

Exhibit XXX
Dementia Care SURVEYOR WORKSHEET

INSTRUCTIONS:

The purpose of the on-site dementia care focused survey is to determine compliance with the regulations at §483.25, Appendix PP F309 Care and Services for a Resident with Dementia. Compliance with F309 is assessed during the focused survey by surveyor observations, interviews and record reviews for a sample of residents with dementia. If during the survey, other issues unrelated to dementia are identified at the facility, at the discretion of the state survey agency, these may be investigated as a separate complaint.

In general, 2 surveyors will be able to complete the focused survey of 5 residents in 2-3 days for a medium sized (e.g., 120-150 bed) facility. For larger facilities (e.g., over 150 beds), or facilities with a history of deficiency citations at F309 that relate to dementia care, state agency directors or managers may elect to expand the sample up to 10 residents.

In addition to staff who are on site (e.g., CNAs, nurses, activities professionals, dementia unit director), surveyors will interview physicians, nurse practitioners, physician's assistants, pharmacists, LTC ombudsmen and family members as part of the survey.

Language with respect to dementia care is rapidly evolving and changes frequently.

Currently, guidance at F309 refers to behavioral or psychological symptoms of dementia (BPSD), while newer articles and texts may refer to these behaviors or symptoms as manifestations of dementia, behavioral manifestations of dementia, or expressions of distress. These terms are used interchangeably in this document.

Citation instructions are provided throughout this instrument, indicating the applicable regulatory provision to be cited on the Form CMS-2567 if deficient practices are observed.

Parts 1, 2 and 3 will be completed once for each nursing home. Part 4 will be completed for each resident in the sample.

*added
category
FS
won't show up
as complaints*

MDS focus survey

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 Name of State Agency (please specify) _____

Team Leader: _____
 Surveyors on Team: _____

PART 1 – NURSING HOME CHARACTERISTICS

1. Nursing Home Name	
2a. Nursing Home Street Address/PO Box	
2b. Nursing Home State	
2c. Nursing Home Zip Code	
3. 6-digit CMS Certification Number	
4. Date(s) of site visit (MM/DD/YYYY)	_____ To _____
5. What is the ownership of the facility? (<i>SELECT only ONE</i>)	<input type="checkbox"/> For profit – part of a corporate chain <input type="checkbox"/> For profit – independent owner <input type="checkbox"/> Not for profit <input type="checkbox"/> Public (state or county-owned) <input type="checkbox"/> Other (please specify): _____

PART 2 – DEMENTIA CARE – POLICIES, LEADERSHIP, TRAINING, DOCUMENTATION

6a. Does the nursing home have a specific unit or wing for residents with dementia? YES NO

<p>6b. If there is a special care unit, is it only for residents with a diagnosis of dementia (e.g., Alzheimer's, Lewy body, vascular, other dementia)?</p> <p>If no, list other diagnoses as well (e.g., TBI, psychiatric disorders):</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>7. Does the nursing home have specific policies and procedures related to dementia care (whether they have a special dementia unit or not)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>8a. Is it evident, through conversations with facility leadership (e.g., the director of nursing, supervisors, unit managers, medical director or administrator) that nationally recognized dementia care guidelines are the basis of care for people with dementia in the nursing home?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>8b. Is it evident, through review of policies, procedures and/or protocols that nationally recognized dementia care guidelines are the basis of care for people with dementia in the nursing home?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>8c. If YES to (a) or (b), which nationally-recognized dementia care guidelines or program has the nursing home selected? (Select all that apply)</p>	<p><input type="checkbox"/> CMS' <i>Hand in Hand</i> series <input type="checkbox"/> OASIS Program <input type="checkbox"/> University of Iowa program <input type="checkbox"/> VA Program (STAR) <input type="checkbox"/> Johns Hopkins DICE program <input type="checkbox"/> Alzheimer's Association materials <input type="checkbox"/> NHQCC or other QIO guidelines <input type="checkbox"/> Advancing Excellence medication management tools <input type="checkbox"/> AHCA toolkit</p>

Other (please specify)

9. Has the nursing home designated a licensed professional qualified through dementia care training to coordinate dementia care in the nursing home? YES NO

NOTE! This is not currently a requirement for participation; CMS is collecting this as informational only.

