LTCCC Primer on Nursing Home Quality Standards: Part II

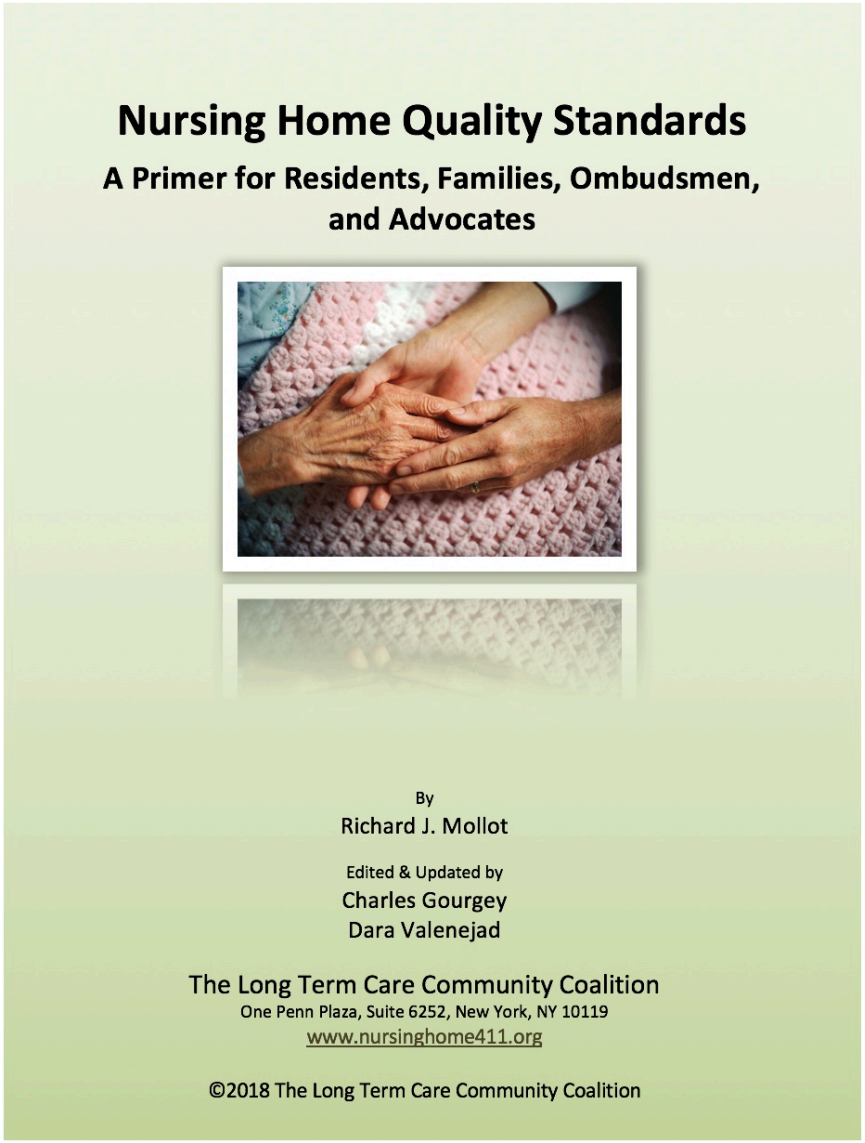
Presented by Richard Mollot
Long Term Care Community Coalition

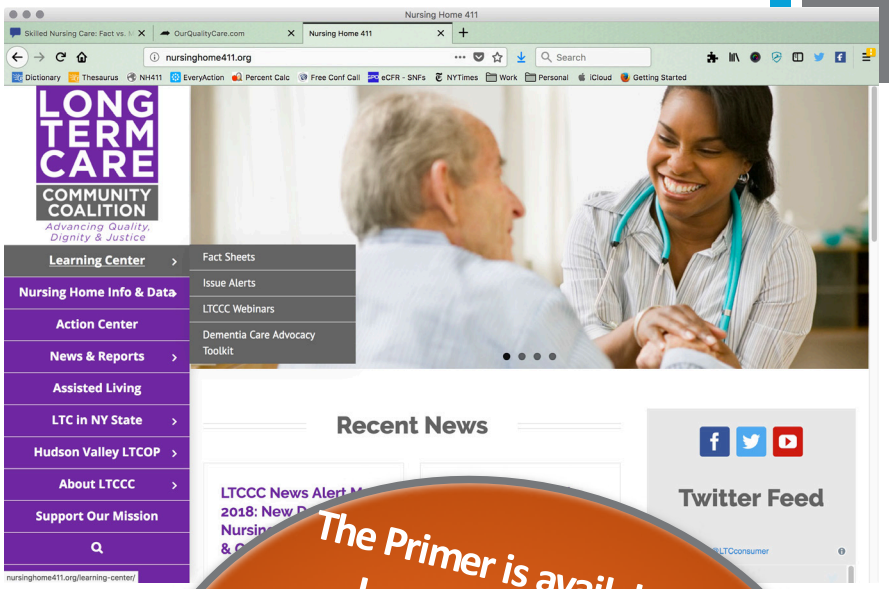
www.nursinghome411.org

What is the Long Term Care Community Coalition?

- **LTCCC**: Nonprofit organization dedicated to improving care & quality of life for the elderly & adult disabled in long term care (LTC).
- **Our focus**: People who live in nursing homes & assisted living.
- **What we do**:
  - Conduct policy analysis and systems advocacy in NY & nationally;
  - Provide information on staffing levels, quality measures, and enforcement actions for all licensed nursing homes;
  - Educate consumers and families, LTC ombudsmen and other stakeholders;
  - Home to the local LTC Ombudsman Program for the Hudson Valley, NY.
- **Richard Mollot**: Joined LTCCC in 2002. Executive director since 2005.
- **WWW.NURSINGHOME411.ORG**: All reports, educational materials and information on nursing home and assisted living quality are free to use and share on LTCCC's website.

What Will We Be Talking About TODAY?





The Primer is available in the Learning Center of our website, www.nursinghome411.org. The Learning Center also has Fact Sheets & Issue Alerts on many of the specific standards in the Primer. All resources are free to use, print and share.

What's in the Primer?

Table of Contents

Descriptive titles i.d. subject matter.

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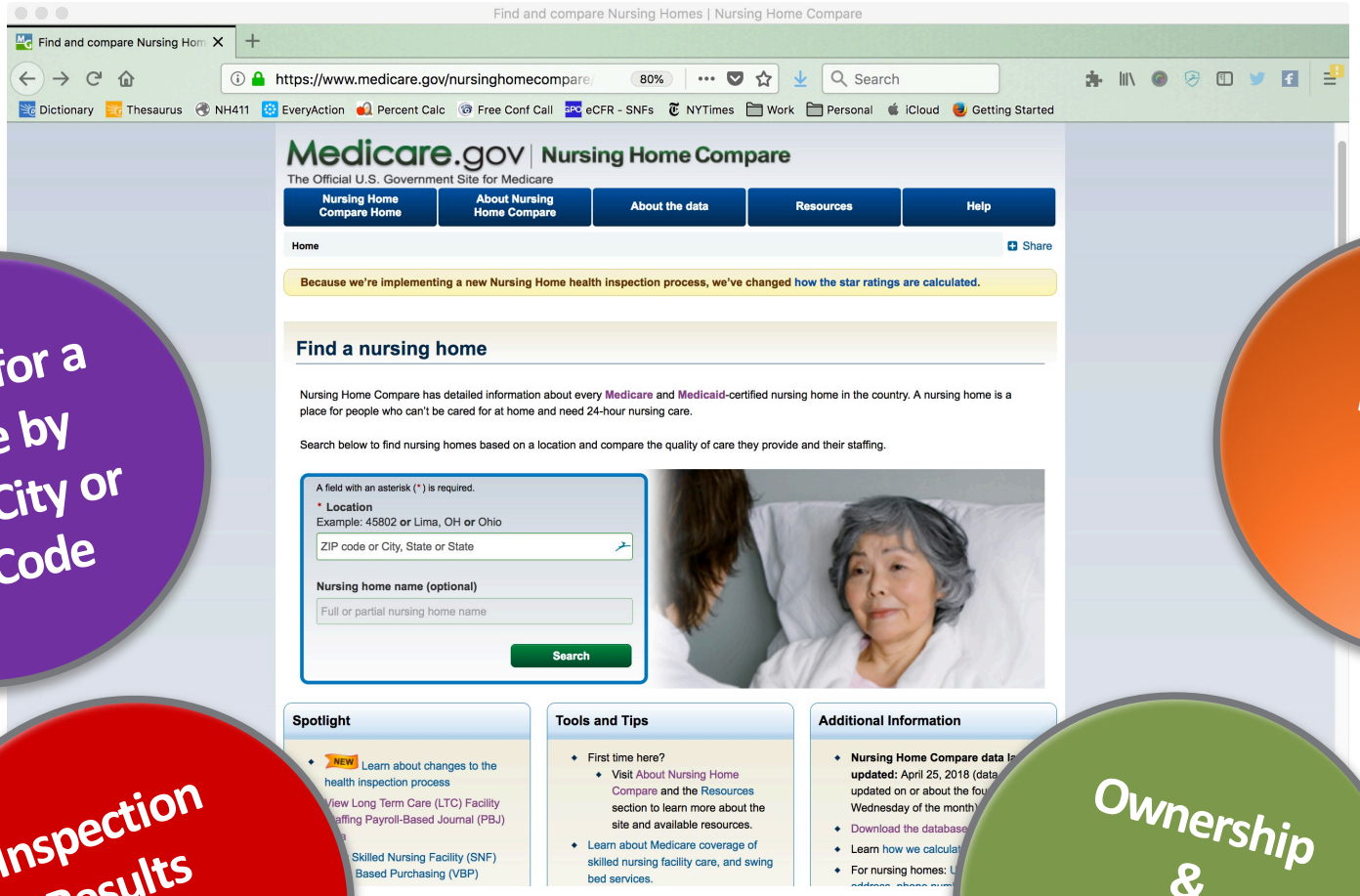
PDF file has hyperlinks: Click on the topic to go to the page.

Assessing Nursing Home Quality with Nursing Home Compare & Other Resources



Search for a Home by State, City or Zip Code

Five-Star Ratings

Inspection Results & Penalties

Ownership & Staffing Levels

Assessing Nursing Home Quality with NH Compare & Other Resources

- None of the data provided are perfect. However, NH Compare is, by far, the most comprehensive and reliable resource for finding out about a nursing home's quality and safety, and how it compares to other facilities in the community, state, and country on key criteria.

- As discussed in the Primer, NH Compare and the **data.medicare.gov** database can be used to find both basic and in-depth information on key criteria and outcomes for the last three years.

- In addition:
  - LTCCC's website, **www.nursinghome411.org**, provides a range of searchable data on levels of nursing home care staffing, antipsychotic drugging rates, enforcement actions, and more.
  - ProPublica's Nursing Home Inspect page, **projects.propublica.org/nursing-homes**, provides useful tools to search deficiencies and penalties.

www.medicare.gov/nursinghomecompare

Background: The Nursing Home System

- Virtually all nursing homes participate in Medicaid and/or Medicare.
- In order to participate in Medicaid/Medicare, a facility agrees to meet the standards provided for in the federal **Nursing Home Reform Law**.
- States may have ***additional*** protections, but no state can have less protections.
- **Federal protections are for all residents** in a facility, whether their care is paid for by Medicare, Medicaid or private pay.
- The federal agency, CMS, contracts with the state DOH to ensure that residents are protected and receive the services they need and deserve.

Background: The Nursing Home Reform Law

- The federal law requires that every nursing home resident is provided the care and quality of life services sufficient to attain and maintain her **highest practicable physical, emotional &social well-being**.
- The law emphasizes **individualized, patient-centered care**.
- Importantly, **the law lays out specific resident rights**, from good care and monitoring to a quality of life that maximizes choice, dignity &autonomy.
- The law passed in 1987. Regulatory standards came out in 1991 and were revised in 2016.

