APPENDIX C
CARE AREA ASSESSMENT (CAA) RESOURCES

Chapter 4 of this manual provides information on specific care areas triggered and the CAA process. This appendix contains both specific and general resources that nursing homes may choose to use to further assess care areas triggered from the MDS 3.0 Resident Assessment Instrument (RAI). The resources include the care area specific tools beginning in this section and the general resource list at the end of this appendix.

It is important to note that the resources provided in this appendix are provided solely as a courtesy for use by nursing homes, should they choose to, in completing the RAI CAA process. **It is also important to reiterate that CMS does not mandate, nor does it endorse, the use of any particular resource(s), including those provided in this appendix.** However, nursing homes should ensure that the resource(s) used are current, evidence-based or expert-endorsed research and clinical practice guidelines/resources.

DISCLAIMER: **The list of resources in this appendix is neither prescriptive nor all-inclusive. References to non-U.S. Department of Health and Human Services (HHS) sources or sites on the Internet are provided as a service and do not constitute or imply endorsement of these organizations or their programs by CMS or HHS. CMS is not responsible for the content of pages found at these sites. URL addresses were current as of the date of this publication.**

CARE AREA SPECIFIC RESOURCES

The specific resources or tools contained on the next several pages are provided by care area. The general instructions for using them include:

Step 1: After completing the MDS, review all MDS items and responses to determine if any care areas have been triggered.

Step 2: For any triggered care area(s), conduct a thorough assessment of the resident using the care area-specific resources.

Step 3: Check the box in the left column if the item is present for this resident. ***Some of this information will be on the MDS - some will not.***

Step 4: In the right column the facility can provide a summary of supporting documentation regarding the basis or reason for checking a particular item or items. This could include the location and date of that information, symptoms, possible causal and contributing factor(s) for item(s) checked, etc.

Step 5: Obtain and consider input from resident and/or family/resident's representative regarding the care area.

Step 6: Analyze the findings in the context of their relationship to the care area and standards of practice. This should include a review of indicators and supporting documentation, including symptoms and causal and contributing factors, related to this care area. Draw conclusions about the causal/contributing factors and effect(s) on the resident, and document these conclusions in the Analysis of Findings section.

Step 7: Decide whether referral to other disciplines is warranted and document this decision.

Step 8: In the Care Plan Considerations section, document whether a care plan for the triggered care area will be developed and the reason(s) why or why not.

Step 9: Information in the *Supporting Documentation* column can be used to populate the *Location and Date of CAA Documentation* column in Section V, Item V0200A (CAA Results) – for e.g. "See Delirium CAA 4/30/11, H&P dated 4/18/11."

NOTE: An optional Signature/Date line has been added to each checklist. This was added if the facility wants to document the staff member who completed the checklist and date completed.

DISCLAIMER: **The checklists of care area specific resources in this appendix are not mandated, prescriptive, or all-inclusive and are provided as a service to facilities. They do not constitute or imply endorsement by CMS or HHS.**

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1. DELIRIUM

Review of Indicators of Delirium

✓	Changes in vital signs compared to baseline	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	Temperatures 2.4^{0}F higher than baseline or a temperature of 100.4^{0}F (38^{0}C) on admission prior to establishment of baseline. (J1550A)	
☐	Pulse rate less than 60 or greater than 100 beats per minute	
☐	Respiratory rate over 25 breaths per minute or less than 16 per minute (J1100)	
☐	Hypotension or a significant decrease in blood pressure: (I0800)	
☐	• Systolic blood pressure of less than 90 mm Hg, OR	
☐	• Decline of 20 mm Hg or greater in systolic blood pressure from person's usual baseline, OR	
☐	• Decline of 10 mm Hg or greater in diastolic blood pressure from person's usual baseline, OR	
☐	Hypertension - a systolic blood pressure above 160 mm Hg, OR a diastolic blood pressure above 95 mm Hg (I0700)	
✓	**Abnormal laboratory values**	**Supporting Documentation**
☐	• Electrolytes, such as sodium	
☐	• Kidney function	
☐	• Liver function	
☐	• Blood sugar	
☐	• Thyroid function	
☐	• Arterial blood gases	
☐	• Other	
✓	**Pain**	**Supporting Documentation**
☐	• Pain CAA triggered (J0100, J0200) [review findings for relationship to delirium (C1310)]	
☐	• Pain frequency, intensity, and characteristics (time of onset, duration, quality) (J0410, J0600, J0800, J0850) indicate possible relationship to delirium (C1310)	
☐	• Adverse effect of pain on function (J0510, J0520, J0530) may be related to delirium (C1310)	

✓	**Diseases and conditions** (diagnosis/signs/symptoms)	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Circulatory/Heart — Anemia (I0200) — Cardiac dysrhythmias (I0300) — Angina, Myocardial Infarction (MI) (I0400) — Atherosclerotic Heart Disease (ASHD) (I0400) — Congestive Heart Failure (CHF) pulmonary edema (I0600) — Cerebrovascular Accident (CVA) (I4500) — Transient Ischemic Attack (TIA) (I4500)	
☐	• Respiratory — Asthma (I6200) — Emphysema/Chronic Obstructive Pulmonary Disease (COPD) (I6200) — Shortness of breath (J1100) — Ventilator or respirator (O0110F1) — Respiratory Failure (I6300)	
☐	• Infectious — Infections (I1700–I2500, M1040A) — Isolation or quarantine for active infectious disease (O0110M1)	
☐	• Metabolic — Diabetes (I2900) — Thyroid disease (I3400) — Hyponatremia (I3100)	
☐	• Gastrointestinal bleed	
☐	• Renal disease (I1500), Dialysis (O0110J1–3)	
☐	• Hospice care (O0110K1)	
☐	• Terminal condition (J1400)	
☐	• Cancer (I0100, O0110A1–10, O0110B1)	
☐	• Dehydration (J1550C, clinical record)	
✓	**Signs of Infection**	**Supporting Documentation**
☐	• Fever (J1550A)	
☐	• Cloudy or foul smelling urine	
☐	• Congested lungs or cough	
☐	• Dyspnea (J1100)	
☐	• Diarrhea	
☐	• Abdominal pain	
☐	• Purulent wound drainage	
☐	• Erythema (redness) around an incision	

✓	Indicators of Dehydration	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Dehydration CAA triggered, indicating signs or symptoms of dehydration are present (J1550C)	
☐	• Recent decrease in urine volume or more concentrated urine than usual (Intake and Output)	
☐	• Recent decrease in eating habits – skipping meals or leaving food uneaten, weight loss (K0300)	
☐	• Nausea, vomiting (J1550B), diarrhea, or blood loss	
☐	• Receiving intravenous drugs (O0110H1)	
☐	• Receiving diuretics or drugs that may cause electrolyte imbalance (N0415G1)	
✓	**Functional Status**	**Supporting Documentation**
☐	• Recent decline in functional abilities status (GG0130, GG0170) (may be related to delirium) (C1310)	
☐	• Increased risk for falls (J1700–J1900) (may be related to delirium) (see Falls CAA)	
✓	**Medications** (that may contribute to delirium)	**Supporting Documentation**
☐	• New medication(s) or dosage increase(s)	
☐	• Medications with anticholinergic properties (for example, some antipsychotics (N0415A), antidepressants (N0415C), antiparkinsonians, antihistamines)	
☐	• Opioids (N0415H)	
☐	• Benzodiazepines, especially long-acting agents (N0415B)	
☐	• Analgesics, cardiac and GI medications, anti-inflammatory drugs	
☐	• Recent abrupt discontinuation, omission, or decrease in dose of a short or long acting benzodiazepines (N0415B)	
☐	• Medication interactions (pharmacist review may be required)	
☐	• Resident taking more than one medication from a particular class	
☐	• Possible medication toxicity, especially if the person is dehydrated (J1550C) or has renal insufficiency (I1500). Check serum medication levels	

✓	Associated or progressive signs and symptoms	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Sleep disturbances (for example, up and awake at night/asleep during the day) (D0150C, D0500C, J0510)	
☐	• Agitation and inappropriate movements (for example, unsafe climbing out of bed or chair, pulling out tubes) (E0500)	
☐	• Hypoactivity (for example, low or lack of motor activity, lethargy or sluggish responses) (D0150D, D0500D)	
☐	• Perceptual disturbances such as hallucinations (E0100A) and delusions (E0100B)	
✓	**Other Considerations**	**Supporting Documentation**
☐	Psychosocial • Recent change in mood; sad or anxious (for example, crying, social withdrawal) (D0150, D0160, D0500, D0600) • Recent change in social situation (for example, isolation, recent loss of family member or friend) • Use of restraints (P0100)	
☐	Physical or environmental factors • Hearing or vision impairment (B0200, B1000) - may have an impact on ability to process information (directions, reminders, environmental cues) • Lack of frequent reorientation, reassurance, reminders to help make sense of things • Recent change in environment (for example, a room or unit change, new admission, or return from hospital) (A1700) • Interference with resident's ability to get enough sleep (for example, light, noise, frequent disruptions) • Noisy or chaotic environment (for example, calling out, loud music, constant commotion, frequent caregiver changes)	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

_____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):
☐ Yes ☐ No

Signature/Title:_____ Date:_____

2. COGNITIVE LOSS/DEMENTIA

Review of Indicators of Cognitive Loss/Dementia

✓	Reversible causes of cognitive loss	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Delirium (C1310) CAA triggered (Immediate follow-up required. Perform the Delirium CAA to determine possible causes, contributing factors, etc., and go directly to care planning for those issues. Then continue below.)	
✓	**Neurological factors**	**Supporting Documentation**
☐	• Intellectual disability/Developmental Disability (A1550)	
☐	• Alzheimer's Disease or other dementias (I4200, I4800)	
☐	• Parkinson's Disease (I5300)	
☐	• Traumatic brain injury (I5500)	
☐	• Brain tumor	
☐	• Normal pressure hydrocephalus	
☐	• Other (I8000)	
✓	**Observable characteristics and extent** of this resident's cognitive loss	**Supporting Documentation**
☐	• Analyze component of Brief Interview for Mental Status (BIMS) (C0200–C0500) (V0100D)	
☐	• If unable to complete BIMS, analyze components of Staff Assessment for Mental Status (C0700, C0800, C0900, C1000)	
☐	• Identify components of Delirium assessment (C1310) that are present and not new onset or worsening	
☐	• Confusion, disorientation, forgetfulness (C0200, C0300, C0400, C0500, C0700, C0800, C0900, C1310)	
☐	• Decreased ability to make self-understood (B0700) or to understand others (B0800)	
☐	• Impulsivity	
☐	• Other	

