Activities of Daily Living (ADL) Critical Element Pathway

Use this pathway for a resident who requires assistance with or is unable to perform ADLs (Hygiene – bathing, dressing, grooming, and oral care; Elimination – toileting; Dining – eating, including meals and snacks; and Communication including – speech, language, and other functional communication systems) to determine if facility practices are in place to identify, evaluate, and intervene, to maintain, improve, or prevent an avoidable decline in ADLs. Refer to the Positioning/Mobility/ROM pathway, for concerns related to mobility (transfer, ambulation, walking), positioning, contractures, or ROM.

Review the Following in Advance to Guide Observations and Interviews:

☐ Review the most current comprehensive assessment and most recent quarterly (if the comprehensive isn’t the most recent assessment) MDS/CAAs for Sections C - Cognitive Patterns, E – Behavior - E0500 (Impact on Resident) and E0800 (Rejection of Care), F – Preferences for Customary Routine and Activities, G – Functional Status, J – Health Conditions - Pain, O – Special Treatment/Proc/Prog – SLP (O0400A), OT (O0400B), PT (O0400C) and Restorative Nursing Program (O0500).

☐ Physician’s orders (e.g., therapy, restorative, and ADL needs).

☐ Pertinent diagnoses.

☐ Care plan (e.g., ADL assistance, specific care interventions staff will provide, premedication prior to ADLs, environmental approaches and devices used to maximize independence, therapy interventions, or restorative approach).

Observations Across Shifts:

☐ Ensure ADLs are provided in accordance with accepted standards of practice, the care plan, and the resident’s choices and preferences.

☐ For a resident receiving assistance with ADLs observe the following: If concerns are identified, describe.

  o Observe for the provision of ADL’s (e.g., teeth clean, hair clean and brushed, nails clean and trimmed, bathing, based upon preferences whether shaving is provided or female facial hair removed, appropriate hygiene including toileting and continence care, and dressed per resident’s preference)?

  o Did staff explain all procedures to the resident prior to providing the care? Does the resident require special communication devices? If so, are they being used?

  o Does staff encourage the resident to perform ADLs as much as the resident is able?

☐ For a resident who is unable to carry out ADLs observe for the following: If concerns are identified, describe.

  o Observe for the provision of ADL’s (e.g., teeth clean, hair clean and brushed, nails clean and trimmed, bathing, based upon preferences whether shaving is provided or female facial hair removed, appropriate hygiene including toileting and continence care, and dressed per resident’s preference)?

  o Did staff explain all procedures to the resident prior to providing the care?

  o If the resident refuses the care, how does staff respond?

  o Is assistance with ADL’s provided within a timely manner and per resident preference?

☐ Does staff provide assistive devices to maximize independence, including but not limited to the following?

  o Hygiene – assistive grooming devices such as built up grooming
Activities of Daily Living (ADL) Critical Element Pathway

resident’s current needs?
  o Does staff allow sufficient time for the resident to complete tasks independently (e.g., putting on their own shirt)?
  o If equipment or devices are used during ADL care, was the equipment clean and in good repair, and was it used correctly?

□ How are care-planned interventions implemented?
□ If the resident wears prostheses, are they in place or removed in accordance with the time of day, activities, and resident preference?

Resident, Resident Representative, or Family Interview:
□ How did the facility involve you in developing the care plan? Did you talk about your preferences and choices regarding care (e.g., when care should be provided such as bathing)?
□ If you are aware that the resident has specific ADL concerns, ask: What did staff discuss with you regarding how they would maintain or improve your ability to [ask about specific ADL]?
□ Are you able to actively participate in ADLs? If so, what is your involvement? How and who instructed you in the interventions? Does staff provide encouragement and revision to the interventions as necessary?
□ What type of interventions are done? Have assistive devices been provided (e.g., reachers, mobility devices, or communication devices)? If so, were you instructed on how to use them? If not, why not?
□ How much help do you need from staff with [ask about specific ADL]? If help is needed or the resident is unable to perform ADLs, ask the following:
  o Does staff tell you what they are going to do before they do it?
  o How does staff encourage you to do as much as you can?
  o Does staff allow ample time for you to do as much as you can on your own?
  o Does staff provide timely assistance (e.g., toileting needs)?

PT, OT, SLP, or Restorative Manager Interview:
□ When did therapy/restorative start working with the resident?
□ How did you identify that the interventions were suitable for this resident?
□ What are the current goals?
□ How do you involve the resident or resident representative in decisions regarding treatments?
□ How often do you meet with the resident?
□ How often does therapy screen residents? Where are screening results documented?
□ How much assistance does the resident need with [ADLs]?
□ How do you promote the resident’s participation in [ADLs]?

If the resident is not on a therapy or restorative program: How did you decide that the resident would not benefit from a program?
□ Does the resident have pain? If so, who do you report it to and how is it being treated?
□ Does the resident refuse? What do you do if the resident refuses?
□ Is the resident’s [ADL] ability getting worse? If so, did you report it (to whom and when) and did the treatment plan change?
□ Has the resident had a decline in his/her ability to [ask about specific ADL]? When did the resident’s decline in ADLs occur?
□ What therapy or restorative interventions were in place before the
Activities of Daily Living (ADL) Critical Element Pathway

- How does staff consider your preferences when providing care (e.g., shower vs bath, time of the day for care, clothing choices)?

  - Do you have sufficient time to perform ADLs without being rushed? Does staff complete the ADLs for you rather than letting you perform them yourself?
  - Do you have discomfort or pain when performing or receiving assistance with any of your ADLs? If so, when does it occur, have you reported it to staff, and how is it being addressed?
  - If you know the resident independently does exercises: Do you use certain devices to help you with ADLs? Do you have them when you need them?
  - Are you getting PT, OT, or Speech Therapy for any of your ADLs? If so, how often do you receive assistance? If the resident isn’t getting therapy, ask: Are aides doing exercises or ADL training (e.g., bed mobility, eating or communication) with you? If so, what exercises are they doing and how often?
  - If you know the resident has refused specific interventions, ask: Why do you refuse? Did staff attempt alternative approaches? Did staff provide you with education on the risks and benefits of refusing?
  - Do you feel you’ve had a decline in ADLs? Has your decline caused you to be less involved in activities you enjoy or caused a change in your mood or ability to function?
  - Has your ADL ability improved, been the same, or gotten worse? If the resident has declined, ask: Do you know why you are getting worse? Has your decline caused a change in your mood or ability to function?
  - Are you included in establishing the type, amount, frequency, and duration of ADL care?

- [ADL] decline?

  - What is therapy/restorative doing to address the resident’s [ADL] decline?
  - How did you train staff to perform the restorative [ADL] program? Is there documentation that nursing staff were trained (ask to see the documentation)?
  - How do you monitor staff to ensure they are implementing care-planned interventions?
  - How does staff communicate changes/declines to the rehab department?
  - When a resident is discharged from therapy, how do you decide whether to start a restorative or maintenance program?

Nurse or DON interviews:

  - How much assistance does the resident need with ADLs, how was this determined, and does the resident participate in ADLs?
  - Is assistance with ADLs provided in a timely manner, according to the resident’s preferences and the care plan?
  - Is the goal to maintain or improve the resident’s current level of functioning?
  - Are all procedures explained and the resident given time to respond to changes in care?
  - Has the resident had a decline in ability to independently perform any of his/her ADLs?
  - If the resident experiences a decline or improvement in ADL function, what actions are taken by staff and how is the rest of the staff notified? Did the treatment plan change?
  - Were any therapy or restorative interventions in place before the [ADL] decline?
  - What is therapy/restorative doing to address the resident’s [ADL] decline?
  - How did you identify that the interventions were suitable for this...
### Nursing Aide or Restorative Nurse Aide Interviews:

- Does the resident receive assistance with ADLs? How much assistance does the resident need?
- Can you describe the resident’s ADL goals? How do you promote the resident’s independence with ADLs to the extent possible? What are the resident’s choices and preferences for ADLs (shower vs bath, time of day for care)?
- What interventions are done? What equipment or assistive devices have been provided? How was the resident instructed on how to use them? If not provided, why not?
- Does the resident have pain with ADLs? If so, who do you report it to and how is it treated?
- Does the resident refuse? What do you do if the resident refuses?
- Is the resident’s ADL ability getting worse? If so, who and when did you report it to and did the treatment plan change?
- If the resident is receiving restorative services:
  - When did restorative start working with the resident?
  - What is the goal of restorative care – to maintain or improve current abilities?
  - If there is a decline: What is being done to address the resident’s [ADL] decline?
  - How often do you meet with the resident?
  - How were you trained on the resident’s [ADL] restorative program?
- If a resident is unable to perform any ADLs, ask: What do you provide for ADLs, when and how do you determine what must be provided?
- If the resident refuses care, do you know why? How does staff provide alternative treatment options and education on any associated risks? If the resident resists care on a repeated basis, how does staff respond?
- If the resident experiences any pain during ADLs, how does staff respond?
- Are staff, the resident and resident’s representative aware of the programs that the resident is involved in to restore or maintain functional abilities?
- How do you involve the resident or resident representative in decisions regarding treatments?
- If the resident is not on a therapy or restorative program: How did you decide that he/she would not benefit from a program?
- How do you monitor staff to ensure they are implementing care-planned interventions?
Activities of Daily Living (ADL) Critical Element Pathway

Record Review:

☐ Does the assessment identify the resident’s: 1) status in all areas of ADLs, 2) inability to perform ADLs, 3) risk for decline in any ADL ability they have, or 4) ability to improve in identified ADLs? If not, describe.

☐ Did the record identify potential areas where a resident may benefit from therapy or restorative services given the resident’s current status?

☐ Has the facility clearly documented the decision-making process used for determining that a resident would not benefit from receiving therapy or restorative services?

☐ Was the need for equipment or assistive devices assessed and identified to maximize independence in all areas of ADLs?

☐ Is pain related to ADLs assessed and treatment measures documented?

☐ Were changes in ADL status or other risks correctly identified and communicated with staff and MD?

☐ Are there underlying risk factors identified (e.g., unstable condition, cognition, or visual problems)?

☐ Are preventive measures documented prior to a decline?

☐ Does your ADL observation match the description of the resident’s abilities in the clinical record?