9a. If YES, Is this person a: Nursing home employee Contractor or consultant
(Select only ONE)

9b. On average, how many hours per week does this person spend in the nursing home directing dementia care? _____ Hours per week

10a. How do staff members receive dementia training? (Select all that apply)
 In-service (live or video)
 Computer-based training
 Other (please specify): _____

<p>10b. Which staff members receive dementia training? (Select all that apply)</p>	<p><input type="checkbox"/> Direct care staff (CNAs) <input type="checkbox"/> Other nursing staff <input type="checkbox"/> Other staff providing direct patient care (e.g., PT, OT, ST, dietary, medical staff, recreation/activities, chaplain) <input type="checkbox"/> Social work staff <input type="checkbox"/> Housekeeping, laundry and maintenance staff <input type="checkbox"/> Other (please specify)</p>
<p>10d. Indicate frequency of staff dementia training (Select all that apply)</p>	<p><input type="checkbox"/> Upon hire (circle all that apply: CNA, other nursing, other non-nsg) <input type="checkbox"/> Annually (circle all that apply: CNA, other nursing, other non-nsg) <input type="checkbox"/> Periodically / as needed (circle all that apply: CNA, other nursing, other non-nsg) <input type="checkbox"/> Other (please specify):</p>
<p>10e. How many hours of training do staff receive each year?</p>	<p>Hours for CNAs: _____ Hours for other nursing: _____ Hours for non-nsg staff: _____</p>
<p>10f. Is there documentation confirming that training is provided to all categories of staff listed above?</p> <p>Please list topics within dementia training (or attach copies of program/s):</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

NOTE: If training is not provided to CNA staff upon hire with periodic refresher training thereafter, look for evidence of CNA competency and skills in dementia care. If absent, cite F498. If evidence of training, skills and competency testing are absent, consider QAA citation at F490 or F520, in addition to F498, in relation to 42 CFR 483.25, particularly if the nursing home's observed practices do not reflect accepted dementia care guidelines.

PART 3 – QUALITY ASSESSMENT AND ASSURANCE (QAA)

Please refer to F520 Quality Assessment and Assurance for guidance regarding the information that may be obtained from the QAA committee.

If N/A is selected, please explain why there is no associated observation, or why the question is not applicable, in the COMMENTS box at the end of each section.

Surveyors should consider one or more "no" responses in this QAA section potentially indicative of non-compliance in relation to 42 CFR 483.25, F309 as well.

Practices to be Assessed	Was Practice Performed?
<p>11. Does evidence support that the nursing home has a QAA committee consisting of the director of nursing, a physician designated by the facility and at least three other staff members that meet at least quarterly?</p> <p>If NO, cite F520</p> <p>If YES, identify the person who coordinates the QAA committee and interview that person to answer questions 11a-c in this section:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>Coordinator of QAA:</p>
<p>11a. Do resident care policies and procedures clearly outline a systematic process for the care of residents with dementia?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>Does the nursing home look systematically at ways to structure the care processes around the residents' individual needs and not around staff needs or routines?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>

<p>Does the overall philosophy of care in the nursing home acknowledge dementia-related behaviors as a form of communication and is there an expectation that all staff strives to understand the meaning behind these behaviors?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>Are non-nursing staff (particularly recreational therapy staff) trained in dementia care practices?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>11b. Does the QAA Committee monitor for consistent implementation of the policies and procedures for the care of residents with dementia?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>11c. Has the QAA Committee corrected any identified quality deficiencies related to the care of residents with dementia?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>Comments:</p>	

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Part 4

Parts 1, 2 and 3 will be completed once for each nursing home. Part 4 will be completed for each resident in the sample.

Name of State Agency (please specify): _____

Team Leader _____

Surveyors on Team _____

Survey Date _____

Facility Name and ID _____

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Dementia Care Surveyor Worksheet

PART 4 – DEMENTIA CARE & RELATED PRACTICES (SEE SPECIFIC PRACTICES TO CONSIDER BELOW)

INSTRUCTIONS:

- Please *select ONE* bubble for each “Was Practice Performed?” question, unless otherwise noted.
- If N/A is *selected*, please explain why there is no associated observation, or why the question is not applicable, in the COMMENTS box at the end of each section.
- Dementia care should be observed not only during the cases being followed, but also while making other observations in the nursing home throughout the survey. Interviews are used primarily to provide additional evidence for what the surveyor has observed or gleaned from the record review; but may in some cases substitute for direct observation to support a citation of deficient practice.

