



## Maintaining Independence and Assisting with Activities of Daily Living (ADLs)\*

### Activities of Daily Living (ADLs)

ADLs are fundamental tasks required for people to care for themselves independently and have a significant impact on a person's quality of life. ADLs include bed mobility, transferring, walking or locomotion, dressing, toileting, eating, bathing, and personal hygiene.

Underlying health conditions such as stroke, Parkinson's Disease, chronic obstructive pulmonary disease (COPD), dementia; social isolation; and medication side effects can also affect a person's ability to perform ADLs safely.

Unmet needs due to a decline in ADLs can lead to malnutrition, poor personal hygiene, illnesses like urinary tract infections (UTIs), falls, and an increased risk for mortality.

Therefore, understanding the basics of a person's ability to perform ADLs helps provide an indication of their overall well-being and can allow nursing facility providers to effectively plan for the person's care.<sup>1 2</sup>

### Regulatory Requirements

Federal regulations require nursing facility providers to not only meet the ADL needs of those who are dependent but also to help people maintain their own self-care abilities unless the decline is unavoidable. These quality-of-life regulations are found in F676 and F677 of [Appendix PP of the State Operations Manual \(SOM\)](#).

For more information, see the CMS Compliance Group, Inc. blog links\* below:

- [Ftag of the Week – F676 Activities of Daily Living \(ADLs\)/Maintain Abilities](#)
- [Ftag of the Week – F677 ADL Care for Dependent Residents](#)

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\* Any links, information, or advertisements provided by private entities throughout this resource do not infer endorsement or recommendation by Texas HHSC of any products or services.

Note: Additional information on how surveyors review ADLs are in the *ADL Critical Element Pathway* found in the *Surveyor Resources* folder on the Centers for Medicare and Medicaid Services [\(CMS\) Nursing Homes page](#).

## **Quality Measure (QM) N028.02**

Quality Measure (QM) N028.02 calculates the percentage of persons with long-stays in nursing facilities, whose need for help with activities of daily living (ADLs) has increased when compared to the person's prior assessment. QM N028.02 specifically measures the person's need for assistance with bed mobility, transfers, eating, and toileting.<sup>3</sup>

## **ADL Definitions**

Definitions for ADLs according to the Minimum Data Set (MDS) are important to understanding QM N028.02 and for documenting the assistance provided in the person's health/medical record.<sup>4</sup>

- Bed mobility – how the person moves to and from a lying position, turns side-to-side, and positions their body while in bed or in alternate sleep furniture
- Transfer – how the person moves between surfaces including to and from bed, chair, wheelchair and/or a standing position (excluding transfers to the toilet)
- Eating – how the person eats and drinks, regardless of skill, including intake by other means such as tube feeding (enteral nutrition), total parenteral nutrition (TPN), or intravenous (IV) fluids for nutrition and hydration
- Toileting – how the person uses the toilet room, commode, bedpan, or urinal; transfers on and off the toilet; cleanses self after elimination; changes pads; manages ostomy and/or catheter; and adjusts their clothing (excluding the emptying of urinals, bedside commodes, ostomy or catheter bags).

## **Minimum Data Set (MDS) Section G and Section GG**

Currently the data for QM N028.02 is collected from section G of the Minimum Data Set (MDS). However, Section G is scheduled to be retired September 30, 2023.

Review the resources below on Section G and the retirement of Section G:

- [QM Tip Sheet: Activities of Daily Living – Long Stay - TMF](#)
- [Quality Measures: Activities for Daily Living – TMF](#)
- [Transcript for Quality Measures: ADLs \(Long Stay\) – TMF](#)

- [Section G: Scheduled for Retirement October 2023N - AAPACN](#)

**!! KNOW THE DATE – OCTOBER 1, 2023 !!**

**With the retirement of Section G on September 30, 2023, Section GG is scheduled to be utilized for ADL related quality measures.**

**Nursing facilities should prepare for the use of Section GG for the determination of QM N08.02 effective October 1, 2023.**

Section GG is a collection of data that measures a person's "usual performance" in self-care and mobility. The scoring scale for Section GG is different than for Section G, as it is going to be used to determine a separate ADL score for Nursing and Physical/Occupational Therapy (PT/OT). These scores will impact the facility's reimbursement under the Patient Driven Payment Model (PDPM). Providers should assess their process for collecting and completing Section GG to ensure accuracy of the information. More information about the revised MDS 3.0 and Section GG may be found at [Minimum Data Set \(MDS\) 3.0 Resident Assessment Instrument \(RAI\) Manual – CMS](#)

To ensure accuracy in completing Section GG, ask the following questions:

- Do you have a process in place to determine a person's "usual performance"?
- What sources of information are you using to collect data regarding a person's level of functioning to ensure Section GG is complete?
- Is the MDS Coordinator or other person currently coding Section GG knowledgeable in the items that will be used to calculate the two function scores (for nursing and PT/OT)?

