

§ 483.95 Training Requirements Services

Skilled Nursing Facilities must develop, implement, and maintain an effective training program for all new and existing staff, as well as individuals providing services under a contractual agreement and volunteers.

- The necessary amounts and types of training will be based on facility assessment.
- Facilities should review any state specific requirements when compiling a list of required training.
- The training must be consistent with the expected roles of these individuals and include the following topics:

Federal Requirements

- (a) **Communication.** A facility must include effective communications as mandatory training for direct care staff set forth at F941.
- (b) **Resident's rights and facility responsibilities.** A facility must ensure that staff members receive education on the rights of the resident and the responsibilities of a facility to properly care for its residents as set forth at F550, respectively.
- (c) **Abuse, neglect, and exploitation.** In addition to the freedom from abuse, neglect, and exploitation requirements in F600 facilities must also provide training to their staff that at a minimum educates staff on -
- (1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property.
 - (2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property.
 - (3) Dementia management and resident abuse prevention.
- (d) **Quality assurance and performance improvement.** A facility must include as part of its QAPI program mandatory training that outlines and informs staff of the elements and goals of the facility's QAPI program as set forth at F865.
- (e) **Infection control.** A facility must include as part of its infection prevention and control program mandatory training that includes the written standards, policies, and procedures for the program as described at F880.
- (f) **Compliance and ethics.** The operating organization for each facility must include as part of its compliance and ethics program, as set forth at F895 -
- (1) An effective way to communicate that program's standards, policies, and procedures through a training program or in another practical manner which explains the requirements under the program.
 - (2) Annual training if the operating organization operates five or more facilities.
- (g) **Behavioral health.** A facility must provide behavioral health training consistent with the requirements at F741 and as determined by the facility assessment at F841.
- (h) **Required in-service training for nurse aides.** In-service training must -
- (1) Be sufficient to ensure the continuing competence of nurse aides but must be **no less than 12 hours per year.**
 - (2) Include dementia management training and resident abuse prevention training.

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(3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at F841 and may address the special needs of residents as determined by the facility staff.

(4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.

(i) **Required training of feeding assistants.** A facility must not use any individual working in the facility as a paid feeding assistant unless that individual has successfully completed a State-approved training program for feeding assistants, as specified in F811.

General Orientation and Annual Training

ALL STAFF (Including Contractors and Volunteers)

- ✓ Emergency/Disaster Plans
- ✓ Fire Procedures
- ✓ Emergency Shut Offs
- ✓ Infection Control Program
- ✓ Accident Prevention
- ✓ Resident Rights
- ✓ QAPI
- ✓ Compliance and Ethics
- ✓ Any facility specific QAPI efforts and/or survey related areas
- ✓ Communication
- ✓ Abuse, Neglect, and Exploitation
- ✓ Behavioral Health

ADD FOR DIETARY STAFF

- ✓ Preventing Foodborne Illnesses
- ✓ Therapeutic Diets

INCLUDE ANY HR SPECIFIC TRAINING IN NEW HIRE ORIENTATION PROGRAM

ADD FOR C.N.A.s/Nurses

- ✓ Confidentiality of Resident Information
- ✓ Basic Nursing Care and Rehabilitative Nursing; Identifying Change of Condition.
- ✓ Person Centered Care
- ✓ Trauma-Informed Care
- ✓ Culturally Competent Care
- ✓ Behavior Management – MH Diagnoses and Cognitive Impairments
- ✓ Substance Use Disorders
- ✓ Dietary Needs/Services
- ✓ Pharmacy – Medication Management
- ✓ Dental – Preventive Dentistry and Oral Hygiene
- ✓ Foot Care

- ✓ Proper use of assistive devices
- ✓ *Address areas of weakness as determined in nurse aides' performance reviews and facility assessment and may address the special needs of residents as determined by the facility staff.*

STATE SPECIFIC REQUIREMENTS

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Emergency/Disaster Plans

Training on Emergency/Disaster Plans should include the following information:

- An overview of the disaster plan and where to locate the plan in the facility.
- The communications plan, in the event of a disaster.
- The facility's plan for drills throughout the year.
- Any other pertinent policies and procedures.

Fire Procedures

Training on Fire Procedures should provide training to new hires and consistently, during their employment, on the procedures to follow in the event the fire alarm sounds. This training should include what to do when they hear an alarm, how to call a code over the intercom, whose responsibility it is to call a code, how to shelter in place when appropriate, and how to evacuate residents, when appropriate. Training should also include training on how to use a fire extinguisher.

Emergency Shut Offs

Facilities should train new hires annually, and as needed on any emergency shut offs. Training should include how to shut off water supplies, as well as gas supplies, if applicable for the facility.

OSHA

Facilities should train new hires, annually, and as needed on the following topics:

- Hazard Communication Standard
 - Applies to employers whose employees are exposed to hazardous chemicals.
 - Training required for employees who have hazardous chemicals in their work area before their initial assignment and when new hazards are introduced.
- Blood Borne Pathogens (BBP)
 - Applies to all employers who have an employee(s) with occupational exposure (i.e., reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (OPIM) that may result from the performance of the employee's duties).
 - Training required at the time of initial assignment to tasks where occupational exposure may take place, annually and as conditions change.

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Infection Control

Infection control training should include the following items:

- ⇒ Bloodborne Pathogens
- ⇒ Handwashing and Alcohol-based Sanitizers
- ⇒ Cleaning and Disinfecting
- ⇒ Use of PPE for all forms of precautions (including N95 training and fit testing)
- ⇒ Contact Precautions

Training Requirements for the Infection Preventionist (F882)- The IP must be professionally trained in nursing, medical technology, microbiology, or another related field. The IP must be qualified by education, training, experience, or certification. The IP should remain currently with infection prevention and control issues and be aware of national organizations' guidelines as well as those from national/state/local public health authorities.

COVID-19

- **Educate residents, health care personnel, and visitors about SARS-CoV-2, current precautions being taken in the facility, and actions they should take to protect themselves.**
- Educate and offer the COVID-19 vaccine to residents and staff as outlined in F887.
- Regularly review CDC's Interim Infection Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic for current information and ensure HCP and residents are updated when this guidance changes.
- Educate and train HCP about practices to prevent the spread of SARS-CoV-2, including reminding them not to report to work when ill.
- Training should include **facility-based and consultant personnel** (e.g., rehabilitation therapy, wound care, podiatry, barber), ombudsmen, and volunteers who provide care services in the facility. Including consultants is important since they commonly provide care in multiple facilities where they can be exposed to and serve as a source of SARS-CoV-2.
- CDC has created training resources for front-line HCP that can be used to reinforce recommended practices for preventing transmission of SARS-CoV-2 and other pathogens.
- Educate **residents and families** through educational sessions and written materials on topics including information about SARS-CoV-2, actions the facility is taking to protect them and their loved ones from SARS-CoV-2, and actions they should take to protect themselves and others in the facility, emphasizing when they should wear source control, physically distance, and perform hand hygiene.

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Accident Prevention

An effective way for the facility to avoid accidents is to develop a culture of safety and commit to implementing systems that address resident risk and environmental hazards to minimize the likelihood of accidents. Training should:

- Engage all staff in training safety and promote ongoing discussions about safety with input from staff at all levels of the organization.
- Include implementation and communication of interventions to relevant staff. Also include documentation on the effectiveness of interventions implemented.
- Including training on proper use of assistive devices/equipment is crucial to prevent accidents.
- Include training on assisting residents with transfer to bed, or other assistive devices. This training should also include training on any mechanical lifts utilized by the facility.

Resident Rights

Training on resident rights should include the following information:

- Residents have a right to self-determination and communication with and access to persons and services inside and outside of the facility.
- Each employee must treat each resident with respect and dignity and care in a manner that promotes or enhances their quality of life, recognizing each resident's individuality.
- Examples of treating residents with dignity and respect include, but are not limited to:
 - Encouraging residents to dress in their own clothes, rather than hospital gowns, and appropriate footwear.
 - Placing labels on each residents' clothes in a way that is inconspicuous and respects his or her dignity.
 - Promoting resident independence and dignity when dining.
 - Protecting and valuing resident's private space (for example knocking prior to entering a resident's room).
 - Addressing residents by their name and avoiding labels like "feeders" or "walkers."
 - Refraining from demeaning practices such as leaving urinary catheter bags uncovered.

QAPI

Training on resident rights should include the following information:

- The purpose of the QAPI program.
- Areas the facility is currently working on, and how/where they will communicate areas in the future.
- The facility staff's responsibility in QAPI programs, depending on the position.