✓	Mood and behavior	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Mood State (D0160, D0600) CAA triggered. Analysis of Findings indicates possible impact on cognition – important to consider when drawing conclusions about cognitive loss	
☐	• Behavioral Symptoms (E0200) CAA triggered: Analysis of Findings points to cause(s), contributing factors, etc. – important to consider when drawing conclusions about cognitive loss	
✓	**Medical problems** that can impact cognition	**Supporting Documentation**
☐	• Constipation (H0600), fecal impaction, diarrhea	
☐	• Diabetes (I2900)	
☐	• Thyroid Disorder (I3400)	
☐	• Congestive heart failure (I0600)/other cardiac diseases (I0300, I0400)	
☐	• Respiratory problems (I6200, I6300, I2000, I2200, I8000)/decreased oxygen saturation	
☐	• Cancer (I0100)	
☐	• Liver disease (I1100, I2400, I8000)	
☐	• Renal failure (I1500)	
☐	• Psychiatric or mood disorder (I5700–I6100)	
☐	• Electrolyte imbalance	
☐	• Poor nutrition (I5600) or hydration status (J1550C)	
☐	• End of life (J1400, O0110K1)	
☐	• Alcoholism (I8000)	
☐	• Failure to thrive (I8000)	
✓	**Pain** and its relationship to cognitive loss and behavior	**Supporting Documentation**
☐	• Indications that pain is present (J0100, J0300–J0600, J0800, J0850)	
☐	• Pain CAA triggered. Determine relationship between pain and cognitive status via observation and assessment.	

✓	Functional status and its relationship to cognitive loss	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Functional Abilities (Section GG) — Functional Abilities Care Area triggered (GG0130, GG0170). Analysis of Findings provides important information about relationship of functional decline to cognitive loss (C0500, C0700, C0800, C0900, C1000, V0100D) — Resident has potential for more independence with cueing, restorative nursing program, and/or task segmentation or other programs	
☐	• Decline in continence (H0300, H0400)	
☐	• Impaired daily decision-making (C1000)	
☐	• Participates better in small group programs (F0800P)	
☐	• Staff and/or resident believe resident is capable of doing more	
✓	**Other Considerations**	**Supporting Documentation**
☐	• Cognitive decline occurred slowly over time (V0100D)	
☐	• Unexplainable behavior may be attempt at communication about pain, toileting needs, uncomfortable position, etc.	
☐	• Use of physical restraints (P0100)	
☐	• Hearing or vision impairment (B0200, B0300, B1000, B1200) - may have an impact on ability to process information (directions, reminders, environmental cues)	
☐	• Lack of frequent reorientation, reassurance, reminders to help make sense of things (C0900, C1310)	
☐	• Interference with the resident's ability to get enough sleep (noise, light, etc.) (D0150, D0500C, J0510)	
☐	• Noisy or chaotic environment (for example, calling out, loud music, constant commotion, frequent caregiver changes)	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

_____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):
☐ Yes ☐ No

Signature/Title:_____ Date:_____

3. VISUAL FUNCTION

Review of Indicators of Visual Function

✓	**Diseases and conditions of the eye** (diagnosis OR signs/symptoms present)	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Cataracts, Glaucoma, or Macular Degeneration (I6500)	
☐	• Diabetic retinopathy (I2900)	
☐	• Blindness (B1000)	
☐	• Decreased visual acuity (B1000, B1200)	
☐	• Visual field deficit (B1200)	
☐	• Eye pain	
☐	• Blurred vision	
☐	• Double vision	
☐	• Sudden loss of vision	
☐	• Itching/burning eye	
☐	• Indications of eye infection	
✓	**Diseases and conditions** that can cause visual disturbances	**Supporting Documentation**
☐	• Cerebrovascular accident or transient ischemic attack (I4500)	
☐	• Alzheimer's Disease and other dementias (I4200, I4800)	
☐	• Myasthenia gravis (I8000)	
☐	• Multiple sclerosis (I5200)	
☐	• Cerebral palsy (I4400)	
☐	• Mood ((I5800, I5900, I5950, I6000, I6100, D0160 or D0600) or anxiety disorder (I5700)	
☐	• Traumatic brain injury (I5500)	
☐	• Other (I8000)	

✓	Functional limitations related to vision problems	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Peripheral vision or other visual problem that impedes ability to eat, walk, or interact with others (B1000)	
☐	• Ability to recognize staff limited by vision problem (B1000)	
☐	• Difficulty negotiating the environment due to vision problem (B1000)	
☐	• Balance problems exacerbated by vision problem (B1000, B1200)	
☐	• Participation in self-care limited by vision problem (B1000)	
☐	• Difficulty seeing television, reading material of interest, or participating in activities of interest because of vision problem (B1000)	
☐	• Increased risk for falls due to vision problems or due to bifocals or trifocals (B1200)	
✓	**Environment**	**Supporting Documentation**
☐	• Is resident's environment adapted to their unique needs, such as availability of large print books, high wattage reading lamp, night light, etc.?	
☐	• Are there aspects the facility's environment that should be altered to enhance vision, such as low-glare floors, low glare tables and surfaces, large print signs marking rooms, etc.?	
✓	**Medications** that can impair vision (consultant pharmacist review of medication regimen can be very helpful)	**Supporting Documentation**
☐	• Opioids (N0415H)	
☐	• Antipsychotics (N0415A)	
☐	• Antidepressants (N0415C)	
☐	• Anticholinergics	
☐	• Hypnotics (N0415D)	
☐	• Other	
✓	**Use of visual appliances** (B1200)	**Supporting Documentation**
☐	• Reading glasses	
☐	• Distance glasses	
☐	• Contact lenses	
☐	• Magnifying glass	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

_____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):
☐ Yes ☐ No

Signature/Title:_____ Date:_____

4. COMMUNICATION

Review of Indicators of Communication

✓	**Diseases and conditions** that may be related to communication problems	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Alzheimer's Disease or other dementias (I4200, I4800, I8000)	
☐	• Aphasia (I4300) following a cerebrovascular accident (I4500)	
☐	• Parkinson's disease (I5300)	
☐	• Mental health problems (I5700–I6100)	
☐	• Conditions that can cause voice production deficits, such as	
☐	— Asthma (I6200)	
☐	— Emphysema/COPD (I6200)	
☐	— Cancer (I0100) — Poor-fitting dentures (L0200)	
☐	• Transitory conditions, such as	
☐	— Delirium (C1310)	
☐	— Infection (I1700–I2500, M1040A) — Acute illness (I8000)	
☐	• Other (I8000, clinical record)	
✓	**Medications** (consultant pharmacist review of medication regimen can be very helpful)	**Supporting Documentation**
☐	• Opioids (N0415H)	
☐	• Antipsychotics (N0415A)	
☐	• Antianxiety (N0415B)	
☐	• Antidepressants (N0415C)	
☐	• Parkinson's medications	
☐	• Hypnotics (N0415D)	
☐	• Gentamycin (N0415F)	
☐	• Tobramycin (N0415F)	
☐	• *Antiplatelet (N0415I)*	
☐	• Other	

✓	Characteristics of the communication impairment	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Expressive communication (B0700)	
☐	— Speaks different language (A1110A–B)	
☐	— Disruption in ability to speak (B0600)	
☐	— Problem with voice production, low volume (B0600)	
☐	— Word-finding problems	
☐	— Difficulty putting sentence together (B0700, C1310C)	
☐	— Problem describing objects and events (B0700)	
☐	— Pronouncing words incorrectly (B0600)	
☐	— Stuttering (B0700)	
☐	— Hoarse or distorted voice	
☐	• Receptive communication (B0800)	
☐	— Does not understand English (A1110A–B)	
☐	— Hearing impairment (B0200, B0300, B0800)	
☐	— Speech discrimination problems	
☐	— Decreased vocabulary comprehension (A1110B)	
☐	— Difficulty reading and interpreting facial expressions	
☐	• Communication is more successful with some individuals than with others. Identify and build on the successful approaches	
☐	• Limited opportunities for communication due to social isolation or need for communication devices	
☐	• Communication problem may be mistaken as cognitive impairment	

✓	**Confounding problems** that may need to be resolved before communication will improve	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Decline in cognitive status and BIMS decline (C0500, V0100D)	
☐	• Mood problem, increase in PHQ-2 to 9© or PHQ-9-OV© score (D0160, D0600, V0100E)	
☐	• Increased dependence in functional abilities (changes in GG0130, GG0170)	
☐	• Deterioration in respiratory status	
☐	• Oral motor function problems, such as swallowing, clarity of voice production (B0600, K0100)	
✓	**Use of communication devices**	**Supporting Documentation**
☐	• Hearing aid (B0300)	
☐	• Written communication	
☐	• Sign language (A1100A)	
☐	• Braille (A1100A)	
☐	• Signs, gestures, sounds	
☐	• Communication board	
☐	• Electronic assistive devices	
☐	• Other	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

_____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):
☐ Yes ☐ No

Signature/Title:_____ Date:_____

5. ACTIVITIES OF DAILY LIVING (ADLs) – FUNCTIONAL/REHABILITATION POTENTIAL

Review of Indicators of ADLs – Functional/Rehabilitation Potential

✓	**Possible underlying problems** that may affect function. Some may be reversible.	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Delirium (C1310) (Delirium CAA)	
☐	• Acute episode or flare-up of chronic condition	
☐	• Changing cognitive status (C0100) (see Cognitive Loss CAA)	
☐	• Mood decline (D0160, D0600) (see Mood State CAA)	
☐	• Daily behavioral symptoms/decline in behavior (E0200) (see Behavioral Symptoms CAA)	
☐	• Use of physical restraints (P0100) (see Physical Restraints CAA)	
☐	• Pneumonia (I2000)	
☐	• Fall (J1700–J1900) (see Falls CAA)	
☐	• Hip fracture (I3900)	
☐	• Recent hospitalization (A1700, A1805)	
☐	• Fluctuating functional abilities (GG0130, GG0170)	
☐	• Nutritional problems (K0520A, K0520B) (see Nutrition CAA)	
☐	• Pain (J0300, J0800) (see Pain CAA)	
☐	• Dizziness	
☐	• Communication problems (B0200, B0700, B0800) (see Communication CAA)	
☐	• Vision problems (B1000) (see Vision CAA)	
✓	**Abnormal laboratory values**	**Supporting Documentation**
☐	• Electrolytes	
☐	• Complete blood count	
☐	• Blood sugar	
☐	• Thyroid function	
☐	• Arterial blood gases	
☐	• Other	

✓	**Medications** that can contribute to functional decline	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Psychoactive medications (N0415A–D)	
☐	• Opioids (N0415H)	
☐	• Other medications – ask consultant pharmacist to review medication regimen to identify these medications	
✓	**Limiting factors** resulting in need for assistance with self-care or mobility	**Supporting Documentation**
☐	• Mental errors such as sequencing problems, incomplete performance, or anxiety limitations	
☐	• Physical limitations such as weakness (GG0130, GG0170), limited range of motion (GG0115), poor coordination, poor balance, visual impairment (B1000), or pain (J0300, J0800)	
☐	• Facility conditions such as policies, rules, or physical layout	
✓	**Problems resident is at risk for** because of functional decline	**Supporting Documentation**
☐	• Falls (J1700–J1900)	
☐	• Weight loss (K0300)	
☐	• Unidentified pain (J0800)	
☐	• Social isolation	
☐	• Restraint use (P0100)	
☐	• Depression (D0150, D0160, D0500, D0600)	
☐	• Complications of immobility, such as — Pressure ulcer/injury (M0210, M0300) — Muscular atrophy — Contractures (GG0115) — Incontinence (H0300, H0400) — Urinary (I2300) and respiratory (I2000, I2200, I8000) infections	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

_____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):
☐ Yes ☐ No

Signature/Title: _____ Date: _____

Where rehabilitation goals are envisioned, use of the ***ADL Supplement*** will help care planners to focus on those areas that might be improved, allowing them to choose from among a number of basic tasks in designated areas. Part 1 of the supplement can assist in the evaluation of all residents that trigger this care area. Part 2 of the supplement can be helpful for residents with rehabilitation potential (ADL Triggers A), to help plan a treatment program.

ADL SUPPLEMENT
(Attaining maximum possible Independence)

PART 1: ADL Problem Evaluation INSTRUCTIONS: For those triggered - In areas physical help provided, indicate reason(s) for this help.	DRESSING	BATHING	TOILETING	LOCOMOTION	TRANSFER	EATING
Mental Errors: Sequencing problems, incomplete performance, anxiety limitations, etc. **Physical Limitations:** Weakness, limited range of motion, poor coordination, visual impairment, pain, etc. **Facility Conditions:** Policies, rules, physical layout, etc.						
PART 2: Possible ADL Goals INSTRUCTIONS: For those considered for rehabilitation or decline prevention treatment -				If wheelchair, check: ☐		
Indicate specific type of ADL activity that might require: 1. Maintenance to prevent decline. 2. Treatment to achieve highest practical self-sufficiency (selecting ADL abilities that are just above those the resident can now perform or participate in).	Locates/ selects/ obtains clothes	Goes to tub/ shower	Goes to toilet (include commode/ urinal at night)	Walks in room/ nearby ☐	Positions self in preparation	Opens/ pours/ unwraps/ cuts etc.
	Grasps/puts on upper lower body	Turns on water/ adjusts temperature	Removes/ opens clothes in preparation	Walks on unit ☐	Approaches chair/bed	Grasps utensils and cups
	Manages snaps, zippers, etc.	Lathers body (except back)	Transfers/ positions self	Walks throughout building (uses elevator) ☐	Prepares chair/bed (locks pad, moves covers)	Scoops/ spears food (uses fingers when necessary)
	Puts on in correct order	Rinses body	Eliminates into toilet	Walks outdoors ☐	Transfers (stands/sits/ lifts/turns)	Chews, drinks, swallows
	Grasps, removes each item	Dries with towel	Tears/uses paper to clean self	Walks on uneven surfaces ☐	Repositions/ arranges self	Repeats until food consumed
	Replaces clothes properly	Other	Flushes	Other ☐	Other	Uses napkins, cleans self
	Other		Adjusts clothes, washes hands			Other

6. URINARY INCONTINENCE AND INDWELLING CATHETER

Review of Indicators of Urinary Incontinence and Indwelling Catheter

✓	**Modifiable factors** contributing to transitory urinary incontinence	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Delirium (C1310) (see Delirium CAA)	
☐	• Urinary Tract Infection (I2300)	
☐	• Postmenopausal atrophic vaginitis (I8000)	
☐	• Medications (see below)	
☐	• Psychological or psychiatric problems (I5700–I6100)	
☐	• Constipation/impaction (H0600)	
☐	• Caffeine use	
☐	• Excessive fluid intake	
☐	• Pain (J0300, J0800)	
☐	• Environmental factors	
☐	— Restricted mobility (GG0170) (see Functional Abilities CAA)	
☐	— Lack of access to a toilet	
☐	— Other environmental barriers (such as pads or briefs)	
☐	— Restraints (P0100)	
✓	**Other factors** that contribute to incontinence or catheter use	**Supporting Documentation**
☐	• Excessive or inadequate urine output	
☐	• Urinary urgency AND need for assistance in toileting (GG0130, GG0170)	
☐	• Bladder cancer (I0100) or stones (I8000)	
☐	• Spinal cord or brain lesions (I8000)	
☐	• Tabes dorsalis (I8000)	
☐	• Neurogenic bladder (I1550)	
✓	**Laboratory tests**	**Supporting Documentation**
☐	• High serum calcium	
☐	• High blood glucose	
☐	• Low B12	
☐	• High BUN or creatinine	

✓	Diseases and conditions	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Benign prostatic hypertrophy (I1400)	
☐	• Congestive Heart Failure (CHF), pulmonary edema (I0600)	
☐	• Cerebrovascular Accident (CVA) (I4500)	
☐	• Transient Ischemic Attack (TIA) (I4500)	
☐	• Diabetes (I2900)	
☐	• Depression (I5800)	
☐	• Parkinson's disease (I5300)	
☐	• Prostate cancer (I0100)	
✓	**Type of incontinence**	**Supporting Documentation**
☐	• Stress (occurs with coughing, sneezing, laughing, lifting heavy objects, etc.)	
☐	• Urge (overactive or spastic bladder)	
☐	• Mixed (stress incontinence with urgency)	
☐	• Overflow (due to blocked urethra or weak bladder muscles)	
☐	• Transient (temporary/occasional related to a potentially improvable/reversible cause)	
☐	• Functional (can't get to toilet in time due to physical disability, external obstacles, or problems thinking or communicating)	
✓	**Medications** (from medication administration record and preadmission records if new admission; review by consultant pharmacist)	**Supporting Documentation**
☐	• Diuretics (N0415G)– can cause urge incontinence	
☐	• Sedatives, hypnotics (N0415B, N0415D)	
☐	• Anticholinergics – can lead to overflow incontinence — Parkinson's medications (except Sinemet and Deprenyl) — Disopyramide — Antispasmodics — Antihistamines — Antipsychotics (N0415A) — Antidepressants (N0415C) — Opioids (N0415H)	
☐	• Drugs that stimulate or block sympathetic nervous system	
☐	• Calcium channel blockers	

✓	**Use of indwelling catheter (H0100 is checked)**: (Presence of situation in which catheter use ***may*** be appropriate intervention after consideration of risks/benefits and after efforts to avoid catheter use have been unsuccessful	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Coma (B0100)	
☐	• Terminal illness (J1400, O0110K1)	
☐	• Stage 3 or 4 pressure ulcer in area affected by incontinence (M0300C, M0300D)	
☐	• Need for exact measurement of urine output	
☐	• History of inability to void after catheter removal	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

_____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):
☐ Yes ☐ No

Signature/Title:_____ Date:_____

7. PSYCHOSOCIAL WELL-BEING

Review of Indicators of Psychosocial Well-Being

✓	**Modifiable factors for relationship problems**	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Resident says or indicates they feel lonely (D0700) — Recent decline in social involvement and associated loneliness can be sign of acute health complications and depression	
☐	• Resident indicates they feel distressed because of decline in social activities	
☐	• Over the past few years, resident has experienced absence of daily exchanges with relatives and friends	
☐	• Resident is uneasy dealing with others	
☐	• Resident has conflicts with family, friends, roommate, other residents, or staff	
☐	• Resident appears preoccupied with the past and unwilling to respond to needs of the present	
☐	• Resident seems unable or reluctant to begin to establish a social role in the facility; may be grieving lost status or roles	
☐	• Recent change in family situation or social network, such as death of a close family member or friend	
✓	**Customary lifestyle** (Section F)	**Supporting Documentation**
☐	• Was lifestyle more satisfactory to the resident prior to admission to the nursing home?	
☐	• Are current psychosocial/relationship problems consistent with resident's long-standing lifestyle or is this relatively new for the resident?	
☐	• Has facility care plan to date been as consistent as possible with resident's prior lifestyle, preferences, and routines?	

