

RBS Initial Pool Process: Additional Care Areas for Consideration: Resident ID: _____ (Start Time: _____ End Time: _____)

Care Area	Source	Probes	Response Options
Accommodation of Needs (Physical)	RI/RRI	- Is your room set up so you can easily get around the room, get to and from the bathroom, use the sink? - Do you have any concerns with your roommate's personal items taking over your space? - Have there been any recent issues with the call light working? What did the facility do when the call light wasn't working? Can you reach it? - Are the call lights located in the resident's room (in bed or other sleeping accommodations), toilet and bathing facilities? - If you have been on the floor near your bed, toilet, or bath, were you able to reach the emergency light? Do you have enough light in your room to do what you want or need to do?	No Issues/NA Further Investigation
	RO	- Are any of the following observed? - Difficulty opening and closing drawers and turning faucets on and off - Unable to see him/herself in a mirror and have items easily within reach while using the sink - Difficulty opening and closing bedroom and bathroom doors, accessing areas of their room and bath, and operating room lighting - Difficulty performing other desired tasks such as turning a table light on and off - Difficulty or inability to use the call device - Observe for alternatives to traditional call systems such as tabs, pads, air puff call lights. - Is adaptive equipment available and used? - Do any accommodations that you observed place this, or any other resident at risk?	

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Call Device in reach, call system functioning	RO	- Is the call device within reach if the resident is capable of using it while in bed or using other sleeping accommodations in the room? - Is the call system functioning in the resident's room, toilet, and bathing areas? - Are the resident emergency call devices accessible to the resident at each toilet, bath or shower, and can the resident reach it if they are lying on the floor, in those specific areas?	No Issues/NA Further Investigation
Choices	RI/RRI	- Are you able to make choices about your daily life that are important to you? - I'd like to talk to you about your choices. Are you able to get up and go to bed when you want to? - How about bathing, are you able to choose a bath or shower? Do you choose how often you bathe? - How about food, does the facility honor your preferences or requests regarding mealtimes, food and fluid choices? - How about activities, are you able to choose when you go to activities? - How about meds, are you able to choose when you receive your medications? - Did you choose your doctor? Do you know their name and how to contact them? - Can you have visitors any time or are there restricted times?	No Issues/NA Further Investigation
Community Discharge	RI/RRI	For new admissions and long-stay residents who want to return to the community: - Do your goals for care include discharge to the community? If so, has the facility included you or the person of your choice in the discharge planning? - Do you need referrals to agencies in the community to assist with living arrangements or care after discharge?	No Issues/NA Further Investigation
Constipation/ Diarrhea	RI/RRI	Are you having any problems with your bowels, including concerns with colostomy?	No Issues/NA Further Investigation

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		• Constipation (longer than 3 days)? • Diarrhea? ○ How long have you had the problems with your bowels? ○ Are you on a bowel management program? If so, please describe. ○ Do you feel that the bowel management program helps with your bowel problems? If not, why not?	
Dental	RI/RRI	• Do you have any problems with your teeth, gums, or dentures? If so, describe. • Have you lost or damaged your dentures? Did you tell staff? Did the staff tell you what they are doing about your dentures? • Do you have difficulty chewing food? If so, how is the staff addressing this? • Does the staff provide you with oral hygiene products you need (e.g. toothbrush, toothpaste, mouthwash, denture tabs/cup/paste)? • Does the staff help you brush your teeth? If so, how often does staff assist you with oral care? • Does the facility help with appointments to the dentist?	No Issues/NA Further Investigation
	RO	• Does the resident have broken, missing, loose or ill-fitting dentures? • Does the resident have broken or loose teeth, or inflamed or bleeding gums?	
Edema	RO	• Are the resident's legs/feet or arms/hands swollen? • Are the resident's legs/feet or arms/hands elevated or support stockings in place, if needed?	No Issues/NA Further Investigation
Infections (not UTI, Pressure Ulcer, or Respiratory)	RI/RRI	• Have you had any other infections recently (e.g., surgical infection, eye infection, blood infection, or illness with nausea and vomiting)? ○ Tell me about the infection? ○ Are you currently having any symptoms?	No Issues/NA Further Investigation
	RO	• Does the resident have signs or symptoms of an infection (e.g., rigors with confusion or delirium, matted eyes, redness and swelling of skin)?	MDS Discrepancy

