

LONG TERM CARE SURVEY

| SURVEY AREA | OBSERVATION | INTERVIEWING | RECORD REVIEW | EVALUATION FACTORS | CROSS REFERENCE |
|--|---|---|---|--|--|
| Respiratory Therapy F133 SNF 405.1124(c) | <ul style="list-style-type: none"> - Aerosol Compressor or IPPB (Intermittent Positive Pressure Breathing Machine) The surveyor must determine that the facility is providing respiratory therapy as ordered by the physician. Observation for this indicator should focus on the necessary equipment as well as on the resident. In order to determine that the necessary equipment is available, the surveyor must look for the following: <ul style="list-style-type: none"> + Aerosol compressor or IPPB Machine. Check that the machine is clean and operable. + Tubing - If tubing is not attached to the machine, ask to see it. Check that it is stored dry and with consideration for cleanliness. + Nebulizer Cup - should be attached to tubing. It is filled with either the prescribed medicine or distilled water only if about to be used. It should not be | <p>While interviewing the resident, observe for sounds of congestion. Note color of lips and nail beds.</p> <p><u>Ask Resident:</u></p> <ul style="list-style-type: none"> - Do you ever feel short of breath? - If yes, what is done when this occurs? - Is the therapy helping you to feel better? - Are there any problems with it? - If so, how does the staff respond? - Is the therapy consistently performed - both concerning time and method of providing it. <p><u>Ask Staff:</u></p> <ul style="list-style-type: none"> - What is the reason the resident is getting this therapy? - What are the expected results? - Can you demonstrate how you use the equipment? - How often is the equipment cleaned? - What are the infection control procedures in regard to use of res- | <p>The surveyor should determine that:</p> <ul style="list-style-type: none"> - Respiratory/oxygen therapy is performed or administered by appropriately trained staff. - There is a physician's order for therapy, and it is specific as to rate of delivery, etc. - If the physician's order is for prn therapy, it should specify for what symptoms. - Any information gained from resident or staff is verified in the record. - Assessment <ul style="list-style-type: none"> + The assessment should address both the need or reason for therapy and any problems or limitations which result from the need for therapy. - Plan of Care <ul style="list-style-type: none"> + The surveyor should note: <ul style="list-style-type: none"> + The kind, amount, frequency, and/or duration of therapy based on the physician's order. + Specific goals to overcome to improve any identified | <p>Only qualified (trained) personnel should administer/assist with respiratory therapy. Therapy must be provided as ordered.</p> <p>The effectiveness of the therapy must be periodically evaluated and therapy revised as appropriate.</p> <p>Effective infection control measures must be practiced. Needed safety precaution for the use of oxygen must be practiced.</p> <p>Equipment should be available and in working order.</p> | <p>Staff Development 405.1121 (h) 442.314</p> <p>Infection Control 405.1135(b)</p> <p>Patient Care Management 405.1124(d) 442.341</p> |