

Initial Pool Process: Resident Observation

Care Area	Probes	Response Options
Activities	<ul style="list-style-type: none"> • Did you observe the resident in activities? • Is the resident actively participating or engaged in activities? • Do staff encourage the resident to participate? • Is a younger resident engaged in age appropriate activities? • Are there a variety of activities available for all residents? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Dignity	<ul style="list-style-type: none"> • Observe to determine whether staff failed to: <ul style="list-style-type: none"> ○ Knock/ask permission to enter room or wait to enter until permission given ○ Explain service or care to be provided ○ Include resident in conversations while providing care or services ○ Provide visual privacy of resident’s body while transporting through common areas, or uncovered in their room but visible to others ○ Cover a urinary catheter bag/other body fluid collection device ○ Respond to the resident’s call for assistance in a timely manner ○ Clothing and face soiled after meals ○ Poorly fitting clothing • Staff did the following: <ul style="list-style-type: none"> ○ Used a label for resident (e.g., “feeder” or “honey”) ○ Posted confidential clinical/personal care instructions in viewable areas ○ Dressed resident in institutional fashion (e.g., hospital type gown during day) ○ Labeled clothes with resident’s name visible ○ <i>Searched the resident, the room, and/or their personal belongings without the resident or resident representative’s permission or explaining the reason for the search.</i> • Any other identified dignity concerns? 	<p>No Issues/NA</p> <p>Further Investigation</p>

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Abuse	<ul style="list-style-type: none"> • Is there evidence of indicators of possible abuse? <ul style="list-style-type: none"> ○ Fractures, sprains or dislocations ○ Burns, blisters, or scalds on the hands or torso ○ Bite marks, scratches, skin tears, and lacerations including those that are in locations that would unlikely result from an accident ○ Bruises or injuries, including those found in unusual locations such as the head (e.g., black eye, broken /missing teeth), neck, lateral locations on the arms, posterior torso and trunk, or shapes (e.g., finger imprints) ○ Fear of others • Is the resident exhibiting any aggressive behavior (verbal or physical) to other residents? <ul style="list-style-type: none"> ○ Hitting, striking out at others, kicking, pushing ○ Threatening others <p>Note: If you witness an act of abuse, you must immediately report this observation to the administrator, or his/her designated representative if the administrator is not present.</p>	<p>No Issues/NA</p> <p>Further Investigation</p>
Privacy	<ul style="list-style-type: none"> • Bedrooms are not equipped to assure full privacy (e.g., ceiling suspended curtains, moveable screens, private rooms, etc.) • Is personal privacy assured for: <ul style="list-style-type: none"> ○ Electronic communications ○ Personal care ○ Medical treatments ○ Communication to residents and representatives regarding the resident’s condition that cannot be overheard 	<p>No Issues/NA</p> <p>Further Investigation</p>
Accommodation of Needs (physical)	<ul style="list-style-type: none"> • Are any of the following observed? <ul style="list-style-type: none"> ○ Difficulty opening and closing drawers and turning faucets on and off ○ Unable to see him/herself in a mirror and have items easily within reach while using the sink ○ Difficulty opening and closing bedroom and bathroom doors, accessing areas of their room and bath, and operating room lighting ○ Difficulty performing other desired tasks such as turning a table light on and off ○ Difficulty or inability to use the call <i>device</i> • <i>Observe for alternatives to traditional call systems such as tabs, pads, air puff call lights.</i> • Is adaptive equipment available and used? 	<p>No Issues/NA</p> <p>Further Investigation</p>

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	<ul style="list-style-type: none"> • Do any accommodations that you observed place this, or any other resident at risk? 	
Language/ Communication	<ul style="list-style-type: none"> • Does the resident speak a different language, use sign language or other alternative communication means? • Does staff know how to communicate with the resident? • Are there communication systems available at the bedside (cards, note pad, others)? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Mood/Behavior	<ul style="list-style-type: none"> • Does the resident: <ul style="list-style-type: none"> ○ Appear depressed or anxious (e.g., sad, teary, non-communicative, anxious movements) ○ Appear socially withdrawn, isolated, fatigued, not eating ○ Appear to lack emotional affect, short tempered, easily annoyed • Does staff recognize expressions, indications of distress, or behaviors and respond through a person-centered approach to care? • Does the resident appear to exhibit hallucinations (e.g., hearing voices or seeing things not present)? • Does the resident appear to exhibit any physical expressions of distress directed towards others - Hitting, striking out at others, kicking, pushing, scratching, and grabbing • Does the resident appear to exhibit any verbal expressions of distress directed towards others - threatening others, screaming at others, cursing at others, crying • Does the resident appear to exhibit any other expressions of distress not directed toward others - physical such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, sounds that are distressing to other residents, constant vocalizations • Wandering, ambulating in and out of resident's rooms, rummaging in other resident's belongings • Appear angry, frustrated, combative, confrontational • How do staff interact with resident(s) during these occurrences? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Restraints	<ul style="list-style-type: none"> • Is there anything that restricts a resident's movement or access to his/her body? • If so, describe the device or practice that restricts the resident's movement (e.g., trunk restraint, limb restraint, bed rails, chair that prevents rising, mitts, or personal alarms). 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

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	<ul style="list-style-type: none"> • Are restraints applied correctly? 	
Accident Hazards	<ul style="list-style-type: none"> • Are any of the following observed? <ul style="list-style-type: none"> ○ Are bed rails (full, half, quarter, or grab bars) in use? If so, are they properly installed (e.g., are the bed rails loose or broken) and do they fit the bed properly so the resident can't get caught between the bed rails and mattress? ○ Is the mattress of proper size and fit for the bed to prevent the resident from becoming entrapped? ○ Is the resident's restraint/device properly applied? If not, does the restraint/device have the risk or likelihood of causing serious injury, harm or death? ○ Are electric cords, extension cords, or outlets in disrepair/used in unsafe manner? ○ Is safety equipment in bedroom/bathroom inadequate (grab bars, slip surface)? ○ Are there accessible chemicals/other hazards in bedroom/bathroom? ○ Is there unsafe hot water in the room? ○ Is there exposure to unsafe heating unit surfaces? ○ Is ambulation, transfer, or therapy equipment in unsafe condition? ○ Are locks disabled, fire doors propped open, irregular walking surfaces, handrails in good repair, inadequate lighting? ○ Are residents adequately supervised? ○ On a secured unit, is there sufficient staff to supervise the residents? • Are there any other environmental hazards or risks observed? <p>Note: Each surveyor should check water temperature with their hand held under the hot water in two resident rooms (on opposite sides of the hall) per unit. Use a thermometer if there is concern that water is too hot and could potentially scald or harm residents. Target resident rooms closest to the hot water tanks/kitchen areas and resident rooms belonging to residents with dementia who may use sinks/bathtubs/showers independently.</p>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

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Unsafe Wandering/ Elopement	<ul style="list-style-type: none"> • Is the resident exit seeking? • Is the resident wandering into other residents' rooms? • Does a resident attempt to follow visitors or other residents to other parts of the facility? • Is the resident redirected by staff? • Are staff supervising residents who wander? • Does the resident appear anxious, frustrated, bored, or hungry which is displayed as wandering or lack of supervision by staff? • If you observe the resident attempting to leave the building, is the wandering alarm system functioning correctly? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Call <i>device</i> in reach, call system functioning	<ul style="list-style-type: none"> • Is the call <i>device</i> within reach if the resident is capable of using it <i>while in bed or using other sleeping accommodations in the room</i>? • Is the call system functioning in the resident's room, toilet, and bathing areas? • <i>Are the resident emergency call devices accessible to the resident at each toilet, bath or shower, and can the resident reach it if they are lying on the floor, in those specific areas?</i> 	<p>No Issues/NA</p> <p>Further Investigation</p>
Environment	<ul style="list-style-type: none"> • Are any of the following observed in the resident's rooms? <ul style="list-style-type: none"> ○ Walls, floors, ceilings, drapes, or furniture are not clean or are in disrepair ○ Bed linens and fixtures visibly soiled ○ Resident care equipment (e.g., mechanical lift, commode, hemodialysis or peritoneal equipment) is unclean, in disrepair, or stored in an improper or unsanitary manner ○ Hot water is too cold ○ Room not homelike ○ Lighting levels inadequate ○ Uncomfortable sound levels ○ Uncomfortable room temperatures (e.g., too cool or too warm) ○ Stains from water damage that could lead to mold • For residents on transmission-based precautions, is dedicated or disposable noncritical resident care equipment (e.g., blood pressure cuffs) used? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Dental	<ul style="list-style-type: none"> • Does the resident have broken, missing, lose or ill-fitting dentures? • Does the resident have broken or loose teeth, or inflamed or bleeding gums? 	<p>No Issues/NA</p> <p>Further Investigation</p>

