Acuity-Based Staffing Tool (ABST) Provider Guide

July 2024

Oregon Department of Human Services

AGING & PEOPLE WITH DISABILITIES

Safety, Oversight and Quality

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Introduction

All Oregon Community-Based Care (CBC) facilities were required to have selected and implemented, a technology-based ODHS approved Acuity-Based Staffing Tool (ABST) by July 1st, 2022. Facilities can choose to use the ODHS ABST, or an ODHS-approved proprietary ABST.

Facilities are required to use an ABST to determine the appropriate number of care staff necessary to provide the scheduled (predictable) care and services to residents, based on individual resident acuity. Facilities must consider each resident's assessed care needs, unscheduled needs, and items outlined in OAR 411-054-0070 as well as information contained within this provider guide when completing the staffing analysis to meet the scheduled and unscheduled needs of residents 24-hours a day, seven days a week.

If a facility chooses a proprietary ABST, other than the ODHS ABST, the facility needs to ensure the ABST incorporates all the elements outlined in regulation. Prior to implementation of a proprietary ABST, facilities must submit the Proprietary ABST ODHS Review Request form and receive a determination from ODHS. This process is outlined in this guide.

The intention of this guide is to outline ABST regulation and interpretative guidelines for facilities to reference when developing and maintaining an ABST.

Definitions

ABST Care Elements
OAR 411-054-0005(4) means the required individual care elements that must be addressed and documented in a resident's ABST evaluation. ABST care elements are focused activities of daily living required to be evaluated by facilities. This guide outlines each care element with OAR rule references and examples.

Direct Care Staff
OAR 411-054-0005(29) means a facility employee whose primary responsibility is to provide personal care services to residents. These personal care services may include:
    (a) Medication administration.
    (b) Individualized* Resident-focused activities.
    (c) Assistance with activities of daily living.
    d) Supervision and support of residents.

(e) Serving meals, but not meal preparation.

* Note: Definition rule language was updated in recent temp rule (July 2024) to include "individualized".

However, the time spent by an Activity Director or facility employee responsible for developing and/or overseeing resident activities and not actually providing direct care should not be included in ABST caregiver time.

Serving Meals Versus Meal Preparation
Serving Meals is when staff pick up the food that's already been prepared and take it out to the dining room or when staff deliver a meal tray to a resident's room. Meal preparation is the process of preparing and plating food.

Consistently
411-054-0005(23) Means regularly and typically. This means occurring steadily and with regularity over a period of time.

Meal Breaks
Facilities are required to give employees a break from work responsibilities regardless of the employee being paid or not paid. For more guidance refer to Oregon Bureau of Labor and Industries [Meals and Breaks.](#)

Staffing Plan(s)
411-054-0005(98) means a plan outlining the staffing levels required to meet the scheduled and unscheduled needs of all residents within a facility. Staffing plans should incorporate, and be consistent with, the facility's Acuity-Based Staffing Tool data.
This is required to be posted as outlined 411-054-0025(5)(c). This is often referred to as the posted staffing plan.
*If applicable, staffing levels or requirements might be established in a Specific Needs Contract.

Proprietary ABST
A technology-based ABST that is not ODHS developed. Entities who could develop these are corporations, facilities, Electronic Health Records (EHR), etc.

Segregated Areas

Segregated areas are separated by locked doors, separate buildings, or structurally/physically separated neighborhoods (pods/wings). One license with two different license types, for example an RCF with an endorsed memory care.

Universal Worker

OAR 411-054-0005(106) "Universal Worker" means a facility employee whose assignments include other tasks (for example, housekeeping, laundry, or food service) in addition to providing direct resident services. Universal worker does not include administrators, clerical, or administrative staff, building maintenance staff, or licensed nurses who provide services as specified in OAR 411- 054-0034.

Note: Facilities may employ universal workers; however, universal worker and direct care staff duties are unique to each classification. Universal workers prepare meals (cook), deliver housekeeping and laundry services in addition to any direct caregiver assistance they provide. Staff considered as a universal worker must be assigned more than one universal task. Therefore, when using universal workers, facilities need to increase staff to assure adequate direct care staff time for the scheduled and unscheduled needs of residents, in addition to their universal duties.

Develop and Maintain ABST

At a minimum, facilities must incorporate the following:

- Select and implement a technology-based, ODHS-approved, proprietary ABST or the ODHS ABST. Regardless of the ABST adopted, all requirements outlined in OAR 411-054-0037 and OAR 411-054-0034 (Resident Evaluation) must be met.
- Individualized care elements for each individual resident and the amount of staff time needed to provide the care must be addressed and documented.
- Accurate capture of personalized care time and care elements that staff are providing to each resident outlined in each individual service plan.
- Total time, in minutes per day, required to meet the scheduled and unscheduled needs for all residents, 24 hours a day, seven days a week. (It is preferred ABST time be per shift, per day to help facilities ensure they are staffed appropriately per shift.)
- The date the resident ABST evaluation was last updated.

- Facility must complete a staffing plan analysis consisting of ABST data and OAR 411-054-0070 Staffing Requirements and Training, as outlined in this guide.
- Develop and implement a staffing plan for each shift, that meets the scheduled and unscheduled needs of all residents.
- If the facility has segregated areas as described in OAR 411-054-0070(1) the posted staffing plan and ABST must reflect these areas, if applicable.
- If the facility has Specific Needs Contract the ABST must have the ability to produce reports both for residents on contract and not on contract. These reports will help build a posted staffing plan with staffing requirements outlined in the contract.
- The facility must have policies and procedures to accurately and consistently implement the ABST. The policy must explain how a facility evaluates and accounts for both scheduled and unscheduled resident needs.
  Note: If the facility's ABST addresses unscheduled needs the administrator must be able to explain the functionality to the ODHS.

In addition to the elements outlined above the facility must ensure they are in compliance with the following statements.

- The facility must be consistently meeting the scheduled and unscheduled needs of residents, 24 hours a day, seven days a week.
- The facility must consistently staff to the posted staffing plan that incorporates ABST time.
- The residents ABST evaluation must accurately capture care time and care elements that staff are providing to each resident as outlined in each individual service plan. Established ABST time must be resident specific, rather than a predetermined average time for care elements.

Determining Individual Resident Care Elements and Staff time

At a minimum, each individual resident must have an ABST evaluation completed at required frequencies. The ABST evaluation must address and document all the individualized care elements outlined in OAR 411-054-0037(3) with staff time to complete each element. If the resident requires more than one person for a care element, additional time must be accounted for as described in OAR 411-054-0070(1).

The ABST report must identify the following:

- All residents currently residing in the facility,
- The care elements for each of the residents,
- The staff time required to complete each care element for each resident, and
- Present the total time, in minutes or hours, required to meet the scheduled needs for all residents, 24-hours a day, seven days a week. (ODHS prefers per shift, per day.)

Proprietary ABST users must be able to articulate how the ABST addresses the above criteria.

Determining Staff Time

Facilities need to have a procedure for determining and analyzing staff time needed for each individual resident's care elements. Each resident's ABST evaluation staff time should be specific to that individual resident.

Note: Regardless of the ABST used, the facility should *not* average staff time for care services and apply to all residents. Each resident's ABST evaluation staff time should be personalized to that resident, in essence staff time must be resident-specific.

When reviewing a resident's ABST evaluation, the reviewer should look at the time associated with the care element and correlate it to the time care staff spend completing the task.

The ABST evaluation should be accurate to reflect the care outlined in the resident's service plan and what is being provided by staff. This would include tasks completed by a medication tech such as medications, treatments, and documentation.

Ways to develop accurate time for ADLs:

- Observe the care task being provided by staff;
- Collect data from facility systems (for example, call light system);
- Talk to staff providing resident care;
- Talk to the resident about care services being received;
- Use historical data from systems to establish caregiver time.

Typical Time for Individual Residents

When establishing care time for a resident it is ok to determine the typical time needed to complete the task for that individual resident.

Example

The resident normally takes five minutes to complete the care element. Occasionally, a couple times a month, it can take 15 minutes to complete. It is ok to average to 7.5 minutes. If the resident is experiencing more days at the 15-minute mark, the facility should update the ABST to reflect current needs.

When determining if ABST time should be adjusted, look for trends, patterns, and the frequency in which the care is occurring. If the resident rarely had days at the higher time but now it is happening consistently three times a week, the ABST time should be adjusted to reflect the increase in assistance and staff time needed.

For residents who require assistance of more than one staff member, the additional time must be captured in the ABST care time.

Proprietary ABST

- Determine how staff time is configured and how to individualize it.
- Facility leadership must be able to explain how staff time is determined and individualized per resident.

ODHS ABST

The ODHS ABST is based on resident specific data entered by facility staff, based on the time needed to complete the care element, the shift it is completed during and the frequency of staff performing the task, per resident.

Figure 1: ODHS ABST care element question format example

Independent Care Elements

If a resident is independent with a care element the facility is still required to address and document that the care element has been evaluated.

Proprietary ABST

The facility must articulate and show how each individual care element is addressed.

Potential Scenarios

- Independent tasks are pulled into the ABST report with zeros.
- Independent tasks do not pull to the ABST report but are documented in the resident service plan evaluation.

ODHS ABST

Facility's must include a zero ("0") for staff time needed to assist a resident with any care element they do not require staff assistance with. A zero "0" value for a resident who does not need care staff assistance with a care element should also be reflected in the resident's service plan.

ABST Care Elements

ABSTs must address and document the required individual care elements for each resident and the amount of care time needed to provide care as outlined in OAR:

- 411-054-0030 Resident Services
- 411-054-0034 Resident Move-In and Evaluation
- 411-054-0037 Acuity-Based Staffing Tool
- 411-057-0160 Resident Services in a Memory Care Community

Note: For ODHS approved proprietary ABST users, facility staff must be able to articulate how the proprietary ABST report reflects the required care elements.

Each resident ABST evaluation must address and document the following individual care elements with care time to complete the task. Included with each care element is the corresponding OAR and considerations when developing a resident specific ABST evaluation. However, these considerations are not a comprehensive list.

(a) Personal hygiene
- 411-054-0030 (1)(e)(C) Assistance with personal hygiene (e.g., shaving and caring for the mouth).
- 411-054-0034(5)(h)(B) Dressing, grooming, bathing, and personal hygiene.

- Minimal to full assistance with maintaining personal hygiene, includes set- up for grooming tasks.
- Mouth Care: Oral care, brushing teeth, denture care, mouth rinse.
- Hand washing and drying.
- Shaving.
- Washing and drying face.

(b) Grooming
- [411-054-0030](1)(e)(E) Assistance with grooming (e.g., nail care and brushing/combing hair).
- [411-054-0034](5)(h)(B) Dressing, grooming, bathing, and personal hygiene.

  - Nail care, including trimming, filing nails and painting nails.
  - Brushing, combing, styling hair.
  - Applying or removing makeup.
  - Applying lotion not prescribed as a treatment.

(c) Dressing and undressing
- [411-054-0030](1)(e)(D) Assistance with dressing and undressing.
- [411-054-0034](5)(h)(B) Dressing, grooming, bathing, and personal hygiene.

  - Dressing and undressing, morning and evening.
  - Assistance with partial dressing, socks, shoes, buttons, zippers.
  - Assistance with putting on and/or taking off compression. stockings, braces, or other personal supportive devices including orthotics or prosthesis.
  - Assistance throughout the day with changing soiled clothing (pants, shirts), or redressing resident.

(d) Toileting, bowel, and bladder management,
- [411-054-0030](1)(e)(G) Assistance with toileting and bowel and bladder management.

- [411-054-0034](5)(h)(A) Toileting, bowel, and bladder management.

  - Transferring on and off the toilet, commode or performing incontinent care for a bed bound resident.
  - Assistance with use of a commode, bedpan, or urinal.
  - Assistance with cleaning, changing, or emptying toileting equipment, including catheter, foley bag, urostomy, etc.
  - Assistance with performing hygiene related to toileting assistance or incontinent care, peri-care, brief changes, changing soiled clothing, hand washing.

