

## Preadmission Screening and Resident Review Critical Element Pathway

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Use this pathway for a resident who has or may have a serious Mental Disorder (MD), Intellectual Disability (ID) or a Related Condition to determine if facility practices are in place to identify residents with one of these conditions and to determine if Level I PASARR screening has been conducted and referrals have been made to the appropriate state-designated authority for Level II PASARR evaluation and determination.

### Review the following to Guide Observations and Interviews:

- ☐ The most current comprehensive *and most recent quarterly (if the comprehensive isn't the most recent)* MDS/CAAs for Sections A, I, N, and O.
- ☐ Physician's orders (e.g., psychoactive medications).
- ☐ Pertinent diagnoses/conditions.
- ☐ Level I PASARR screening results and Level II PASARR evaluation and determination, if appropriate.

### Resident, Representative, or Family Interview:

- ☐ Can you tell me about your current diagnosis/condition (e.g., MD, ID, or mood concerns)?
- ☐ Did you have this diagnosis/condition prior to your admission to this facility?
- ☐ Do you receive any specialized services to help with your mental health or disability concerns? If not, why not? If so, describe.
- ☐ What are they doing to address your mental health or disability concerns (e.g., behavior management plan, ID interventions, meds, level II recommended interventions)?

### Staff Interviews (Nurses, DON, Social Worker):

- ☐ What is the facility's process for identifying residents with a possible MD, ID or a related condition prior to admission to the facility?
- ☐ How does the facility identify residents with newly evident or possible serious MD, ID or a related condition after admission to the facility?
- ☐ Who is responsible for making the referral to the appropriate state-designated authority when a resident is identified as having an evident or possible MD, ID or related condition?
- ☐ If a resident is identified as having newly-evident or possible MD, ID or a related condition after admission, what is the facility's process for referring the resident to the appropriate state-designated authority?
- ☐ If the resident was identified as having evident or possible MD, ID or a related condition, and a referral to the appropriate state-authority was not made, ask why.

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### Record Review:

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| <ul style="list-style-type: none"><li><input type="checkbox"/> Did the resident have an MD, ID or related condition at the time of admission or was the condition identified after admission?</li><li><input type="checkbox"/> Was a Level I screen for possible MD, ID or a related condition completed prior to admission OR if the resident was expected to be in the facility less than 30 days and remained in the facility more than 30 days (as allowed by the State) was a Level 1 screen performed?</li><li><input type="checkbox"/> If the Level I screening process identified evident or possible MD, ID or a related condition, was a referral made to appropriate state-designated authority for Level II PASARR evaluation and determination?</li><li><input type="checkbox"/> Review facility policies and procedures regarding Level I screening (e.g., the criteria that would require a Level II evaluation) and referral for Level II PASARR evaluation and determination.</li><li><input type="checkbox"/> If a Level II evaluation should have been done but wasn't, what mental health or disability services are being provided (e.g., social service interactions or counseling)? [If concerns are identified, initiate the Behavior pathway.]</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Was there a "significant change" in the resident's condition (i.e., a decline in the resident's status that will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not self-limiting, and impacts more than one area of health and requires IDT review, and/or revision of the care plan)?</li><li><input type="checkbox"/> If yes, was a significant change in status assessment conducted within 14 days of determining the change was significant?</li><li><input type="checkbox"/> If the significant change in status was related to a new or possible MD, ID or related condition, did the facility notify the state-designated mental health or ID authority timely?</li><li><input type="checkbox"/> Did the facility incorporate the recommendations from the PASARR Level II determination and evaluation report into the resident's assessment and care plan?</li></ul> |
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### Critical Elements Decisions:

- 1) Is there evidence of Level I pre-screening of the resident to determine if the newly admitted resident had or may have had a MD, ID or a related condition prior to admission to the facility?  
If No, cite F645  
NA, the resident entered the facility as an exception (an exempted hospital discharge), in accordance with the State PASARR process, and has been in the facility less than 30 days.
  
- 2) If pre-admission screening of residents expected to be in the facility 30 days or less is not performed, in accordance with the State PASARR process, and the presumed short-stay resident was not screened prior to admission to the facility and remained in the facility longer than 30 days, did the facility screen the resident to determine if the resident had or may have had an MD, ID or a related condition?  
If No, cite F645  
NA, Level I pre-screening of the resident was performed prior to admission to the facility or the resident was in the facility less than 30 days.

## Preadmission Screening and Resident Review Critical Element Pathway

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- 3) If the Level I pre-screening of the resident, either prior to admission or within 30 days, in accordance with the state PASARR process, identified that the resident had or may have had an MD, ID or related condition, did the facility refer the resident to the appropriate state-designated authority for Level II PASARR evaluation and determination?  
If No, cite F645
- 4) For a resident who had a negative Level I pre-screen, who was later identified with newly evident or possible serious MD, ID or a related condition, did the facility refer the resident to the appropriate state-designated authority for Level II PASARR evaluation and determination?  
If No, cite F644  
NA, the resident was not later identified with newly evident or possible serious MD, ID or a related condition.
- 5) For a resident with a Level II, did the facility coordinate assessments with the PASARR program by incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into the resident's assessment, care planning, and transitions of care?  
If No, cite F644  
NA, the resident did not have a Level II.
- 6) If the resident's significant change in status was related to newly evident or possible MD, ID or related condition, did the facility notify the appropriate state-designated mental health or ID authority for a Level II evaluation as soon as the criteria indicative of a significant change in status was evident?  
If No, cite F644  
NA, the resident did not have a significant change in status related to newly evident or possible MD, ID or related condition.
- 7) Did the facility notify the state mental health authority or state intellectual disability authority, as applicable, promptly after a significant change in the mental or physical condition of a resident who has a mental disorder or intellectual disability for a review?  
If No, cite F646  
NA, the resident did not have a significant change in mental or physical condition.
- 8) For the newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident and resident representative receive a written summary of the baseline care plan that he/she was able to understand?  
If No, cite F655  
NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan.

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- 9) If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident's function, mood, and cognition?  
If No, cite F636  
NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted and the comprehensive assessment was not yet required.
- 10) If there was a significant change in the resident's status, did the facility complete a significant change in status assessment within 14 days of determining the status change was significant?  
If No, cite F637  
NA, the initial comprehensive assessment had not yet been completed; therefore, a significant change in status assessment is not required OR the resident did not have a significant change in status.
- 11) Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's status, needs, strengths and areas of decline, accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?  
If No, cite F641
- 12) Did the facility develop and implement a comprehensive person-centered care plan that includes measureable objectives and timeframes to meet the resident's medical, nursing, mental, and psychosocial needs and includes the resident's goals, desired outcomes, and preferences?  
If No, cite F656  
NA, the comprehensive assessment was not completed.
- 13) Did the facility reassess the effectiveness of the interventions and review and revise the resident's care plan (with input from the resident or resident representative, to the extent possible), if necessary, to meet the resident's needs?  
If No, cite F657  
NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised.

**Other Tags, Care Areas (CA), and Tasks (Task) to Consider:** QOL F675, Behavior and Emotional (CA), Social Services F745, Rehab and Restorative (CA), Rehab Services Qualified Staff F826, Qualification of Social Worker F850, Facility Assessment F838, Resident Record F842, QAA/QAPI (Task).