How can the Primer be used… and useful?

HOW TO USE THIS PRIMER

I. Important Notes on the Content

To make this primer as helpful as possible for the nonprofessional we have selected standards that we believe are most useful for resident-centered care and advocacy. This primer is not intended to cover all of the standards important to resident care, safety, and dignity. Rather, we have selected what we believe are the most essential points so that the reader can get an immediate grasp of the regulation's essence.

Also, please note that our summaries of many of the selected standards do not necessarily provide all of the relevant information about the standard. For example, we include the resident's right to choose a physician in the section on resident rights. However, we do not include the regulatory language relating to physician licensure and other requirements. All of the regulatory language is available at http://www.ecfr.gov.

II. Format of Descriptions of the Standards

Each standard's heading includes a descriptive title, the applicable section of the Federal code (CFR), and (when available) the corresponding F-tag (see note below). We provide a short discussion for each section, including: (1) excerpts from the code (in italics), (2) a brief narrative description, (3) excerpts from the CMS Interpretive Guidelines, and/or (4) illustrative examples.

The F-tags are important because Statements of Deficiencies (SoDs) use them to indicate each nursing home's problems. These SoDs are posted at http://www.medicare.gov/nursinghomecompare/search.html and http://projects.propublica.org/nursing-homes/. F-tags therefore can be used to find deficiencies that have been identified in the past three years for a given facility.

All excerpts from the Interpretive Guidelines are from the State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17), available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf.

III. New Federal Regulations

The Centers for Medicare & Medicaid Services (CMS) issued revised federal nursing home regulations in October 2016, going into effect in stages between November 2016 and November 2019. New Interpretive Guidelines, which provide instructions for implementing the regulations, and the corresponding F-tags, went into effect in November 2017.

We will endeavor to provide any future changes to the information in this primer as it becomes available to the public. Please visit our website, www.nursinghome411.org, for updates in the future.

VISIT WWW.NURSINGHOME411.ORG FOR FACT SHEETS ON INDIVIDUAL STANDARDS, ISSUE BRIEFS AND OTHER RESOURCES.

In the rest of this program we will focus on some of the specific standards relevant to resident care, quality of life, and dignity.

Dignity & Quality of Life

Living with dignity and having a decent quality of life are important to everyone. Our needs in this regard do not end when we enter a nursing home.

In addition to being important to our emotional and psycho-social well-being, dignity and quality of life are integral to our medical health and well-being.

In the following slides, we will discuss how the federal standards recognize the important of dignity and quality of life services.

Standards 12 & 13: Resident Dignity & Choice

services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.

The Interpretive Guidelines state:

> The intent of this requirement is to specify the facility's responsibility to create and sustain an environment that humanizes and individualizes each resident's quality of life by . . . **ensuring that the care and services provided are person-centered, and honor and support each resident's preferences, choices, values, and beliefs.** (Emphasis added.)

12. Dignity [42 CFR 483.10(a)(1), F-550,557][28]

A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.

The Interpretive Guidelines state:

> Each resident has the right to be treated with dignity and respect. All activities and interactions with residents by any staff, temporary agency staff or volunteers must focus on assisting the resident in maintaining and enhancing his or her self-esteem and self-worth and incorporating the resident's, goals, preferences, and choices. When providing care and services, staff must respect each resident's individuality, as well as honor and value their input.
>
> Examples of treating residents with dignity and respect include, but are not limited to:
>
> - Encouraging and assisting residents to dress in their own clothes, rather than hospital-type gowns, and appropriate footwear for the time of day and individual preferences;
> - Placing labels on each resident's clothing in a way that is inconspicuous and respects his or her dignity (for example, placing labeling on the inside of shoes and clothing or using a color coding system);
> - Promoting resident independence and dignity while dining, such as avoiding:
>   - Daily use of disposable cutlery and dishware;
>   - Bibs or clothing protectors instead of napkins (except by resident choice);
>   - Staff standing over residents while assisting them to eat;
>   - Staff interacting/conversing only with each other rather than with residents while assisting with meals;

[28] Formerly F-241 - Dignity - 42 CFR 483.15(a).

> - Protecting and valuing residents' private space (for example, knocking on doors and requesting permission before entering, closing doors as requested by the resident)....
>
> Staff and volunteers must interact with residents in a manner that takes into account the physical limitations of the resident, assures communication, and maintains respect. For example, getting down to eye level with a resident who is sitting, maintaining eye contact when speaking with a resident with limited hearing, or utilizing a hearing amplification device when needed by a resident.

Dignity is a critical issue for nursing home residents, one which is both important in itself and also significantly affects a resident's physical and mental health. To aid in understanding and identifying dignity issues, **following are some relevant excerpts from the survey procedure section of the State Operations Manual**:

> - Observe if staff show respect for each resident and treat them as an individual.
> - Do staff respond in a timely manner to the resident's requests for assistance?
> - Do staff explain to the resident what care is being provided or where they are taking the resident? Is the resident's appearance consistent with his or her preferences and in a manner that maintains his or her dignity?
> - Do staff know the resident's specific needs and preferences?
> - Do staff make efforts to understand the preferences of those residents, who are not able to verbalize them, due to cognitive or physical limitations?
>
> Determine if staff members respond to residents with cognitive impairments in a manner that facilitates communication and allows the resident the time to respond appropriately. For example, a resident with dementia may be attempting to exit the building with the intent to meet her/his children at the school bus. Walking with the resident without challenging or disputing the resident's intent and conversing with the resident about the desire (tell me about your children) may reassure the resident.

13. Self-Determination-Right to Make Personal Choices [42 CFR 483.10(f), F-561][29]

The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice:

> - *(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, plan of care.*
> - *(2) The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident.*

[29] Formerly F-242 - Self-Determination-Right to Make Personal Choices - CFR 483.15(b).

+ Standard 13: Resident Choice (continued)

- *(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.*
- *(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident.*

According to the State Operations Manual, "The intent of this requirement is to ensure that each resident has the opportunity to exercise his or her autonomy regarding those things that are important in his or her life. This includes the residents' interests and preferences."

The Interpretive Guidelines state:

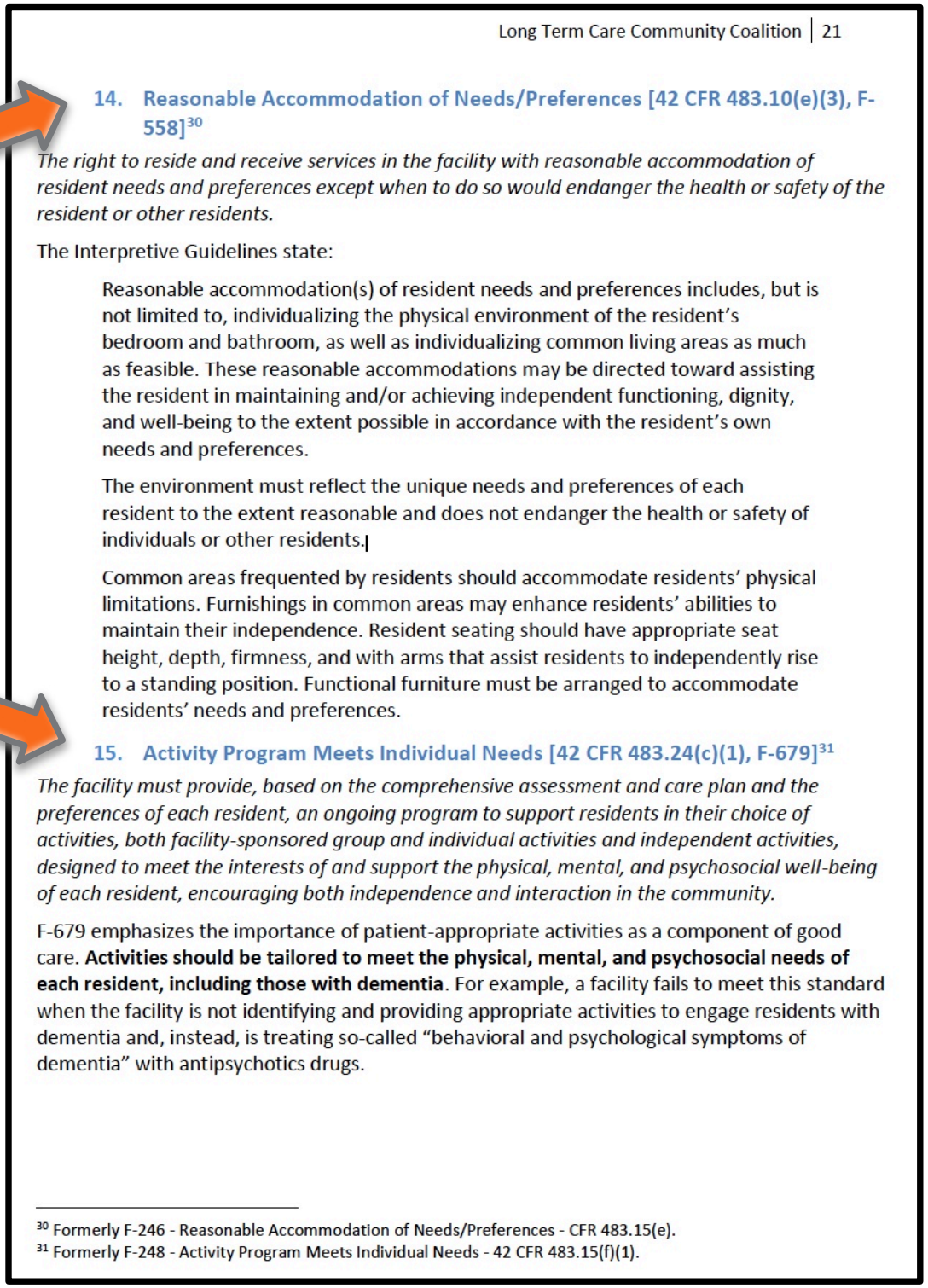
> **It is important for residents to have a choice about which activities they participate in, whether they are part of the formal activities program or self-directed.** Additionally, a resident's needs and choices for how he or she spends time, both inside and outside the facility, should also be supported and accommodated, to the extent possible, including making transportation arrangements.
>
> **Residents have the right to choose their schedules,** consistent with their interests, assessments, and care plans. **This includes, but is not limited to, choices about the schedules that are important to the resident, such as waking, eating, bathing, and going to bed at night. Choices about schedules and ensuring that residents are able to get enough sleep is an important contributor to overall health and well-being. Residents also have the right to choose health care schedules consistent with their interests and preferences, and information should be gathered to proactively assist residents with the fulfillment of their choices. Facilities must not develop a schedule for care, such as waking or bathing schedules, for staff convenience and without the input of the residents.**
>
> Examples that demonstrate the support and accommodation of resident goals, preferences, and choices include, but are not limited to:
>
> - If a resident shares that attendance at family gatherings or external community events is of interest to them, the resident's goals of attending these events should be accommodated, to the extent possible.
> - If a resident mentions that his or her therapy is scheduled at the time of a favorite television program, the resident's preference should be accommodated, to the extent possible.
> - If a resident refuses a bath because he or she prefers a shower or a different bathing method, such as in-bed bathing, prefers to bathe at a different time of day or on a different day, does not feel well that day, is uneasy about the aide assigned to help or is worried about falling, the resident's preferences must be accommodated.
>
> [Emphases added.]

+ Standard 14:

Reasonable Accommodation of Needs & Preferences

Standard 15:

Activity Programs Must Meet Individual Needs



14. Reasonable Accommodation of Needs/Preferences [42 CFR 483.10(e)(3), F-558][30]

The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.