(e) Bathing
- [411-054-0030](1)(e)(B) Assistance with bathing and washing hair.
- [411-054-0034](5)(b)(A) Customary routines, such as those related to sleeping, eating, and bathing;
- [411-054-0034](5)(h)(B) Dressing, grooming, bathing, and personal hygiene.

  - Taking a full-body bath, including set-up, transfers in/out of tub and toweling dry.
  - Taking a shower, including stand by assistance for safety, shampooing hair, set-up, transfer in/out of shower, and toweling dry.
  - Giving a bed bath, including set up.
  - Shampooing hair, including set-up and hair drying.

(f) Transferring
- [411-054-0030](1)(e)(A) Assistance with mobility, including one-person transfers.
- [411-054-0034](5)(h)(C) Mobility- ambulation, transfers, and assistive devices.

  - Minimal stand by assist to full assistance with transfers, accounting for frequency and time spent with transferring.
  - Transferring between surfaces to/from bed, chair, wheelchair.
  - Transferring with a mechanical device, such as a Hoyer lift, sit to stand, transfer board.

(g) Repositioning

- [411-054-0030](1)(e)(A) Assistance with mobility, including one-person transfers.
- [411-054-0034](5)(h)(C) Mobility - ambulation, transfers, and assistive devices; and

  - Assistance repositioning in bed, includes frequency and duration.
  - Assistance repositioning in a chair or wheelchair.
  - Includes movement to and from lying or sitting position, turning side to side, and positioning the body while in bed, chair, or wheelchair.
  - Movement to and from lying or sitting position, turning side to side and positioning body while in bed, chair, or wheelchair.

(h) Ambulation

- [411-054-0030](1)(e)(A) Assistance with mobility, including one-person transfers;
- [411-054-0034](5)(h)(C) Mobility- ambulation, transfers, and assistive devices.
- [411-057-0160](2)(a) Assistance with activities of daily living that addresses the needs of each resident with dementia due to cognitive or physical limitations. These services must meet or be in addition to the requirements in the licensing rules for the facility. Services must be provided in a manner that promotes resident choice, dignity, and sustains the resident's abilities.

  - Staff assistance with escorting resident to and from meals or activities.
  - Assistance for safety to full assistance in a wheelchair, including:
  - Ambulation – Staff walking with the resident to and from the dining room for meals and activities.
  - Escorting – Staff are pushing the resident to and from the dining room and activities.

(i) Supervising, cueing, or supporting while eating

- [411-054-0030](1)(e)(F) Assistance with eating (e.g., supervision of eating, cueing, or the use of special utensils.
- [411-054-0034](5)(h)(D) Eating, dental status, and assistive devices.

- Cutting up food items, preparing thickened beverages.
- One on one assistance provided during the meal to eat.
- Tray delivery and pick-up.
- Meal reminders.
- Frequent cueing to eat during a meal, redirecting when a resident leaves the table, providing meals or snacks "on the go."
- Providing snacks, food, and liquids throughout the day in addition to regular mealtimes.

(j) Medication administration

- [411-054-0030](1)(f) Medication administration;
- [411-054-0055](2) MEDICATION ADMINISTRATION. An accurate Medication Administration Record (MAR) must be kept of all medications, including over-the-counter medications that are ordered by a legally recognized prescriber and are administered by the facility.
- [411-054-0070](1) STAFFING REQUIREMENTS. Facilities must have qualified awake direct care staff, sufficient in number to meet the 24-hour scheduled and unscheduled needs of each resident. Direct care staff provide services for residents that include assistance with activities of daily living, medication administration, resident-focused activities, supervision, and support.

  - Preparing the medications through popping, pouring, or injection of medication completed by direct care staff.
    - Insulin administration.
    - Capillary blood glucose monitoring.
  - Administering the medication to the resident (right resident, right reason, right medication, right dose, right route, right time, right documentation.)
  - Documenting the task is completed.

(k) Providing non-drug interventions for pain management

- [411-054-0034](5)(j) Pain - pharmaceutical and non-pharmaceutical interventions, including how a person expresses pain or discomfort.

- Attempting non-drug interventions noted in the resident's service plan, such as sitting with the resident one-on-one as distraction, inviting resident to participate in an activity, offering food, heat, or ice to assist in minimizing pain.

(l) Providing treatments (e.g., skin care, wound care, antibiotic treatment)

- 411-054-0034(5)(m) List of treatments - type, frequency, and level of assistance needed.
- 411-054-0055(1) MEDICATION AND TREATMENT ADMINISTRATION SYSTEMS. The facility must have safe medication and treatment administration systems in place that are approved by a pharmacist consultant, registered nurse, or physician.

  - Applying barrier cream.
  - Treatment for rashes, yeast infections, minor abrasions.
  - Dressing changes, including wound dressings, leg wraps, bandage changes for minor skin tears or scrapes.
  - Stoma and catheter care (not to include emptying or draining the bags)
  - Nebulizer or other breathing treatments.
  - Maintenance and cleaning (per manufactures instruction) of any resident specific medical equipment used during treatments.
  - Assisting with oxygen use, tubing, flow regulation, changing tanks, changing from concentrator to portable tanks.
  - Other treatments outlined in resident service plan, medication administrator record, or treatment record that direct care staff complete.

  Note: Includes only treatments provided by care staff or medication techs. Please do not include tasks assigned to Director of Nursing OAR 411-054-0045(1).

(m) Cueing or redirecting due to cognitive impairment or dementia

- 411-054-0034(5)(e) Cognition, including: (A) Memory; (B) Orientation; (C) Confusion; and (D) Decision-making abilities.

- [411-054-0030](1)(e)(H) Intermittent cuing, redirecting and environmental cues for cognitively impaired residents;
- [411-057-0160](2)(a) Assistance with activities of daily living that addresses the needs of each resident with dementia due to cognitive or physical limitations. These services must meet or be in addition to the requirements in the licensing rules for the facility. Services must be provided in a manner that promotes resident choice, dignity, and sustains the resident's abilities.

  - Assisting a resident to find their own room.
  - Redirecting a resident who is exit seeking.
  - Redirecting a resident who is engaging in negative behaviors that could harm the resident or other residents in the community (e.g., altercations with other residents.)
  - Redirecting or cueing a resident to engage in activities.

(n) Ensuring non-drug interventions for behaviors

- [411-054-0030](1)(e)(I) Intermittent intervention, supervision and staff support for residents who exhibit behavioral symptoms.
- [411-054-0034](5)(d)(C) Effective non-drug interventions.
- [411-054-0055](6)(c) Prior to requesting a psychotropic medication, the facility must demonstrate through the evaluation and service planning process that non-pharmacological interventions have been attempted.
- [411-054-0055](6)(d) Prior to administering any psychotropic medications to treat a resident's behavior, all direct care staff administering medications for the resident must know: (A) The specific reasons for the use of the psychotropic medication for that resident. (B) The common side effects of the medications. (C) When to contact a health professional regarding side effects.
- [411-057-0160](2)(d)(A)(vi) Identification of activities for behavioral interventions.

  - Attempting non-drug interventions noted in the resident's service plan or behavioral plan.
  - Engaging the resident in a group or one-on-one activity.

- Offering a snack or a meal.
- Providing ADL assistance.
- Taking the resident for a walk or going outside.

(o) Assisting with leisure activities, assist with social and recreational activities.

- 411-054-0005(29)(b)"Direct Care Staff" means a facility employee whose primary responsibility is to provide personal care services to residents. (b) Resident-focused activities.
- 411-054-0030(1)(c) A daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and creates opportunities for active participation in the community at large.
- 411-054-0034(5)(b)(B) Interests, hobbies, and social and leisure activities

  - Providing 1:1 activity with the resident.
  - Assisting a resident (mentally or physically) to enable them to participate in group activities.
  - Setting up individual activity, including turning on/off the TV, turning on/off music, setting resident up for puzzles, drawing etc.
  - Activities noted in residents service plan where care staff are responsible. This would include a memory care resident's activities plan.

(p) Monitoring physical conditions or symptoms

- 411-054-0040(1)(a)(b)
  (1) CHANGE OF CONDITION. These rules define a resident's change of condition as either short term or significant with the following meanings:
  (a) Short term change of condition means a change in the resident's health or functioning that is expected to resolve or be reversed with minimal intervention or is an established, predictable, cyclical pattern associated with a previously diagnosed condition.
  (b) Significant change of condition means a major deviation from the most recent evaluation that may affect multiple areas of functioning or health that is not expected to be short term and imposes significant risk to the resident.

- [411-054-0040](#)(2)(a)(b)

  (2) MONITORING. The facility must have written policies to ensure a resident monitoring and reporting system is implemented 24-hours a day. The policies must specify staff responsibilities and identify criteria for notifying the administrator, registered nurse, or healthcare provider. The facility must:

  (a) Monitor each resident consistent with his or her evaluated needs and service plan;

  (b) Train staff to identify changes in the resident's physical, emotional and mental functioning and document and report on the resident's changes of condition;

  - Daily or weekly weights with parameters for physician notification.
  - Meal monitoring.
  - Capillary blood glucose monitoring (CBG)
  - Blood pressure
  - Monitoring parameters outlined by physician facility staff are responsible to capture.
  - Any chronic or acute illness or conditions requiring additional time spent monitoring.
  - Time spent by care staff completing paperwork, faxes, phone calls and entering orders regarding resident orders and coordination of care.

(q) Monitoring behavioral conditions or symptoms

- [411-054-0040](#)(1)(a)(b)

  (1) CHANGE OF CONDITION. These rules define a resident's change of condition as either short term or significant with the following meanings:

  (a) Short term change of condition means a change in the resident's health or functioning that is expected to resolve or be reversed with minimal intervention or is an established, predictable, cyclical pattern associated with a previously diagnosed condition.

  (b) Significant change of condition means a major deviation from the most recent evaluation that may affect multiple areas of functioning or health that is not expected to be short term and imposes significant risk to the resident.

- [411-054-0040](#)(2)(a)(b)

(2) MONITORING. The facility must have written policies to ensure a resident monitoring and reporting system is implemented 24-hours a day. The policies must specify staff responsibilities and identify criteria for notifying the administrator, registered nurse, or healthcare provider. The facility must:

(a) Monitor each resident consistent with his or her evaluated needs and service plan;

(b) Train staff to identify changes in the resident's physical, emotional and mental functioning and document and report on the resident's changes of condition;

- 411-057-0160(2)(e) Behavioral symptoms which negatively impact the resident and others in the community must be evaluated and included on the service or care plan. The memory care community must initiate and coordinate outside consultation or acute care when indicated.

- 411-057-0160(d)(C)(iii) Spontaneous activities for enjoyment or those that may help diffuse a behavior.

- 411-054-0034(5)(c) Mental health issues including:
(A) Presence of depression, thought disorders, or behavioral or mood problems;
(B) History of treatment; and
(C) Effective non-drug interventions.

  - Time spent responding to repetitive requests or calling out.
  - Time spent on activities diffuse behaviors.
  - Time documenting on behavioral log.
  - Time spent monitoring a change in behavior.

(r) Assisting with communication, assistive devices for hearing, vision, speech

- 411-054-0034(5)(f) Communication and sensory abilities including: (A) Hearing; (B) Vision; (C) Speech; (D) Use of assistive devices; and (E) Ability to understand and be understood.

  - Assisting with glasses or vision devices including cleaning glasses.
  - Assisting with hearing devices, putting in, taking out hearing aids, maintenance.
  - Time spent preparing or communicating with communication board.

(s) Responding to call lights

- [411-054-0070](1) STAFFING REQUIREMENTS. Facilities must have qualified awake direct care staff, sufficient in number to meet the 24-hour scheduled and unscheduled needs of each resident. Direct care staff provide services for residents that include assistance with activities of daily living, medication administration, resident-focused activities, supervision, and support.

  - How many times during the day on average does the resident use the call light; five times a day, 10 times a day, greater than 10 times or never?

(t) Safety checks, fall prevention

- [411-054-0034](5)(n)(A) Fall risk or history

  - Ensuring fall prevention measures are in place, for example fall mat in place, tab alarm, bed noodle, walker, and wheelchair placement.
  - Ensuring clear pathways for ambulation.
  - Safety checks (defined based on risk level of resident.)
  - One-on-one supervision.
  - Responding to tab alarms.
  - Emotional checks.

(u) Completing resident specific housekeeping or laundry services performed by care staff

- [411-054-0070](1)(a) If a facility employs universal workers whose duties include other tasks (e.g., housekeeping, laundry, food service), in addition to direct resident care, staffing must be increased to maintain adequate resident care and services.
- [411-054-0034](5)(h)(C) Housework and laundry;

  - To include tasks not routinely completed by housekeeping, such as additional laundry due to incontinence, frequent restroom checks, daily bed making and garbage removal.
  - Items outlined in resident care plan in which the care staff are

responsible to complete.

(v) Providing additional care services. If additional care services are not provided, this element can be omitted.

- Care staff provide additional care services not captured in other ABST care elements as outlined in residents service plan.

- Examples
  - Smoking assistance
    - 411-054-0034(5)(n)(H) Smoking. The resident's ability to smoke without causing burns or injury to themselves or others or damage to property must be evaluated and addressed in the resident's service plan; and
  - Pet Care (including walking an animal or cleaning a cat box, etc.)
    - 411-054-0070(1) STAFFING REQUIREMENTS. Facilities must have qualified awake direct care staff, sufficient in number to meet the 24-hour scheduled and unscheduled needs of each resident. Direct care staff provide services for residents that include assistance with activities of daily living, medication administration, resident-focused activities, supervision, and support.
  - Resident service plan notes care staff will escort resident to medical appointments.

Special Considerations for ABST Care Elements

Activities

Direct care staff helping residents with adaptations, providing one-on-one assistance with activities, or performing activities for individual residents as outlined in the service plan would be considered assistance with activities. The care time **must** be reflected in the residents' ABST evaluation.

The facility employs activity staff whose primary job responsibility is providing activities, this staff time would not be considered as individual resident care time and should not be included in the ABST.

Facility employs universal workers whose functions include facilitating group activities there are two options.

1. The facility accounts for group activity time in residents ABST evaluations, or
2. The facility develops a way to determine group activity time in addition to ABST time to take into consideration when building the posted staffing plan.

Regardless which option the facility chooses, they must be able to articulate how activity time is being captured and accounted for on the posted staffing plan.

Examples
A memory care resident's service plan outlines the need for care staff to be present when resident participates in activities to help with verbal and hand-over-hand guidance.

- This time **must** be accounted for in the resident's ABST evaluation.

The resident's service plan outlines they enjoy watching football, care staff to help resident with setting up television, their desired snacks on Monday, Thursday, and Sunday evenings.

- The time it takes the staff to perform this individualized activity **must** be accounted for on the resident's ABST evaluation.

Meal Service

Direct care staff responsible for serving meals in the dining room. The facility must articulate how this time is accounted for when building the posted staffing plan.

Direct care staff responsible for room tray delivery; this time **must** be accounted for in residents ABST evaluations.

Medication aide

- Medication aide time for required care elements must be included in residents' ABST evaluation. (Medication administration is included in direct care staff definition.)

Examples of when *not* to enter staff time into the ABST:

- Facility staff providing an activity program (Activity Director), not included in ABST.

- - Activity Director time should not be included in ABST as their primary job responsibility is not personal resident care.
- Universal worker job duties include food service (making food; cooking and preparing food; dishing up food and serving meals)
  - Memory Care- food prepared in main kitchen, shuttled in hot carts to dining and individual resident rooms. This would not be considered direct caregiver time. This time should not be included in the ABST. The facility needs to address the time it takes to complete this task by taking it into consideration during staffing analysis and posted staffing plan.
- Facility staffs whose main responsibility is working in facility dining room, for example, servers.
- Facility RN or LPN whose main responsibility is OAR 411-054-0045 (Resident Health Services).
- Ancillary staff who help with administrative functions.

Remember the goal of the ABST is to determine the predictable scheduled care time needed to meet the required care elements. The ABST should reflect the staff whose primary responsibility is to complete the task. ODHS understands many facility staff help in making sure resident needs and safety are met. The facility needs to have care staffing levels sufficient to meet resident scheduled and unscheduled needs, 24/7. Ancillary staff have other responsibility and priorities besides performing activities of daily living to residents.

ABST Required Updates

The facility must complete as ABST evaluation for all residents at the following frequencies.

- Prior to a resident moving into the facility, with amendments as appropriate within the first 30 days.
- Whenever there is a significant change of condition as defined in OAR 411-54-0005.
- No less than quarterly, at the same time the resident's service plan is updated.

When updating resident ABST evaluations the facility should review the posted staffing plan and update it, if indicated.

ODHS ABST

For facilities using the ODHS ABST, the best practice is to review each individual resident ABST evaluations at required frequencies, saving any changes. Clicking the

"Save & Exit" button will update the data for the "LASTEDITDATE" column on the data exports. Facilities can do this for each question or after they clicked through all the questions. This allows facilities to show the last review date for each resident ABST evaluation and take credit for that review.

Figure 2 ODHS ABST care element question format screen. Highlighted in yellow is the "Save & Exit" button.

Note: If a resident's ABST data has not changed since the last ABST review, **at least one question** needs to be opened, and the "Save & Exit" button must be clicked for the system to register the data has been reviewed. The ODHS ABST system does not update based on "views".

Refer to Appendix on how to pull "LASTEDITDATE" data from the ODHS ABST.

Proprietary Tools

Facility needs to determine how the ABST report shows the last review data.

Does the ABST reflect the last completed date or does the facility need to pull the last completed date from the service plan evaluation?

Facilities must have a process to show the last review date and be able to pull this information timely for ODHS when asked.

Example

ABST Review Date: 7/27/24		
Assessment Report		
Date	Name	Assessment Type
03/25/2024	Adams, Joe	Resident Evaluation
07/15/2024	Doe, Jane	Resident Evaluation
06/11/2024	Doe, John	Resident Evaluation
04/28/2024	Jones, Tom	Resident Evaluation
04/11/2024	Public, Jane	Resident Evaluation
05/05/2024	Smith, Bob	Resident Evaluation

Figure 3 Assessment report pulled on 7/23/24 showing last date of assessment, name of the resident and assessment type. List includes six residents.

The example assessment report was pulled 7/27/24. ODHS must verify all residents have been updated within the last quarter (90-days) when the resident service plan was completed. The facility's ABST data pulls from the Service Plan Evaluation report shown above. Based on this report two residents (Adams, Joe and Public, Jane) have not had quarterly service plan evaluations or an ABST evaluations within the last 90-days. The facility would be considered out of compliance.

Regardless how the data is received (i.e., data export feature, ABST document shows last complete date, or a separate report is provided to show last completion of evaluation) ODHS must review to ensure the ABST has been updated at required frequencies.

Note: During the Survey process the resident sample could potentially include a resident that has experienced a significant change of condition. Survey will verify the ABST evaluation for a resident with a significant change of condition was completed within the timeframe outlined in 411-054-0040 Change of Condition and Monitoring, regardless of ABST platformed utilized by the facility. If the facility failed to update the ABST within the required timeframe, the ABST will be considered out of compliance.

ABST Report Total Care Time

ABSTs must produce the total care time needed to build a daily 24-hour schedule to meet the scheduled predictable needs of all residents.

At a minimum, ABST total care time must be calculated daily. Although not required ODHS prefers to have ABST time per shift, per day.

ODHS ABST

Figure 4 Screenshot from ODHS ABST showing graphical summary within a facility section detail. The cursor is over Thursday time showing total care time per shift that is represented in the bar graph.

The ODHS ABST provides a Graphical Summary using bar graphs to show the care time needed per shift, per day. The Graphical Summary is provided in each Facility Section Details page and the Resident Details page. To get the exact amount of time, hover cursor over the bar graph. The bar graph data represents the total staff time for the residents within desired section based on data entered for time and frequency of tasks. The facility must use this time to help determine the posted staffing plan.

Note: The screen image above shows that when you hover your pointer tool over a specific day on the graph, a box pops-up. The box displays information showing caregiver time per Day, Swing or NOC.

The ODHS ABST also provides facilities with a total caregiving time for the week. (ODHS does not suggest using this time to determine staffing levels as it creates an average. By averaging across the week, the facility could understaff on days the ABST time per shift is higher than the average daily amount.)

Proprietary ABST

The first step would be to determine where this data can be found.

- Is there one ABST document that shows all residents, the 22 distinct care elements with staff time, and produces a total care time, or
- Are there two documents; one report shows all residents, the 22 distinct care elements with staff time. The second report shows the total care time.

How is the total care time represented on the report. The facitliy must be able to read and understand the report. Regardless of how the ABST total care time data is represented, the facility must incorporate total care time in the posted staffing plan.

The administrator of record is responsible to ensure the accuracy of the mathematical equations, even if built into the ABST staff time document.

Regardless of what ABST is used, the administrator of record is responsible for knowing what ABST the facility uses and how to pull all the documentation to review upon request by ODHS.

Converting ABST Total Care Time into Staffing Numbers

ODHS has established two mathematical equations to use when reviewing ABST total care time data. These equations are helpful for the ODHS ABST which gives ABST time per shift. Depending on the proprietary ABST being used by a faciltiy, the total care time could be presented differently. The facility staff must be able to articulate how they determine staffing based on total ABST care time.

Below are two mathematical equations to review ABST scheduled care time to the posted staffing plans scheduled time.

Note: Staff shift time only includes the time staff are working, not the paid or unpaid meal breaks. For example, the facility day shift is 6 am to 2 pm for a total of eight hours, staff get a 30-minute paid lunch break. The shift time would be 7.5 hours.

Staffing Number Equation

Daily shift hours/shift time (not including meal breaks) = number of staff per shift.

If the tool produces staff time for both caregivers and med techs per shift, the same process can be used.

Daily caregiving hours/ shift time (not including meal breaks) = number of staff per shift.

Example

Day Shift ABST Time	36.73 hours
Shift Time	6 am – 2 pm (30-minute meal) 7.5 hours
Mathematical equation	36.73 / 7.5= 4.89 staff members need to meet the ABST time.
Posted staffing plan	
Compare ABST time to posted staffing plan	Per the ABST the facility needs at least 4.89 staff members to meet the schedued predictable needs outlined in the ABST. The posted staffing plan for day shift has 6 staff members, taking into consideration unscheduled needs. The posted staffing plan in this scenario is sufficiently incorporating the ABST time.

Staffing to ABST Time

Do determine if the scheduled shift time per the posted staffing plan exceeds time indicated by the ABST.

Shift time (not including meal breaks) x number of staff = total hours worked per shift

Example

Day Shift ABST Time	36.73 hours
Shift Time	6 am – 2 pm (30-minute meal) 7.5 hours
Posted staffing plan	
Mathematical equation	5 x 7.5 = 37.5 hours scheduled on posted staffing plan
Compare posted staffing plan to ABST time	Per the ABST the facility needs 36.73 hours of staff to meet the scheduled predictable needs outlined in the

	ABST. The posted staffing plan for day shift has 37.5 hours scheduled. When developing the plan the facility took unscheduled needs into consideration. The posted staffing plan in this scenario is sufficiently incorporating the ABST time.

When completing mathematical equations where the number isn't whole, the facility **must** round up. ABST staff numbers cannot be rounded down. The ABST time represents the scheduled, predictable care time needed for the residents in the facility for the care elements evaluated.

Example

The ABST staff number equation equals 6.2 staff. The facility must implement a posted staffing plan that exceeds 6.2 staff. If the posted staffing plan only reflects 6 staff members, the facility would be out of compliance.

Once the ABST time analysis is complete the facility must use this time during the staffing analysis to develop and maintain a posted staffing plan.

Staffing Analysis to Develop and Maintain a Posted Staffing Plan

When developing and maintaining a posted staffing plan the facility must consider the total ABST care time (predictable scheduled needs) along with other factors laid out in rule. The facility needs to have enough staff to meet the scheduled and unscheduled needs of all residents 24-hours a day, seven days a week. The facility must have a policy to determine unscheduled needs.

During the staffing analysis the facility needs to assign the accumulated ABST care time to staff positions (job titles) who's main job responsibility is providing activities of daily living assistance to residents. Administrative staff (ancillary staff) must not be included in ABST staffing analysis as their primary duty is not providing resident care. The most common staff positions seen in community-based care facilities are direct care staff or universal workers.

Refer to the definition section for interpretations on direct care staff and universal worker. To help determine best positions review the primary job responsibilities in the job description and purpose.

Note: Depending on the ABST, the staff positions could already be outlined in the ABST report.
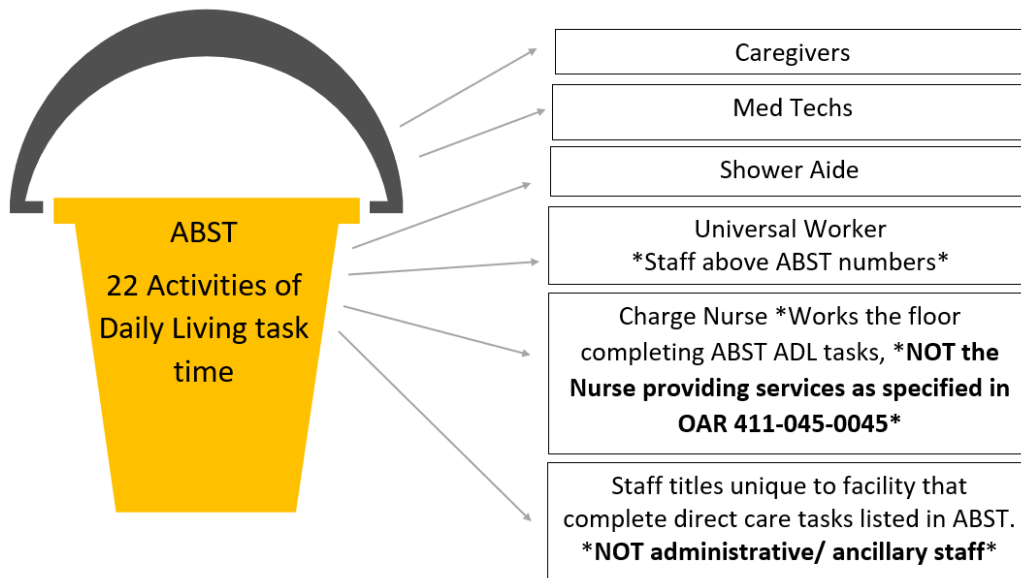
Figure 5 Shows a buck representing ABST total care time with arrows to boxes that include common job titles used in facilities.

OAR 411-054-0070(1):

"Each facility must have qualified awake direct care staff, sufficient in number to meet the 24-hour scheduled and unscheduled needs of each resident. Direct care staff provide services for residents that include assistance with activities of daily living, medication administration, resident-focused activities, supervision, and support."

When determining staff numbers, the individual resident needs, and care elements must be the primary consideration. Facilities are required by administrative rule to provide sufficient staff in numbers to meet the scheduled and unscheduled needs of each resident. To accurately count the number of staff needed to meet resident needs, providers should consider factors that include, but are not limited to:

The design and architecture of the facility, e.g., are there long hallways, or is the floor plan compact, are rooms designed around center common areas that allow for better visual monitoring, more difficult to view, detached buildings, distinct and segregated areas, etc.
- o If the facility has one license but separate and distinct areas, each area needs to have their own posted staffing plan. If there is endorsement on the license each setting must have its own posted staffing plan.

- If a facility has multiple cottages, or separate areas that are not connected, each area needs a posted staffing plan that reflects the ABST numbers and acuity needs for each area.
- The facility has neighborhoods that are connected via a common area (doors get closed to create a barrier) each neighborhood needs to have individual posted staffing plans. The plan should reflect each neighborhood's acuity and ABST time.
- Facility needs to review the resident's acuity per segregated area. If there are multiple person care needs in segregated areas, the facility must have sufficient staff to meet resident needs.
- Separate and distinct areas of the building must be adequately staffed and not left unstaffed.
- Night shift staffing- facilities must have sufficient direct care staff on-site to meet the scheduled and unscheduled needs of residents, including fire life safety and multi-person transfers.

Note: If the segregated areas are on the same license, staff can be shared without an exception. If the segregated area is under a separate license or additional endorsement, the facility cannot share staff without an approved Exception. If facility want to share staff, they must fill out the *Application for Exception (SDS 0563)* form and receive a ODHS determination.

Staff meal breaks
- Paid and unpaid meal breaks must not be added towards ABST time.

Fire evacuation
- The facility needs to have sufficient staff on-site to meet fire evacuation for the facility on all shifts. Facilities plan cannot include staff who are off premise.
- For endorsed memory care facilities, there needs to be enough direct care staff for the evacuation needs of residents along with the supervision and safety of residents who have been evacuated to the designated safe place.
- Facility must have written permission from local fire authority for "sheltering in place".
- The plan is not sufficient if:
  - the plan is to have the local fire department provide support with evacuation needs once they arrive.
  - Staff who live close will be called to the facility to help.
  - Staff from another licensed setting will come to assist.

The skill level of staff:
- o Does the facility have new staff members that needs additional time to complete tasks?
- o Does the facility use agency staff that might need additional time to complete tasks?

Any disruptions to normal operations, include illness outbreak, non-functioning elements at the facility (e.g., the elevator is out), weather events, etc.

The number of new move-ins.

Other tasks (charting, reading service plans, participating in meetings, training new caregivers)

Use of Universal Workers
- o The posted staffing plan must incorporate ABST time. Universal workers have more responsibilities than direct care staff, so their time will not be solely accounted for with ABST time.
- o Facilities must be able to articulate how they are accounting for the universal task time in addition to the ABST care time when developing the posted staffing plan.

Unscheduled care needs
- o Review determining unscheduled needs section noted below in this provider guide.

Resident acuity
- o Individual resident acuity is dynamic and might include more than just the 22 care elements outlined in the ABST.
- o The behavioral presentations of residents.

Multiple care staff to complete ADLs.
- o If the facility has residents who require two or more care staff for transfers or other care tasks, facilities must ensure a minimum number of staff required to safely care for resident the resident(s) are always scheduled, as outlined in residents service plan.
- o Evaluate night shift staffing with consideration of residents unscheduled needs and fire evacuation planning. Facilities need to ensure residents

requiring two person or more care staff for transfer assistance can safely evacuate in a reasonable time.

- o If the facility has up-to-date Fire Marshal approval for night shift staffing plans these plans need to be in writing.
- o Where are these residents located within the facility. Would it take longer for staff to help this resident evacuate?
- o How many multiple staff transfer residents reside in the facility? As the number of residents increase, what is the facilities plan to increase staffing?
- o Consider who will supervise vulnerable residents once evacuated, especially in memory care communities, to ensure their safety.

Remember, the overall goal is to have adequate staff available to meet the scheduled and unscheduled needs of residents. Facilities must be able to demonstrate and communicate to ODHS exactly how they determine the posted staffing plan based on the staffing analysis.

The facility can establish a posted staffing plan once the staffing analysis is complete by reviewing all the items listed in this guide, OAR 411-054-0070(1), and any facility specific criteria. Once a posted staff plan is established it should be reviewed and updated when the ABST is reviewed or staffing needs increase based on any other factors (for example: building repairs, storm damage, etc.). The staffing plan must be posted per OAR 411-054-0025 (5)(c). Regular review of the ABST and posted staffing plan should ensure the facility is meeting the scheduled and unscheduled needs of residents based on considerations of individual resident acuity and staff abilities.
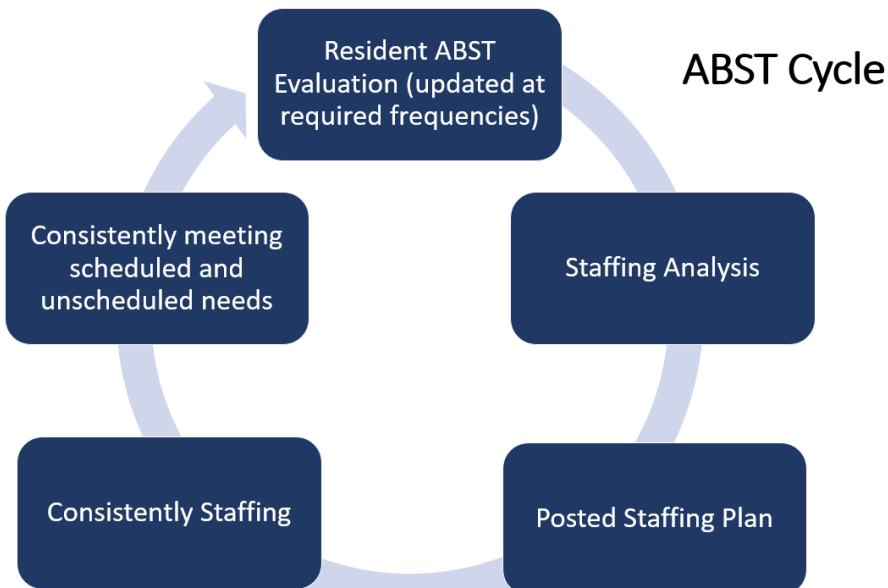
ABST Cycle

Figure 6 Shows the key components in the ABST cycle. Starts with resident ABST evaluation to staffing analysis to posted staffing plan to consistently staffing to consistently meeting needs.

Note: The amount of staff time for scheduled care on night shift might be less than eight hours of staff time according to ABST calculations. However, the facility must still meet the requirements in OAR 411-054-0070(1) to ensure there are care staff sufficient in numbers and qualifications to meet the unscheduled needs of residents and provide safety.

Resident requires one on one staff assistance.

If a resident requires a dedicated staff member to be with them 24/7, the staffing levels must be increased to provide this service and meet the needs of all other residents.

The resident's ABST evaluation should be updated to reflect the need of a one-on-one assistance. Also, the facility needs to consider unscheduled needs for this resident when completing the staffing analysis.

The posted staffing plan must exceed the ABST time and account for the additional care staff members required for the one-on-one assistance. If a care staff member is assigned as the one on one for a single resident, they cannot contribute to the care time of the other residents.

The facility must be able to articulate how they are accounting for this time in the ABST and on the posted staffing plan.

Determining Unscheduled Resident Care Needs

Facilities need to have a policy on how the facility is accounting for and determining unscheduled resident care needs.

ODHS ABST

The ODHS ABST is a fillable template for the required care elements and the corresponding time, for each resident while producing total time to help build a staffing plan.

If the facility has developed the ODHS ABST to include unscheduled needs this would need to be communicated to ODHS. General practice is to only include the scheduled predictable needs of residents.

Proprietary ABST

Depending on the proprietary ABST unscheduled needs might be incorporated into the report and final numbers. This is not a requirement of proprietary ABSTs to have this function.

The facility needs to be able to predict the upcoming care time with the ABST.

Some proprietary ABST have an option of looking historically at care elements completed by care staff like an electronic task sheet. This may allow the facility to see per resident need (PRN) tasks that care staff have completed for the resident. This could help guide the facility when updating the resident service plan evaluate if there are trends identified. This would not be considered determining time for unscheduled care needs as it is a historical review.

