

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?

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Interview

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

Resident and/or representative:

- Did staff discuss with you how they are going to maintain or improve your ability to [ask about specific ADL]?
- How much help do you need from staff [ask about specific ADL]? If help needed, ask the following:
 - Does staff encourage you to do as much as you can?
 - Does staff allow ample time for you to do as much as you can on your own?
 - Does staff provide timely assistance?
- Do you have pain with [ADLs]? If so, what does staff do for your pain?
- If you know the resident independently does exercises: Do you use certain devices to help you with [ADLs]? Do you have them when you need them?
- Does staff tell you what they are going to do before they do it?
- What type of interventions are done? (Ask about specific interventions – e.g., assistive devices.)
- Are you getting therapy or restorative for [ADLs]?
 - How often do they help you?
- If you know the resident has refused care: Did staff provide you with other treatment options or did staff provide you with education on what might happen if you do not follow the treatment plans?
- Has your decline in [ADLs] caused you to be less involved in activities you enjoy?
- Has your decline in [ADLs] caused a change in your mood or ability to function?
- Is your [ADL] ability getting worse? If Yes, do you know why you are getting worse?

Therapy and/or Restorative Manager:

- When did the resident's decline in ADLs occur?
- Were any therapy or restorative interventions in place before the [ADL] decline?
- When did therapy/restorative start working with the resident?
- What is therapy/restorative doing to address the resident's [ADL] decline?
- How did you identify that the interventions were suitable for this resident?
- What are the current goals?
- 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 [ADLs]?
- How do you promote the resident's participation in [ADLs]?
- Does the resident have pain? 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 [ADL] 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 [ADL] program? Is there documentation that nursing staff were trained (ask to see the documentation)?
- If the resident is not on a therapy or 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.

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Nurse Aide and/or Restorative Nurse Aide:

- Are you familiar with the resident's care?
- When did restorative start working with the resident?
- What is restorative doing to address the resident's [ADL] decline?
- How often do you meet with the resident?
- How much assistance does the resident need with [ADLs]?
- How do you promote the resident's independence with ADLs to the extent possible?
- Does the resident have pain with [ADLs]? 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 [ADL] 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 [ADL] restorative program?
- Ask about concerns based on your investigation.

Nurse:

- Are you familiar with the resident's care?
- How much assistance does the resident need with [ADLs]?
- If the resident's decline is recent: Who was notified and when were they notified?
- Were any therapy or restorative interventions in place before the [ADL] decline?
- What is therapy/restorative doing to address the resident's [ADL] decline?
- How did you identify that the interventions were suitable for this resident?
- Do you involve the resident/representative in decisions regarding treatments? If so, how?
- Does the resident have pain with [ADLs]? 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 [ADL] ability getting worse? If so, did you report it (to whom and when) and did the treatment plan change?
- If the resident is not on a therapy or 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?
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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 the resident's ADL status changed in the last 12 months?
 - Has therapy assessed the ADL decline, provided treatment as often as ordered, and implemented a plan after therapy?
 - Is there documentation that indicates ADLs have improved, been maintained, or declined?
- Are there underlying risk factors identified (e.g., unstable condition, cognition, or visual problems)?
- Are preventive measures documented prior to a decline?
- Has the care plan been revised to reflect any changes in ADL functioning?
- Does your ADL observation match the description of the resident's abilities in the clinical record?
- Is pain related to ADLs assessed and treatment measures documented?
- Were changes in ADL status or other risks correctly identified and communicated with staff and MD?
- Review facility policies and procedures with regard to ADLs.

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Make compliance decisions below by answering the seven 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.

Critical Element

1. If the condition or risks were present at the time of the required assessment, did the facility comprehensively assess to 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 ADL 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 ensure provision of care to meet ADL needs, prevent decline in ADL abilities, or improve functioning?
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, interviews, and record review, did the facility ensure that a resident's ADL abilities did not diminish unless circumstances of the resident's clinical condition demonstrate that decline was unavoidable?
If No, cite F310
NA, the resident has not declined in ADL functioning.
6. Based on observation, interviews, and record review, did the facility provide the appropriate treatment and services to maintain or improve ADL functioning 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.

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7. Based on observation, interviews, and record review, did the facility provide the resident who is unable to carry out ADLs the necessary services to maintain good nutrition, grooming, and personal and oral hygiene?

If No, cite F312

NA, the resident is able to carry out ADLs.

Other Tags and Care Areas to consider: Dignity (F241), F271, F274, F278, Abuse (F223, F224, F226), F281, Urinary Incontinence (F315), Sufficient Staffing (F353, F354), F369, F373, Rehab and Restorative (F406), F498, F514.

Notes: