



F0677 ADL CARE PROVIDED FOR DEPENDENT RESIDENTS

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Learning Objectives

1. Identify the facilities responsibilities
2. Review ways to ensure compliance
3. Consider the issues that trigger deficiencies

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

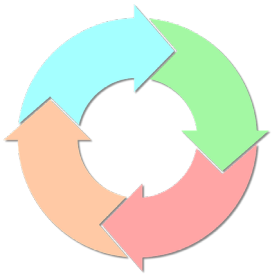
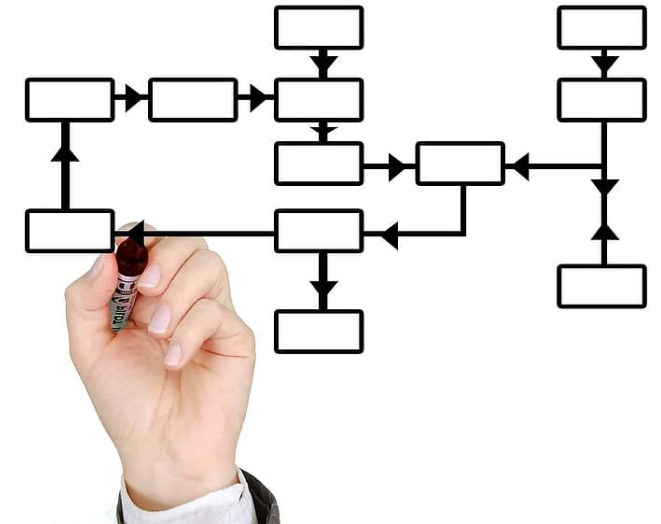
What is the Process?

- Every survey summary of deficiencies follow 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?

Think About

Do you have processes in place?

How often do you review your policies/ procedures, processes, care plans?



Facility Responsibility

The facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless unavoidable.

Conditions which may demonstrate an unavoidable decline:

- Natural progression of disease
- Onset of acute episode
- Refusal of care and treatments

Note also that depression is a potential cause of excess disability

F677 ADL Care Provided for Dependent Residents

§483.24

Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must:

- Provide the necessary care and services to ensure that a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;

What Will be Reviewed

- Surveyors must still determine that **interventions** to assist the resident are identified and implemented immediately.
- Appropriate treatment and services includes all care provided to residents by staff, contractors, or volunteers of the facility to maximize the resident's functional abilities. This includes pain relief and control, especially when it is causing a decline or a decrease in the quality of life of the resident.

Verbiage

Independent – Resident completed activity with no help or oversight every time

Supervision – Oversight, encouragement, or cueing provided 3 or more times

Limited Assistance - Resident highly involved in activity and received physical help in guided maneuvering of limb(s) or other non-weight bearing assistance

Extensive Assistance - While resident performed part of activity help was provided 3 or more times; weight-bearing support was provided; full staff performance of activity during part (but not all)

Total Dependence - Full staff performance of an activity with no participation by resident for any aspect of the ADL activity; resident was unwilling or unable to perform any part of the activity over entire 7-day look-back period

F677 ADL Care Provided for Dependent Residents

§483.24

- Use the Activities of Daily Living Critical Element (CE) Pathway, along with the interpretive guidelines, when determining if facility practices are in place to identify, evaluate, and intervene to maintain, improve, or prevent an avoidable decline in ADLs.
- In addition, use this pathway for the resident who is unable to perform ADLs.

Activities of Daily Living (ADL) Critical Element Pathway

Use this pathway for a sampled resident who requires assistance with ADLs (grooming, dressing, oral hygiene, transfer, bed mobility, ambulation, eating, bathing, and communication systems) to determine if facility practices are in place to identify, evaluate, and intervene to prevent, maintain, or improve ADLs.

Review the following to guide your observations and interviews:

- Review the most current comprehensive (i.e., admission, annual, significant change, or a significant correction to a prior comprehensive) and most recent quarterly (if the comprehensive isn't the most recent assessment) MDS/CAAS for C - cognitive status, G - ADL status, J - pain, O - OT, PT and restorative services,
- 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),
- Physician's orders (e.g., therapy, restorative, and ADL needs), and
- Pertinent diagnosis.

Observation

Make observations as appropriate, over various shifts to corroborate the information obtained during the record review. You may also find it important to observe for information obtained from staff interviews. Potential pertinent observations are listed below.

- Observe ADLs by CNA, restorative, or therapy (observe as soon as possible)
 - How much assistance does the resident need?
 - Any ADL concerns (e.g., teeth clean, hair clean and brushed, nails clean and trimmed, face shaven, female facial hair removed, no odors, dressed appropriately)?
 - Does staff encourage the resident to perform ADLs or participate as much as the resident is able?
 - Does staff allow sufficient time for the resident to complete tasks independently (e.g., putting on their own shirt)?
 - Does staff complete tasks for an independent resident (e.g., pushing a resident who can self-propel in a w/c or feeding a resident who can do it on their own)?
 - Does staff tell the resident what they are doing before proceeding?
 - Is the resident receiving all necessary ADL assistance?
 - If the resident has a contracture, did staff provide skin care to keep the areas clean and to prevent skin breakdown?
- Are care-planned interventions in place?
- Does staff provide assistive devices to maximize independence, including but not limited to the following?
 - Grooming – built up grooming aids.
 - Dressing – Velcro instead of laces or buttons, button hook.
 - Transfer and ambulation – transfer board, cane, w/c, walker.
 - Toileting – elevated toilet seat, grab bar, commode.
 - Eating – built-up utensils, plate guard, nose cup, three-compartment dish, scoop plate/bowl, weighted or swivel utensils, cup with lid and handles, dycem.
 - Communication – communication board, electronic augmentative communication device.
- Is there any indication that the resident could benefit from therapy or restorative services that are currently not being provided?
- If the resident wears prostheses, are they in place or removed in accordance with the time of day, activities, and resident preference?

Review

- Briefly review ADL documentation/flow sheets on various shifts, to identify whether the facility has:
 - Recognized and assessed an inability to perform ADLs, or a risk for decline in any ability they have to perform ADLs;
 - Developed and implemented interventions in accordance with the resident's assessed needs, goals for care, preferences, and recognized standards of practice that address the identified limitations in ability to perform ADLs;
 - Monitored and evaluated the resident's response to care plan interventions and treatment;
 - Revised the approaches as appropriate.

Think About

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



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Summary of Deficiency

Provide care and assistance to perform activities of daily living for any resident who is unable.

****NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY****

Based on observation, record review and staff interviews during a recertification survey, the facility did not ensure residents who were unable to carry out activities of daily living received the necessary services to maintain personal hygiene



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Review of randomized summaries of deficiencies of F0677 in Skilled Nursing Facilities, in all 11 states and DC.

Summary of common findings of deficiencies grouped into areas.

Common Findings

- Dementia
- Skin
- Oral care
- Nails
- Toileting
- Seating
- Dressing
- Hair care
- Incontinence
- Mens' grooming
- Out of bed
- Devices-removal

Think About

Thoughts for Improvement:

- Ensure interventions from care plan are on nurse aide assignments
- Review resident care plans to ensure ADL status and level of assist is appropriate and communicates to the nurse aide/care giver assignment
- Educate regarding levels of assist and providing ADLs
- Review process for review of resident ADL/level of assist, who is involved, how often

Questions?

Comments?

Discussion?



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We're Here to Help!

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