

Case-Based Activity Six
Long-Term Care Learning Activity

Item	Description
Objective:	Given a scenario, the surveyor will identify areas of concern, potential citations, related regulatory requirements, and write the deficient practice statement.
Prior to Class:	Print copies of the scenario. Have the long-term care regulations available. Have flip charts and markers available. Provide copies of the Scope and Severity grid to each new surveyor.
Total Time for Activity:	60 minutes (The time given is approximate.)
Set-Up:	Set class up for small groups as needed.*

Step:	Preceptor Instructions:	Activity Time:
1.	Divide the class into small groups.*	5 min.
2.	Each group should select someone to take notes on the flip charts and be prepared to report to class. Groups must answer the questions provided.	5 min.
3.	Give the teams time to read and discuss the scenario.	25 min.
4.	As the groups are completing this task, walk around the room and listen to the conversations. Provide direction where appropriate. Warn the class when the time available is down to the last five minutes.	
5.	Debrief the scenario by discussing key points.	25 min.

*For individual assignment, provide direction and support where appropriate during the completion of the scenario. Once completed, review answers against the answer sheet, and discuss the key points together from the scenario.

Date:
Surveyor Name:

Case-Based Activity Six
Long-Term Care Learning Activity

Directions: Read the three scenario components (*Observations, Document Review* and *Interview*), and answer the questions at the end using the resources provided by your preceptor. When completed, turn in your answer sheet to your preceptor to discuss and review.

Resident Six—Anna

Observations

Anna Wiggins (R6) was resting in bed with the lights on, eyes open, and the curtains to her window open on 01/09/2012 at 9:00 AM. A television and a radio were noted in R6's room, but they were not on. At 11:00 AM, R6 was out of her room sitting by the bird aviary.

On 01/10/2012 at 12:00 PM, Anna was again lying in her bed, awake, and the television and radio were not on. At 1:15 PM, Anna was up in her wheelchair out of her room. At 4:30 PM, she was assisted from wheelchair into her bed. At 5:00 PM, the activity aide conducted an exercise program in the lobby that included seven residents. Anna was not in attendance; she was still in her room lying in her bed on her right side. At 6:03 PM, the same activity aide read a story to another resident in the dining room; however, Anna was not observed to receive any type of activity program during that time. At 6:30 PM, Anna was still in bed. The lights were on, the curtain was open, and the radio and television were off. At 7:45 PM, Anna remained in her bed with the lights on, the curtains open, and the television and radio off.

On 01/11/2011 at 8:00 AM, Anna was again observed in bed with her eyes open, and the television and radio off.

Anna, on 01/12/2012 at 8:00 AM and again at 8:19 AM, was again lying in bed with her eyes open, curtain open, lights on, and television on.

Document Review

Anna's diagnoses:

- Status post traumatic brain injury
- Gastrostomy tube
- Tracheostomy tube
- Hypertension
- Congestive heart failure
- Dementia
- Diabetes
- Stroke

Date:

Surveyor Name:

Case-Based Activity Six
Long-Term Care Learning Activity

Anna's annual Minimum Data Set (MDS), dated 12/6/11, indicated that Anna had cognitive impairments and required extensive assistance with all activities of daily living. The MDS also identified that she enjoyed activities such as listening to music, spending time outdoors during the summer, and tending to her vegetable and flower gardens.

Anna's care area assessments summary sheet identified that Anna required a comprehensive assessment related to activities. There was no activity care area assessment summary sheet in Anna's record, nor was there a comprehensive activity assessment. Activity progress notes indicated that Anna received activities four to five days a week, such as watching the birds and one-to-one (1:1) activities.

Anna's care plan, which was undated, directed the staff to provide 1:1 activities first: wheel her out of her room—indoors or outdoors; read to the resident about sporting topics, i.e., LA Raiders football team; and provide music and spiritual services 1–2 times per week. The care plan also identified that Anna would come out of her room twice a day as her schedule would allow. The care plan listed the following topics of interest: news, playing the radio, CD player (rock-and-roll and classical music), sitting by the bird aviary, and animal visits weekly.

The activity attendance calendar for Anna was reviewed and identified that Anna attended activities almost 20 times per month.

Interviews

The Director of Nursing (DON) was interviewed on 01/11/2012 at 1:47 PM regarding Anna's daily routine. The DON stated that Anna was assisted out of bed twice a day and while she was out of bed, the activity staff would provide Anna with activities. The DON added that while the resident was in her room, the radio or the television should be on to give Anna some stimulation. The DON stated that Anna's family has been very specific in her music likes and dislikes. Anna's family has informed staff that Anna likes oldies and rock and roll on the radio, and if there is a professional football game on the television, she would always watch that.

During an interview with the activity aide on 01/11/2012 at 3:05 PM, the activity aide stated that activity staff provides Anna with activities daily when she is out of her room. The activity aide also stated that Anna had a television and radio in her room, which should be turned on by the nursing staff. The activity aide stated that Anna did spend a lot of time in her room, usually two hours out of her room in the morning, and two hours out of her room in the afternoon. Furthermore, the activity aide stated that it was not uncommon to see Anna spend up to 20 hours in a day in her room and that there should be some type of activity program for Anna to participate in when she is in her room.

Date:

Surveyor Name:

Case-Based Activity Six
Long-Term Care Learning Activity

When interviewed on 01/11/2012 at 3:10 PM, the Licensed Practical Nurse-A (LPN-A) stated that Anna was to have the television or the radio on to a specific channel that was identified by her family when Anna was in her room. LPN-A stated that there are some types of music and television shows that tend to agitate Anna. However it was the family's request that specific shows should be on that do not irritate or stimulate her in a negative way, such as getting agitated. LPN-A went on to state that she would at times turn on the television or radio for Anna during normal waking hours.

The Activity Director (AD) was interviewed on 01/12/2012 at 8:50 AM. She stated that while Anna was out of bed, she received structured program activities. However, while in her room, Anna's family had requested that the lights remain on, the curtains open, and either the television or the radio on.

Date:

Surveyor Name:

Case-Based Activity Six
Long-Term Care Learning Activity

Survey Scenario Questions:

1. What areas of concern do you have? (Document on the flip chart provided.)

2. If you noticed any areas, would you stop the nurse and point these out? (Document on the flip chart provided.)

3. How would you continue to investigate your concerns? (Document on the flip chart provided.)

4. Do you think there will be deficiencies cited? Defend your answer. (Document on the flip chart provided.)

5. Based on the information given, what do you think the possible severity would be for this case?

6. Write a deficient practice statement for this situation.

Case-Based Activity Six
Long-Term Care Learning Activity

Preceptor Answer Sheet

Directions: Preceptors: document your answers in the spaces below prior to completing this activity. Use this information during your debrief.

1. What areas of concern do you have? (Document on the flip chart provided.)
 - No care area activity assessment
 - Care plan is not dated—when was it done? Has it ever been updated?
 - Numerous observations revealed Care plan interventions were not implemented
 - Failure to include resident in activities that would have been appropriate
2. If you noticed any areas, would you stop the nurse and point these out? (Document on the flip chart provided.)
 - No, there were no observations which required immediate surveyor intervention
3. How would you continue to investigate your concerns? (Document on the flip chart provided.)
 - Interview family if possible. Do they have concerns regarding activities? What have been their observations? Are they included in care planning?
 - Interview direct care staff. Are they aware of the care plan interventions? Do they know what radio and TV stations should be on? How does Anna get to activities? How often does she attend?
 - Interview the MDS nurse. Who is responsible for completing Care Area assessments? What criteria does he/she use to sign off the MDS as completed? How does he or she ensure the assessments are actually done? When are care planning meetings held? When was Anna's care plan done and updated? Are dates available since one was not found on the care plan itself?
4. Do you think there will be deficiencies cited? Defend your answer. (Document on the flip chart provided.)

Yes, based on the information given the new surveyor should consider the following tags for deficient practice:

- F248 Activities—due to failure to complete assessment, follow care plan interventions, and include resident in appropriate activities
- F272 Comprehensive Assessment, as care area assessment summary was not completed

Case-Based Activity Six
Long-Term Care Learning Activity

- F279 Comprehensive Care Plan—unknown when it was done or what assessment was used to determine interventions
 - F280 Comprehensive Care plan update—resident has been in facility long term-unknown if updates have been done
5. Based on the information given, what do you think the possible severity would be for this case?
- Based on the information this would be a level 2 deficiency.
6. Optional: Write a deficient practice statement for this situation. If there are multiple tags, refer to your preceptor for guidance regarding which deficient practice statement to complete.

To the Preceptor: You may use this learning activity to help the new surveyor become more proficient with Principles of Documentation. To do this, be sure to give the new surveyor the information needed to complete a deficient practice statement.