Training videos for MDS are available on the [CMS YouTube channel](#). Search videos by CMS and others on Section GG: [CMS Section GG - YouTube](#).

## **Tips for Providing Assistance with ADLs**

When assisting people with ADLs, consider the amount of assistance required and only provide what is needed to allow the person to maintain as much self-care independence as possible. Assistance may include verbal reminders, visual cues, setup, or demonstration of the activity. Others may need guided movement of the person's limbs, weight-bearing assistance, or full staff performance of the activity.

To prevent the loss of ADLs, consider the following questions:

- Are underlying health conditions affecting ADL performance being treated and/or addressed?
- Has the root cause for the decline been assessed, determined, and treated prior to the new MDS?
- Has the person been referred to therapy for appropriate treatment?
- Have restorative programs been initiated to rehabilitate or maintain the person's ADL performance?
- Does evidence exist of the delivery of services for persons on a restorative program?
- Is the person's pain and/or depression managed?
- If the person is refusing treatment, has this been addressed by leadership?
- Is the person receiving appropriate assistance from staff members (no more than needed)?
- Is the person encouraged to perform ADLs independently as their ability dictates?
- Are activity pursuits appropriate?
- Is adaptive equipment available, as needed, to assist the person?

## **ADLs in Dementia Care**

Research suggests that stimulating movement through ADL training and exercise may be beneficial for those with mild-moderate dementia for the improvement of executive function, physical endurance, decreased agitation and depression, and overall well-being.<sup>5 6</sup> However, nursing facility staff frequently report resistance to care for those with dementia. This may lead to the misuse of psychotropic medications to manage behaviors and/or result in abuse or neglect.<sup>7</sup>

Caring for those with dementia should not be a battle if the caregiver understands how the person communicates and can readily identify their needs. Signs of agitation such as pacing, restlessness, or calling out may indicate a physical need, such as hunger, or an emotional need, such as loneliness. Acts of aggression such as slapping, biting, or pushing may indicate the person wants to be left alone. Understanding the difference and how each person communicates their needs and wants is vital to their quality of life and overall success with ADLs.<sup>7</sup>

## **Bed Mobility Assistance**

Repositioning or scooting in bed, rolling (turning from lying on one's back to side-lying or side to side), side-lying to sitting, sitting to lying down, and scooting to sit

on the edge of the bed when preparing to stand or transfer, are all examples of bed mobility. Remember to encourage and allow the person to perform as much of the activity as they are able, providing assistive devices as needed such as an overhead trapeze or positioning bars. When assisting someone with bed mobility it is important to tell the person what you are going to do and what you need them to do, as simply and clearly as possible.<sup>8 9</sup>

Review the resources\* below for important tips on bed mobility assistance, techniques and exercises:

- [Bed Mobility and Transfers – Pioneer Network](#)
- [Caregiver Guide and Instructions for Safe Bed Mobility – Archives of PMR](#)
- [Bed Mobility in Physical Therapy – Very Well Health](#)
- [Bed Exercises for Elderly: Best Exercises for Bedbound Seniors – Seniors Mobility](#)
- [Exercises to Improve Bed Mobility – Very Well Health](#)

Review the videos\*‡ below for general information on assisting with bed mobility:

- [Bed Mobility: Rolling – UNMC](#)
- [Bed Mobility: Supine to Sit – UNMC](#)
- [Bed Mobility: Sit to Supine – UNMC](#)
- [CNA Skill: Positioning Resident on Side - AZMTI](#)

## Transferring Assistance

Moving between surfaces, such as from the bed to a chair, is an example of a transfer. Be sure the person is wearing proper footwear, provide assistive devices as needed such as a slide board, gait belt, grab bars, or cane/walker, and encourage as much independence as possible. Before initiating a transfer, know the person's medical conditions, weight bearing status or ability, ability to follow instructions, and any medical precautions or contraindications such as with a recent hip surgery. Equalize heights of surfaces as much as possible and lock all wheelchairs and beds. Use proper body mechanics, two-caregiver assistance when needed, and transfer the person's stronger side when possible.<sup>8</sup> An electronic or mechanical lift or chair may also be needed to transfer someone safely.

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‡ It is no longer best practice to use bedrails or siderails for fall risk reduction or safety as may be mentioned in some videos.

Review the resources\* below for important tips on transfer assistance/techniques:

- [Bed Mobility and Transfers – Pioneer Network](#)
- [Patient Care Transfer Techniques - NCBI Bookshelf - NIH](#)
- [Guidelines to Safe Patient Transfers - Rehab Management](#)
- [Safe Lifting and Movement of Nursing Home Residents - CDC](#)

Review the videos\*‡ below for general information on assisting with transfers:

- [Stand Pivot Bed to Chair - No Assistive Device - UNMC](#)
- [Stand Pivot Bed to Chair - With Assistive Device - UNMC](#)
- [Stand Pivot Chair to Bed - No Assistive Device - UNMC](#)
- [Stand Pivot Chair to Bed - With Assistive Device – UNMC](#)
- [Squat Pivot Wheelchair to Bed - Two Person Assist - UNMC](#)
- [Using a Hoyer Lift - Transfer from Chair to a Bed – At Home Nursing Care](#)
- [Using a Hoyer Lift – Transfer from Bed to Chair – At Home Nursing Care](#)

## Eating Assistance

Eating assistance may include proper positioning, cueing/prompting, offering of finger foods, use of adaptive devices such as divided plates or special utensils, and/or various hand feeding methods. People should be encouraged to maintain their independence and feed themselves as much as possible. Reasons why a person may require assistance with eating include physical problems (i.e., being unable to hold a fork, tremors that prevent getting spoon to mouth, etc.) or cognitive problems (i.e., forgetting how to chew or eat). Even those who can feed themselves may require help with meal set-up. The identification of feeding problems and appropriate interventions can increase nutrient intake and improve overall health and well-being.<sup>10 11 12</sup>

Review the resources\* below for important tips on eating assistance/techniques:

- [Self-Feeding with the Adult Population: Back to Basics – AOTA](#)
- [Pathway to Transforming Dining: Promising Practices to De-Institutionalize the Dining Experience – Pioneer Network](#)
- [Feeding Strategies for Behaviors Associated with Dementia – QMP](#)
- [Finger Foods Preparation: Tips and Examples – QMP](#)

- [Hand Feeding Tips and Techniques for Persons with Dementia – QMP](#)
- [Nurses Optimizing Supportive Handfeeding \(NOSH\) – M. Batchelor](#)
- [Adaptive Feeding Devices – NFSD](#)
- [International Dysphagia Diet Standardization Initiative – IDDSI](#)

Review the videos\* below for information on assisting with eating:

- [Handfeeding Assistance in Alzheimer's Disease and Dementia – M. Batchlor](#)
- [CNA Skill: Feeding the Dependent Resident - AZMTI](#)
- [International Dysphagia Diet Standardization Initiative 101: Introduction – IDDSI](#)
- [Adaptive Eating Devices - UAMS](#)

## Toileting Assistance

Providing toileting assistance is a considerable nursing intervention to help regain continence or contain incontinence, whenever possible. Toileting assistance may include the use of a toilet, bedside commode, bedpan, or urinal; transferring on and off the toilet or bedside commode; or assisting with hygiene. Use of adaptive equipment and supplies such as raised toilet seats; canes, walkers, lifts, and slide boards for transferring; incontinent wipes, barrier cream, and disposable briefs; and ostomy or catheter care supplies may be needed when assisting with toileting. People should be encouraged to maintain their independence and complete the various tasks required for toileting themselves as much as possible. When providing toileting assistance, it is important to develop methods for treating people from different cultures and with different values to preserve their dignity. Even those who can toilet themselves may require cueing, prompting, or assistance with removing clothing. Creating a toileting plan by identifying the person's natural voiding pattern and habits may promote continence and decrease negative outcomes such as urinary tract infections, skin irritation or wounds, falls (particularly at night when attempting to toilet), and self-imposed social isolation.<sup>13</sup>

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Review the resources\* below for important tips on toileting assistance:

- [Continence Promotion – Texas HHS](#)
- [Indwelling Bladder Catheters – Texas HHS](#)
- [Urinary Incontinence in Older Adults – National Institute on Aging NIH](#)
- [Catheter-associated Urinary Tract Infections \(CAUTI\) – CDC](#)

- [Interventions to Reduce Risk for Patients with Toileting Needs – Patient Safety – UNMC](#)
- [Vanderbilt Incontinence Management Module - VUMC](#)
- [CNA Training Advisor – HCPro – Advanced-Healthcare](#)
- [Nursing Assistant – Chapter 5.8 Assistance with Toileting – M. Reuter Technical College](#)
- [Toileting - Aplmed Academy](#)
- [Wound, Ostomy, and Continence Nurses Society – WOCN Society](#)
- [Low-Risk Residents Who Lose Control of Their Bowel or Bladder \(Long Stay\) Root Cause Analysis Tool – TMF](#)
- [Quality Measure Tip Sheet: Low-Risk Bowel and Bladder \(Long-Stay\) – TMF](#)

Review the videos\*‡ below for information on assisting with toileting:

- [Promoting Continence for People Living with Dementia and Long Term Conditions – Care Inspectorate](#)
- [Tips for Dressing and Toileting – Function Focused Care](#)
- [Function Focused Care for Assisted Living Residents: Toileting – Function Focused Care](#)
- [Assist a Resident with a Bedpan CNA Skill – 4 Your CNA](#)
- [Stoma Care- Changing a Colostomy Bag – Nursing.com](#)
- [Quality Measure Video: Percent of Low-Risk Residents Who Lose Control of Bowel or Bladder \(Long Stay\) - TMF](#)

## **CNA charting of ADLs**

Certified Nurse Aide (CNA) charting is one of the most important ways nursing facilities track ADLs for those residing in the facility and ensure that CMS’ documentation requirements for reimbursement are met.<sup>15</sup>

- [Activities of Daily Living – Functional Pathways](#)
- [Assessing Activities of Daily \(ADL\) Accurately – Simple LTC \(video\)](#)

General rules for accurate and clear CNA documentation include:<sup>15 16</sup>

- If it is not documented, it was not done.
- Chart every detail, creating a snapshot of the person’s status.



- Use legible handwriting (if paper charting).
- Be systematic, charting the same correct way every time to avoid errors and inconsistencies.
- Be accurate, ask for help when needed and double check your entries. Enter statements made by the person or family member in quotation marks word for word.
- Be objective, using precise language and avoiding documenting personal opinions.
- Only use facility-approved abbreviations.
- Never change what has been charted. If an error has occurred, follow the facility's instructions for corrections outlined in the policy.
- Chart in real-time, as things happen, instead of at the end of the shift.
- Do not chart for someone else or have someone chart for you. Do not falsify documentation.
- Avoid charting in open areas where the person's private health information may be compromised.
- Communicate poor documentation practices to the nurse or Director of Nurses to ensure all documentation is accurate and complies with regulations.
- Embrace technology and use of electronic health records (EHR) to simplify charting.

## References

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- <sup>4</sup> *Texas Minimum Data Set*. (2023). Retrieved February 2, 2023, from Texas Health and Human Services: [Texas Minimum Data Set \(hhs.texas.gov\)](#)
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- <sup>7</sup> Buchanan, J. A., DeJager, B., Garcia, S., et al. (2018). *The relationship between instruction specificity and resistiveness to care during activities of daily living in persons with dementia*. Retrieved March 9, 2023, from Cornerstone Minnesota State University Mankato: [Clinical Nursing Studies Original Article viewcontent.cgi \(mnsu.edu\)](#)
- <sup>8</sup> *Bed Mobility and Transfers*. (2018). Retrieved February 23, 2023, from Pioneer Network: [Microsoft Word - Restorative Transfers \(pioneernetwork.net\)](#)
- <sup>9</sup> Vatwani, A. (2017) *Caregiver Guide and Instructions for Safe Bed Mobility*. Retrieved March 1, 2023, from Archives of Physical Medicine and Rehabilitation: [Caregiver Guide and Instructions for Safe Bed Mobility - Archives of Physical Medicine and Rehabilitation \(archives-pmr.org\)](#)
- <sup>10</sup> State Operations Manual. Appendix PP. *Guidance to Surveyors for Long Term Care Facilities*. Retrieved March 15, 2023, from CMS: [SOM - Appendix PP \(cms.gov\)](#)

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- <sup>11</sup> Keller, H. H., Syed, S., Dakkak, H., Wu, S. A., & Volkert, D. (2022). *Reimagining Nutrition Care and Mealtimes in Long-Term Care*. *JAMDA*, 23(2), 253–260. Retrieved March 15, 2023, from Elsevier: [Reimagining Nutrition Care and Mealtimes in Long-Term Care \(sciencedirect.com\)](https://doi.org/10.1016/j.jamda.2022.03.001)
- <sup>12</sup> *Dining Observation Critical Element Pathway*. Retrieved March 15, 2023, from CMS Survey Resources folder: [Survey Resources Zip Folder \(cms.gov\)](https://www.cms.gov/medicare/quality/quality-improvement/quality-improvement-activities/dining-observation-critical-element-pathway)
- <sup>13</sup> Hägglund, D., Momats, E., Mooney, T. (2017). *Nursing Staff's Experiences of Providing Toilet Assistance to Elderly Nursing Home Residents with Urinary Incontinence*. *Open Journal of Nursing*, 7, 145-157. Retrieved March 30, 2023, from Scientific Research Publishing (SCIRP): [Nursing Staff's Experiences of Providing Toilet Assistance to Elderly Nursing Home Residents with Urinary Incontinence \(scirp.org\)](https://www.scirp.org/journal/openjournalofnursing)
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