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Nutrition	<ul style="list-style-type: none"> Is the resident assisted (with meal setup and eating), cued, and encouraged to eat as needed? Are assistive devices utilized and used correctly (e.g., plate guard, lipped plate or bowl, modified utensils, sippy cups, nose cups, cues, hand over hand)? If the resident refuses or isn't eating (e.g., pacing), what does staff do? Do they offer substitutes, encourage or assist the resident? Does the resident's physical appearance indicate the potential for an altered nutritional status (e.g., cachectic)? Are supplements provided at times that don't interfere with meal intake and consumed (e.g., supplement given right before or during the meal and the resident doesn't eat)? Are snacks given and consumed? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Edema	<ul style="list-style-type: none"> Are the resident's legs/feet or arms/hands swollen? Are the resident's legs/feet or arms/hands elevated or support stockings in place, if needed? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Hydration	<ul style="list-style-type: none"> Does the resident have dry, cracked lips, dry mouth, sunken eyes and signs of thirst? Is there a water pitcher by the bedside and is it accessible to the resident? Do staff offer the resident fluids throughout the day? Are fluids provided at meal times and is the resident encouraged to drink them? Is the meal tray accessible and cups and cartons opened and accessible to the resident? Does staff assist the resident during meals if needed? If the resident is resistant to assistance or refuses liquids how do staff respond? Is the resident receiving IV fluids? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Tube Feeding	<ul style="list-style-type: none"> Does the resident receive tube feedings (e.g., g-tube, peg tube, total parenteral nutrition (TPN), naso-gastric)? If tube feeding is infusing, is the head of the bed elevated at least 30-45 degrees? Is the feeding properly labeled (e.g., date, time initiated, nurses' initials)? Does the amount remaining seem reasonable? Is the site clean and free from signs and symptoms of infection (e.g., redness, drainage, odors)? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Vision and Hearing	<ul style="list-style-type: none"> Are the resident's hearing aids in and working, if needed? Are the resident's glasses on, clean, and not broken, if needed? 	<p>No Issues/NA</p> <p>Further Investigation</p>

