

### Stage II – General Critical Element Pathway

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_  
Surveyor Name: \_\_\_\_\_  
Resident Name: \_\_\_\_\_ Resident ID: \_\_\_\_\_  
Initial Admission Date: \_\_\_\_\_ Interviewable:  Yes  No Resident Room: \_\_\_\_\_  
Care Area(s): \_\_\_\_\_

#### Use

Use this protocol for a sampled resident having a care issue not addressed in one of the specific Critical Element (CE) Pathways.

Examples of areas not addressed in other CEs include areas such as non-pressure related wound care (venous/arterial or neuropathic ulcers); bowel management problems including fecal impaction; and conditions such as diabetes mellitus and congestive heart failure. This general CE can also be used to review issues related to accidents and supervision, such as falls, fractures, elopements, and hazards related to the use of assistive devices.

#### Procedure

- Briefly review the assessment, care plan and orders to identify facility interventions and to guide observations to be made.
- Corroborate observations by interview and record review.

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#### Observations (if the resident is still in the facility)

- |   |                      |
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| <ul style="list-style-type: none"><li><input type="checkbox"/> Observe whether staff consistently implement the care plan over time and across various shifts. Staff are expected to assess and provide appropriate care from the day of admission.</li><li><input type="checkbox"/> During observations of the interventions, note and/or follow up on deviations from the care plan as well as potential negative outcomes.</li></ul> | <p><b>Notes:</b></p> |
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### Resident/Representative Interview

Interview the resident, family or responsible party to the degree possible to identify:

- The resident's/representative's involvement in the development of the care plan, goals, and if interventions reflect choices and preferences;
- The resident's/representative's awareness of care plan approaches;
- If treatment(s) was refused, whether counseling on alternatives, consequences, and/or other interventions were offered; and
- The resident's/representative's awareness of the current condition(s) or history of the condition(s) or diagnosis/diagnoses.

**Notes:**

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### Staff Interviews

Interview staff on various shifts to determine:

- Knowledge of prevention and treatment, including facility-specific guidelines/protocols and specific interventions for the resident;
- Whether staff identified and implemented appropriate measures as related to specific conditions and/or diagnoses;
- Whether nursing assistants: (1) know what, when, and to whom to report changes in condition; and (2) are aware of interventions needed to meet the resident's needs; and
- Whether the nurse monitors for the implementation of the care plan, and changes in condition.

**Notes:**

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### Assessment

- Review the RAI and other documents such as physician orders, progress notes, nurses' notes, pharmacy, dietary, and therapy notes regarding the assessment of the resident's overall condition in relation to the identified concern under review. In considering the appropriateness of a facility's response to the presence or progression of a condition/diagnosis, take into account the time needed to determine the effectiveness of a treatment, and the facility's efforts, where possible, to remove, modify, or stabilize the risk factors and underlying causal factors.
- Determine whether the facility assessed the resident's condition, including existing status, and resident-specific risk factors (including potential causative factors) in relation to the identified concern under review.

**1. Did the facility conduct an assessment regarding the risks and/or problems the resident has related to the diagnosis and/or condition?**

Yes  No **F272**

*The comprehensive assessment is not required to be completed until 14 days after admission. For newly admitted residents, before the 14-day assessment is complete, the lack of sufficient assessment and care planning to meet the resident's needs should be addressed under F281.*

*Note: The facility may have completed a 5-day assessment for the Medicare beneficiary. Use the 5-day assessment as the comprehensive review only if it was completed with the RAPS.*

### Notes:

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### Care Planning

- Determine whether the facility developed a care plan that was consistent with the resident's specific conditions, risks, needs, behaviors, and preferences and with current standards of practice and that included measurable objectives and timetables with specific interventions.
- If the care plan refers to a specific facility treatment protocol that contains details of the treatment regimen, the care plan should refer to that protocol and should clarify any major deviations from or revisions to the protocol for this resident. The treatment protocol must be available to the caregivers and staff should be familiar with the protocol requirements.
- A specific care plan intervention is not needed if other components of the care plan address related risks adequately. For example, the risk of nutritional compromise for a resident with diabetes mellitus might be addressed in that part of the care plan that deals with nutritional management.
- If the resident refuses or resists staff interventions to reduce risk or treat existing conditions, determine whether the care plan reflects efforts to seek alternatives to address the needs identified in the assessment.
- If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current plan of care.

**2. Did the facility develop a care plan to address the care and treatment related to the clinical diagnosis and/or the identified condition?**  Yes  No **F279**

*The comprehensive care plan does not need to be completed until 7 days after the comprehensive assessment (the assessment completed with the RAPS). Lack of sufficient care planning to meet the needs of a newly admitted resident should be addressed under **F281**.*

*Additionally, lack of physician orders for immediate care (until staff can conduct a comprehensive assessment and develop an interdisciplinary care plan) should be addressed under **F271**.*

#### Notes:

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### Care and Services Meet Professional Standards

Conduct observations and interviews throughout Stage II using the observation and interview probes identified above. Observe care and interview staff over several shifts to ensure consistent application of interventions that reflect current standards of practice.

**Interviews with Health Care Practitioners and Professionals:** If the interventions defined or care provided appear not to be consistent with recognized standards of practice, interview one or more health care practitioners and professionals as necessary (e.g., physician, charge nurse, director of nursing, therapist) who, by virtue of training and knowledge of the resident, should be able to provide information about the causes, treatment and evaluation of the resident's condition or problem. If there is a medical question, contact the physician if he/she is the most appropriate person to interview. If the attending physician is unavailable, interview the medical director, as appropriate.

Depending on the issue, ask about:

- How it was determined that chosen interventions were appropriate;
- Risks identified for which there were no interventions;
- Changes in condition that may justify additional or different interventions; or
- How staff validated the effectiveness of current interventions.

**3. Did the facility implement practices that meet professional standards of quality?**  Yes  No **F281**

*NOTE: If the care plan addressed the risks and identified needs of the resident, but the care plan was not implemented as written, consider F282 for failure to implement the care plan.*

**Notes:**

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### Care Plan Revision

- Determine whether the staff have been monitoring the resident's response to interventions for prevention and/or treatment, and have evaluated and revised the care plan based on the resident's response, outcomes, and needs. Review the record and interview staff for information and/or evidence that:
- Continuing the current approaches meets the resident's needs;
  - The approaches are modified as resident status changes;
  - Outcomes of the plan are evaluated; and
  - A decline or lack of improvement or response is identified.
- Determine whether the care plan was periodically reviewed and revised as necessary.

**4. Did the facility revise the care plan as needed?**

Yes  No **F280**

**Notes:**

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**Provision of Care and Services**

**Criteria for Compliance:**

- Compliance with F309, Quality of Care** — The facility is in compliance with this requirement, if staff have:
- Recognized and assessed factors placing the resident at risk for specific conditions, causes and/or problems;
  - Defined and implemented interventions in accordance with resident needs, goals, and recognized standards of practice;
  - Monitored and evaluated the resident’s response to preventive efforts and treatment; and
  - Revised the approaches as appropriate.

**If not, there is lack of provision of needed services: cite F309.**

- Compliance with F323, Accidents and Supervision** — For a resident who experienced falls, fractures, elopements, hazards related to the use of assistive devices, or other related concerns with accidents/accident hazards and supervision to prevent accidents, the facility is in compliance with this requirement, if staff have:
- Recognized and assessed factors placing the resident at risk, including specific conditions, causes and/or problems, needs and behaviors;
  - Defined and implemented interventions in accordance with residents needs, goals, and recognized standards of practice;
  - Monitored and evaluated the resident’s response to efforts and interventions; and
  - Revised the approaches as appropriate.

**If not, the facility did not provide care necessary to meet the needs of the resident: cite F323.**

**5. Based on observation, interviews, and record review, did the facility provide care necessary to meet the needs of the resident with the identified clinical diagnosis and/or condition?**

Yes  No

**Notes:**

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### Concerns with Structure, Process, and/or Outcome Requirements Related to Process of Care

During the investigation, the surveyor may have identified concerns with related outcome, process, and/or structure requirements. The surveyor is cautioned to investigate these related requirements before determining whether non-compliance may be present. Some examples of requirements that should be considered include the following (not all inclusive):

- F157, Notification of Changes** — Determine whether staff notified the physician of significant changes in the resident's condition or a need to alter treatment significantly.
- F353, Sufficient Staff** — Determine whether the facility had qualified staff in sufficient numbers to assure the resident was provided necessary care and services, based upon the comprehensive assessment and care plan.
- F385, Physician Supervision** — Determine whether the physician has assessed and developed a relevant treatment regimen and responded appropriately to the notice of changes in condition.
- F501, Medical Director** — Determine whether the medical director
  - Assisted the facility in the development and implementation of policies and procedures and that these are based on current standards of practice; and
  - Interacts with the physician supervising the care of the resident if requested by the facility to intervene on behalf of the residents.

***If the surveyor determines that the facility is not in compliance with any of these related requirements, the appropriate F tag should be surveyor initiated.***

**Notes:**