

**Resident Assessment Instrument Self Study
and Case Study for MDS Training**

R E V I S E D
MAY, 2006

QIPMO: University of Missouri Sinclair School of Nursing

**Resident Assessment Instrument Self Study
and Case Study for MDS Training**

and

**MDS Version 2.0 Item-by-Item
Self Study Guide and Quick Reference**

Acknowledgments

These tools were developed by members of the Statewide Committee to improve the reliability of MDS information for Missouri Nursing Homes.

The Committee was formed at the request of the Department of Health and Senior Services (formally the Division of Aging) by the University of Missouri Sinclair School of Nursing. A group of volunteer providers came together to develop a statewide educational strategy and teaching materials to improve the usefulness of the MDS and the quality of the information that can be derived from MDS data. *The Resident Assessment Instrument Self Study and Case Study for MDS Training* and the *MDS version 2.0 Item-by-Item Self Study Guide and Quick Reference* are now available for use in the state.

The Committee wants to acknowledge the leadership and hours of work of the following people who wrote and edited these materials:

*The Resident Assessment Instrument
Self Study and Case Study for MDS Training*

Lori Popejoy, MSN, RN
De Minner, BSN, RN, BC
Amy Vogelsmeier, MSN, RN, BC, GCNS

*MDS version 2.0 Item-by-Item Self
Study guide and Quick Reference*

Pam Shipman, BSN, RN
Lori Popejoy, MSN, RN
Sharon McGauly, BSBA, RN
De Minner, BSN, RN, BC
Amy Vogelsmeier, MSN, RN, BC, GCNS

The Committee wants to acknowledge the input and direction from other people who help develop these materials:

Marilyn Rantz, PhD, RN, FAAN
Melissa Hall, Department of Health and Senior Services, Jefferson City, Missouri
Betty Markway, MSN, RN, Department of Health and Senior Services, Jefferson City, Missouri

As Facilitator of the Committee, I want to thank all members for their hours in meeting and hours working on materials to help the Committee meet its mission. You are truly dedicated to improving the care and services to residents in Missouri nursing homes.

- Marilyn Rantz, PhD, RN, NHA, FAAN

STATEWIDE PLANNING COMMITTEE FOR IMPROVING
MDS ASSESSMENT AND USE
(CURRENT AS OF MAY 12, 2010)

Bryant McNally, J.D., MPH

Director, Licensure and Regulation
Missouri Hospital Association
PO Box 60
Jefferson City, MO 65102-0060
573-893-3700 x 1302 (work) 573-893-7665 (fax)
E-mail: bmcnally@mail.mhanet.com

James Holmes, RN, RRT, LNHA

906 Bannister Drive
Jefferson City, MO 65109
573-893-3500 (home)
E-mail: jamesholmesvb@yahoo.com

Pam Shipman, BSN, RN

Vice President of Operations
Delmar Gardens Enterprises
14805 N. Outer 40 Road, Ste. 300
Chesterfield, MO 63017-2026
636-733-7000 (work) 636-733-7010 (fax)
E-mail: pshipman@delmargardens.com

Lana Martin

Executive Director
Missouri League for Nursing
PO Box 104476
Jefferson City, MO 65110
573-635-5355 (work) 573-635-7908 (fax)
E-mail: lane@mlnmonursing.org

Marilyn Rantz, PhD, RN, FAAN

Professor
University of Missouri
S406 Sinclair School of Nursing
Columbia, MO 65211
573-882-0258 (work) 573-884-1353 (fax)
E-mail: [rantzm@missouri.edu](mailto:rantz@missouri.edu)

Tina Gerber, LPN

Missouri State Association for LPNs
364 South Knot
Memphis, MO 63555
660-465-2884 (home)
E-mail: gerberlpn@gmail.com

INVITED PARTICIPANTS

Jennifer Baker

Director of Education and Events
Missouri Health Care Association
236 Metro Drive
Jefferson City MO 65109
573-893-2060 (work)
E-mail: jennifer@mohealthcare.com

Pam Guyer

Primaris
916 Locksley Manor Drive
Lake St. Louis, MO 63367
573-356-7127 (cell)
E-mail: pguyer@primaris.org

Lori Bonnot

Missouri League for Nursing
PO Box 104476
Jefferson City, MO 65110
573-635-5355 (work) 573-635-7908 (fax)
E-mail: lori@mlnmonursing.org

Beth Morell

Vice President of Communications and Education
Missouri Hospital Association
PO Box 60
Jefferson City, MO 65102
E-mail: bmorell@mail.mhanet.com

Deborah Finley, MPA, LNHA

Primaris
200 N. Keene Street, Suite 101
Columbia, MO 65201-8102
800-735-6776 (work)
E-mail: dfinley@primaris.org

Pam Manion, MSN, RN

2169 McGregor Circle
O'Fallon, MO 63368
E-mail: manionjp@charter.net

Cindy Wrigley

Missouri Association of Nursing Home Administrators
4100 Country Club Drive
Jefferson City, MO 65101
E-mail: cindyw@mlnha.org

Susan Austin

Hospice Assessment Coordinator
Community Hospices of America
800 Hwy 63 North, Suite 100
Columbia, MO 65201
E-mail: susan@speechutilities.com

Alexis Roam, MSN, RN
Primaris
200 N. Keene Street, Suite 101
Columbia, MO 65201-8102
573-512-0816 (cell)
E-mail: aroam@primaris.org

Joan Devine, BSN, RN, MM, RAC-CT
Director of Performance Improvement
Lutheran Senior Services Corporate
314-446-2555 (work) 314-968-5590 (fax)
636-578-4164 (cell)
jdevine@lssliving.org

Denise Clemonds
CEO
Missouri Association of Homes for Aging
3412 Knipp Drive, Suite 102
Jefferson City, MO 65109
573-635-6244 (work) 573-635-6618 (fax)
E-mail: denise@moaha.org

De Minner, BSN, RN, BC
19002 Hwy 98
Boonville, MO 65233
660-882-7321 (home)
E-mail: minnerd@health.missouri.edu

UNIVERSITY OF MISSOURI

Myra Aud, PhD, RN
S422 Sinclair School of Nursing
Columbia, MO 65211
573-884-9539 (work)
E-mail: audm@missouri.edu

Jane Bostick, PhD, RN
S419 Sinclair School of Nursing
Columbia, MO 65211
573-882-0255 (work)
E-mail: bostickj@missouri.edu

Marcia Flesner, PhD, RN
S437 Sinclair School of Nursing
Columbia, MO 65211
573-884-5778 (work)
E-mail: flesnerm@health.missouri.edu

Colleen Galambos, PhD, ACSW, LCSW-C
730 Clark Hall, Department of Social Work
Columbia, MO 65211
573-882-3701 (work)
E-mail: galambosc@missouri.edu

