Restorative Nursing Manual

10.17.19

We C.A.R.E. About Care

❖ Compliance
❖ Audit & Analysis
❖ Reimbursement & Regulatory
❖ Education & Efficiency
Table of Contents

Restorative Nursing Policy .................................................................................................................. 2
Restorative Aide Job Description ........................................................................................................ 5
Nursing Restorative Program Plan and Summary .................................................................................. 8
Patient Plan ........................................................................................................................................... 10
MDS Report .......................................................................................................................................... 11
Discharge Summary .............................................................................................................................. 12
Restorative Caseload ............................................................................................................................ 13
Restorative Tracking Tool .................................................................................................................... 14
Restorative Flow Sheet ........................................................................................................................ 15
Restorative Nursing Progress Documentation ....................................................................................... 16
Ambulation Record ............................................................................................................................... 17
Restorative Daily Feeding Record .......................................................................................................... 18
Case Study Examples ............................................................................................................................. 19
Progress Note ......................................................................................................................................... 22
Patient Plan 1 ........................................................................................................................................ 23
Patient Plan 2 ....................................................................................................................................... 24
Low Intensity Criteria ............................................................................................................................ 25
Reduced Physical Function ..................................................................................................................... 26
Rehabilitation Low ................................................................................................................................. 27
Restorative Nursing Policy

Definition: Restorative (rehabilitative) nursing care refers to those nursing interventions that promote the resident’s ability to live as independently and safely as possible. This concept actively focuses on achieving and maintaining optimal physical, mental and psychosocial functional.

I. Key Concepts

A. Resident driven goals.
B. Programs based on residents’ strengths and abilities.
C. Programs supervised and coordinated by licensed staff.
D. Programs utilize the nursing process (Assessment, Planning, Implementation and Evaluation).
E. Programs integrate the ADLs rather than separate.
F. Programs utilize a transdisciplinary process
G. Programs recognize the need for general staff and resident-specific education and training to empower the resident, staff and family members.
H. Anticipated discharge setting is considered.

II. Purpose

A. Increase independence
B. Promote safety
C. Preserve function
D. Increase self-esteem
E. Promote improvement in function
F. Minimize deterioration

III. Included Aspects

A. Measurable:
   1. Goals
   2. Objectives
   3. Interventions
   4. All of which are documented in both the Plan of Care and the medical record.
Restorative Nursing Policy (continued)

B. Nursing assistants trained in the techniques that involve the resident in the activity.
C. Evidence of progress toward goals by the licensed nurse in the medical record.
D. Restorative activities carried out under the direction and supervision of the licensed nurse. The activities are carried out by the nursing assistants or members of the nursing staff trained in the programs.

IV. Which Residents Should Participate?

A. Residents who experience a decline in functional status.
B. Residents who are assessed with a potential to benefit from restorative intervention.
C. Residents coming off skilled therapy with continuing needs for restorative intervention.
D. Residents who are assessed with the potential to benefit from a combination of skilled therapy and restorative nursing services.

V. MDS PPS and Case Mix Rehabilitation Programs

A. MDS H0200 “Urinary Toileting Program” and Q0500 “Restorative Nursing Programs” each reflect restorative programs.

B. The following programs (indicates programs counted as one even if both are provided) are captured by the group or program and contribute to the RUG score:

1. H0200C, H0500** Urinary toileting program and/or bowel toileting program.
2. O0500A, B** Passive and/or active ROM.
3. O0500C Splint or brace assistance.
4. O0500D, F** Bed mobility and/or walking training.
5. O0500E Transfer training.
6. O0500G Dressing and/or grooming training.
7. O0500H Eating and/or swallowing training.
8. O0500I Amputation/prostheses care.
**Count as one service even if both provided
VI. Teaching and Training

A. These activities require skilled nursing or restorative nursing to teach a resident or family how to manage a regimen. Skilled teaching is part of the overall care of the resident.

B. Examples

1. Self-administration of injectable medications or a complex range of medications.
2. Teaching a newly diagnosed diabetic to administer insulin injections, to prepare and follow a diabetic diet and to observe foot care precautions.
3. Self-administration of inhalers.
4. How to care for a recent colostomy or ileostomy.
5. How to perform self-catheterization or self-administration of gastrostomy feedings.
6. How to care for and maintain central venous lines.
7. How to perform specialized dressings or skin treatments.

