

# FACILITY ASSESSMENT

## Q/A

- **Can a parent organization create the facility assessment for each facility and ask the facility to include it in their survey binders?**
  - **No, the facility assessment must be conducted at the facility level** to assess the needs of the resident population and the required resources to provide the care and services the residents need.



53

# RESOURCES

- **CMS FACILITY ASSESSMENT FINAL RULE**
  - See the Code of Federal Regulations (CFR) section §483.71 [here](#).
- **FINAL RULE REGARDING NURSING SERVICES**
  - See the CFR section §483.35 [here](#).
- **FINAL RULE REGARDING EMERGENCY PREPAREDNESS**
  - See the CFR section §483.73 [here](#).
- **STATE OPERATIONS MANUAL: APPENDIX PP - GUIDANCE TO SURVEYORS FOR LONG TERM CARE FACILITIES**
  - The CMS.gov website-Appendix PP State Operations Manual. See the Downloads section [here](#).
- **FACILITY ASSESSMENT TOOL UPON WHICH THIS DOCUMENT IS BASED.**
  - [The information is on the qioprogram.org website here.](#)



54

## RESOURCES

- **FACILITY ASSESSMENT TOOL UPON WHICH THIS DOCUMENT IS BASED.**
  - [The information is on the qiprogram.org website here.](https://www.qiprogram.org)
- **MEDICARE PROVIDER COMPLIANCE TIPS (CMS.GOV)**
  - The CMS Medicare Provider Compliance Tips webpage can be found [here](#).
- **INFECTION PREVENTION AND CONTROL GUIDANCE**
  - See the CFR sections §483.80(a)(1), (a)(2), (a)(4), (e), and (f) [here](#).
- **CDC INFECTION PREVENTION AND CONTROL ASSESSMENT AND RESPONSE TOOL**
  - The webpage can be found [here](#).
- **NHSN ANNUAL FACILITY SURVEY FORM**
  - The CDC.gov website usually provides an LTCF Annual Facility Survey guidance document. See the LTCF Guidance Documents section [here](#).



55

## RESOURCES

- **CMS F-TAG REVISIONS AND INFORMATION**
  - The CMS.gov website usually provides a Survey Resources ZIP file which contains a file called List-of-Revised-FTags.pdf. See the Downloads section [here](#).
- **POLICY & MEMOS TO STATES AND CMS LOCATIONS**
  - CMS Quality Safety & Oversight memoranda, guidance, clarifications and instructions to State Survey Agencies and CMS Locations can be found [here](#).



56

## RESOURCES

- **MEDICARE AND MEDICAID PROGRAMS: MINIMUM STAFFING STANDARDS FOR LONG-TERM CARE FACILITIES**
  - Information regarding the Federal minimum staffing standards can be found [here](#).
- **CDC CORE ELEMENTS OF ANTIBIOTIC STEWARDSHIP FOR NURSING HOMES**
  - See the CDC webpage [here](#).
- **QIPMO**
  - Gerontological nurse experts and long-term care leadership coaches provide education on best practices to improve care delivery and outcomes for nursing home residents is [here](#).



57

## FACILITY ASSESSMENT-RESOURCES

Forms/format for facility assessment:

<https://nursinghomehelp.org/educational/facility-assessment-tool/>

<https://qioprogram.org/tools-resources/facility-assessment-tool>

[https://leadingage.org/site-search/?\\_sf\\_s=facility+assessment](https://leadingage.org/site-search/?_sf_s=facility+assessment)

<https://www.ahcancal.org/Search/Pages/results.aspx?k=facility%20assessment>



58

# FACILITY ASSESSMENT-RESOURCES

QIPMO [nursinghomehelp.org](http://nursinghomehelp.org)

MHCA [mohealthcare.com](http://mohealthcare.com)

Leading Age [leadingagemissouri.org](http://leadingagemissouri.org)

MANHA [mlnha.org](http://mlnha.org)



59

# CLINICAL EDUCATION NURSES

[www.nursinghomehelp.org/qipmo-program](http://www.nursinghomehelp.org/qipmo-program)

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Region 7



60

# INFECTION CONTROL TEAM

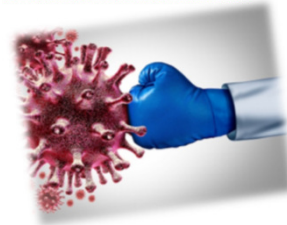
[www.nursinghomehelp.org/icar-project](http://www.nursinghomehelp.org/icar-project)  
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61

# LEADERSHIP COACHES AND ADMIN TEAM

[www.nursinghomehelp.org/leadership-coaching](http://www.nursinghomehelp.org/leadership-coaching)  
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62