Stage 2 Critical Elements for Communication and Sensory Problems (Includes Hearing and Vision)

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 protocol for a sampled resident having communication difficulty and/or sensory problems (vision and/or hearing).

Procedure

☐ Briefly review the assessment, care plan, and orders to identify facility interventions and to guide observations to be made.

☐ Corroborate observations by interview and record review.

Observations

For residents with communication and/or sensory problems, the staff are expected to assess and provide appropriate care from the day of admission. ☐ Observe whether staff consistently implement the care plan over time and across various shifts. ☐ During observations of the interventions, note and/or follow up on deviations from the care plan as well as potential negative outcomes, including but not limited to the following: ▪ Activities and interactions are provided in a manner that is responsive to individual hearing, vision, or communication concerns;	**Notes:**

Stage 2 Critical Elements for Communication and Sensory Problems (Includes Hearing and Vision)

Observations	
▪ Supportive and assistive devices/equipment is in use and used correctly (telephone with low-high volume switch, hearing aids, magnifying glasses, hand signals, use of pictures, large print books, books on tape, communication boards, etc.); and ▪ The environment is responsive to individual hearing, vision, or communication concerns (adequate lighting, reduction of glare, removal of clutter, reduction of background noise, etc.).	

Resident/Representative Interview	
Interview the resident, family, or responsible party to the degree possible to identify: ☐ The resident's/representative's involvement in the development of the care plan, goals, and whether interventions reflect choices and preferences and staff provide care according to the care plan; ☐ Whether treatment(s), including devices/techniques were refused, whether counseling on alternatives, consequences, and/or other interventions was offered; and ☐ Current communication and/or sensory status.	**Notes:**

Stage 2 Critical Elements for Communication and Sensory Problems (Includes Hearing and Vision)

Staff Interviews	
Interview staff on various shifts to determine as applicable: ☐ Knowledge of resident-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; ☐ Whether nursing assistants know what, when, and to whom to report changes in communication and/or sensory functioning; ☐ Whether staff monitor for the implementation of the care plan, and whether staff review and evaluate for changes in communication and sensory functioning; and ☐ How appointments and transportation are arranged for visual and auditory exams.	**Notes:**

Stage 2 Critical Elements for Communication and Sensory Problems (Includes Hearing and Vision)

Assessment	
Review the MDS, physician orders, therapy notes, consultations, and other progress notes that may have information regarding the assessment of visual, hearing and/or communication needs, and resident responsiveness to speech, hearing, or visual services. Determine whether the assessment information accurately and comprehensively reflects the status of the resident for: ☐ Causal, contributing, and risk factors for decline, potential for decline, or lack of improvement related to limitations in visual or auditory functioning or communication; ▪ Factors influencing communication might include 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. ▪ Factors influencing visual functioning might include 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 facility environmental factors such as insufficient lighting. ▪ Factors influencing hearing might include 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. ☐ The need for, or response to, assistive devices to promote hearing, vision, or communication; and ☐ If the resident resists the use of assistive devices, the assessment discusses causal and contributing factors of the refusal.	**Notes:**

Stage 2 Critical Elements for Communication and Sensory Problems (Includes Hearing and Vision)

Assessment	
☐ Determine whether there was a "significant change" in the resident's condition and whether the facility conducted a significant change comprehensive assessment within 14 days. A "significant change" is a decline or improvement in a resident's status that: 1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not "self-limiting" 2. Impacts more than one area of the resident's health status; and 3. Requires interdisciplinary review and/or revision of the care plan. If there was a "significant change" in the resident's condition and the facility did not conduct a significant change comprehensive assessment within 14 days, initiate **F274, Resident Assessment When Required**. If a comprehensive assessment was not conducted, also cite F272.	
1. 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) of the resident's auditory, visual, or communication problems, and the impact upon the resident's function, mood, and cognition? ☐ Yes ☐ **No** **F272**	
☐ **NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS**	
NOTE: Although Federal requirements dictate the completion of RAI assessments according to certain time frames, standards of good clinical practice dictate that the assessment process is more fluid and should be ongoing.	

Stage 2 Critical Elements for Communication and Sensory Problems (Includes Hearing and Vision)

Assessment	
The comprehensive assessment is not required to be completed until 14 days after admission. For newly admitted residents, before the 14–day assessment is complete, the lack of sufficient assessment and care planning to meet the resident's needs should be addressed under ***F281, Professional Standards of Quality****.*	

Care Planning	
If the comprehensive assessment was not completed (CE#1 = No), mark CE#2 "NA, the comprehensive assessment was not completed". ☐ Determine whether the facility developed a care plan that was consistent with the resident's specific conditions, risks, needs, behaviors, preferences, current standards of practice, and included measurable objectives and timetables, with specific interventions/services to meet communication and sensory needs. ☐ If the care plan refers to a specific facility treatment protocol that contains details of the treatment regimen, the care plan should refer to that protocol and should clarify any deviations from or revisions to the protocol for this resident. The treatment protocol must be available to the caregivers and staff should be familiar with the protocol requirements. If care plan interventions that address aspects of care to meet communication and sensory needs are integrated within the overall care plan, the interventions do not need to be repeated. ☐ Review the care plan to determine whether the plan is based upon the goals, needs, and strengths specific to the resident and reflects the comprehensive assessment. Determine whether the plan includes at least the following: ▪ Staff utilize assessment information in the development of the care plan and address relevant factors such as: ▪ Need for scheduled/planned auditory or visual examinations, or	**Notes:**

Stage 2 Critical Elements for Communication and Sensory Problems (Includes Hearing and Vision)

Care Planning	
speech therapy; ▪ Environmental factors to promote vision or hearing (adequate lighting, reduction of glare, reduction of background noise, etc.); ▪ Risk for accidents related to visual/auditory impairments, or lack of understanding of safety instructions; and ▪ Supportive and assistive devices/equipment needed to meet visual, hearing, and communication needs (telephone with low-high volume switch, hearing aids, magnifying glasses, hand signals, use of pictures, large print books, books on tape, communication boards, etc.). ☐ Interventions identified in the care plan reflect the resident's medical/health condition and resident preferences and opinions; and ☐ If the resident refuses or is resistant to devices or services, the care plan reflects efforts to find alternative means to address the needs identified in the assessment process. ☐ If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current plan of care. **2. Did the facility develop a plan of care with measurable goals and interventions to address the care and treatment related to the resident's sensory and communication needs in accordance with the assessment, resident's wishes, and current standards of practice?** ☐ Yes ☐ **No** **F279** ☐ **NA, the comprehensive assessment was not completed** *The comprehensive care plan does not need to be completed until 7 days after the comprehensive assessment (the assessment completed with the CAAS). Lack of sufficient care planning to meet the needs of a newly admitted resident should be addressed under* ***F281, Professional Standards of Quality****.*	

Stage 2 Critical Elements for Communication and Sensory Problems (Includes Hearing and Vision)

Care Plan Implementation by Qualified Persons	
Observe care and interview staff over several shifts and determine whether: ☐ Care is being provided by qualified staff, and/or ☐ The care plan is adequately and/or correctly implemented. **3. Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care?** ☐ Yes ☐ **No** **F282** ☐ **NA, no provision in the written plan of care for the concern being evaluated** *NOTE: If there is a failure to provide necessary care and services, the related care issue should also be cited when there is actual or potential outcome.*	**Notes:**

Stage 2 Critical Elements for Communication and Sensory Problems (Includes Hearing and Vision)

Care Plan Revision	
If the comprehensive assessment was not completed (CE#1 = No), OR, if the care plan was not developed (CE#2 = No), mark CE#4 "NA, the comprehensive assessment was not completed OR the care plan was not developed". ☐ Determine whether the staff have been monitoring the resident's response to interventions and have evaluated and revised the care plan based on the resident's response, outcomes, and needs. ☐ Review the record and interview staff for information and/or evidence that: ▪ If the resident experienced a decline or lack of improvement in communication, the care plan was revised/updated accordingly with more appropriate goals or interventions, based on a determination of causal or contributing/risk factors (e.g., unstable condition, acute health problem or change in condition, change in ability to make decisions, change in cognition, a change in medications, behavioral symptoms, visual/hearing problems); ▪ If the resident experienced an unexpected decline or lack of improvement in hearing or vision, staff ensured that proper treatment was obtained in a timely fashion; and ▪ The resident and/or the responsible person was involved in the review and revision of the plan. **4. Did the facility reassess the effectiveness of the interventions and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the needs of the resident?** ☐ Yes ☐ **No** **F280** ☐ **NA, the comprehensive assessment was not completed OR the care plan was not developed**	**Notes:**

Stage 2 Critical Elements for Communication and Sensory Problems (Includes Hearing and Vision)

Provision of Care and Services	
For the resident who has had a decline in communication abilities:	
Determine whether staff have: ☐ Recognized and assessed factors affecting the resident's communication abilities; ☐ Defined and implemented pertinent interventions consistent with resident condition, goals, and recognized standards of practice to try to address factors contributing to decline in communication abilities; ☐ Monitored and evaluated the resident's response to interventions; and ☐ Revised the approaches as appropriate. **5. Based on observation, interviews, and record review, did the facility provide proper care and treatment, including assistive devices, to prevent a decline in the resident's ability to use speech, language, or other functional communication systems?** ☐ Yes ☐ **No** **F310** ☐ **NA, the resident has not declined in communication abilities**	**Notes:**

Stage 2 Critical Elements for Communication and Sensory Problems (Includes Hearing and Vision)