VII. Criteria for Discontinuing Restorative Nursing

A. Goals have been met.
B. Resident is unable to meet the established goals.
C. Resident requires skilled therapy.
D. Resident is unwilling to participate in restorative program.
Restorative Nursing Manual

Restorative Aide Job Description

Position Title  Restorative Aide

Department  Nursing

Reports To  Restorative RN/Director of Nursing

Rationale: Under the supervision of the restorative RN, the incumbent will work with residents needing restorative nursing measures to gain or to maintain their highest possible, practical functional level. Responsible for providing consistency between therapists’ work and carry over by nursing on a daily basis.

Occupational/Physical Therapy will be responsible for teaching the restorative aide components of the program devised by therapies to be carried out on residents with a newly devised Restorative Nursing Program.

I. Behavioral Competencies

A. Communication

1. The demonstrated ability to present ideas and information in a concise, effective and interpersonally appropriate manner, through written and oral forms.

B. Teamwork

1. The demonstrated ability to establish effective relationships with both internal and external customers. Teamwork is characterized by working toward a shared purpose or goal by collaboration, partnering or cooperating with others.

C. Customer Service

1. The demonstrated ability to develop and cultivate mutually beneficial relationships with both internal and external customers. Effective customer service behavior is characterized by continually striving to exceed all customer expectations.
Restorative Aide Job Description (continued)

D. Trust and Respect

1. The demonstrated ability to be both trustworthy and trusting of others while respecting the needs of all members of the facility staff. This competency is characterized by those actions and behaviors that contribute to creating an environment where all individuals are treated equitably and with dignity.

E. Accountability

1. The demonstrated ability for ownership of all actions and behaviors in fulfilling job responsibilities in a manner consistent with the facility missions and values.

F. Continuous Self-Improvement

1. Demonstrated ability to pursue continuous, professional and self-development resulting in the enhanced performance of the organization, consistent with the facility mission, values and operational action plans.

G. Technical Competencies

1. General knowledge of the healthcare needs of geriatric residents.
2. General knowledge of infection control practices and procedures including protective equipment and universal precautions.
3. Ability to cooperate with personnel from all departments; remains level headed during emergencies and treat resident information as confidential material.

H. Essential Functions

1. Provides direct restorative care and delegated formalized therapy tasks, as assigned, completing work accurately, safely and in a timely manner.
2. Specific care to include: Passive and active ROM, ambulation, special positioning techniques, splints, assistive feeding devices/adaptive equipment, ADL training, and restorative dining.
3. Coaches and assists regular nursing assistants in positioning, ROM, ambulation, ADL, safety device application, appropriate padding and wheelchair cushions, splint and contracture care.
Restorative Aide Job Description (continued)

H. Essential Functions (Continued)

4. Documents progress of resident by completing flowsheets daily to signify that the specified restorative nursing measure was done.
5. Notifies the charge nurse and supervisor when a person is regressing/progressing or refusing to participate in the program so that an assessment can be done by nurses and change in the program or care plan can be made, as indicated.
6. Serves as a resource and teammate to other nursing assistants, working with them to provide the specific restorative nursing care for each resident.
7. May be needed to provide resident and/or family council leadership.

II. Job Requirements

A. Education

1. Nurse Aide Training Program approved by the Department of Health and Human Services with a passing score on the Nurse Aide Certification Exam.

B. Experience

1. Previous nurse aide experience.

C. Physical Requirements

1. Must be able to move intermittently throughout the day, proper body mechanics required bending, stooping, turning, stretching, and reaching above the shoulders is involved. Must be able to lift a minimum of 25 pounds.

Employee Signature/Date    Supervisor Signature/Date
Nursing Restorative Program Plan and Summary

Name ___________________________ Medical Record # ___________ Date ___________

Problem Statement ________________________________________________________________

I. Restorative Program(s) and Current Level(s) of Function

A. Bowel and Bladder

1. H0200C ** Urinary toileting program ____________________________________________
2. H0500 ** Bowel toileting program _____________________________________________

B. Range of Motion

1. O0500A** Passive Active ROM _________________________________________________
2. O0500 B** Passive Active ROM _______________________________________________

C. O0500C Splint or brace assistance ______________________________________________

D. Ambulation and/or Bed Mobility

1. O0500D** Bed mobility _________________________________________________________
2. O0500 F** Walking training ___________________________________________________

E. O0500E Transfer training ______________________________________________________
F. O0500G Dressing and/or grooming training _______________________________________
G. O0500H Eating and/or swallowing training _______________________________________
H. O0500I Amputation/prostheses care ____________________________________________
I. O0500J Communication training _______________________________________________

**Count as one service even if both provided

J. Other _______________________________________________________________________

II. Comments/Additional Information ______________________________________________

______________________________________________________________________________
Nursing Restorative Program Plan and Summary (continued)

III. Goals/Objectives

______________________________________________________________________________
by

______________________________________________________________________________
by

IV. Frequency/Duration


V. Interventions

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

VI. Equipment/Devices/Environmental Adaptations:

______________________________


VII. Precautions and Restrictions:

______________________________


Transitioning Therapist Signature:

__________________________________________________________ Date:


Restorative Nurse Signature:

__________________________________________________________ Date:
# Patient Plan

## Restorative Care Area

- Passive ROM
- Active ROM
- Splint/Brace Assist
- Bed Mobility
- Transfer
- Walking
- Dressing/Grooming
- Eating or Swallowing
- Amputation/Prosthesis
- Communication
- Continence
- Other ______________

## Assessment Summary

<table>
<thead>
<tr>
<th>Rationale for Intervention</th>
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<tbody>
<tr>
<td>Day Objective(s)</td>
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<tr>
<td>Final Outcome Goal</td>
</tr>
<tr>
<td>Staff Intervention</td>
</tr>
<tr>
<td>Equipment/Devices/Environmental Adaptations</td>
</tr>
<tr>
<td>Precautions/Restrictions</td>
</tr>
</tbody>
</table>

## Patient Information

- Patient Name: ____________________________
- ID #: ____________________________
- Room #: ___
- Established By: ____________________________
- Date: ____________________________
- For the Period: ______ to ______ Dr's Order: No Yes Date: ______

---

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MDS Report

Patient Name_________________________________ MR #_____________ Unit_____________

Dates for the following 7-day period: _______________ to _______________

00500. Restorative Nursing Programs

<table>
<thead>
<tr>
<th>Restorative Nursing Programs</th>
<th>Record the number of days each of the following restorative programs was performed (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily).</th>
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<tbody>
<tr>
<td>Technique</td>
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<tr>
<td>a. Range of Motion (passive)</td>
<td>f. Walking</td>
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<tr>
<td>b. Range of Motion (active)</td>
<td>g. Dressing or Grooming</td>
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<td>c. Splint or Brace Assistance</td>
<td>h. Eating or Swallowing</td>
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<td>Training and Skill Practice In:</td>
<td>i. Amputation/Prosthesis care</td>
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<td>d. Bed Mobility</td>
<td>j. Communication</td>
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<td>e. Transfer</td>
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Comments

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Signature ____________________________

Title ________________________________

Date ________________________________
Discharge Summary

Restorative Care Area
☐ Passive ROM ☐ Bed Mobility ☐ Dressing/Grooming ☐ Communication
☐ Active ROM ☐ Transfer ☐ Eating or Swallowing ☐ Continence
☐ Splint/Brace Assist ☐ Walking ☐ Amputation/Prosthesis ☐ Other ____________

Initial Restorative Problem:


Restorative Program Summary:
(Period, Frequency, Interventions, Response)


Status at Time of Discharge:


Suggested Interventions by Staff (Functional maintenance Program):


Precautions/Restrictions/Equipment/Devices/Environmental Adaptations:


Established By ___________________________ Date ______________
Restorative Nursing Manual

Restorative Caseload

Month: _________________

<table>
<thead>
<tr>
<th>Resident</th>
<th>Room #</th>
<th>Restorative Activity</th>
<th>Start Date</th>
<th>Discharge Date</th>
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## Restorative Tracking Tool

<table>
<thead>
<tr>
<th>Resident</th>
<th>Room #</th>
<th>Restorative Program</th>
<th>Payor Source</th>
<th>Start Date</th>
<th>MD Order</th>
<th>Care Plan Update</th>
<th>Med A Start</th>
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<th>D/C Date</th>
<th>Comments</th>
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## Restorative Flowsheet

| ADLs                                      | Minutes | Initials | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-------------------------------------------|---------|----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Range of Motion                           | Initials| 7:00-3:00|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| (A = 15 minutes Active; P = 15 minutes Passive) | 3:00-11:00 |          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Splint or brace application Schedule:     | Initials| 7:00-3:00|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Bed Mobility/Ambulation Goal:             | Initials| 7:00-3:00|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Transfer Goal:                            | Initials| 7:00-3:00|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Dressing/Grooming Goal:                   | Initials| 7:00-3:00|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Eating/Swallowing Goal:                   | Initials| 7:00-3:00|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Bowel/Bladder/Scheduled Toileting Goal:   | Initials| 7:00-3:00|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Amputation/Prosthesis Care Goal:          | Initials| 7:00-3:00|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Communication Goal:                       | Initials| 7:00-3:00|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

Initials: ___________________________ Signature: ___________________________
COMMENTS: __________________________

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**Restorative Nursing Program:** Examples of the combination of programs that count as only one Restorative Nursing Rehabilitation Program includes:
- Active and Passive ROM programs = one program
- Scheduled Urinary Toileting and Bowel Training = one program
- Bed Mobility and Ambulation = one program

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www.harmony-healthcare.com

Restorative Nursing Progress Documentation

I. Weekly Progress Note

<table>
<thead>
<tr>
<th>Signature</th>
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II. Weekly Progress Note

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III. Weekly Progress Note

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IV. Weekly Progress Note

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V. Weekly Progress Note

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VI. Monthly Nursing Assessment

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**Ambulation Record**

**Self-Performance Codes**
- **0** = Independent (No help or cueing)
- **1** = Supervision (Oversight, cueing)
- **2** = Limited Assistance (Non-weight bearing assistance)
- **3** = Extensive Assistance (Weight-bearing assistance)

**Walking Support Codes**
- **0** = No setup or physical help
- **1** = Setup help only
- **2** = One-person physical assist
- **3** = Two or more persons physical

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### Restorative Daily Feeding Record

#### Breakfast

|   | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| % of Liquids |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| % of Solids |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Minutes |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Staff Initials |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |

#### Lunch

|   | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| % of Liquids |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| % of Solids |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Minutes |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
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#### Dinner

|   | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| % of Liquids |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| % of Solids |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Minutes |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Staff Initials |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |

#### Weekly Weight

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Case Study Samples

I. Scenario 1

A. 81-year old female admitted with diagnosis of Bibasilar pneumonia with infusion on the left side and thrush. PMH of HTN, constipation, Anorexia and anemia. Resident is on Medicare day 60. OT has discontinued services and PT is decreasing frequency to 3 times a week. Resident has poor appetite, cognitive issues with sequencing in dressing and grooming and lack of safety awareness with ambulation. Resident wishes to return to the Assisted Living facility.

1. What restorative programs would this resident be appropriate for?
2. What are the nursing goals?
3. What is the Plan of Care?
4. Write an example of a weekly summary.
5. Complete the Restorative Flowsheet.
II. Scenario 2

A. 85-year old male admitted with diagnosis of CVA and change in mental status. PMH of HTN, DM, Gout, GERD and osteoarthritis of the knees. Resident is on Medicare day 45. OT has decreased frequency to 3 times a week for 45 minutes. Resident has a tendency to rock backwards when initially standing and gait is unsteady at times. Resident is also on thin liquids and requires supervision with meals. Resident will be remaining at the LTC facility.

1. What restorative programs would this resident be appropriate for?
2. What are the nursing goals?
3. What is the Plan of Care?
4. Write an example of a weekly summary.
5. Complete the Restorative Flowsheet.
III. Scenario 3

A. 80-year old male admitted with diagnosis of left fibula fracture. He has a PMH of seizures, HTN, lower leg cellulites and restrictive lung disease and lung nodule. Resident has had a decline in two late loss ADL’s and PT is seeing this resident 3 times per week for 45 minutes. Resident has a brace to his knee, his ambulation has decreased from twice a day to once a day and his gait has been noted to be unsteady. He is also refusing to eat.

