

**Stage II – Critical Elements for Activities of Daily Living (ADL) and/or  
Range of Motion (ROM) Status (Includes Cleanliness/Grooming and Positioning)**

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_  
Surveyor Name: \_\_\_\_\_  
Resident Name: \_\_\_\_\_ Resident ID: \_\_\_\_\_  
Initial Admission Date: \_\_\_\_\_ Interviewable:  Yes  No Resident Room: \_\_\_\_\_  
Care Area(s): \_\_\_\_\_

Use
To determine whether the facility is providing services to: <input type="checkbox"/> Meet ADL and positioning needs for those residents unable to carry out these activities; <input type="checkbox"/> Prevent decline in positioning, ADLs or ROM; or <input type="checkbox"/> Maintain or improve positioning, ADLs or ROM abilities.

Procedure
If resident is still in facility: <input type="checkbox"/> Briefly review the assessment, care plan and orders to identify facility interventions and to guide observations to be made. <input type="checkbox"/> Corroborate observations by interview and record review.

Observations
Observe whether staff consistently implement the care plan over time and across various shifts. Staff are expected to assess and provide appropriate care from the day of admission. During observations of the interventions, note and/or follow up on deviations from the care plan as well as potential negative outcomes.

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**Observations**

**For the resident who has a decline in *ADL* ability (F310):**

Determine the current status of the resident's ADL performance.

**Notes:**

**For the resident with the potential to improve, but has not improved, with *ADL* ability (F311) determine whether:**

- Staff encourage the resident to perform ADLs (grooming, dressing, oral hygiene, transfer, ambulation, eating, toileting etc.) or to participate as much as the resident is able;
- Staff provide interventions and allow sufficient time for the resident to complete the tasks, such as allowing residents to wash his/her face, brush his/her teeth or comb his/her hair by himself/herself or with cues, and allowing sufficient time to stand up and ambulate to an activity with an assistive device, as appropriate (instead of transport in a wheelchair to save time); and
- Staff provide, as needed, supportive, assistive devices such as splints, walkers, or canes.

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<b>Observations</b>	
<b>For the resident who is unable to carry out ADL activities and needs staff to perform the ADLs (312) determine whether:</b>	
<input type="checkbox"/> The resident is receiving all necessary assistance in ADLs such as grooming, dressing, hygiene, transfer, ambulation, eating, toileting etc.; and  <input type="checkbox"/> The resident with contractures receives skin care to keep the areas clean and to prevent skin breakdown.	<b>Notes:</b>
<b>For the resident who is unable to position him/herself independently (F309) determine whether:</b>	
<input type="checkbox"/> Staff are properly positioning the resident in bed to maintain proper body alignment, with limbs and head supported in a manner to prevent complications related to decreased mobility; and  <input type="checkbox"/> A resident who has been placed in a wheelchair or reclining chair is positioned in correct alignment to prevent leaning, with limbs and head supported, as needed, and seated in a chair of appropriate size.	<b>Notes:</b>
<b>For the resident who had no limitation in range of motion and who now has a limitation in range of motion (F317) determine:</b>	
<input type="checkbox"/> The current limitations the resident has to range of motion, including the development of contractures.	<b>Notes:</b>

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**Observations**

**For the resident who may have some limitations with *range of motion*, and may have the potential to improve but has not improved or has further declined (F318) determine whether staff:**

- Provide encouragement and assistance, as needed, in order for the resident to complete an exercise program as care planned;
- Perform range of motion during the provision of care (if care planned) and/or in a formal or informal program to increase range of motion such as exercises;
- For the resident who can't perform ROM exercises, provide PROM with the joints supported, and provide movement of the extremity in a smooth steady manner to the point of resistance (as assessed);
- Provide devices, rolls, pads or other types of appliances for areas with contractures; and
- Respond to any indications of discomfort during AROM, PROM exercises, and care associated with contractures.

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**Resident/Representative Interview**

Interview the resident, family or responsible party to the degree possible to identify:

- Resident's/Representative's involvement in the development of the care plan, defining the approaches and goals, and if interventions reflect choices and preferences;
- Resident's/Representative's awareness of the interventions in use and how to use devices or equipment;
- Whether timely assistance is provided as needed for positioning, toileting, eating, bathing, hygiene, grooming, dressing and ambulating according to the care plan;
- If the resident comprehends and applies information and instructions to help improve or maintain ADL performance (where cognition permits);
- Presence of pain that affects ADL performance including the location, cause, if any and how it is managed; and
- If interventions were refused, whether alternatives and/or other alternative approaches were offered.

**Notes:**

**For the resident who has limitations in *range of motion* and/or contractures, interview the resident, family member or responsible party to determine:**

- When the range of motion and/or contracture(s) developed;
- Resident's/Representative's involvement in care plan development including defining the approaches and goals, and if interventions reflect preferences and choices;
- Resident's/Representative's awareness of the interventions in use and how to use devices or equipment;
- Whether assistance is provided as needed for the provision of either AROM, PROM, and according to the care plan;
- Whether the resident comprehends and applies information and

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**Resident/Representative Interview**

instructions to help improve or maintain range of motion (where cognition permits);

- Presence of pain that affects range of motion including the location, cause, if any and how it is managed; and
- If interventions were refused, whether alternatives and/or other alternative approaches were offered.

**Staff Interviews**

Interview staff on various shifts to determine:

- How much assistance is needed with ADLs (including oral hygiene), positioning or ROM;
- Whether there are any rehabilitation and/or restorative care schedules and instructions to be followed;
- The resident's level of comfort related to positioning, contractures and ADL care;
- Whether there is any resistance to care provided, and if so, when does the resistance occur (for example, during certain types of care, certain times of the day, certain staff, etc.);
- How the nurse monitors for the implementation of the care plan;
- If interventions were refused, whether alternatives and/or other alternative approaches were offered; and
- If the resident is not on a restorative program, how the determination was made that the resident could not benefit from a program.

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**Assessment**

- Review the MDS, physician orders, therapy notes and other progress notes that may have information regarding the assessment of ADL functioning and ROM, assessment of positioning needs, and resident responsiveness to ADL/ROM services.
- Based on observation of the resident, interviews with staff, and interviews with the resident/responsible party (as possible), determine whether the assessment information accurately and comprehensively reflects the status of the resident for the following items:
  - Identifies causal factors for any limitations in physical functioning that affect ADLs, positioning and ROM;
  - Identifies the risk and contributing factors for decline or lack of improvement in ADLs or ROM such as presence of an unstable condition, acute health problem, pain, change in cognition, a change in medications that may affect functional performance such as psychoactive or anticholinergic medications, behavioral symptoms, or visual problems;
  - Discusses causal and contributing factors of any resistance to care;
  - Identifies the strengths and abilities that can contribute to the improvement in ADL performance and/or improvement in range of motion; and
  - Identifies the presence and degree of contractures.

**1. Did the facility assess adequately to determine the level of ADL (self-care), functional ROM and contractures, the risk, causal and contributing factors, and the potential to improve?**

Yes  No **F272**

*The comprehensive assessment is not required to be completed until 14 days after admission. For newly admitted residents, before the 14-day assessment is complete, the lack of sufficient assessment and care planning to meet the resident's needs should be addressed under **F281** (see the Care and Services Meet Professional Standards section).*

*NOTE: The facility may have completed a 5-day assessment for the*

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**Assessment**

*Medicare beneficiary. Use the 5–day assessment as the comprehensive assessment only if it was completed with the RAPS.*

**Care Planning**

If the care plan refers to a specific facility treatment protocol that contains details of the treatment regimen, the care plan should refer to that protocol and should clarify any deviations from, or revisions to, the protocol for this resident. The treatment protocol must be available to the caregivers and staff should be familiar with the protocol requirements.

- Review the care plan to determine whether the plan is based upon the goals, needs, and strengths specific to the resident and reflects the comprehensive assessment.
- Determine whether the plan, as applicable:
  - Provides restorative approaches that are specific enough to identify the steps that both the resident and the staff will take to improve and or maintain ADL functioning and range of motion;
  - Provides specific care interventions staff will provide for the resident who is unable to participate in ADLs or range of motion, including the provision of oral care, hygiene and maintenance of cleanliness throughout the day;
  - Identifies quantifiable, measurable objectives with timeframes to be able to assess whether the objectives have been met;
  - Identifies interventions with sufficient specificity to guide the provision of services and treatment;
  - Is based upon resident choices and preferences and interdisciplinary expertise;
  - Promotes maintenance of dignity;
  - Defines interventions to prevent skin breakdown in areas where