☐ Review the therapy assessment, notes, and discharge plan, if applicable.
  o Has the resident’s ADL status changed in the last 12 months?
  o Has therapy assessed the ADL decline, provided treatment as often as ordered, and implemented a plan after therapy?
  o Is there documentation that indicates ADLs have improved, been maintained, or declined?

☐ Does the care plan address the resident’s ADL needs and goals, including the provision of ADLs if the resident is unable to perform ADLs? Has the care plan been revised to reflect any changes in ADL functioning?

☐ How did the resident or resident representative participate in the development of the care plan and do the goals and interventions reflect the resident’s choices and preferences?

☐ Do interventions encourage maintenance or improvement of ADL abilities? Is there evidence that the care plan has been reevaluated and interventions modified according to the resident’s lack of improvement or change in ADL functioning?

☐ Does the care plan reflect the presence of pain or discomfort related to ADLs, if present, and interventions identified?

☐ Was the resident provided with services such as rehabilitative (physical, occupational, speech) or restorative nursing programs designed to restore or maintain functional abilities?

☐ Was there a "significant change" in the resident's condition (i.e., will not resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; impacts more than one area of health; requires IDT review or revision of the care plan)? If so, was a significant change comprehensive assessment conducted within 14 days?

☐ If concerns are identified, review facility policies and procedures with regard to the provision of ADLs.
Activities of Daily Living (ADL) Critical Element Pathway

Critical Element Decisions:

1) Based on observation, interviews, and record review, did the facility ensure a resident’s ADL abilities were maintained or improved and did not diminish unless circumstances of the resident’s clinical condition demonstrate that a change was unavoidable?
   If No, cite F676
   NA, the resident is unable to carry out ADLs.

2) Based on observation, interviews, and record review, did the facility provide the resident who is unable to carry out ADLs the necessary services to maintain good nutrition, grooming, and personal and oral hygiene?
   If No, cite F677
   NA, the resident is able to carry out ADLs.

3) For newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan within within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident and resident representative receive a written summary of the baseline care plan that he/she was able to understand?
   If No, cite F655
   NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan.

4) If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident’s physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident’s function, mood, and cognition?
   If No, cite F636
   NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted and the comprehensive assessment was not yet required.

5) If there was a significant change in the resident’s status, did the facility complete a significant change assessment within 14 days of determining the status change was significant?
   If No, cite F637
   NA, the initial comprehensive assessment had not yet been completed; therefore, a significant change in status assessment is not required OR the resident did not have a significant change in status.

6) Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident’s status, needs, strengths and areas of decline, accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?
7) Did the facility develop and implement a comprehensive person-centered care plan that includes measureable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs and includes the resident’s goals, desired outcomes, and preferences?
   If No, cite F656
   NA, the comprehensive assessment was not completed.

8) Did the facility reassess the effectiveness of the interventions and review and revise the resident’s care plan (with input from the resident or resident representative, to the extent possible), if necessary to meet the resident’s needs?
   If No, cite F657
   NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised.

**Other Tags, Care Areas (CA) or Tasks (Task) to Consider:** Dignity (CA), Admission Orders F635, Abuse (CA), Neglect (CA), Professional Standards F658, Communication and Sensory (CA), Bladder and Bowel (CA), Sufficient and Competent Staffing (Task), Eating Assistive Devices F810, Feeding Assistance F811, Rehabilitative and Restorative (CA), Proficiency of Nurse Aides F726, Resident Records F842.
Communication and Sensory Problems (Includes Hearing and Vision) Critical Element Pathway

Use this pathway for a resident having communication difficulty and/or sensory problems (vision and/or hearing).

Review the Following in Advance to Guide Observations and Interviews:

☐ Review the most current comprehensive and most recent quarterly (if the comprehensive isn’t the most recent) MDS/CAAs for Sections B – Hearing, Speech, Vision, C – Cognitive Patterns, G – Functional Status, and O – Spec Treatment/Proc/Prog - SLP (O0400A) and restorative nursing (O0500).

☐ Physician’s orders (e.g., communication, hearing or visual aids, pertinent medications, speech therapy, or restorative).

☐ Pertinent diagnoses.

☐ Care plan (e.g., supportive and assistive devices/equipment to meet visual, hearing, or communication needs, environmental factors to promote vision or hearing).

Observations:

☐ How does the resident give cues indicating visual or hearing deficits?

☐ What supportive and assistive devices/equipment (telephone with low-high volume switch, hearing aids, magnifying glasses, hand signals, use of pictures, large print books, books on tape, communication boards) are used? Are they used correctly, functioning properly, and in good repair?

☐ Are activities and interactions provided in a manner that is responsive to individual hearing, vision, or communication concerns? If not, describe.

☐ How is the environment responsive to individual hearing, vision, or communication concerns (e.g., adequate lighting, reduction of glare, removal of clutter, reduction of background noise)?

Resident, Resident Representative, or Family Interview:

☐ What is your current communication and/or sensory status?

☐ Do you need or have you requested (but don’t have) visual or hearing devices? If so, has the facility assisted the resident with making appointments or arranging transportation to/from appointments?

☐ How does the facility involve you in the development of the care plan and goals?

☐ How does the facility ensure interventions reflect your choices and preferences and staff provide care according to the care plan?

☐ If you have refused devices/techniques, what alternatives or other interventions has the facility discussed with you? What did staff talk to you about the risks of refusing?
Staff Interviews (Nursing Aides, Nurse, DON, Social Services):

☐ What specific communication methods and interventions, such as use of communication devices (e.g., sign language, gestures, communication board), any visual devices (e.g., glasses, magnifying lens, contact lenses) or hearing aids, and speech therapy schedules does the resident use?

☐ What, when, and to whom do you report changes in communication and/or sensory functioning, including broken assistive devices in need of repair?

☐ How do you monitor for the implementation of the care plan?

☐ How do you review and evaluate for changes in the resident’s communication and sensory functioning?

☐ How are appointments and transportation arranged for visual and auditory exams?

☐ If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current plan of care.

☐ Ask about identified concerns.
Communication and Sensory Problems (Includes Hearing and Vision) Critical Element Pathway

Record Review:

☐ Review therapy notes, consultations, and other progress notes that may have information regarding the assessment of visual, hearing, and/or communication needs.

☐ What was the resident’s responsiveness to speech, hearing, or visual services?

☐ Did the facility accurately and comprehensively reflect the status of the resident?

☐ What causal, contributing, and risk factors for decline or lack of improvement related to limitations in visual or auditory functioning or communication does the resident have?

☐ What factors does the resident have that may affect communication (e.g., medical conditions, such as CVA, Parkinson’s disease, cerebral palsy or other developmental disabilities, COPD, psychiatric disorders, dysarthria, dysphagia, dysphasia/aphasia, medications, decreased ability to understand how to use communication aids, and hearing/visual limitations).

☐ What factors does the resident have that may affect visual functioning (e.g., conditions such as glaucoma, diabetes, macular degeneration, cataracts, eye infections, blurred vision; refusal to wear glasses, difficulty adjusting to change in light, poor discrimination of color, sensitivity to sunlight and glare, impaired peripheral and depth perception, impaired edge-contrast sensitivity; and environmental factors such as insufficient lighting).

☐ What factors does the resident have that may affect hearing (e.g., background noise, cerumen impaction, infections [colds/congestion], ototoxic medications [ASA, antibiotics], perforation of an eardrum, retrocochlear lesions, tinnitus, poorly fitting or functioning hearing aid, and foreign bodies in the ear canal).

☐ How did the facility respond to needed assistive devices to promote hearing, vision, or communication?

☐ Is the care plan comprehensive? Is it consistent with the resident’s specific conditions, strengths, risks, and needs? Does it include measurable objectives and timetables? How did the resident respond to care-planned interventions? If interventions weren’t effective, was the care plan revised?

☐ Was there a "significant change" in the resident's condition (i.e., will not resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; impacts more than one area of health; requires IDT review or revision of the care plan)? If so, was a significant change comprehensive assessment conducted within 14 days?

☐ What scheduled/planned auditory or visual examinations, or speech therapy is the resident receiving?

☐ Is the resident at risk for accidents related to visual/auditory impairments, or lack of understanding of safety instructions? If so, how has staff addressed this?

☐ If the resident refuses or is resistant to devices or services, what efforts have been made to find alternative means to address the needs identified in the assessment process?

☐ How does staff monitor the resident's response to interventions?

☐ If the resident experienced an unexpected decline or lack of improvement in hearing or vision, how did staff ensure that proper treatment was obtained in a timely fashion?

☐ How did the facility involve the resident or resident representative in the review and revision of the plan?
Communication and Sensory Problems (Includes Hearing and Vision) Critical Element Pathway

Critical Element Decisions:

1) Did the facility provide proper care and treatment, including assistive devices, to prevent a decline, maintain, or improve the resident’s communication abilities (speech, language, or other functional communication systems)?
   If No, cite F676
   NA, the resident does not have communication needs.

2) Did the facility ensure the resident receives proper treatment and assistive devices to maintain vision and/or hearing abilities?
   If No, cite F685
   NA, the resident does not have vision or hearing needs.

3) For newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident and resident representative receive a written summary of the baseline care plan that he/she was able to understand?
   If No, cite F655
   NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan.

4) If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident’s physical, mental and psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident’s function, mood, and cognition?
   If No, cite F636
   NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted and the comprehensive assessment was not yet required.

5) If there was a significant change in the resident’s status, did the facility complete a significant change assessment within 14 days of determining the status change was significant?
   If No, cite F637
   NA, the initial comprehensive assessment had not yet been completed; therefore, a significant change in status assessment is not required OR the resident did not have a significant change in status.

6) Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident’s status, needs, strengths and areas of decline, accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?
   If No, cite F641
Communication and Sensory Problems (Includes Hearing and Vision) Critical Element Pathway

7) Did the facility develop and implement a comprehensive person-centered care plan that includes measurable objectives and timeframes to meet a resident’s medical, nursing, mental, and psychosocial needs and includes the resident’s goals, desired outcomes, and preferences?
   If No, cite F656
   NA, the comprehensive assessment was not completed.

8) Did the facility reassess the effectiveness of the interventions and review and revise the resident’s care plan (with input from the resident or resident representative, to the extent possible), if necessary to meet the resident’s needs?
   If No, cite F657
   NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised.