The Interpretive Guidelines state:

> Reasonable accommodation(s) of resident needs and preferences includes, but is not limited to, individualizing the physical environment of the resident's bedroom and bathroom, as well as individualizing common living areas as much as feasible. These reasonable accommodations may be directed toward assisting the resident in maintaining and/or achieving independent functioning, dignity, and well-being to the extent possible in accordance with the resident's own needs and preferences.
>
> The environment must reflect the unique needs and preferences of each resident to the extent reasonable and does not endanger the health or safety of individuals or other residents.
>
> Common areas frequented by residents should accommodate residents' physical limitations. Furnishings in common areas may enhance residents' abilities to maintain their independence. Resident seating should have appropriate seat height, depth, firmness, and with arms that assist residents to independently rise to a standing position. Functional furniture must be arranged to accommodate residents' needs and preferences.

15. Activity Program Meets Individual Needs [42 CFR 483.24(c)(1), F-679][31]

The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.

F-679 emphasizes the importance of patient-appropriate activities as a component of good care. **Activities should be tailored to meet the physical, mental, and psychosocial needs of each resident, including those with dementia**. For example, a facility fails to meet this standard when the facility is not identifying and providing appropriate activities to engage residents with dementia and, instead, is treating so-called "behavioral and psychological symptoms of dementia" with antipsychotics drugs.

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[30] Formerly F-246 - Reasonable Accommodation of Needs/Preferences - CFR 483.15(e).
[31] Formerly F-248 - Activity Program Meets Individual Needs - 42 CFR 483.15(f)(1).

Before We Move On…

Fact Sheets

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

Fact Sheet: The Fundamentals of Resident Rights – Dignity & Respect

There are many standards which nursing homes are required to follow in order to ensure that residents receive appropriate care, have a good quality of life and are treated with dignity. **YOU** can use these standards as a basis for advocating in your nursing home and community.

Following are two important federal standards. They apply to every nursing home resident in licensed facilities in the U.S. On the following page are some examples that illustrate how these standards are to be realized by nursing homes. [Note: The brackets below provide, for reference, the citation to the federal requirement (42 CFR 483.xx) and the F-tag number used when a facility is cited for failing to meet the requirement.]

STANDARD 1: RESIDENT RIGHTS [42 CFR 483.10(a) F-550]

- *The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility….*
- *A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality.*
- *The facility must protect and promote the rights of the resident.*
- *The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.*

STANDARD 2: EXERCISE OF RIGHTS [42 CFR 483.10(a) F-550]

- *The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.*
- *The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.*
- *The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.*

INTENT OF THIS REGULATION

- *Each resident has the right to be treated with dignity and respect. All staff activities and interactions with residents must focus on* assisting the resident *in* maintaining and enhancing his or her self-esteem and self-worth *and incorporating the resident's preferences and choices. Staff must respect each resident's individuality when providing care and services while honoring and valuing their input.*
- All residents have rights guaranteed to them under Federal and State law *and regulations*. This regulation is intended to lay the foundation for the rights requirements. A resident must be allowed to exercise their rights based on his or her degree of capability.

LTCCC Factsheet: Foundations of Resident Rights – Dignity & Respect

Examples From the Federal Guidelines to Support Your Advocacy

- **Grooming** residents as they wish to be groomed (e.g., hair combed and styled, beards shaved/trimmed, nails clean and clipped).
- **Dressing**: Encouraging and assisting residents to dress in their own clothes appropriate to the time of day and individual preferences rather than hospital-type gowns; Labeling each resident's clothing in a way that respects his or her dignity (e.g., placing labels on the inside of shoes and clothing).
- **Promoting Independence & Dignity in Dining**: Facility and staff should avoid:
  - Day-to-day use of plastic cutlery and paper/plastic dishware;
  - Bibs instead of napkins (except by resident choice);
  - Staff standing over residents while assisting them to eat; and
  - Staff interacting/conversing only with each other rather than with residents while assisting residents.
- **Respecting Residents' Private Space & Property** (e.g., not changing radio or television station without resident's permission, knocking on doors and requesting permission to enter, closing doors as requested by the resident, not moving or inspecting resident's personal possessions without permission).
- **Speaking Respectfully to (and About) Residents** by addressing the resident with a name of the resident's choice (not "Honey" or "Sweetie" unless that is what the resident wishes), avoiding use of labels for residents such as "feeders," not excluding residents from conversations or discussing residents in community settings in which others can overhear private information.
  Focusing on residents as individuals when they talk to them and addressing residents as individuals when providing care and services.
- **Maintaining Resident Privacy Of Body:** including keeping residents sufficiently covered, such as with a robe, while being taken to areas outside their room, such as the bathing area (one method of ensuring resident privacy and dignity is to transport residents while they are dressed and assist them to dress and undress in the bathing room).
- **Refraining from practices demeaning to residents** such as keeping urinary catheter bags uncovered, refusing to comply with a resident's request for toileting assistance during meal times, and restricting residents from use of common areas open to the general public such as lobbies and restrooms, unless they are on transmission-based isolation precautions or are restricted according to their care planned needs.

For more information & resources visit www.nursinghome411.org.

…Connecting to Other Info & Resources.

Standard 16: Social Services

It is the responsibility of the nursing home to i.d. a resident's need for these services and ensure that they are provided.

16. Medically Related Social Services [42 CFR 483.40(d), F-745][32]

The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

The Interpretive Guidelines state:

> All facilities are required to provide medically-related social services for each resident. **Facilities must identify the need for medically-related social services and ensure that these services are provided.** It is not required that a qualified social worker necessarily provide all of these services, except as required by State law.