Specific Practices to Consider

There are many possible situations and relationships that surveyors will want to evaluate during the dementia care special 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 specific practices that surveyors may consider include:

1. Observe for language or routines that could have an impact on dignity and/or function, e.g.:
 - Use of bibs, crescent ‘feeding’ tables
 - High percentage of residents wearing socks/non-skid socks and institutional gowns instead of their own clothes and shoes; high percentage of residents with soiled hands or nails, unshaven or with hair not combed or brushed (a high percentage of these observations may indicate that staff does not try to re-approach residents or find ways to enable them to accept needed care/grooming; surveyors should investigate further)
 - Staff use of terms such as “feeders” “total care residents” etc. in communication versus person-centered language
 - Failure to respond to residents’ communication/behavioral manifestations of distress/emotional needs versus attention to preventing escalation of distress
 - Attempts to keep residents “quiet” or prevent them from moving around versus efforts to walk or talk with residents who appear distressed
 - Lack of social interaction or communication between staff and residents during direct care versus engaging residents in conversation or speaking to them even if they are unable to respond.

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2. Observe for social dining atmosphere or individualized dining setting (if appropriate) with staff sharing the dining experience with residents (not standing over them). Observe for staff talking with residents, not talking only with other staff or ignoring residents. Observe for culturally appropriate meals.
3. Observe for whether or not staff assesses 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).
4. Observe for other basic dementia care approaches such as:
 - using soft, low voice and speaking where resident may read lips/see face clearly
 - not approaching resident from behind
 - providing adequate time during resident care and meals (not rushing)
 - encouraging maximal independence (r/t performing activities/care routines that resident could perform him/herself if given adequate time and task segmentation, cues)
 - encouraging time outdoors
 - encouraging physical activity
 - redirecting resident away from high stress environment
 - allowing a resident to remain in preferred location/environment (e.g., to remain in bed) if safe, and re-approaching that resident later on if they express a desire/choose to remain where they are (staff recognizing this as preference/choice, even in someone who has dementia)
 - providing stimulation (to avoid boredom); ensuring an adequate number and type of activities on all shifts, on W/E's
 - addressing loneliness/isolation
 - appropriately limiting choices to avoid frustration/confusion.
5. Assess for adequate sleep and individualized sleep hygiene in care plan (sleep facilitators, such as reducing interruptions for continence care or pressure relief through use of appropriate continence products and mattresses); sleep log or diary if indicated. Assess for residents sleeping often during activities.
6. Evaluate for adequate pain assessment in all residents with particular attention to those with difficulty communicating about pain.
7. Assess for sensory deficits and how these deficits may impact cognition. Is there an assessment for use of adaptive equipment, and is it used appropriately and consistently?

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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 ("warm handover")? Consider issues related to accepting residents back after a hospital transfer (communication with state Ombudsman Program may be helpful).

I. Comprehensive Evaluation of Each Resident on Admission by the Interdisciplinary Team (Use this section for new admission residents in the surgical, or those for whom significant pain, fever, or instability)

Observations in this section are to focus on staff directly involved in the admission process (e.g., admission coordinator, social worker, nurses, CNAs, therapists, etc.).
If the condition or risks were present at the time of the required comprehensive assessment, did the nursing home comprehensively assess the physical, mental and psychosocial needs of the resident with dementia to identify the risks and/or to determine underlying causes (to the extent possible) of the resident's behavioral and/or mental psychosocial symptoms, and needed adaptations, and the impact upon the resident's function, mood and cognition?
If No, cite F272. For newly admitted residents, before the 14-day assessment is complete, did the nursing home provide sufficient care planning to meet the resident's needs? If No, cite F281.
In addition, surveyors should consider one, or more, "no" responses in this section potentially indicative of non-compliance in relation to 42 CFR 483.25, F309 as well.

Practices to be Assessed		Was Practice Performed?
A. Is there a pre-admission or admission screening process to identify the specific care needs of residents with dementia?		<input type="checkbox"/> YES <input type="checkbox"/> NO
B. During admission interviews, are the resident and family asked about previous life patterns, 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, well-being and rituals? (e.g., use of instrument such as Preferences for Everyday Living Tool). **		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