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**Care Planning**

<p>contractures are present;</p> <ul style="list-style-type: none"> <li>▪ Provides for premedication prior to the provision of ADLs, PROM/AROM as applicable;</li> <li>▪ Defines environmental approaches and devices needed to promote independence in ADLs and to maximize independent functioning;</li> <li>▪ Provides positioning interventions and monitoring; and</li> <li>▪ Provides for needed devices, appliances, and equipment.</li> </ul> <p><input type="checkbox"/> If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current plan of care.</p> <p><b>2. Did the facility develop a care plan that addresses ADLs and ROM to (a) ensure provision of care to meet ADL and ROM needs (b) prevent decline in ADL or ROM abilities or (c) improve functioning, if applicable?</b>      <input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>F279</b></p> <p><i>The comprehensive care plan does not need to be completed until 7 days after the comprehensive assessment (the assessment completed with the RAPS). Lack of sufficient care planning to meet the needs of a newly admitted resident should be addressed under <b>F281</b> (see the Care and Services Meet Professional Standards section).</i></p> <p><i>Additionally, lack of physician orders for immediate care (until staff can conduct a comprehensive assessment and develop an interdisciplinary care plan) should be addressed under <b>F271</b>.</i></p>	
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**Care and Services Meet Professional Standards of Quality**

<p><b>Interviews with health care practitioners and professionals:</b> If the interventions defined or care provided appear not to be consistent with recognized standards of practice, interview one or more health care practitioners and professionals as necessary (e.g., physician, charge nurse, director of nursing) who, by virtue of training and knowledge of the</p>	<p><b>Notes:</b></p>
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**Care and Services Meet Professional Standards of Quality**

resident, should be able to provide information about the causes, treatment and evaluation of the resident's condition or problem. If the attending physician is unavailable, interview the medical director, as appropriate.

Depending on the issue, ask about:

- Any clinical and/or other indications for the decline, such as refusal to participate, for the resident who has declined in ROM or ADL functioning;
- Changes in condition that may justify additional or different interventions;
- How it was determined that chosen interventions were appropriate;
- How they validated the effectiveness of current interventions;
- Risks identified for which there were no interventions; and
- How they monitor the approaches for programs (for example, policies/procedures, staffing requirements, how staff identify problems, assess the resident and develop and implement action plans, how staff monitor and evaluate resident's responses, etc.).

**3. Did the facility implement practices that meet professional standards of quality?**       Yes     No    **F281**

*Note: If the care plan addressed the risks and identified needs of the resident, but the care plan was not implemented as written, consider F282 for failure to implement the care plan.*

**Care Plan Revision**

Determine whether the resident's condition and effectiveness of the care plan interventions have been monitored and care plan revisions were made based upon the following:

- The outcome and/or effects of goals and interventions;

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<b>Care Plan Revision</b>	
<p><input type="checkbox"/> A decline or lack of improvement in ADL or ROM status;</p> <p><input type="checkbox"/> Complications with skin breakdown in areas with contractures;</p> <p><input type="checkbox"/> Failure to comply with the provision of care for ADLs, positioning and range of motion activities and alternative approaches developed;</p> <p><input type="checkbox"/> Change in condition, ability to make decisions, cognition, medications, behavioral symptoms or visual problems;</p> <p><input type="checkbox"/> Input by the resident and/or the responsible person;</p> <p><input type="checkbox"/> An evaluation of the resident’s level of participation with and response to the care plan; and</p> <p><input type="checkbox"/> If the resident refuses or is resistant to services, alternative means are identified to address ADL, positioning and ROM needs.</p>	
<p><b>4. Did the facility revise the care plan as needed?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>F280</b></p>	

<b>Provision of Care and Services</b>	
<p><b>Criteria for Compliance:</b></p> <p><input type="checkbox"/> <b>F309, Quality of Care</b> — For the resident who either needs assistance, or is totally dependent in the ability to position self, the facility is in compliance with F309 if staff have:</p> <ul style="list-style-type: none"> <li>▪ Recognized and assessed the need and type of assistance the resident needs for positioning;</li> <li>▪ Defined and implemented pertinent interventions consistent with the resident’s condition, goals, and consistent with recognized standards of practice in order to provide needed services;</li> <li>▪ Monitored and evaluated the resident’s response to interventions; and</li> </ul>	<p><b>Notes:</b></p>

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**Provision of Care and Services**

- Revised the approaches as appropriate.

**If not, there is lack of provision of needed services: cite F309.**

**F310, Activities of Daily Living** — For the resident who has declined in ADL functioning, the facility is in compliance with F310 if staff have:

- Recognized and assessed factors affecting the resident’s ADL functioning;
- Defined and implemented pertinent interventions consistent with resident condition, goals, and recognized standards of practice to try to address factors contributing to decline in ADL functioning;
- Monitored and evaluated the resident’s response to interventions; and
- Revised the approaches as appropriate.

**If not, the decline in ADL functioning is avoidable: cite F310.**

**F311, Activities of Daily Living** — For the resident with the potential to improve ADL ability, but has not improved, the facility is in compliance with F311, if staff have:

- Recognized and assessed factors affecting the resident’s ADL abilities;
- Defined and implemented pertinent interventions consistent with resident condition, goals, and recognized standards of practice to try to address factors contributing to the failure to improve in ADL functioning;
- Monitored and evaluated the resident’s response to interventions; and
- Revised the approaches as appropriate.

**If not, the lack of improvement or the lack of maintenance of the**

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**level of ADL functioning is avoidable: cite F311.**

**F312, Activities of Daily Living** — For the resident who is not able to carry out ADLs, the facility is in compliance with F312 for the provision of services related to nutrition, grooming, personal and oral hygiene services, if staff have:

- Recognized and assessed factors affecting the resident’s ADL abilities;
- Defined and implemented pertinent interventions consistent with the resident’s condition, goals, and consistent with recognized standards of practice in order to provide needed services;
- Monitored and evaluated the resident’s response to interventions; and
- Revised the approaches as appropriate.

**If not, there is lack of provision of needed services: cite F312.**

**F317, Range of Motion** — For the resident admitted without ROM limitations, who experienced a decline in range of motion, the facility is in compliance with F317, if staff have:

- Recognized and assessed factors affecting the resident’s range of motion;
- Defined and implemented pertinent interventions consistent with the resident’s condition, goals, and consistent with recognized standards of practice in order to provide needed services;
- Monitored and evaluated the resident’s response to interventions; and
- Revised the approaches as appropriate.

**If not, the decline in range of motion is avoidable: cite F317.**

**F318, Range of Motion** — For the resident admitted with ROM

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**Provision of Care and Services**

limitations, who experienced a further decline or lack of improvement in range of motion, the facility is in compliance with this requirement, if staff have:

- Recognized and assessed factors affecting the resident's range of motion;
- Defined and implemented pertinent interventions consistent with the resident's condition, goals, and consistent with recognized standards of practice in order to provide needed services;
- Monitored and evaluated the resident's response to interventions; and
- Revised the approaches as appropriate.

**If not, the decline or lack of improvement in range of motion is avoidable: cite F318.**

**5. Did the facility provide services to prevent decline in ADLs or ROM, maintain or improve ADLs, or ROM abilities, and provide services to meet ADL and positioning needs?     Yes     No**

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**Concerns with Structure, Process, and/or Outcome Requirements Related to Process of Care**

During the investigation, the surveyor may have identified concerns with related outcome, process, and/or structure requirements. The surveyor is cautioned to investigate these related requirements before determining whether non-compliance may be present. Some examples of requirements that should be considered include the following (not all inclusive):

- F241, Dignity** — Determine whether staff provide care and assistance to the resident in a manner that prevents the resident from expressing feelings of being ignored, disrespected, embarrassed, humiliated, etc.
- F353, Sufficient Staff** — Determine whether the facility had qualified staff in sufficient numbers to provide necessary care and services, based upon the comprehensive assessment and care plan.
- F498, Proficiency of Nurse Aides** — Determine whether nurse aides demonstrate competency in the provision of restorative nursing, range of motion, care of contractures, and positioning.

***If the surveyor determines that the facility is not in compliance with any of these related requirements, the appropriate F tag should be surveyor initiated.***

**Notes:**