Maintaining Independence and Assisting with Activities of Daily Living (ADLs): Mobility or Locomotion on the Unit*

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 (UTls), falls, and an increased risk for mortality.

Therefore, understanding the basics of a person's ability 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.[1] [2]

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](#)

---

* 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) N035.03

Quality Measure (QM) N035.03, reports the percent of long-stay residents who experience a decline in independence of locomotion during the target period or whose ability to move independently worsened.[3] [4]

Definition of Locomotion on Unit

The definition for ADL "locomotion on unit" according to the Minimum Data Set (MDS) is important to understanding QM N035.03 and for documenting the assistance provided in the person's health/medical record.[5]

Locomotion on Unit is defined as how a person residing in a nursing facility moves between locations in their room and in the adjacent corridor on the same floor. If the person is in a wheelchair, locomotion is defined as the level of self-sufficiency exhibited once the person is in the chair.[6]

Minimum Data Set (MDS) Section G and Section GG

Currently the data for QM N035.03 is collected from section G, G0110E1 (locomotion on unit) 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: Ability to Move Independently Worsened – TMF](#)

- [Quality Measures: Percent of Residents Whose Ability to Move Independently Worsened (Long Stay) – TMF Video](#)

- [Transcript for Quality Measures: Percent of Residents Whose Ability to Move Independently Worsened (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 the ADLs of mobility/locomotion on the unit, 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 independent movement, consider the following questions:[3]

- 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?

- Has therapy and restorative documentation been reviewed and demonstrates the person's location for locomotion on the unit?

- Does evidence exist of the delivery of services for persons on a restorative program?
- Are pain and/or depression managed?
- If the person is refusing treatment, has this been addressed by leadership?
- Is the person receiving the appropriate level of assistance from staff members (no more than they need)?
- 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.[7] [8] 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.[9]

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.[9]

Assistance with Mobility/Locomotion on Unit

Ambulation/walking with or without assistive devices or the use of a mechanical or electric wheelchair are ways people in nursing facilities move about their environment. Promoting nutrition/hydration, exercise/therapy, and management of pain, medication side effects, and other medical conditions all play a part in preventing falls and keeping people as independent with mobility as possible. In addition, educating the person on proper use of any assistive devices such as handrails, crutches, canes, walkers, or wheelchairs is important to the person's safety. Be sure the person is wearing proper, well-fitting footwear, and if using a wheelchair, ensure the person's feet are safely off the floor on the footrests. Provide stand by assistance for transfers or ambulation with or without a gait belt and utilize assistive devices as needed. Remember when assisting someone with

4

mobility or locomotion on the unit, 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.[1] [2] [7] [10] [11]

Review the resources* below for important tips on ambulation/walking and use of assistive devices:

- [Maintaining Mobility and Preventing Disability are Key to Living Independently as We Age – National Institute on Aging NIH](#)

- [Assisting Clients with Ambulation: Clinical Skills Notes – Osmosis](#)

- [Assistive Devices for Ambulation: Clinical Notes – Osmosis](#)

- [3.6 Assisting a Patient to a Sitting Position and Ambulation – Clinical Procedures for Safer Patient Care – BC Campus](#)

- [3.10 Assisting a Patient to Ambulate Using Assistive Devices – Clinical Procedures for Safer Patient Care – BC Campus](#)

- [Using a Gait/Transfer Belt to Assist the Resident to Ambulate - CNA Training – Nurse Groups](#)

- [How to Walk with a Standard Walker for Ambulation – Very Well Health](#)

- [How to Use Crutches, Canes, and Walkers - OrthoInfo – AAOS](#)

- [How To Use A Wheelchair - Complete Guide For Wheelchair Users In 2023 – Perfect Wheelchairs](#)

Review the videos* below for general information on assisting with ambulation/ walking and the use of assistive devices:

- [Assisted Ambulation – UNMC](#)

- [Ambulation Skill: Assisting a Resident to Walk while using a Gait Belt – Florida Training Academy](#)

- [Patient Ambulation – Clinical Excellence Commission](#)

- [CNA Skill: Ambulate with Gait Belt – AZTMI](#)

- [Assisting with Ambulation for a Resident Using a Cane – Instructional Design](#)

- [Ambulation with Cane – Quinnipiac Physical Therapy YNHH Nursing](#)

- [CNA Skills: Ambulation with Walker – AZTMI](#)

- [CNA Skill: Ambulation with Gait Belt & Walker to Wheelchair – AZTMI](#)

- [How to Use a Manual Wheelchair – Occupational Therapy UiTM](#)

- [CNA Skills - How to use a Wheelchair for Patient – Healthcare Edu](#)

- [Wheelchair Skills: Basic Skills – Dr. Maha Tayseer](#)

Falls and Mobility

Falls are common among people 65 years and older and may be related to problems with ambulation or other forms of mobility.[12] [13] For additional references on the management and prevention of falls, see the resources below:

- [Fall Prevention & Management – Texas Health and Human Services](#)

- [Keep on Your Feet: Preventing Older Adult Falls – CDC](#)

- [Falls Toolkit - VHA National Center for Patient Safety](#)

- [Promoting Mobility Tip Sheet – Pioneer Network](#)

- [The Falls Management Program: A Quality Improvement Initiative for Nursing Facilities – AHRQ](#)

- [Falls and Fall Prevention in the Elderly – StatPearls – NIH](#)

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.[14]

- [Activities of Daily Living – Functional Pathways](#)

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

General rules for accurate and clear CNA documentation include:[14] [15]

- 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

[1] Edemekong, P. F., et al. (2022). <u>Activities of Daily Living</u>. StatPearls Publishing. Retrieved January 26, 2023, from National Center for Biotechnology Information: <u>Activities of Daily Living - StatPearls - NCBI Bookshelf (nih.gov)</u>

[2] Huntsberry-Lett, A. (2023). *Understanding Activities of Daily Living: Checklists, Assessments, and More.* Retrieved January 26, 2023, from AgingCare: <u>Activities of Daily Living Checklist (agingcare.com)</u>

[3] *Quality Measure Tip Sheet: Ability to Move Independently Worsened – Long Stay*. (2022). Retrieved April 10, 2023, from TMF Networks: <u>QM Tip Sheet: Ability to Move Independently Worsened (tmfnetworks.org)</u>

[4] *Quality Measures: Percent of Residents Whose Ability to Move Independently Worsened – Long Stay.* (2019). Retrieved April 11, 2023, from TMF Networks: <u>Quality Measures: Percent of Residents Whose Ability to Move Independently Worsened (Long Stay) (tmfnetworks.org)</u>

[5] *Texas Minimum Data Set.* (2023). Retrieved February 2, 2023, from Texas Health and Human Services: <u>Texas Minimum Data Set (hhs.texas.gov)</u>

[6] Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual. (2020). Retrieved April 11, 2023, from CMS: <u>Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual (cms.gov)</u>

[7] Henskens, M., Nauta, I. M., Drost, K. T., & Scherder, E. J. (2018). *The effects of movement stimulation on activities of daily living performance and quality of life in nursing home residents with dementia: a randomized controlled trial.* Clinical Interventions in Aging, 13, 805–817. Retrieved March 9, 2023, from PubMed: <u>The effects of movement stimulation on activities of daily living performance and quality of life in nursing home residents with dementia: a randomized controlled trial - PMC (nih.gov)</u>

[8] Henskens, M., Nauta, I. M., van Eekeren, M. C. A., & Scherder, E. J. A. (2018). *Effects of Physical Activity in Nursing Home Residents with Dementia: A Randomized Controlled Trial.* Dementia and Geriatric Cognitive Disorders, 46(1-2), 60–80. Retrieved March 9, 2023, from National Library of Medicine: <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6187838/</u>

[9] 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: <u>Effects of Physical Activity in Nursing Home Residents with Dementia: A Randomized Controlled Trial - PMC (nih.gov)</u>

[10] *Maintaining mobility and preventing disability are key to living independently as we age.* (2020). Retrieved April 19, 2023, from National Institute on Aging (NIH): <u>Maintaining mobility and preventing disability are key to living independently as we age | National Institute on Aging (nih.gov)</u>

[11] *Physical Activity Guidelines for Americans 2nd Edition*. (2018). Retrieved April 19, 2023, from U.S. Department of Health and Human Services: Physical Activity Guidelines for Americans, 2nd edition (health.gov)

[12] *The Falls Management Program: A Quality Improvement Initiative for Nursing Facilities*. (2017). Retrieved April 19, 2023, from Agency for Healthcare Research Quality (AHRQ): Chapter 1. Introduction and Program Overview | Agency for Healthcare Research and Quality (ahrq.gov)

[13] Appeadu, M., Bordoni, B. (2023). *Falls and Fall Prevention in the Elderly*. Retrieved April 19, 2023, from StatPearls (NIH): Falls and Fall Prevention in the Elderly - StatPearls - NCBI Bookshelf (nih.gov)

[14] Wong, C. (2022). *7 Tips to Improve CNA Charting.* Retrieved March 10, 2023, from Experience Care: 7 Tips to Improve CNA Charting (experience.care)

[15] *11 Tips for Accurate CNA Charting or Documentation*. (2022). Retrieved March 13, 2023, from Datamyte: 11 Tips for Accurate CNA Charting or Documentation (datamyte.com)