

MDS Alert

Survey Compliance: Use The MDS From 'AC To T' To Individualize And Report Activities

When you equate activities with Section N only, you're asking for F tags.

If surveyors tie negative psychosocial outcomes to a lack of appropriate activities--watch out. Your facility could end up with a G-level (actual harm) deficiency.

The MDS can be your guide to gathering more information than you might think to develop an activities care plan and keep it on track.

"Every section of the MDS has some relationship to the activities assessment of the resident," stresses **Reta Underwood**, president of **Consultants for Long Term Care Inc.** in Buckner, KY.

Cover the assessment bases: The stakes for using the MDS correctly to develop and monitor a resident's activities program went up on June 1. That's when the new survey guidance for activities went into effect along with the Psychosocial Severity Outcome Guide, which surveyors will use to cite severity when they tie a negative psychosocial outcome to a deficient practice.

Start With Section AC

Taking the time to complete Section AC (customary routine) carefully at admission can provide a wealth of information for developing a "person-appropriate" activities plan. "Ask about the person's daily event cycle and involvement patterns," advises Underwood.

Survey tip: The revised survey guidance for activities suggests looking at "the resident's lifelong interests, spirituality, life roles, goals, strengths, needs and activity pursuit patterns and preferences." If the person is cognitively impaired, look at what type of activities she has enjoyed throughout her life and in the 18 months before coming into the facility, suggests **Joanne Hayden, PhD**, in Indianapolis, who consults with facilities on activities and quality of life. "Get information from the family about how the person spends his or her days best."

Try this: Ask people to describe their ideal day if they could do anything they wanted, suggests Hayden. "Then you can improvise to help them achieve some of those goals."

Complete Section N Carefully

Compare your assessment of the person's interests and goals to what you've coded in Section N3 (preferred activity settings) and N4 (general activity preferences). And keep in mind that Section N4--and the revised survey guidance--asks you to adapt the person's general activity preferences to his current abilities.

Cross-check Sections C (hearing) and D (vision). If you've coded a resident as having hearing or visual problems, make sure you provide and code adaptive devices for him to participate in activities. For example, residents may "need adaptive equipment [to achieve] maximum therapeutic benefits when viewing" television and video, says Underwood.

If you've coded a resident as cognitively impaired (Section B), take a close look at how you adapt his activities. Cognitively impaired people require activities in smaller groups because there's too much stimulation in larger groups, says **Jane Belt, MS, RN, CS, CLNC**, a consultant with **Plante & Moran Clinical Group** in Columbus, OH.

People can participate at different levels in the same activity, however, notes **Donna Gay, RN**, director of nursing at **Holbrook on the Hill** in Buckhannon, WV. For example, her facility offers activities involving flowers "where some people arrange the flowers while others touch, smell and see the flowers," she says.

Also pay close attention to N5, which asks the resident if he prefers a change in the type or extent of activities in which he's involved. You can bet surveyors will be asking that question--and may look at how you've coded those items.

Ask this simple question: Use a five-point evaluation scale to ask residents to evaluate the quality of their day in two-hour increments as "wonderful, good, OK, bad, awful" to obtain a baseline and evaluate activities, suggests Hayden.

Complete Section P2 and T1a

In Section P2, you record intervention programs for mood, behavior and cognitive loss. The latter would include providing someone with cognitive impairment a doll, purse, basket or drawer to rummage through.

Don't forget T1a (recreation therapy). The physician-ordered therapy must be provided by a state licensed or nationally certified therapeutic recreation specialist or a therapy recreation assistant working under the direction of a therapeutic recreation specialist, according to the RAI manual. Under the revised activities F tag, "it's prudent" to complete T1a if you provide the recreation therapy, even though you don't get paid for it, says **Lois-Scheaffer-Kramer**, a recreational therapist in Bloomingdale, IL.