✓	**Diseases and conditions** that may impede ability to interact with others	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Delirium (C1310, Delirium CAA)	
☐	• Intellectual disability /developmental disability (A1550)	
☐	• Alzheimer's disease (I4200)	
☐	• Aphasia (I4300)	
☐	• Other dementia (I4800)	
☐	• Depression (I5800)	
✓	**Health status factors** that may inhibit social involvement	**Supporting Documentation**
☐	• Decline in functional abilities (GG0130, GG0170)	
☐	• Health problem, such as falls (J1700–J1900), pain (J0300, J0800), fatigue, etc.	
☐	• Mood (D0150, D0160, D0500, D0600) or behavior (E0200) problem that impacts interpersonal relationships or that arises because of social isolation (see Mood State and Behavioral Symptoms CAAs)	
☐	• Change in communication (B0700, B0800), vision (B1000), hearing (B0200), cognition (C0100, C0600)	
☐	• Medications with side effects that interfere with social interactions, such as incontinence, diarrhea, delirium, or sleepiness	
✓	**Environmental factors** that may inhibit social involvement	**Supporting Documentation**
☐	• Use of physical restraints (P0100)	
☐	• Change in residence leading to loss of autonomy and reduced self-esteem (A1700)	
☐	• Change in room assignment or dining location or table mates	
☐	• Living situation limits informal social interaction, such as isolation precautions (O0110M1)	

✓	**Strengths** to build upon (from resident, family, staff interviews and clinical record)	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Activities in which resident appears especially at ease interacting with others	
☐	• Certain situations appeal to resident more than others, such as small groups or 1:1 interactions rather than large groups	
☐	• Certain individuals who seem to bring out a more positive, optimistic side of the resident	
☐	• Positive traits that distinguished the resident as an individual prior to their illness	
☐	• What gave the resident a sense of satisfaction earlier in their life?	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

_____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):
☐ Yes ☐ No

Signature/Title:_____ Date:_____

8. MOOD STATE

Review of Indicators of Mood

✓	Psychosocial changes	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Personal loss	
☐	• Recent move into or within the nursing home (A1700)	
☐	• Recent change in relationships, such as illness or loss of a relative or friend	
☐	• Recent change in health perception, such as perception of being seriously ill or too ill to return home (Q0310–Q0610)	
☐	• Clinical or functional change that may affect the resident's dignity, such as new or worsening incontinence, communication, or decline	
✓	**Clinical issues** that can cause or contribute to a mood problem	**Supporting Documentation**
☐	• Relapse of an underlying mental health problem (I5700–I6100)	
☐	• Psychiatric disorder (anxiety, depression, manic depression, schizophrenia, post-traumatic stress disorder) (I5700–I6100)	
☐	• Alzheimer's disease (I4200)	
☐	• Delirium (C1310)	
☐	• Delusions (E0100B)	
☐	• Hallucinations (E0100A)	
☐	• Communication problems (B0700, B0800)	
☐	• Decline in Functional Abilities (GG0130, GG0170)	
☐	• Infection (I1700–I2500, I8000, M1040A)	
☐	• Pain (J0300 or J0800)	
☐	• Cardiac disease (I0200–I0900)	
☐	• Thyroid abnormality (I3400)	
☐	• Dehydration (J1550C)	
☐	• Metabolic disorder (I2900–I3400)	
☐	• Neurological disease (I4200–I5500)	
☐	• Recent cerebrovascular accident (I4500)	
☐	• Dementia, cognitive decline (I4800)	
☐	• Cancer (I0100)	
☐	• Other (I8000)	

✓	Medications	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Antibiotics (N0415F)	
☐	• Anticholinergics	
☐	• Antihypertensives	
☐	• Anticonvulsants (N0415K)	
☐	• Antipsychotics (N0415A)	
☐	• Cardiac medications	
☐	• Cimetidine	
☐	• Clonidine	
☐	• Chemotherapeutic agents	
☐	• Digitalis	
☐	• Other	
☐	• Glaucoma medications	
☐	• Guanethidine	
☐	• Immuno-suppressive medications	
☐	• Methyldopa	
☐	• Opioids (N0415H)	
☐	• Nitrates	
☐	• Propranolol	
☐	• Reserpine	
☐	• Steroids	
☐	• Stimulants	
✓	**Laboratory tests**	**Supporting Documentation**
☐	• Serum calcium	
☐	• Thyroid function	
☐	• Blood glucose	
☐	• Potassium	
☐	• Porphyria	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

_____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):
☐ Yes ☐ No

Signature/Title:_____ Date:_____

9. BEHAVIORAL SYMPTOMS

Review of Indicators of Behavioral Symptoms

✓	Seriousness of the behavioral symptoms	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Resident is immediate threat to self – IMMEDIATE INTERVENTION REQUIRED (D0150I1, D0500I1)	
☐	• Resident is immediate threat to others – IMMEDIATE INTERVENTION REQUIRED	
☐	• Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually) (E0200A)	
☐	• Verbal behaviors directed toward others (e.g., threatening, screaming at, or cursing at others) (E0200B)	
☐	• Other behavior symptoms not directed toward others (e.g., hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily waste, or verbal/vocal symptoms like screaming, disruptive sounds) (E0200C)	
☐	• Behavior significantly interferes with the resident's care (E0500B)	
☐	• Behavior significantly interferes with the resident's participation in activities or social interaction (E0500C)	
☐	• Behavior significantly intrudes on the privacy or activity of others (E0600B, E1000B)	
☐	• Behavior significantly disrupts care or living environment (E0600C)	
☐	• Resident rejects care that is necessary to achieve their goals for health and well-being (E0800)	
☐	• Resident's behavior status, care rejection, or wandering has worsened since last assessment (E1100)	
✓	**Nature of the behavioral disturbance** (resident interview, if possible)	**Supporting Documentation**
☐	• Provoked or unprovoked	

✓	Seriousness of the behavioral symptoms	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Offensive or defensive	
☐	• Purposeful	
☐	• Occurs during specific activities, such as bath or transfers	
☐	• Pattern, such as certain times of the day, or varies over time	
☐	• Others in the vicinity are involved	
☐	• Reaction to a particular action, such as being physically moved	
☐	• Resident appears to startle easily	

✓	**Medication side effects** that can cause behavioral symptoms	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• New medication	
☐	• Change in dosage	
☐	• Antiparkinsonian medications - may cause hypersexuality, socially inappropriate behavior	
☐	• Sedatives, centrally active antihypertensives, some cardiac medications, anticholinergic agents can cause paranoid delusions, delirium	
☐	• Bronchodilators or other respiratory medications, which can increase agitation and cause difficulty sleeping	
☐	• Caffeine	
☐	• Nicotine	
☐	• Medications that impair impulse control, such as benzodiazepines, sedatives, alcohol (or any product containing alcohol, such as some cough medicine)	
✓	**Illness or conditions** that can cause behavior problems	**Supporting Documentation**
☐	• Long-standing mental health problem associated with the behavioral disturbances, such as schizophrenia, bipolar disorder, depression, anxiety disorder, post-traumatic stress disorder (I5700–I6100)	
☐	• New or acute physical health problem or flare-up of a known chronic condition (I8000)	
☐	• Delusions (E0100B)	
☐	• Hallucinations (E0100A)	
☐	• Paranoia	
☐	• Constipation (H0600)	
☐	• Congestive heart failure (I0600)	
☐	• Infection (I1700–I2500)	
☐	• Head injury (I5500)	
☐	• Diabetes (I2900)	
☐	• Pain (J0300, J0800)	
☐	• Fever (J1550A)	
☐	• Dehydration (J1550C, see Dehydration CAA)	

✓	Factors that can cause or exacerbate the behavior	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Frustration due to problem communicating discomfort or unmet need	
☐	• Frustration, agitation due to need to urinate or have bowel movement	
☐	• Fear due to not recognizing caregiver	
☐	• Fear due to not recognizing the environment or misinterpreting the environment or actions of others	
☐	• Major unresolved sources of interpersonal conflict between the resident and family members, other residents, or staff (see Psychosocial Well-Being CAA)	
☐	• Recent change, such as new admission (A1700) or a new unit, assignment of new care staff, or withdrawal from a treatment program	
☐	• Departure from normal routines	
☐	• Sleep disturbance (D0150C, D0500C)	
☐	• Noisy, crowded area	
☐	• Dimly lit area	
☐	• Sensory impairment, such as hearing or vision problem (B0200, B1000)	
☐	• Restraints (P0100)	
☐	• Alarm Use (P0200)	
☐	• Fatigue (D0150D, D0500D)	
☐	• Need for repositioning (M1200C)	
✓	**Cognitive status problems** (also see Cognitive Loss CAA)	**Supporting Documentation**
☐	• Delirium (C1310) (see Delirium CAA)	
☐	• Dementia (I4800)	
☐	• Recent cognitive loss	
☐	• Alzheimer's disease (I4200)	
☐	• Effects of cerebrovascular accident (I4500)	

✓	Other Considerations	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• May be communicating discomfort, fears, personal needs, preferences, feeling ill	
☐	• Persons exhibiting long-standing problem behaviors related to psychiatric conditions may place others in danger of physical assault, intimidation, or embarrassment and place themselves at increased risk of being stigmatized, isolated, abused, and neglected by loved ones or care givers	
☐	• The actions and responses of family members and caregivers can aggravate or even cause behavioral outbursts	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

_____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):
☐ Yes ☐ No

Signature/Title:_____ Date:_____

10. ACTIVITIES

Review of Indicators of Activities

✓	Activity preferences prior to admission	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Passive	
☐	• Active	
☐	• Outside the home	
☐	• Inside the home	
☐	• Centered almost entirely on family activities	
☐	• Centered almost entirely on non-family activities	
☐	• Group activities (F0500E, F0800P)	
☐	• Solitary activities	
☐	• Involved in community service, volunteer activities	
☐	• Athletic	
☐	• Non-athletic	
✓	**Current activity pursuits**	**Supporting Documentation**
☐	• Resident identifies leisure activities of interest	
☐	• Self-directed or done with others and/or planned by others	
☐	• Activities resident pursues when visitors are present	
☐	• Scheduled programs in which resident participates	
☐	• Activities of interest not currently available or offered to the resident	

✓	**Health issues** that result in reduced activity participation	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Indicators of depression or anxiety (D0150, D0160, D0500, D0600)	
☐	• Use of psychoactive medications (N0415A–N0415D)	
☐	• Functional/mobility (GG0130, GG0170) or balance problems; physical disability	
☐	• Cognitive deficits (C0500, C0700–C1000), including stamina, ability to express self (B0700), understand others (B0800), make decisions (C1000)	
☐	• Unstable acute/chronic health problem (O0110, J0100, J1100, J1400, J1550, J2000, I8000, M1040)	
☐	• Chronic health conditions, such as incontinence (H0300, H0400) or pain (J0300, J0800)	
☐	• Embarrassment or unease due to presence of equipment, such as tubes, oxygen tank (O0110C1), or colostomy bag (H0100)	
☐	• Receives numerous treatments (M1200, O0110, *O0390,* O0400) that limit available time/energy	
☐	• Performs tasks slowly due to reduced energy reserves	
✓	**Environmental or staffing issues** that hinder participation	**Supporting Documentation**
☐	• Physical barriers that prevent the resident from gaining access to the space where the activity is held	
☐	• Need for additional staff responsible for social activities	
☐	• Lack of staff time to involve residents in current activity programs	
☐	• Resident's fragile nature results in feelings of intimidation by staff responsible for the activity	

✓	**Unique skills or knowledge** the resident has that they could pass on to others	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Games	
☐	• Complex tasks such as knitting, or computer skills	
☐	• Topic that might interest others	
✓	**Issues** that result in reduced activity participation	**Supporting Documentation**
☐	• Resident is new to facility or has been in facility long enough to become bored with status quo	
☐	• Psychosocial well-being issues, such as shyness, initiative, and social involvement	
☐	• Socially inappropriate behavior (E0200)	
☐	• Indicators of psychosis (E0100A–B)	
☐	• Feelings of being unwelcome, due to issues such as those already involved in an activity drawing boundaries that are difficult to cross	
☐	• Limited opportunities for resident to get to know others through activities such as shared dining, afternoon refreshments, monthly birthday parties, reminiscence groups	
☐	• Available activities do not correspond to resident's values, attitudes, expectations (F0500, F0800)	
☐	• Long history of unease in joining with others	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

_____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):
☐ Yes ☐ No

Signature/Title:_____ Date:_____

11. FALL(S)

Review of Indicators of Fall Risk

Use information from observations, interviews, the clinical record and the MDS to identify indicators that pertain to the resident.

✓	History of falling (J1700, J1800, J1900)	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Time of day, exact hour of the fall(s)	
☐	• Location of the fall(s), such as bedroom, bathroom, hallway, stairs, outside, etc.	
☐	• Related to specific medication	
☐	• Proximity to most recent meal	
☐	• Responding to bowel or bladder urgency	
☐	• Doing usual/unusual activity	
☐	• Standing still or walking	
☐	• Reaching up or reaching down	
☐	• Identify the conclusions about the root cause(s), contributing factors related to previous falls	
✓	**Physical performance limitations: balance, gait, strength, muscle endurance**	**Supporting Documentation**
☐	• Difficulty maintaining sitting balance	
☐	• Need to rock body or push off on arms of chair when standing up from chair	
☐	• Difficulty maintaining standing position	
☐	• Impaired balance during transitions	
☐	• Gait problem, such as unsteady gait, even with mobility aid or personal assistance, slow gait, takes small steps, takes rapid steps, or lurching gait	
☐	• One leg appears shorter than the other	
☐	• Musculoskeletal problem, such as kyphosis, weak hip flexors from extended bed rest, or shortening of a leg	

✓	Medications	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Antipsychotics (N0415A)	
☐	• Antianxiety agents (N0415B)	
☐	• Antidepressants (N0415C)	
☐	• Hypnotics (N0415D)	
☐	• Cardiovascular medications	
☐	• Diuretics (N0415G)	
☐	• Opioids (N0415H)	
☐	• Neuroleptics	
☐	• Other medications that cause lethargy or confusion	
✓	**Internal risk factors**	**Supporting Documentation**
☐	• Circulatory/Heart — Anemia (I0200) — Cardiac Dysrhythmias (I0300) — Angina, Myocardial Infarction (MI), Atherosclerotic Heart Disease (ASHD) (I0400) — Congestive Heart Failure (CHF) pulmonary edema (I0600) — Cerebrovascular Accident (CVA) (I4500) — Transient Ischemic Attack (TIA) (I4500) — Postural/Orthostatic hypotension (I0800)	

(continued)

✓	**Internal risk factors** (continued)	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Neuromuscular/functional — Cerebral palsy (I4400) — Loss of arm or leg movement (GG0115) — Decline in functional status (GG0130, GG0170) — Incontinence (H0300, H0400) — Hemiplegia/Hemiparesis (I4900) — Parkinson's disease (I5300) — Seizure disorder (I5400) — Paraplegia (I5000) — Multiple sclerosis (I5200) — Traumatic brain injury (I5500) — Syncope — Chronic or acute condition resulting in instability — Peripheral neuropathy — Muscle weakness	
☐	• Orthopedic — Joint pain — Arthritis (I3700) — Osteoporosis (I3800) — Hip fracture (I3900) — Missing limb(s) (GG0120D)	
☐	• Perceptual — Visual impairment (B1000) — Hearing impairment (B0200) — Dizziness/vertigo	
☐	• Psychiatric or cognitive — Impulsivity or poor safety awareness — Delirium (C1310) — Wandering (E0900) — Agitation behavior (E0200) – describe the specific verbal or motor activity- e.g. screaming, babbling, cursing, repetitive questions, pacing, kicking, scratching, etc. — Cognitive impairment (C0500, C0700–C1000) — Alzheimer's disease (I4200) — Other dementia (I4800) — Anxiety disorder (I5700) — Depression (I5800) — Manic depression (I5900) — Schizophrenia (I6000)	

✓	**Internal risk factors** (continued)	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Infection (I1700–I2500)	
☐	• Low levels of physical activity	
☐	• Pain (J0300, J0800)	
☐	• Headache	
☐	• Fatigue, weakness	
☐	• Vitamin D deficiency	
✓	**Laboratory tests**	**Supporting Documentation**
☐	• Hypo- or hyperglycemia	
☐	• Electrolyte imbalance	
☐	• Dehydration (J1550C)	
☐	• Hemoglobin and hematocrit	
✓	**Environmental factors** (from review of facility environment)	**Supporting Documentation**
☐	• Poor lighting	
☐	• Glare	
☐	• Patterned carpet	
☐	• Poorly arranged furniture	
☐	• Uneven surfaces	
☐	• Slippery floors	
☐	• Obstructed walkway	
☐	• Poor fitting or slippery shoes	
☐	• Proximity to aggressive resident	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

_____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):
☐ Yes ☐ No

Signature/Title:_____ Date:_____

12. NUTRITIONAL STATUS

Review of Indicators of Nutritional Status

✓	**Current eating pattern** – resident leaves significant proportion of meals, snacks, and supplements daily for even a few days	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Food offered or available is not consistent with the resident's food choices/needs — Food preferences not consistently honored — Resident has allergies or food intolerance (for example, needs lactose-free) — Food not congruent with religious or cultural needs — Resident complains about food quality (for example, not like what spouse used to prepare, food lacks flavor) — Resident doesn't eat processed foods — Food doesn't meet other special diet requirements	
☐	• Pattern re: food left uneaten (for example, usually leaves the meat or vegetables)	
☐	• Intervals between meals may be too long or too short	
☐	• Unwilling to accept food supplements or to eat more than three meals per day	

✓	**Functional problems** that affect ability to eat	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Swallowing problem (K0100)	
☐	• Arthritis (I3700)	
☐	• Contractures (GG0115)	
☐	• Functional limitation in range of motion (GG0115)	
☐	• Partial or total loss of arm movement (GG0115)	
☐	• Hemiplegia/hemiparesis (I4900, GG0115)	
☐	• Quadriplegia/paraplegia (I5100, I5000) (GG0115)	
☐	• Inability to perform self-care or mobility without significant physical assistance (GG0130, GG0170)	
☐	• Inability to sit up	
☐	• Missing limb(s) (GG0120D)	
☐	• Vision problems (B1000)	
☐	• Decreased ability to smell or taste food	
☐	• Need for special diet or altered consistency which might not appeal to resident (K0520C, K0520D)	
☐	• Recent decline in functional abilities (GG0130, GG0170)	
✓	**Cognitive, mental status, and behavior problems** that can interfere with eating	**Supporting Documentation**
☐	• Review Cognitive Loss CAA	
☐	• Alzheimer's Disease (I4200)	
☐	• Other dementia (I4800)	
☐	• Intellectual disability/developmental disability (A1550)	
☐	• Paranoid fear that food is poisoned	
☐	• Requires frequent/constant cueing	
☐	• Disruptive behaviors (E0200)	
☐	• Indicators of psychosis (E0100)	
☐	• Wandering (E0900)	
☐	• Pacing (E0200)	
☐	• Throwing food (E0200)	
☐	• Resisting care (E0800)	
☐	• Very slow eating	
☐	• Short attention span	
☐	• Poor memory (C0500, C0700–C0900)	
☐	• Anxiety problems (I5700)	

✓	Communication problems	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Review Communication CAA	
☐	• Comatose (B0100)	
☐	• Difficulty making self-understood (B0700)	
☐	• Difficulty understanding others (B0800)	
☐	• Aphasia (I4300)	
✓	**Dental/oral problems**	**Supporting Documentation**
☐	• See Dental Care CAA	
☐	• Broken or fractured teeth (L0200D)	
☐	• Toothache (L0200F)	
☐	• Bleeding gums (L0200E)	
☐	• Loose dentures, dentures causing sores (L0200A)	
☐	• Lip or mouth lesions (for example, cold sores, fever blisters, oral abscess) (L0200C)	
☐	• Mouth pain (L0200F)	
☐	• Dry mouth	
✓	**Other diseases and conditions** that can affect appetite or nutritional needs	**Supporting Documentation**
☐	• Anemia (I0200)	
☐	• Arthritis (I3700)	
☐	• Burns (M1040F)	
☐	• Cancer (I0100)	
☐	• Cardiovascular disease (I0300–I0900)	
☐	• Cerebrovascular accident (I4500)	
☐	• Constipation (H0600)	
☐	• Delirium (C1310)	
☐	• Depression (I5800)	
☐	• Diabetes (I2900)	
☐	• Diarrhea	
☐	• Gastrointestinal problem (I1100–I1300)	
☐	• Hospice care (O0110K1)	
☐	• Liver disease (I8000)	
☐	• Pain (J0300, J0800)	
☐	• Parkinson's disease (I5300)	
☐	• Pressure ulcers/injuries (M0210, M0300)	

(continued)

✓	**Other diseases and conditions** that can affect appetite or nutritional needs (continued)	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Radiation therapy (O0110B1)	
☐	• Recent acute illness (I8000)	
☐	• Recent surgical procedure (I8000, J2000, M1200F)	
☐	• Renal disease (I1500)	
☐	• Respiratory disease (I6200)	
☐	• Thyroid problem (I3400)	
☐	• Weight loss (K0300)	
☐	• Weight gain (K0310)	
✓	**Abnormal laboratory values**	**Supporting Documentation**
☐	• Electrolytes	
☐	• Pre-albumin level	
☐	• Plasma transferrin level	
☐	• Others	
✓	**Medications**	**Supporting Documentation**
☐	• Antipsychotics (N0415A)	
☐	• Chemotherapy (O0110A1)	
☐	• Cardiac medications	
☐	• Diuretics (N0415G)	
☐	• Anti-inflammatory medications	
☐	• Anti-Parkinson's medications	
☐	• Laxatives	
☐	• Antacids	
☐	• Start of a new medication	
✓	**Environmental factors**	**Supporting Documentation**
☐	• Sufficient eating assistance	
☐	• Availability of adaptive equipment	
☐	• Dining environment fosters pleasant social experience	
☐	• Appropriate lighting	
☐	• Sufficient personal space during meals	
☐	• Proper positioning in wheelchair/chair for dining	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

