

## 7-15-24 Weekly Clinical Update

Does it surprise anyone that F677 ADL Care Provided for Dependent Residents is in the top 10 deficiencies in both standard surveys and complaint surveys? The regulation says, "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. Surveyors use The Activities of Daily Living Critical Element Pathway to determine compliance or noncompliance.

The regulation includes:

- Oral Care: everything needed to maintain a healthy mouth including teeth, lips, gums and supporting tissues. It includes brushing teeth or oral appliances and maintenance of oral mucosa. The National Library of Medicine (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7286629/>) points out that "oral disease impacts physical, psychological, and social wellbeing through pain, diminished function, and reduced quality of life". The article goes on to say, "A random sample of nursing home residents with dementia or in hospice (n~506) over 14 nursing homes in North Carolina found that plaque covered more than 1/3 of tooth surface and 50% or more of denture surfaces." And "Oral health is "disturbingly... misunderstood or neglected" in general and more so in elderly adults with dementia and institutionalized individuals." The article goes on to say, "Federal Regulations (CFR) requires that all nursing home facilities: 1) conduct an oral health assessment (on admission and periodically thereafter); 2) meet residents routine and emergency dental service needs (using outside resources); 3) facilitate residents requesting dental appointments to make appointments, arrange for transportation, and apply for dental service reimbursement; and 4) refer residents with lost or damaged dentures within three days.<sup>51</sup> Nursing homes are not required to provide routine dental services for all residents. Regulatory guidance states that nursing homes must provide routine dental services *to the extent that they are covered under the State Medicaid plan.*"
- Speech, language or other functional communication systems: relates to a resident's ability to effectively communicate, including making requests or making needs known, expressing his/her opinions and expressing emotion; this also includes a resident's ability to communicate by listening to another person and participate in social conversations including oral, written, gesture, behavior or a combination of these, along with appropriate devices to assist with conversation, such as a communication board.
- Assistance with toileting: refers to resident's ability or inability to use the toilet facilities or alternative, such as a commode, urinal or bedpan and includes the resident's ability to transfer on/off toilet, clean self, change briefs or absorbent pads, manage a catheter or ostomy and adjust clothing
- Transfer: refers to resident's ability to move between surfaces such as from bed to chair or wheelchair but excludes to and from bath/toilet

Most often cited under this deficiency is bathing of dependent residents, grooming of residents, oral care, personal hygiene, nail care...both fingernails and toenails, shaving (both men and women) and general appearance of cleanliness and well-fitting clothing.

The place to start a review of ADLs is the resident's care plan. Surveyor guidance says: **“Use the Activities of Daily Living Critical Element (CE) Pathway, along with the above interpretive guidelines** when determining if facility practices are in place to identify, evaluate, and intervene to, maintain, improve, or prevent an avoidable decline in ADLs. In addition, use this pathway for the resident who is unable to perform ADLs.

Briefly review the most recent comprehensive assessment, care plan, physician orders, as well as ADL documentation/flow sheets on various shifts, to identify whether the facility has:

- Recognized and assessed an inability to perform ADLs, or a risk for decline in any ability they have to perform ADLs;
- Developed and implemented interventions in accordance with the resident's assessed needs, goals for care, preferences, and recognized standards of practice that address the identified limitations in ability to perform ADLs;
- Monitored and evaluated the resident's response to care plan interventions and treatment; and
- Revised the approaches as appropriate.”

Appropriate and timely cares with ADLs is a basic requirement for care of residents. It deserves close attention and focus from nursing staff.