

Focused Dementia Care Survey: Resident-Specific Questions

This document will be completed for each resident in the sample.

Survey Date: _____

Facility Name and Provider #: _____

Resident Identifier or Number: _____

Specific Practices to Consider:

There are many possible situations and relationships that surveyors will want to evaluate during the Focused Dementia Care Survey. It is not possible to provide examples of all of these scenarios. However, some common practices (positive and negative) are listed below. Overall, these address the issue of meeting the resident where he/she is and entering that world, as opposed to requiring them to conform to nursing home routines. Some examples that surveyors may consider, include:

1. Observe for language or routines that could have an impact on dignity and/or function:
 - Use of bibs, crescent 'feeding' tables;
 - High percentage of individuals wearing socks/non-skid socks and hospital gowns, instead of their own clothes and shoes; high percentage of residents with odors suggesting improper hygiene or nails in need of grooming, women with facial hair or unshaven men with preference to be clean shaven, hair uncut or not combed;
 - Use of terms such as "feeders" and "total care residents," etc. in communication, versus person-centered language;
 - Failure to respond to residents' expressions or indications of distress;
 - Attempts to keep individuals "quiet" or prevent them from moving around freely, versus efforts to provide support when distress is apparent; and
 - Lack of social interaction or communication between staff and residents during direct care, versus engaging individuals in conversation or speaking to them even if they are unable to

respond.

2. Observe for social dining atmosphere or individualized dining setting (if appropriate) with staff sharing the dining experience with residents (not standing over them). Atmosphere conducive to the dining experience without distractions, such as a blaring radio or television.
3. Observe for whether or not staff assess the environment regularly for too much or too little noise, light, and stimulation. Since this may be difficult to ascertain during observations alone, speak with staff about how they address environmental issues for individuals with dementia. Is paging system used frequently to announce non-person centered announcements, such as calling for assistance or staff members?
4. Observe for other basic dementia care approaches, such as:
 - Using a soft, low voice and speaking facing resident so lips can be read and face can be seen clearly;
 - Not approaching resident from behind;
 - Providing adequate time during resident care and meals (not rushing);
 - Appropriate seating in dining room, lounges, rooms, etc.;
 - Encouraging maximal independence (not performing activities/care routines that resident could perform him/herself if given adequate time and task segmentation or cues);
 - Encouraging time outdoors in engaged activity or relaxation;
 - Encouraging meaningful person-centered physical activity;
 - Providing meaningful stimulation (to avoid boredom);
 - Ensuring an adequate number and type of activities on all shifts, as well as on weekends; and
 - Addressing loneliness/isolation.
5. Assess for adequate sleep and individualized sleep hygiene in care plan (i.e., reducing interruptions for continence care or pressure relief through use of appropriate continence products and mattresses); Assess for individuals who often sleeping during activities.
6. Evaluate for adequate pain assessment, with particular attention to those individuals who have difficulty or are unable to communicate needs related to pain.
7. Assess for sensory deficits and how these deficits may impact cognition; Assess for the use of adaptive equipment, and whether it is in working order, used appropriately and consistently.
8. Assess for issues during care transitions. For example, was there a unit or room change? What prompted this change? How was information transferred effectively among care providers? Consider issues related to accepting residents back after a hospital transfer (communication with State Ombudsman Program may be helpful).

INSTRUCTIONS:

- **Select ONE box** for each question.
- If N/A is **selected**, explain why the question is not applicable, in the COMMENTS box at the end of that section.

Comprehensive Assessment of Each Resident by the Interdisciplinary Team (IDT)

Observations in this section are to focus on staff directly involved in the assessment process (e.g., social worker, nurses, nurse aides, therapists, etc.).

| Practices to be Assessed | Was Practice Performed? |
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| <p>A. Are residents, their family, and/or resident representative asked about choices, cultural patterns, preferences with respect to: daily routines such as awakening and going to bed at night, dining preferences, food choices, mobility/exercise, time outdoors, reading, hobbies or activities, bathing or use of the bathroom, and any other relevant information related to the resident's comfort and well-being? (e.g., use of instrument, such as Preferences for Everyday Living Tool, found at https://www.abramsoncenter.org/media/1200/peli-nh-full.pdf)</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| <p>B. Does staff ask specific questions about the individual's typical cognitive patterns, moods, and any expressions or indications of distress that may be associated with their diagnosis of dementia?</p> <p>This should include: possible underlying causes to expressions or indications of distress; how the individual typically communicates a need, such as pain, discomfort, hunger or frustration; responses to triggers, such as stress, anxiety or fatigue; and expectations for how nursing home staff will work with the individual to reduce their distress.</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| <p>C. Did staff evaluate whether the cognitive patterns, moods, or expressions or indications of distress present a risk to the resident or others?</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| <p>D. Does staff know what non-pharmacologic approaches to care help calm the individual with dementia, once they become distressed (including evaluation of environmental factors that could trigger or exacerbate the resident's distress)?</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>E. Did staff document the individual's preferences and patterns (listed above) in the medical record, where it is easily accessible to all staff?</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| <p>F. Is staff able to demonstrate that they know where information is located and when/how to access it?</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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| G. Is evidence present to support whether or not meaningful activities are implemented for the resident (i.e., known hobbies, preferences, and routines)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| H. Are dining preferences and routines integrated into the individual's meal, snack, and beverage planning? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| I. Has therapy staff (occupational therapy, physical therapy, and/or speech language pathology) and/or restorative nursing staff screened the resident to determine if services would assist the individual in attaining or maintaining his or her highest practicable level of functioning? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| Comments: | |
| Recognition, Assessment, and Cause Identification of Expressions or Indications of Distress Associated with Dementia | |
| Observations in this section are to focus on staff directly involved in resident care (e.g., nurses, nurse aides, therapists, etc.). Dementia care should be observed not only for those resident's in the sample, but also while making other observations in the nursing home throughout the survey. | |
| Practices to be Assessed | Was Practice Performed? |
| A. Are there findings to support that the resident expressed or indicated distress or engaged in behaviors that appear to be distress-related, while residing in the nursing home? <i>(If no, skip to the next section, Care Plan Development.)</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B. Did staff describe the specific experience of distress (onset, duration, intensity, possible precipitating events, underlying causes or environmental triggers, etc.)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| C. Did staff describe related factors (appearance, alertness, environmental triggers, external events, etc.), with enough specific detail of the actual situation to permit underlying cause identification to the extent possible (including assessment of environmental factors)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| D. If the individual's distress represents a sudden change or worsening from the baseline, did the IDT, including the resident, resident's family or resident representative, to the extent possible, address potential non-pharmacological approaches to care that could be attempted? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| <i>Note: If the resident is at risk of harming himself/herself or the safety of other residents is jeopardized, the attending physician's practitioner must be notified immediately for medical evaluation.</i> | |

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| <p>E. Ruling out medical or psychiatric illness: Did the IDT, in collaboration with the practitioner, identify risk and underlying causes for the individual's expressed or indicated distress that appear to be stress related, such as:</p> <ul style="list-style-type: none"> • Presence of co-existing medical or psychiatric conditions, or decline in cognitive function? <p>If a psychiatric condition <u>is</u> present, were the appropriate assessments (e.g., Preadmission Screening and Resident Review (PASARR) completed at the appropriate time, to ensure that the individual was offered the most suitable care setting for their needs (in the community, a nursing facility or acute care settings) and once admitted, did they receive the needed services?</p> <p>Additionally, if a psychiatric condition was <u>not</u> present upon admission, and the medical record documents that a diagnosis was added, is there documentation to support that clinical standards of practice were followed in diagnosing the individual with a psychiatric condition?</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| <ul style="list-style-type: none"> • Was delirium considered and ruled out? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| <ul style="list-style-type: none"> • Were adverse consequences related to the resident's current medications considered and ruled out? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| <p>Comments:</p> | |
| <p>Care Plan Development</p> | |
| <p>Practices to be Assessed</p> | <p>Was Practice Performed?</p> |
| <p>A. Was the resident, their family, and/or resident representative involved (to the extent possible and in accordance with the resident's preferences) in discussions about care plan goals, including treatment options and the potential use of any specific care approaches (both non-pharmacological and pharmacological)?</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| <p>B. If so, was this involvement documented in the medical record (nursing notes, care plan, etc.)?</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| <p>C. If the individual lacks decisional capacity and lacks family and/or resident representative support, was the nursing home's social worker contacted to determine what type of social services or referrals may be needed?</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |

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| D. Does the care plan reflect an individualized approach with measurable goals, timetables, and specific approaches for supporting the resident when distress is expressed or indicated? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| E. Does the care plan include a description of potential distress triggers and person-centered, non-pharmacological approaches to implement when distress is expressed or indicated, including those approaches that have been helpful in supporting the individual in the past? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| F. Does the care plan include monitoring the effectiveness of any/all approaches, as well as, documentation of these efforts and revisions, as necessary? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Comments: | |
| Care Plan Implementation and Staffing | |
| Practices to be Assessed | Was Practice Performed? |
| A. Did staff communicate specific triggers of distress that are of concern, as well as desired outcomes, to be monitored among disciplines, across shifts, and by direct care staff? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| B. Did staff communicate and consistently implement the care plan, overtime, and across various shifts? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| C. Were individualized, person-centered approaches to care implemented in a timely manner, consistent with the individual's care plan? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| D. Did staff monitor the effectiveness of these approaches and document the outcomes? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| E. Are direct care staff able to describe care approaches, such as task segmentation (e.g., breaking up tasks into each step) and others that are used, as part of a comprehensive dementia care program? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| F. Is there a sufficient number of staff to consistently implement the care plan? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| G. Can staff articulate what they would do to obtain additional support/skills if they did not know how to implement care plan goals for this or other individuals with dementia? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| H. Is there evidence that unit level supervisory staff (e.g. charge nurses) have the skills and competency to assist and direct staff in caring for this resident or others with dementia? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| I. If there was a sudden change in the resident's condition and medical causes of distress (e.g., delirium | <input type="checkbox"/> YES |

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| or infection) are suspected, was the physician contacted immediately? | <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| J. Does staff, in collaboration with the IDT, adjust the care plan approaches, based on their effectiveness in supporting the individual when distress is expressed or indicated, as well as any adverse consequences that may occur? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| Comments: | |
| Pharmacological Interventions for Expressions or Indications of Distress | |
| Practices to be Assessed | Was Practice Performed |
| A. Is the resident currently receiving an antipsychotic medication(s)? <i>(If no, skip this section.)</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| B. Is an appropriate clinical indication (to treat a specific condition) for use of this drug(s) documented in the resident's medical record? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| C. Is the drug(s) being utilized in the smallest dose and for the shortest duration? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| D. Were gradual dose reduction attempts made per federal requirements at §483.45(e)(2)? If no, why not? Were these attempts documented in the resident's medical record? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| E. Were individualized, non-pharmacological approaches to care attempted, prior to the prescription of the antipsychotic medication(s)? Were these approaches deemed ineffective? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |

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| Was this process documented in the resident's medical record? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| <p>Note: Utilize the Unnecessary Medication/Psychotropic Medications/Medication Regimen Review Critical Element Pathway for concerns related to the use of antipsychotic medications.</p> <p>Comments:</p> | |

Note: Use the Dementia Care Critical Element Pathway and interpretative guidance at F744 - Dementia Care, to assist in determining compliance.

Citations to Consider:

- F550 – Resident Rights/Exercise of Rights**
- F552 – Right to be Informed/Make Treatment Decisions**
- F553 – Right to Participate in Planning Care**
- F636 – Comprehensive Assessments & Timing**
- F656 – Develop/Implement Comprehensive Care Plan**
- F657 – Care Plan Timing and Revisions**
- F658 – Services Provided Meet Professional Standards**
- F659 – Qualified Persons**
- F679 – Activities Meet Interest/Needs of Each Resident**
- F744 – Treatment/Service for Dementia**
- F745 – Provision of Medically Related Social Services**
- F758 – Free from Unnecessary Psychotropic Meds/PRN Use**