1. What restorative programs would this resident be appropriate for?
2. What are the nursing goals?
3. What is the Plan of Care?
4. Write an example of a weekly summary.
5. Complete the Restorative Flowsheet.
## Progress Note

<table>
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<tr>
<th>Date</th>
<th>Note any changes in performance. Discuss each Program being provided. State any Changes to the program.</th>
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**Patient Name** ___________________________  **ID #** ___________  **Room #** ___________
Patient Plan One

Restorative Care Area
- Passive ROM
- Active ROM
- Splint/Brace Assist
- Bed Mobility
- Transfer
- Walking
- Dressing/Grooming
- Eating or Swallowing
- Amputation/Prosthesis
- Communication
- Continence
- Other ____________

For the Period:

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<th>Objective for the Next _____ Days</th>
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<td>Intervention Changes</td>
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Plan Updated By: Camile Shotsky, RN
Date: 1/23/17

For the Period:

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Plan Updated By: ____________________________
Date: _________________

For the Period:

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Plan Updated By: ____________________________
Date: _________________

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Plan Updated By: ____________________________
Date: _________________

Patient Name: Jones, Irving
ID #: 3013
Room #: 332W
Patient Plan Two

**Restorative Care Area**

- Passive ROM
- Active ROM
- Splint/Brace Assist
- Bed Mobility
- Transfer
- Walking
- Dressing/Grooming
- Eating or Swallowing
- Amputation/Prosthesis
- Communication
- Continence
- Other ___________

**Assessment Summary:**
Upper body dressing: Donning/doffing.
At a functional time patient has shown skill of donning and doffing shirt/T-shirt with SBA when asked if ready to dress. Cognitive clarity has interfered with patients consistent ability.

**Rationale for Intervention:**
Take skill patient has relearned in OT and practice daily to become independent in upper body dressing consistency.

**7 Day Objective(s):**
1. When asked to remove nightshirt, patient does so independently within 10 minutes.
2. When asked to put on shirt while sitting bedside, patient independently dons shirt and fastens buttons with SBA for cuffs in 8 minutes.

**Final Outcome Goal:**
Patient dresses upper body at bedside independently when given a shirt/T-shirt with supervision for balance.

**Staff Intervention:**
- Cue patient to sit bedside to dress; allow room for pt’s arms to move.
- Cue patient to keep feet flat on floor for balance.
- Attempt dressing at functional times: When patient awakens in the a.m. or after p.m. nap.
- Hand patient shirt to don.

**Equipment/Devices/Environmental Adaptations:**
- Bedside
- Clothing
- Feet on floor

**Precautions/Restrictions:**
- Sitting balance bedside: At risk for falls.

**Patient Name**

| Jones, Irving |

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**Established By**

| Betsy Collins, OTR/L |

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**For the Period**

| 1-17-14 to 1-24-17 |

**Dr’s Order:**

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Low Intensity Criteria

I. **Low Intensity Criteria** (the resident qualifies if either (1) or (2) is satisfied:

A. In the last 7 days:
   1. Total Therapy Minutes (calculated on page 6-19) of 45 minutes or more and
   2. At least 3 days of any combination of the 3 disciplines (O0400A4, plus O0400B4 plus O0400C4) and
   3. Two or more restorative nursing services * received for 6 or more days for at least 15 minutes a day

B. If the Medicare Short-Stay Assessment Indicator (determined on page 6-20) is “Yes”:
   1. Medicare Short-Stay Average therapy Minutes (calculated on page 6-21) of between 15 and 29 minutes

*Restorative Nursing Services:
  H0200C, H0500** Urinary toileting program and/or bowel toileting program
  O0500A,B** Passive and/or active ROM
  O0500C Splint or race assistance
  O0500D,F** Bed mobility and/or walking training
  O0500E Transfer training
  O0500G Dressing and/or grooming training
  O0500H Eating and/or swallowing training
  O0500I Amputation/prostheses care
  O0500J Communication training

**Count as one service even if both provided

RUG-IV ADL Score | RUG-IV Class
-----------------|---------------------
2-16              | RLX

RUG-IV Classification __________

If the resident does not classify in the Rehabilitation Plus Extensive Services Category, proceed to Category II.

Source: CMS RAI Version 3.0 Manual, Chapter 6
Reduced Physical Function

I. Step 1
   A. Residents who do not meet the conditions of any of the previous categories, including those who would meet the criteria for the Behavioral Symptoms and Cognitive Performance category but have a RUG-IV ADL score greater than 5, are placed in this category.