Jessica Mueller, BA
S439 Sinclair School of Nursing
Columbia, MO 65211
573-882-0241 (work) 573-884-1353 (fax)
E-mail: muellerjes@missouri.edu

Lorraine Phillips, PhD, RN, FNP-BC
S414 Sinclair School of Nursing
Columbia, MO 65211
573-882-0218 (work)
E-mail: phillipslo@missouri.edu

Amy Vogelsmeier, PhD, RN, GCNS-BC
S314 Sinclair School of Nursing
Columbia, MO 65211
573-882-0658 (work)
E-mail: vogelsmeiera@missouri.edu

QIPMO NURSES

Clara Boland, PhD, RN
24864 St. Hwy 153
Holcomb, MO 63852
573-792-3223 (home)
E-mail: cboland@brick.net

Katy Nguyen, MSN, RN
7419 N. Atkins Ave.
Kansas City, MO 64152
816-659-5650 (home)
E-mail: nguyenkaty@yahoo.com

Katherine Aguilar, BS, MHA, RN, LNHA
2622 E 5th St
Joplin, MO 64801
417-659-9687 (home)
E-mail: kaguilarpsalm27_4@msn.com

Carol Siem, MSN, RN, BC, GNP
6733 Highway 94 South
Augusta, MO 63332
636-482-4894 (home)
E-mail: siemslakeview@worldnet.att.net

Sharon Thomas, BSN, RN
506 North Linn
Fayette, MO 65248
660-248-9918 (home)
E-mail: sharongthomas@sbcglobal.net

DEPARTMENT OF HEALTH AND SENIOR SERVICES

Matt Younger

Director, Long-Term Care Section
Missouri Department of Health and Senior Services
3418 Knipp Drive, Suite F
PO Box 570
Jefferson City, MO 65102
573-526-0706 (work)
E-mail: matt.younger@dhss.mo.gov

Denise Mueller

MDS Automation Coordinator
Missouri Department of Health and Senior Services
3418 Knipp Drive, Suite F
PO Box 570
Jefferson City, MO 65109-0570
573-522-8421 (work)
E-mail: denise.mueller@dhss.mo.gov

Terry Walkenhorst

Quality Assurance Manager
Missouri Department of Health and Senior Services
3418 Knipp Drive, Suite F
PO Box 570
Jefferson City, MO 65109-0570
573-526-8516 (work)
E-mail: terry.walkenhorst@dhss.mo.gov

Joan Brundick, BSN, RN

RAI Coordinator
Missouri Department of Health and Senior Services
3418 Knipp Drive, Suite F
PO Box 570
Jefferson City, MO 65109-0570
573-751-6308 (work)
E-mail: joan.brundick@dhss.mo.gov

OTHER LEADERS TO BE KEPT INFORMED OF COMMITTEE

Jon Dolan

Executive Director
MO Health Care Association
236 Metro Drive
Jefferson City, MO 65109
573-893-2060 (work)
E-mail: jon@mohealthcare.com

Margaret Donnelly

Director
Missouri Department of Health and Senior Services
3418 Knipp Drive, Suite F
PO Box 570
Jefferson City, MO 65102
573-526-0706 (work)
E-mail: margaret.donnelly@dhss.mo.gov

Resident Assessment Instrument Overview

The Resident Assessment Instrument (RAI) is designed to help care providers assess resident strengths, needs, and preferences using a holistic perspective and interdisciplinary input. Nursing facilities are the homes of residents. It is very important to identify what care goals are most important to the resident and/or family and to identify resident strengths that would support meeting those goals.

The RAI process parallels the problem solving processes used by many disciplines and involves; assessment using the Minimum Data Set (MDS) and Resident Assessment Protocols (RAPs); care planning using interdisciplinary input, care plan implementation, care plan evaluation, and care plan revision.

Problem Solving Process	Resident Assessment Instrument
Assessment	Assessment (MDS/others)
Planning	Decision Making (RAPs/others)
	Care Plan Development
Implementation	Care Plan Implementation
Evaluation (reassessment)	Evaluation (reassessment)
Revision of Care Plan	Revision of Care Plan

The MDS is a core set of screening and assessment variables designed to assist care providers to assess for resident specific information that will ultimately direct the provision of care to residents. The MDS is the first step in the two step assessment process. The second step in the assessment process is the RAPs. There are 18 RAPs covering key problem areas that present often for resident in long term care. The RAPs are a brief synopsis of current standards of care for these key areas. It would take a clinician many hours to reference in textbooks and current journal articles the information contained in the RAPs. Certain scoring of items on the MDS trigger resident evaluation using the RAPs. As the RAPs are worked, questions are asked that drive the teams thinking about other assessments or interventions that may be appropriate for the individual residents. Care plan interventions, designed from working RAPs, will achieve the overall goals of maintaining residents functioning at the highest practical level, improving functioning where possible and preventing decline where possible. The overall goal of the RAI process is to improve resident outcomes. Quality Indicators/Quality Measures derived from MDS data are an example of outcome measures.

Resident Assessment Protocols (RAPs)	
1. Delirium	10. Activities
2. Cognitive Loss/Dementia	11. Falls
3. Visual Function	12. Nutritional Status
4. Communication	13. Feeding Tubes
5. ADL Functional/Rehabilitation Potential	14. Dehydration/Fluid Maintenance
6. Urinary Incontinence and Indwelling Catheter	15. Dental Care
7. Psychosocial Well-Being	16. Pressure Ulcers
8. Mood State	17. Psychotropic Drug Use
9. Behavioral Symptoms	18. Physical Restraints

This is not a complete comprehensive list for all care issues that need to be potentially addressed by the care plan team. Examples of areas that are not covered with the RAP's are pain, constipation, etc.

Resident Assessment Instrument Overview

The end product of the RAI Process is the resident's individualized care plan. Care plans are very important tools to communicate the resident's care needs to the team. Without the care plan, resident care becomes fragmented and interventions may only be as consistent as the staff who works that day. The care plan is a living, breathing document that exists to be changed as the resident's care needs change. Not every change in the resident's condition will require a new RAI. However, changes in the resident's care needs will require that the care plan and chart documentation reflect what is currently happening with that individual resident. Care plan goals should be revised as they are achieved and interventions should accurately reflect the care needs of residents.

The Resident Assessment Process is designed to assist long term care facilities to comprehensively assess residents and to develop individualized plans of care. It is important for each nursing facility to assess their current care delivery system and to determine how to implement the RAI process in such a way that all staff share the responsibility. Registered nurses by virtue of their education and license must direct and take part in assessment and care planning for residents. Those activities cannot be delegated in their entirety to other licensed or non-professional staff.

Section I

Resident Assessment Protocols Self-Study Modules Introduction

The purpose of the study guide is to assist members of the interdisciplinary team to learn the content of the Resident Assessment Protocols (RAPs) before applying them to a particular resident. Once the content of the protocols has been learned planning care should become more directed and meaningful. The MDS is designed to be used as a preliminary scoring instrument to identify potential resident problems, strengths, and preferences for care. The second step in the assessment process is the RAPs. RAPs are problem-oriented frameworks that provide additional in-dept assessment of the resident condition. Information obtained from this second step should be used to describe resident problems or needs and to aide facility staff in the development of goals and interventions in the plan of care.

