Resident Observation

Make observations of the resident for at least a two- to eight-hour period. Record observation details in Comments for each section.

Screening

1. Is the resident able to be interviewed?  
   (Answer Yes if resident is interviewable, refuses, or is unavailable for an interview.)
   - No
   - Yes
   Comments:

2. Does the resident have an explicit terminal prognosis?  
   - No
   - Yes
   - Information not Available
   Comments:

A. Cleanliness

1. Based on general observations, did you see any of the following?  
   (Mark all that apply.)
   - Unpleasant body odor (other than signs of incontinence)
   - Skin is unclean (i.e., food on face & hands)
   - Eyes are matted
   - Mouth contains debris, or teeth/dentures not brushed, or mouth odor, or dentures not in place
   - Hair is uncombed and not clean
   - Facial hair not removed or unshaven
   - Fingernails are unclean and untrimmed
   - Clothing and/or linens are soiled (other than signs of incontinence)
   - Glasses are dirty or broken
   - None of the above
   Comments:
B. Incontinence

1. Are there signs of incontinence, such as odor and/or wetness?  
   ○ No  
   ○ Yes

   The question is not asking whether the resident is incontinent. The intent of this observation is to determine how well incontinence is managed. If you can see or detect wetness, mark Yes.

   Comments:

2. Is the resident observed for long periods of time without being provided incontinence care and observed to be soiled (watch incontinence care)?  
   ○ No  
   ○ Yes  
   ○ N/A, cognitively impaired resident has catheter

   Comments:
C. **Dressing**

Regardless of the resident’s ability to be interviewed, if the resident has a terminal prognosis or terminal prognosis information is not available (Screening 2 is Yes or Information Not Available), skip to D.

1. **Based on general observations, did you see any of the following?**
   (Mark all that apply.)
   - Clothing in poor repair, improper fit, or worn inappropriately
   - Inappropriate foot coverings (i.e. shoes without non-skid soles)
   - None of the above

   **Comments:**

D. **Activities**

- If Screening 1 is Yes (resident is able to be interviewed), skip to E.
- Answer this question by observing the resident over time to determine if the resident participated in group or self-directed activities.

1. **Did you observe the resident in activities?**
   (This is not limited to group activities or scheduled activities.)
   - No (skip to E)
   - Yes

   **Comments:**

   a. **Is the resident actively participating in the activities or do staff encourage the resident to participate?**
      - No
      - Yes

   **Comments:**
E. Contractures

1. **Does the resident have a contracture?**
   (Defined as a condition of fixed high resistance to passive stretch of a muscle.) If unable to determine, ask staff member.
   - No (skip to F)
   - Yes

   Comments:

   a. **Does the resident have splint devices in place?** (Answer “No” if device is not present or is incorrectly applied.)
   - No
   - Yes

   Comments:

F. Abuse

1. **Is the resident being treated by staff, other residents, or anyone else at the facility in a way that may indicate physical, sexual, mental, or emotional abuse?**
   - No
   - Yes

   Comments:

G. Skin Problems/Conditions (Other than Pressure Ulcers)

1. **Were any of the following observed?** (Mark all that apply.)
   - Abrasions and/or lacerations
   - Bruises
   - Skin tears
   - Burns
   - None of the above

   Comments:
H. Potential Restraints

1. Does the resident have a potential restraint in place (physical device or equipment that may potentially restrict a resident’s movement and/or access to her/his body)?

   - No (skip to I)
   - Yes

   Comments:

a. Which potential restraints are being used? *(Mark all that apply.)*

   - Potential limb restraint(s)
   - Potential trunk restraint(s)
   - Chair potentially prevents rising
   - Bed side rails
     - Bed side rails:
       - Do not mark as a bed side rail potential restraint if you see:
         - Any rail shorter than a half rail.
         - Half side rails used for cognitively intact residents.
       - Mark bed side rails as a potential restraint if you see a half side rail used for a clearly cognitively impaired resident, such as a resident on an Alzheimer’s Unit, unless you see the resident get in and out of bed on his/her own when the rails are raised.
       - Mark bed side rails as a potential restraint if you see the following types of bed side rails raised on both sides of the bed or you see the bed side rails raised on one side of the bed for a bed pushed up against a wall:
         - Full side rails
         - Three-quarter side rails
         - Two half side rails in the up position
   - Other (i.e., mittens), please describe in comments below.

   Comments:

b. Is the device correctly applied? *(Such as potential trunk and limb restraints. See Accident Hazards, L, for bed side rails.)*

   - No
   - Yes

   Comments:
I. Pain

Were any of the following observed? (Mark all that apply.)

- Vocalization of pain: constant muttering, moaning, groaning
- Breathing: strenuous, labored, negative noise on inhalation or expiration
- Pained facial expressions: clenched jaw, troubled or distorted face, crying
- Body language: clenched fists, wringing hands, strained and inflexible position, rocking
- Movement: restless, guarding, altered gait, forceful touching or rubbing body parts
- None of the above

Comments:

J. Hydration

Does the resident demonstrate physical signs of dehydration (i.e., dry, cracked lips and/or dry mouth; exhibits signs of thirst; etc.)?  