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<p>C. During the admission process, did staff ask specific questions about usual cognitive patterns, mood and any behavioral distress associated with dementia? (This should include: when behaviors have occurred, possible underlying causes; how resident typically communicates a need such as pain, discomfort, hunger or frustration; responses to triggers such as stress, anxiety or fatigue; expectations for how nursing home will work with resident to prevent and reduce any distress).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>D. Does staff know, based on the admission process, what approaches calm or soothe a resident with dementia once resident becomes distressed (including evaluation of environmental factors that could be triggering or exacerbating behaviors)?*</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>E. Did staff document preferences and patterns (above) in the clinical record in a place easily accessible to all staff?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<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
<p>G. Does admission staff communicate verbally and/or in writing to CNAs and other staff about these preferences and patterns in a timely manner?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>H. Is evidence present that supports activities are implemented for the resident that are based on information gathered during the admission process (i.e., based on known hobbies, routines and life patterns)?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>I. Are preferences and usual patterns related to dining integrated into meal, snack and beverage planning for the resident?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>J. Has therapy staff (OT, PT and/or SLP) and/or restorative nursing staff screened the resident soon after admission to determine if services would enable resident to attain or maintain his or her highest practicable level of functioning?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

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K. Comments:

* Note: Staff may not always know the most effective current intervention based solely on the admission process. The admission process focuses primarily on previous life patterns, approaches, preferences, etc. Some triggers and resident responses may vary based on the individual's adjustment to a new setting and environment, and staff may need to explore additional and/or alternative approaches to soothe or calm an individual, as well as those approaches that served well in the past/prior to admission.

**Note: In any sections of this worksheet, if resident is non-interviewable and there is no family available/involved and therefore N/A is checked, note whether facility made efforts to find alternative ways of obtaining information and whether they documented those efforts. In some cases, despite efforts, minimal or no information may be available for certain residents for initial assessment and care planning. However, in those cases, the facility should indicate how social services is involved in obtaining legal representation (e.g. guardianship or other processes).

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Required Assessment and Care Identification of Resident's Manifestation of Dementia

Observations are to focus on staff directly involved in patient care (e.g., nurses, CNAs, therapists, etc.). Dementia care should be observed not only during the cases being followed, but also while making other observations in the nursing home throughout the survey.

*If the condition or risks were present at the time of the required comprehensive assessment or change in condition assessment, did the nursing home comprehensively assess the physical, mental and psychosocial needs of the resident with dementia to identify the risks and/or to determine underlying causes (to the extent possible) of the resident's behavioral and/or mental psychosocial symptoms, and needed adaptations, and the impact upon the resident's function, mood and cognition?
If No, cite F272*

In addition, surveyors should consider some directions "no" responses in this section (B-K) potentially indicative of non-compliance in relation to 42 C.F.R. 483.95, F309 as well.

Practices to be Assessed	Was Practice Performed?
<p>A. Has the resident experienced any manifestations of distress or behavioral symptoms while residing in the nursing home? (If no, skip to section III).</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>B. Did staff describe specific behavior (onset, duration, intensity, possible precipitating events or environmental triggers, etc.)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>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)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>D. If the behaviors represent a sudden change or worsening from baseline, did staff contact the attending physician/practitioner immediately for medical evaluation, as appropriate?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>

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<p>E. If medical causes are ruled out, did staff attempt to establish other root causes of the behavior using individualized knowledge about the person and when possible, information from the resident, previous or current family or unpaid caregivers and/or direct care staff?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>F. As part of comprehensive assessment, did staff evaluate the resident's usual and current cognitive patterns, mood and behavior (baseline and/or with a change in condition)?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>G. Did staff evaluate whether the cognitive patterns, mood or behavior present a risk to the resident or others?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>H. <i>(Ruling out medical or psychiatric illness.)</i> Did staff, in collaboration with the practitioner and/or pharmacist, identify risk and causal/contributing factors for manifestations of distress, such as:</p> <ul style="list-style-type: none"> • Presence of co-existing medical or psychiatric conditions, or decline in cognitive function? 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<ul style="list-style-type: none"> • Specifically, 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>	

* Note: Staff may not always know the most effective current intervention based solely on the admission process. The admission process focuses primarily on previous life patterns, approaches, preferences, etc. Some triggers and resident responses may vary based on the individual's adjustment to a new setting and environment, and staff may need to explore additional and/or alternative

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approaches to soothe or calm an individual, as well as those approaches that served well in the past/prior to admission.

