

Rehab and Restorative Critical Element Pathway

Use this pathway for a sampled resident who has had a lack of improvement in any areas of functional ability to determine if the resident received necessary rehabilitative services.

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 and ROM status, H - bowel and bladder status, J - pain, O - therapy services, and restorative services,
- ☐ Care plan (e.g., ADL assistance, premedication prior to therapy, therapy interventions, or restorative approach),
- ☐ Physician's orders (e.g., therapy which includes type of treatment, frequency and duration, restorative, ADL, and contracture 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 therapy/restorative services (observe as soon as possible).
 - What did therapist/restorative do? Are there any signs the therapist ignored the resident's risk factors (e.g., orthostatic hypotension, hip replacement precautions)?
 - Is the resident encouraged to participate to the extent possible?
 - What assistive devices are used (e.g., walker or reacher)? Are assistive devices used correctly?
 - Are modalities used appropriately (e.g., hot and cold packs wrapped)?
 - If PROM exercises are performed, are the joints supported and extremities moved in a smooth steady manner to the point of resistance?
 - Does the treatment correspond to the MD order and goals (e.g., if ordered to do transfer training is that what the therapist did)?
 - Is the resident's level of assistance the same or better than the most recent therapy progress note?
- ☐ Does staff provide needed assistance to perform tasks?
- ☐ Is there pain or SOB during therapy? If so, what did the staff do?
- ☐ Is therapy treating more than one resident at a time? If so, 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)?
- ☐ Are care- planned interventions in place?
- ☐ Did therapy provide assistive devices to the resident to maximize independence?
- ☐ Is the resident encouraged to use assistive devices on a regular basis?

Rehab and Restorative Critical Element Pathway

Interview

*As part of the investigation, surveyors should attempt to initially interview **the most appropriate direct care staff member**. Your interview question should be specific to the investigation at hand and based on findings from the record review and observations. Consider interviewing the DON, MD, CNP or PA to complete the investigation.*

Resident and/or representative:

- ☐ Did the therapist or restorative staff discuss the treatment plan and goals with you?
- ☐ What is therapy/restorative working on with you? (Ask about specific interventions – e.g., gait or transfer training).
- ☐ How often do you go to therapy/restorative (e.g., five days a week)?
- ☐ About how long do you work with them (e.g., half hour, one hour)?
- ☐ If you know therapy has provided the resident with assistive devices (e.g., reacher, mobility devices) or communication devices:
 - ☐ Did a therapist show you how to use the device?
 - ☐ Do you use it? If not, why not?
 - ☐ Do you have them when you need them?
 - ☐ Does staff encourage you to use the device?
- ☐ Do you have pain or SOB during therapy/restorative services? If so, what does staff do?
- ☐ Does staff give you enough time to perform rehab or restorative tasks?
- ☐ If you know the resident has refused care: Did the staff talk to you about what might happen if you don't participate in therapy/restorative?
- ☐ Are you getting worse? If so, do you know why you are getting worse?

Staff:

Nurse Aide and/or Restorative Aide:

- ☐ Are you familiar with the resident's care?
- ☐ When did restorative start working with the resident?
- ☐ What is restorative doing to address the [ask about specific concern]?
- ☐ How often do you meet with the resident?
- ☐ How much assistance does the resident need with [ask about specific concern]?
- ☐ How do you promote the resident's participation in therapy?
- ☐ Does the resident have pain or SOB? 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 ability getting worse? If so, did you report it (to whom and when) and did the treatment plan change?
- ☐ How were you trained on the resident's restorative program?
- ☐ Ask about concerns based on your investigation.

