NAME OF FACILITY

| CODE | NURSING SERVICES | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---|---|---|---|
| | D PATIENT CARE MANAGEMENT | | | | |
| F167 | SNF (405.1124(d)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F168 | ICF (442.341) (Standard) ☐ MET ☐ NOT MET | | | | |
| F169 | 1 Each resident's needs are addressed in a written plan of care which demonstrates that the plans of all services are integrated, consonant with the physician's plan of medical care, and implemented shortly after admission. | | | | |
| F170 | 2 Each professional service identifies needs, goals, plans, and evaluates the effectiveness of interventions, plus institutes changes in the plan of care in a timely manner. | | | | |
| | E. **Rehabilitative Nursing Services are performed daily, and recorded for those residents who require such service.** | | | | |
| F171 | SNF (405.1124(e)) (Standard) ☐ MET ☐ NOT MET | | | | |
| F172 | ICF (442.342) (Standard) ☐ Met ☐ Not Met | | | | |
| F173 | 1. Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent immobility, deformities, and contractures. | | | | |
| F174 | 2. There is an ongoing evaluation of each resident's rehabilitative nursing needs. This may include; | | | | |
| F175 | (a) Range of motion, ambulation, turning and positioning and other activities; | | | | |
| F176 | (b) Assistance and instruction in the activities of daily living such as feeding, dressing, grooming, oral hygiene and toilet activities; | | | | |
| F177 | (c) Remotivation therapy and/or reality orientation when appropriate. | | | | |
| F178 | 3. These activities are coordinated with other resident care services. | | | | |