<p><i>Did the facility develop a plan of care with measurable goals and approaches to address the care and treatment for a resident with dementia related to the behavioral manifestations of distress and/or mental/psychosocial symptoms, in accordance with the assessment, resident's wishes and current standards of practice? If no, cite F279.</i></p> <p><i>In addition, surveys should consider the or more "no" responses in this section potentially indicative of non-compliance in relation to 42 CFR 483.25, F309 as well.</i></p>	
<p>Practices to be Assessed</p>	<p>Was Practice Performed?</p>
<p>A. Was the resident and/or family/representative involved (to the extent possible and in accordance with the resident's wishes) in discussions about the potential use of any specific approaches to his/her care?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>B. Was involvement documented in the medical record (nursing notes, care plan, CNA care plan)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>C. Consistent with the resident's wishes, was the person and/or family/representative involved in determining the goals of care (see also J and K)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>D. Does the care plan reflect an individualized approach with measurable goals, timetables and specific approaches for the management of behavioral and psychological manifestations of distress?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>E. Does the care plan include a description of target behaviors, potential underlying causes and how to prevent distress?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>

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<p>F. Does the care plan include why behaviors should be prevented or otherwise addressed (e.g., severely distressing to the individual or risk to other residents)?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>G. Does the care plan include: strategies and approaches based on information about the person's previously stated goals and preferences and knowledge about what calms or soothes the resident if/when they become distressed?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>H. Does the care plan include monitoring of the effectiveness of any/all approaches?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>I. If the individual lacks decisional capacity and lacks effective family/representative support, was the facility social worker contacted to determine what type of social services or referrals are indicated?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>J. Were these social services or referrals implemented?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>K. Comments:</p>	

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IV. Individualized Approaches and Practices for the Implementation and Staffing

Surveyors should focus on observations of staff interactions with residents who have dementia to determine whether staff consistently applies basic dementia care principles in the care of those individuals.

*Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care? If No, cite F282
 In addition, surveyors should consider one or more "no" responses in this section potentially indicative of non-compliance in relation to 42 CFR 483.25, 483.26 as well.*

Practices to be Assessed	Was Practice Performed?
<p>A. Did staff communicate specific target behaviors and expressions of distress that are of concern as well as desired outcomes to be monitored among disciplines, across shifts and to direct caregivers?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>B. Did staff implement individualized, person-centered approaches to care plan with/for the resident?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>C. Did staff document the results?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>D. Did staff communicate and consistently implement the care plan, over time and across various shifts (D/E/N, weekday/weekend)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>E. If there was a sudden change in the resident's condition and medical causes of behavior or other symptoms (e.g., delirium or infection) are suspected, was the physician contacted immediately?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>

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<p>F. Were alternatives other than psychopharmacological medications discussed with staff and resident or family, with respect to addressing behavioral manifestations of distress and this resident's emotional needs?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>G. What non-pharmacological approaches were/are used for this resident with dementia (list all that are documented):</p>	
<p>H. Was treatment initiated in a timely manner?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>I. Are CNAs 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?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>J. Is there a sufficient number of staff to consistently implement the care plan?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>K. Can staff articulate what they would do to obtain additional support/skills if they did not know how to approach a particular issue with this or other residents?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>L. Is there evidence that unit level supervisory staff (e.g., charge nurses) have the skills to assist staff in caring for this or other residents with dementia?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

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Comments:

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Observations are to be made of staff identifying behaviors and making adjustments/updates to the care plan based on this monitoring function.

Did the nursing home reassess the effectiveness of the intervention and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the needs of the resident with dementia? If no, cite F280.

If N/A is selected, please clarify in the comments box below why. It was not applicable or not observed.

In addition, surveyors should consider one of three "no" responses in this section potentially indicative of non-compliance in relation to 42 CFR 483.25, F309 as well.

Practices to be Assessed	Was Practice Performed?
<p>A. Does staff, in collaboration with the practitioner, adjust the approaches (care plan) based on the effectiveness in treating/modifying manifestations of distress as well as any adverse consequences related to treatment?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>B. When concerns related to the effectiveness or adverse consequences of a resident's treatment regimen and staff approaches are identified by staff, resident or family: Does staff modify the care plan?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

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<p>If appropriate, does staff notify the practitioner?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>Does the practitioner respond and initiate a change to the resident's orders in a timely manner?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>Comments:</p>	

Resident Name/Identifier or number _____

Facility Name or Provider # _____ *Date* _____

Did the nursing home provide the necessary care and services for a resident with dementia to support his or her highest practicable level of physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care? If No, cite F309.

FOR MORE INFORMATION, SEE REVISED GUIDANCE AT F309.