7-7-25 Weekly Clinical Update

For some reason, F677 continues to be frequently cited on surveys…both standard surveys and complaint surveys. The regulation says: "**§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene".** The guidance goes on to say, "The existence of a clinical diagnosis shall not justify a decline in a resident's ability to perform ADLs unless the resident's clinical picture reflects the normal progression of the disease/ condition has resulted in an unavoidable decline in the resident's ability to perform ADLs." F677 is a part of the Quality of Life requirements and is closely linked to F676 which addresses maintaining residents' abilities in ADLs…in other words effective restorative nursing programs.

Key elements covered under F677 include:

- Eating
    - Assistance while eating/drinking
    - Cueing and supervision while eating/drinking
    - Provision of appropriate adaptive equipment
- Toileting
    - Assistance with toileting hygiene
    - Assistance with clothing maneuvering
    - Continence and incontinence care
    - Use of devices including catheters & ostomies
- Bathing
    - Regular showers or bed baths PER RESIDENT PREFERENCE
- Dressing
    - Ensuring clean, seasonally appropriate & well-fitting clothing
- Grooming
    - Oral care
    - Shaving (both men & women)
    - Nail care (toenails and fingernails)
    - Hair hygiene
- Transferring *(this issue may be cited under F677 but more often F689 (Accident hazards))
    - Safe movement between surfaces (bed, chair, wheelchair)
- Ambulation
    - Support with safe walking or mobility devices
- Timely response to call lights

All of these ADL areas should be included in the resident's comprehensive, person-centered, individualized care plan. To meet F677, the facility must implement a structured process including:

- Assessment
    - Conduct comprehensive nursing assessments and other pertinent interdisciplinary assessments along with determination of root causal factors for declines
    - Identify each resident's ADL capabilities and risks for decline
- Care Planning
    - Develop individualized care plans based on:
        - Resident preferences & goals
        - Functional status
        - Clinical conditions
    - Every care plan should include specific interventions for each ADL deficit
- Implementation
    - Assign tasks clearly to all relevant staff
    - Ensure availability of supplies and equipment needed to provide the planned care
    - Provide training & perform return-demonstrations for all planned tasks including provision of resident dignity
- Monitoring & Evaluation
    - Use flow sheets & shift documentation to track ADL care provided
    - Monitor and report signs of decline or unmet needs
    - Revise care plans promptly based on resident responses to the cares provided including development of restorative nursing programs on identified declines in ADLs

So, what do surveyors look for related to ADLs? Critical Element Pathway for Activities of Daily Living (ADL) instructs surveyors to:

- Observe residents across all shifts, specifically for:
    - Teeth clean
    - Hair clean and brushed
    - Nails clean and trimmed
    - Bathing, based upon preferences whether shaving is provided or female facial hair removed
    - Appropriate hygiene including toileting and continence care
    - Dressed per resident's preference
- Did staff explain all procedures to the resident prior to providing the care? Does the resident require special communication devices? If so, are they being used?
- Does staff encourage the resident to perform ADLs as much as the resident is able?
- Did staff provide the necessary level of assistance that meets the resident's current needs?
- If the resident refuses the care, how does staff respond? And is this issue covered in the care plan?

Additionally, interviews will be conducted with the resident/representative, restorative nursing staff, therapy staff, nursing leadership and nurse aides. Resident interviews carry a lot of weight in the survey process, so if a resident tells a surveyors that the resident is not bathed as often as the

resident chooses, or at the time the resident prefers or in a method the resident does not prefer, there will be further investigation

Then the surveyor will review the record. This is an area that sometimes puts facilities at risk. ADL cares MUST be documented in the resident's record. If the facility is using an electronic record, consideration could be given to having the charge nurse check for exceptions at the end of each shift to ensure that all planned ADL cares have been provided and documented.

Frequent survey findings for F677 include but certainly is not limited to:

- Residents observed with poor hygiene, unkempt appearance or unchanged incontinent products & lack of timely incontinent care
- Care plans not followed or revised in a timely manner
- Staff fail to provide timely assistance with meals, toileting, mobility or call light responses
- Declines in function not addressed or justified

Some facilities continue to have staffing challenges but that being said, F677 requirements are the basic services that facilities are expected to provide. Additionally, F677 gives the resident/representative a significant voice in the survey process.