**Restorative Nursing**

**Competency**

Suggested Implementation Checklist

**Suggested Implementation Checklist: Restorative Nursing Competencies**

| **Regulation** | **Recommended Action** |
| --- | --- |
| **F726: 483.35: Nursing Services**  “The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population in accordance with the facility assessment required at §483.70(e).  §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents’ needs, as identified through resident assessments, and described in the plan of care.  §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident’s needs.  §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents’ needs, as identified through resident assessments, and described in the plan of care.”[[1]](#footnote-1)  Competency in skills and techniques necessary to care for residents’ needs includes basic restorative services. | Review, revise and institute a Restorative Nursing Policy and Procedure in accordance with the new RoP and the MDS 3.0 RAI Manual.  Update all definitions and new terms in policies, procedures and education:  Develop a training plan for the Interdisciplinary Team  Provide staff training on the revised Restorative Nursing Policy and Procedure. Update training for orientation, annual, agency staff, as needed.  Conduct updated training for Management Personnel on supervising and monitoring Restorative Nursing per the new RoP requirements as indicated.  Provide restorative nursing training for paid feeding assistants related to roles and responsibilities |
| **F636 Comprehensive Assessments and Timing**  Resident Assessment Instrument.  “A facility must make a comprehensive assessment of a resident’s needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS.”[[2]](#footnote-2) | Review the Assessment and re-evaluation  Ensure training and competency with completion of the MDS 3.0 RAI process |
| **F656 Comprehensive Care Plans**  “§483.21(b) Comprehensive Care Plans  §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.”[[3]](#footnote-3) | Ensure training and competency:   * Review comprehensive assessment * Care Plan Development * Care Plan Evaluation and Revisions * Skills and Techniques for Restorative Nursing |
| **F658: Services Provided Meet Professional Standards**  Comprehensive Care Plans  “The services provided or arranged by the facility, as outlined by the comprehensive care plan, must—  (i) Meet professional standards of quality.”[[4]](#footnote-4) | Ensure training and competency:   * Review comprehensive assessment * Care Plan Development * Care Plan Evaluation and Revisions * Skills and Techniques for Restorative Nursing |
| **F676: Activities of Daily Living – Maintain Abilities**  “§483.24 (a) Based on the comprehensive assessment of a resident and consistent with the resident’s needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:  §483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section …    §483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living:  §483.24(b)(1) Hygiene –bathing, dressing, grooming, and oral care,  §483.24(b)(2) Mobility—transfer and ambulation, including walking,  §483.24(b)(3) Elimination-toileting,  §483.24(b)(4) Dining-eating, including meals and snacks,  §483.24(b)(5) Communication, including   1. Speech, 2. Language, 3. Other functional communication systems.”[[5]](#footnote-5) | Education and Skills checklists:   * ADL Care * Hygiene * Mobility * Toileting * Eating * Communication |
| **F677: ADL Care Provided for Dependent Residents**  “§483.24(a)(2) 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”[[6]](#footnote-6) | CNA training and return demonstration/skills checklists for ADL care for dependent residents |
| **F684: Quality of Care**  “§ 483.25 Quality of care. Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents’ choices”[[7]](#footnote-7) | Review of facility policies, procedures and training materials to ensure best practice approach and current standards of practice are included |
| **F688: Increase/Prevent Decrease in Range of Motion/Mobility**  “§483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident’s clinical condition demonstrates that a reduction in range of motion is unavoidable; and  §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.  §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable.”[[8]](#footnote-8) | CNA training and return demonstration:   1. Passive Range of Motion (PROM) 2. Active Range of Motion (AROM) 3. Active Assisted Range of Motion (AAROM) 4. Splint and Brace Assistance |
| **F690 Incontinence**  “§483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that a resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.  §483.25(e)(2) For a resident with urinary incontinence, based on the resident’s comprehensive assessment, the facility must ensure that—   1. A resident who enters the facility without an indwelling catheter is not catheterized unless the resident’s clinical condition demonstrates that catheterization was necessary; 2. A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident’s clinical condition demonstrates that catheterization is necessary; and 3. A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.     §483.25(e)(3) For a resident with fecal incontinence, based on the resident’s comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.”[[9]](#footnote-9) | Education and Competency Evaluation for:   * 3-day diary/evaluation of pattern * Bowel and Bladder assessment/evaluation * Individualized Program determination * Care Plan * Implementation |
| **F811 Paid Feeding Assistants**  “§483.60(h) Paid feeding assistants- §483.60(h)(1) State approved training course. A facility may use a paid feeding assistant, as defined in § 488.301 of this chapter, if— (i) The feeding assistant has successfully completed a State-approved training course that meets the requirements of §483.160 before feeding residents; and (ii) The use of feeding assistants is consistent with State law.    §483.60(h)(2) Supervision. (i) A feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN). (ii) In an emergency, a feeding assistant must call a supervisory nurse for help.    §483.60(h)(3) Resident selection criteria. (i) A facility must ensure that a feeding assistant provides dining assistance only for residents who have no complicated feeding problems. (ii) Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings. (iii) The facility must base resident selection on the interdisciplinary team’s assessment and the resident’s latest assessment and plan of care. Appropriateness for this program should be reflected in the comprehensive care plan.”[[10]](#footnote-10) | Ensure documentation and maintenance of records that all paid feeding assistants have completed State-approved training that includes:  (1) Feeding techniques;  (2) Assistance with feeding and hydration;  (3) Communication and interpersonal skills;  (4) Appropriate responses to resident behavior;  (5) Safety and emergency procedures, including the Heimlich maneuver;  (6) Infection control;  (7) Resident rights; and  (8) Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse  Assign paid feeding assistants to residents without complicated eating or swallowing problems.  Ensure paid feeding assistants are working under the supervision of an RN or LPN. Supervision and evaluation include monitoring for:  • Their use of appropriate feeding techniques;  • Whether they are assisting assigned residents according to their care planned eating and drinking needs;  • Whether they are providing assistance in recognition of the rights and dignity of the resident; and  • Whether they are adhering to safety and infection control practices. |
| **F 725 Nursing Services – Sufficient Staff**  “§483.35 Nursing Services  The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population in accordance with the facility assessment required at §483.70(e).  §483.35(a) Sufficient Staff.  §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:  (i) Except when waived under paragraph (e) of this section, licensed nurses; and  (ii) Other nursing personnel, including but not limited to nurse aides.”[[11]](#footnote-11) | Review facility assessment for restorative needs based upon resident population  Review nursing staffing related to restorative needs – based upon resident population  Review restorative nursing documentation for trends related to staffing, restorative program requirements and resident outcomes  Incorporate findings via QAPI process |