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Compliance and Ethics

Training on resident rights should include the following information:

- The facility is required to effectively communicate to the entire staff the standards and policies/procedures for the compliance and ethics program.
- Training is mandatory for all staff on-hire and annually.
- Training should support current scope and standards of practice through curricula which detail learning objectives, performance standards, and evaluation criteria.

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Communication

Training on resident rights should include the following information:

- Staff and volunteers must interact with residents in a manner that ensures communication and maintains respect.
- When communicating with residents with cognitive impairment, staff must ensure that they allow the resident the time to respond appropriately.
- Types of communication, including non-verbal communication.
- Assistive devices or translation services available to assist with communication, as detailed in the residents' Care Plans.
- Cultural competency, as it relates to communication.
- Reasonable access and privacy for electronic communication like email or internet-based interpersonal video communications.
- The training topics should reflect the needs of the resident population and the needs of the staff (which should correspond with the Facility Assessment).
- Facilities must inform residents in a language they can understand of their total health status and to provide notice of rights and services both orally and in writing.

Recommended methods of effective communication, include, but are not limited to, the following:

1. Identify yourself and use the resident's name each time you speak with them.
2. Use the proper names for people, places, and objects; avoid saying he, she, it, or they so that the resident can understand.
3. Allow extra time. Many nursing home residents have conditions which require longer information processing time.
4. Avoid distractions, and maintain eye contact, if culturally appropriate. Focus on the resident, make each interaction quality time.
5. Listen carefully to the residents' responses and directly respond to the questions and concerns. Give residents an opportunity to ask questions and express themselves.
6. Sit face to face, residents may have vision and hearing loss, and reading your lips may be crucial. Even if the resident uses a hearing aid, it can be difficult for the resident to understand you because a hearing aid amplifies all sounds, including background noise.
7. Speak slowly, clearly and in a normal tone, and use short, simple words (no medical or slang jargon)
8. Maintain a cheerful outlook, including a pleasant tone of voice and facial expression. Residents with dementia respond to the feelings you convey more than the actual words.
9. If the communication form is written, simplify the questions, and stick to one topic at a time. Frequently summarize the most important points.

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	<ol style="list-style-type: none">10. Be aware of a resident's body language communications.11. Eliminate assumptions, adjust the communication method as required during a conversation.12. Visual aids may be required as communication methods.13. Repeat what the person has said to make sure that you understand. Ask for clarification if you are not sure what the person means.
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Abuse

The facility must have written policies and procedures that include **training new and existing nursing home staff** and in-service **training for nurse aides** in the following topics which include:

- **Prohibiting and preventing** all forms of abuse, neglect, misappropriation of resident property, and exploitation.
- **Identifying** what constitutes abuse, neglect, exploitation, and misappropriation of resident property.
- **Recognizing signs** of abuse, neglect, exploitation, and misappropriation of resident property, such as physical or psychosocial indicators;

- **Reporting** abuse, neglect, exploitation, and misappropriation of resident property, including injuries of unknown sources, and to whom and when staff and others must report their knowledge related to any alleged violation without fear of reprisal; and
- **Understanding behavioral symptoms of residents that may increase the risk** of abuse and neglect and how to respond. These symptoms, include, but are not limited to, the following:
 - Aggressive and/or catastrophic reactions of residents.
 - Wandering or elopement-type behaviors.
 - Resistance to care.
 - Outbursts or yelling out; and
 - Difficulty in adjusting to new routines or staff

Behavioral Health

The facility must identify the skills and competencies needed by staff to collaborate effectively with residents (both with and without mental disorders, psychosocial disorders, SUDs, a history of trauma, and/or PTSD). Staff need to be knowledgeable about implementing non-pharmacological interventions. The skills and competencies needed to care for residents should be identified through the facility assessment. Training should include the following topics:

- The disease processes and disorders (e.g., SUDs) that are relevant to each resident enhance the resident's psychological and emotional well-being.
- Communication and people skills, promoting residents' independence, respecting residents' rights, caring for the residents' environment, mental health and social service needs, and care of cognitively impaired residents.
- Person-centered care approaches based upon the comprehensive assessment, in accordance with the resident's customary daily routine, life-long patterns, interests, preferences, and choices.

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Add for Nurses/CNAs

Confidentiality of Resident Information

All new hires, and ongoing/as needed, should be trained in the policies and procedures related to confidentiality of resident information. Training should include the following information:

- Maintaining confidentiality of residents' electronic and/or paper medical records.
- Ensuring that signage also complies with residents' rights, confidentiality, and privacy.
- Mention of ensuring residents' confidentiality as it relates to social media, either the facility's social media, or the employees' personal accounts.
- Verbal and written communication as it relates to residents' information.