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		If visible, does the resident's medical device insertion site have redness, swelling or drainage? If drainage present (document color/amount/type/odor).	
Language Communication	RO	- Does the resident speak a different language, use sign language or other alternative communication means? - Does staff know how to communicate with the resident? - Are there communication systems available at the bedside (cards, note pad, others)?	No Issues/NA Further Investigation
Oxygen	RO	- Is the resident receiving O2? - Is the mask/tubing properly placed? - Is there a date on the tubing and humidification? - Observe the liters/minute? - Are there signs that the resident has discomfort? Is he/she in respiratory distress (mouth breathing, short of breath, gasping)?	No Issues/NA Further Investigation
Personal Funds	RI/RII	- Does the facility hold your money for you? - Can you get your money when you need it, including weekends? - Do you get a quarterly statement from the facility?	No Issues/NA Further Investigation
Personal Property	RI/RII	- Have you had any missing personal items? - How long has it been missing? - What do you think happened? - Did you tell anyone about the missing item(s)? - What happened after you told staff about the missing item? - Did the facility ask you to sign a piece of paper indicating they are not responsible for your lost personal items? - If the room is not personalized, ask: Were you encouraged to bring in any personal items? NOTE: If the resident has not informed staff about the property loss, inform the resident that you will provide the information to the administrator and/or DON so that they may follow up with the resident. Follow up with the facility staff prior to the end of the survey to evaluate the action taken regarding the resident's concerns.	No Issues/NA Further Investigation

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Privacy	RI/RRI	- If the resident has a roommate, ask: Do you feel like you can have a private conversation with your family or a visitor if your roommate is here? - Does staff provide you privacy when they are helping you to bathe or dress, or providing treatments? - Do you have privacy when on the telephone?	No Issues/NA Further Investigation
	RO	- Bedrooms are not equipped to assure full privacy (e.g., ceiling suspended curtains, moveable screens, private rooms, etc.) - Is personal privacy assured for: - Electronic communications - Personal care - Medical treatments - Communication to residents and representatives regarding the resident's condition that cannot be overheard	
Psych/Opioid Med Side Effect	RO	- Are any of the following observed? - Excessive sedation (e.g. difficult to rouse, always sleeping) - Dizziness	No Issues/NA Further Investigation MDS Discrepancy
Rehab & Restorative	RI/RRI	If on a rehab unit or the resident has expressed concerns (e.g., contractures) that should be addressed by rehab, ask: Are you getting therapy? Tell me about it.	No Issues/NA Further Investigation MDS Discrepancy
Skin Conditions (non-pressure related)	RI/RRI	- Do you have any bruises, burns, or other issues with your skin? - Do you know how you got it? - Are staff aware? - What are they doing to prevent it from happening again?	No Issues/NA Further Investigation
	RO	- Are any of the following observed? - Abrasions - Lacerations - Bruises	

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		○ Skin tears ○ Burns ○ Rash/hives ○ Dry skin	
Vision/Hearing	RI/RRI	● Do you have any problems with your vision or hearing? ○ Do you wear glasses or use hearing aids? ○ Are your glasses and/or hearing aids in good repair? If not, what are the facility staff doing to help you with this problem? ○ Do you need glasses or a hearing aid? ○ Have you lost your glasses or hearing aids at the facility? ○ What did the facility do if you lost them? ○ Does the facility help you make appointments and help with arranging transportation? ○ If resident has either/both - how are they working for you?	No Issues/NA Further Investigation
	RO	● Are the resident's hearing aids in and working, if needed? ● Are the resident's glasses on, clean, and not broken, if needed?	