_____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):
☐ Yes ☐ No

Signature/Title:_____ Date:_____

13. FEEDING TUBE(S)

Review of Indicators of Feeding Tubes

✓	Reason for tube feeding	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Unable to swallow or to eat food and unlikely to eat within a few days due to — Physical problems in chewing or swallowing (for example, stroke or Parkinson's disease) (L0200F, K0100) — Mental problems (I5700–I6100) (for example, Alzheimer's (I4200), Other Dementia (I4800), depression (I5800))	
☐	• Normal caloric intake is substantially impaired due to endotracheal tube or a tracheostomy (O0110E1, O0110F1)	
☐	• Prevention of meal-induced hypoxemia (insufficient oxygen to blood), in resident with COPD (I6200) or other pulmonary problems that interfere with eating	
✓	**Complications of tube feeding**	**Supporting Documentation**
☐	• Diagnostic conditions — Delirium (C1310) — Repetitive physical movements — Anxiety (I5700) — Depression (I5800) — Lung aspiration, pneumonia (I2000) — Infection at insertion site (I2500) — Shortness of breath (J1100)	
☐	• Bleeding around insertion site	
☐	• Constipation (H0600)	
☐	• Abdominal distension or abdominal pain	
☐	• Diarrhea or cramping	
☐	• Nausea, vomiting (J1550B)	
☐	• Tube dislodgement, blockage, leakage	
☐	• Bowel perforation	
☐	• Dehydration (J1550C) or fluid overload	
☐	• Self-extubation	
☐	• Use of physical restraints (P0100)	

✓	**Psychosocial issues** related to tube feeding	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Signs of depression (D0150, D0160, D0500, D0600, I5800, Mood State CAA)	
☐	• Ways to socially engage the resident with a feeding tube	
☐	• Emotional and social support from social workers, other members of the healthcare team	
✓	**Periodic evaluations and consultations**	**Supporting Documentation**
☐	• Weight check at least monthly (K0300, K0310)	
☐	• Lab tests to monitor electrolytes, serum albumin, hematocrit	
☐	• Periodic evaluations by nutritionist or dietitian	
☐	• Periodic evaluation of possibility of resuming oral feeding	
☐	• Regular changing and replacement of PEG tubes and J-tubes, per physician order and facility protocol (K0520B)	
✓	**Factors that may impede removal of feeding tube**	**Supporting Documentation**
☐	• Comatose (B0100)	
☐	• Failure to eat and resists assistance in eating (E0800)	
☐	• Cerebrovascular accident (I4500)	
☐	• Gastric ulcers, gastric bleeding, or other stomach disorder (I1200, I1300)	
☐	• Chewing problems unresolvable (L0200F)	
☐	• Swallowing problems (K0100)	
☐	• Mouth pain (L0200F)	
☐	• Anorexia (I8000)	
☐	• Lab values indicating compromised nutritional status	
☐	• Significant weight loss (K0300)	
☐	• Significant weight gain (K0310)	
☐	• Prolonged illness	
☐	• Neurological disorder (I4200–I5500)	
☐	• Cancer or side effects of cancer treatment (I0100, O0110A1, O0110B1)	
☐	• Advanced dementia (I4800)	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

_____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):
☐ Yes ☐ No

Signature/Title:_____ Date:_____

14. DEHYDRATION/FLUID MAINTENANCE

Review of Indicators of Dehydration/Fluid Maintenance

✓	Symptoms of dehydration	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Dizziness on sitting or standing	
☐	• Confusion or change in mental status (delirium) (C1310, V0100D)	
☐	• Lethargy (C1310D)	
☐	• Recent decrease in urine volume or more concentrated urine than usual	
☐	• Decreased skin turgor, dry mucous membranes (J1550)	
☐	• Newly present constipation (H0600), fecal impaction	
☐	• Fever (J1550A)	
☐	• Functional decline (GG0130, GG0170)	
☐	• Increased risk for falls (J1700–J1900)	
☐	• Fluid and electrolyte disturbance	
✓	**Abnormal laboratory values**	**Supporting Documentation**
☐	• Hemoglobin	
☐	• Hematocrit	
☐	• Potassium chloride	
☐	• Sodium	
☐	• Albumin	
☐	• Blood urea nitrogen	
☐	• Urine specific gravity	

✓	**Cognitive, communication, and mental status** issues that can interfere with intake	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Depression (I5800, D0160, D0600) or anxiety (I5700)	
☐	• Behavioral disturbance that interferes with intake (E0200)	
☐	• Recent change in mental status (C1310)	
☐	• Alzheimer's or other dementia that interferes with eating due to short attention span, resisting assistance, slow eating/drinking, etc. (I4200, I4800)	
☐	• Difficulty making self-understood (B0700)	
☐	• Difficulty understanding others (B0800)	
✓	**Diseases and conditions** that predispose to limitations in maintaining normal fluid balance	**Supporting Documentation**
☐	• Infection (I1700–I2500, M1040A)	
☐	• Fever (J1550A)	
☐	• Diabetes (I2900)	
☐	• Congestive heart failure (I0600)	
☐	• Swallow problem (K0100)	
☐	• Malnutrition (I5600)	
☐	• Renal disease (I1500)	
☐	• Weight loss (K0300)	
☐	• Weight gain (K0310)	
☐	• New cerebrovascular accident (I4500)	
☐	• Unstable acute or chronic condition	
☐	• Nausea or vomiting (J1550B)	
☐	• Diarrhea	
☐	• Excessive sweating	
☐	• Recent surgery (J2000, J2100, I8000)	
☐	• Recent decline in functional abilities, including body control or hand control problems (GG0115A), inability to sit up, etc. (GG0130, GG0170)	
☐	• Parkinson's or other neurological disease that requires unusually long time to eat (I4200–I5500)	
☐	• Abdominal pain, with or without diarrhea, nausea, or vomiting (clinical record, (J1550B)	

(continued)

✓	**Diseases and conditions** that predispose to limitations in maintaining normal fluid balance (continued)	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Newly taking a diuretic or recent increase in diuretic dose (N0415G)	
☐	• Takes excessive doses of a laxative	
☐	• Hot weather (increases risk for elderly in absence of increased fluid intake)	
✓	**Oral intake**	**Supporting Documentation**
☐	• Recent change in oral intake	
☐	• Skips meals or consumes less than 25 percent of meals	
☐	• Fluid restriction	
☐	• Newly prescribed diet	
☐	• Decreased perception of thirst	
☐	• Limited fluid-drinking opportunities	
☐	• Fluid intake limited to try to control incontinence	
☐	• Dependence on staff for fluid intake	
☐	• Excessive output compared to fluid intake	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

_____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):
☐ Yes ☐ No

Signature/Title:_____ Date:_____

15. DENTAL CARE

Review of Indicators of Oral/Dental Condition/Problem

✓	**Cognitive problems** that contribute to oral/dental problems	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Needs reminders to clean teeth	
☐	• Cannot remember steps to complete oral hygiene (GG0130B)	
☐	• Decreased ability to understand others (B0800) or to perform tasks following demonstration	
☐	• Cognitive deficit (C0500, C0700–C1000)	
✓	**Functional impairment** limiting ability to perform personal hygiene	**Supporting Documentation**
☐	• Loss of voluntary arm movement (GG0115A)	
☐	• Impaired hand dexterity (GG0115A)	
☐	• Functional limitation in upper extremity range of motion (GG0115A)	
☐	• Decreased mobility (GG0170)	
☐	• Resists assistance with activities of daily living (E0800)	
☐	• Lacks motivation or knowledge regarding adequate oral hygiene, dental care (GG0130B)	
☐	• Requires adaptive equipment for oral hygiene	
✓	**Dry mouth** causing buildup of oral bacteria	**Supporting Documentation**
☐	• Dehydration (see Dehydration/Fluid Maintenance CAA)	
☐	• Medications — Antipsychotics (N0415A) — Antidepressants (N0415C) — Antianxiety agents (N0415B) — Sedatives/hypnotics (N0415D) — Diuretics (N0415G) — Antihypertensives — Antiparkinsonian medications — Opioids (N0415H) — Anticonvulsants (N0415K) — Antihistamines — Decongestants — Antiemetics	
☐	• Antineoplastics	

✓	**Diseases and conditions** that may be related to poor oral hygiene, oral infection	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Recurrent pneumonia related to aspiration of saliva contaminated due to poor oral hygiene (I2000)	
☐	• Unstable diabetes related to oral infection (I2900)	
☐	• Endocarditis related to oral infection (I8000)	
☐	• Sores in mouth related to poor-fitting dentures (L0200C)	
☐	• Poor nutrition (I5600) (see Nutrition CAA)	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

_____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):
☐ Yes ☐ No

Signature/Title:_____ Date:_____

16. PRESSURE ULCER/INJURY

Review of Indicators of Pressure Ulcer/Injury

✓	**Existing pressure ulcer/injury** (M0210, M0300)	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Assess location, size, stage, presence and type of drainage, presence of odors, condition of surrounding skin — Note if eschar or slough is present (M0300F) — Assess for signs of infection, such as the presence of a foul odor, increasing pain, surrounding skin is reddened (erythema) or warm, or there is a presence of purulent drainage — Note whether granulation tissue (required for healing) is present and the wound is healing as expected	
☐	• If the ulcer/injury does not show signs of healing despite treatment, consider complicating factors — Elevated bacterial level in the absence of clinical infection — Presence of exudate, necrotic debris or slough in the wound, too much granulation tissue, or odor in the wound bed — Underlying osteomyelitis (bone infection)	
✓	**Extrinsic risk factors**	**Supporting Documentation**
☐	• Pressure — Requires staff assistance to move sufficiently to relieve pressure over any one site — Confined to a bed or chair all or most of the time — Needs special mattress or seat cushion to reduce or relieve pressure (M1200A, M1200B) — Requires regular schedule of turning (M1200C)	
☐	• Friction and shear — Slides down in the bed — Moved by sliding rather than lifting	
☐	• Maceration — Persistently wet, especially from fecal incontinence, wound drainage, or perspiration — Moisture associated skin damage (M1040H)	

(continued)

✓	Intrinsic risk factors	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Immobility (GG0170)	
☐	• Altered mental status — Delirium limits mobility (see Delirium CAA) — Cognitive loss (C0500, C0700–C1000) limits mobility (see Cognitive Loss CAA)	
☐	• Incontinence (H0300, H0400, M1040H) (see Incontinence CAA)	
☐	• Poor nutrition (I5600) (see Nutrition CAA)	
✓	**Medications** that increase risk for pressure ulcer/injury development	**Supporting Documentation**
☐	• Antipsychotics (N0415A)	
☐	• Antianxiety agents (N0415B)	
☐	• Antidepressants (N0415C)	
☐	• Hypnotics (N0415D)	
☐	• Steroids	
☐	• Opioids (N0415H)	
✓	**Diagnoses and conditions** that present complications or increase risk for pressure ulcer/injury	**Supporting Documentation**
☐	• Delirium (C1310)	
☐	• Comatose (B0100)	
☐	• Cancer (I0100)	
☐	• Peripheral Vascular Disease (I0900)	
☐	• Diabetes (I2900)	
☐	• Alzheimer's disease (I4200)	
☐	• Cerebrovascular Accident (I4500)	
☐	• Other dementia (I4800)	
☐	• Hemiplegia/hemiparesis (I4900)	
☐	• Paraplegia (I5000), Quadriplegia (I5100)	
☐	• Multiple sclerosis (I5200)	
☐	• Depression (D0160, D0600, I5800)	
☐	• Edema	
☐	• Severe pulmonary disease (I6200)	
☐	• Sepsis (I2100)	
☐	• Terminal illness (J1400, O0110K1)	

✓	**Diagnoses and conditions** that present complications or increase risk for pressure ulcer/injury (continued)	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Chronic or end-stage renal, liver, or heart disease (I1500, I1100, I2400, I0400, I0600)	
☐	• Pain (J0300, J0800)	
☐	• Dehydration (J1550C, I8000)	
☐	• Shortness of breath (J1100)	
☐	• Recent weight loss (K0300)	
☐	• Recent weight gain (K0310)	
☐	• Malnutrition (I5600)	
☐	• Decreased sensory perception	
☐	• Recent decline in Functional Abilities (GG0130, GG0170)	
✓	**Treatments and other factors** that cause complications or increase risk	**Supporting Documentation**
☐	• Newly admitted or readmitted (A1700)	
☐	• History of healed pressure ulcer/injury	
☐	• Chemotherapy (O0110A1)	
☐	• Radiation therapy (O0110B1)	
☐	• Ventilator or respirator (O0110F1)	
☐	• Renal dialysis (O0110J1)	
☐	• Functional limitation in range of motion (GG0115)	
☐	• Head of bed elevated most or all of the time	
☐	• Physical restraints (P0100)	
☐	• Devices that can cause pressure, such as oxygen (O0110C1) or indwelling catheter (H0100A) tubing, TED hose, casts, or splints	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

_____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):
☐ Yes ☐ No

Signature/Title:_____ Date:_____

17. PSYCHOTROPIC MEDICATION USE

Review of Indicators of Psychotropic Drug Use

✓	**Class(es) of medication** this resident is taking	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Antipsychotic (N0415A, N0450A)	
☐	• Antianxiety (N0415B)	
☐	• Antidepressant (N0415C)	
☐	• Sedative/Hypnotic (N0415D)	
✓	**Unnecessary medication evaluation**	**Supporting Documentation**
☐	• Excessive dose, including duplicate medications	
☐	• Excessive duration and/or without gradual dose reductions (N0450B, N0450C)	
☐	• Inadequate monitoring for effectiveness and/or adverse consequences	
☐	• Inadequate or inappropriate indications for use	
☐	• In presence of adverse consequences related to the medication	
✓	**Treatable/reversible reasons for use** of psychotropic medication	**Supporting Documentation**
☐	• Environmental stressors such as excessive heat, noise, overcrowding, etc.	
☐	• Psychosocial stressors such as abuse, taunting, not following resident's customary routine, etc. (F0300–F0800)	
☐	• Treatable medical conditions, such as heart disease (I0200–I0900), diabetes (I2900), or respiratory disease (I6200, I6300)	

✓	**Adverse consequences of ANTIDEPRESSANTS** exhibited by this resident	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Worsening of depression and/or suicidal behavior or thinking (D0150I, D0500I, V0100E, V0100F)	
☐	• Delirium unrelated to medical illness or severe depression (C1310)	
☐	• Hallucinations (E0100A)	
☐	• Dizziness	
☐	• Nausea	
☐	• Diarrhea	
☐	• Anxiety (I5700)	
☐	• Nervousness, fidgety or restless (D0150H, D0500H)	
☐	• Insomnia	
☐	• Somnolence	
☐	• Weight gain (K0310)	
☐	• Anorexia or increased appetite	
☐	• Increased risk for falls (J1700–J1900)	
☐	• Seizures (I5400)	
☐	• Hypertensive crisis if combined with certain foods, cheese, wine (MAO inhibitors)	
☐	• Anticholinergic (tricyclics), such as constipation, dry mouth, blurred vision, urinary retention, etc.	
☐	• Postural hypotension (tricyclics)	
✓	**Adverse consequences of ANTIPSYCHOTICS** exhibited by this resident	**Supporting Documentation**
☐	• Anticholinergic effects, such as constipation, dry mouth, blurred vision, urinary retention, etc.	
☐	• Increase in total cholesterol and triglycerides	
☐	• Akathisia (inability to sit still)	
☐	• Parkinsonism (any combination of tremors, postural unsteadiness, muscle rigidity, pill-rolling of hands, shuffling gait, etc.)	

(continued)

✓	**Adverse consequences of ANTIPSYCHOTICS** exhibited by this resident	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Neuroleptic malignant syndrome (high fever with severe muscular rigidity)	
☐	• Blood sugar elevation	
☐	• Cardiac arrhythmias (I0300)	
☐	• Orthostatic hypotension	
☐	• Cerebrovascular accident or transient ischemic attack (I4500)	
☐	• Falls (J1700–J1900)	
☐	• Tardive dyskinesia (persistent involuntary movements such as tongue thrusting, lip movements, chewing or puckering movements, abnormal limb movements, rocking or writhing trunk movements)	
☐	• Lethargy (C1310D)	
☐	• Excessive sedation	
☐	• Depression (D0160, D0600, I5800)	
☐	• Hallucinations (E0100A)	
☐	• Delirium unrelated to medical illness or severe depression (C1310)	
✓	**Adverse consequences of ANXIOLYTICS** exhibited by this resident	**Supporting Documentation**
☐	• Sedation manifested by short-term memory loss (C0500, C0700), decline in cognitive abilities, slurred speech (B0600), drowsiness, little/no activity involvement	
☐	• Delirium unrelated to medical illness or severe depression (C1310)	
☐	• Hallucinations (E0100A)	
☐	• Depression (D0160, D0600, I5800)	
☐	• Disturbances of balance, gait, positioning ability (GG0170)	

✓	**Adverse consequences of SEDATIVES/HYPNOTICS** exhibited by this resident	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• May increase the metabolism of many medications (for example, anticonvulsants, antipsychotics), which may lead to decreased effectiveness and subsequent worsening of symptoms or decreased control of underlying illness	
☐	• Hypotension (I0800)	
☐	• Dizziness, lightheadedness	
☐	• "Hangover" effect	
☐	• Drowsiness	
☐	• Confusion, delirium unrelated to acute illness or severe depression (C1310)	
☐	• Mental depression (I5800, I5900)	
☐	• Unusual excitement	
☐	• Nervousness	
☐	• Headache	
☐	• Insomnia	
☐	• Nightmares	
☐	• Hallucinations (E0100A)	
☐	• Falls (J1700–J1900)	
✓	**Medication-related discomfort** requiring treatment and/or prevention	**Supporting Documentation**
☐	• Dehydration (J1550C)	
☐	• Reduced dietary bulk	
☐	• Lack of exercise	
☐	• Constipation/fecal impaction (H0600	
☐	• Urinary retention	
☐	• Dry mouth (interview)	
✓	**Overall status change** for relationship to psychotropic drug use	**Supporting Documentation**
☐	• Major differences in a.m./p.m. performance	
☐	• Decline in cognition/communication (V0100D)	
☐	• Decline in mood (V0100E, V0100F)	
☐	• Decline in behavior (E1100)	
☐	• Decline in functional abilities (GG0130, GG0170)	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

_____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):
☐ Yes ☐ No

Signature/Title:_____ Date:_____

18. PHYSICAL RESTRAINTS

Review of Indicators of Physical Restraints

✓	Evaluation of current restraint use	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Does not meet regulatory definition of restraint (stop here and check accuracy of MDS item that triggered this CAA)	
☐	• Evidence of informed consent not evident in chart	
☐	• Medical symptom not identified for treatment via restraints	
☐	• Used for staff convenience	
☐	• Used for discipline purposes	
☐	• Multiple restraints in use	
☐	• Non-restraint interventions not attempted prior to restraining	
☐	• Less restrictive devices not attempted	
☐	• No regular schedule for removing restraints	
☐	• No schedule for frequency by hour of the day for checking on resident's well-being	
☐	• No plan for reducing/eliminating restraints	
✓	**Medical conditions/treatments that may lead to restraint use**	**Supporting Documentation**
☐	• Indwelling catheter (H0100A), external catheter (H0100B), or ostomy (H0100C)	
☐	• Parenteral/IV feeding (K0520A)	
☐	• Feeding tube (K0520B)	
☐	• Pressure ulcer/injury (M0210, M0300) or pressure ulcer/injury care (M1200E)	
☐	• Other skin ulcers, wounds, skin problems (M1040) or wound care (M1200F–M1200I)	
☐	• Oxygen therapy (O0110C1)	
☐	• Tracheostomy (O0110E1, clinical record)	
☐	• Ventilator or respirator (O0110F1)	
☐	• IV medications (O0110H1)	
☐	• Transfusions (O0110I1)	
☐	• Functional decline, decreased mobility (GG0130, GG0170)	
☐	• Alarm use (P0200)	
☐	• Other medical problem or equipment associated with restraint use (clinical record)	

✓	**Cognitive impairment/behavioral symptoms that may lead to restraint use** (also see Cognitive Loss and Behavior CAAs)	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Inattention, easily distracted (C1310B)	
☐	• Disorganized thinking (C1310C)	
☐	• Fidgety, restless	
☐	• Agitation behavior (E0200) – describe the specific verbal or motor activity- e.g. screaming, babbling, cursing, repetitive questions, pacing, kicking, scratching, etc.	
☐	• Confusion (C0500, C0700–C1000)	
☐	• Psychosis (E0100A, E0100B)	
☐	• Physical symptoms directed toward others (E0200A)	
☐	• Verbal behavioral symptoms directed toward others (E0200B)	
☐	• Rejection of care (E0800)	
☐	• Wandering (E0900)	
☐	• Delirium (C1310), including side effects of medications	
☐	• Alzheimer's disease (I4200) or other dementia (I4800)	
☐	• Traumatic brain injury (I5500)	
☐	• Psychiatric disorder (I5700–I6100)	
✓	**Risk for falls that may lead to restraint use** (also see Falls CAA)	**Supporting Documentation**
☐	• Poor safety awareness, impulsivity	
☐	• Urinary urgency	
☐	• Incontinence of bowel and/or bladder (H0300, H0400)	
☐	• Side effect of medication, such as dizziness, postural/orthostatic hypotension (I0800), sedation, etc.	
☐	• Insomnia, fatigue (D0150C–D, D0500C–D)	
☐	• Need for assistance with mobility (GG0170)	
☐	• Balance problem	
☐	• Postural/orthostatic hypotension (I0800)	
☐	• Hip or other fracture (I3900, I4000)	
☐	• Hemiplegia/hemiparesis (I4900), paraplegia (I5000), quadriplegia (I5100)	
☐	• Other neurological disorder (for example, Cerebral Palsy (I4400), Multiple Sclerosis (I5200), Parkinson's Disease (I5300))	
☐	• Respiratory problems (J1100, I6200, I6300)	
	• History of falls (J1700–J1900)	

✓	Adverse reaction to restraint use	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Skin breakdown (M0300, M1030, M1040)	
☐	• Incontinence or increased incontinence (H0300, H0400)	
☐	• Moisture associated skin damage (M1040H)	
☐	• Constipation (H0600)	
☐	• Increased agitation behavior (E0200, clinical record) – describe the specific verbal or motor activity- e.g. screaming, babbling, cursing, repetitive questions, pacing, kicking, scratching, etc.	
☐	• Depression, withdrawal, diminished dignity, social isolation (I5800, I5900)	
☐	• Loss of muscle mass, contractures, lessened mobility) and stamina (GG0170, GG0115)	
☐	• Infections, such as UTI or pneumonia (I1700–I2500)	
☐	• Frequent attempts to get out of the restraints (P0100), falls (J1700–J1900)	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

_____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):
☐ Yes ☐ No

Signature/Title:_____ Date:_____

19. PAIN

Review of Indicators of Pain

✓	**Diseases and conditions that may cause pain** (diagnosis OR signs/symptoms present)	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Cancer (I0100)	
☐	• Circulatory/heart — Angina, Myocardial Infarction (MI), Atherosclerotic Heart Disease (ASHD) (I0400) — Deep Vein Thrombosis (I0500) — Peripheral Vascular Disease (I0900)	
☐	• Skin/Wound — Pressure ulcer/injury (M0210, M0300) — Venous or arterial ulcers (M1030) — Other ulcers, wounds, and skin problems (M1040A–H)	
☐	• Infections — Urinary tract infection (I2300) — Pneumonia (I2000)	
☐	• Neurological (I4200–I5500) — Head trauma (clinical record) — Headache — Neuropathy — Post-stroke syndrome	
☐	• Gastrointestinal — Gastroesophageal Reflux Disease/Ulcer (I1200) — Ulcerative Colitis/Crohn's Disease/Inflammatory Bowel Disease (I1300) — Constipation (H0600, clinical record, resident interview)	
☐	• Hospice care (O0110K1)	
☐	• Terminal condition (J1400)	
☐	• Musculoskeletal — Arthritis (I3700) — Osteoporosis (I3800) — Hip fracture (I3900) — Other fracture (I4000) — Back problems (I8000) — Amputation (GG0120D, O0500I) — Other (I8000)	
☐	• Dental problems (L0200)	

✓	Characteristics of the pain	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Location	
☐	• Type (constant, intermittent, varies over time, etc.)	
☐	• What makes it better	
☐	• What makes it worse	
☐	• Words that describe it (for example, aching, soreness, dull, throbbing, crushing) — Burning, pins and needles, shooting, numbness (neuropathic) — Cramping, crushing, throbbing, stabbing (musculoskeletal) — Cramping, tightness (visceral)	
✓	**Frequency and intensity of the pain** (J0410–J0600, J0850)	**Supporting Documentation**
☐	• How often it occurs	
☐	• Time or situation of onset	
☐	• How long it lasts	
✓	**Non-verbal indicators of pain** (particularly important if resident is stoic)	**Supporting Documentation**
☐	• Facial expression (frowning, grimacing, etc.) (J0800C)	
☐	• Vocal behaviors (sighing, moaning, groaning, crying, etc.) (J0800A, J0800B)	
☐	• Body position (guarding, distorted posture, restricted limb movement, etc.) (J0800D)	
☐	• Restlessness	
✓	**Pain effect on function**	**Supporting Documentation**
☐	• Disturbs sleep (J0510)	
☐	• Decreases appetite	
☐	• Adversely affects mood (D0150, D0500)	
☐	• Limits participation in rehabilitation therapy (J0520)	
☐	• Limits day-to-day activities (J0530) (social events, eating in dining room, etc.)	
☐	• Limits independence with at least some functional abilities (GG0130, GG0170)	

✓	Associated signs and symptoms	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Agitation or new or increased behavior problems (E0200) – describe the specific verbal or motor activity- e.g. screaming, babbling, cursing, repetitive questions, pacing, kicking, scratching, etc.	
☐	• Delirium (C1310)	
☐	• Withdrawal	
✓	**Other Considerations**	**Supporting Documentation**
☐	• Improper positioning	
☐	• Contractures (GG0115)	
☐	• Immobility (GG0170)	
☐	• Use of restraints (P0100)	
☐	• Recent change in pain (characteristics, frequency, intensity, etc.) (J0410–J0850)	
☐	• Insufficient pain relief (J0300–J0850)	
☐	• Pain relief occurs, but duration is not sufficient, resulting in breakthrough pain (J0300–J0850)	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

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☐ Yes ☐ No

Signature/Title:_____ Date:_____

20. RETURN TO COMMUNITY REFERRAL

Review of Return to Community Referral

✓	Steps in the Process
☐	1. Document in the care plan whether the individual indicated a desire to talk to someone about the possibility of returning to the community or not (Q0500B).
☐	2. Discuss with the individual and their family to identify potential barriers to transition planning. The care planning/discharge planning team should have additional discussions with the individual and family to develop information that will support the individual's smooth transition to community living. (Q0110)
☐	3. Other factors to consider regarding the individual's discharge assessment and planning for community supports include: • Cognitive skills for decision making (C1000) and Cognitive deficits (C0500, C0700–C1000) • Functional/mobility (GG0130, GG0170) or balance problems • Need for assistive devices and/or home modifications if considering a discharge home
☐	4. Inform the discharge planning team and other facility staff of the individual's choice.
☐	5. Look at the previous care plans of this individual to identify their previous responses and the issues or barriers they expressed. Consider the individual's overall goals of care and discharge planning from previous items responses (Q0310 and Q0400A). Has the individual indicated that their goal is for end-of-life-care (palliative or hospice care)? Or does the individual expect to return home after rehabilitation in your facility? (Q0310, Q0400A)
☐	6. Initiate contact with the State-designated local contact agency within approximately 10 business days, and document (Q0610). Follow-up is expected in a "reasonable" amount of time, 10 business days is a recommendation and not a requirement.
☐	7. If the local contact agency does not contact the individual by telephone or in person within approximately 10 business days, make another follow-up call to the designated local contact agency as necessary. The level and type of response needed by a particular individual is determined on a resident-by-resident basis, so timeframes for response may vary depending on the needs of the resident and the supports available within the community.
☐	8. Communicate and collaborate with the State-designated local contact agency on the discharge process. Identify and address challenges and barriers facing the individual in their discharge process. Develop solutions to these challenges in the discharge/transition plan.
☐	9. Communicate findings and concerns with the facility discharge planning team, the individual's support circle, the individual's physician and the local contact agency in order to facilitate discharge/transition planning.

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

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Signature/Title:_____ Date:_____

CARE AREA GENERAL RESOURCES

The general resources contained on this page are not specific to any particular care area. Instead, they provide a general listing of known clinical practice guidelines and tools that may be used in completing the RAI CAA process.

***NOTE**: This list of resources is neither prescriptive nor all-inclusive. References to non-U.S. Department of Health and Human Services (HHS) sources or sites on the Internet are provided as a service and do not constitute or imply endorsement of these organizations or their programs by CMS or HHS. CMS is not responsible for the content of pages found at these sites. URL addresses were current as of the date of this publication.*

- Agency for Health Care Research and Quality – Clinical Information, Evidence-Based Practice: *https://www.ahrq.gov/prevention/clinician/index.html*;
- Academy of Nutrition and Dietetics – Individualized Nutrition Approaches for Older Adults in Health Care Communities (PDF Version): *https://dhcc.eatrightpro.org/resources/clinical-resources*;
- Alzheimer's Association Resources: https://www.alz.org/;
- American Geriatrics Society Clinical Practice Guidelines and Tools: *https://www.americangeriatrics.org/publications-tools*;
- American Medical Directors Association (AMDA) Clinical Practice Guidelines and Tools: *https://paltmed.org/products*;
- American Society of Consultant Pharmacists Practice Resources: https://www.ascp.com/page/prc;
- Association for Professionals in Infection Control and Epidemiology Practice Resources: *https://apic.org/Resources/Overview/*;
- Centers for Disease Control and Prevention: Infection Control in Long-Term Care Facilities Guidelines: https://www.cdc.gov/long-term-care-facilities/about/;
- CMS Pub. 100-07 State Operations Manual Appendix PP – Guidance to Surveyors for Long Term Care Facilities (federal regulations noted throughout; resources provided in endnotes): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf;
- *Hartford Institute for Geriatric Nursing: https://hign.org/;*
- Institute for Safe Medication Practices: *https://home.ecri.org/pages/ismp*;
- Quality Improvement Organization (QIO) Program Nursing Home Resources: *https://www.cms.gov/medicare/quality/quality-improvement-organizations*;
- Quality Improvement Organizations: https://qualitynet.cms.gov/; *and*
- University of Missouri's Geriatric Examination Tool Kit: http://geriatrictoolkit.missouri.edu/.