The guidance continues by providing several relevant examples:

- Advocating for residents and assisting them in the assertion of their rights....
- Assisting residents in voicing and obtaining **resolution to grievances** about treatment, living conditions, visitation rights, and accommodation of needs;
- Assisting or arranging for a resident's communication of needs **through the resident's primary method of communication or in a language that the resident understands;**
- Making arrangements for obtaining items, such as clothing and personal items;
- Assisting with informing and educating residents, their family, and/or representative(s) about health care options and ramifications;
- Making referrals and obtaining needed services from outside entities (e.g., talking books, absentee ballots, community wheelchair transportation);
- Assisting residents with financial and legal matters (e.g., applying for pensions, referrals to lawyers, referrals to funeral homes for preplanning arrangements);
- Transitions of care services (e.g., assisting the resident with identifying community placement options and completion of the application process, arranging intake for home care services for residents returning home, assisting with transfer arrangements to other facilities);
- Providing or arranging for needed mental and psychosocial counseling services;
- Identifying and seeking ways **to support residents' individual needs through the assessment and care planning process;**
- Encouraging staff **to maintain or enhance each resident's dignity in recognition of each resident's individuality;**
- Assisting residents with advance care planning, including but not limited to completion of advance directives...;
- Identifying and promoting individualized, **non-pharmacological** approaches to care that meet the mental and psychosocial needs of each resident; and

[32] Formerly F-250 - Medically Related Social Services - 42 CFR 483.15(g).

+ Standard 17: Safe & Clean Environment

The intent of the word "homelike" in this regulation is that the nursing home should provide an environment as close to that of the environment of a private home as possible.

- Meeting the needs of residents who are grieving from losses and coping with stressful events.

[Emphases added.]

17. Safe/Clean/Comfortable/Homelike Environment [42 CFR 483.10(i), F-584]

The resident has a right to a safe, clean, comfortable and homelike environment, including bu not limited to receiving treatment and supports for daily living safely.

The Interpretive Guidelines state:

> A "homelike environment" is one that de-emphasizes the institutional character of the setting, to the extent possible, and allows the resident to use those personal belongings that support a homelike environment. A determination of "homelike" should include the resident's opinion of the living environment. . . .
>
> A personalized, homelike environment recognizes the individuality and autonomy of the resident, provides an opportunity for self-expression, and encourages links with the past and family members. The intent of the word "homelike" in this regulation is that **the nursing home should provide an environment as close to that of the environment of a private home as possible.**
>
> This concept of creating a home setting includes the elimination of institutional odors, and practices to the extent possible. **Some practices that can be eliminated to decrease the institutional character of the environment include, but are not limited to, the following:**
>
> - Overhead paging (including frequent announcements) and piped-in music throughout the building.
> - Meal service using trays (some residents may wish to eat certain meals in their rooms on trays).
> - Institutional signs labeling work rooms/closets in areas visible to residents and the public.
> - Medication or treatment carts (some innovative facilities store medications in locked areas in resident rooms or in secured carts that appear like furniture).
> - The widespread and long-term use of audible chair and bed alarms, instead of their limited use for selected residents for diagnostic purposes or according to their care planned needs. These devices can startle the resident and constrain the resident from normal repositioning movements, which can be problematic.
> - Furniture that does not reflect a home-like environment or is uncomfortable; the absence of window treatments or drapes; the lack of textures or the absence of bedspreads or personal items in rooms or on walls.

[33] Formerly F-252 - Safe/Clean/Comfortable/Homelike Environment - CFR 483.15(h)(1).

Continued on next page…

+ Standard 17: Safe & Clean Environment (continued)

Some practices that can be eliminated to decrease the institutional character of the environment include, but are not limited to, the following (continued from previous slide).

- Large, centrally located nursing/care team stations, including those with barriers (such as Plexiglas) that prevent the staff from interacting with residents.

Many facilities cannot immediately make these types of changes, but it should be a goal for all facilities that have not yet made these types of changes to work toward them.

A "homelike" environment is not achieved simply through enhancements to the physical environment. It concerns striving for person-centered care that emphasizes individualization, relationships, and a psychosocial environment that welcomes each resident and makes her/him comfortable. It is the responsibility of all facility staff to create a "homelike" environment and promptly address any cleaning needs.

[Emphases added.]

Assessment & Care Planning

Standards 18 & 19: Resident Assessment & Care Plan

- Large, centrally located nursing/care team stations, including those with barriers (such as Plexiglas) that prevent the staff from interacting with residents.

Many facilities cannot immediately make these types of changes, but it should be a goal for all facilities that have not yet made these types of changes to work toward them.

A "homelike" environment is not achieved simply through enhancements to the physical environment. It concerns striving for person-centered care that emphasizes individualization, relationships, and a psychosocial environment that welcomes each resident and makes her/him comfortable. It is the responsibility of all facility staff to create a "homelike" environment and promptly address any cleaning needs.

[Emphases added.]

18. Resident Assessment [42 CFR 483.20, F-636][34]

The facility must conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity.

- *(b)(1) A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following:*
  - *Identification and demographic information.*
  - *Customary routine.*
  - *Cognitive patterns.*
  - *Communication.*
  - *Vision.*
  - *Mood and behavior patterns.*
  - *Psychosocial well-being.*
  - *Physical functioning and structural problems.*
  - *Continence.*
  - *Disease diagnoses and health conditions.*
  - *Dental and nutritional status.*
  - *Skin condition.*
  - *Activity pursuit.*
  - *Medications.*
  - *Special treatments and procedures.*
  - *Discharge planning.*
  - *Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS).*
  - *Documentation of participation in assessment.*

[34] Formerly F-272 - Resident Assessment - 42 CFR 483.20 and 42 CFR 483.20(b)(1).

A facility is expected to rely primarily on direct observation and communication with the resident in order to assess his or her functional capacity when completing the **Resident Assessment Instrument (RAI).**

The Interpretive Guidelines state:

> The facility is expected to use resident observation and communication as the primary source of information when completing the RAI. **In addition to record review, direct observation and communication with the resident, the facility must use a variety of other sources,** including communication with licensed and non-licensed staff members on all shifts and may include discussions with the resident's physician, the resident's representative, family members, or outside consultants. (Emphasis added.)

19. Develop Comprehensive Care Plans [42 CFR 483.21(b)(1), F-656][35]

The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following:

- *(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25, or §483.40; and*
- *(ii) Any services that would otherwise be required under §483.24, §483.25, or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).*

The care plan is critical because it provides - or should provide - a written record of the care that the resident should be receiving.

The Interpretive Guidelines state:

> **Through the care planning process, facility staff must work with the resident and his/her representative, if applicable, to understand and meet the resident's preferences, choices and goals during their stay at the facility.** The facility must establish, document and implement the care and services to be provided to each resident **to assist in attaining or maintaining his or her highest practicable quality of life.** Care planning drives the type of care and services that a resident receives. If care planning is not complete, or is inadequate, the consequences may negatively impact the resident's quality of life, as well as the quality of care and services received.
>
> Facilities are required to develop care plans that describe the resident's medical, nursing, physical, mental and psychosocial needs and preferences and how the facility will assist in meeting these needs and preferences. Care plans must

[35] Formerly F-279 - Develop Comprehensive Care Plans - CFR 483.20(d), 483.20(k)(1).

Standard 19: Resident Care Plan (continued)

include **person-specific, measurable objectives and timeframes** in order to evaluate the resident's progress toward his/her goal(s).

Care plans must be person-centered and reflect the resident's goals for admission and desired outcomes. Person-centered care means the facility focuses on the resident as the center of control, and supports each resident in making his or her own choices. Person-centered care includes making an effort to understand what each resident is communicating, verbally and nonverbally, identifying what is important to each resident with regard to daily routines and preferred activities, and having an understanding of the resident's life before coming to reside in the nursing home. . . .

Residents' preferences and goals may change throughout their stay, so facilities should have ongoing discussions with the resident and resident representative, if applicable, so that changes can be reflected in the comprehensive care plan.

The comprehensive care plan must address a resident's preference for future discharge, as early as upon admission, to ensure that each resident is given every opportunity to attain his/her highest quality of life. This encourages facilities to operate in a person-centered fashion that addresses resident choice and preferences.

[Emphases added.]

20. Comprehensive Care Plan [42 CFR 483.21(b)(2), F-657][36]

A comprehensive care plan must be:

- *(i) Developed within 7 days after the completion of the comprehensive assessment.*
- *(ii) Prepared by an interdisciplinary team, that includes but is not limited to:*
  - *The attending physician,*
  - *A registered nurse with responsibility for the resident,*
  - *A nurse aide with responsibility for the resident.*
  - *A member of food and nutrition services staff.*
  - *Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.*
- *(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.*

The intent, according to CMS, is:

To ensure the timeliness of each resident's **person-centered,** comprehensive care plan, and to ensure that the comprehensive care plan is reviewed and revised by an **interdisciplinary team** composed of individuals who have knowledge of the resident and his/her needs, and that each resident and resident representative, if applicable, is involved in developing the care plan and making decisions about his or her care.

[36] Formerly F-280 - Resident Participation in Development of Comprehensive Care Plan - 42 CFR 483.10(d)(3) and 42 CFR 483.20(k)(2).

The Interpretive Guidelines continue:

Each resident has the right to participate in choosing treatment options and must be given the opportunity to participate in the development, review and revision of his/her care plan. Residents also have the right to refuse treatment.

Facility staff have a responsibility to assist residents to engage in the care planning process, e.g., helping residents and resident representatives, if applicable understand the assessment and care planning process; holding care planning meetings at the time of day when the resident is functioning best; planning enough time for information exchange and decision making; **encouraging a resident's representative to participate in care planning and attend care planning conferences.**

The facility must provide the resident and resident representative, if applicable with advance notice of care planning conferences to enable resident/resident representative participation. Resident and resident representative participation in care planning can be accomplished in many forms such as holding care planning conferences **at a time the resident representative is available to participate,** holding conference calls or video conferencing.

Facilities are expected to facilitate the residents' and if applicable, the resident representatives' participation in the care planning process.

[Emphases added.]

21. Services Provided Meet Professional Standards of Quality [42 CFR 483.21(b)(3), F-658][37]

The services provided or arranged by the facility, as outlined by the comprehensive care plan, must:

- *(i) Meet professional standards of quality.*

The Interpretive Guidelines state:

"Professional standards of quality" means that care and services are provided according to accepted standards of clinical practice. Standards may apply to care provided by a particular clinical discipline or in a specific clinical situation or setting. Standards regarding quality care practices may be published by a professional organization, licensing board, accreditation body or other regulatory agency. Recommended practices to achieve desired resident outcomes may also be found in clinical literature. Possible reference sources for standards of practice include:

- Current manuals or textbooks on nursing, social work, physical therapy, etc.
- Standards published by professional organizations such as the American Dietetic Association, American Medical Association, American Medical

[37] Formerly F-281- Services Provided Meet Professional Standards of Quality - CFR 483.20(k)(3)(i).

+ Connecting to Other Info & Resources

Fact Sheets

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

CONSUMER FACTSHEET: RESIDENT ASSESSMENT & CARE PLANNING

There are many standards which nursing homes are required to follow in order to ensure that residents receive appropriate care, have a good quality of life and are treated with dignity. YOU can use these standards as a basis for advocating in your nursing home.
Following are two important standards for residents assessment and care planning with information that can help you understand and use them to advocate for your resident. [Note: The brackets provide the relevant federal regulation (CFR) and F-tag (category of deficiency).]

I. RESIDENT ASSESSMENT [42 CFR 483.20 F-636]

- *The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.*
- *A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS.*
- *The assessment must include at least the following:*
  - ✓ Identification and demographic information.
  - ✓ *Customary routine.*
  - ✓ *Cognitive patterns.*
  - ✓ *Communication.*
  - ✓ *Vision.*
  - ✓ *Mood and behavior patterns.*
  - ✓ *Psychosocial well-being.*
  - ✓ *Physical functioning and structural problems.*
  - ✓ *Continence.*
  - ✓ *Disease diagnoses and health conditions.*
  - ✓ *Dental and nutritional status.*
  - ✓ *Skin condition.*
  - ✓ *Activity pursuit.*
  - ✓ *Medications.*
  - ✓ *Special treatments and procedures.*
  - ✓ *Discharge planning.*
  - ✓ *Documentation of summary information regarding the additional assessment performed through the resident assessment protocols.*
- *Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts.*

Use this checklist to identify what is important to YOU when you have a resident assessment!

