5-12-25 Weekly Clinical Update

Continuing the discussions of the importance of documentation, this week, requirements for F688 related to ROM/Mobility will provide surveyor guidance on what should be reviewed for documentation related to Restorative Nursing.

Beginning with assessment for mobility the new guidance includes what is required to be included in the assessment information:

"The assessment should include and measure, as appropriate, a resident's current mobility status, the identification of limitations, if any and opportunities for improvement…The resident's comprehensive assessment should also address whether the resident had previously received treatment and services for mobility and whether he/she maintained his/her mobility, whether there was a decline, and why the treatment/services were stopped. In addition, the assessment should address, for a resident with limited mobility, if he/she is not receiving services, the reason for the services to not be provided. In addition, the resident specific comprehensive assessment may identify individual risks which could impact the resident's mobility including, but not limited to include the risk factors in the above section for range of motion."

Moving from the assessment, the care plan guidance includes: "Based upon the comprehensive assessment, the resident's care plan must include specific interventions, exercises and/or therapy to maintain or improve the ROM and mobility, or to prevent, to the extent possible, declines or further declines in the resident's ROM or mobility. The resident/representative must be included in the development of the restorative/rehabilitative care plan and provided the risks and benefits of the treatments. The comprehensive assessment must identify the current status of the resident's ROM and mobility capabilities, which must be used to develop interventions. The decision on what type of treatments includes an evaluation of the cognitive ability of the resident to be able to independently participate, whether the resident requires assistance due to medical condition or cognitive impairments or loss of ability to follow treatment instructions. Care plan interventions may be delivered through the facility's restorative program, or as ordered by the attending practitioner, through specialized rehabilitative services… the assessment may identify specific resident risks for complications. Examples of complications that may be related to decreased ROM and/or mobility may include, but are not limited to, the following:

- Pain;
- Skin integrity issues;
- Deconditioning including decreased muscle strength and atrophy;

- Unsteady gait and balance resulting in potential falls and fractures;
- Contractures; or
- Respiratory and circulatory complications, such as postural hypotension, deep vein thrombosis, pneumonia; potential urinary incontinence, bowel constipation/impactions, etc.

Based upon the assessment, the care plan interventions must include the provision of necessary equipment and/or services necessary, adapting the environment to meet the needs of the resident, the use of equipment for bed mobility, walkers, canes, splints, braces or other rehabilitative equipment as prescribed by the attending practitioner and/or as allowed by state law, and PT/OT. Examples of interventions may include treatments such as active, passive, and/or active-assisted ROM, muscle strengthening and stretching exercises, land and/or water based activities, and/or specific physical and/or occupational therapies.

The care plan must identify the type of treatments, frequency, and duration, as well as the measurable objectives and resident goals. The measurable objectives describe what the resident is expected to achieve, such as mobility goals, and/or ROM measurements to be achieved within a specific timeframe. This enables the interdisciplinary team to determine progress including whether or not a resident has been able to maintain or increase range of motion and/or mobility. The facility must assure that the care plan provides for increasing and/or promoting independence to the extent clinically possible for the resident in the areas of both ROM and mobility. The care plan must address the presence of any contractures and interventions required, and any dependence and/or declines in mobility and ROM…Documentation must reflect the attempts made by the facility to implement the care plan and revise interventions to address the changing needs of the resident. In this type of situation, declines in ROM/mobility may be considered to be unavoidable…The care plan should reflect the specific resident risks for complications and include interventions to mitigate, to the extent possible, the potential complications. If resident specific complications related to a decrease in ROM/mobility are present, the care plan must provide interventions to address the complications."

You may want to review these guidance requirements with your nursing staff, your restorative nursing staff, and your MDS/Care Plan staff to ensure that the required documentation is included in the clinical record.