

MDS 3.0 Nuts & Bolts Fact Sheet for the Director of Nursing

Special Focus on ADL's and Restorative Nursing

Importance of Section G (ADL's):

- Quality of Care & Services
- Identification of the Resident's Functional Level
- Reimbursement
- Quality Indicators/Quality Measures
- Regulatory Compliance

ADL Scoring Tool

Bed Mobility	Transferring	Toilet Use	Eating
Column 1: -, 0, 1, 7, 8 Column 2: any number <p style="text-align: right;">0</p>	Column 1: -, 0, 1, 7, 8 Column 2: any number <p style="text-align: right;">0</p>	Column 1: -, 0, 1, 7, 8 Column 2: any number <p style="text-align: right;">0</p>	Column 1: -, 0, 1, 2, 7, 8 Column 2: -, 0, 1, 8 <p style="text-align: right;">0</p>
Column 1: 2 Column 2: any number <p style="text-align: right;">1</p>	Column 1: 2 Column 2: any number <p style="text-align: right;">1</p>	Column 1: 2 Column 2: any number <p style="text-align: right;">1</p>	Column 1: -, 0, 1, 2, 7, 8 Column 2: 2 or 3 <p style="text-align: right;">2</p>
Column 1: 3 Column 2: -, 0, 1, or 2 <p style="text-align: right;">2</p>	Column 1: 3 Column 2: -, 0, 1, or 2 <p style="text-align: right;">2</p>	Column 1: 3 Column 2: -, 0, 1, or 2 <p style="text-align: right;">2</p>	Column 1: 3 or 4 Column 2: -, 0, 1 <p style="text-align: right;">2</p>
Column 1: 4 Column 2: -, 0, 1, or 2 <p style="text-align: right;">3</p>	Column 1: 4 Column 2: -, 0, 1, or 2 <p style="text-align: right;">3</p>	Column 1: 4 Column 2: -, 0, 1, or 2 <p style="text-align: right;">3</p>	Column 1: 3 Column 2: 2 or 3 <p style="text-align: right;">3</p>
Column 1: 3 or 4 Column 2: 3 <p style="text-align: right;">4</p>	Column 1: 3 or 4 Column 2: 3 <p style="text-align: right;">4</p>	Column 1: 3 or 4 Column 2: 3 <p style="text-align: right;">4</p>	Column 1: 4 Column 2: 2 or 3 <p style="text-align: right;">4</p>
TOTAL SCORE —	TOTAL SCORE —	TOTAL SCORE —	TOTAL SCORE —

****Late Loss ADL's are used to calculate ADL score (Bed Mobility, Transfer, Toilet Use and Eating).**

Checklist for the Director of Nursing:

- The facility has an ADL Tracking Tool for C.N.A.'s to complete during the ARD look back period.
- There is ongoing education on accurate completion of the ADL tracking tool for all 3 shifts.
- There is a system in place to ensure that the ADL tracking is completed each shift during the 7 day look back period.
- The MDS Coordinator and Restorative Nurse have an updated copy of the MDS 3.0 RAI Manual to use for reference for accurate MDS 3.0 coding.
- Training has been provided for all staff completing any section of the MDS 3.0.
- The MDS Coordinator has knowledge on the importance of accurate ADL scoring in relation to the RUG IV Categories.
- The facility has an audit system in place to ensure proper tracking is consistent with MDS 3.0 coding.
- There is a system in place to investigate areas of ADL decline from one assessment period to the next.

Restorative Nursing Program Checklist:

- Are there Restorative Flow Sheets to document evidence of 15 or more minutes during the look-back period for each Restorative Program coded on the MDS 3.0?
- Are the Care Area Assessments (Activities of Daily Living-Functional Status/Rehabilitation Potential and Urinary Incontinence and Indwelling Catheter) completed comprehensively to ensure individualized care planning is completed?
- Are there measureable objectives and interventions documented for each Restorative Program?
- Are the Restorative Care Plans reviewed and revised as necessary and at least quarterly?
- Is there evidence of periodic evaluation of each Restorative Program by the licensed nurse?
- Have the C.N.A.'s been trained in the techniques that promote resident involvement in the activity?
- Is there evidence of licensed nurse supervision of the restorative program activities?
- Are Restorative groups comprised of no more than 4 residents to one caregiver leading the program?
- A 3 day bowel and bladder diary is completed, followed by a Bowel and Bladder Assessment to substantiate an Individualized Toileting Program.
- Restorative Program Flow Sheets are completed to verify program implementation as planned outside the ARD Look Back Period.
- Is there a nurse assigned to be in charge of the Restorative Program?
- All Restorative Activities are planned, monitored, evaluated and documented in the resident's medical record.
- Does the facility have updated Restorative Program Policies and Procedures?
- Does the facility have restorative assessment tools to determine resident function and needs for programming (i.e. Functional ADL Assessment, ROM Screenings, etc.)?
- Does the facility have updated job descriptions to address Restorative Program Responsibilities?
- Is there a strong facility commitment for a resident-centered Restorative Program?
- The Restorative Program includes an Interdisciplinary Team approach, evidenced by documentation in the medical record.
- Follow up auditing of the Restorative Program includes observations and interviews to determine compliance with care plan interventions.

Restorative Programs Include:

RUG-IV, 66-GROUP HIERARCHICAL CLASSIFICATION

*Restorative Nursing Services: Two or more restorative nursing services received for 6 or more days for at least 15 minutes a day:

- H0200C, H0500** Urinary toileting program and/or bowel toileting program
- O0500A,B** Passive and/or active ROM
- O0500C Splint or brace assistance
- O0500D,F** Bed mobility and/or walking training
- O0500E Transfer training
- O0500G Dressing and/or grooming training
- O0500H Eating and/or swallowing training
- O0500I Amputation/prostheses care
- O0500J Communication training

**Count as one service even if both provided