Use the Centers for Medicare and Medicaid Services, Appendix C, the Centers for Medicare and Medicaid Services, Long Term Care Resident Assessment Instrument User's Manual, Version 2.0, December 2002 with all subsequent updates since that time or other replicated version to answer the questions. Read each RAP found in Appendix C and then attempt to answer the self study questions. The self-study modules are detailed and you will need to use the manual as a reference to answer the questions. It is appropriate to work together to find the answers. Each person should review each RAP.

Resident Assessment Protocols Self-Study Module

RAP 2/Cognitive Loss/Dementia

Reference Appendix C 11-16

1. The resident with cognitive loss/dementia requires a supportive environment. It is important for staff to understand the resident's experience as it relates to cognitive loss. What are the three (3) main goals of care planning for the resident with cognitive loss/dementia as identified in the RAP?
 1. _____
 2. _____
 3. _____

2. If a cognitively impaired resident is experiencing "failure to thrive" and is no longer eating, what information should be reviewed?

3. What two (2) perceptual difficulties identified in the RAPs may indicate vision problems in the cognitively impaired individual, when they are unable to tell the staff of visual problems?
 1. _____
 2. _____

4. Functional changes may be a first sign of further decline in cognitive abilities. The RAP directs you to consider other questions regarding functional changes. What are these questions?
 1. _____
 2. _____
 3. _____

Resident Assessment Protocols Self-Study Module

RAP 3/Visual Function

Reference Appendix C 17-21

1. The visual function RAP is concerned with identifying two (2) types of residents.
Who are these two (2) types of residents?
 1. _____
 2. _____

2. Visual disorientation may improve with the treatment of sad or anxious mood?
 1. True
 2. False

3. What environment modifications may improve a residents ability to see better?

Resident Assessment Protocols Self-Study Module

RAP 6/Urinary Incontinence/Indwelling Catheter

Reference Appendix 30-39

1. If a resident is not considered a candidate for bladder training the incontinence assessment should still be done.
 1. True
 2. False

2. Reversible causes of incontinence include several factors name four (4).
 1. _____
 2. _____
 3. _____
 4. _____

3. The RAPs describe four (4) types of incontinence, name two (2).
 1. _____
 2. _____

4. Residents with certain conditions may require therapeutic use of urinary catheter. Name three (3) of the possible conditions.
 1. _____
 2. _____
 3. _____

Resident Assessment Protocols Self-Study Module

RAP 8/Mood State

Reference Appendix C 44-47

1. Certain residents who trigger the RAP for “mood state” do **not** need care plan interventions? Describe those residents below.
 1. _____
 2. _____

2. ADL decline can be both a cause and a consequence of distressed mood.
 1. True
 2. False

3. Residents with little or no desire or initiative for involvement in activities are at risk for mood state problems.
 1. True
 2. False

Resident Assessment Protocols Self-Study Module

RAP 9/Behavioral Symptoms

Reference Appendix C 48-53

1. Behavioral symptoms may be the only way a resident can communicate with staff. Name three (3) needs a resident may be trying to communicate.
 1. _____
 2. _____
 3. _____

2. The MDS trigger items identify two (2) types of residents for whom further review is recommended. Identify these two (2) types of residents.
 1. _____
 2. _____

3. A number of treatments or management interventions may either positively or negatively affect a resident's behavior. The use of restraints and or drug programs may result in negative behaviors. What are the two (2) of the four (4) types of behaviors that may arise from the use of these programs?
 1. _____
 2. _____

Resident Assessment Protocols Self-Study Module

RAP 10/Activities

Reference Appendix C 54-58

1. What four (4) types of cases will be triggered by the Activities RAP?

1. _____

2. _____

3. _____

4. _____

2. Name three (3) issues that must be considered when planning an activity plan?

1. _____

2. _____

3. _____

Resident Assessment Protocols Self-Study Module

RAP 12/Nutritional Status

Reference Appendix C 63-67

1. The purpose of the nutrition RAP is to identify residents who are at risk for malnutrition or under nutrition.
 1. True
 2. False

2. Treatment, not prevention, of malnutrition should be a main focus of care for older residents.
 1. True
 2. False

3. What two health conditions that causes shortness of breath may increase a resident's fear of choking while eating?
 1. _____
 2. _____

4. There are several factors that may impede a resident's ability to consume food, name six (6) of these factors.
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

Resident Assessment Protocols Self-Study Module

RAP 13/Feeding Tubes

Reference Appendix C 68-73

1. When a resident has a difficult time eating and staff has limited time to assist them, a feeding tube is an acceptable alternative.
 1. True
 2. False

2. When determining what type of tube feeding technique to use, gastrostomy bolus feeding is the preferred method. Give two (2) of the four (4) reasons gastrostomy bolus feeding is the preferred method.
 1. _____
 2. _____

3. Complications such as abdominal pain, abdominal distention, stress ulcers, diarrhea and nausea may signal the need for change in the type of feeding formulas or diagnostic work up for other pathology.
 1. True
 2. False

Resident Assessment Protocols Self-Study Module

RAP 14/Dehydration/Fluid Maintenance

Reference Appendix C 74-78

1. Water is necessary for such things as the distribution of nutrients to cells, elimination of wastes, regulation of body temperature and other complex processes. Dehydration, a state where output exceeds intake, may result in many distressing symptoms. Name 4 (4) symptoms of dehydration.

1. _____

2. _____

3. _____

4. _____

2. RAP indications are to maintain a minimum fluid intake of _____ cc in 24 hrs, preferably _____.

3. Identify three (3) risk factors that place residents at risk for dehydration.

1. _____

2. _____

3. _____

Resident Assessment Protocols Self-Study Module

RAP 15/Dental Care

Reference Appendix C 79-83

1. The purpose of Dental Care RAP is to identify confounding problems from the MDS that may indicate a resident is at risk for oral problems.

1. True

2. False

2. Name four (4) diagnoses that may put a resident at risk for oral candidiasis.

1. _____

2. _____

3. _____

4. _____

Resident Assessment Protocols Self-Study Module

RAP 16/Pressure Ulcers

Reference Appendix C 84-86

1. What are the two (2) assessment goals of the pressure ulcer RAP?
 1. _____
 2. _____

2. Identify why each of the following groupings of conditions may place a resident at risk for pressure ulcers.
 - a. Diabetes, Alzheimer disease and other dementia

 - b. Edema

 - c. Antidepressants and antianxiety/hypnotic

Resident Assessment Protocols Self-Study Module

RAP 17/Psychotropic Drug Use

Reference Appendix C 87-97

1. There are four (4) “rules of thumb” to consider when using psychotropic medications. Briefly describe each rule.

1. _____

2. _____

3. _____

4. _____

2. There is a two-step process to be used when reviewing psychotropic medications. What is this two-step process?

- 1 _____

- 2 _____

3. A psychotropic should be prescribed on a permanent basis only if symptoms have recurred after one (1) attempt to taper the medication.

