

## Dementia Care Critical Element Pathway

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Use this pathway for a resident who displays or is diagnosed with dementia to determine if the facility provided appropriate treatment and services to meet the resident's highest practicable physical, mental, and psychosocial well-being.

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

- Most current comprehensive and most recent quarterly (if the comprehensive is not the most recent) MDS/CAAs for Sections C – Cognitive Patterns, D – Mood, E – Behavior and N – Medications.
- Physician orders.
- Care plan.

### Observations over Various Shifts:

- Are appropriate dementia care treatment and services being provided? If so, what evidence was observed?
- Are staff consistently implementing a person-centered care plan that reflects the resident's goals and maximizes the resident's dignity, autonomy, privacy, socialization, independence, and choice?
- Are staff using non-pharmacological interventions to attain or maintain the resident's well-being?
- How does the facility modify the environment to accommodate the resident's care needs?

- Are there sufficient staff to provide dementia care treatment and services? If not, describe the concern.
- Does staff possess the appropriate competencies and skill sets to ensure the resident's safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being? If not, describe.

Note: If sufficient/competent staffing concerns exist that fall within the scope of meeting a resident's behavioral health care needs, also determine compliance with F741.

### Resident, Family, and/or Resident Representative Interview:

- Can you tell me about your/the resident's current condition or diagnosis and the history of the condition?
- How did the facility involve you/the resident in the care plan and goal development process?

- How did the facility consider your/the resident's choices and preferences?

Note: If the resident lacks decisional capacity and also family/representative support, contact the facility social worker to determine what type of social services or referrals have been implemented.

## Dementia Care Critical Element Pathway

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### Staff Interviews (Interdisciplinary team (IDT) members) Across Various Shifts:

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| <input type="checkbox"/> How do you ensure care is provided that is consistent with the care plan?                           | <input type="checkbox"/> How do you monitor care plan implementation and changes in condition?                |
| <input type="checkbox"/> Can you tell me about the resident's care plan and his/her condition (including underlying causes)? | <input type="checkbox"/> How are changes in the care plan and the resident's condition communicated to staff? |
| <input type="checkbox"/> What are the facility's dementia care guidelines and protocols?                                     | <input type="checkbox"/> Ask about any other related concerns the surveyor has identified.                    |
| <input type="checkbox"/> What types of dementia management training have you completed?                                      |   |
| <input type="checkbox"/> How, what, when, and to whom do you report changes in condition?                                    |   |

### Record Review:

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| <input type="checkbox"/> Are the resident's dementia care needs adequately assessed?  | <input type="checkbox"/> Are pharmaceutical interventions used only if clinically indicated, at the lowest dose, shortest duration, and closely monitored? |
| <input type="checkbox"/> Is the care plan comprehensive? Does it address the resident's specific conditions, risks, needs, preferences, interventions, and include measurable objectives and timetables? Has the care plan been revised to reflect any changes? | <input type="checkbox"/> Was dementia management training provided to staff?   |

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### Critical Element Decisions:

- 1) A. Did the facility comprehensively assess the physical, mental, and psychosocial needs of the resident with dementia to identify the risks and/or to determine underlying causes:
    - Did staff identify and assess behavioral expressions or indications of distress with specific detail of the situation to identify the cause;
    - If the expressions or actions represent a sudden change or worsening from baseline, did staff immediately contact the attending physician/practitioner;
    - If medical causes are ruled out, did staff attempt to establish other root causes of the distress; and/or
    - Did facility staff evaluate:
      - The resident's usual and current cognitive patterns, mood, and behavior, and whether these present risk to resident or others; and/or
      - How the resident typically communicates an unmet need such as pain, discomfort, hunger, thirst, or frustration?
  - B. Did the facility develop a care plan with measurable goals and interventions to address the care and treatment for a resident with dementia:
    - Was the resident and/or family/representative involved in care plan development;
    - Does the care plan reflect an individualized, person-centered approach with measureable goals, timetables, and specific interventions;
    - Does the care plan include:
      - Monitoring of the effectiveness of any/all interventions; and/or
      - Adjustments to the interventions, based on their effectiveness, as well as any adverse consequences related to treatment?
  - C. In accordance with the resident's care plan, did qualified staff:
    - Identify, document, and communicate specific targeted behaviors and expressions of distress, as well as desired outcomes;
    - Implement individualized, person-centered interventions and document the results; and/or
    - Communicate and consistently implement the care plan over time and across various shifts?
  - D. Did the facility 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 care plan?  
If No to A, B, C, or D, cite F744
- 2) 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 services was not necessary to be included in a baseline care plan.

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- 3) 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 in Status Assessment OR the resident was recently admitted and the comprehensive assessment was not yet required.
- 4) 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.
- 5) 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
- 6) 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.
- 7) 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:** Behavioral-Emotional Status (CA), Participate in Planning Care F553, Notification of Changes F580, Chemical Restraints F605, Qualified Persons F659, QOL F550 or F675, QOC F684, Physician Services F710, Social Services F745, Unnecessary/Psychotropic Medications (CA), Sufficient and Competent Staffing (Task).