Provision of Care and Services	
For the resident with the potential to maintain or improve communication abilities, but who has not maintained or improved:	
Determine whether staff have: ☐ Recognized and assessed factors affecting the resident's communication abilities; ☐ Defined and implemented pertinent interventions consistent with resident condition, goals, and recognized standards of practice to try to address factors contributing to decline in communication abilities; ☐ Monitored and evaluated the resident's response to interventions; and ☐ Revised the approaches as appropriate. **6. Based on observation, interviews, and record review, did the facility provide the appropriate treatment and services to maintain or improve the resident's communication?** ☐ Yes ☐ **No** **F311** ☐ **NA, the resident does not have potential to maintain or improve communication abilities**	**Notes:**

Stage 2 Critical Elements for Communication and Sensory Problems (Includes Hearing and Vision)

Provision of Care and Services	
For the resident with a hearing and/or vision problem:	
☐ Determine whether staff identified the need for services, assisted the resident in making appointments and arranging transportation, and provided services to help the resident maintain, to the extent possible, the vision and hearing abilities. Determine whether staff have: ▪ Recognized and assessed factors affecting the resident's vision and/or hearing status; ▪ Defined and implemented pertinent interventions consistent with resident condition, goals, and recognized standards of practice to try to address factors contributing to decline or lack of improvement in vision and/or hearing status; ▪ Provided assistance, as appropriate, in gaining access to vision and hearing services by making appointments and arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment; ▪ Monitored and evaluated the resident's response to interventions; and ▪ Revised the approaches as appropriate.	**Notes:**
7. Based on observation, interviews, and record review, did the facility assist the resident to ensure residents receive proper treatment and assistive devices to maintain vision and/or hearing abilities? ☐ Yes ☐ **No** **F313**	

Stage 2 Critical Elements for Communication and Sensory Problems (Includes Hearing and Vision)

Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements	
During the investigation of care and services provided regarding communication and sensory problems, the surveyor may have identified concerns with related structure, process and/or outcome requirements, such as the examples listed below. If an additional concern has been identified, the surveyor should initiate the appropriate care area or F tag and investigate the identified concern. Do not cite any related or associated requirements before first conducting an investigation to determine compliance. ☐ **F154, Notice of Rights and Services** — Determine whether the staff provided information regarding the resident's total health status in a language he or she can understand (including providing information in the resident's language, if different from the dominant language of the facility). ☐ **Dignity** — Determine whether staff provide care and assistance to the resident with communication difficulty and/or sensory impairment in a manner that prevents the resident from expressing feelings of being ignored, disrespected, embarrassed, humiliated, or isolated. ☐ **F246, Accommodation of Needs** — Determine whether the facility provides services with reasonable accommodation of needs and preferences such as individualizing the environment to accommodate visual or hearing limitations according to resident's preferences, desires, and unique needs; and/or including appropriate measures to facilitate communication with residents who have difficulty communicating in accordance with the resident's own preferences and unique needs such as ensuring that residents are able to access communication mechanisms. ☐ **Social Services** — Determine whether the facility provides medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.	**Notes:**

Stage 2 Critical Elements for Communication and Sensory Problems (Includes Hearing and Vision)

Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements	
☐ **Environment (adequate and comfortable lighting)** — Determine whether the facility provides lighting (levels of illumination) so that residents with visual impairment can maintain or enhance independent functioning and perform tasks of choice. ☐ **Environment (maintenance of comfortable sound levels)** — Determine whether sound levels are comfortable to residents and if staff have made efforts to reduce background noise for those residents having difficulty hearing or making themselves heard because of background sounds. ☐ **F271, Admission Orders** — Determine whether the facility received physician orders for provision of immediate care before conducting the comprehensive assessment and developing an interdisciplinary care plan. ☐ **F278, Accuracy of Assessments** — Determine whether staff that are qualified to assess relevant care areas and are knowledgeable about the resident's status, needs, strengths, and areas of decline conducted an accurate assessment. ☐ **F281, Professional Standards** — Determine whether the services provided or arranged by the facility met professional standards of quality. Professional standards of quality is defined as services that are provided according to accepted standards of clinical practice. ☐ **Rehabilitation** — Determine whether the facility provides or obtains required therapies such as speech therapy, based on the comprehensive assessment and care plan, to ensure that residents receive rehabilitative services to address problems related to auditory comprehension, speech production, expressive behavior, or other alternate means of communication.	

Stage 2 Critical Elements for Communication and Sensory Problems (Includes Hearing and Vision)

Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements	
☐ **F514, Clinical Records** — Determine whether the clinical records: ▪ Accurately and completely document the resident's status, the care and services provided in accordance with current professional standards and practices; and ▪ Provide a basis for determining and managing the resident's progress including response to treatment, change in condition, and changes in treatment.	