1. True

2. False

Resident Assessment Protocols Self-Study Module

RAP 18/Physical Restraints

Reference Appendix C 99-104

1. Physical restraints are defined as any manual or physical method, mechanical device or material, or equipment attached or adjacent to the resident's body that the resident cannot easily remove and that restricts freedom of movement or normal access to his/her body. Name four (4) of the seven (7) questions that should be asked when determining why a restraint is used.

1. _____
2. _____
3. _____
4. _____

2. Under what specific circumstances would you also review the behavioral RAP key?

3. A restraint can be used to enhance the resident's abilities and make them more self-sufficient.

1. True
2. False

Resident Assessment Protocols Self-Study Module (Answer Key)

RAP 1/Delirium

1. What are the characteristic signs of delirium?

1. *Fluctuating state of consciousness*
2. *Disorientation*
3. *Decreased environmental awareness*
4. *Behavioral changes*

2. New medications may cause or worsen a delirium. Identify three (3) classes of drugs that cause delirium.

Psychotropics, cardiac medications, non-steroidal anti-inflammatory agents (NSAIDs), GI medications, analgesics and over-the counter (OTC) medications.

3. Psychological problems may contribute to delirium. If a resident with a new delirium has recently moved within the facility, what key areas would be assessed?

Physical assessment to rule out illness or infections. A medication evaluation should be done and psychosocial needs should be assessed to identify if isolation, recent loss of family/friends, depression/sad or anxious moods. Restraint in combination with the new environment is causing a problem.

4. Delirium is triggered if items in the Section B, Cognitive Pattern, number 5, Indicators of Delirium Periodic Disordered Thinking Awareness are coded as a 1, Behavior present not of recent onset.

False - Delirium is an acute condition only triggered by a response coded as a 2, behavior present only last 7 days appears different from residents usual functioning.

Resident Assessment Protocols Self-Study Module (Answer Key)

RAP 2/Cognitive Loss/Dementia

1. The resident with cognitive loss/dementia requires a supportive environment. It is important for staff to understand the resident's experience as it relates to cognitive loss. What are the three (3) main goals of care planning for the resident with cognitive loss/dementia as identified in the RAP?

- 1. Provide positive experiences for the resident.*
- 2. Identify appropriate support roles for the staff.*
- 3. Identify reasonable staff or family expectation.*

2. If a cognitively impaired resident is experiencing "failure to thrive" and is no longer eating. What information should be reviewed?

Is the problem related to a reversible mood problem, a basic personality problem, a negative reaction to the physical and interactive environment in which the eating activity occurs; or neurological deficit such as deficiency in swallowing or loss of hand coordination.

3. What two (2) perceptual difficulties identified in the RAPs may indicate vision problems in the cognitively impaired individual?

- 1. Difficulty identifying small objects or having difficulty positioning eating utensils.*
- 2. Difficulty finding a chair to sit in or positioning self in the chair.*

4. Functional changes may be a first sign of further decline in cognitive abilities. The RAP directs you to consider other questions regarding functional changes. What are these questions?

- 1. To what extent is the resident dependent for locomotion, dressing and eating?*
- 2. Could the resident be more independent?*
- 3. Is the resident going downhill (e.g., experiencing declines in bladder continence, locomotion, dressing, vision, time involved in activities)?*

Resident Assessment Protocols Self-Study Module (Answer Key)

RAP 3/Visual Function

1. The visual function RAP is concerned with identifying two (2) types of residents. Who are these two (2) types of residents?

1. *Those with treatable conditions that place them at risk for permanent blindness (e.g. Glaucoma, Diabetes, retinal hemorrhage).*
2. *Those who have impaired vision whose quality of life could be improved through the use of appropriate visual appliances.*

2. Visual disorientation may improve with the treatment of sad or anxious mood?

True

3. What environmental modifications may improve a resident's ability to see better?

Low glare floors and table surfaces, night lights, adequate room and hall lighting, large print signs, color coded drawers, large numbers on telephones, task segmentation, labeling items.

Resident Assessment Protocols Self-Study Module (Answer Key)

RAP 4/Communication

1. Explain the difference between expressive and receptive communication problems?

***Expressive:** changes/difficulties in speech and voice production, finding appropriate words, transmitting correct statements, describing objects and events, using nonverbal symbols and writing.*

***Receptive:** changes/difficulties in hearing, speech discrimination in quiet/noisy situations, vocabulary comprehension, vision, reading, and interpreting facial expressions.*

2. What assumption may adversely impact the staff's ability to assess resident communication problems adequately?

An effectiveness review requires a special effort by staff to overcome any preconceived notions or fixed perceptions they may have about the resident's probable responsiveness to treatment. These perceptions may be based on the failure of prior treatment programs, as well as on assumptions that may not have recently tested the resident's unwillingness to begin a corrective program.

Resident Assessment Protocols
Self-Study Module (Answer Key)

RAP 5/Activities of Daily Living-Functional Rehabilitation Potential

1. The activities of daily living (ADL) RAP is designed to assist the staff in accomplishing two (2) things. What are these two (2) things?

1. *Assist staff in setting positive and realistic goals*
2. *Weighing the advantages of independence against risks to safety and self-identity*

2. What differentiates ADL Trigger A-Rehabilitation from ADL Trigger B-maintenance?

Residents may either have the need and potential to improve or the need for services to prevent decline in functioning.

3. Why is it necessary to know which items triggered on the ADL RAP key?

Responses to items permit a focused approach to specific ADL areas where decline has been observed or improvement is possible.

Resident Assessment Protocols Self-Study Module (Answer Key)

RAP 6/Urinary Incontinence/Indwelling Catheter

1. If a resident is not considered a candidate for bladder training the incontinence assessment should still be done.

True

2. Reversible causes of incontinence include several factors name four (4).

Conditions such as delirium, fecal impaction, edema; environmental factors such as limited independence in locomotion, lack of bathroom access and restraints; diagnoses such as diabetes, CHF, CVA, Parkinson's, depression, UTI; Medications such as diuretics, Parkinson's medications, Disopyramide, antispasmodics, antihistamines, drugs that stimulate or block sympathetic nervous system, calcium channel blockers, narcotics; psychoactive medications such as antipsychotics, antianxiety, antidepressants, hypnotics.

3. The RAPs describe four (4) types of incontinence, name two (2).

Uninhibited bladder, urge incontinence, atonic or underactive bladder, overflow incontinence, obstruction or stress incontinence.

4. Residents with certain conditions may require therapeutic use of urinary catheter. Name three (3) of the possible conditions.

