

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>SPECIALIZED REHABILITATIVE SERVICES F214 SNF 405.1126</p> <p>F215 SNF 405.1126(b)</p> <p>F216 ICF 442.343</p>	<p>OBSERVE RESIDENTS As per "Restorative Nursing Activities of Daily Living"</p> <p>SNF 405.1124(e)(2)(b)</p> <p>ALSO: OBSERVE RESIDENTS IN THERAPY AREAS:</p> <ul style="list-style-type: none"> - Is privacy provided during treatment, as applicable (e.g., cubicle curtains, room dividers, one to one area)? - Is there appropriate, courteous resident/Staff interaction? - Are therapy areas appropriate to treatment given (e.g., small, quiet area for speech/language/ hearing test and sessions, large for P.T., exercise and therapy groups, O.T. perceptual testing/splinting, A.D.L. adaptations area, as applicable)? - Is equipment clean and in good working condition? Is it operating as per manufacturer instructions (e.g., hydrocollator temp., paraffin, whirlpool, etc.)? 	<p>ASK RESIDENT: (or ask staff, if resident has severe communication problem):</p> <ul style="list-style-type: none"> - Are you receiving any kind of therapy? P.T.? - O.P.? Speech? - What kinds of therapist(s) are working with you on your swallowing problem? - What kinds of therapists have instructed you on how to improve your swallowing? - How do the methods to improve swallowing help you? - How often do you see the therapist? - What happens if the therapist is absent for scheduled treatments? - Where do you receive your therapy? - How long have you been receiving therapy? - Do other staff members assist with therapy? Who and in what way? - Are you in a comfortable environment (room temperature, privacy, etc.)? - Do you have input into developing or revising your therapy treatments? - What things did you do immediately before entering this facility, that you are unable to do now? <p>ASK THERAPY STAFF:</p> <ul style="list-style-type: none"> - How many days/hours per week do you provide therapy? - Do you participate in the development of the resident's overall plan of care? In what way? - Do you utilize P.T. 	<p>REVIEW:</p> <ul style="list-style-type: none"> - Plan of care - Doctors' orders - Nursing assessment and progress notes - Aide assignment sheets - Therapy assessments/evaluations (includes a minimum of): <ul style="list-style-type: none"> + name, age, date, diagnoses + referring physician and reason for referral + history, precautions, limitations + objective documentation (e.g., tests, measurements) + rehabilitation potential - Treatment plan (includes a minimum of): <ul style="list-style-type: none"> + specific rehabilitation needs and objectives + treatment to meet specific measurable rehabilitative goals + Type, amount, frequency, duration, modalities + name of therapist(s) who will provide treatment + restorative nursing follow-thru recommendations for plan of care) 	<ul style="list-style-type: none"> - Are rehabilitation services integrated with restorative nursing? - Do therapists participate in development of resident plan of care? - Do observations and interventions indicate that services are provided in conjunction with 24 hour nursing, and in accordance with the overall plan of care regarding restorative nursing and specialized rehabilitation services? 	<p>Nursing Services 405.1124 442.338 442.319 442.341</p> <p>Physician Services 405.1123 442.346</p> <p>Medical Records 405.1132 442.318</p> <p>Activities Program 405.1131 442.345</p> <p>Resident Rights 405.1121(k) 442.311</p> <p>Training 405.1121(h) 442.311</p> <p>Infection Control 405.1135 442.315 442.327 442.328</p>
<p>B. THERAPY F218 ICF 442.343(a)(c)(d)</p> <p>Therapy is provided according to orders of the attending physician in accordance with accepted</p>					