

## Long-Term Care Survey Alert

### Care Planning: Follow These ABCs Of Preventing ADL Loss And F309 Tags

3 tips to keep staff on their toes and residents in tip-top shape.

Assessment is everything when it comes to heading off avoidable functional decline in your residents.

Yet you have to know what to ask, and be ready to act on the answers quickly to help residents hold onto their ability to perform their activities of daily living (ADLs) as independently as possible. These three simple strategies will help you cover the bases and keep surveyors off your case.

1. Break down certified nursing assistants' reports to key intervals throughout the shift. Clare Hendrick, RN, CRNP, advises nurses in charge to ask CNAs how the resident's morning went. For example, did he get out of bed and perform his ADLs as usual or did he require more help than usual?

Then ask for a report in early afternoon to find out how the resident did with his meal and how he's participating in activities, etc., suggests Hendrick, vice president of education and clinical development with **HealthEssentials Solutions Inc.** in San Clemente, CA. That way, the charge nurse will be aware of any change in the resident's ADL status so the staff can do an assessment and change the plan of care, if needed.

**Tip:** Has your facility turned over responsibility to the MDS nurse for collecting information about and care planning residents' ADL needs? If so, make sure the MDS nurse has the authority to make things happen quickly to respond to changes in residents' ADL status, suggests **Rena Shephard, MHA, RN, FACDONA**, president of **RRS Healthcare Consulting** in San Diego. "Otherwise, the MDS nurse just ends up in a position of making suggestions for changes but lacks the place in the chain of command to make it happen," she cautions.

2. Ask "why the wheelchair?" Hendrick reports working with one DON who wisely always asked that question during daily rounds. Answering that simple question can prevent the "now he's in the wheelchair" syndrome, she says, where staff (or the resident) see the wheelchair and just assume the person needs one all the time. Yet "sometimes residents need a wheelchair to get to the dining room, but that doesn't mean the person can't walk into the dining room independently or use a walker or ambulate with assistance at other times," Hendrick says.

3. Determine how an absorbent product fits into the plan to promote a resident's optimal level of continence. "Absorbent products are one option -- and it may be the one that makes the most sense once you do your assessment," says **Diane Newman, RN, MNC, FAAN**, co-director of the **PENN Center for Continence and Pelvic Health** at the **University of Pennsylvania Health System** in Philadelphia. "But the person may just need assistance with toileting during the day and then prefer to wear an absorbent product at night" so he can get his rest, she notes.

Or a resident may only require incontinence products when he doesn't feel well or is tired -- or when he's adjusting to a diuretic or sedating medication, Hendrick adds.

Get ready: The **Centers for Medicare & Medicaid Services** is releasing narrative guidance on urinary continence and use of indwelling catheters this summer, Newman tells **Eli**. "And the bulk of the document has to do with the fact that facilities need to assess residents prior to using a product" to manage incontinence. "You have to determine where such products fit in the plan of care," she stresses.

There are numerous assessment guidelines for continence, including those provided by the **American Medical Directors Association** and the **Agency for Healthcare Research & Quality**. To access these and other guidelines

and information for managing urinary incontinence, go to the National Guideline Clearinghouse at [www.guideline.gov](http://www.guideline.gov) and key in "urinary incontinence" as a keyword.