Note: It is important that the facility leadership can articulate how unscheduled needs are accounted for on the posted staffing plan.

Examples

- The facility's proprietary ABST adds a percentage to the sub total of time to give total care time calculation which includes time for unscheduled resident needs.
- The proprietary ABST trends per resident requested care needs so when the facility updates individual resident service plans this data is reviewed and both the service plan and ABST are updated to reflect the care being provided. The facility ensures there are two hours per shift to account for unscheduled needs. If the facility is noticing the requested needs are higher than two hours per shift the management will review and adjusted unscheduled need minimum staffing hours.
- The facility takes the final ABST number and adds ten percent when building the posted staffing plan.

Note: Temporary service plan updates could be considered an unscheduled need. Unless the temporary service plan update is to alert the staff of a long-term care service change. For example, a resident was independent with showers now is requesting staff to standby three times a week. This could potentially affect staffing levels, for scenarios that may increase your staffing need the ABST should be updated. The facility needs to develop a procedure and policy around determining unscheduled needs.

If the facility notices residents are not consistently getting the care and services they require or staff are not able to get tasks completed, the facility should complete a staffing analysis to ensure they are staffed appropriately.

Proprietary ABST ODHS Review Process

Prior to implementation of a new proprietary ABST, the facility must first complete a review and receive a determination from ODHS. If approved the facility can implement the chosen ABST. After approval the facility must develop and maintain an ABST Summary Statement, requirements are outlined in the ABST Summary Statement section.

Facilities must ensure the proprietary ABST meets all requirements outlined in OAR 411-054-0037. All required elements are also outlined in this provider guide.

Note: The ODHS ABST is an ODHS approved ABST. Facilities who select the ODHS ABST **do not** need to submit a review form or implement an ABST Summary Statement.

Proprietary ABST ODHS Review Request

When does a facility need to submit a review request?

- Facilities who implemented a proprietary ABST prior to July 1st, 2022. Facilities have from implementation of temp rules to August 31st, 2024.
- Facilities wanting to transition from one proprietary ABST to another proprietary ABST.
- Facilities wanting to transition from the ODHS ABST to a proprietary ABST.
- After a facility has received approval, and there have been substantive changes to the proprietary ABST that impacts the functionality and makes the information previously submitted inaccurate or incomplete. The facility will need to re-submit the form for ODHS review prior to implementing the new or revised ABST.

Note: Facilities who want to transition from a proprietary ABST to ODHS ABST **do not** need to submit a review request form. Best practice is to alert ODHS of the change via CBC.ABST@odhs.oregon.gov.

Who can submit a review request:

- Facility ownership or management.
- Regional support who are responsible to make decisions of behalf of the business.
- Facility staff who are responsible to make decisions on behalf of the business (example: administrator of record).

The review request form can be found on the ODHS ABST webpage. Facilities must use the provided form for reviews, if needed, additional pages can be added.

ABST Proprietary ODHS Review Request Form

Figure 7 Image of Proprietary ABST ODHS Review Request form with numbers to correspond with numbers listed below.

Facilities who want to submit a review request must enter the facility licensed name on the Facility(s) name line **(#2).**

For corporations who want to implement the proprietary ABST in multiple facilities, one form can be filled out. The corporation's name **(#1)** will need to be filled out and then list all facilities' licensed names the corporation is requesting the review for on the facility(s) name line **(#2).**

Note: Each facility must keep a copy of the review request form with the final ODHS determination for their records and provided to ODHS upon request.

Regardless of who is submitting the form, the facility must provide contact information for the facility staff or corporation contact person that ODHS can contact regarding the proprietary ABST **(#4).** This person must have extensive knowledge of the proposed proprietary ABST and be able to answer questions on how the tool functions to meet regulation.

ABST Information Questions

The facility must complete the entire form answering all the required questions that are applicable. Facilities can add more pages if needed.

1. What is the name of the ABST?

   Provide the name/title of the proprietary ABST.

   Does the proprietary ABST have a specific name based on who developed it, corporate name, file name, Electronic Health Record (EHR), etc. This is important to ensure the facility and ODHS are referencing the same ABST during reviews.

2. What are the sources of data that generate the ABST report? Also, how is this data collected (for example, resident service plan evaluation, ABST evaluation, etc.)?

   Provide detail on how the data is pulled to create the ABST report. Depending on the ABST and the software this can be a complex system that is updated in real time, staff entering data in to a ABST report, input from resident service plan evaluations, etc.

   Potential Scenarios

   - The ABST is a Microsoft Excel document in which the facility staff enter data based on resident service plan evaluation, service plan, or care being received.
   - The ABST report shows each resident with a total time value, the time value is generated from another report showing the care elements with the staff time.
   - The ABST report is updated at certain times of the day or at intervals based on data pulled from a completed resident service plan evaluation.
   - Facility has developed an ABST evaluation for each resident in the Electronic Health Record (EHR) from which this data is pull into a ABST report once saved or locked.

3. How does the ABST address and document every care element for each resident? Also, how does it show the care time required to complete each care element outlined in:

- OAR 411-054-0005(4), and
- OAR 411-054-0037(3)?
  - For example:
    - Does the ABST combine multiple care elements under one category or use different names? Show how each required care element is built in or explain any differences in names.

Provide detail on how the Proprietary ABST addresses and documents the specific individual care elements for each resident by displaying the amount of care time required to complete each care element as outlined in OAR 411-054-0005(4) and 411-054-0037(3).

This detail can be captured in a clear correlation between each required care element and how that care element is reflected in the Proprietary ABST report.

- For example, if the Proprietary ABST and corresponding Proprietary ABST report combines multiple care elements under a certain category or uses different naming conventions, demonstrate how each required care element is incorporated into those categories or naming convention.

This detail is meant to show ODHS where the facility is addressing and documenting each care element with staff time and how the care element correlates to the ABST report. ODHS understands the compiled ABST report might look different than just a list of required care elements.

If a proprietary ABST report captures multiple care elements together creating one time, the facility needs to demonstrate what care elements are combined.

	A	B	C	D	E	F	G	Y
1	ABST Dashboard					Date	3.28.24	
2								
3	Resident Name	Evaluation Date	Shaving/Mouth Care	Nail Care/Hair	Dressing	Bladder/Bowel Management	Bathing	Total Minutes daily
4	Smith, Joe	01/17/2024	12	8	18	60	25	250
5	Doe, Jane	02/07/2024	0	0	7	45	30	130
6	Mellow, Marsha	03/28/2024	0	8	6	0	15	200
7	Nutt, Hazel	01/31/2024	0	0	0	0	0	45
8	Total minutes Daily		0	16	31	105	70	625
9	Total hours daily							83.33333333
10								

Figure 8 Example of proprietary ABST report in an excel document. The report shows resident name, evaluation date, and some listed ABST care elements and total minutes daily. Only showing partial care elements to show entire report format.

Note: ABST reports can address more care elements than outlined in rule, but at a minimum they must address each individual care element required in OAR 411-054-0037.

Individual care element time should be readily available to provide to ODHS upon request during ABST reviews.

Potential Scenarios

- ABST is a spreadsheet where data is entered by staff. The spreadsheet has all residents with care element headers then pulls care time into a total per day, preferably per shift, per day.

		Smith, Joe	Doe, Jane	Mellow, Marsha	Nutt, Hazel
1	**Oregon Memory Care Facility ABST Report**				
2	Day Shift 6 am - 2 pm				
3		Smith, Joe	Doe, Jane	Mellow, Marsha	Nutt, Hazel
4	Date Reviewed	01/29/2024	02/24/2024	03/15/2024	01/04/2024
5	ABST Care Elements				
6	Personal Hygiene	1	2	4	0
7	Grooming	4	4	6	0
8	Dressing and undressing	8	6	10	0
9	Toileting	12	15	16	0
27					
28	Total Minutes Per Resident Per Day	128	273	95	0
29	Total Minutes Per Shift	496			

| ◄ ► | **Day Shift** | Swing Shift | Night Shift | ⊕ |

Figure 9 Proprietary ABST report example to show total minutes per shift. Note ABST care elements have been hidden to show complete report.

- ABST report data is generated from service plan evaluation with the staff time to complete each care element with total minutes.
- ABST care element correlation table.
  ABST care elements are triggered from the resident service plan evaluation. Time can be individualized by adding additional points under "other".

Medication	Medication Management

	1. Does the resident self-administer medications?
	     o Yes, resident manages independently.
	     o Yes, staff order medications. (2 points)
	     o No, resident is not able to manage medications independently.
	 2. Facility to administer resident medications.
	     o 1 x daily (1 point)
	     o 2x daily (2 points)
	     o 3x daily (3 points)

	○ 4x daily (4 points)
	     ○ 5x daily (5 points)
	     ○ 6(+) x daily (6 points)
	     ○ Other
	   3. Diabetic Management.
	      a. Continuous Blood Glucose (CBG) Monitoring
	        ○ Resident is independent with CBG monitoring.
	        ○ 1x daily (2 points)
	        ○ 2x daily (4 points)
	        ○ 3x daily (6 points)
	        ○ 4x daily (8 points)
	        ○ PRN (1 point)
	        ○ Other
	      b. Insulin
	        ○ Resident independent with insulin.
	        ○ 1x daily (5 points)
	        ○ 2x daily (10 points)
	        ○ 3x daily (15 points)
	        ○ 4x daily (20 points)
	        ○ Other

Bowel and Bladder	**Bowel and Bladder Management** 1. Resident requires bathroom assistance. ○ No, resident is independent. ○ Yes, resident requires reminders. (10 points) ○ Yes, resident requires standby assistance. (15 points) ○ Yes, resident requires hands-on assistance. (20 points) ○ Yes, resident requires incontinence care. (30 points) ○ Other 2. Resident has a catheter. ○ No. ○ Yes, resident is independent with catheter care. ○ Yes, resident requires staff assistance with catheter care. (20 points) ○ Other 3. Resident requires extra laundry services. ○ No ○ Yes (5 points) ○ Other

Figure 10 Example table of correlation between ABST care elements (left column) and Resident Service Plan Evaluation questions (right column) that correlate to ABST report.

4. How does the ABST address and document care elements for:

- Independent residents, or
- Those who don't need any services under car elements outlined in:
    - OAR 411-054-0005(4), and
    - OAR 411-054-0037(3)?

Explain how the proprietary ABST report addresses independent tasks or tasks that are not applicable for the resident. Depending on the ABST report this data might not be transferred to the ABST report. In some instances, the care element might reflect a "zero" or blank.

Note: The facility **must** address, and document care elements regardless of independence or not requiring services.

If the ABST report **does not** address or document the independent care elements, how will the facility and ODHS know all care elements have been addressed for each resident? Explain where this data can be found and how the facility ensures all residents care elements have been reviewed and updated at the frequency outlined in rule.

Potential Scenarios:

- A resident is independent with a care element, and it does not pull to the ABST report, but the facility staff know these care elements are being addressed and documented because the ABST evaluation can't be closed unless all questions have been answered.
- The ABST report will reflect a "0" for independent tasks.
- The care element will not have a time data on the ABST report to reflect resident does not require assistance.
- Each care element will, at a minimum, have a zero value. If there is no time value on the report the care element was not addressed on the service plan evaluation.
- The care element is listed as a PRN task, to track if staff start to provide additional care services.

5. How does the ABST convert time for each resident into the total time in minutes needed per day, ideally per shift, per day?

   Describe how the ABST collects all the time for each specific care element for each resident into a total time. At a minimum the ABST must provide a total amount of time for the predictable scheduled care needs daily. Is the facility's ABST total time within the ABST report or is there a separate ABST report in addition to the care element ABST report that shows the time?

ABST time needs to be the expected predictable time for the upcoming future, and not just a view of the historical time provided in care charts or task sheets.

If the ABST time includes unscheduled needs the facility needs to include how this is configured in their explanation.

Note: ODHS prefers ABSTs calculate time needed per shift, per day, allowing facilities to know the scheduled predictable care time needed to help build a posted staffing plan per shift.

Potential Scenarios
- The EHR produces a separate report in addition to the ABST report showing the required staff numbers for med techs and caregivers per day.

ABST Dashboard

Staffing breakdown

Daily Shifts	Daily Minutes	Care Shifts	Med Shifts
13.69	6160.5	9.77	3.92

Figure 11 Proprietary ABST example of ABST Dashboard showing staff breakdown in minutes and separated into shifts.

- The EHR ABST report has total care time per shift programed in one document. The facility can show updates to time when the ABST report is pulled as the EHR updates every "x" time there is an update.

	A	B	C	D	E	F	G	Y
1	ABST Dashboard					Date	3.28.24	
2								
3	Resident Name	Evaluation Date	Shaving/Mouth Care	Nail Care/Hair	Dressing	Bladder/Bowel Management	Bathing	Total Minutes daily
4	Smith, Joe	01/17/2024	12	8	18	60	25	250
5	Doe, Jane	02/07/2024	0	0	7	45	30	130
6	Mellow, Marsha	03/28/2024	0	8	6	0	15	200
7	Nutt, Hazel	01/31/2024	0	0	0	0	0	45
8	Total minutes Daily		0	16	31	105	70	625
9	Total hours daily							83.33333333
10								

Figure 12 Proprietary ABST report example showing total minutes daily in one report. ABST care elements have been hidden.

- The ABST is an excel spreadsheet that has a tab that collects the ABST data to populate the predictable, scheduled care time per shift.

Communtiy Name	Oregon Assisted Living Facility	
	AL	MC
Total Care Hours per Day	16.52	
Total Care Hours per Eve	14.40	
Total Care Hours per Noc	5.60	
Total Care Hours per Week - All	36.52	

ABST Time | Assisted Living | Memory Care | ⊕

Figure 13 Proprietary ABST report example showing excel document that has multiple pages that are pulled to a ABST Time tab per shift, per day.

6. How do you export and print the ABST report for ODHS review? For example, is the required ABST report information in one or multiple reports?

Explain how the facility will provide an ABST report to ODHS. This information should include all residents residing in the facilities ABST care elements with staff time, last updated date, and ABST total care time.

Things to consider:
- What is the report(s) called?
- Are there multiple reports or just one report?
- Does the facility use multiple systems to meet all the ABST requirements?
- If the ABST report does not show the last time each resident ABST evaluation was completed. What report needs to be exported or printed to show this information?

Potential Scenarios:

- Facility must pull one report called "Acuity-Based Staffing Report". This report provides the facility staff with the care elements, the date of last update per resident, and the total staff time per shift.
- Facility must pull two reports. The report called the "Acuity-Based Staffing Report" which is pulled from the EHR. The report displays each resident's care elements with admission date and last date of service plan evaluation. The second report is called "ABST Staff Time", showing the required care staff shifts, per shift, per day.

- Facility has developed a Microsoft Excel spreadsheet that can be printed or shared electronically.

7. For residents with specific needs contract:
   - How does the ABST account for the residents served by the contract?
   - How do you export and print ABST reports for ODHS review?

   Describe how the facility pulls ABST data for residents served by the contract. Include how the facility will provide these report(s) to ODHS when requested.

   For facilities only providing services to residents subject to the contract, this needs to be outlined.

   There must be an ABST report for residents served by the contract and residents not served by the contract. This allows the facility and ODHS to determine if the facility is incorporating ABST time and contract requirements to meet the scheduled and unscheduled needs of all residents when developing the posted staffing plan.

   Potential Scenarios

   - The facility has two separate spreadsheets. One for residents served by the contract and one for residents not served by the contract.
   - ABST report is pulled from an EHR, and the staff must manually select residents to provide two separate ABST reports.

   For more information refer to Specific Needs Contract section in this guide.

8. What is your policy and procedure to address and calculate unscheduled care needs?

   Explain how the facility determines time needed for unscheduled care task when developing the posted staffing plan.

   Note: The facility's ABST policy and procedure must include how the facility determines unscheduled needs.

   If the facility uses a particular calculation, please provide the equation.

   If the ABST includes unscheduled needs, describe how this is represented on the ABST report and how it is calculated.

   Potential Scenarios:

- Facility takes ABST time, then adds an additional ten percent for unscheduled needs.
- Facility's EHR collects PRN data so the facility can review historically. The facility reviews this data when updating resident ABST evaluations, then reviews PRN reports to see if additional services or time need to be added.

Submitting the request review to ODHS

Once the facility has completed the Proprietary ABST ODHS Review Request form and gathered the additional documents outlined on the form (also listed below) the request can be submitted to ODHS.

- An ABST report. This report must identify:
    - All the residents
    - The care elements outlined in OAR 411-054-0037(3) for each resident, and
    - The staff time to complete each care element.
    - Total staff time in minutes, ideally per shift, per day.
- The facility's ABST policy and procedure.
- Any other documentation the facility deems relevant to help ODHS make a determination of the proprietary ABST.

The completed form and requested documents must be sent to [CBC.ABST@odhs.oregon.gov.](mailto:CBC.ABST@odhs.oregon.gov)

ODHS may contact the person outlined on the form to request additional information or a virtual meeting to demonstrate how the ABST operates before issuing a determination.

Proprietary ABST Summary Statement

Once the facility has received approval from ODHS, they must develop and maintain a ABST Summary Statement.

The ABST Summary Statement is a brief outline of the facility's proprietary ABST that can be provided to ODHS during ABST reviews. Ideally this would be **one to two pages** with a comparison of care elements to ABST report. Every facility that implements an ODHS approved proprietary ABST must have an ABST Summary Statement easily accessible to provide to ODHS upon request.

Note: ODHS ABST users are not required to have an ABST Summary Statement.

The proprietary ABST review contains what ODHS is looking for in a ABST Summary Statement. The goal is to provide enough detail to ODHS during reviews to understand the basics of the proprietary tool, not the completed in-depth answers provided for approval.

For corporations who have implemented the same ODHS approved ABST in multiple facilities they can have the same summary statement at each facility location.

Summary statements allow facility administration a form to provide ODHS about basic proprietary ABST functions. This does not replace the requirement of facility staff being able to answer and articulate how the proprietary ABST functions.

The summary statement must contain the following topics.

1. The name of ABST.

   Provide the name of the proprietary ABST. Should be the same as stated on the proprietary review form.

2. The date ODHS approved the ABST.

   Date ODHS provided approval on Proprietary ABST ODHS Review Request.

3. The source of the data to generate the ABST report and how the data is collected.

   A brief explanation of the following for the facility's proprietary ABST:

   - The source of the data that is used to generate the facility's ABST report and how the data is collected.

     Where is the ABST data generated from? ODHS is only looking for a sentence or two. For example, the data is captured on resident service plan evaluation, staff updated excel spreadsheet from service plan information, the facility has an ABST evaluation, etc.

4. How the facility exports and prints an ABST report for ODHS review. Also, how this report includes residents with specific needs contracts.

   - How the facility can export/ print an ABST report for ODHS review, including for residents served by a specific needs contract, if applicable.

For facilities who only have residents served by the specific needs please provide this information.

For facilities who have residents served by the specific needs contract and residents not served by the specific needs contract, explain how the facility generates reports for each group of residents.

5. What report shows the last update to residents' ABST evaluation?

    • What reports must be provided to show the last evaluation date for ABST evaluation reviews.

    Is this information on the ABST report or does the facility need to provide an additional report to show last updates.

6. How the staff time required per day, ideally per shift, per day, is shown in the ABST report.

    • Explain how the ABST demonstrates the required staff time.

    The ABST report shows this data, facility needs to pull a second report (include the name), this is the last page or column of a Microsoft Excel document, etc.

7. A comparison between:
    • Required care elements, and
    • How care elements are shown in the ABST report.

    Provide a comparison between required care elements how they are shown the ABST report and where the data comes from.

    If the facility's ABST outlines each required care elements on the report individually, provide that explanation here. With the data that is under each care element.

Note: In the appendix there are examples of an ABST summary statement and draft form for reference.

Proprietary ABST Annual Attestation Statement

Once approved, the facility must provide ODHS an annual statement attesting no substantial changes have occurred to the design and functionality of the facility's proprietary ABST.

Example of Substantial Changes:
- Changes to minute calculation for the care elements.
- Changes to how the ABST functions.
- Changes how the system evaluates care element time.

Examples of **not** Substantial Changes:
- Updating resident ABST evaluations.
- Verbiage changes for care elements or ABST report. If it changes the understanding of the ABST this would require facility to submit a new ODHS review.

The facility has between **January 1st and March 31st yearly** to submit annual statements to ODHS at CBC.ABST@odhs.oregon.gov.

If there are substantial changes, the facility must submit the Proprietary ABST ODHS Review Request as described in OAR 411-054-0037(2), **prior to implementing the changes**.

The attestation statement should include at a minimum the following.
- Facility name.
- Name of Proprietary ABST.
- Statement about change or the lack of changes to the facilities ODHS approved proprietary ABST.
- Name of person to contact for questions.

ODHS will review and ask questions if applicable.

ODHS Review of Proprietary ABST Requests

ODHS reviews proprietary tools to ensure that the ABST functionality meets the minimum requirements outlined in rule. The facility still must effectively implement and maintain the ABST.

During the review process ODHS may ask the facility additional questions or for a virtual presentation on the functionality of the ABST.

Reviews will be completed in the order received by ODHS. Once a decision has been made, ODHS will return the Proprietary ABST ODHS Review Request form with the determination, disclaimers, and signatures to the requestor.

Denial or Rescinding Approval

Upon review of the proprietary ABST, ODHS determines it does not meet minimum requirements to meet rule, the request form will be returned with a denial.

If ODHS determines the facility's approved proprietary ABST no longer meets rule ODHS may rescind a prior approval.

If ODHS denies or rescinds approval, the facility may resubmit the review request form once changes have been made or exercise their appeal rights.

If denied or rescinded, the facility is entitled to a contested case hearing pursuant to ORS chapter 183. Prior to a contested case hearing, the facility may request an informal conference with ODHS.

Specific Needs Contract Settings

Specific Needs Contracts (contract) have two different setting options for CBC facilities. 1) Contracts that provide service to all residents within a facility. 2) Contacts that provide service to some residents but not all within a facility.

Regardless of which type of contract the facility has, the facility is required to follow ABST regulation (OAR 411-054-0037).

- If all the residents are served by the contract.

  The facility's posted staffing plan must incorporate the staffing requirements per the contract and any additional staff needed as determined during the staffing analysis to meet the scheduled and unscheduled needs of residents.

- Facility has residents served by the contract and residents not served by the contract.

  The facility must have an ABST report for both sets of residents, the ones served and not served by the contract.

The facility must complete a staffing analysis with both sets of ABST numbers to build the posted staffing plan. The posted staffing plan must incorporate the contract staffing requirements and the staff needed to meet the scheduled and unscheduled needs of residents not served by the contract.

Example

Residents served by the contract and residents not served by the contract.

ABST Time

- Contract: Day 3.99, Swing 2.76, Night 1.49
- Not Served by Contract: Day 1.86, Swing 1.48, Night 0.51

Contract Direct Care Staffing Requirements

- Day 6.5, Swing 6.5, Night 4

Posted Staffing Plan

Posted Plan		
Med Tech		
Day	Swing	Night
2	2	2
Caregiver		
Day	Swing	Night
9	9	5

Figure 14 Example of contract posted staffing plan.

Based on review of ABST time and contract staffing requirements the facility implement a posted staffing plan that incorporates both sets of numbers.

Remember, contracted staffing requirements are for the residents served by the contract and cannot be counted towards staffing time for residents not served on the contract.