Basic Nursing Care and Rehabilitative Nursing Change of Condition

See competencies below for basic nursing care areas, but facilities should ensure this is tailored to train on areas that are specific to their facility and in accordance with their Facility Assessment.

Person Center Care

All ne, and ongoing/as needed, should be trained in the policies and procedures related to person centered care information. Training should include the following information:

- Reading Care Plans and following interventions established to ensure residents are provided person centered care as the IDT (including the resident and/or resident representative) have established.
- Ensuring food and nutrition services are provided in a way that ensures person centered care practices are followed.

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Trauma-Informed Care

All new hires, and ongoing/as needed, should be trained in the policies and procedures related to trauma-informed care information. Training should include the following information:

- How to deliver care involves understanding, recognizing, and responding to the effects of all types of traumas.
- How to recognize the effects of past trauma on residents and collaborate with the resident, family, and friends of the resident to identify and implement individualized interventions.
- Ensuring interventions are established to recognize the interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, aggression, depression, anxiety, and withdrawal or isolation from others.

Culturally Competent Care

All new hires, and ongoing/as needed, should be trained in the policies and procedures related to culturally competent care information. Training should include the following information:

- Ensuring staff understand how to be respectful and responsive to the health beliefs, practices, and cultural linguistic needs of diverse population groups, such as racial, ethnic, religious, or social groups.
- Ensuring interventions are established in the residents' care plans that reflect the individual needs and preferences.
- Specific training regarding communication with residents and their families to help provide care that is appropriate to the culture and the individual.
- How cultural competency impacts delivery of care such as food preparation and choices, clothing preferences such as covering hair or exposed skin, physical contact, or provision of care by a person of a different sex, or cultural etiquette, such as avoiding eye contact or not raising the voice.
- Additional items to consider within the facility- activities offered are relevant to the resident population, group activities with both sexes may not be permitted in some cultures, providing reading materials, movies, newspapers in the residents' preferred languages, allowing the performance of religious rites at end of life to the extent possible, and certain medications, procedures, or treatments that may be prohibited.

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Behavior Management

All new hires, and ongoing/as needed, should be trained in the policies and procedures related to behavior management information. Training should include the following information:

- Behavior management of residents that exhibit aggressive behaviors, either towards other residents or staff. This behavior could quickly escalate into an instance of abuse.
- Management of behaviors related to extreme changes in behavior, including aggressive or disruptive behavior toward a specific person.
- Management of behaviors related to crying and expressions of fear when receiving ADL care.
- Management of sexually aggressive behaviors such as saying sexual things, inappropriate touching/grabbing.
- Interventions for behavior management for residents with various behaviors.
- Management of exit-seeking behavior.
- Management of behaviors when residents are refusing ADL care.
- How to approach a resident who may become agitated, combative, verbally, physically aggressive, or anxious.

Substance Use Disorders (SUD)

All new hires, and ongoing/as needed, should have training in the policies and procedures related to substance use disorders (SUD) information. Training should include the following information:

- Administration of Narcan per facility policy after/during a drug overdose.
- Residents' Leave of Absence (LOA), including residents' rights related to the ability to freely leave the facility, while ensuring the residents' safety is maintained.
- Providing care, in accordance with the individualized care plan, that meets the needs of residents with SUD.

Dietary Needs/Services

All new hires, and ongoing/as needed, should be trained in the policies and procedures related to dietary needs/services information. Training should include the following information:

- Understanding dietary orders related to therapeutic diets and varying dietary preferences and/or MD orders.
- Understanding dietary supplements as ordered by the MD and/or under the consultation of the Registered Dietitian.
- Understanding residents' cultural dietary restrictions.

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Pharmacy- Medication Management

All new hires, and ongoing/as needed, should be trained in the policies and procedures related to pharmacy- specifically medication management information. Training should include the following information:

- Policies and procedures related to medication administration of several types of medications administered at the facility.
- See competencies below on specific areas of training and competencies which must be included.

Dental Services

Training programs should include the following:

- Residents must be referred for a dental appointment, within 3 days, when they report lost or damaged dentures. Nursing staff should follow facility procedures for scheduling an appointment within the required time.
- Ensure dental care is provided to all residents during ADL care, and as needed more frequently.