II. COMPREHENSIVE PERSON-CENTERED CARE PLANNING [42 CFR 483.21 F-656]

The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with… resident rights…, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

The comprehensive care plan must describe the following:

- *The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being…*
- *Any services that would otherwise be required… but are not provided due to the resident's exercise of rights…, including the right to refuse treatment…*
- *In consultation with the resident and the resident's representative(s)—*
  - *The resident's goals for admission and desired outcomes.*
  - *The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.*
  - *Discharge plans in the comprehensive care plan, as appropriate…*

A comprehensive care plan must be…Developed within 7 days after completion of the comprehensive assessment.

IMPORTANT NOTE: The new federal nursing home standards greatly expanded expectations for care planning. See the "LTCCC Factsheet Care Planning Requirements" for important details on how care plans must be developed and carried out.

BASIC CONSIDERATION TO KEEP IN MIND

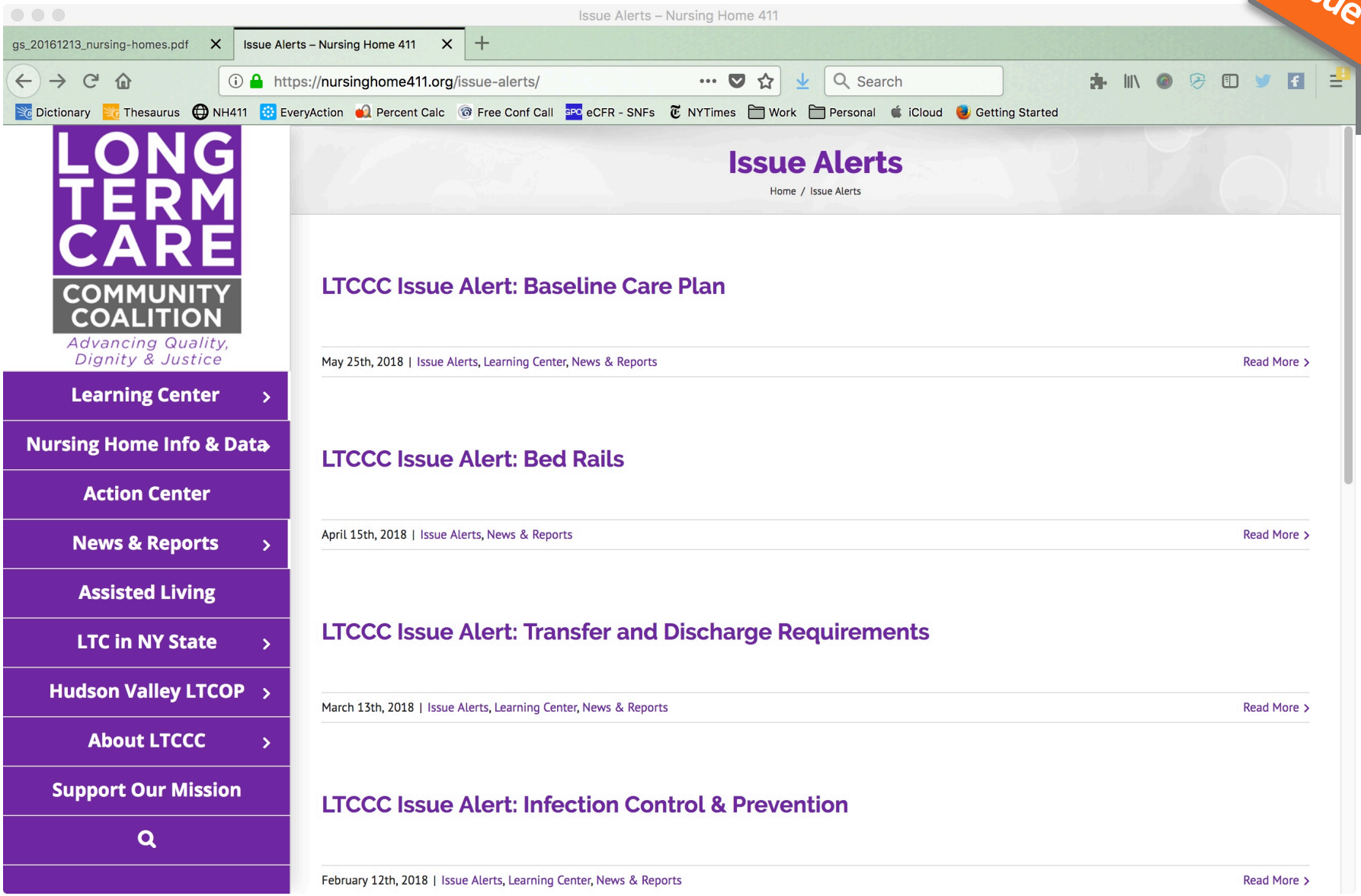
- A facility must make an assessment of the resident's capacity, needs and preferences.
- The assessment must include a wide range of resident needs and abilities, including customary routine, cognitive patterns, mood, ability to and methods of communication, physical, dental and nutritional status.
- A facility is expected to primarily rely on direct observation and communication with the resident in order to assess his or her functional capacity.
- In addition to direct observation and communication with the resident, the facility must use a variety of other sources, including communication with care staff on all shifts.
- A resident's care plan "must describe… the services to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being…."
- The care plan must be based on the assessment. In other words, it must come from the resident's needs and abilities, not the services or staffing levels which the nursing home decides to provide based on its financial (or other) priorities.

RESOURCES

WWW.NURSINGHOME411.ORG. LTCCC's website includes materials on the relevant standards for nursing home care, training materials and other resources.

+ Connecting to Other Info & Resources.

Issue Alerts



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For LTC Ombudsmen in NY State

If you would like us to let your supervisor know that you attended this training program, please take the quick survey at:

https://www.surveymonkey.com/r/ltccc-ltcop1

For Family Members in NY State

connect with the Alliance of NY Family Councils at **www.anyfc.org** (or email info@anyfc.org).


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