Note: In both contract situations, if the ABST time exceeds the contract staffing requirements, the facility is required to increase their staffing to ensure they are meeting the scheduled and unscheduled needs of all residents.

Regulatory Compliance

ODHS is required to assess staffing levels of a facility each time ODHS conducts a survey, licensing approval or renewal, or investigation of a complaint regarding:

- Abuse of a resident;
- Injury to a resident;
- Resident safety; or
- Staffing levels.

This assessment must include a determination of whether the facility is:

- Using an ABST that meets the requirements established in rule.
- Recalculating the facility's staffing patterns using the ABST with the frequency established in rule.
- Consistently staffing to the levels, intensity, and qualification indicated by the ABST.
- Consistently meeting the scheduled and unscheduled needs of all residents 24 hours a day, seven days a week.

ODHS may review the following items to help make a determination. This list is not all inclusive, if ODHS determines there are concerns with staffing or needs not being met, they may ask for additional documentation.

Facility has implemented and is maintaining a ODHS approved ABST.

- The facility has a ODHS approved ABST they are maintaining to determine individual resident acuity and care time to help build a staffing plan.

Implemented a posted staffing plan that meets the scheduled and unscheduled needs of residents.

- The facility has incorporated ABST time, unscheduled needs and other factors outlined in rule to implement a posted staffing plan that meets the residents' scheduled and unscheduled needs.

Recalculating staffing patterns at the frequency required by rule.

- The facility must be reviewing and updating the posted staffing plan each time the ABST is updated to ensure they are meeting the scheduled and unscheduled needs of residents.

- If the facility has implemented a posted staffing plan the does not currently reflect the scheduled predictable needs (ABST), unscheduled needs and other factors, this could lead to an ABST violation.

Updating all residents' ABST evaluations at the frequency required by rule.

- ODHS will verify residents' ABST evaluations have been completed, reviewed, and updated at the frequency outlined in rule.

Accurately capture resident care needs, as outlined in the resident's service plan and care services being provided by care staff.

- The resident's ABST evaluation must match the services being provided and outlined in the resident's individualized service plan. The care time in the ABST needs to be individualized for each resident.

Consistently staffing to the posted staffing plan.

- ODHS will review a given timeframe to determine if the facility was consistently staffing to the posted staffing plan.

Consistently meeting the scheduled and unscheduled needs of all residents, 24 hours a day, seven days a week.

- ODHS must determine if the facility is consistently meeting the scheduled and unscheduled needs of all residents 24 hours a day, seven days a week.

Survey and LCU will complete interviews, record reviews and observations to determine if the facility is consistently meeting resident needs.

- Resident samples for survey are determined during their entrance interviews with staff.
- LCU could be investigating multiple allegations during a site visit. For ABST reviews, the resident sample is dependent upon allegations being investigated.

The resident's ABST evaluation must match the services outlined in the individualized resident service plan and the services being performed by care staff. The facility must be performing the services outlined in the care plan and per resident need.

ODHS will determine if the facility's posted staffing plan has taken into consideration the scheduled predictable needs as outlined in the ABST,

unscheduled needs and other factors outlined in OAR to meet the scheduled and unscheduled needs of residents.

If applicable, specific needs contract settings requirements.

- ODHS will verify the facility has implemented a posted staffing plan that meets ABST and SNC requirements.
- The facility's posted staffing plan must incorporate staffing requirements for residents served by the contract and residents not served by the contract.

If during interviews, record review and observations it is determined the facility is not meeting rule this will result in an ABST violation. All ABST violations are referred to corrective action for review.

ABST Reviews by ODHS

Licensing (Initial Licensure and Change of Owner/ Management)
Facilities must provide ODHS with the ABST policy and procedure including how unscheduled needs will be determined. This information should include the desired ABST the facility will implement.

Survey
CBC survey utilizes a process to assess ABST, staffing levels, and evaluating needs in CBC communities, when determining if a facility has qualified awake caregivers sufficient in number to meet the 24-hour scheduled and unscheduled needs of each resident.

CBC surveyors will assess the staffing levels of a facility, at a minimum, each time ODHS conducts a re-licensure survey.

During the survey process the surveyors will evaluate the facility's:

- ABST including frequency of updates.
- Ability to consistently staffing to posted staffing plan.
- Ability to consistently meet the scheduled and unscheduled needs of residents.

To learn more about the survey process refer to their [webpage](#).

Licensing Complaint Unit (LCU) Reviews
ODHS is required to assess facility staffing levels each time ODHS conducts an investigation into a complaint regarding:

- Resident Abuse
- Resident Injury
- Resident Safety
- Staffing levels

LCU will investigate licensing complaints to determine if the facility was staffing to meet the scheduled and unscheduled needs of residents.

During the review process Complaints Specialist with LCU will evaluate the facility's:

- ABST including frequency of updates.
- Ability to consistently staffing to posted staffing plan.
- Ability to consistently meet the scheduled and unscheduled needs of residents.

For facilities who receive an ABST violation from LCU, the Compliance Specialist will verbally inform the person in charge of the investigation's findings.

To learn more about the LCU process refer to the CBC Compliance Framework Guide found on our webpage under [Provider Resources](#).

ABST Violation… Now What Happens?

If the ABST violation is from:

- Survey

  The facility will receive a C361 citation. The facility will need to follow survey process of writing and submitting a plan of correction. Survey will review citation upon re-visit to verify the facility has followed their plan of correction.

- LCU

  The facility will be notified by the Compliance Specialist there was a confirmed ABST violation. The Compliance Specialist might ask the facility for a verbal plan of correction to fix the deficiencies, prior to referring the case to corrective action.

Once the Survey or LCU teams have completed their process, the ABST violation, along with any staffing deficiencies, will be sent to the corrective action coordinators to review for next steps.

If it is determined during the investigation that the facility was not consistently meeting the scheduled and unscheduled needs of residents (additional staffing citations or violations), corrective action will mandate staffing standards.

Staffing Standards

- Survey

  The Survey team develops staffing standards based on observations, record reviews and interviews gathered during the survey process.

- Licensing Complaint Unit

  The Operations and Policy Analyst will reach out to the facility's Administrator of Record to establish staffing standards. The facility Administrator will need to fill out the Staffing Standard Questionnaire and propose a staffing plan. ODHS will review proposed staffing plan and ask questions as needed.

  If the facility is not responsive, ODHS will establish staffing standards based on information provided.

  ODHS will only ask one round of follow up questions to have facility re-propose staffing standards. If ODHS determines the proposed staffing plan is not sufficient to meet the scheduled and unscheduled needs of residents 24-hours a day, ODHS will mandate staffing standards they deem sufficient.

Staffing standards will be listed as a term of condition in the facility's notice of license condition.

Corrective Action

The corrective action coordinator (CAC) will review ABST failures, staffing failures and the facility compliance history to determine the corrective action needed to compel compliance.

ODHS's goal is to work collaboratively with facilities to ensure the safety of all residents by staffing to meet the residents scheduled and unscheduled needs. The facility will need to establish a plan to obtain substantial compliance with ABST regulation and to maintain substantial compliance on a continuous basis.

ODHS must initiate corrective action as outlined in Senate Bill 1521 (2024) and in regulation.

If the facility has not selected and implemented an ABST.

ODHS will issue a Letter of Determination. The facility will be required to implement the ODHS ABST, they may choose to implement another ODHS approved ABST in the future. If the facility fails to implement within the identified timeframe, the CAC will issue further corrective action.

If the facility is not consistently meeting the scheduled and unscheduled needs of all residents 24-hours a day, seven days a week, ODHS shall:

Place a license condition in accordance with OAR 411-054-0110(3)(a), (b), (c) or (f).

- (3)(a) Restricting the total number of residents.
- (3)(b) Restricting the number and impairment level of residents based upon capacity of the licensee and staff to meet the health and safety needs of all residents.
- (3)(c) Require additional staff or staff qualifications.
- (3)(f) Restriction of admission, if ODHS makes a finding of immediate jeopardy that is likely to present immediate jeopardy to future residents upon admission.

Establish staffing levels in a corrective action plan. (Refer to staffing standard section in this guide.)

Impose fines, penalties or conditions required by law or that ODHS deems necessary to compel compliance.

Continuously monitor the facility for compliance with the staffing levels indicated by the ABST for six months or until ODHS withdraws the condition.

If the facility is not using an ODHS-approved ABST

If the facility received a denial for their Proprietary ABST ODHS Review Request and continues the use of the denied ABST, ODHS may issue a license condition.

ODHS may issue corrective action in accordance with OAR 411-054-0106 as it deems necessary to compel compliance if the facility is not:

- Consistently staffing to the levels, intensity and qualifications indicated by the ABST.

- Updating the posted staffing plan to meet the scheduled and unscheduled needs of all residents.
- Updating the ABST for all residents at required frequencies, as outlined in OAR 411-054-0037(4).
- Accurately capturing the care element time in the ABST based on the typical time taken to complete the task for each individual resident.
- Accurately capturing the care being providing by staff or outlined in the resident's personal service plan.

The CAC communicates via email with the Administrator of record and via mail to the registered agent.

To learn more about the corrective action process refer to the CBC Compliance Framework Guide found on our webpage under Provider Resources.
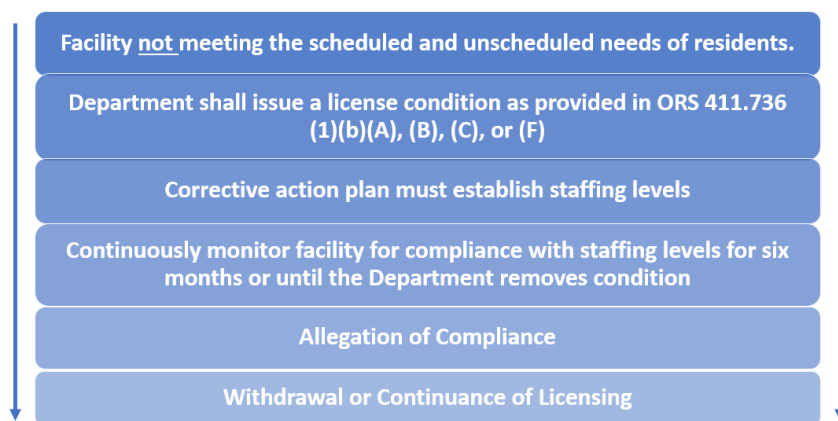
Figure 15 The above flow chart represents facilities who were not meeting the scheduled and unscheduled needs of resident's corrective action.

When the facility believes they have met the requirements for withdrawal outlined in a license condition, they must contact the issuing corrective action coordinator (listed on the document) stating they are asserting (may also be referenced as allegation of) compliance.

This will start an allegation of compliance review.

The following situations could happen depending on the timeline for review.

- ABST virtual review
- Survey re-visit
- LCU compliance visit

ABST Virtual Review

ODHS will contact the facility to request facility documentation and schedule an informal conference call.

The allegation of compliance informal conference is a time for the facility to show ODHS how the facility is in compliance with ABST regulation.

The administrator should come prepared to explain the facility's ABST system and processes. Provided are some example questions that may help administrators prepare for the informal conference, along with reviewing OAR 411-054-0037.

The ABST review may include but not limited to the following:

- ABST report
- ABST staff time per day, preferably per day, per shift.
- Verify all resident ABST evaluations have been updated at required frequencies.
- Posted staffing plan.
- Schedule review for a determined time-period request.
- Resident sample to review to ABST evaluation.

Based on the documentation provided and information gathered during the informal conference, ODHS will make a determination on the facility's compliance with ABST compliance.

Note: ABST violations from survey citations will still be reviewed upon re-visit regardless of the outcome of an ABST virtual review allegation of compliance. The facility will need to continue to follow their plan of correction for the ABST citation.

The corrective action coordinator will communicate determinations for allegation of compliance reviews to the administrator of record via email and registered agent via mail.

Survey Citation Review

Survey will review ABST citations upon re-visit. To learn more about survey process refer to survey webpage.

