PROPRIETARY STATEMENT

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Restorative Nursing Program Policy

Policy Statement

It is the policy of this facility to develop, implement, monitor, and evaluate Restorative Nursing Programs for applicable residents. Restorative nursing program refers to nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible. This concept actively focuses on achieving and maintaining optimal physical, mental, and psychosocial functioning. Restorative nursing program refers to nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible. This concept actively focuses on achieving and maintaining optimal physical mental, and psychosocial functioning.

Policy Interpretation and Implementation

1. The purpose of a Restorative Nursing Program is to:
    - Restore to original status or improve level of independence after a decline in Activities of Daily Living (ADLs), and/or
    - Stabilize the primary problem, and/or
    - Prevent secondary complications, and/or
    - Maintain or improve functional abilities in ADLs, and/or
    - Promote ability and wellness and where possible, prevent decline or loss of independence, and/or
    - Enable residents to attain or maintain their highest practicable level of functioning
2. A resident may be started on a restorative nursing program:
    - When he or she is admitted to the facility with restorative needs, but is not a candidate for formalized rehabilitation therapy, or
    - When restorative needs arise during the course of a longer-term stay, or
    - In conjunction with formalized rehabilitation therapy
3. Admission and periodic functional assessment (via the RAI schedule) will be conducted by the IDT. Findings will assist in determining the resident's potential for maintaining or increasing their functional capabilities. Upon completion of the assessment, a plan of care will be developed as indicated to accomplish the goals/objectives mutually agreed upon by the resident, resident's representative (as appropriate) and IDT.
4. The facility will appoint a Licensed Nurse to supervise the activities in a restorative nursing program. Other staff and volunteers can be assigned to work with specific residents under licensed nurse supervision.
5. Nursing assistants/aides will be trained in the techniques that promote resident involvement in the activity
6. Restorative Nursing Programs performed in a group will have no more than four residents per supervising helper or caregiver.

7. Activities provided by restorative nursing staff include the following:
    - Range of Motion
        i. Passive
        ii. Active
    - Splint or Brace Assistance
    - Bed Mobility
    - Transfer
    - Walking
    - Dressing and/or Grooming
    - Eating and/or Swallowing
    - Amputation/Prosthesis Care
    - Communication
    - Toileting Program
        i. Urinary
        ii. Bowel

Documentation

1. The actual direct minutes each program is provided within a 24-hour period will be documented on a daily/shift/occurrence basis.
2. Measurable objectives and interventions will be documented in the resident's care plan in the medical record.
3. The Licensed Nurse will evaluate the program quarterly at a minimum and document the evaluation in the resident's medical record.
    a. Once the purpose and objectives of treatment have been established, a progress note may be written by the restorative aide and countersigned by the licensed nurse.

Patient-Driven Payment Model

1. For restorative nursing programs to have an effect on Medicare Part A reimbursement, all of the following must be true:
    1. At least two programs are provided
    2. Each program is provided for a minimum of 15 minutes per 24 hour day
    3. Each program is provided daily for 6 out of 7 days during the assessment look-back period
        - As the Medicare Part A beneficiary's per diem is established by information reported on the PPS 5-day assessment, a minimum of two restorative nursing programs would need to be appropriately implemented on day 1, 2, or 3 of the Part A stay.
2. Restorative nursing programs will result in an increase in payment for the following two Nursing Case-Mix Groups only when all above criteria are met:
    1. Reduced Physical Function
    2. Behavioral Symptoms and Cognitive Performance

Policy Review and Updates This policy will be reviewed annually by the QAPI Committee.	
Date of Review/Update	By:

Source Documents & References	
Federal Regulations	483.24(a) F676
References	1. State Operations Manual – Appendix PP – Guidance to Surveyors for Long Term Care Facilities - https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf 2. Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual. Version 1.17 - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-RAI-Manual-v117_October-2019.zip