

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F218 (cont'd) professional practices by qualified therapists or qualified assistants. C. PROGRESS ICF 442.343(f)	<ul style="list-style-type: none"> - Are assistive devices being provided as needed? - Do assistive devices fit well, function and are used properly (e.g., wheelchairs, crutches, braces, glasses, hearing aids, canes, artificial limbs assistive eating devices)? - Is staff responsive to resident expressions of discomfort? - How are the prescribed treatments and training meeting the needs of the resident? - Are parallel bars sturdy and well secured to floor? Are weight lifting sturdy and well secured; if attached to wall with rigging and hand grips in good conditions? - Are nonverbal residents provided with means of communication (e.g., writing tablets and utensils, picture cards)? - Are visually impaired residents provided with 	<p>"aides" In what way (if interviewing the registered physical therapist)?</p> <ul style="list-style-type: none"> - How do you assure carry-over of therapeutics in your absence? - How often do you provide inservice to staff? - What topics are covered? - Do you have opportunities to attend inservices? - How do you communicate patient progress/regression, etc. with physician, nursing personnel, family, other disciplines? - How many residents currently are receiving P.T., O.T., Speech-language pathology and audiology therapy (SLP/AT)? - Do you utilize the services of a certified occupational/therapy assistant (if interviewing the registered occupational therapist)? - Is space available for the conduction of your therapy? - Is equipment readily available to meet resident needs? - Is there a coordinated interdisciplinary 	<ul style="list-style-type: none"> + identifies modalities that will be delegated to non-skill staff - Progress notes indicate that plan of rehabilitation care has been re-evaluated by the physician and therapist as necessary but at least every 30 days. - Communication with physician: <ul style="list-style-type: none"> + 2 week progress after initiation + monthly progress + discharge summary - Treatment documentation: <ul style="list-style-type: none"> + frequency + summary 		Physical Environment 405.1134 442.324 442.325 442.326 442.328 442.329 442.330 Dietetic Services 405.1125(e) 442.329 442.331(c)
F219 1. A report of the resident's progress is communicated to the attending physician within 2 weeks of the initiation of specialized rehabilitative services.					
EXCEPTION: ICF resident's progress must be reviewed regularly.					