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ADLs	<ul style="list-style-type: none"> • Are any of the following observed? <ul style="list-style-type: none"> ○ Hair disheveled, uncombed or greasy ○ Facial hair unkempt or present on a female resident ○ Face, clothing or hands unclean or with food debris ○ Fingernails untrimmed, jagged or dirty ○ Body or mouth odor ○ Teeth or dentures not brushed ○ Clothing visibly soiled or in disrepair ○ Dentures stored in an unsanitary manner, if visible • If the situation presents itself, are there other concerns with the assistance provided for other ADLs (e.g., dressing or transfers)? 	No Issues/NA Further Investigation
Catheter	<ul style="list-style-type: none"> • Does the resident have a urinary catheter in place? <ul style="list-style-type: none"> ○ Is the catheter tubing properly secured, unobstructed and free of kinks? ○ Is the catheter drainage bag maintained below the level of the bladder? ○ Is the catheter drainage bag off the floor at all times (i.e., do not place directly on the floor without protection from the floor surface)? ○ Are there signs and symptoms of infection (e.g., foul smelling urine, sediment, blood or mucus)? • If the situation presents itself, is the catheter drainage bag emptied using a separate, clean collection container for each resident, and does the drainage spigot touches the collection container? 	No Issues/NA Further Investigation MDS Discrepancy
Psych Med Side Effects	<ul style="list-style-type: none"> • Are any of the following observed? <ul style="list-style-type: none"> ○ Tongue thrusting or rolling? ○ Lip puckering or lip smacking ○ Rapid eye blinking/eyebrow raising ○ Pill rolling ○ Tremors 	No Issues/NA Further Investigation MDS Discrepancy
Psych/Opioid Med Side Effects	<ul style="list-style-type: none"> • Are any of the following observed? <ul style="list-style-type: none"> ○ Excessive sedation (e.g. difficult to rouse, always sleeping) ○ Dizziness 	No Issues/NA Further Investigation MDS Discrepancy
AC Med Side Effects	<ul style="list-style-type: none"> • Are any of the following observed? <ul style="list-style-type: none"> ○ Bruising ○ Bleeding 	No Issues/NA Further Investigation

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		MDS Discrepancy
Respiratory Infection	<ul style="list-style-type: none"> Does the resident have signs or symptoms of a respiratory infection (e.g., wheezing, altered breathing such as rapid breathing, coughing with yellow phlegm)? 	No Issues/NA Further Investigation MDS Discrepancy
Urinary Tract Infection (UTI)	<ul style="list-style-type: none"> Does the resident have signs or symptoms of an infection (e.g., confusion, delirium)? 	No Issues/NA Further Investigation MDS Discrepancy
Infections (other than UTI, Pressure Ulcer, or Respiratory)	<ul style="list-style-type: none"> Does the resident have signs or symptoms of an infection (e.g., rigors with confusion or delirium, matted eyes, redness and swelling of skin)? If visible, does the resident's medical device insertion site have redness, swelling or drainage? If drainage present (document color/amount/type/odor). 	No Issues/NA Further Investigation MDS Discrepancy
Transmission-Based Precautions	<ul style="list-style-type: none"> Are personal protective equipment/PPE (e.g., gloves, gowns, masks) readily accessible in resident areas (e.g., nursing units, therapy rooms)? If a resident is on transmission-based precautions, are appropriate PPE supplies outside of the resident's room and signage indicating the resident is on transmission-based precautions clear and visible prior to entering the room (signage must also comply with confidentiality and privacy)? 	No Issue Further Investigation NA
Oxygen	<ul style="list-style-type: none"> Is the resident receiving O₂? Is the mask/tubing properly placed? Is there a date on the tubing and humidification? Observe the liters/minute? Are there signs that the resident has discomfort? Is he/she in respiratory distress (mouth breathing, short of breath, gasping)? 	No Issues/NA Further Investigation

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Positioning	<p>If a resident is unable to position him or herself, are any of the following observed?</p> <ul style="list-style-type: none"> ○ Lack of arm/shoulder support ○ Head lolling to one side, awkward angle ○ Hyperflexion of the neck ○ Leaning to the side without support to maintain an upright position ○ Lack of needed torso or head support ○ Uncomfortable Geri-chair positioning, sliding down in the chair ○ Wheelchair too big or too small (seat too long/short, seat too high/low) ○ Dangling legs and feet that do not comfortably reach the floor and/or without needed foot pedals in place ○ Sagging mattress while lying in bed ○ Bed sheets tucked tightly over toes holding feet in plantar flexion ○ Legs and/or feet hanging off the end of a too short mattress 	<p>No Issues/NA</p> <p>Further Investigation</p>
Falls	<ul style="list-style-type: none"> ● Did you observe any concerns with the resident falling or almost falling? If so, what did staff do? ● Does the resident have any fall prevention devices in use and functioning correctly? ● Does the resident have on inappropriate foot covering – shoes/socks without non-skid soles? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Pain	<ul style="list-style-type: none"> ● Does the resident have a pained facial expression – clenched jaw, troubled/distorted face, or crying? ● Is the resident muttering, moaning, or groaning? ● Is the resident’s breathing strenuous, labored, negative noise on inhalation/expiration? ● Is the resident in a strained and inflexible position, rocking, restless movement, guarding, forceful touching or rubbing body parts? ● Does the resident have an altered gait, strained/inflexible position, forceful touching/rubbing body parts? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Pressure Ulcers	<p>For residents at risk (e.g., vulnerable residents) or who have a pressure ulcer, are any of the following observed?</p> <ul style="list-style-type: none"> ● If visible, is the wound covered with a dressing, and is drainage present on the dressing (document color/amount/type/odor)? ● Is the resident positioned off the pressure ulcer? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

