

Range of Motion (ROM) Critical Element Pathway

Use this pathway for a sampled resident who has limited ROM to determine if facility practices are in place to identify, evaluate, and intervene to prevent, maintain, or improve ROM.

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 - ROM status, J - pain, O - OT, PT and restorative services,
- Care plan (e.g., splint and/or ROM schedule, type of splinting [e.g., splint, hand roll, arm trough], therapy interventions for ROM, premedication before therapy/ROM exercises, or prevention of contracture related skin issues),
- Physician's orders (e.g., splint schedule, therapy if ordered for ROM [e.g., UE function, ther-ex, or ADLs], or ROM exercises), 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.

- Describe the contracture(s).
 - Where is the contracture and what does it look like?
 - Is the resident's skin clean and properly cared for (e.g., lotion applied to dry skin or evidence of breakdown)?
 - If the resident's hands are contracted in a fist, are the nails trimmed? Are there nail prints in the palm of the resident's hand? Is there an odor or signs of moisture?
- Are ROM exercises being done by the CNAs, restorative aides, or therapists (observe as soon as possible)?
 - What type of assistance is provided (i.e., active ROM [AROM], active assist ROM [AAROM]*, or passive ROM [PROM])? Is it appropriate?
 - If PROM exercises are performed, are the joints supported and extremities moved in a smooth steady manner to the point of resistance?
 - Did staff encourage the resident to perform AROM exercises or participate to the extent the resident is able?
- When assisting with ROM exercises, did staff allow sufficient time for the resident to complete tasks? Are staff completing the program correctly (e.g., frequency and as ordered such as number of reps and direction of movement)?
- How much limitation is there?
- Is there pain? If so, what did the staff do?
- Are care-planned interventions in place?
- Are splints applied (e.g., splints, braces, hand rolls with or without finger separators, hand cones, palm protector, carrots, or rolled up washcloths)?
 - Did staff apply the splint slowly and gently or force the splint in place?
 - Is the splint applied correctly (e.g., fingers stretched out over the splint or hand roll or arm trough to extend fingers)?
 - Is the resident in pain during splint application or care of the contracted area? If so, what did staff do?
- Is there any indication that the resident could benefit from therapy services that are not currently being provided?

*AAROM is when the resident performs as much of the ROM as possible and then the staff completes the rest to try and maximize full ROM.

Range of Motion (ROM) Critical Element Pathway

Interview

As part of the investigation, surveyors should attempt to 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:

- Can you [open your hand, extend your elbow/knee, or lift your arm] all the way? (Ask them to show you).
 - If there's a limitation and the resident said yes, then ask: Do you want to be able to [open your hand, extend your elbow/knee, or lift your arm] all the way?
- How long haven't you been able to [open your hand, extend your elbow/knee, or raise your shoulder]?
- Does staff do exercises for your hand/elbow/shoulder/knee?
 - What are they doing?
 - How often do they do it?
 - Do they give you enough time to do your exercises?
 - Do they encourage you to do as much of the exercises as you can on your own?
- Do you wear a splint? How often is your splint applied?
- Do you have any skin problems because of your [hand/elbow/shoulder/knee] or splint?
- Do you have any pain with exercises, when the splint is put on or when they take care of your [hand/elbow/shoulder/knee]? If so, what does staff do for your pain?
- Do you do exercises on your own? If so, do you use anything like an elastic band to help you with your exercises? Do you have them when you need them?
- Is your [hand/elbow/shoulder/knee] getting worse? If so, do you know why it is getting worse?
- If you know the resident has refused care: Did the staff talk to you about what might happen if you don't [do your exercises or wear your splint]?

Staff:

Nurse Aide and/or Restorative Nurse Aide:

- Are you familiar with the resident's care?
- When did restorative/nursing start working with the resident?
- What is restorative/nursing doing to address the resident's limited range of motion?
- How often do you meet with the resident?
- How much assistance does the resident need with the exercises?
- How do you promote the resident's participation in exercises to the extent possible?
- Does the resident have pain or skin issues? 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 limitation getting worse? If so, did you report it (to whom and when) and did the treatment plan change?
- Ask about any concerns based on your investigation.

Range of Motion (ROM) Critical Element Pathway

Staff:

Nurse:

- Are you familiar with the resident's care?
- What are the resident's risk factors to develop a contracture (e.g., stroke, arthritis, immobile)?
- When did the contracture develop?
- If the resident's contracture is recent: Who was notified of the contracture and when were they notified?
- Were any therapy, restorative, or splint interventions in place before the contracture developed?
- Does the resident have pain or skin issues? If so, who do you report it to and how is it being treated?
- How do you monitor staff to ensure they are implementing care-planned interventions?
- Ask about any concerns based on your investigation.
- Does the resident refuse? What do you do if the resident refuses?
- Did the resident's contracture get worse? If so, did the treatment plan change?
- Ask about any concerns based on your investigation.

Staff:

Therapy and/or Restorative Manager:

- What are the resident's risk factors to develop a contracture (e.g., stroke, arthritis, immobile)?
- When did the contracture develop?
- If the resident's contracture is recent: Who was notified of the contracture and when were they notified?
- Were any therapy, restorative, or splint interventions in place before the contracture developed?
- When did therapy/restorative start working with the resident?
- What is therapy/restorative doing to address the resident's contracture?
- How did you identify that the interventions were suitable for this resident?
- 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 the exercises?
- How do you promote the resident's participation in exercises to the extent possible?
- How were you trained to apply the splint and do exercises?
- Ask about any concerns based on your investigation.

Range of Motion (ROM) Critical Element Pathway

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.
 - Has therapy assessed the contracture, provided treatment as often as ordered, and implemented a plan after therapy?
 - Is there documentation that indicates that ROM has improved, been maintained, or declined?
- Are the underlying risk factors identified (e.g., pain or immobility)?
- Are preventive measures documented prior to a decline?
- Are ROM exercises documented as frequently as ordered?
- Are splints documented as applied as frequently as ordered?
- Has the care plan been revised to reflect any changes in ROM?
- Does your observation of the resident ROM match the description in the clinical record?
- Is skin breakdown and pain related to the contracture assessed and treatment measures documented?
- Are changes in ROM or other risks correctly identified and communicated with staff and MD?
- Review facility policies and procedures with regard to contractures.

Range of Motion (ROM) 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) for the resident's ROM limitations and contractures, 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 ensure provision of care to meet ROM needs, prevent decline in ROM, or improve ROM?

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 observation, interview, and record review, did the facility provide services to prevent reduction in range of motion for the resident admitted without a limited range of motion, and whose clinical condition demonstrates that a reduction in range of motion is avoidable?

If No, cite F317

NA, the resident was admitted with ROM limitations.

6. Did the facility provide services to ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion?

If No, cite 318

NA, the resident was admitted without ROM limitations.

Other Tags and Care Areas to consider: Dignity (F241), F271, F274, F278, F281, Pain (F309), ADLs (F310, F311, F312), Pressure Ulcers (F314), Sufficient Staffing (F353, F354), F369, Rehab and Restorative (F311, F406), F498, F514.

Range of Motion (ROM) Critical Element Pathway

Notes: