

MDS Alert

Activities of Daily Living: 2 Tips Help You Capture Residents' ADL Requirements On The MDS And Care Plan

Improve care-plan instructions, flexibility for setting the ARD.

Looking for a way to boost payment and help prevent F tags? Below experts suggest a couple of strategies to tackle both tasks.

1. Make sure ADL care plan directives are specific enough to head off surveyor concerns. Suppose a resident can walk and transfer independently during the day shift but sometimes requires a one-person assist on the evening shift if he hasn't rested enough during the day. The care plan says "independent or one-person assist."

The problem: Surveyors may find fault with that care plan directive, saying it's too open-ended, especially if the resident falls in the afternoon when ambulating independently, says **Barbara Miltenberger, JD, RN**, in Jefferson City, MO. "To protect the facility, it would be better [for the care plan] to say 'independent when well rested and one-person assist when tired,'" she says. That way, if the resident has rested for a number of hours during the day, and then walks independently and falls that evening, the facility can explain why the person was walking independently, Miltenberger notes.

2. Don't let ADL flow sheets lock you into an assessment window. Consultant **Jennifer Gross, BSN, RN, RAC-CT**, finds that seven-day ADL flow sheets can cause you to lose flexibility for changing the assessment reference date within the window because staff have captured the data over a set timeframe. As an alternative, consider keeping ADL flow sheets ongoing, which also helps solve the issue of making sure you have them in place for MDS assessments, suggests Gross, with **PointRight Inc.** (formerly LTCQ Inc.) in Lexington, MA.

Editor's note: For more input from Gross and other experts on how to dovetail ADL, incontinence and restorative nursing data collection and documentation, see the next MDS Alert.