

Federal Tags (F Tags)

Minimal Federal and State Standards of Care are used to survey Skilled Nursing Facilities as a measure of performance.

Rehab Services provides a role in ensuring compliance with the standards is met through providing comprehensive skilled intervention programming.

Activities of Daily Living

F684 – Each patient must receive and the facility must provide the necessary care and services to attain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

F676- (a) Activities of Daily Living: Based on the comprehensive assessment of a patient, the facility must ensure (1) A patient's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the patient's ability to: bathe, dress and groom; transfer and ambulate; toilet; eat; and use speech language or other functional communication systems.

F676 – (2) A patient is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section; and

F677- (3) A patient who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal oral hygiene.

F810 – (g) Assistive Devices: The facility must provide special eating equipment and utensils for patients who need them. (The intent of this regulation is to provide patients with assistive devices to maintain or improve their ability to eat independently. For example, improving poor grasp by enlarging silverware handles with foam padding, aiding patients with impaired coordination or tremor by installing plate guards, or providing postural supports for head, trunk and arms.)

Ambulation

F676- a patient's ability to transfer and ambulate do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable.

The interpretive guidelines for these regulations state unavoidable conditions may refer to a natural progression of a disease, deterioration associated with the onset of a physical or mental disability or refusal of care by the patient or his/her legal representative or surrogate. Examples include: Contractures, Osteoporosis, Joint Stiffness, Edema, Orthostatic Hypertension, and Pneumonia.

Bed Mobility and Transfers

F676- a patient's ability to transfer and ambulate do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable

Communication and Cognition

F684 – Each patient must receive and the facility must provide the necessary care and services to attain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

F676- A patient's ability to use speech, language or other functional communication systems do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable.

F685 – To ensure that a patient receive proper treatment and assistive devices to maintain vision and hearing abilities.

The CMS interpretive guidelines give the following definition for speech language or other functional communication systems: "the ability to effectively communicate requests, needs, opinions and urgent problems; to express emotion, listens to others and to participate in social conversation, whether in speech, writing, gesture or a combination of these.

Dementia

F684 – Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

Definitions Related to Recognition and Management of Dementia

- Behavioral interventions are individualized approaches (including direct care and activities) that are provided as part of a supportive physical and psychosocial environment, and are directed toward understanding, preventing, relieving, and/or accommodating a resident's distress or loss of abilities.

- Person-Centered or Person-Appropriate Care is care that is individualized by being tailored to all relevant considerations for that individual, including physical, functional, and psychosocial aspects. For example, activities should be relevant to the specific needs, interests, culture, background, etc. of the individual for whom they are developed and medical treatment should be tailored to an individual's risk factors, current conditions, past history, and details of any present symptoms.

The use of any approach must be based on a careful, detailed assessment of physical, psychological and behavioral symptoms and underlying causes as well as potential situational or environmental reasons for the behaviors. Caregivers and practitioners are expected to understand or explain the rationale for interventions/approaches, to monitor the effectiveness of those interventions/approaches, and to provide ongoing assessment as to whether they are improving or stabilizing the resident's status or causing adverse consequences

Individualized Approaches and Treatment:
This step implements the care plan interventions to address the needs of a resident with dementia. It includes addressing the causes and consequences of the resident's behavior and staff communication and interactions with residents and families to try to prevent potentially distressing behaviors or symptoms. It is important to conduct sufficient observations in order to determine if the care plan is being implemented as written.

F 757 - If the resident is receiving one or more psychopharmacological agents, also review the guidance of Unnecessary Drugs.

Dysphagia

F684 – Each patient must receive and the facility must provide the necessary care and services to attain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

F693 - Naso-gastric Tubes - Based on the comprehensive assessment of a resident, the facility must ensure that -- (1) A resident who has been able to eat enough alone or with assistance is not fed by naso-gastric tube unless the resident's clinical condition demonstrates that use of a naso-gastric tube was unavoidable; and (2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.

A decision to use a feeding tube has a major impact on a resident and his or her quality of life. It is important that any decision regarding the use of a feeding tube be based on the resident's clinical condition and wishes as well as applicable federal and state laws and regulations for decision making about life-sustaining treatments.

In order to assure that the resident being fed by a feeding tube maintains the highest degree of quality of life possible, it is important to minimize possible social isolation or negative psychosocial impact to the degree possible (e.g., continuing to engage in appropriate activities, socializing in the dining room). Because of the possible side-effects and discomfort associated with the use of nasogastric tubes, there should be clinically pertinent documentation for extended use of nasogastric tubes (e.g., greater than 30 days).

F692 – (i) Nutrition –Based on a patient's comprehensive assessment, the facility must ensure (1) Maintains acceptable parameters of nutritional status such as body weight and protein levels; unless the patient's clinical condition demonstrates that this is not possible; and (2) receives a therapeutic diet when there is a nutritional problem.

F692 – (j) Hydration – The facility must provide each patient with sufficient fluid intake to maintain proper hydration and health.

F808 – (e) Therapeutic Diets – therapeutic diets must be prescribed by the attending physician. "Mechanically altered diet" is one in which the texture of a diet is altered. When the texture is modified, the type of texture modification must be specific and part of the physician's order.

Range of Motion (ROM)

F684– Each patient must receive and the facility must provide the necessary care and services to attain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

F688 - Based on comprehensive assessment of a patient, the facility must ensure that a patient who enters the facility without limited range of motion does not experience reduction in range of motion unless the patient's clinical condition demonstrates that a reduction in range of motion is unavoidable.

F688- A patient with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decreases in range of motion.

Restraints

F605 - Falls do not constitute self-injurious behavior or a medical symptom that warrants the use of a physical restraint. Although restraints have been traditionally used as a falls prevention approach, they have major, serious drawbacks and can contribute to serious injuries. There is no evidence that the use of physical restraints, including but not limited to side rails, will prevent or reduce falls. Additionally, falls that occur while a person is physically restrained often result in more severe injuries (e.g., strangulation, entrapment).

Facility practices that meet the definition of a restraint include, but are not limited to:

- Using side rails that keep a resident from voluntarily getting out of bed;
- Tucking in or using velcro to hold a sheet, fabric, or clothing tightly so that a resident's movement is restricted;
- Using devices in conjunction with a chair, such as trays, tables, bars or belts, that the resident cannot remove easily, that prevent the resident from rising;
- Placing a resident in a chair that prevents a resident from rising; and
- Placing a chair or bed so close to a wall that the wall prevents the resident from rising out of the chair or voluntarily getting out of bed.

NOTE: An enclosed framed wheeled walker, with or without a posterior seat, would not meet the definition of a restraint if the resident could easily open the front gate and exit the device. If the resident cannot open the front gate (due to cognitive or physical limitations that prevent him or her from exiting the device or because the device has been altered to prevent the resident from exiting the device), the enclosed framed wheeled walker would meet the definition of a restraint since the device would restrict the resident's freedom of movement (e.g. transferring to another chair, to the commode, or into the bed). The decision on whether framed wheeled walkers are a restraint must be made on an individual basis.

Skin and Positioning

F684 – Each patient must receive and the facility must provide the necessary care and services to attain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

F686 – (c) Pressure Sores

Based on the comprehensive assessment of a patient, the facility must ensure that—(1) A patient who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and (2) A patient having pressure sores

receives the necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

Urinary Incontinence

F684 – Each resident must receive and the facility must provide the necessary care and services to attain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

F690 – (d) Urinary Incontinence – based on the resident's comprehensive assessment, the facility must ensure that—(1) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (2) a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.

Additional Resources:

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R127SOMA.PDF>

Dementia Series POSTettes
Functional Maintenance Programming POSTette
Fall Reduction POSTettes
Rehab Consultation/Screen: Overview / Patient Identification / Quality Indicator Reports
Wound Care POSTette
LTC Program Development