Other Tags, Care Areas (CA) and Tasks (Task) to Consider: Notice of Rights F552, Dignity (CA), Social Services F745, Accommodation of Needs and/or Sound and Lighting (Environment Task), Admission Orders F635, Professional Standards F658, Rehab or Restorative (CA), Resident Records F842, Physician Supervision F710.
**Dining Observation**

Each survey team member will be assigned a dining area. If there are fewer surveyors than dining areas, observe the dining areas with the most dependent residents. The team is responsible for observing the first meal upon entrance into the facility. Additional observations may be required if the team identifies concerns. Any surveyor assigned a dining location will complete the observations and answer all CEs. While it is not mandatory, the team member responsible for the Kitchen task should also consider completing the Dining task. Potential nutrition or hydration concerns should be investigated under the resident.

### Meal Services

- Determine whether staff are using proper handling techniques, such as:
  - Preventing the eating surfaces of plates from coming in contact with staff clothing;
  - Handling cups/glasses on the outside of the container; and
  - Handling knives, forks, and spoons by the handles.

- Observe whether staff are using proper hygienic practices such as keeping their hands away from their hair and face when handling food.

#### 1. Does staff distribute and serve food under sanitary conditions?  

- [ ] Yes  
- [ ] No F812

### Infection Control

- Determine whether staff have any open areas on their skin, signs of infection, or other indications of illness.
- Appropriate hand hygiene must be practiced between residents after direct contact with resident’s skin or secretions.

#### 2. Did the facility provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of communicable diseases and infections?  

- [ ] Yes  
- [ ] No F880

### Dignity

- Observe whether staff (list is not all-inclusive):
  - Provide meals to all residents at a table at the same time.
  - Provide napkins and nondisposable cutlery and dishware (including cups and glasses).
  - Consider residents’ wishes when using clothing protectors.
  - Wait for residents at a table to finish their meals before scraping food from plates at that table.
  - Sit next to residents while assisting them to eat, rather than standing over them.
  - Talk with residents for whom they are providing assistance rather than conducting social conversations with other staff.
  - Allow residents adequate time to complete their meal.
  - Speak with residents politely, respectfully, and communicate personal information in a way that maintains confidentiality.
  - Respond to residents’ requests in a timely manner?

#### 3. Does the facility promote care for residents in a manner and in an environment that maintains or enhances each resident’s dignity and respect in full recognition of his or her individuality?  

- [ ] Yes  
- [ ] No F550
Homelike Environment: A "homelike environment" is one that de-emphasizes the institutional character of the setting, to the extent possible. A determination of "homelike" should include, whenever possible, the resident's or representative of the resident's opinion of the living environment.

☐ Determine the presence of institutional practices that may interfere with the quality of the residents’ dining experience, such as:
  - Meals served on trays in a dining room;
  - Medication administration practices that interfere with the quality of the residents’ dining experience.
    Note: Medication administration during meal service is not prohibited for:
    ▪ Medications that must be taken with a meal.
    ▪ Medication administration requested by a resident who is accustomed to taking the medication with a meal, as long as it has been determined that this practice does not interfere with the effectiveness of the medication.

☐ Has the facility attempted to provide medications at times and in a manner that does not distract from the dining experience of the resident, such as:
  - Pain medications being given prior to meals so that meals can be eaten in comfort;
  - Foods served are not routinely or unnecessarily used as vehicles to administer medications (mixing the medications with potatoes or other entrees)

4. Did the facility provide a homelike dining environment?  ☐ Yes  ☐ No F584

Resident Self-Determination or Preferences

☐ Determine staff response to a resident who refuses to go to the dining area, refuses the meal or meal items offered, or requests a substitute. If concerns are identified, interview the resident to determine whether:
  - The resident was involved in choosing when to eat;
  - The resident was involved in choosing where to eat; and/or
  - The food offered takes into account the resident’s food preferences.

☐ Interview staff regarding the facility protocol to identify where and when a resident eats, how staff knows whether a specific resident eats in a specific dining room or other location, and how food preferences are identified and submitted to the dietary department.

5. Does the facility honor the resident’s right to make choices about aspects of his/her life in the facility that are significant to the resident?  ☐ Yes  ☐ No F561

Dining Assistance

☐ Determine during the meal service, whether staff are providing services to meet the residents’ needs, such as:
  - Provision of cueing, prompting, or assisting a resident to eat in order to improve, maintain, or prevent the decline in eating abilities;
  - How meals and assistance to eat is provided to those residents who wish to eat in their rooms;
  - Staff availability and presence during the dining process; and
  - Assistance to eat for residents who are dependent on staff.
If residents are not receiving timely assistance to eat related to lack of sufficient nursing staff, review this under the Sufficient Nursing Staff task.

6. Does the facility provide assistance with meals, assisting with hydration, and nutritional provisions throughout the day?  □ Yes  □ No F676 and/or F677

Assistive Devices
□ Determine during the meal service, whether staff are providing services to meet the residents’ needs, such as:
  • Whether adaptive devices are provided to residents requiring them.

7. Does the facility provide resident with assistive devices if needed?  □ Yes  □ No F810

Positioning
□ Determine during the meal service, whether staff are providing services to meet the residents’ needs, such as:
  • Proper positioning to maximize eating abilities (e.g., wheelchairs fit under tables so residents can access food without difficulty and residents are positioned in correct alignment).

8. Is the resident positioned correctly to provide care and services that promote the highest practical well-being?  □ Yes  □ No F675

Dietary Needs
□ Determine during the meal service, whether staff are providing services to meet the residents’ needs, such as:
  • How staff identify and meet residents’ special dietary requirements (e.g., allergies, intolerances, and preferences).

9. Are residents receiving food that accommodates resident allergies, intolerances, and preferences?  □ Yes  □ No F806

Paid Feeding Assistants
□ If you observe a resident who is being assisted by staff, and the resident is having problems eating or drinking:
  • Determine whether a paid feeding assistant is assisting the resident;
  • Determine whether the paid feeding assistants are properly trained, adequately supervised, assisting only those residents without complicated feeding problems, and providing assistance in accordance with the residents’ needs; and
  • If the staff is not a paid feeding assistant, and if technique concerns are identified in the provision of assistance by CNAs, initiate F727 Proficiency of Nurse Aides, for further review.

10. Are residents selected based on an IDT assessment? Are paid feeding assistants supervised or used in accordance to State law?  □ Yes  □ No F811  □ NA
11. Have the paid feeding assistants completed a State-approved training program prior to working in the facility?  □ Yes  □ No F948  □ NA

Food and Drink Quality
□ If concerns regarding palatability and/or appearance are identified, determine whether:
   - Mechanically altered diets, such as pureed foods, were prepared and served as separate entree items, excluding combined foods such as stews, casseroles, etc.; and
   - Food placement, colors, and textures were in keeping with the resident’s needs or deficits, such as residents with vision or swallowing deficits.
□ Interview residents to confirm or validate observations and to assess food and drink palatability and temperature.
□ If the team has identified concerns with food quality or residents complain about the palatability/temperature of food or drink served, the survey team coordinator may request a test tray to obtain quantitative and qualitative data to assess the complaints.
□ Send the meal to the unit that is the greatest distance from the kitchen or to the affected unit or dining room.
□ Check food temperature and palatability of the test meal close to the time the last resident on the unit is served and begins eating.

12. Does the facility serve meals that conserve nutritive value, flavor, and appearance, and are palatable, attractive, and a safe and appetizing temperature (e.g., provide a variety of textures, colors, seasonings, pureed foods not combined)?  □ Yes  □ No F804

13. Do the residents maintain acceptable parameters of nutritional status unless the resident’s clinical condition demonstrates that this is not possible or resident preferences indicate otherwise?  □ Yes  □ No F692

Drinks and Other Liquids
□ Are drinks and other fluids provided when the resident requests and consistent with the resident’s care plan?
□ Are the resident’s preferences honored when providing drinks and other fluids?

14. Does the facility provide drinks including water and other liquids consistent with residents’ needs and preferences?  □ Yes  □ No F807

Food Substitutes: If concerns are identified with a resident who is not consuming his/her meal or has refused the meal served:
□ Determine whether staff attempt to determine the reason(s) for the refusal and offer a substitute item of equal nutritive value or another food item of the resident's choice.
□ If staff do not offer an alternative item, interview the resident to determine whether he/she is provided a substitution when he/she does not wish to have the item being served.
□ Interview staff in order to determine what is available for substitutes for the meal observed.
### 15. Does the facility offer an appealing option of similar nutritive value to residents who refuse food being served?  
- Yes  
- No **F806**

**Therapeutic Diets**
- [ ] Observe residents to ensure they are being served a therapeutic diet, if prescribed.
- [ ] Review the residents’ records to ensure the resident is prescribed a therapeutic diet.
- [ ] Review additional information the dietary staff uses to identify those residents in need of a therapeutic diet (e.g., tray cards, dietary cards).

### 16. Are residents receiving therapeutic diets as prescribed?  
- Yes  
- No **F808**

**Lighting**
- [ ] Determine whether the dining areas are well lighted:
  - Illumination levels are task-appropriate with little glare;
  - Lighting supports maintenance of independent functioning and task performance; and
  - Ask residents whether they feel the lighting is comfortable and adequate, and how the lighting affects their ability to eat.

### 17. Does the facility provide one or more rooms designated for dining that are well lighted?  
- Yes  
- No **F920**

### 18. Does the facility provide adequate and comfortable lighting levels in the dining areas?  
- Yes  
- No **F584**

**Ventilation:**
- Determine whether the dining areas have:
  - Efficient ventilation.
  - Good air circulation.
  - Acceptable temperature and humidity.
  - Avoidance of drafts at the floor level.
  - Adequate removal of smoke exhaust and odors.

### 19. Does the facility provide one or more rooms designated for dining that is well ventilated?  
- Yes  
- No **F920**

**Sound Levels:**
- Determine whether sound levels in dining areas interfere with social interaction during the meal services. Consider the following:
  - Residents or staff have to raise their voices to be heard.
  - Residents can't be heard due to background noise.
  - Residents have difficulty concentrating due to the background noise.
  - Residents have no control over unwanted noise.
20. Does the facility provide comfortable sound levels in the dining areas?  □ Yes  □ No F584

Comfortable and Safe Temperatures: Comfortable and safe temperature levels means that the ambient temperature should be in a relatively narrow range that minimizes residents' susceptibility to loss of body heat and risk of hypothermia or susceptibility to respiratory ailments and colds.
☐ Observe whether residents complain of heat or cold in the dining areas.
☐ Observe what actions staff take in relation to complaints about the temperature levels in the dining areas.
☐ Interview staff to determine how the temperature levels are set and maintained.
☐ Ask staff what measures they take to address the issues related to temperatures out of the 71-81 degree Fahrenheit (°F) range.

21. Does the facility maintain comfortable and safe temperature levels in the dining areas?  □ Yes  □ No F584

Furnishings: An adequately furnished dining area accommodates different residents' physical and social needs.
☐ Observe table height to determine whether it provides the residents with easy visibility and access to food.
☐ Observe whether furnishings are structurally sound and functional (e.g., chairs of varying sizes to meet varying needs of residents, wheelchairs can fit under the dining room table).

22. Are the dining areas adequately furnished to meet residents’ physical and social needs?  □ Yes  □ No F920

Space
☐ Observe whether the dining areas have sufficient space.
☐ Residents can enter and exit the dining room independently without staff needing to move other residents out of the way.
☐ Residents could be moved from the dining room swiftly in the event of an emergency.
☐ Staff would be able to access and assist a resident who is experiencing an emergency, such as choking.
☐ There is no resident crowding.

23. Do the dining areas have sufficient space to accommodate all dining activities?  □ Yes  □ No F920

Frequency of Meals
☐ Interview residents and/or staff to determine how often meals are served beyond the posted serving times.
☐ If a concern is identified regarding the timing of a meal service, interview staff to identify how the meal service is organized, times for meal availability, and how staff assures that a resident has received a meal.
☐ Interview the residents and staff to determine:
  • What happens if they miss the allocated meal service time periods;
  • Whether snacks are available, types, and when available;
- If suitable, nourishing alternative meals and snacks are provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, and they are consistent with the residents’ plan of care.

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<tr>
<th>24. Does the facility provide at least three meals daily at regular times comparable to mealtimes in the community or in accordance with residents’ needs?</th>
<th>Yes ☐</th>
<th>No ☐ F809</th>
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<th>25. Does the facility provide sufficient staff to safely and effectively carry out the functions of the food and nutrition services, including preparing and serving meals, in the scheduled time frames?</th>
<th>Yes ☐</th>
<th>No ☐ F802</th>
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<th>26. Does the facility provide meals with no greater than a 14 hour lapse between the evening meal and breakfast, or 16 hours with approval of a resident group and provision of a substantial evening snack?</th>
<th>Yes ☐</th>
<th>No ☐ F809</th>
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Specialized Rehabilitative or Restorative Services Critical Element Pathway

Use this pathway for a resident to ensure the facility obtains and provides necessary rehabilitative or restorative services.

As referenced in 42 CFR §483.65 - Specialized rehabilitative services include but are not limited to physical therapy, speech-language pathology, occupational therapy, respiratory therapy, and rehabilitative services for mental illness and intellectual disability or services of a lesser intensity as set forth at §483.120(c), and are required in the resident’s comprehensive plan of care.

As referenced in Section O of the MDS/RAI manual - Restorative services refers to nursing interventions that promote the resident’s ability to adapt and adjust to living as independently and safely as possible. This concept actively focuses on achieving and maintaining optimal physical, mental, and psychosocial functioning. A resident may be started on a restorative nursing program when he or she is admitted to the facility with restorative needs, but is not a candidate for formalized rehabilitation therapy, or when restorative needs arise during the course of a longer-term stay, or in conjunction with formalized rehabilitation therapy. Generally, restorative nursing programs are initiated when a resident is discharged from formalized physical, occupational, or speech rehabilitation therapy.

Review the Following in Advance to Guide Observations and Interviews:

- The most current comprehensive and most recent quarterly (if the comprehensive isn’t the most recent) MDS/CAAs for Sections C - Cognitive Patterns, G – Functional Status, H – Bladder and Bowel, J – Health Conditions-Pain, and O – Special Treatment/Proc/Prog-Therapies (O0400) and Restorative Nursing Programs (O0500).
- Physician’s orders (e.g., therapy which includes type of treatment, frequency and duration, restorative, ADL, and contracture needs).
- Pertinent diagnoses.
- Care plan (e.g., ADL assistance, premedication prior to therapy, therapy interventions, or restorative approach).

Observations:

- As soon as possible, observe resident receiving therapy services as required per their assessment and plan of care:
  - Were the services provided as prescribed in the care plan and as ordered?
  - How did the therapy staff take into account the resident’s risk factors when providing services (e.g., orthostatic hypotension, hip replacement precautions)?
  - How does staff encourage the resident to participate to the extent possible?
  - How are staff interacting with the resident when providing these services?
  - How much staff assistance is provided to perform tasks?

- If assistive devices are needed per the care plan and orders, are these devices used correctly and assist the resident to maximize his/her independence? How are residents encouraged to use these devices on a regular basis?
- If Passive Range of Motion (PROM) exercises are performed, are resident’s joints supported and extremities moved in a smooth steady manner to the point of resistance? If not, describe.
- If a resident expressed that he/she was experiencing pain during these services, how did staff address this?
- Are therapists treating more than one resident at a time? If so, how is the resident receiving the ordered services needed to improve the resident’s function (e.g., therapy is doing exercises in a group and the resident only received two minutes of devoted time)?
Resident, Resident Representative, or Family Interview:

- How and by whom were you informed regarding the therapy services you need?
- What services are you receiving and do you understand why you are receiving these services?
- With who and how did staff discuss your treatment plan and goals with you and were you allowed to provide input or changes to this plan and the goals?
- If you refused any of these services, did someone speak with you about the consequences of not receiving these services? If so, who spoke with you?
- How often and for how long do you receive these services and do you feel you have enough time during therapy to assist you in achieving your goals?
- Do you feel these services are helping you to improve? If not, why?
- Do you experience pain during therapy services? If so, what does staff do to help you relieve your pain and is this effective?
- If staff provided you with assistive devices (e.g., reacher, mobility devices, communication devices, special eating utensils):
  - Did someone show you how to use the device? If so, who?
  - Do you use it? If not, why not?
  - Do you have these devices when you need them? If not, why not?
  - Does staff encourage you to use the device?

Staff Interviews (Nursing Aides, Nurse, Therapy, DON):

- What are the current goals and interventions for the resident?
- How were the interventions determined to ensure they were suitable for the resident’s needs?
- How was the resident/representative involved in decisions regarding their goals, interventions, and treatments?
- How and by whom were you trained on the resident’s therapy or restorative program needs?
- How and by whom are therapy and nursing staff supervised and monitored to ensure they are implementing care planned interventions?
- How much assistance from staff does the resident need with their therapy or restorative services?
- How do you promote and encourage the resident’s participation in these services?
- How often and how is the resident assessed (e.g., quarterly therapy screen) for a change in function and where is it documented?
- Does the resident ever refuse therapy or restorative services? If so, why and how is this handled?
- How do you assess if the resident’s ability is maintained, improving, or getting worse?
- If a resident is declining, when did this decline begin? What might have caused this decline? To whom and when was this decline reported and did the treatment plan change?
- Were there any therapy or restorative interventions in place before the decline developed? If so, what were these interventions and why did they not prove to be effective?
- Does the resident use any assistive devices? If so, what are these devices and why are they used? How is the resident educated and encouraged to use these devices?
- If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current care plan.
- Ask about identified concerns.
Record Review:

☐ How did facility staff assess the resident’s therapy and restorative status and needs?
  - Has the resident’s progress including improvement or decline been assessed and documented?
  - Were the care plan and interventions revised to reflect any changes needed?

☐ Were therapy or restorative services provided and implemented as ordered?

☐ Is the care plan comprehensive? Does it address identified needs, measureable goals, resident involvement, treatment preferences, and choices? Is the most recent hospice care plan included? Has the care plan been revised to reflect any changes?

☐ Was there a "significant change" in the resident's condition (i.e., will not resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; impacts more than one area of health; requires IDT review or revision of the care plan)? If so, was a significant change comprehensive assessment conducted within 14 days?

☐ Does your observation of therapy or restorative services match the level of assistance described in the resident’s plan of care and clinical record? If not, describe.

☐ Were changes in the resident’s status or other risks correctly identified and communicated with the resident, staff, and the attending practitioner?

Critical Element Decisions:

1. Based on observations, interviews, and record review, did the facility provide or obtain the required specialized rehabilitative services?
   If No, cite F825
   NA, the resident does not require specialized rehabilitation services.

2. Based on observations, interviews, and record review, did the facility provide the appropriate treatment and services as outlined in the resident’s plan of care to maintain, restore or improve the functional ability for the resident?
   If No, cite F676
   NA, the resident does not have a potential to maintain or improve ADL functioning.

3. For newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident and resident representative receive a written summary of the baseline care plan that he/she was able to understand?
   If No, cite F655
   NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan.
4. If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident’s physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident’s function, mood, and cognition?
   If No, cite F636
   NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted and the comprehensive assessment was not yet required.

5. If there was a significant change in the resident’s status, did the facility complete a significant change assessment within 14 days of determining the status change was significant?
   If No, cite F637
   NA, the initial comprehensive assessment had not yet been completed; therefore, a significant change in status assessment is not required OR the resident did not have a significant change in status.

6. Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident’s status, needs, strengths and areas of decline, accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?
   If No, cite F641

7. Did the facility develop and implement a comprehensive person-centered care plan that includes measureable objectives and timeframes to meet the resident’s medical, nursing, mental, and psychosocial needs and includes the resident’s goals, desired outcomes, and preferences?
   If No, cite F656
   NA, the comprehensive assessment was not completed.

8. Did the facility reassess the effectiveness of the interventions and review and revise the resident’s care plan (with input from the resident or resident representative, to the extent possible), if necessary, to meet the resident’s needs?
   If No, cite F657
   NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised

Other Tags, Care Areas (CA), and Tasks (Task) to Consider: Right to be Informed F552, Choices (CA), Notification of Change F580, Privacy (CA), Abuse (CA), Dignity (CA), Social Services F745, Admission Orders F635, Professional Standards F658, Community Discharge (CA), Pain (CA), Positioning/ROM (CA), ADLs (CA), Behavioral-Emotional Status (CA), Sufficient and Competent Staff (Task), Physician Delegation to Therapist F715, Qualified Rehab Person F826, Infection Control (Task), Resident Records F842, QAA/QAPI (Task).