

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>Positioning F175 SNF 405.1124(e)</p> <p><u>Intent</u></p> <p>To assure that the resident is positioned at all times to promote maximum therapeutic benefit and comfort, as well as safety.</p>	<p>Observe residents in bed, chairs, restrained, or in "protective devices" for</p> <ul style="list-style-type: none"> - body alignment - positioning - contractures (when did they occur and what is being done)? - ROM program (observe extent & technique of provider) - Assistive devices (overhead pulleys, splints, slings, etc.) - Turning/repositioning schedule and adherence to the schedule. - Devices to maintain positioning, i.e., sandbags, extra pillows, etc. <p><u>Specific Observations for the Bed Resident</u> (as appropriate to condition)/body alignment</p> <p>Resting splints & correct application</p> <p>Foot positioning boards</p> <p>Trapeze</p> <p>Hand rolls</p> <p>Elbow/leg splints & correct application</p> <p>Restraints</p> <p>Siderails (padded)</p> <p>Special mattresses</p>	<p><u>Ask Resident:</u></p> <ul style="list-style-type: none"> - How often are you turned/repositioned by the staff? - Is that often enough? - Are you comfortable now? Do you have any pain or discomfort? Where? - How long have you had joint stiffness (contractures)? - What kinds of exercise do you do every day, including range of motion (ROM)? How long does the exercise last and how frequently do you exercise each week? - Do you wear special devices? How often? - Consistently? - Are they always applied and removed appropriately and promptly? - How Often? - By whom? <p><u>Bed Rest Resident</u></p> <p><u>Ask Resident:</u></p> <ul style="list-style-type: none"> - Why do you have to stay in bed? - How often does staff get you 008? - Do they know how to get you up? - Who sets you up and/or assists you in bedside ADL's? - Does staff, therapist check positioning, supportive devices? 	<ul style="list-style-type: none"> - MD orders for non-nsg interventions/treatments. - Plan of care should include at a minimum: <ul style="list-style-type: none"> + Restorative goals + Specific joints to be exercised + devices to be used in positioning + frequency of treatment or repositioning + resident teaching information + services responsible for carrying out the procedures + time frames for reaching goals - Nursing progress notes indicate: <ul style="list-style-type: none"> + Plan has been implemented + Progress toward goals + Response to information from reevaluation - Look for actual turning/repositioning schedule 	<p>Plan of care should be complete (addressing needs) and plan is implemented on a daily basis.</p> <p>Care givers are knowledgeable re plan content</p> <p>Residents are turned as scheduled.</p> <p>In good body alignment with proper assistive devices & equipment.</p> <p>Contractures are prevented and/or treated.</p> <p>Plan is reviewed, reevaluated and revised at least quarterly, but must be done as often as patient condition dictates.</p> <p>Ask aide assigned to demonstrate the hand holds he/she uses for ROM. If aide doesn't know, ROM is probably not being done. Do it "at bath time" is not sufficient.</p>	<p>Rehabilitative Services 405.1126(h) 442.343(c)(2) MD Orders Activities Resident Rights Nursing-Staffing Inservice Social Service Dietary</p>