Coma, terminal illness, stage 3 or 4 pressure ulcer in an area affected by incontinence, untreatable blockage, the need for accurate measurement of urine, a history of being unable to void after catheter removal (include with quad/paraplegia).

Resident Assessment Protocols Self-Study Module (Answer Key)

RAP 7/Psychosocial Well-Being

1. Feelings about self and social relationships refer to well being.

True

2. What characteristics impede the resident's ability to effectively interact with others?

Cognitive/communication deficits that lead to a lack of interest in activities that impede interactions or unease in social relationships.

3. List three (3) confounding problems that lead to potential problems with a resident's psychosocial well-being.

1. *Increase/persistent sad mood state*
2. *Increased frequency or daily disturbing behavioral symptoms.*
3. *Deterioration in resident's condition since last assessment.*

Resident Assessment Protocols Self-Study Module (Answer Key)

RAP 8/Mood State

1. Certain residents who trigger the RAP for “mood state” do **not** need care plan interventions? Describe those residents below.

1. *Stable behavior*

2. *No unusual confounding problems*

2. ADL decline can be both a cause and a consequence of distressed mood.

True

3. Residents with little or no desire or initiative for involvement in activities are at risk for mood state problems.

True

Resident Assessment Protocols Self-Study Module (Answer Key)

RAP 9/Behavioral Symptoms

1. Behavioral symptoms may be the only way a resident can communicate with staff. Name three (3) needs a resident may be trying to communicate:
 1. *Health problems*
 2. *Discomfort*
 3. *Personal needs*

3. The MDS trigger items identify two (2) types of residents for whom further review is recommended. Identify these two (2) types of residents.
 1. *Behavioral symptoms such as wandering, verbally abusive, physically abusive, and/or exhibiting socially inappropriate behavior.*
 2. *Residents who have improved behavioral symptoms but who are receiving treatment or interventions that might mask manifestations of the behavior.*

3. A number of treatment or management interventions may either positively or negatively affect a resident's behavior. The use of restraints and or drug programs may result in negative behaviors. What are two (2) of the four (4) types of behaviors that may arise from the use of these programs?

Increased confusion and agitation; decreased ADL self performance; decrease in mood state; decrease in quality of life

Resident Assessment Protocols Self-Study Module (Answer Key)

RAP 10/Activities

1. What four (4) types of cases will be triggered by the Activities RAP
 1. *Residents who have indicated a desire for additional activity choices*
 2. *Cognitively intact, distressed residents who may benefit from an enriched activity program*
 3. *Cognitively deficient, distressed residents whose activity levels should be evaluated*
 4. *Highly involved residents whose health may be in jeopardy because of their failure to “slow down”*

2. Name three (3) issues that must be considered when planning an activity plan?

Determine if the resident is suitably challenged, over stimulated?

Are there health related factors that impede the resident’s involvement in activities?

Has there been a recent decline in the resident’s status-cognition, communication, functioning, mood, or behavior?

Consider if environmental factors such a change in room, new facility rules and physical space limitations effect the resident.

Is there a change in the availability of family, friends or staff support?

Resident Assessment Protocols Self-Study Module (Answer Key)

RAP 11/Falls

1. Describe the difference between internal fall risk and external fall risk.

Internal risk factors identify those risk areas such as illness or functional problems that put the resident at risk for fall but are not modifiable. External risk identifies risk factors that are modifiable.

2. When gathering information regarding a previous fall, one item to assess is watching the resident perform the same or similar activity under the same circumstances and assess fall risk.

True

3. If a resident fell 10-15 minutes after a meal the staff should take vital signs 10-15 minutes after the next meal to determine if a change in B/P precipitated the fall.

True

Resident Assessment Protocols Self-Study Module (Answer Key)

RAP 12/Nutritional Status

1. The purpose of the nutrition RAP is to identify residents who are at risk for malnutrition or under nutrition

True

2. Treatment, not prevention, of malnutrition should be a main focus of care for older residents.

False

3. What two health conditions that causes shortness of breath may increase a resident's fear of choking while eating?

1. *COPD*

2. *CHF*

4. There are several factors that may impede a resident's ability to consume food, name six of these factors.

Reduced ability to feed self; chewing problems; losses from diarrhea or an ostomy; swallowing problems; possible medical causes (cancer, cancer therapy, Parkinson's disease, etc); Malignancy and nutritional consequences of chemotherapy, radiation therapy/surgery; anemia: COPD; shortness of breath from any cause: constipation, intestinal obstruction, pain; drug induced anorexia, delirium.

Resident Assessment Protocols Self-Study Module (Answer Key)

RAP 13/Feeding Tubes

1. When a resident has a difficult time eating and staff has limited time to assist them, a feeding tube is an acceptable alternative.

False

2. When determining what type of tube feeding technique to use, gastrostomy bolus feeding is the preferred method. Give two (2) of the four (4) reasons gastrostomy bolus feeding are the preferred method.

*Better tolerated by confused residents and those requiring prolonged therapy;
harder to dislodge the tube, and is not as disfiguring.*

3. Complications such as abdominal pain, abdominal distention, stress ulcers, diarrhea and nausea may signal the need for change in the type of feeding formulas or diagnostic work up for other pathology.

True

Resident Assessment Protocols Self-Study Module (Answer Key)

RAP 14/Dehydration/Fluid Maintenance

1. Water is necessary for such things as the distribution of nutrients to cells, elimination of wastes, regulation of body temperature and other complex processes. Dehydration, a state where output exceeds intake, may result in many distressing symptoms. Name four (4) symptoms of dehydration.

Dizziness on sitting or standing, confusion or change in mental status, decrease in urine output, decrease in skin turgor, constipation and fever.

2. RAP indications are for maintaining a minimum fluid intake of 1500 cc in 24 hrs, preferably orally.
3. Identify three (3) risk factors that place residents at risk for dehydration.
 1. *Presence of infection, fever, vomiting, diarrhea, nausea, excessive sweating*
 2. *Frequent use of laxatives*
 3. *Excessive urine output*

**Resident Assessment Protocols
Self-Study Module (Answer Key)**

RAP 15/Dental Care

1. The purpose of the Dental Care RAP is to identify confounding problems from the MDS that may indicate a resident is at risk for oral problems.

True

2. Name four (4) diagnoses that may put a resident at risk for oral candidiasis.

Stroke, Alzheimer's disease, Parkinson's disease, anxiety disorder, depression, diabetes, osteoporosis, or septicemia.

