

### Preadmission Screening and Resident Review Critical Element Pathway

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_  
Surveyor Name: \_\_\_\_\_  
Resident Name: \_\_\_\_\_ Resident ID: \_\_\_\_\_  
Initial Admission Date: \_\_\_\_\_ Interviewable:  Yes  No Resident Room: \_\_\_\_\_  
Care Area(s): \_\_\_\_\_

*During the entrance conference, the team coordinator requested that the facility provide within four hours a list of residents who receive Preadmission Screening and Resident Review (PASRR) Level II services. Select one resident, as available, from the list and initiate and complete the care area review for Preadmission Screening and Resident Review.*

- Mental illness is defined at §483.102(b)(1).
  - Intellectual disability is defined at §483.102(b)(3) and refers to a person with a related condition as described in 42 CFR 1009.
- “**Specialized rehabilitative services**” are differentiated from restorative services that are provided by nursing staff. Specialized rehabilitative services are provided by or coordinated by qualified personnel. Specialized rehabilitative services are considered a facility service and are, thus, included within the scope of facility services. They must be provided by or coordinated by qualified personnel. They must be provided to residents who need them even when the services are not specifically enumerated in the State plan. No fee can be charged a Medicaid recipient for specialized rehabilitative services because they are covered facility services. A facility is not obligated to provide specialized rehabilitative services if it does not have residents who require these services. If a resident develops a need for these services after admission, the facility must either provide the services or, where appropriate, obtain the services from an outside resource.

For a resident with MI or ID to have his or her specialized needs met, the individual must receive all services necessary to assist the individual in maintaining or achieving as much independence and self-determination as possible. They are:

- “**Specialized services for MI or ID**” refers to those services to be **provided by the State** which can only be delivered by personnel or programs other than those of the NF (e.g., outside the NF setting), because the overall level of NF services is not as intense as necessary to meet the individual’s needs. The Preadmission Screening and Resident Review (PASRR) report indicates specialized services required by the resident. The State is required to list those services in the report, as well as provide or arrange for the provision of the services. If the State determines that the resident does not require specialized services, the facility is responsible to provide all services necessary to meet the resident’s mental health or intellectual disability needs.
- “**Mental health rehabilitative services for MI and ID**” refers to those services of lesser frequency or intensity to be implemented by all levels of nursing facility staff that come into contact with the resident who is mentally ill or who has an intellectual disability. These services are necessary regardless of whether or not they are required to be subject to the PASRR process and whether or not they require additional services to be provided or arranged for by the State as specialized services.

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<b>Use</b>	
Use this protocol to determine whether residents receive necessary specialized rehabilitative services as determined by the comprehensive assessment and care plan, to prevent avoidable physical and mental deterioration, and to assist them in obtaining or maintaining their highest practicable level of functional and psychosocial well-being.	
<b>Procedure</b>	
<input type="checkbox"/> Briefly review the assessment, care plan, and orders to identify facility interventions and to guide observations to be made. <input type="checkbox"/> Corroborate observations by interview and record review.	
<b>Observations</b>	
<input type="checkbox"/> Observe whether staff consistently implement the care plan over time and across various shifts. Staff are expected to assess and provide appropriate care from the day of admission. <input type="checkbox"/> During observations of the interventions, note and/or follow up on deviations from the care plan as well as potential negative outcomes.	<b>Notes:</b>

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Resident/Representative Interview	
<p>Interview the resident, family, or responsible party to the degree possible to determine the:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Involvement in the development of the care plan, goals, and if interventions reflect choices and preferences;</li><li><input type="checkbox"/> Awareness of care plan approaches and if treatment(s) was refused, whether counseling on alternatives, risks and benefits of interventions, or other interventions were offered;</li><li><input type="checkbox"/> Awareness of the current condition(s) or history of the condition(s) or diagnosis/diagnoses;</li><li><input type="checkbox"/> Knowledge of who to talk to when a problem or need arises, or what he/she does if there are concerns with moods, such as sadness or problems sleeping; and</li><li><input type="checkbox"/> Frequency and type of activities involved.</li></ul>	<p><b>Notes:</b></p>
Staff Interview	
<p>The surveyor should see competent interaction by staff at all times, in both formal and informal settings in accordance with the individual's needs.</p> <p>Interview staff on various shifts to determine:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Knowledge of specific interventions for the resident;</li><li><input type="checkbox"/> Whether staff identified and implemented appropriate measures as related to specific conditions and/or diagnoses;</li><li><input type="checkbox"/> Whether nursing assistants: (1) know what, when, and to whom to report changes in condition; and (2) are aware of care plan interventions needed to meet the resident's needs; and</li></ul>	<p><b>Notes:</b></p>

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#### Staff Interview

- How the charge nurse monitors for the implementation of the care plan and changes in condition.

#### Interviews with Health Care Practitioners and Professionals

If the interventions defined or care provided appear not to be consistent with recognized standards of practice, interview one or more health care practitioners and professionals as necessary (e.g., physician, charge nurse, director of nursing, social worker, therapist) who, by virtue of training and knowledge of the resident, should be able to provide information about the causes, treatment, and evaluation of the resident's condition or problem. If there is a medical question, contact the physician if he/she is the most appropriate person to interview. If the attending physician is unavailable, interview the medical director, as appropriate. Depending on the issue, ask:

- How it was determined that chosen interventions were appropriate;
- Risks identified for which there were no interventions;
- Changes in condition that may justify additional or different interventions;
- How staff validated the effectiveness of current interventions;
- If there were concerns regarding inappropriate behaviors, what interventions are in place to decrease incidents of inappropriate

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### Interviews with Health Care Practitioners and Professionals

behaviors for individuals with ID, behavioral symptoms for persons with MI, or to increase appropriate behavior;

- Whether staff have identified and treated underlying factors, as appropriate, behind tendencies toward isolation and withdrawal;
- How staff has modified training strategies, as necessary, to account for the special learning needs of the resident with MI or ID;
- How staff assure the consistent implementation during the resident's daily routine and across settings, of systematic plans which are designed to change inappropriate behaviors;
- How staff review and monitor medication therapy, if any, and monitor for the effectiveness and potential for adverse consequences of medications which have been prescribed to change inappropriate behavior or to alter manifestations of psychiatric illness;
- How staff assure the provision of a structured environment for those individuals who are determined to need such structure (e.g., structured socialization activities to diminish tendencies toward isolation and withdrawal);
- How staff assure the development, maintenance, and consistent implementation across settings of those programs designed to teach individuals the daily living skills they need to be more independent and self-determining including, but not limited to, grooming, personal hygiene, mobility, nutrition, vocational skills, health, drug therapy, mental health education, money management, and maintenance of the living environment;
- How staff has arranged for the necessary direct or staff training services to be provided if the facility does not employ professional staff who have experience working directly with or designing training or treatment programs to meet the needs of individuals with MI or ID; and

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### Interviews with Health Care Practitioners and Professionals

- How staff determine, as appropriate, the need for mental health rehabilitative services for MI and ID, which may include, but are not limited to:
- Crisis intervention service;
  - Individual, group, and family psychotherapy;
  - Development of appropriate personal support networks; and
  - Formal behavior modification programs.

### Assessment

- Review information such as orders, medication administration records, multi-disciplinary progress notes, the RAI/MDS, and any specific assessments that may have been completed. Determine whether the information accurately and comprehensively reflects the resident's condition. In considering the appropriateness of a facility's response to the presence or progression of a condition/diagnosis, take into account the time needed to determine the effectiveness of treatment, and the facility's efforts, where possible, to remove, modify, or stabilize the risk factors and underlying causal factors.
- 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

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### Assessment

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 condition 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.*

*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**.*

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### Care Planning

*If the comprehensive assessment was not completed (CE#1 = No), mark CE#2 “NA, the comprehensive assessment was not completed”.*

The facility should provide interventions which complement, reinforce, and are consistent with any specialized services (as defined by the resident’s PASRR) the individual is receiving or is required to receive by the State. The individual’s plan of care should specify how the facility will integrate relevant activities throughout all hours of the individual’s day at the NF to achieve this consistency and enhancement of PASRR goals.

- Determine whether the facility developed a care plan that was consistent with the resident’s specific conditions, risks, needs, behaviors, preferences, and current standards of practice, and included measurable objectives and timetables with specific interventions.
- 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 major 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.
- Review the care plan to determine whether, as appropriate:
  - Interventions are provided to decrease incidents of inappropriate behaviors for individuals with ID or behavioral symptoms for persons with MI;
  - Interventions are developed to increase appropriate behavior;
  - Interventions address underlying factors behind tendencies toward isolation and withdrawal;
  - As necessary, what interventions are in place to develop and maintain necessary daily living skills; and

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### Care Planning

- The interventions were modified to account for the special learning needs of its residents with MI or ID.

NOTE: A specific care plan intervention is not needed if other components of the care plan address related risks adequately. For example, the risk of nutritional compromise for a resident with diabetes mellitus might be addressed in that part of the care plan that deals with nutritional management.

**2. Did the facility develop a plan of care with measurable goals and interventions to address the care and treatment related to the clinical diagnosis and/or the identified condition, 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.*

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**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.

NOTE: Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel. Determine whether the facility assured that rehabilitative services are medically necessary as prescribed by a physician and provided by qualified personnel to maximize potential outcomes. **“Qualified personnel”** means that professional staff are licensed, certified, or registered to provide specialized therapy/rehabilitative services in accordance with applicable State laws. Health rehabilitative services for MI and ID must be implemented consistently by all staff unless the nature of the services is such that they are designated or required to be implemented only by licensed or credentialed personnel. (See F407)

**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.*

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**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 staff have monitored the resident's condition and effectiveness of the care plan interventions and revised the care plan with input by the resident and/or the responsible person, to the extent possible (or justified the continuation of the existing plan), based upon the following:

- Achieving the desired outcome;
- Resident failure or inability to comply with or participate in a program to attain or maintain the highest practicable level of well-being; and/or
- Change in resident condition, ability to make decisions, cognition, medications, behavioral symptoms, or visual problems.

**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**

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**Provision of Care and Services**

For health rehabilitative services for MI and ID: If specialized rehabilitative services, such as mental health rehabilitative services for mental illness and intellectual disability are required in the resident's comprehensive plan of care, the facility must:

- (1) Provide the required services; or
- (2) Obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.

**5. Did the facility provide the specialized rehabilitative services as required in the resident's comprehensive plan of care?**

Yes  No **F406**

**Notes:**

## Preadmission Screening and Resident Review Critical Element Pathway

### Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

During the investigation of care and services provided to meet the needs of the resident, the surveyor may have identified concerns with related structure, process, and/or outcome requirements. 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 or non-compliance with the related or associated requirement. Some examples include, but are not limited to, the following:

- Notification of Change** — Determine whether staff:
  - Consulted with the physician regarding significant changes in the resident's condition, including the need to alter treatment significantly or failure of the treatment plan; and
  - Notified the resident's representative (if possible) of significant changes in the resident's condition.
- Social Services** — Determine whether the facility responded with social services by staff or referral, to assure that sufficient and appropriate social service are provided to meet the resident's needs, as appropriate for a resident with or who develops mental disorders as defined by the "Diagnostic and Statistical Manual for Mental Disorders (DSM-IV)," see §483.45, F406.
- 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.

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## Preadmission Screening and Resident Review Critical Element Pathway

### Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

- F281, Professional Standards of Quality** — 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.
- F285, Preadmission Screening for Mentally Ill Individuals and Individuals with Intellectual Disability** — Determine whether the facility coordinated assessments with the State to the maximum extent practicable to avoid duplicative testing and effort, and to provide the necessary care and services.
- Behavior and Emotional Status** — Determine whether a resident who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem.
- Sufficient Nursing Staff** — Determine whether the facility had qualified nursing staff in sufficient numbers to assure the resident was provided necessary care and services 24 hours a day, based upon the comprehensive assessment and care plan.
- F385, Physician Supervision** — Determine whether the physician has assessed and developed a relevant treatment regimen and responded appropriately to the notice of changes in condition.
- F407, Qualifications** — Determine whether the facility assured that rehabilitative services are medically necessary as prescribed by a physician and provided by qualified personnel to maximize potential outcomes.
- F498, Proficiency of Nurse Aides** — Determine whether nurse aides demonstrate competency in the delivery of care and services related to the concern being investigated and in the reporting of changes of condition, as indicated.

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#### Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

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| <p><input type="checkbox"/> <b>F501, Medical Director</b> — Determine whether the medical director:</p> <ul style="list-style-type: none"><li>▪ Assisted the facility in the development and implementation of policies and procedures and that these are based on current standards of practice; and</li><li>▪ Interacts with the physician supervising the care of the resident if requested by the facility to intervene on behalf of the residents.</li></ul> <p><input type="checkbox"/> <b>F514, Clinical Records</b> — Determine whether the clinical records:</p> <ul style="list-style-type: none"><li>▪ Accurately and completely document the resident's status, the care and services provided in accordance with current professional standards and practices; and</li><li>▪ Provide a basis for determining and managing the resident's progress, including response to treatment, change in condition, and changes in treatment.</li></ul> |  |
|---|--|