



F656 Develop/Implement Comprehensive Care Plan

Amy Stackman, RN, Quality Improvement Specialist
Danyce Seney, RN, BSN, IP, RAC-CTA, CPHQ, Quality Improvement Specialist, HCQIP

This material was prepared by the IPRO QIN-QIO, a Quality Innovation Network-Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication # 12SOW-IPRO-QIN-TA-AA-23-1135



■ Healthcentric
Advisors
■ Qlarant

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
IQALITY IMPROVEMENT & INNOVATION GROUP

Learning Objectives

1. Describe the elements of great care plans
2. Identify issues that cause non-compliance
3. Review communication strategy
4. Employ person-centered care

F-TAG LEADERBOARD

1 F0884 NHSN Reporting

2 F0689 FREE OF ACCIDENTS

3 F0080 INFECTION PREVENTION

4 F0684 QUALITY OF CARE

5 F0812 FOOD STORAGE/PREP/SERVE

6 F0656 DEV/IMP COMP CARE PLANS

7 F0677 ADL CARE

8 F0761 LABEL/STORE DRUGS BIOLOGICALS

9 F0686 PRESSURE ULCERS

10 F0609 REPORTING ALLEGED VIOLATIONS

Process

Every survey summary of deficiencies follows the same pattern:

- State Operations Manual – F-tag
- Facility policy and procedure regarding that F-tag topic
- MDS documentation specific to resident that impacts that topic

To mitigate each topic:

- What is your facility process to review State Operations Manual?
- What is your facility process to update and review your policy and procedures?
- What is your facility process to review and update this particular topic area?

Regulation F 656

§483.21

- (1) The facility must develop and implement a comprehensive **person-centered care plan for each resident, consistent with the resident rights set forth at §483.10**
- (2) and that includes **measurable objectives and timeframes** to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

Regulation F 656

§483.21

The comprehensive care plan must describe the following:

- (i) The **services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.**
- (ii) Any services that would otherwise be required but **are not provided** due to the resident's exercise of rights, **including the right to refuse** treatment.
- (iii) Any specialized **services** or specialized rehabilitative services the nursing facility will provide as a result of **PASARR recommendations.**

If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.

Regulation F 656

§483.21

The comprehensive care plan must describe the following —

(iv) In **consultation with the resident and the resident's representative(s)**

(A) The resident's **goals** for admission and desired **outcomes**.

(B) The resident's **preference and potential for future discharge**.

Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.

(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.

Intent

Each resident will have a person-centered comprehensive care plan developed and implemented to meet his or her preferences and goals, and address the resident's **medical, physical, mental, and psychosocial** needs.

Key Elements if Non-Compliance

To cite deficient practice at F656, the surveyor's investigation will generally show that the facility failed to do one or more of the following:

Develop and implement a care plan that:

- Is comprehensive and individualized
- Is consistent with the resident's goals and right to be informed and participate in his/her treatment
- Meets each of the medical, nursing, mental, and psychosocial needs identified on the resident's comprehensive assessment
- Includes measurable objectives, interventions, and timeframes for how staff will meet the resident's needs

Key Elements if Non-Compliance

To cite deficient practice at F656, the surveyor's investigation will generally show that the facility failed to do one or more of the following:

Develop and implement a care plan that describes all of the following:

- Resident goals and desired outcomes; the care/services that will be furnished so that the resident can attain or maintain his/her highest practicable physical, mental, and psychosocial well-being
- The specialized services to be provided as a result of the PASARR evaluation and/or the comprehensive assessment
- The resident's discharge plan and any referrals to the local contact agency
- Refusals of care and action taken by facility staff to educate the resident and resident representative, if applicable, regarding alternatives and consequences
- Care and services which are culturally competent and trauma-informed

Think About

Questions regarding regulation,
intent, or key elements of non-
compliance?



■ Healthcentric
Advisors
■ Qlarant

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
IQUALITY IMPROVEMENT & INNOVATION GROUP

Do Your Care Plans...?

- Address the goals, preferences, needs, and strengths of the resident, including those identified in the comprehensive resident assessment (ex. Medications, ADL's, Diagnosis, At risk for, etc...) to assist the resident to attain or maintain his or her highest practicable well-being and prevent avoidable decline?
- Are goals and interventions person-centered, measurable, and do they include time frames to achieve the desired results?
- Did the resident and/or resident representative participate in developing person-centered goals and interventions?
- Does the care plan describe interventions that reflect the resident's cultural preferences, values, and practices?

Do Your Care Plans...?

- For residents with a history of trauma, does the care plan describe corresponding interventions for care that are in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident? (See §483.25(m))
- Is there evidence that care plan interventions were implemented consistently across all shifts?
- Is there a process in place to ensure direct care staff are aware of and educated about the care plan interventions?
- Is there a process in place to include all members of the IDT in collaborating to ensure the care plan is complete and person centered?

Critical Element Pathways

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

General Critical Element Pathway

Facility Name: _____ Facility ID: _____ Date: _____
Surveyor Name: _____
Resident Name: _____ Resident ID: _____
Initial Admission Date: _____ Interviewable: Yes No Resident Room: _____
Care Area(s): _____

Use

Use this General Investigative Protocol to investigate quality of care concerns that are not otherwise covered in the remaining tags of §483.25, Quality of Care, or for which specific investigative protocols have not been established. For investigating concerns regarding management of pain, use the pain recognition and management CE Pathway. Surveyors should consider any quality of care issue that is not covered in a specific quality of care tag to be covered under F309.

Procedure

- Briefly review the assessment, care plan, and orders to identify whether the facility has recognized and addressed the concerns or resident care needs being investigated. Also use this review to identify facility interventions and to guide observations to be made.
- Corroborate observations by interview and record review.

- [General Critical Element Pathway \(cms.gov\)](https://www.cms.gov)



Healthcentric
Advisors
Qlarant

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
EQUALITY IMPROVEMENT & INNOVATION GROUP

Summary Statement of Deficiencies

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL)	ID PREFIX TAG
F 0656	Continued From page 27	F 0656
F 0656 SS=D	<p>483.21(b)(1) Develop/Implement Comprehensive Care Plan</p> <p>§483.21(b) Comprehensive Care Plans</p> <p>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to</p>	F 0656

Commonalities

- Medical diagnosis
- Medication class
- Medical devices/procedures not addressed
- Skin – Risk
 - Actual
- Pressure
- Weight loss
- Wandering
- ADLs

Commonalities- big trends

Return to facility following transfer/change of condition:

- Oxygen
- Urinary catheter
- Port-A-Cath
- Diagnoses

Interventions and/or tasks not 'carried' over to the nurse aide assignments/care cards:

- Ambulation
- ADLs
- Devices
- Communication

Resident Specific

- **Changes in condition** that occur should be noted on care plan
 - Changes that lead to ED visit
 - Changes that lead to admission
 - Changes that may occur when resident returns to facility
- **Opportunity for improvement:**
 - What is your process when resident returns/re-enters facility?
 - Is there a full inter-disciplinary team review of DC summary at next team meeting with electronic record available to ensure changes are made and all elements are reviewed?

Care Plan Communication

What departments need to know

What information is appropriate to share

Trauma History

Wandering

Preferences

"Triggers"

Ambulation

Care needs

Fear

Person Centered

- What is your process to ensure your care plans reflect all aspects of what makes each resident unique?
- How do you ensure your staff are aware of the information necessary to provide safe and quality care?
- What is your process when there is a change of condition or transfer of resident to ensure all changes are captured?
- What is your process for review? Who is involved?

Contact us

We're Here to Help!

Health Centric Advisors (HCA)

MA, CT, ME, NH, VT, RI

Marguerite McLaughlin

mmclaughlin@healthcentricadvisors.org

Director of Education, Task 1 Nursing Home Lead

Joshua Clodius

jclodius2@healthcentricadvisors.org

Quality Improvement Specialist

Kristin-Rae Delsesto,

kdelsesto@healthcentricadvisors.org

Quality Improvement Specialist

Mary Ellen Casey

mcasey@healthcentricadvisors.org

Sr. Quality Improvement Manager

Nelia Odom

nodom@healthcentricadvisors.org

Quality Improvement Manager

Island Peer Review Organization (IPRO)

NY, NJ, OH

Melanie Ronda

mronda@ipro.org

Assistant Director & Nursing Home Lead

Danyce Seney

DSeney@ipro.org

Quality Improvement Specialist

Amy Stackman

astackman@ipro.org

Quality Improvement Specialist

Tammy Henning

thenning@ipro.org

Quality Improvement Specialist

Maureen Valvo

mvalvo@ipro.org

Senior Quality Improvement Specialist:

David Johnson

djohnson@ipro.org

Senior Quality Improvement Specialist

Qlarant

MD, DE, DC

Charlotte Gjerloev,

gjerloevc@qlarant.com

Director

Shirlynn Shafer

shafers@qlarant.com

Project Manager II

Darlene Shoemaker

shoemakerd@qlarant.com

Quality Improvement Consultant

Vicky Kilby

kilbyv@qlarant.com

Quality Coordinator II