

MDS Alert

Section F: Beware Of 3 Major Areas Where You Can Make Mistakes In Section F

Are you doing appropriate follow-ups on responses to preferences?

Section F: Preferences for Customary Routine and Activities is an important MDS 3.0 area that can give you a glimpse into a resident's quality of life. But most people blunder through certain areas of this section, making the information gleaned less effective and lacking impact.

Section F is all about finding out what residents' preferences are, stated **Rena Shephard, RN, MHA, C-NE, RAC-CT**, owner of **RRS Healthcare Consulting Services** in San Diego, CA, in a recent **Centers for Medicare & Medicaid Services (CMS)** instructional session. "Certainly lack of attention to preferences and activities can result in some really negative things ... boredom, depressed mood, behavior disturbances. And that's really an understatement."

Sometimes residents "are able to continue doing what is important to them in terms of activities throughout their lives," Shephard noted. "And sometimes they might have to make some changes. And so that's one of the roles that we have is to help them figure out what those changes might be if they can't do the things that they love anymore."

Residents' preferences for routines should rank as high in priority as health and safety, Shephard stressed. "And so this section is really designed to help us begin the discussion with [the residents] about what's important to them."

Significance: "The more we hear the details about what's important to that resident, the more individualized the care plan becomes," noted Shephard.

Utilize More Options Before Doing the Staff Assessment

Unlike the other interviews in the MDS 3.0, you can have a family member or significant other complete the preferences and routines information for F0400 (Interview for Daily Preferences) if you cannot complete the interview with the resident himself, Shephard said. "That's only for this set of interviews, not for the others." And you would conduct the staff assessment only if an interview with the resident or a family member is not possible.

Keep in mind that there's no look-back period for resident responses for Section F, so you can complete this section any time before the end of the Assessment Reference Date (ARD).

Remember: And you would code "9 ☐ no response or non-responsive" only in one of three situations:

- If the resident, family member or significant other refuses to answer, or says that he or she doesn't know;
- If the resident doesn't give an answer to the question for several seconds and doesn't appear to be formulating an answer; or
- If the resident provides an answer that doesn't correspond to the question.

Pay Attention to '5' ☐ Why This Answer is Significant

If a resident gives the response "5 ☐ important, but can't do or no choice" for an item in F0400, this means that the topic

is important to the resident but that he is physically unable to do this activity or has no choice about participating while staying at the facility.

Meaning: "There are a lot of things that folks do before they find themselves in a position to have to be in a nursing home that when they get to the nursing home, they just can't do them anymore," Shephard noted. "Either because they're not able to functionally, or sometimes it's because the facility doesn't really offer the opportunity."

And making sure that the resident understands what option 5 means is extremely important. When the resident understands option 5 and gives that response in his answer, "then that is sort of flashing lights to us to know, okay, we've got some work to do here," Shephard noted. "Either to help him to regain the ability, if possible, to do what it is that's so important to him or, if that's not possible, to help him grieve the loss of whatever it is that's so important to him but also to help him start to find something that can maybe replace it."

Follow-Up on Responses to Questions

When a resident says that something is very important or somewhat important, you really need a follow-up question there, Shephard said. Such as, "What are those activities?"

"And, of course, it's up to your facility to determine what the process is that you would be using," Shephard noted. "Who's going to go in and ask those questions? Is the person who asks the original questions going to do the follow-ups or is somebody else going to come back and do them?"

Bottom line: You need to find out what's important to the resident's quality of life in the nursing home. And these responses are crucial in helping to prioritize when it comes to care planning.