

Stage II – Critical Elements for Behavioral and Emotional Status

Facility Name: _____ Facility ID: _____ Date: _____
Surveyor Name: _____
Resident Name: _____ Resident ID: _____
Initial Admission Date: _____ Interviewable: Yes No Resident Room: _____

Use

Use this protocol for a sampled resident exhibiting physically or verbally abusive behaviors; socially inappropriate or disruptive behaviors, including resistance to care; psychosocial adjustment difficulties after admission; symptoms of depression; and/or presence of delirium.

Procedure

- Briefly review the assessment, care plan and orders to identify facility interventions and to guide observations to be made.
- Corroborate observations by interview and record review.

Observations (if the resident is still in the facility)

Observe whether staff consistently implement the care plan over time and across various shifts. Staff are expected to assess and provide appropriate care for residents with behavioral, mental status and/or emotional status symptoms 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, including but not limited to the following:

- The quality of staff-to-resident interactions—staff respond to residents who are exhibiting behavioral and/or mental/psychosocial symptoms in a manner that emphasizes the resident’s quality of life while ensuring the safety of others; and
- Specific interventions consistently employed from one staff to another and across shifts.

Notes:

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Resident/Representative Interview	
<p>Interview the resident, family or responsible party to the degree possible to identify:</p> <ul style="list-style-type: none"><input type="checkbox"/> Resident's/Representative's involvement in the development of the care plan including providing insight into why behavioral or mood reactions might occur, defining the approaches and goals, and if interventions reflect choices and preferences;<input type="checkbox"/> Resident's/Representative's awareness of management programs to address behavioral, mental status or mood symptoms and if interventions are provided according to the care plan; and<input type="checkbox"/> If interventions are refused, whether counseling on alternatives, consequences, and/or other alternative approaches to address behavioral, mental, and/or emotional symptoms were offered.	<p>Notes:</p>
Staff Interviews	
<p>Interview staff on various shifts to determine:</p> <ul style="list-style-type: none"><input type="checkbox"/> Knowledge of behavioral management or mental/psychosocial interventions that should be carried out, and how this information is communicated between disciplines and to direct care staff;<input type="checkbox"/> The process that is in place to review behavior and/or mental/psychosocial symptoms and the roles various disciplines play in the management of behavioral and/or mental/psychosocial symptoms;<input type="checkbox"/> If nursing assistants know what, when and to whom to report indications of behavioral, mental and/or emotional status changes; and<input type="checkbox"/> How staff monitor for the implementation of the care plan, effectiveness of interventions, and any changes in symptoms that have occurred over time.	<p>Notes:</p>

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Assessment	
<p>Review the MDS, physician orders, therapy notes and other progress notes that may have information regarding the assessment of behavior symptoms, assessment of mental and/or psychosocial needs and resident responsiveness to management programs or interventions. Determine whether the assessment information accurately and comprehensively reflects the status of the resident for:</p> <ul style="list-style-type: none"><input type="checkbox"/> Time, duration and severity of behaviors and/or mental/psychosocial symptoms (depression, labile or volatile mood, adjustment reactions, delirium) exhibited;<input type="checkbox"/> Causal, risk and contributing factors for any behavioral and/or mental/psychosocial symptom(s) that the resident is exhibiting, such as decline in cognitive functioning, confusion, or delirium; and<input type="checkbox"/> Resident participation in any behavioral management interventions or programs to address mental/psychosocial symptoms (such as symptoms of depression, labile or volatile mood, adjustment reactions). <p>NOTE: If a resident is resisting ADL care, it may be due to a genuine psychological symptom or may be a legitimate defensive reaction to coercive facility practices (such as forcing a resident to endure a shower even while the resident is striking out and protesting). The surveyor should determine whether the facility's practices are the causal factor for the resident's reaction. If so, these constitute deficient practices (Abuse) and not a behavioral symptom.</p> <p>1. Was a comprehensive assessment completed for the resident with behavioral and/or mental/psychosocial symptoms?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No F272</p> <p><i>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.</i></p>	<p>Notes:</p>

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Assessment	
<p><i>NOTE: The facility may have completed a 5–day assessment for the Medicare beneficiary. Use the 5–day assessment as the comprehensive assessment only if it was completed with the RAPS.</i></p>	
Care Planning	
<p><input type="checkbox"/> Determine whether the facility developed a care plan that was consistent with the resident’s specific conditions, risks, needs, behaviors, and preferences and current standards of practice, and included measurable objectives and timetables, with specific interventions/services for the management and treatment of behavioral, mental and/or emotional symptoms.</p> <p><input type="checkbox"/> 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. If care plan interventions that address aspects of the behavioral management/treatment plan are integrated within the overall care plan, the interventions do not need to be repeated.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Determine whether the plan:</p> <ul style="list-style-type: none">▪ Identifies the degree of staff assistance or involvement needed to manage behavior/mental/emotional symptoms;▪ States problems with behavioral and/or mental/psychosocial symptoms in behavioral and/or functional terms as they relate specifically to the individual resident;	<p>Notes:</p>

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Care Planning

- Identifies specific interventions related to managing the resident's behavioral and/or mental/psychosocial symptoms and related risk or causal factors that reflect the resident's medical/health condition and resident preferences and opinions;
- Includes baseline and ongoing measurement of the behavior and/or mental/psychosocial symptom(s) and expected response to interventions; and
- If the resident refuses or is resistant to the behavior management program or mental/psychosocial intervention, the care plan reflects efforts to find alternative means to address the behavior and/or mental/psychosocial symptoms based on causal and contributing factors determined in the assessment process.