- No
- Yes

Comments:
K. Positioning

1. Observe the resident at different times and in various positions so that you may confirm mattress condition and wheelchair fit and support.

   Were any of the following observed? (Mark all that apply.)
   - ☐ Sagging mattress while lying in bed
   - ☐ Bed sheets tucked in tightly over toes holding the feet in plantar flexion
   - ☐ Legs and/or feet hanging off the end of a too-short mattress
   - ☐ No padding between bony prominences (residents not able to position themselves)
   - ☐ Wheelchair too big or too small (i.e., seat too long/short, seat too high/low)
   - ☐ Uncomfortable geri-chair positioning, hyperflexion of the neck, sliding down in the chair, no support for the legs
   - ☐ Dangling legs and feet (that do not comfortably reach the floor and/or without needed foot pedals in place)
   - ☐ Leaning to the side without support to maintain an upright position
   - ☐ Lack of needed head or torso support
   - ☐ Lack of arm/shoulder support
   - ☐ Resident observed in the same position for long periods of time when in the wheelchair or in bed (resident is not repositioned in chair at least every hour and in bed at least every two hours)
   - ☐ Any other identified positioning concerns (document concerns)
   - ☐ None of the above

Comments:

L. Accident Hazards

1. Are there side rails?
   - ☐ No (skip to M)
   - ☐ Yes

Comments:
To answer the following question, raise the bed side rails and inspect the distance between the bed and rail.

a. Do the side rails fit the bed properly so the resident can’t get caught between the side rails and the mattress?

   | No | Yes |
---|----|-----|
   |    |     |

Comments:

M. Resident’s Room: Environmental Observations

1. Were any of the following observed? *(Mark all that apply.)*

   - □ Odor in resident’s room
   - □ Walls, floors, ceilings, drapes, or furniture are not clean or are in disrepair
   - □ Environment does not accommodate individual needs and preferences
   - □ Lighting levels are inadequate or uncomfortable
   - □ Room temperatures are uncomfortable or unsafe
   - □ Sound levels are uncomfortable
   - □ Bedrooms are not equipped to assure full privacy *(i.e., curtains, moveable screens, private rooms, etc.)*
   - □ Clean bed/bath linens are not available or are in poor condition
   - □ Evidence of rodents or insects in bedrooms or bathrooms
   - □ None of the above

   Comments:
2. **Were any of the following observed?** *(Mark all that apply.)*
   - Electric cords, extension cords, or outlets are in disrepair or used in an unsafe manner
   - Bed and linens are visibly soiled with stool or urine
   - Resident care equipment is unclean, in disrepair or stored in an improper or unsanitary manner
   - Ambulation, transfer or therapy equipment are unclean or in unsatisfactory condition
   - Safety equipment in bedroom or bathroom is inadequate (i.e., grab bars, slip surface)
   - Call system in room or bathroom is not functioning
     - The functionality *(not the response of staff)* of each sample resident room call light must be checked. If you are unsure whether the resident is cognitively or physically capable of using the call light, ask the resident whether he/she can or knows how to use the call light.
   - Call light not within reach for residents capable of using it
   - Accessible chemicals or other hazards in bedroom or bathroom
   - Unsafe hot water in room
   - Hot water is too cool
   - Room not homelike
   - None of the above

   **Comments:**
N. Dignity

3. Based on general observation, did you see any of the following? (Mark all that apply.)

☐ Staff dressed resident in institutional fashion such as a hospital type gown during the day
☐ Clothes labeled with the resident’s name visible
☐ Staff failed to knock and/or request permission to enter the room or wait to receive permission to enter
☐ Staff failed to explain the service or care they are going to provide
☐ Staff failed to include the resident in conversation(s) while providing care or services
☐ Staff used a label for the resident (e.g., “feeder” or “honey”)
☐ Staff posted confidential clinical or personal care instructions in areas that can be seen by others
☐ Staff failed to treat the resident respectfully when providing care to the resident’s roommate
☐ Staff failed to treat the resident with respect and dignity during care and services, such as:
  • Making disapproving comments such as “What do you want now?”
  • Mimicking or making fun of the resident
  • Displaying disapproving behavior (rolling their eyes, or sighing)
☐ Staff failed to provide visual privacy of the resident’s body while transporting him/her through common areas, or uncovered in his/her room but visible to others
☐ Staff failed to cover a urinary catheter bag or any other type of body fluid collection device
☐ Staff failed to respond to the resident’s call for assistance in a timely manner
☐ Any other identified dignity concerns (document concerns)
☐ None of the above

Comments:

O. Sedation

1. Is the resident excessively sedated?  ☐ No  ☐ Yes

Comments:
P. Smoking

1. Is the resident observed smoking during the QAPI Assessment Cycle?  
   (Must observe smoking area at designated smoking time.)
   Comments:

   a. Is the resident smoking safely?  
      Comments:

Q. Dental Status

1. Based on general observation, did you see any of the following?  
   (Mark all that apply.)
   - Broken teeth
   - Loose teeth
   - Missing teeth
   - Inflamed/bleeding gums
   - Problems with dentures
   - None of the above
   Comments: