F312 Residents Unable to Carry Out Activities of Daily Living
Minnesota Department of Health
Nursing Home Surveyor Training Resource

F312 – The regulation reads: "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 majority of your interview will be based on your observations and as follow up to other pieces of your investigation. You will need to formulate your interview questions based on any concerns that arose during your observations and investigations. These questions are suggestions that may or may not be appropriate for your example. Not all questions need to be asked and the examples are not all inclusive. You need to ensure you obtain adequate information to assist with compliance determinations.
- These are guidelines for a chart review. Your observations/interviews may lead you to look for more information. Remember, if you can't readily find the information in the chart, don't spend a lot of time digging. Have staff help you; they know the charting system a lot better than you do.
- During the course of your investigation, in order to make appropriate deficiency determinations, you need to look at associated deficiencies. When investigating F312, other corresponding tags may develop requiring associated investigations: F164, was privacy provided during personal cares; F241, was the residents dignity an issue during the provision of services or due to the lack of services; F242, was the resident/family given choices about their care; F250, if behaviors related to cares identified, are they addressed (assessed, care planned, receiving interventions); F272, was an assessment completed; F274, was a significant change triggered; F276, was a re-assessment completed; F278, was the assessment accurate; F279, was the care plan comprehensive; F280, was the care plan reviewed/revised; F282, was the care plan followed; F310, have the resident's ADL abilities diminished; F311, is the resident able to participate with the ADL's; F353, is there adequate staffing available; F411, were dental services provided as necessary; F444, was hand washing/gloving appropriate during the provision of cares

Oral Care

Observation:

- During observation of AM/PM cares – is oral care provided?
- If the resident has their own teeth – are the teeth brushed? Swabbed? Is mouthwash offered? Is the mouthwash placed in a cup or offered right out of the bottle? Is the mouth wash/water thickened or regular consistency?
- If the resident has a partial – is the partial removed by the resident or staff? Was the resident encouraged in any way to participate in the removal of the partial? What is the condition of the partial before brushing? Was the partial brushed?

Was the partial returned to the resident's mouth after cleaning or placed in a denture cup? Does the denture cup have water in it – any type of cleanser? Was oral care provided for their own teeth?

- If the resident has dentures – were the dentures removed by the resident or staff? Was the resident encouraged in any way to participate in the removal of the dentures? What is the condition of the dentures before brushing? Were the dentures brushed? Were the dentures returned to the resident's mouth after cleaning or placed in a denture cup? Does the denture cup have water in it – any type of cleanser? Was oral care provided to the oral cavity after the dentures removed? How was oral cavity care provided? Is mouthwash offered? Is the mouthwash placed in a cup or offered right out of the bottle? Is the mouth wash/water thickened or regular consistency?
- What oral care supplies were in the room? Did the caregiver have to chase down supplies? If going for supplies, did the caregiver know where to go for supplies?
- During the observation, observe the overall condition of the resident's teeth/dentures/lips. Observe for any debris removed from the resident's mouth during oral care. For example, when observing AM cares, are large chunks of food removed from the oral cavity? What was the food was it last night's supper? Any complaints of pain with oral care?
- If the oral care was offered and refused – what did the caregiver do about the refusal? Was the resident re-approached later (would need further observation or obtain information through interview)? Did another caregiver offer to provide the oral care? What approach was used with the resident when he/she refused? Any other behaviors observed during oral care?

Interview:

- If interviewable, ask the resident about oral care. If the resident is not interviewable, is there a family member available to talk with? What services do they want to receive with oral care? How often do they want to receive it? Do they have a preference for when they receive their oral care? What's been their history with oral care? Has their dentist told them anything specific about their oral care needs? Do they have any mouth pain? If so, get the details. Is staff aware of the pain? Has a dental appointment been made? Is it timely? Consider a pain management investigation.
- Ask the caregiver about oral care. How do they provide oral care for that resident? What do they know about the resident's plan of care for oral care? If the resident refused or had behaviors related to the oral care, what is the caregivers knowledge related to those issues – what do they think they should do? If you did not observe oral care, and the caregiver says they did it earlier, check the toothbrush – is it wet? If they say they used swabs, are they thrown away in the wastebasket? Ask the caregiver if inconsistencies. If you noticed something unusual, or not provided, with the oral care – ask the caregiver about it.
- Ask a nursing supervisor about the expectations for oral care. What does the supervisor expect to be provided for this resident with oral care? What is the facility's policy related to oral care for dependent residents? If you noticed

something unusual, or not provided, with the oral care – ask the nurse specifically about that concern.

Record Review:

- Review their MDS. What are they coded for oral care needs? Review the last full MDS. What does the RAP say related to oral care, dental care? Do the assessments match your observations? No – what were the differences?
- Are there any other assessments completed related to the oral status of this resident (i.e. oral pain, ulcers)? If so are they comprehensive and current?
- Review the care plan. Look for any problem and interventions related to oral care. Do the identified problems and interventions match your observations? No - what were the differences?
- Review any dental notes. What does the dentist recommend for oral care? Any identified problems? Were appropriate consents obtained for treatment? Are services being obtained in a timely manner?
- Review facility policies related to the provision of oral care.

Deficiency Determination:

- Were oral care services provided as individually assessed to be necessary? If not, what were the differences? Was the resident determined to be dependent on staff for those services? What did the facility fail to do? Did the facility meet the intent of the regulation?
- The team needs to decide if the concern rises to the level of a deficient practice or if a concern should be further investigated or dropped.

Perineal Care

Observation:

- When observing cares or toileting/incontinence cares, observe how perineal care is provided. Also observe for infection control techniques with hand washing and gloving. Note if privacy/dignity is maintained during cares.
- If observing a female, do they provide perineal care from front to back?
- If observing a male, is staff washing under the scrotum?
- If observing an uncircumcised male, is the foreskin retracted for adequate cleansing? If retracted, is it put back when done cleaning?
- Was all visible soiling removed, including creases and folds?
- Was the entire perineal area cleansed?
- Was a topical cream/ointment applied? What was the cream/ointment? What was the technique used for the application?

Interview:

- If the resident is interviewable, ask him/her about pericare services. Do they have any concerns? If not interviewable, is there family available? Do they have any concerns? Are there any problems with odors?

- Ask the caregiver about perineal care. Ask specifically about any concerns you identified during the observations. You could ask the caregiver about their knowledge of the plan of care for that specific resident.
- Ask a nursing supervisor about their expectations for perineal care. What cares do they expect to be provided to the resident (following incontinence, or at HS, or with AM cares – whatever you were observing)? What is the facility policy for perineal care? What is the resident's assessed need? Ask the nurse about any specific concerns you have related to perineal care.

Record Review:

- Review the MDS. Cleansing is part of toileting coding. Also review the most recent set of RAPS for any assessment related to perineal care.
- Review the chart for any other assessments, such as bowel and bladder, which may be related to perineal care.
- Review the plan of care. Look for any problem and interventions related to perineal care. Do the identified problems and interventions match your observations? No - what were the differences?
- Review facility policies related to the provision of perineal care.

Deficiency Determination:

- Were pericare services provided as individually assessed to be necessary? If not, what were the differences? Was the resident determined to be dependent on staff for those services? What did the facility fail to do? Did the facility meet the intent of the regulation?
- The team needs to decide if the concern rises to the level of a deficient practice or if a concern should be further investigated or dropped.

Bowel Incontinence

Observation:

- During your observation, prior to toileting, did you note any odor? Did the resident display any behaviors prior to toileting, such as agitation, restlessness, calling out?
- With provision of toileting services, was the resident incontinent of stool **only**? If incontinent of urine and stool, consider F311 or F316, or F314 if a pressure ulcer present.
- If yes – was resident under observation for a block of time? How long was the block of time? If the observations were not continuous, was there a break in time that would have allowed for the resident to be toileted? If so, you will need to follow up with appropriate interview questions to find out if the resident was toileted during that period of time. If the observations were continuous, you need to document them as continuous observations, approximately every 15 minutes.

Interview:

- If the resident is interviewable, ask them about their bowel habits. If the resident is not interviewable, is family available? Ask family about the resident's bowel habits.
- Ask the caregiver about the resident's normal bowel habits. If your observations were continuous, ask the caregiver about the last time the resident was toileted. If they conflict with your continuous observations, ask the caregiver about that. Indicate you were observing the resident at that time and didn't see the toileting occur. If your observations were not continuous, ask the caregiver when the resident was last toileted. If the caregiver indicates someone else may have toileted the resident, interview other caregivers. Ask the caregiver what they know about the plan of care related to toileting/bowel control.
- Ask a nursing supervisor about their expectations related to bowel care for that resident. What is the facility expectation for toileting a resident who is incontinent of bowel? What is the resident's assessed need? Ask the nurse about any specific concerns you have related to bowel care.

Record Review:

- Review their MDS. What are they coded for toileting needs? Review the last full MDS. What does the RAP say related to toileting/bowel care? Do the assessments match your observations? No – what were the differences?
- Are there any other assessments completed related to the bowel status of this resident (i.e. bowel and bladder)? If so are they comprehensive and current?
- Review the care plan. Look for any problem and interventions related to bowel incontinence. Do the identified problems and interventions match your observations? No - what were the differences?
- Review facility policies related to the provision of incontinence care.

Deficiency Determination:

- Were toileting services for bowel continence provided as individually assessed to be necessary? If not, what were the differences? Was the resident determined to be dependent on staff for those services? What did the facility fail to do? Did the facility meet the intent of the regulation?
- The team needs to decide if the concern rises to the level of a deficient practice or if a concern should be further investigated or dropped.

Nail Care (hands and feet)

Observation:

- As you have an opportunity for observations and interviews, on tour, during your blocks, PRN, take note of the general condition of the resident's nails.
- Are their nails well groomed? Are they clean and trimmed? If polished, what is the condition of their nail polish?
- Observe the activity calendar. Is nail care (pedicures and manicures) an activity? If so, who attends? How are they invited?

Interview:

- If interviewable, ask the resident about nail care. If the resident is not interviewable, is there a family member available to talk with? What services do they want to receive for nail care? How often do they want to receive it? Do they have a preference for when they receive their nail care? What's been their history for nail care (i.e. do they prefer them long, short, polished –color preference)?
- Ask the caregiver about nail care. How do they provide nail care for that resident? What do they know about the resident's plan of care for nail care? If the resident refuses or has behaviors related to nail care, what is the caregiver's knowledge related to those issues – what do they think they should do? If you observed a specific concern related to the nail care for that resident, ask the caregiver about it.
- Ask a nursing supervisor about the expectations for nail care. What does the supervisor expect to be provided for this resident with nail care? What is the facility's policy related to nail care for dependent residents? Ask the nurse specifically about any concerns you have related to the resident's nail care.
- If nail care is an activity, interview activity staff about the activity. How do they decide whom to invite to the activity? Does anyone get to come? Does nursing refer any resident's to activities?

Record Review:

- Review their MDS. What are they coded for grooming needs? Review the last full MDS. What does the RAP say related to nail care? Do the assessments match your observations? No – what were the differences?
- Are there any other assessments completed related to the nail care status of this resident (i.e. behavior)? If so are they comprehensive and current?
- Review the care plan. Look for any problem and interventions related to nail care. Be sure and review any behaviors identified in the plan of care that may affect the nail care of the resident. Do the identified problems and interventions match your observations? No - what were the differences?
- Review facility policies related to the provision of nail care.

Deficiency Determination:

- Was nail care provided as individually assessed to be necessary? If not, what were the differences? Was the resident determined to be dependent on staff for those services? What did the facility fail to do? Did the facility meet the intent of the regulation?
- The team needs to decide if the concern rises to the level of a deficient practice or if a concern should be further investigated or dropped.

Assistance with Eating

Observation:

- Observe the first two meals you are present for in the facility. You may observe more meals if you have concerns related to meals.

- When observing residents at meals, you will observe your sample residents, **AND** you will be observing for any other residents (to pick up as a supplemental or select for phase II) that may be having problems with eating.
- When observing a meal, note the amount of assistance residents receive at mealtime. Identify any verbal cues or physical prompting as well as actual feeding assistance.
- When observing the meal, note any adaptive equipment the resident has to eat/drink with.
- Identify the consistency of the resident's food and fluid.
- If the resident is attempting to feed him/herself, how are they doing? Are they using utensils or adaptive equipment? Are they using fingers? Is there a large amount of spillage (If so, be sure and review weight loss)?
- As the residents are attempting to feed themselves independently, specifically describe in your notes their abilities, including the amount of spillage, attempting to eat/drink with inappropriate utensils, etc.
- If assistance is provided during the meal, at what point is it provided?
- If the resident sat with their meal for an extended period, is their hot food cold and their cold food hot (If it's a possibility – investigate for palatability)? Did the resident sit with a tray of food in front of them while their tablemates ate?
- If assistance is provided at mealtime, is the assistance provided in a dignified manner?
- What amount of assistance did they receive? Cuing, partial, total?
- Is there enough staff available to meet the resident's needs for assistance at meal times?
- Are the residents placed with appropriate tablemates to enhance communication at meal times? Are any residents isolated at mealtime?

Interview:

- If interviewable, ask the resident about mealtime assistance. If the resident is not interviewable, is there a family member available to talk with? What assistance do they typically receive at meal times? Does the level of assistance meet their needs?
- Ask the caregiver about meal times. Do they feel there is adequate staff available to meet resident needs? Ask the caregiver about specific residents you observed and had concerns with. What mealtime assistance is needed by that resident? What do they know about the resident's plan of care for meal assistance? If the resident refuses or has behaviors related to meal times, what is the caregivers knowledge related to those issues – what do they think they should do? If you observed a specific concern related to the meals for that resident, ask the caregiver about it.
- Ask a nursing supervisor about the expectations for meal times. What does the supervisor expect to be provided for specific residents with regard to mealtime assistance? What is the facility's policy related to mealtime assistance for dependent residents? Ask the nurse specifically about any concerns you have related to the resident's assistance at mealtime.

Record Review:

- Review their MDS. What are they coded for eating assistance? Review the last full MDS. What does the RAP say related to assistance with eating? Do the assessments match your observations? No – what were the differences?
- Are there any other assessments completed related to mealtime assistance for this resident (i.e. behavior)? If so are they comprehensive and current?
- Review the care plan. Look for any problem and interventions related to mealtime assistance. Be sure and review any behaviors identified in the plan of care that may affect mealtime assistance for the resident. Do the identified problems and interventions match your observations? No - what were the differences?
- Review facility policies related to the provision of assistance with eating.

Deficiency Determination:

- Was eating assistance provided as individually assessed to be necessary? If not, what were the differences? Was the resident determined to be dependent on staff for those services? What did the facility fail to do? Did the facility meet the intent of the regulation?
- The team needs to decide if the concern rises to the level of a deficient practice or if a concern should be further investigated or dropped.

Shaving/Appropriate Removal of Facial Hair

Observation:

- As you have an opportunity for observations and interviews, on tour, during your blocks, PRN, take note of the resident's facial hair.
- Do they have facial hair? How long is the facial hair? Where is the facial hair located? How is the facial hair removed?
- When observing cares, do you see shaving equipment available?
- If female, consider investigating, and issuing, under F241 (dignity).
- Is other equipment available for the removal of female facial hair such as adequate lighting and a tweezer?

Interview:

- If interviewable, ask the resident about grooming assistance. If the resident is not interviewable, is there a family member available to talk with? What assistance do they typically receive for grooming? Does the level of assistance meet their needs? What is the resident's preference for facial hair? How quickly does the resident's facial hair grow? If a male, did the resident wear a beard/mustache? If so, what was the normal style/length? If female, was facial hair a problem for her? How did she feel about facial hair? What was her history related to grooming and being out in public? How did she like to have her facial hair removed?
- Ask the caregiver about shaving. Ask the caregiver about specific residents you observed and had concerns with. What shaving assistance is needed by that resident? What do they know about the resident's plan of care for shaving assistance? How fast does the resident's facial hair grow? Is their equipment

available to shave the residents? If the resident refuses or has behaviors related to shaving, what is the caregivers knowledge related to those issues – what do they think they should do? If you observed a specific concern related to grooming for that resident, ask the caregiver about it.

- Ask a nursing supervisor about the expectations for shaving residents. What does the supervisor expect to be provided for specific residents with regard to shaving assistance? What is the facility's policy related to shaving assistance for dependent residents? Ask the nurse specifically about any concerns you have related to the resident's assistance with shaving.

Record Review:

- Review their MDS. What are they coded for grooming? Review the last full MDS. What does the RAP say related to grooming? Do the assessments match your observations? No – what were the differences?
- Are there any other assessments completed related to grooming assistance for this resident (i.e. behavior)? If so are they comprehensive and current?
- Review the social history. Is there any mention in the history of the residents preference for facial hair?
- Review the care plan. Look for any problem and interventions related to grooming assistance. Be sure and review any behaviors identified in the plan of care that may affect grooming for the resident. Do the identified problems and interventions match your observations? No - what were the differences? Do the identified interventions match the residents choice? No – what were the differences?
- Review facility policies related to the provision of grooming/shaving services.

Deficiency Determination:

- Were shaving services provided as individually assessed to be necessary? If not, what were the differences? Was the resident determined to be dependent on staff for those services? What did the facility fail to do? Did the facility meet the intent of the regulation?
- The team needs to decide if the concern rises to the level of a deficient practice or if a concern should be further investigated or dropped.

Partial Bath

Observation:

- Observe AM and HS cares during your blocks of observations.
- What was provided as a partial bath during those AM and PM cares?
- Are there any unusual marks, injuries, or bruising to the skin? What is the condition of the resident's skin?
- Is there any visible soiling? Are there any odors present?
- Were the cares provided between AM and PM notably different?

Interview:

- If interviewable, ask the resident about AM/HS cares as they relate to a partial bath. If the resident is not interviewable, is there a family member available to talk with? What were the resident's previous habits related to AM/HS cares and partial baths? Do they have any concerns related to the assistance received by the resident related to grooming?
- Ask the caregiver about AM/HS cares and partial baths. What is provided as a partial bath for that resident? What do they know about the resident's plan of care for partial bathing (during AM/HS cares)? If the resident refuses or has behaviors related to AM/HS cares, what is the caregivers' knowledge related to those issues – what do they think they should do? If you observed a specific concern related to the partial baths for that resident, ask the caregiver about it.
- Ask a nursing supervisor about the expectations for partial baths during AM/HS cares. What does the supervisor expect to be provided for specific residents with regard to partial baths? What is the facility's policy related to AM/HS cares for dependent residents? Ask the nurse specifically about any concerns you have related to the resident's AM/HS cares.

Record Review:

- Review their MDS. What are they coded for grooming assistance? Review the last full MDS. What does the RAP say related to grooming assistance or partial baths? Do the assessments match your observations? No – what were the differences?
- Are there any other assessments completed related to grooming/partial bathing for this resident (i.e. behavior)? If so are they comprehensive and current?
- Review the care plan. Look for any problem and interventions related to grooming/partial baths. Be sure and review any behaviors identified in the plan of care that may affect partial bathing assistance for the resident. Do the identified problems and interventions match your observations? No - what were the differences?
- Review facility policies related to the provision of AM/HS cares and partial bathing.

Deficiency Determination:

- Was a partial bath provided as individually assessed to be necessary? If not, what were the differences? Was the resident determined to be dependent on staff for those services? What did the facility fail to do? Did the facility meet the intent of the regulation?
- The team needs to decide if the concern rises to the level of a deficient practice or if a concern should be further investigated or dropped.