LCU Compliance Review

LCU reviews allegations based on complaints and requirements outlined in SB 1521.

Contact Information

For questions about ABST email CBC.ABST@odhs.oregon.gov

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Community Based Care team at CBC.Team@odhs.oregon.gov or call 503-373-2227. We accept all relay calls.

Appendix

Acuity-Based Staffing Tool Summary Statement Example Template

Each facility that implements an ODHS approved proprietary ABST must also develop and maintain an ABST Summary Statement. The summary statement must cover the outlined information as shown on the below template. The facility may choose to add additional information.

Facility Name:
Name of ABST:
Date ODHS approved the ABST:
The source of the data to generate the ABST report and how the data is collected.
How the facility exports and prints an ABST report for ODHS review. Also, how this report includes residents with specific needs contracts.
What report shows the last update to residents' ABST evaluations?
How staff time required per day, ideally per shift, per day, is shown in the ABST report.
A comparison between: • Required care elements, and • How care elements are shown in the ABST reports.
Additional Comments
Name and Title of Person completing form:
Date form was completed:

Summary Statement Example

ABST Summary Statement

<div align="center">

Oregon Assisted Living Facility

EHR ABST was approved 3.28.24

</div>

ABST Proprietary ABST Request Form with approval is available upon request.

To meet the Oregon Regulations for the ABST two reports must be pulled from our Electronic Health Record (EHR) system.

ABST reports

- ABST Report – pulled from the EHR system showing all residents, last date service plan evaluation was completed, resident ABST care elements with staff time and a total time per day per resident.

- ABST Staff Time Report- pulled from EHR system showing total ABST staff time required per day. The report breaks down total time, total shifts broken down into caregiving and med tech shifts.

Select the dates being requested by ODHS. The reports can only go back to 7/1/22.

Every day, the facility should pull both ABST reports for a week in the future to ensure they are staffing to meet the scheduled and unscheduled needs of residents.

ABST Report is updated daily to reflect the hours needed based on the current resident service plan evaluations. The ABST report captures all the direct resident tasks in each resident's service plan evaluation that are scheduled for direct care staff to complete. Staff time can be personalized for the resident including time, frequency and which staff are to complete the task.

ABST Report has a column for last date the residents service plan evaluation was completed. This date represents a completed and locked evaluation. Locking the evaluation allows the ABST report to pull current data.

EHR Resident Service Plan Evaluation Headers	State Required ABST Care Elements
All questions on the service plan evaluation are coded to trigger to the ABST report if responsible party is caregivers or med techs.	
Personal hygiene and grooming	(a) Personal hygiene
Personal hygiene and grooming	(b) Grooming
Dressing	(c) Dressing and undressing
Toileting Incontinence Care	(d) Toileting, bowel, and bladder management
Bath	(e) Bathing
Transfers and Ambulation	(f) Transfers
Repositioning Wound Management Hospice Care	(g) Repositioning
Transfers and Ambulation	(h) Ambulation
Dietary Other Services- Meal Trays	(i) Supervising, cueing, or supporting eating
Medication Administrator Coordination of Care Diabetic Management Chronic Health Diagnosis Management	(j) Medication administration
Pain Management	(k) Providing non-drug interventions for pain management
Treatments Oxygen Nebulizer Wound Care	(l) Providing treatments
Cognition **Memory Care Communities** Enhanced Cognition Management	(m) Cueing or redirecting due to cognitive impairment or dementia
Personality, Mood, and Behaviors	(n) Ensuring non-drug interventions for behaviors

**Memory Care Communities ** Enhanced Behavior Management	
Activity Assistance	(o) Assisting with leisure activities, assist with social and recreational activities
Health Care Coordination and Management	(p) Monitoring physical conditions or symptoms
Behaviors Coordination and Management	(q) Monitoring behavioral conditions or symptoms
Communication Hearing Vision	(r) Assisting with communication, assistive devices for hearing, vision, and speech
Call Lights Behaviors- Call Lights	(s) Responding to call lights
Fall Management	(t) Safety checks, fall prevention
Additional Housekeeping Laundry Trash	(u) Completing resident specific housekeeping or laundry services performed by care staff
Additional Services Pet Care Escorts to medical appointments Watering Plants	(v) Providing additional care services

Example 1 Annual Attestation Statement

Oregon Memory Care Facility Annual ABST Attestation

To ○ CBC.ABST

2:34 PM

Hello,

Oregon Memory Care Facility is attesting the OMC ABST the department reviewed and approve April 2024 has had no substantive changes since approval. I also affirm that I have the authority to submit this attestation.

Thank you,

Hazel Nutt

Hazel Nutt
Executive Director
Oregon Memory Care Facility

Example 2 Annual Attestation Statement

Oregon Assisted Living Facilities Corp

CBC.ABST@odhs.oregon.gov

I attest to the corporations ABST named ALF ABST has no substantive changes since review and approval in 2024.

This attestation is for the following communities:

- Mt. Hood ALF Provider #: 50R000
- Crater Lake ALF Provider #: 50R001
- Multnomah Falls Provider #: 50R003
- Salt Flatts Provider #: 5MA000

I affirm I have the authority to submit this attestation.

Sincerely,

Marsha Mellow

Marsha Mellow
503-000-0000 (cell)
VP of Operations Oregon Region
Oregon Assisted Living Facilities Corp

ODHS ABST Last Edit Date

How to pull data export to verify last edit date

When reviewing recent updates to the ODHS ABST platform it can be pulled from the Resident Detail page "Data Export" or Facility Detail page "Export All Data" button.

1. Facility Detail page "Export all Data" blue button right hand corner. This exports all data from the facility in a excel format, listed by question per resident.

Facility Details

Export All Data	Delete	Back to List	

Facility ID	Facility Name	Facility Type	County
50RDHSTEST	QMA Test Facility	Assisted Living Facility	Marion

Address	City	Zip
PO Box 14530	Salem	97309

Administrator Name	Phone	Email
Safety, Oversight and Quality Unit	(503) 945-5600	QualityMetrics.Acuity@dhsoha.state.or.us

🔼 Facility Sections

Search

Name ↓	Occupancy
Floor #1	3
Floor #3 - Training Data	4
Out of community	0

Facility Details "Export All Data"

QuestionText	ResidentName	ResidentStatus	ResidentTotalCareTime	FacilitySectionName	
How much time is spent on personal hygiene such as shaving and mouth care?	Jane Doe	Complete	2515	Floor #1	5
How much time is spent on safety checks, fall prevention?	Jane Doe	Complete	2515	Floor #1	5
How much time is spent responding to call lights?	Jane Doe	Complete	2515	Floor #1	5
How much time is spent assisting with communication, assistive devices for hearing, vision, speech?	Jane Doe	Complete	2515	Floor #1	5

Review column "BI" labeled "lasteditdate".

BI	BJ	BK
LastEditDate	**LastEditBy**	**LastEditByName**
8/10/2022 5:35:05 PM	ID-251	Ann Birch
8/10/2022 5:35:01 PM	ID-251	Ann Birch
8/10/2022 5:34:31 PM	ID-251	Ann Birch
8/10/2022 5:34:08 PM	ID-251	Ann Birch
8/10/2022 5:34:01 PM	ID-251	Ann Birch
8/10/2022 5:33:54 PM	ID-251	Ann Birch
8/10/2022 5:33:01 PM	ID-251	Ann Birch
8/10/2022 5:32:57 PM	ID-251	Ann Birch
8/10/2022 5:32:52 PM	ID-251	Ann Birch
8/10/2022 5:32:46 PM	ID-251	Ann Birch
8/10/2022 5:32:40 PM	ID-251	Ann Birch
8/10/2022 5:32:16 PM	ID-251	Ann Birch

You might be pulling the Facility Section Detail "Export Residents". This data export will only reflect changes on this screen and not the last time a question was saved per resident.

Facility Section Details

<div align="right">Back to Facility</div>

Floor #1 - Summary/Week

Occupancy	Total Caregiving Time
3 residents	122.04 hours

Data Summary

Residents

Search | Export Residents

Status ↓	Resident Name/Identifier ↓	Total Caregiving Time
Complete	Jane Doe	41.92 hours

2. The second way to review last edit dates is from the Resident Detail page "Export data" button.

Resident Details

<div align="right">Export Data | Back to Section</div>

Jane Doe Complete

Total Caregiving Time
41.92 hours

Data Summary

Resident Questions

#	Question	Task Time	Frequency/week	Caregiving Time/week	Status
1	How much time is spent on personal hygiene such as shaving and mouth care?	20 minutes	14	4.67 hours	Complete

Resident Details "Export Data"

	A	B	BI	BJ	BK	BL
1	QuestionText	ResidentName	LastEditDate	LastEditBy	LastEditByName	LastEditByEmail
2	How much time is spent on personal hygiene such as shaving and mouth care?	Jane Doe	9/13/2022 10:42:50 PM	ID-824	Rudy Torres	Rudy.Torres@state.or.us
3	How much time is spent on safety checks, fall prevention?	Jane Doe	4/14/2022 8:44:14 PM	ID-535		
4	How much time is spent responding to call lights?	Jane Doe	4/14/2022 8:44:12 PM	ID-535		
5	How much time is spent assisting with communication, assistive devices for hearing, vision, speech?	Jane Doe	4/14/2022 8:44:10 PM	ID-535		
6	How much time is spent monitoring behavioral conditions or symptoms?	Jane Doe	4/14/2022 8:44:08 PM	ID-535		
7	How much time is spent monitoring physical conditions or symptoms?	Jane Doe	4/14/2022 8:44:06 PM	ID-535		
8	How much time is spent assisting with leisure activities?	Jane Doe	4/14/2022 8:44:04 PM	ID-535		
9	How much time is spent ensuring non-drug interventions for behaviors?	Jane Doe	4/14/2022 8:44:02 PM	ID-535		
10	How much time is spent cueing or redirecting due to cognitive impairment or dementia?	Jane Doe	4/14/2022 8:44:00 PM	ID-535		
11	How much time is spent providing treatments? (e.g. skin care, wound care, antibiotic treatment)	Jane Doe	4/14/2022 8:43:58 PM	ID-535		
12	How much time is spent providing non-drug interventions for pain management?	Jane Doe	4/14/2022 8:43:55 PM	ID-535		
13	How much time is spent with medication administration, passing out medications?	Jane Doe	4/14/2022 8:43:53 PM	ID-535		
14	How much time is spent supervising, cueing, or supporting while eating?	Jane Doe	4/14/2022 8:43:52 PM	ID-535		
15	How much time is spent on ambulation, escorting to and from meals or activities?	Jane Doe	4/14/2022 8:43:50 PM	ID-535		
16	How much time is spent repositioning in bed or chair?	Jane Doe	4/14/2022 8:43:48 PM	ID-535		
17	How much time is spent transferring in or out of bed or a chair?	Jane Doe	4/14/2022 8:43:46 PM	ID-535		
18	How much time is spent with bathing?	Jane Doe	8/10/2022 8:20:41 PM	ID-251	Ann Birch	ann.birch@dhsoha.state.or.us
19	How much time is spent helping with bowel and bladder management?	Jane Doe	4/14/2022 8:43:41 PM	ID-535		
20	How much time is spent on dressing and undressing?	Jane Doe	8/10/2022 8:23:50 PM	ID-251	Ann Birch	ann.birch@dhsoha.state.or.us
21	How much time is spent on grooming, such as nail care and brushing hair?	Jane Doe	8/10/2022 8:09:45 PM	ID-251	Ann Birch	ann.birch@dhsoha.state.or.us
22	How much time is spent completing resident specific housekeeping or laundry services performed by care staff?	Jane Doe	4/14/2022 8:44:16 PM	ID-535		
23	How much time is spent providing additional care services, such as smoking assistance or pet care?	Jane Doe	4/14/2022 8:44:18 PM	ID-535		
24						