

Long-Term Care Survey Alert

Care Planning Strategies: DONT SET THE BAR TOO HIGH FOR CARE PLANS

If you dont take your facilities resources and limitations and those of your residents into account when writing care plans, you could be writing your own ticket to an F tag.

"We see cases all the time where unrealistic care plan goals get a facility tagged on failure to meet care plans," says **Annaliese Impink**, a health care attorney in Arlington, VA.

Overzealous goals also set the direct care staff up to feel like failures, because they know up front they arent going to succeed, adds **Richard Butler**, president of **Survey Management** in Indianapolis.

Facilities commonly set themselves up for failure when addressing behavioral issues with goals or interventions that are way too ambitious, given the residents clinical status and the facilities resources, Impink observes.

"For example, one large facility that had residents with lots of behavioral problems wrote a care plan saying they would provide one-to-one activities with certain residents twice a week," Impink relates. Given the number of residents in the building and the number of residents with behavioral problems, staff could not carry out that intervention. "So the facility ended up with an F248 tag for failing to provide appropriate activities for the resident," she says.

Falls and weight loss are other problem areas, in Butlers experience. "When you look at the assessment process, youll see the residents expected outcome is actually to fall or lose weight," given their comorbidities and prognosis. "Yet the facility will write a care plan that states the resident wont fall or wont lose weight over the next 30 days," he says.

So if a resident is virtually certain to fall or lose weight, how should the facility state the resident outcomes?

When caring for residents with a wasting terminal illnesses, for example, its best to move away from outcomes addressing the weight loss issue, according to **Kay Wilkes**, a consultant with Union City, TN-based **Healthcare Connections**. She prefers to set a goal in such cases stating that the nursing facility will "provide comfort measures during progressive emaciation due to terminal illness."

Interventions would include offering nourishment every hour, and putting a small refrigerator in the residents room stocked full of favorite beverages and soothing foods.

In a similar fashion, when care planning for "frequent fallers," Wilkes focuses on "safety outcomes," rather than using the term fall prevention, because if the resident falls, surveyors and trial lawyers can easily say the program obviously didnt work.

For example, a safety-focused, measurable outcome for someone who is likely to fall unless she is restrained 24/7 might state: "Resident will be ambulated up to 25 feet as tolerated daily while wearing tread socks and hip pads."