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	<ul style="list-style-type: none"> • Are pressure relieving devices observed (e.g., heel protectors, w/c cushion, padding between bony prominences)? • If so, are they used correctly? • Is the resident in the same position for long periods of time when in the w/c or bed (resident is not repositioned in chair at least every hour and in bed at least every two hours)? • <i>If visible, does the resident's pressure ulcer dressing have drainage (document color/amount/type/odor)?</i> • <i>If visible, is there redness or swelling?</i> • <i>Does the resident show signs of pain or discomfort?</i> 	
Skin conditions (non-pressure related)	<ul style="list-style-type: none"> • Are any of the following observed? <ul style="list-style-type: none"> ○ Abrasions ○ Lacerations ○ Bruises ○ Skin tears ○ Burns ○ Rash/hives ○ Dry skin 	No Issues/NA Further Investigation
Limited ROM	<ul style="list-style-type: none"> • Does the resident have a limitation in ROM or a contracture? • Is a splint device in place and correctly applied? <p>Note: ROM limitation = Limited extent of movement of a joint. Contracture = Condition of fixed high resistance to passive stretch of a muscle.</p>	No Issues/NA Further Investigation MDS Discrepancy
Hospice	<p>For a resident who is receiving hospice services:</p> <ul style="list-style-type: none"> • Does the resident appear comfortable or show any signs of agitation or distress? • Does the resident show signs of respiratory distress? • Is there room for family to visit in private? 	No Issues Further Investigation NA MDS Discrepancy
Vent/Trach	<p><u>For a resident on a ventilator:</u></p> <ul style="list-style-type: none"> • Are there signs of anxiety, distress or labored breathing? • Is the head of bed elevated 30-45 degrees? • Is suction equipment immediately accessible? • If the alarm sounds, does staff respond timely? <p><u>For a resident with a trach:</u></p> <ul style="list-style-type: none"> • Is the tracheostomy site clean? 	No Issues Further Investigation NA MDS Discrepancy

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	<ul style="list-style-type: none"> Is there emergency tracheostomy equipment, ambu bag, and functional suction equipment readily assessable in the room? 	
B&B incontinence	<ul style="list-style-type: none"> Does the resident have a urine or BM odor? Is the resident wet? Does the resident have soiled clothes or linens with urine or BM? Is the resident provided incontinence care timely? Are staff implementing maintenance programs (e.g., prompted or scheduled voiding) appropriately, if known? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Smoking	<p>For residents who smoke/<i>vape which includes tobacco cigarettes, electronic cigarettes/vapor pen:</i></p> <ul style="list-style-type: none"> Is the resident smoking/<i>vaping</i> in an appropriate place? Is the resident smoking/<i>vaping</i> safely? Are safety precautions used (e.g., no oxygen, smoking apron, supervision if unsafe, or access to safe or appropriate ashtrays)? Are smoking/<i>vaping</i> materials safely stored? Are there burn marks on the resident's clothing, furnishings or wheelchair? 	<p>No Issues</p> <p>Further Investigation</p> <p>NA</p>
Other Concerns	<ul style="list-style-type: none"> Are there any other concerns observed for this resident? 	<p>No Issues/NA</p> <p>Further Investigation</p>