Foot Care

Training programs should include the following:

- Ensure all referrals are made, following the facilities procedures for referral to MD appointments when a problem arises with a resident's feet.
- Foot care must be consistent with professional standards of practice, and consistent with any state and/or licensure requirements.

Assistive Devices

Training programs should include the following:

- Ensure assistive devices are utilized to provide residents with the highest practicable quality of life.
- Understand interventions implemented in care plans as they relate to any assistive devices needed by residents.
- Training should be provided on any assistive devices specific to the facility.

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Add for Dietary Workers

Preventing Food Borne Illnesses

Training programs should include the following:

- Understand strategies to avoid illness including different hazards that are likely to occur.
- Review of hand hygiene, glove use, and policies related to exclusion of infected food workers from work.
- Review policies and procedures related to cleaning and sanitizing food preparation areas.

Therapeutic Diets

Training programs should include the following:

- Understand how to read a diet ticket and menu related to therapeutic diets.
- Understand how to prepare foods according to MD ordered therapeutic diet orders and according to the menu/recipes utilized.

Competency

- Competency may not be demonstrated simply by documenting that staff attended training, listened to a lecture, or watched a video.
- A member of staff's ability to use and integrate the knowledge and skills that were the subject of the training, lecture or video must be assessed and evaluated by staff already determined to be competent in these skill areas.
- Examples for evaluating competencies may include but are not limited to:
 - Lecture with return demonstration for physical activities.
 - A pre- and post-test for documentation issues.

COMPETENCY REQUIRED

- ✓ Transfers with assistive devices
- ✓ Resident rights
- ✓ Person Centered Care
- ✓ Communication
- ✓ Basic Nursing and Restorative Needs
- ✓ Skin and Wound Care
- ✓ Medication Management
- ✓ Pain Management
- ✓ Infection Control
- ✓ Identification of Changes in Condition
- ✓ Cultural Competency

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- Demonstrated ability to use tools, devices, or equipment that were the subject of training and used to care for residents.
- Reviewing adverse events that occurred as an indication of gaps in competency; or
- Demonstrated ability to perform activities that is in the scope of practice an individual is licensed or certified to perform.

Examples of Skills or Clinical Competencies for Nurses and Nursing Assistants

***This list is not all inclusive, ensure competencies include any facility specific area for specific resident population served based on your facility assessment. ***

Nurses	Nursing Assistants
<ul style="list-style-type: none"> ➤ Medication Pass ➤ Administration of Medications via an IV ➤ Administration of SubQ Medications ➤ Colostomy/Ileostomy Care ➤ Obtaining Cultures ➤ Assessment of a Person with a Feeding Tube ➤ Central Venous Catheter Blood Collection ➤ Central Venous Catheter Care ➤ Checking placement of Feeding Tubes ➤ Dressing Change Skills Checklist ➤ Insulin Administration (Including with FlexPen) ➤ Administering Tuberculin Skin Test ➤ Administration of Oxygen ➤ Glucometer Care ➤ Maintaining Patency of a Feeding Tube ➤ Using an Insulin Pen ➤ Inserting an Indwelling Urinary Catheter ➤ Medication Administration- Intramuscular Injection 	<ul style="list-style-type: none"> ➤ Shower/Bed Bath ➤ Oral Care/Denture Care ➤ Male and Female Pericare ➤ Nail Care, Hair Care, and Shaving ➤ Use of Commode or Bed Pan ➤ Skin Care and Interventions Used for Skin Care ➤ Assist with Range of Motion ➤ Competency: Indwelling Catheter Care ➤ Change an Ostomy Bag ➤ Use of Body Mechanics ➤ Ambulation ➤ Nutrition (position for eating, supplements, documentation of intake, therapeutic diets, etc.). ➤ Sit to Stand Mechanical Lift ➤ Total Mechanical Lift ➤ Compression Sock Application ➤ Dementia Care for ADLs ➤ Dressing a client with Hemiparesis/Hemiplegia

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| <ul style="list-style-type: none"> ➤ Medications Via a Feeding Tube ➤ Competencies on Specific Medical Devices in the Facility ➤ Peripheral IV Care ➤ Peripheral IV Insertion | <ul style="list-style-type: none"> ➤ Emptying a Urinary Drainage Bag ➤ End of Life Care Skills Checklist ➤ Gait Belt Application and Use ➤ Manage Clean Linen ➤ Manage Dirty Linen ➤ Personal Protective Equipment-ALL ➤ Providing Postmortem Care ➤ Redirecting a Client with Challenging Behavior ➤ Response to Choking |
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Resources

