

**Stage II – Critical Elements for Communication and Sensory Problems (Includes Hearing and Vision)**

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

**Use**

Use this protocol for a sampled resident having communication difficulty and/or sensory problems (vision and/or hearing).

**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**

<p>For residents with communication and/or sensory problems, the staff are expected to assess and provide appropriate care from the day of admission.</p> <p><input type="checkbox"/> Observe whether staff consistently implement the care plan over time and across various shifts.</p> <p><input type="checkbox"/> 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:</p> <ul style="list-style-type: none"><li>▪ Activities and interactions are provided in a manner that is responsive to individual hearing, vision or communication concerns;</li></ul>	<p><b>Notes:</b></p>
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<b>Observations</b>	
<ul style="list-style-type: none"><li>▪ Supportive and assistive devices/equipment is in use and used correctly (telephone with low-high volume switch, hearing aids, magnifying glasses, hand signals, use of pictures, large print books, books on tape, communication boards, etc.); and</li><li>▪ The environment is responsive to individual hearing, vision or communication concerns (adequate lighting, reduction of glare, removal of clutter, reduction of background noise, etc.).</li></ul>	
<b>Resident/Representative Interview</b>	
<p>Interview the resident, family or responsible party to the degree possible to identify:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> The resident's/representative's involvement in the development of the care plan, goals, and whether interventions reflect choices and preferences and staff provide care according to the care plan;</li><li><input type="checkbox"/> Whether treatment(s), including devices/techniques were refused, whether counseling on alternatives, consequences, and/or other interventions was offered; and</li><li><input type="checkbox"/> Current communication and/or sensory status.</li></ul>	<p><b>Notes:</b></p>

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**Staff Interviews**

Interview staff on various shifts to determine as applicable:

- Knowledge of resident specific communication methods and interventions such as use of communication devices (e.g., sign language, gestures, communication board), any visual devices (e.g., glasses, magnifying lens or contact lenses) or hearing aids, and speech therapy schedules;
- Whether nursing assistants know what, when, and to whom to report changes in communication and/or sensory functioning;
- Whether staff monitor for the implementation of the care plan, and whether staff review and evaluate for changes in communication and sensory functioning; and
- How appointments and transportation are arranged for visual and auditory exams.

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### Assessment

Review the MDS, physician orders, therapy notes, consultations and other progress notes that may have information regarding the assessment of visual, hearing and/or communication needs, and resident responsiveness to speech, hearing or visual services. Determine whether the assessment information accurately and comprehensively reflects the status of the resident for:

- Causal, contributing and risk factors for decline, potential for decline, or lack of improvement related to limitations in visual or auditory functioning or communication;
  - Factors influencing communication might include medical conditions-such as: CVA, Parkinson’s disease, cerebral palsy or other developmental disabilities, COPD, psychiatric disorders, dysarthria, dysphagia, dysphasia/aphasia, medications, decreased ability to understand how to use communication aids, and hearing/visual limitations.
  - Factors influencing visual functioning might include conditions such as glaucoma, diabetes, macular degeneration, cataracts, eye infections, blurred vision; refusal to wear glasses, difficulty adjusting to change in light, poor discrimination of color, sensitivity to sunlight and glare, impaired peripheral and depth perception, impaired edge-contrast sensitivity; and facility environmental factors such as insufficient lighting.
  - Factors influencing hearing might include background noise, cerumen impaction, infections (colds/congestion), ototoxic medications (ASA, antibiotics), perforation of an eardrum, retrocochlear lesions, tinnitus, poorly fitting or functioning hearing aid, and foreign bodies in the ear canal.
- The need for, or response to, assistive devices to promote hearing, vision or communication; and
- If the resident resists the use of assistive devices, the assessment discusses causal and contributing factors of the refusal.

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Assessment	
<p><b>1. Did the facility assess the presence of or risk for auditory, visual, or communication problems?</b>      <input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>F272</b></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><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 to meet communication and sensory needs.</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 care to meet communication and sensory needs 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. Determine whether the plan includes at least the following:</p> <ul style="list-style-type: none"><li>▪ Staff utilize assessment information in the development of the</li></ul>	<p><b>Notes:</b></p>

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### Care Planning

care plan and address relevant factors such as:

- Need for scheduled/planned auditory or visual examinations, or speech therapy;
- Environmental factors to promote vision or hearing (adequate lighting, reduction of glare, reduction of background noise, etc);
- Risk for accidents related to visual/auditory impairments, or lack of understanding of safety instructions; and
- Supportive and assistive devices/equipment needed to meet visual, hearing and communication needs (telephone with low-high volume switch, hearing aids, magnifying glasses, hand signals, use of pictures, large print books, books on tape, communication boards, etc.).

Interventions identified in the care plan reflect the resident's medical/health condition and resident preferences and opinions; and

If the resident refuses or is resistant to devices or services, the care plan reflects efforts to find alternative means to address the needs identified 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 addresses sensory and communication needs?**  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**

**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., speech therapist, physician, charge nurse, director of nursing) 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 communication and/or sensory status. If there is a medical question, contact the physician if he/she is the most appropriate person to interview. If the attending physician is unavailable, interview the medical director, as appropriate.

Depending on the issue, ask about:

- Whether nurses notify physicians and vision/hearing specialists, as appropriate, of changes in hearing/vision and/or communication levels and show evidence of discussions of acute changes and the need for treatment of vision or hearing impairment;
- How it was determined that chosen interventions were appropriate;
- Risks identified for which there were no interventions;
- 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.*

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**Care Plan Revision**

- Determine whether the staff have been monitoring the resident's response to interventions and have evaluated and revised the care plan based on the resident's response, outcomes, and needs.
- Review the record and interview staff for information and/or evidence that:
  - If the resident experienced a decline or lack of improvement in communication, the care plan was revised/updated accordingly 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, behavioral symptoms, visual/hearing problems);
  - If the resident experienced an unexpected decline or lack of improvement in hearing or vision, staff ensured that proper treatment was obtained in a timely fashion; and
  - The resident and/or the responsible person was involved in the review and revision of the plan.

**4. Did the facility revise the plan of care as needed?**

Yes  No **F280**

**Notes:**

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### Provision of Care and Services

#### Criteria for Compliance:

- F310, Activities of Daily Living** — For the resident who was admitted without problems in communication abilities and who has had a decline, the facility is in compliance with F310, if staff have:
- Recognized and assessed factors affecting the resident’s communication abilities;
  - Defined and implemented pertinent interventions consistent with resident condition, goals, and recognized standards of practice to try to address factors contributing to decline in communication abilities;
  - 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 who has problems in communication abilities and who has failed to maintain or improve communication abilities, the facility is in compliance with F311, if staff have:
- Recognized and assessed factors affecting the resident’s communication abilities;
  - Defined and implemented pertinent interventions consistent with resident condition, goals, and recognized standards of practice to try to address factors contributing to decline in communication abilities;
  - Monitored and evaluated the resident’s response to interventions; and
  - Revised the approaches as appropriate.

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**Provision of Care and Services**

**If not, the lack of improvement or the lack of maintenance of the level of ADL functioning is avoidable: cite F311.**

**F313, Vision and Hearing** — For the resident with a hearing and/or vision problem, the facility is in compliance if it identified the need for services, assisted the resident in making appointments and arranging transportation and provided services, to help the resident maintain, to the extent possible, the vision and hearing abilities. The facility is in compliance with F313, if staff have:

- Recognized and assessed factors affecting the resident’s vision and/or hearing status;
- Defined and implemented pertinent interventions consistent with resident condition, goals, and recognized standards of practice to try to address factors contributing to decline or lack of improvement in vision and/or hearing status;
- Provided assistance, as appropriate, in gaining access to vision and hearing services by making appointments and arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment;
- Monitored and evaluated the resident’s response to interventions; and
- Revised the approaches as appropriate.

**If not, the facility did not provide proper care and treatment: cite F313.**

**5. Did the facility provide proper care and treatment, including assistive devices, to attain or maintain hearing and/or vision abilities, and/or to either improve communication, or prevent a decline in communication ability?  Yes  No**

## Stage II – Critical Elements for Communication and Sensory Problems (Includes Hearing and Vision)

### 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):

- F154, Notice of Rights and Services** — Determine whether the staff provided information regarding the resident’s total health status in a language he or she can understand (including providing information in the resident’s language, if different from the dominant language of the facility).
- F241, Dignity** — Determine whether staff provide care and assistance to the resident with communication difficulty and/or sensory impairment in a manner that prevents the resident from expressing feelings of being ignored, disrespected, embarrassed, humiliated, or isolated.
- F246, Accommodation of Needs** — Determine whether the facility provides services with reasonable accommodation of needs and preferences such as individualizing the environment to accommodate visual or hearing limitations according to resident’s preferences, desires and unique needs; and/or including appropriate measures to facilitate communication with residents who have difficulty communicating in accordance with the resident’s own preferences and unique needs such as ensuring that residents are able to access communication mechanisms.
- F250, Social Services** — Determine whether the facility provides medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.
- F256, Environment (adequate and comfortable lighting)** — Determine whether the facility provides lighting (levels of illumination) so that residents with visual impairment can maintain or enhance independent functioning and perform tasks of choice.

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

- F258, Environment (maintenance of comfortable sound levels)** — Determine whether sound levels are comfortable to residents and if staff have made efforts to reduce background noise for those residents having difficulty hearing or making themselves heard because of background sounds.
- F280, Comprehensive Care Plans** — Determine whether the facility provided the resident with the right to participate in care planning (including ensuring that the resident who speaks a different language from the dominant language of the facility or who has either vision or hearing problems is able to communicate with the care planning team).
- F406, Specialized Rehabilitative Services** — Determine whether the facility provides or obtains required therapies such as speech therapy, based on the comprehensive assessment and care plan, to ensure that residents receive rehabilitative services to address problems related to auditory comprehension, or speech production, expressive behavior or other alternate means of communication.
- F514, Clinical Records** — Determine whether the clinical records:
  - Are maintained by the facility for each resident in accordance with accepted professional standards and practices that are complete, accurately documented, readily accessible, and systematically organized; and
  - Contain sufficient information to identify the resident, a record of the resident's assessments, the plan of care and services provided, the results of any preadmission screening conducted by the State, and progress notes.

***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.***