

# Long-Term Care Survey Alert

## TOOL: Get to the Root Cause of ADL Decline With This Assessment Checklist

### Evaluation of Resident ADL Decline or Failure to Improve ADL Function

1. Has the resident shown decline or lack of expected improvement in any ADLs coded in Section G since the last MDS assessment? Yes \_\_\_ No \_\_\_

If yes, list the coding for the previous and most recent MDS.

Coding previous MDS Coding this MDS

A. Transfer

B. Toileting

C. Bed mobility

D. Eating

E. Bathing

F. Dressing

2. Has the person shown a decline in mobility? Describe briefly. \_\_\_\_\_

3. Has the resident received rehab therapy or restorative nursing in the last 90 days? \_\_\_\_\_

4. Does the resident now require an assistive device not coded on the previous assessment? Yes \_\_\_ No \_\_\_

5. What type of device is now being used? Circle: wheelchair, walker, cane, other \_\_\_

6. Does the resident or staff now perceive the person could do more of his ADLs independently? Yes \_\_\_ No \_\_\_

7. Has the person experienced a decline in functional limitation in range of motion coded at G4? Yes \_\_\_ No \_\_\_

Describe briefly \_\_\_\_\_

8. Check if the resident has experienced any other areas of decline or failure to improve as expected below:

\_\_\_ Cognition (more impaired in daily decision-making at

B4 and/or now has short-term memory loss)

\_\_\_ Communication/Hearing

\_\_\_ Vision

\_\_\_ Weight loss (including insidious weight loss that isn't

sufficient to code in Section K)

Change in diet or dietary intake

Stability of conditions (J5)

Fall(s)

Other

9. Could an acute or chronic condition(s) or treatment(s) explain the decline or failure to improve? Circle all that might apply: Parkinson's disease, stroke, COPD, flu, pneumonia, surgery, depression, dementia, heart attack, cancer, congestive heart failure, renal failure, dialysis, radiation, other \_\_\_\_\_

10. Has the resident started on any new medication(s) or changes in dosage that coincide with the ADL decline? If yes, the names and dosage of the medication(s)

\_\_\_\_\_

11. Has the resident had a formal medication review? Findings \_\_\_\_\_

12. Does the resident appear to be a candidate for hospice?  Yes  No

13. The resident is triggering the following QIs/QMs: \_\_\_\_\_

14. Do any of these have hospice as an exclusion? Yes  No

15. If the resident isn't triggering on the pain QM, does he have pain? Are his pain goals being met? \_\_\_\_\_

16. Does the resident's decline qualify as a significant change in status? Yes  No  Rationale: \_\_\_\_\_

New problems identified, if SCSA completed:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

17. Has the resident received a rehab therapy screen or evaluation?

Yes  No. Findings/recommendations:

\_\_\_\_\_

\_\_\_\_\_

18. Has the resident received a restorative nursing evaluation?

Yes  No. Findings/recommendations:

\_\_\_\_\_

\_\_\_\_\_

19. Other evaluations : medical  psychosocial

dietary  other \_\_\_\_\_

20. Summary of key findings/changes in treatment plan:

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Source: Developed by Eli Healthcare.