- View applicable F-tags [here](#).
- [Emergency/Disaster Plans](#)
 - [CMS Online Training](#)
 - [OSHA](#)
- [Fire Procedures](#)
 - [National Fire Protection Association](#)
 - [QSEP Training on Fire Safety in Health Care](#)
 - [OSHA](#)
- [OSHA](#) Specific Training
 - [Hazard Communication Standard](#)
 - [BBP](#)
- Infection Prevention and Control
 - [AHCA Infection Preventionist Specialized Training \(IPCO\)](#)
 - [AHCA's Infection Prevention & Control Resources on ahcancaLED](#)
 - [CDC's Infection Control Assessment Tool for Long-term Care Facilities](#)
 - [CDC Guidance and Resources for Nursing Homes and Long-Term Care Facilities](#)

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- Accident Prevention
 - [QSEP Training on Accident Prevention](#)
 - [Hazardous Materials](#)
 - [Bed Safety](#)
 - [Wandering and Elopement](#)
 - Falls
 - [National Council on Aging National Falls Prevention Resource Center](#)
 - [World Health Organization Fall Prevention in Older Age](#)
 - [National Institute on Aging, Falls, and Fall Prevention](#)
 - [AHCA: Screening and Prevention Tools for Reducing Older Adult Falls](#)
- Resident Rights and Facility Responsibility
 - [CMS Resident Rights Tip Sheet](#)
 - [QSEP Training on Resident Rights](#)
- QAPI
 - [CMS Tools and Resources for QAPI](#)
 - [QAPI Sustainability Plan](#)
 - [QAPI Minutes Template](#)
 - [QAPI Agenda Template](#)
 - [QAPI Prep Course](#)
- Compliance and Ethics
 - [Publication of the OIG Compliance and Ethics Program Guidance for Nursing Facilities](#)
 - [OIG Supplemental Compliance Program Guidance for Nursing Facilities](#)
 - [AHCA Compliance and Ethics Guide](#)

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- Communication
 - [World Health Organization \(WHO\) Communication Toolkit for Long-Term Care Facilities](#)
- Abuse, Neglect, and Exploitation
 - [AHCA Education: Abuse and Neglect \(ahcancal.org\)](#)
- Behavioral Health
 - [Post-Traumatic Stress Disorder](#)
 - [Centers of Excellence for Behavioral Health in Nursing Facilities \(COE-NF\)](#)
 - [NIMH: Schizophrenia](#)
 - [NIMH: Bipolar Disorder](#)
 - [NIMH: Post-Traumatic Stress Disorder](#)
 - [NIMH: Anxiety Disorders](#)
 - [NIMH: Depression](#)
 - [AHCA: Behavioral Health Regulatory Overview](#)
- Confidentiality of Resident Information
 - [Best Practices- National Long Term Care Ombudsman Resource Center](#)
- Person Centered Care
 - [Person-Centered Care: CMS Innovation Center](#)
 - [Alzheimer's Association](#)
- Trauma Informed Care
 - [Centers of Excellence for Behavioral Health in Nursing Facilities \(COE-NF\)](#)
- Culturally Competent Care
 - [US DHHS: A Blueprint for Advancing and Sustaining CLAS Policy and Practice](#)
 - [The National Center for Cultural Competence](#)

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- [Georgetown University Publication: Cultural Competence in Health Care: Is it Important for People with Chronic Conditions](#)
- Substance Use Disorders
 - [Centers of Excellence for Behavioral Health in Nursing Facilities \(COE-NF\)](#)
 - [Anger Management for Substance Use Disorder and Mental Health](#)
- Medication Management
 - [Administration of Eye Drops](#)
 - [Labeling of Medications](#)
 - [Injections: Multi-Use Vials](#)
 - [Medication Administration- QSEP Training](#)
 - [AHCA Tool: Pharmacy Services](#)
 - [Parenteral Fluid](#)
 - [Quality Pain Care](#)
 - [Opioids in Nursing Homes: AMDA](#)
 - [FDA Drug Information](#)
 - [American Society of Health System Pharmacists](#)
 - [AMDA- The Society for Post-Acute and Long-Term Care Medicine](#)
 - [American Society for Parenteral and Enteral Nutrition](#)

Additional Competencies Needed Based on Facility Assessment

ACTION BRIEF:
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