II. Step 2
   A. Determine Restorative Nursing Count
      1. Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days:
         2. H0200C, H0500** Urinary toileting program and/or bowel toileting program
         3. O0500A,BII Passive and/or active ROM
         4. O0500C Splint or brace assistance
         5. O0500D,F** Bed mobility and/or walking training
         6. O0500E Transfer training
         7. O0500G Dressing and/or grooming training
         8. O0500H Eating and/or swallowing training
         9. O0500I Amputation/prostheses care
        10. O0500J Communication training
      **Count as one service even if both provided

      Restorative Nursing Count __________

III. Step 3
   A. Select the RUG-IV Classification by using the RUG-IV ADL score and the Restorative Nursing Count.

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RUG-IV Classification __________

Source: CMS RAI Version 3.0 Manual, Chapter 6
Rehabilitation Low

I. Utilization of the Restorative Nursing Rehabilitation Program may be clinically appropriate in the following situations (this is not an exhaustive list):

A. Expected Gains After Therapy Discharge

At completion of Skilled Rehabilitative levels (5x/week) the patient’s progress does not meet the criteria for 5x/week therapy but additional gains and progress are expected. For example, at discharge from daily Physical Therapy the patient ambulates 50 feet independently and is expected to ambulate up to 150 feet. Restorative Nursing provided services 6x/week (ambulation and lower extremity active range of motion) and therapy provides oversight and assessment 3x/week for greater than 45 minutes per a week for safe progress towards the goal of ambulation at 100 feet. Restorative nursing goals and techniques are assessed and adjusted as the patient progresses.

B. Delayed Discharge to a Lesser Level of Care

At completion of Skilled Rehabilitative levels (5x/week) the patient’s progress does not meet the criteria for 5x/week therapy but the patient must maintain the skills acquired in skilled therapy for safe discharge to a lesser level of care. For example, at discharge from daily Occupational Therapy, the patient is awaiting discharge to an assistive living facility in 3 weeks where the patient is expected to be independent with her ADL’s. The patient would also like to put her own make-up on in the morning. Restorative Nursing is provided 6x per a week for dressing, grooming and upper extremity active Range of motion. Occupational therapy (3x/week for greater than 45 minutes) provides oversight and assessment of progress and continued performance for safe discharge to a lesser level of care. Restorative nursing goals and techniques are assessed and adjusted as clinically indicated.

At completion of Skilled Rehabilitative levels (5x/week) the patient has attained rehabilitation goals and is schedule for discharge over the weekend. The patient has an episode of chest pain over the weekend. Discharge is postponed due to need for cardiac monitoring. Physical Therapy treatment on Monday indicates no functional change since Friday (continues independent) but risk of decline or change in status with new onset of an acute medical condition. Restorative Nursing is provided 6x per a week ambulation and active Range of motion.
Physical therapy (3x/week for greater than 45 minutes) provides oversight and assessment of progress, impact of acute medical change on safe discharge to a lesser level of care. Restorative nursing goals and techniques are assessed and adjusted as clinically indicated and physical therapy assists in discharge planning.

C. Barriers to Progress in Skilled Therapy

At completion of Skilled Rehabilitative levels (5x/week) the patient’s progress does not meet the criteria for 5x/week therapy. The patient’s progress in therapy is limited due to behavior, cognitive, medical instability, weight bearing limitations or availability due to dialysis or radiation are barriers to participation in a 5 day per a week therapy program. Nursing rehabilitation services are provided 6x per a week for dressing, grooming, ambulation and upper and lower extremity active Range of motion. Occupational therapy (1x/week) and Physical Therapy (2x/week) for a total of greater than 45 minutes per a week provide oversight and assessment of progress. Restorative nursing goals and techniques are assessed and adjusted as clinically indicated.

D. High Risk or Potential for Decline or Injury

At the completion of Skilled Rehabilitation services levels(5x/week) the patient has achieved all goals. The patient continues at a significant risk for falls, aspiration or general decline. For example, Nursing rehabilitation services are provided 6x per a week for eating and swallowing and oral motor exercises. Speech therapy (3x/week greater than 45 minutes) provide oversight and assessment for continued safe toleration of diet with restorative nursing program. Restorative nursing goals and techniques are assessed and adjusted as clinically indicated. Another example, the patient ambulates 75 feet daily with a history of recurrent falls and poor safety. The patient progressed to supervised ambulation using a rolling walker. The patient continues to evidence poor safety. Nursing restorative services are provided 6 times per week for ambulation and active range of motion. Physical Therapy (3x/week greater than 45 minutes) provides oversight and assessment of the restorative nursing program to ensure safe ambulation at the optimally safe level. Restorative nursing goals and techniques are assessed and adjusted as clinically indicated.
The following are areas to consider when developing goals for Low Rehabilitation levels.

1. Evaluate patient progress, followed by recommendations and appropriate training to RCNA, Patient and Family/Caregiver.

2. Identify specific problems, potential capabilities and risks.

3. Establish effective goals individualized to the patient, family, and/or caregivers needs. Interview care takers and patient to determine specific tasks. These tasks may not be appropriate goals for 5x/week but required skilled therapy for safe progression toward goals.

4. Provide individualized instruction and training to the patient/family/caregiver/RCNA for safety and progressive application of skills.

5. Re-evaluate of the patient's status with modification of the restorative plan.

6. Skilled intervention to protect the patient from further medical complications:
   i. High probability of falling.
   ii. Lack of environmental safety awareness.
   iii. Abnormal aggressive/destructive behaviors.
   iv. Severe pain.
   v. Loss of skin sensation.
   vi. Progressive joint contractures.
   vii. Inability to follow through with joint protection techniques.
   viii. Environmental barriers or hazards.

II. Goals To Consider

A. Physical Therapy

1. The patient will progress ambulation to 250 feet without loss of balance or signs/symptoms of shortness of breath.
2. The patient will identify potential fall hazards in path with potential loss of balance 80% accuracy.
3. The patient will independently identify and implement need for rest periods with 5 minute daily walk in the facility/complex standing task (putting away groceries, dishes...).
Rehabilitation Low (continued)

4. The patient will ambulate to the outside and manage barriers (doors, steps, obstacles) without loss of balance.
5. Continue previous goal with independence or “with restorative goal”
6. The patient will demonstrate tolerance of the newly devised restorative program as evidenced by the ability to perform independent sit to stand transfer with the rolling walker.
7. The patient will demonstrate tolerance of the newly devised restorative nursing rehabilitation program as evidenced by the ability to complete a complex standing task for 5 minutes of putting kitchen items on shelves above shoulder level without demonstrating shortness of breath or excessive fatigue. The restorative program and patient will be observed and assessed to ensure continued progress, preservation of function of independent kitchen tasks and activity tolerance.
8. The patient will demonstrate tolerance of the newly devised restorative program as evidenced by demonstration 4/5 lower extremity strength and ambulation with the rolling walker for 400 feet with no standing or sitting rest breaks.
9. The restorative program and patient will be observed and assessed to ensure continued progress, preservation of function of independent transfers, gait and lower extremity strength.
10. The restorative program and patient will be observed and assessed to ensure continued progress, preservation of function of independent transfers, gait and lower extremity strength.

B. Occupational Therapy

1. The patient will independently apply makeup after set-up.
2. The patient will independently apply ___ splint and self-assess skin for s/s of redness.
3. The patient will prepare a cold breakfast/snack independently.
4. The patient will independently perform AROM UE exercises to reduce risk of contracture (fall, loss of function).
5. The patient will demonstrate tolerance of the newly devised restorative program as evidenced by the ability to perform independently perform Lower body dressing.
6. The patient will demonstrate tolerance of the newly devised restorative program as evidenced by the ability to perform light housekeeping duties (make bed, put laundry away) without loss of balance or shortness of breath.
C. Speech Therapy

1. The patient will independently tolerate a ground diet initiated 9/23/06 with no signs/symptoms of dysphagia or aspiration pneumonia.
2. The patient will utilize safe swallow strategies in Independent dining room to prevent aspiration.
3. The patient will utilize a communication book to answer functional questions and make requests on the nursing unit with minimal cues.
4. The patient will perform oral motor exercises to maintain functional oral motor strength for speech and swallow daily with supervision.
5. The patient will list relevant verbally presented information in a memory book for use in daily activities.

It is imperative that skilled patients receive restorative/rehabilitative nursing services 6 times per a week to meet skilled Medicare coverage requirements.