Resident Assessment Protocols Self-Study Module (Answer Key)

RAP 16/Pressure Ulcers

1. What are the two (2) assessment goals of the pressure ulcer RAP?
 1. *Ensure that a treatment plan is in place for resident with pressure ulcers*
 2. *Identify residents at risk for developing a pressure ulcer who are not currently receiving some type of preventive care program*
2. Identify why each of the following groupings of conditions may place a resident at risk for pressure ulcers.
 - a. *Diabetes, Alzheimer's disease and other dementias, impaired cognitive ability can lead to immobility.*
 - b. *Edema extravascular fluid can impair blood flow, if prolonged or excessive pressure is applied to an area with edema, skin breakdown can occur.*
 - c. *Antidepressants and antianxiety/hypnotics can produce or contribute to lessened mobility, worsen incontinence, and lead to or increase confusion.*

Resident Assessment Protocols Self-Study Module (Answer Key)

RAP 17/ Psychotropic Drug Use

1. There are four (4) “rules of thumb” to consider when using psychotropic medications. Briefly describe each rule.
 1. *Evaluate the need for the drug. Distinguish between treating diagnosed psychiatric conditions and treating symptoms*
 2. *Start low and go slow*
 3. *Drug actions and side effects should be evaluated in terms of each user’s medical-status profile, including interactions with other medications.*
 4. *Consider symptoms of decline in functional status as a potential side effect of medication.*
2. There is a two (2) step process to be used when reviewing psychotropic medications. What is this two step process?
 1. *Conduct drug review, review resident’s conditions that impair drug metabolism/excretion, and review behavior/mood/psychiatric status.*
 2. *Compare the medications that the resident is taking with the listed side-effect in Tables A, B, and C*
3. A psychotropic should be prescribed on a permanent basis only if symptoms have recurred after one (1) attempt to taper the medication.

False - correct answer is 2 attempts to taper

Resident Assessment Protocols Self-Study Module (Answer Key)

RAP 18/Physical Restraints

1. Physical restraints are defined as any manual or physical method, mechanical device or material, or equipment attached or adjacent to the resident's body that the resident cannot easily remove and that restricts freedom of movement or normal access to his/her body. Name four (4) of the seven (7) questions that should be asked when determining why a restraint is used.

1. *Why is the resident restrained?*
2. *What type of restraint is used?*
3. *During what time of day is each type of restraint used?*
4. *Where is the resident restrained (his room, hallway)?*
5. *How long is the resident restrained each day?*
6. *Under what circumstances is the resident restrained?*
7. *Who suggested the restraint use?*

2. Under what specific circumstances would you also review the behavioral RAP key?

If the behavioral symptom for which the resident is restrained was not exhibited in the last 7 days was it because the restraint prohibited the behavior from occurring? If the behavioral symptom was present during the last 7 days or the resident was restrained to prevent a behavioral symptom, consider that the resident may have behavioral symptoms and review the Behavioral Symptoms RAP.

3. A restraint can be used to enhance the resident's abilities and make them more self-sufficient.

True

Section II

Resident Assessment Protocol Documentation (RAP) Self Study Module

The purpose of the study guide is to assist members of the interdisciplinary team to learn how to document RAP findings in the resident's chart. Charting your findings should not be overwhelming. It is important to spend the time learning how to use chart documentation that already exist, combine resident problems where it is reasonable to do so, and make the RAP process meaningful and useful. The overall purpose of RAP documentation is to show that resident assessment information has been synthesized and that resident care plans are derived from meaningful information and data that will in the end lead to useful and used plans of care for residents.

Use chapter 4 of the Minimum Data Set Manual (Version 2.0), the Centers for Medicare and Medicaid Services, *Long Term Care Resident Assessment Instrument User's Manual*, Version 2.0, December 2002 or other replicated version to answer the questions. Read Chapter 4 and then attempt to answer the self-study questions. The self-study modules are detailed and you will need to use the manual as a reference to answer the questions. It is appropriate to work together to find the answers. Each person should review each RAP.

Resident Assessment Protocol Documentation Self Study Module

Section II

Reference: Chapter 4

1. What is the main intent of the RAI (MDS & RAPs) process?
 1. _____

2. The RAPs function as decision facilitators which means they lead to a more thorough understanding of possible problem situations by providing _____ and _____ to the assessment process.

3. After a comprehensive assessment using the RAI, the interdisciplinary team should be able to make decisions about pertinent resident care issues. Using section 4.1 of the RAI manual as your references, briefly describe two (2) of the five (5) types of decisions the interdisciplinary team can make regarding a resident.
 1. _____

 2. _____

4. One of the decision (assessed) areas in question 3 identifies that where improvement is not likely the present level of functioning should be preserved as long as possible, with rates of decline minimized overtime.
 1. True
 2. False

5. What are the four (4) component parts to each RAP?
 1. Section _____ The _____ gives general _____
_____.
 2. Section _____ The _____ identify one or more _____
_____.
 3. Section _____ The _____ present comprehensive _____
_____.

**Resident Assessment Protocol Documentation
Self Study Module**

4. Section _____ The _____
Part one _____

Part two _____

6. CMS mandates the “process” of how facility staff use the RAPs?
1. True
 2. False
7. Facility staff should be creative and experiment until they find “what works” most _____ and _____ for them in achieving the _____.
8. The RAP process includes five (5) steps, briefly describe each step.
1. _____

 2. _____

 3. _____

 4. _____

 5. _____

9. What should the RAP assessment documentation generally describe?
1. _____
 2. _____ and _____ that affect the staff’s decision to proceed with care planning.

**Resident Assessment Protocol Documentation
Self Study Module**

- 3. _____
- 4. Need for _____ or _____ by an appropriate health care professional.
- 10. Overall _____ about the resident's condition should support _____ regarding whether to proceed with a care plan for a triggered condition and the type of care plan _____ that are appropriate for a particular resident.
- 11. If your facility uses a computerized version of the RAP trigger system it is not necessary to match your facility trigger definitions against the CMS version.
 - 1. True
 - 2. False
- 12. It is necessary to restrain a paper copy of the trigger legend in the chart.
 - 1. True
 - 2. False
- 13. List and briefly explain the four (4) types of RAP triggers.
 - 1. _____ Problems:

 - 2. Broad _____ : _____

 - 3. _____ of _____ : _____

 - 4. _____ Potential: _____

Resident Assessment Protocol Documentation Self Study Module

14. Written documentation of the RAP findings may appear anywhere in the residents record.

1. True
2. False

15. It is acceptable to reference discipline specific notes, flow sheets, care plan, RAP summary notes or a RAP questionnaire as a source document for RAP documentation.

1. True
2. False

16. Use the “Location and date of RAP assessment documentation” column on the RAP summary form to note where the RAP review and decision making documentation can be found in the resident’s record.

1. True
2. False

17. The “desired outcome” of using the RAP process is to achieve a sound and comprehensive assessment that is used to develop an individualized plan of care for each resident.

