Long-Term Care Survey Alert

Alzheimers Disease: GET TO SURVEYORS BOTTOM LINE ON ALZHEIMERS CARE

Is your facilitys dementia care ready for surveyors who have citations on their minds?

Survey experts predict that the recent media blitz on Medicares more liberal coverage policy for Alzheimers disease (see p. 35) will focus residents families and surveyors more sharply on how well facilities are treating residents with AD and other forms of dementia.

When it comes to Alzheimers disease, surveyors often target quality of care (F309-F333) and quality of life issues (F240-F258) especially dignity, resident participation, accommodation of needs and activities.

"Surveyors expect facilities to help residents with Alzheimers disease to achieve the OBRA goal of attaining/maintaining their highest practicable level of well-being and functioning up until the late stages of the illness," says **Marilyn Mines**, a nursing consultant with **FR&R Healthcare Consulting** in Deerfield, IL.

"So facilities must make sure they are providing the necessary care and services for residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and care plan," Mines says.

In this regard, surveyors will be looking to see if your facility is encouraging residents with cognitive impairment to perform their own activities of daily living. "F312 (ADL services) was the 13th most prevalently cited deficiency by surveyors in 2001," cautions **Steven Littlehale**, chief clinical officer, **LTCQ Inc.** in Bedford, MA.

Yet, a simple change in mind frame can help stave off this F tag. "Facilities must move from a doing for approach to residents to one where they find the best way to help each resident help himself," Littlehale says. (For specific ADL support techniques, see the following story.)

Ensure Dignity, Quality of Life

Surveyors are known for honing in on even a single instance where a staff member talks to a resident with AD as if he were a child, or where care doesnt promote a residents dignity or meet his unique needs or preferences for nutrition, activity, companionship and comfort.

Nutrition is always a major survey focus that can be cited as a quality of care or quality of life issue. So facilities should make sure to tailor this area of care to the resident with dementia.

Sherrill House in Boston feeds residents with AD all day long, says **Gail Schober**, associate director of nursing for the facility and director of its Alzheimers program. "We may hand them a quarter of a tuna sandwich, for example, while they wander, cueing them to put it in their mouth," she relates. "Or we sit down with them for a minute and offer them a cup of something to drink."

Sherrill House also makes these "mini meals" into social occasions where staff converses with residents. "People with AD like to be social. They often dont lose their social graces until close to the end," Schober says.

Schober also advocates activities that help trigger a residents long-term memory, opening a momentary window to the person they once were, which can be priceless to loved ones. "Residents with dementia oftentimes respond to religious music, even if they havent attended religious services since childhood," she observes.

Spirituality can provide solace to residents even in the late stages of Alzheimers. "A lot of certified nursing assistants find that reading scripture seems to give that person a sense of peace and comfort," she adds. "It also helps the CNAs feel like they are providing good care."

Make sure to assess and treat people with AD for conditions that can make their dementia appear worse than it really is. Top on the list: depression and pain. However, the right corrective lenses or a hearing aid have been known to alleviate social withdrawal and agitation attributed to cognitive decline.

As part of the ongoing assessment process, staff should watch for behavior changes, especially agitation and aggressive behavior, which may signal depression in the elderly resident with AD "Once youve ruled out the resident being in pain, then you can try prescribing a low-dose antidepressant" to see what effect that has on the behavior change, Schober reports. "You have to be a detective in caring for this population."