If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current plan of care.

2. Did the facility develop a care plan that ensures provision of care to address resident behavioral and/or mental/psychosocial symptoms? Yes No **F279**

*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 **F281**.*

*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 **F271**.*

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Care and Services Meet Professional Standards of Quality

Interviews with Health Care Practitioners and Professionals: 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., psychologist, director of nursing, psychiatrist, physician, social services representative) who, by virtue of training and knowledge of the resident, should be able to provide information about the causes, treatment and evaluation of the resident's behavioral and/or emotional status. If the attending physician is unavailable, interview the medical director, as appropriate.

Depending on the issue, ask about:

- What causal, risk, or contributing factors were determined to be associated with the behavioral symptoms;
- How it was determined that chosen interventions were appropriate;
- Changes in condition that may justify additional or different interventions; or
- How staff validated the effectiveness of current interventions.

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.

Notes:

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Care Plan Revision	
<p><input type="checkbox"/> Determine whether the staff have been monitoring the resident's response to interventions for prevention and/or treatment and have evaluated and revised the care plan based on the resident's response, outcomes, and needs.</p> <p><input type="checkbox"/> Review the record and interview staff for information and/or evidence that:</p> <ul style="list-style-type: none"> ▪ If the resident experienced a decline in behavior or mental/psychosocial status or lack of improvement in behavior mental/psychosocial symptoms, the care plan was revised/updated with more appropriate goals or interventions, based on a determination of causal or contributing/risk factors (e.g., unstable condition, acute health problem or change in condition, change in ability to make decisions, change in cognition, a change in medications, sensory problems, environmental disturbances); ▪ Staff evaluated outcomes of the plan (the effect of care plan goals and interventions); and ▪ The resident and/or the responsible person was involved in the review and revision of the plan. <p>4. Did the facility revise the plan of care as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No F280</p>	<p>Notes:</p>

Provision of Care and Services	
<p>Criteria for Compliance: When determining compliance with regulations that address behavioral, mental and/or psychosocial needs, the facility is in compliance with these requirements, if staff have:</p> <p><input type="checkbox"/> Recognized and assessed factors affecting the resident's behavioral and/or mental/psychosocial/emotional status;</p> <p><input type="checkbox"/> Defined and implemented pertinent interventions consistent with</p>	<p>Notes:</p>

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Provision of Care and Services

resident condition, goals, and recognized standards of practice to try to:

- Address factors contributing to psychosocial adjustment difficulties or symptoms such as delirium or behavioral and/or emotional symptoms unrelated to adjustment difficulties.
- Monitored and evaluated the resident's response to interventions; and
- Revised the approaches as appropriate.

However, if there was an avoidable onset of problems or decline in behavioral or mental/psychosocial status or lack or improvement in behavior or mental/psychosocial status, cite:

- **F319, Appropriate Treatment for Mental/Psychosocial Difficulties** — If appropriate treatment and services were not provided to a resident with mental and/or psychosocial adjustment difficulty;
- **F320, No Development of Unavoidable Mental Problems** — If a resident developed mental and/or psychosocial adjustment difficulties where none had been identified previously; and/or
- **F309, Provide Necessary Care for Highest Practical Well Being** — If mental and psychosocial needs are not met and concerns cannot be addressed by the above tags (for example, delirium or behavioral symptoms unrelated to adjustment difficulties).

5. Based on observation, interviews, and record review did the facility provide services to safely and effectively alleviate the resident's mental, psychosocial or behavioral symptoms?

Yes No

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

During the investigation of services that address behavioral, mental and/or psychosocial needs, 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):

- F223, Abuse** — Determine whether the facility is engaging in coercive practices to force a resident to endure ADLs or treatments against his/her will.
- F241, Dignity** — Determine whether staff respond to behavioral and/or emotional symptoms in a manner that promotes a sense of dignity and self-worth.
- F250, Social Services** — Determine whether the facility is providing medically-related social services, including
 - Maintaining contact with family;
 - Providing or arranging for provision of needed counseling services;
 - Supporting preferences, customary routines, concerns and choices;
 - Finding options that most meet the psychosocial and emotional needs of the residents;
 - Providing alternatives to drug therapy or restraints by understanding and communicating to staff why residents act as they do, what they are attempting to communicate and what needs the staff must meet;
 - Teaching staff how to understand and support resident's individual needs; and
 - Promoting actions by staff that maintain or enhance dignity.

Notes:

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

F329, Unnecessary Drugs — Determine whether the facility ensures the resident is free from unnecessary drugs and that antipsychotic drugs are used appropriately. An unnecessary drug is any drug when used:

- In excessive dose (including duplicate therapy); or
- For excessive duration; or
- Without adequate monitoring; or
- Without adequate indications for its use; or
- In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or
- Any combinations of the reasons above.

Antipsychotic drug use based on comprehensive assessment of the resident:

- The facility has ensured that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and
- The facility has ensured that residents who use antipsychotic drugs receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

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, to manage and/or treat the resident's behavioral, mental and/or emotional symptoms.

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.