1. True
2. False

Resident Assessment Protocol Documentation Self Study Module (Answer Key)

Section II (cont)

Reference: Chapter 4

1. What is the main intent of the RAI (MDS & RAPs) process? (section 4.1 RAI manual)
 1. *The main intent of the RAI is to drive the development of an individualized plan of care based on identified needs, strengths, and preferences of the resident.*
2. The RAPs function as decision facilitators which means they lead to a more thorough understanding of possible problem situations by providing educational insight and structure to the assessment process.
3. After a comprehensive assessment using the RAI, the interdisciplinary team should be able to make decisions about pertinent resident care issues. Using section 4.1 of the RAI manual as your references, briefly describe two (2) of the five (5) types of decisions the interdisciplinary team can make regarding a resident.
 1. *The resident has a troubling condition that warrants intervention, and addressing this problem is a necessary condition for other functional problem to be successfully addressed;*
 2. *Improvement of the resident's functioning in one or more areas is possible;*
 3. *Improvement is not likely, but the present level of functioning should be preserved as long as possible, with rates of decline minimized overtime;*
 4. *The resident is at risk of decline and efforts should emphasize slowing or minimizing decline, and avoiding functional complications (e.g., contractures, pain); or*
 5. *The central issues of care revolve around symptom relief and other palliative measures the last months of life.*
4. One of the decision (assessed) areas in question 3 identifies that where improvement is not likely the present level of functioning should be preserved as long as possible, with rates of decline minimized overtime (section 4.1 RAI Manual).

True

Resident Assessment Protocol Documentation Self Study Module (Answer Key)

5. What are the four (4) component parts to each RAP? (Section 4.2 RAI Manual)

Section I The Problem gives general information about how a condition affects the nursing home population.

Section II The Triggers identify one or more MDS item responses specific to a resident that alert the assessor to the resident's possible problems, needs, or strengths. Triggers "flag" conditions necessary for the interdisciplinary team members to consider when making care planning decisions.

Section III The Guidelines present comprehensive information for evaluating factors that may cause, contribute to, or exacerbate the triggered condition.

Section IV The RAP Key has two parts. The first part is a review of the items on the MDS that triggered a review of the RAP. The second part is a summary, but sometimes also provides a clarification of the information in the guideline section of the RAP.

6. CMS mandates the "process" of how facility staffs use the RAPs? (Section 4.3 RAI Manual)

False - There are no mandates regarding the "process". Rather facility staff should be creative and experiment until they find "what works" most efficiently and effectively for them in achieving desired outcomes.

7. Facility staff should be creative and experiment until they find "what works" most efficiently and effectively for them in achieving the desired outcomes (Section 4.3 RAI Manual).

Resident Assessment Protocol Documentation Self Study Module (Answer Key)

8. The RAP process includes five (5) steps, briefly describe each step. (Section 4.3 RAI Manual)
 1. *Facility uses the RAI trigger mechanism to determine which RAP problem areas require review and additional assessment. The triggered conditions are indicated in the appropriate column on the RAP Summary form.*
 2. *Staff assess the resident in the areas that have been triggered and are guided by the RAPs and other assessment information as needed, to determine the nature of the problem and understand the causes specific to the resident.*
 3. *Staff document key findings regarding the resident's status based on the RAP review.*
 4. *Based on review of assessment information, the interdisciplinary team decides whether or not the triggered condition affects the resident's functional status or well-being and warrants a care plan intervention.*
 5. *The interdisciplinary team, in conjunction with the wishes of resident, resident's family, and attending physician develop, revise, or continue the care plan based on this comprehensive assessment.*

9. What should the RAP assessment documentation generally describe? (Section 4.3 RAI Manual)
 1. *Nature of the condition*
 2. *Complications and risk factors that affect the staff's decision to proceed to care planning.*
 3. *Factors that must be considered in developing individualized care plan interventions.*
 4. *Need for referrals or further evaluation by an appropriate health care professional.*

Resident Assessment Protocol Documentation Self Study Module (Answer Key)

10. Overall *documentation* about the resident's condition should support *clinical decision-making* regarding whether to proceed with a care plan for a triggered condition and the type of care plan *interventions* that are appropriate for a particular resident. (Section 4.3 RAI Manual)
11. If your facility uses a computerized version of the RAP trigger system it is not necessary to match your facility trigger definitions against the CMS version. (Section 4.4 RAI Manual)
- False - The resulting set of triggered RAPS that is generated by your home's software program should be matched against the triggered definitions to make sure that triggered RAPs have been correctly identified.*
12. It is necessary to restrain a paper copy of the trigger legend in the chart. (Section 4.4 RAI Manual)
- False - The trigger legend is not a required form that must be maintained in the resident's record.*
13. List and briefly explain the four (4) types of RAP triggers. (Section 4.4 RAI Manual)
1. *Potential Problems: Those factors that suggest the presence of a problem that warrants additional assessment and consideration of a care plan intervention. These are "narrowly" defined as factors warrant additional assessment.*
 2. *Broad Screening Triggers: Factors that assist staff to identify hard to diagnose problems. Because some of the problems are difficult to assess in the elderly nursing home population certain triggers have been "broadly" defined and may have false positives*
 3. *Prevention of Problems: Those factors that assist staff to identify residents at risk of developing particular problems.*
 4. *Rehabilitation Potential: Those factors aimed at identifying candidates with rehabilitation potential.*
14. Written documentation of the RAP findings may appear anywhere in the resident's record. (Section 4.6 RAI Manual)
- True - Written documentation of the RAP findings and decision-making process may appear anywhere in the resident's record.*

Resident Assessment Protocol Documentation
Self Study Module (Answer Key)

15. It is acceptable to reference discipline specific notes, flow sheets, care plan, RAP summary notes or a RAP questionnaire as a source document for RAP documentation. (Section 4.6 RAI Manual)

True - Written documentation can be written in discipline specific flowsheets, progress notes, in the care plan, summary notes, in a RAP summary narrative, on a RAP questionnaire, etc.

16. Use the “Location and date of RAP assessment documentation” column on the RAP summary form to note where the RAP review and decision making documentation can be found in the resident’s record. (Section 4.6 RAI Manual)

True - No matter where the information is recorded, use the “Location and date of RAP assessment Documentation” column on the RAP summary form to note where the RAP review and decision making documentation can be found in the resident’s record. Also indicate in the column “Care Plan Decision” if the triggered problem is addressed in the care plan.(section 4.6 boxed section)

17. The “desired outcome” of using the RAP process is to achieve a sound and comprehensive assessment that is used to develop an individualized plan of care for each resident. (Section 4.4. RAI Manual)

True

Section III

Resident Assessment Instrument Care Plan Self Study Modules Introduction

The purpose of the study guide is to assist members of the interdisciplinary team in learning how to develop and implement resident care plans that offer meaningful information about the resident. Care plans are a method used to communicate between and among team members. It is important that the resident's needs be understood from a holistic perspective. The MDS and RAPs offer a method of assessing resident needs and their unique characteristics.

Use chapter 4 of the Minimum Data Set (Version 2.0 Manual), Centers for Medicare and Medicaid Services, *Long Term Care Resident Assessment Instrument User's Manual*, Version 2.0, December 2002 or other replicated version to answer the questions. Read chapter 5 and then attempt to answer the self-study questions. The self-study modules are detailed and you will need to use the manual as a reference to answer the questions. It is appropriate to work together to find the answers. Each person should review each RAP.