**References and Resources**

* Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>
* Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual, Version 1.16. October 2018: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>
* Nursing Skills Reference Manuals
* Manufacturer’s Recommendations on equipment, adaptive equipment, supplies, etc.

1. 1,2,3 Centers for Medicare and Medicaid Services (CMS) State Operations Manual, Appendix PP. Guidance to Surveyors for Long Term Care Facilities: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)
4. Centers for Medicare and Medicaid Services (CMS) State Operations Manual, Appendix PP. Guidance to Surveyors for Long Term Care Facilities: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-4)
5. 5,6,7 Centers for Medicare and Medicaid Services (CMS) State Operations Manual, Appendix PP. Guidance to Surveyors for Long Term Care Facilities: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-5)
6. [↑](#footnote-ref-6)
7. [↑](#footnote-ref-7)
8. Centers for Medicare and Medicaid Services (CMS) State Operations Manual, Appendix PP. Guidance to Surveyors for Long Term Care Facilities: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-8)
9. Centers for Medicare and Medicaid Services (CMS) State Operations Manual, Appendix PP. Guidance to Surveyors for Long Term Care Facilities: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-9)
10. Centers for Medicare and Medicaid Services (CMS) State Operations Manual, Appendix PP. Guidance to Surveyors for Long Term Care Facilities: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-10)
11. Centers for Medicare and Medicaid Services (CMS) State Operations Manual, Appendix PP. Guidance to Surveyors for Long Term Care Facilities: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-11)