

## LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Suctioning F133 (cont'd)	<p>cough or clear himself.</p> <ul style="list-style-type: none"> <li>- There are audible crackles or wheezes and/or diminished breath sounds.</li> <li>- The resident is dyspneic.</li> <li>- Restlessness or agitation may also be an indication that suctioning is needed. Upon completion of suctioning above symptoms should, in most cases, be relieved. The surveyor should observe that the resident is positioned to facilitate breathing (usually at a 45 degree angle). Check to see that the facility has an ample supply of suction machines and suction catheters to meet the needs of residents requiring them and that they are clean and properly stored.</li> </ul>	<ul style="list-style-type: none"> <li>- Where are your emergency electrical outlets?</li> <li>- What is your procedure for disposing of the secretions from suctioning?</li> <li>- How often does Mrs./Mr. need to be suctioned?</li> <li>- May I observe you when you suction Mrs./Mr.?</li> </ul>	<p>blems.</p> <ul style="list-style-type: none"> <li>- Provision of good oral hygiene including a rigid schedule for mouth care, schedules, or procedures for maintaining clean equipment at bedside, as well as disposal of used (dirty) equipment.</li> <li>- Route of suctioning (i.e., oral/nasal/trach).</li> <li>- Intervention - The record should indicate clearly that:             <ul style="list-style-type: none"> <li>+ The plan of care is being implemented. Documentation should reflect:                 <ul style="list-style-type: none"> <li>+ The number of times the resident required suctioning, for what specific reason, and by whom the resident was suctioned.</li> <li>+ Any special treatment the resident received in conjunction with suctioning</li> </ul> </li> </ul> </li> </ul>		