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| Restorative ADL Programs | | | | NO. | |
| POLICY:  A restorative program shall be planned for all residents with a reasonable likelihood for improvement in their functioning levels or to prevent a loss of function.  PROCEDURE:   1. All residents will have a complete assessment within fourteen (14) days of admission. If their physical, mental and emotional condition warrants, an individualized program will be developed by the interdisciplinary team. 2. The resident’s progress will be monitored and documented every thirty (30) days. 3. Every resident will be re-evaluated every ninety (90) days, more frequently if there is a significant change in their condition. 4. All restorative techniques are performed on a twenty-four (24) hour, seven (7) day a week basis (as appropriate). 5. Programs will be designed and directed toward the resident becoming as independent as his/her capabilities will allow, thus promoting self-esteem and enhancing quality of life. 6. A plan of care, involving resident/family and the physician will be written identifying specific problems, needs, concerns, strengths (i.e. newly acquired skills), measurable goals and approaches which will be implemented into daily care. All goals will have targeted completion dates. 7. If indicated appropriate during assessment, residents will be placed in one or more restorative programs with consideration for individual resident problems, needs, concerns, strengths and tolerances. Facility program protocols will be followed with modifications made to fit individual needs and abilities. 8. Documentation or program implementation, follow-through and individual resident progress towards goals will be done as follows:    1. The Nursing Assistant performing the program as part of the daily care will document as indicated for each restorative program.    2. Personnel doing the daily care and treatment will write a monthly progress note. If this person is a Nursing Assistant, a Licensed Nurse must countersign the note. | | | | | |
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| Restorative ADL Programs | | | | NO. | |
| * 1. The interdisciplinary team will review and update the care plan every 90 days and as needed.   2. The certified rehab nurse, licensed nurse, or therapist will reassess every 90 days and document in progress notes.  1. Programs:    1. ADL Restorative  * Bathing * Dressing/grooming * Eating/swallowing * Mobility (i.e. bed mobility, transfers, walking) * Splint/brace/prosthetic care * Communication   1. Pyschosocial   2. Contracture Prevention/Range of Motion   3. Restraint Reduction   4. Physical Rehabilitation / Occupational Rehabilitation   5. Restorative Continence/scheduled toileting   6. Skin Protection and Prevention   7. Self Medication and Psychotropic Reduction  1. Maintenance Programs:    1. Residents who have achieved these goals over an appropriate period of time are to be placed on a maintenance program and evaluated every 90 days during care plan review.    2. If the resident’s condition has deteriorated, the program is to be reactivated at that time. 2. Occupational / Physical Rehabilitation:   The occupational or physical rehab program will be a distinct, functional part of the rehab department. It will be under the direction of a registered occupational (OTR) or physical (PTR) therapist. Each resident’s rehabilitation program will be ordered by the attending physician, designed and planned by the OTR/PTR. The direct OR/PR services shall be carried out by a certified OR/PR assistant, or a PTA, under the supervision of the OTR/PTR. There is to be documentation of the resident’s attendance in rehab every session by the OR/PR aide or PTA. | | | | | |
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