Checklist

Review of Care and Services for a Resident with Dementia

(for use with the Interpretive Guidance at F309)

Assessment and Underlying Cause Identification

√ Did staff describe behavior (onset, duration, intensity, possible precipitating events or environmental triggers, etc.) and related factors (appearance, alertness, etc.) in the medical record with enough specific detail of the actual situation to permit underlying cause identification to the extent possible?

√ If the behaviors represent a sudden change or worsening from baseline, did staff contact the attending physician/practitioner immediately for a medical evaluation, as appropriate?

√ If medical causes are ruled out, did staff attempt to establish other root causes of the behavior using individualized knowledge about the person and when possible, information from the resident, family, previous caregivers and/or direct care staff?

√ As part of the comprehensive assessment did facility staff evaluate:

- The resident's usual and current cognitive patterns, mood and behavior, and whether these present a risk to the resident or others?
- How the resident typically communicates a need such as pain, discomfort, hunger, thirst or frustration?
- Prior life patterns and preferences customary responses to triggers such as stress, anxiety or fatigue, as provided by family, caregivers, and others who are familiar with the resident before or after admission?

√ Did staff, in collaboration with the practitioner, identify risk and causal/contributing factors for behaviors, such as:

- Presence of co-existing medical or psychiatric conditions, or decline in cognitive function?
- Adverse consequences related to the resident's current medications?

1. If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the physical, mental and psychosocial needs of the resident with dementia to identify the risks and/or to determine underlying causes (to the extent possible) of the resident's behavioral and/or mental psychosocial symptoms, and needed adaptations, and the impact upon the resident's function, mood and cognition?
If No, cite F272

Care Planning

√ Was the resident and/or family/representative involved (to the extent possible) in discussions about the potential use of any interventions, and was this documented in the medical record?

√ Does the care plan reflect an individualized team approach with measureable goals, timetables and specific interventions for the management of behavioral and psychological symptoms?

√ Does the care plan include:

- Involvement of the resident/representative to the extent possible?
- A description of and how to prevent targeted behaviors?
- Why behaviors should be prevented or otherwise addressed (e.g., severely distressing to resident)?
- Monitoring of the effectiveness of any/all interventions?

√ If the resident or family/representative refused a recommended treatment or approach, was counseling on consequences and alternative approaches to address behavioral symptoms provided?

Note: If the resident lacks decisional capacity and lacks effective family/representative support, contact the facility social worker to determine what type of social services or referrals have been attempted to assist the resident.

2. Did the facility develop a plan of care with measurable goals and interventions to address the care and treatment for a resident with dementia related to the behavioral and/or mental/psychosocial symptoms, in accordance with the assessment, resident's wishes and current standards of practice? If No, cite F279

Implementation of the Care Plan
Did staff:
Identify, document and communicate specific targeted behaviors and expressions of distress as well as desired outcomes?
√ Implement individualized, person-centered interventions by qualified persons and document the results?
√ Communicate and consistently implement the care plan, over time and across various shifts?
√ If there is a sudden change in the resident's condition and medical causes of behavior or other symptoms (e.g., delirium or infection) are suspected, is the physician contacted immediately and treatment initiated?
√ Is there a sufficient number of staff to consistently implement the care plan? (*Surveyors should focus on observations of staff interactions with residents who have dementia to determine whether staff consistently applies basic dementia care principles in the care of those individuals*).

3. Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care? If No, cite F282

Note: If during the survey a concern is identified that an antipsychotic medication is given by staff for purposes of discipline or convenience and not required to treat the resident's medical symptoms, review F222 – §483.13(a).

Care Plan Revision/Monitoring and Follow up
√ Does staff, in collaboration with the practitioner, adjust the interventions based on the impact on behavior or other symptoms as well as any adverse consequences related to treatment?
√ When concerns related to the effectiveness or adverse consequences of a resident's treatment regimen are identified:

- Does staff modify the care plan and, if appropriate, notify the physician and does the physician respond and initiate a change to the resident's care as necessary?

4. Did the facility reassess the effectiveness of the interventions and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the needs of the resident with dementia? If No, cite F280

- If the physician does not respond to the notification, does staff contact the medical director for further review? If the medical director was contacted, does he/she respond and intervene as needed?

5. Did the facility provide the necessary care and services for a resident with dementia to support his or her highest practicable level of physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care? If No, cite F309

Quality Assessment and Assurance

Note: Please refer to F520 Quality Assessment and Assurance for guidance regarding the information that may be obtained from the QAA committee.
√ Do resident care policies and procedures clearly outline a systematic process for the care of residents with dementia?
√ Does the QAA Committee monitor for consistent implementation of the policies and procedures for the care of residents with dementia?
√ Has the QAA committee corrected any identified quality deficiencies related to the care of residents with dementia?
√Has the QAA committee provided monitoring and oversight for the care and services for a resident with dementia?