Resident Assessment Instrument care Plan Self Study Modules

Reference: chapter 4 pg 11

1. The MDS was designed to allow the interdisciplinary team to observe and evaluate the resident's status using detailed, consistently applied definitions.
 1. True
 2. False

2. In chapter 5, CMS mandates a specific care plan structure or format.
 1. True
 2. False

3. The intent of chapter 5 is to reinforce that the care plan is based on fundamental information gathered in the _____, further assessment and review _____ by the MDS, and distillation of all final assessment information through the _____, into an appropriate _____ for meeting the residents care needs.

4. Properly executed the assessment and care planning process flow together forming a "seamless" circular process that enables the team to plan care that addresses six (6) fundamental issues. Name two (2) of the six (6) issues.
 1. _____

 2. _____

5. It is not acceptable to care plan related problems as one problem.
 1. True
 2. False

Resident Assessment Instrument Care Plan Self Study Modules

6. If a “triggered” condition does not affect the resident’s functioning or well-being it is not necessary to address the problem on the care plan.
 1. True
 2. False

7. The resident, family, or resident representative should be part of the team discussion regarding care planning whenever they choose to do so.
 1. True
 2. False

8. A resident’s refusal to follow a suggested care plan does not need to be documented.
 1. True
 2. False

9. An intermediate goal(s) should be _____ and have a _____ _____ for completion or _____.

10. There are four (4) types resident goals that commonly would be used based on the resident’s assessment. Name those four (4) types of goals.
 1. _____
 2. _____
 3. _____
 4. _____

Resident Assessment Instrument Care Plan Self Study Modules

11. Short concise instructions regarding how to give care should be written to help provide for resident _____ of _____ by all staff.
12. The final care plan should be discussed with the resident and/or the resident's representative.
 1. True
 2. False
13. The resident's goals and approaches are to be _____ to all direct care staff who are not involved in the development of the care plan.
14. Professional standards of practice and documentation should be followed when changes are made to the care plan.
 1. True
 2. False
15. As the resident needs change, the care plan must be updated regardless of when the next MDS assessment is due.
 1. True
 2. False
16. Each member of the interdisciplinary team offers a unique perspective and body of knowledge to the resident's care and care planning
 1. True
 2. False
17. If the team wishes to conduct an initial RAP review for identified problems or potential problems, it is acceptable to do this prior to the completion of the MDS. This initial review can occur at any time but the interdisciplinary team must document a final care plan decision after assessing the resident using the RAI.
 1. True
 2. False

Resident Assessment Instrument Care Plan Self Study Modules (Answer key)

1. The MDS was designed to allow the interdisciplinary team to observe and evaluate the resident's status using detailed, consistently applied definitions. (Section 4-11 RAI Manual)

True

2. In chapter 4, CMS mandates a specific care plan structure or format. (Section 4.11 RAI Manual)

False *See answer to question #3*

3. The intent of chapter 5 is to reinforce that the care plan is based on fundamental information gathered in the *MDS*, further assessment and review *triggered* by the MDS, and distillation of all final assessment information through the *RAP Guidelines*, into an appropriate *blueprint* for meeting the residents care needs. (Section 4.11 RAI Manual)

4. Properly executed the assessment and care planning process flows together forming a "seamless" circular process that enables the team to plan care that address six (6) fundamental issues. Name two (2) of the six (6) issues. (Section 4.11 RAI Manual)

1. *Looks at each resident as a "whole" human being with unique characteristics and strengths.*
2. *Breaks the resident assessment into distinct functional areas for the purpose of gaining knowledge about the resident's functional status (MDS).*
3. *Re-groups the information gathered to identify possible problems the resident may have.*
4. *Provides additional assessment of potential problems by looking at possible causes and risks, and how these causes and risks can be addressed to provide for a resident's highest practical level of well being (RAP Guidelines).*
5. *Develops and implements an interdisciplinary care plan based on the complete assessment information gathered by the RAI process, with necessary monitoring and follow-up.*
6. *Re-evaluates the resident's status at prescribed intervals (i.e. quarterly, annually, or if a significant change in status occurs) using the RAI and then modifies the resident's care plan as appropriate and necessary.*

Resident Assessment Instrument Care Plan Self Study Modules (Answer key)

5. It is not acceptable to care plan related problems as one problem. (Section 4.11 RAI Manual)

False - The team may find during their discussions that several problem conditions have a related cause and appear as one problem for that resident. They may also find that they stand alone and are unique. Goals and approaches for each problem condition may be overlapping and consequently the interdisciplinary team may decide to address the problem conditions in combination on the care plan.

6. If a “triggered” condition does not affect the resident’s functioning or well-being it is not necessary to address the problem on the care plan. (Section 4.11 RAI Manual)

True

7. The resident, family, or resident representative should be part of the team discussion regarding care planning whenever they choose to do so. (Section 4.11 RAI Manual)

True

8. A resident’s refusal to follow a suggested care plan does not need to be documented. (Section 4.11 RAI Manual)

False - If a resident refuses to follow a treatment the team should pursue alternatives that may be more acceptable to the resident. The care plan would reflect other goals and methods of addressing the problem.

9. An intermediate goal(s) should be measurable and have a time frame for completion or evaluation. (Section 4.11 RAI Manual)

10. There are four (4) types goals that commonly would be used based on the resident’s assessment. Name those four (4) types of goals. (Section 4.11 RAI Manual)

1. improvement goals

2. prevention goals

3. palliative goals

4. maintenance goals

Resident Assessment Instrument Care Plan Self Study Modules (Answer key)

11. Short concise instructions regarding how to give care should be written to help provide for continuity of care by all staff. (section 4.11 RAI Manual)
12. The final care plan should be discussed with the resident or the resident's representative. (Section 4.11 RAI Manual)

True

13. The resident's goals and approaches are to be communicated to all direct care staff who are not involved in the development of the care plan. (Section 4.11 RAI Manual)
14. Professional standards of practice and documentation should be followed when changes are made to the care plan. (Section 4.11 RAI Manual)

True - Changes to the care plan should occur as needed in accordance with professional standards of practice (e.g. signing and dating entered to the care plan).

15. As the resident care needs change the care plan must be updated regardless of when the next MDS assessment is due. (Section 4.12 RAI Manual)

True

16. Each member of the interdisciplinary team offers a unique perspective and body of knowledge to the resident's care and care planning. (Section 4.12 RAI Manual)

True

17. If the team wishes to conduct an initial RAP review for identified problems or potential problems it is acceptable to do this prior to the completion of the MDS. This initial review can occur at any time but the interdisciplinary team must document a final care plan decision after assessing the resident using the RAI. (Section 4.12 RAI Manual)

True