Communication and Sensory Problems (Includes Hearing and Vision) Critical Element Pathway

Use this pathway for a resident having communication difficulty and/or sensory problems (vision and/or hearing).

Review the Following in Advance to Guide Observations and Interviews*:*

- ☐ Review the most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for Sections B – Hearing, Speech, Vision, C – Cognitive Patterns, G – Functional Status, and O – Spec Treatment/Proc/Prog - SLP (O0400A) and restorative nursing (O0500).
- ☐ Physician's orders (e.g., communication, hearing or visual aids, pertinent medications, speech therapy, or restorative).
- ☐ Pertinent diagnoses.
- ☐ Care plan (e.g., supportive and assistive devices/equipment to meet visual, hearing, or communication needs, environmental factors to promote vision or hearing).

Observations:

- ☐ How does the resident give cues indicating visual or hearing deficits?
- ☐ What supportive and assistive devices/equipment (telephone with low-high volume switch, hearing aids, magnifying glasses, hand signals, use of pictures, large print books, books on tape, communication boards) are used? Are they used correctly, functioning properly, and in good repair?
- ☐ Are activities and interactions provided in a manner that is responsive to individual hearing, vision, or communication concerns? If not, describe.
- ☐ How is the environment responsive to individual hearing, vision, or communication concerns (e.g., adequate lighting, reduction of glare, removal of clutter, reduction of background noise)?

Resident, Resident Representative, or Family Interview:

- ☐ What is your current communication and/or sensory status?
- ☐ Do you need or have you requested (but don't have) visual or hearing devices? If so, has the facility assisted the resident with making appointments or arranging transportation to/from appointments?
- ☐ How does the facility involve you in the development of the care plan and goals?
- ☐ How does the facility ensure interventions reflect your choices and preferences and staff provide care according to the care plan?
- ☐ If you have refused devices/techniques, what alternatives or other interventions has the facility discussed with you? What did staff talk to you about the risks of refusing?

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Staff Interviews (Nursing Aides, Nurse, DON, Social Services):

- ☐ What specific communication methods and interventions, such as use of communication devices (e.g., sign language, gestures, communication board), any visual devices (e.g., glasses, magnifying lens, contact lenses) or hearing aids, and speech therapy schedules does the resident use?
- ☐ What, when, and to whom do you report changes in communication and/or sensory functioning, including broken assistive devices in need of repair?
- ☐ How do you monitor for the implementation of the care plan?
- ☐ How do you review and evaluate for changes in the resident's communication and sensory functioning?
- ☐ How are appointments and transportation arranged for visual and auditory exams?
- ☐ If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current plan of care.
- ☐ Ask about identified concerns.

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Record Review:

- ☐ Review therapy notes, consultations, and other progress notes that may have information regarding the assessment of visual, hearing, and/or communication needs.
- ☐ What was the resident's responsiveness to speech, hearing, or visual services?
- ☐ Did the facility accurately and comprehensively reflect the status of the resident?
- ☐ What causal, contributing, and risk factors for decline or lack of improvement related to limitations in visual or auditory functioning or communication does the resident have?
- ☐ What factors does the resident have that may affect communication (e.g., medical conditions, such as CVA, Parkinson's disease, cerebral palsy or other developmental disabilities, COPD, psychiatric disorders, dysarthria, dysphagia, dysphasia/aphasia, medications, decreased ability to understand how to use communication aids, and hearing/visual limitations).
- ☐ What factors does the resident have that may affect visual functioning (e.g., conditions such as glaucoma, diabetes, macular degeneration, cataracts, eye infections, blurred vision; refusal to wear glasses, difficulty adjusting to change in light, poor discrimination of color, sensitivity to sunlight and glare, impaired peripheral and depth perception, impaired edge-contrast sensitivity; and environmental factors such as insufficient lighting).
- ☐ What factors does the resident have that may affect hearing (e.g., background noise, cerumen impaction, infections [colds/congestion], ototoxic medications [ASA, antibiotics], perforation of an eardrum, retrocochlear lesions, tinnitus, poorly fitting or functioning hearing aid, and foreign bodies in the ear canal).
- ☐ How did the facility respond to needed assistive devices to promote hearing, vision, or communication?
- ☐ Is the care plan comprehensive? Is it consistent with the resident's specific conditions, strengths, risks, and needs? Does it include measurable objectives and timetables? How did the resident respond to care-planned interventions? If interventions weren't effective, was the care plan revised?
- ☐ Was there a "significant change" in the resident's condition (i.e., will not resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; impacts more than one area of health; requires IDT review or revision of the care plan)? If so, was a significant change comprehensive assessment conducted within 14 days?
- ☐ What scheduled/planned auditory or visual examinations, or speech therapy is the resident receiving?
- ☐ Is the resident at risk for accidents related to visual/auditory impairments, or lack of understanding of safety instructions? If so, how has staff addressed this?
- ☐ If the resident refuses or is resistant to devices or services, what efforts have been made to find alternative means to address the needs identified in the assessment process?
- ☐ How does staff monitor the resident's response to interventions?
- ☐ If the resident experienced an unexpected decline or lack of improvement in hearing or vision, how did staff ensure that proper treatment was obtained in a timely fashion?
- ☐ How did the facility involve the resident or resident representative in the review and revision of the plan?

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Critical Element Decisions:

1) Did the facility provide proper care and treatment, including assistive devices, to prevent a decline, maintain, or improve the resident's communication abilities (speech, language, or other functional communication systems)?
   If No, cite F676
   NA, the resident does not have communication needs.

2) Did the facility ensure the resident receives proper treatment and assistive devices to maintain vision and/or hearing abilities?
   If No, cite F685
   NA, the resident does not have vision or hearing needs.

3) For newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident and resident representative receive a written summary of the baseline care plan that he/she was able to understand?
   If No, cite F655
   NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan.

4) If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental and psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident's function, mood, and cognition?
   If No, cite F636
   NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted and the comprehensive assessment was not yet required.

5) If there was a significant change in the resident's status, did the facility complete a significant change assessment within 14 days of determining the status change was significant?
   If No, cite F637
   NA, the initial comprehensive assessment had not yet been completed; therefore, a significant change in status assessment is not required OR the resident did not have a significant change in status.

6) Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's status, needs, strengths and areas of decline, accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?
   If No, cite F641

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7) Did the facility develop and implement a comprehensive person-centered care plan that includes measureable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs and includes the resident's goals, desired outcomes, and preferences?
   If No, cite F656
   NA, the comprehensive assessment was not completed.

8) Did the facility reassess the effectiveness of the interventions and review and revise the resident's care plan (with input from the resident or resident representative, to the extent possible), if necessary to meet the resident's needs?
   If No, cite F657
   NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised.

Other Tags, Care Areas (CA) and Tasks (Task) to Consider: Notice of Rights F552, Dignity (CA), Social Services F745, Accommodation of Needs and/or Sound and Lighting (Environment Task), Admission Orders F635, Professional Standards F658, Rehab or Restorative (CA), Resident Records F842, Physician Supervision F710.