Rehab and Restorative Critical Element Pathway

Therapy and/or Restorative Manager:

- ☐ Is the resident at risk for a decline in function?
- ☐ How often and how is the resident assessed (e.g., quarterly therapy screen) for a change in function and where is it documented?
- ☐ When did the resident's decline occur? What caused the decline?
- ☐ If the decline was recent: Who was notified of the decline and when were they notified?
- ☐ Were there any therapy or restorative interventions in place before the decline developed?
- ☐ When did therapy/restorative start working with the resident?
- ☐ What is therapy/restorative doing to address the resident's decline?
- ☐ How did you identify that the interventions were suitable for this resident?
- ☐ Does the resident use any assistive devices? How was the resident educated?
- ☐ What are the current goals for the resident?
- ☐ Do you involve the resident/representative in decisions regarding treatments? If so, how?
- ☐ How often do you meet with the resident?
- ☐ How much assistance does the resident need with [ask about specific concern]?
- ☐ How do you promote the resident's participation in therapy?
- ☐ Does the resident have pain or SOB? 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 ability getting worse? If so, did you report it (to whom and when) and did the treatment plan change?
- ☐ How did you train staff to perform the restorative program? Is there documentation that nursing staff were trained (ask to see the documentation)?
- ☐ If the resident is not on a therapy/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?
- ☐ Ask about concerns based on your investigation.

Record Review

You may need to return to the record to corroborate information from the observations and interviews. Potential pertinent items in the record are listed below.

- ☐ Review the therapy assessment, notes, and discharge plan if appropriate, restorative notes, and IDT notes.
 - ☐ Has therapy assessed the resident's decline, provided treatment as often as ordered and implemented a maintenance program after therapy?
 - ☐ Is there documentation that indicates the resident has improved, been maintained, or declined?
 - ☐ Is there documentation that restorative nursing staff were trained?
- ☐ Has the care plan been revised to reflect any changes?
- ☐ Does your observation of therapy or restorative services match the level of assistance described in the clinical record?
- ☐ Is pain or SOB assessed and treatment measures documented?
- ☐ Were changes in the resident's status or other risks correctly identified and communicated with staff and MD?
- ☐ Review facility's policies and procedures with regard to therapy/restorative.

Rehab and Restorative Critical Element Pathway

Make compliance decisions below by answering the six Critical Elements.

Note: *Remember if the facility failed to complete a comprehensive assessment resulting in a citation at F272, surveyors should not cite F279 and F280 as the facility could not have developed or revised a plan of care based on a comprehensive assessment they did not complete. If further guidance is needed, surveyors should refer to the regulation, IG, and investigative protocol as they conduct the investigation.*

Critical Element

1. If the condition or risks were present at the time of the required 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 rehabilitation needs and the impact upon the resident's function, mood, and cognition?
If No, cite F272
NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR a comprehensive assessment is not required yet.
2. Did the facility develop a plan of care with interventions and measurable goals, in accordance with the assessment, resident's wishes, and current standards of practice, to address the resident's rehabilitative needs?
If No, cite F279
NA, the comprehensive assessment was not completed OR a comprehensive care plan is not required yet.
3. Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care?
If No, cite F282
NA, no provision in the written plan of care for the concern being evaluated.
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?
If No, cite F280
NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised.
5. Based on observations, interviews, and record review did the facility provide the appropriate treatment and services to maintain or improve the functional ability for the resident who has the potential to maintain or improve?
If No, cite F311
NA, the resident does not have a potential to maintain or improve ADL functioning.
6. Based on observations, interviews, and record review did the facility provide or obtain the required specialized rehabilitative services?
If No, cite F406
NA, the resident does not require specialized rehabilitation services.

Other Tags and Care Areas to consider: F154, Choices (F155, F242, F246), Notification of Change (F157), Privacy (F164, F174), Abuse (F223, F224, F226), Dignity (F241), Social Services (F250), F271, F274, F278, F281, Pain (F309), Positioning (F309), ADLs (F310, F311, F312), ROM (F317, F318), Behavioral/Emotional Status (F309, F319, F320), Sufficient Staffing (F353, F354), F385, F407, F498, Infection Control (F441), F501, F514, QA&A (F520).

Rehab and Restorative Critical Element Pathway

Notes: