

<b>End of Life Care: Assessment and Problem Recognition</b>			
<b>May relate to F Tag: 272 (Assessment), 309 (Quality Of Care)</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
1. Did the facility identify the impact or implications of an acute illness or current condition for the resident's long-term prognosis (outlook)?			
2. Did the facility identify and collect documents and other information related to advance care planning (advance directives, other written instructions, etc.) that were relevant to carrying out the resident's wishes related to end-of-life care?			
3. Did the facility determine and document an individual's decision-making capacity appropriately?			
4. Did the facility hold and document conversations or meetings with the appropriate decision-maker regarding end-of-life issues?			
5. Did the facility identify factors influencing the individual's decision-making capacity?			
6. Did the facility inform the resident of the right to make decisions on his/her care <u>or</u> inform an appropriate substitute decision-maker of the right to make decisions on behalf of an incapacitated individual?			
<b>End of Life Care: Treatment and Problem Management</b>			
<b>May relate to F Tag: 279/280 (Comprehensive Care Plans), 309 (Quality Of Care)</b>			
7. Does the facility have and consistently apply policies supporting the offering of alternative approaches for end-of-life care or notify residents and families of significant limitations to their choices?			
8. Did the facility present relevant treatment or management options to a resident or substitute decision-maker?			
9. Did the facility's plan of care incorporate a resident's wishes regarding the extent and aggressiveness of interventions or treatments?			
10. Did the facility identify the specific elements to be given or withheld as part of a palliative care or "comfort care" plan?			
11. Did the facility implement a palliative care plan consistently including relevant orders?			
<b>End of Life Care: Monitoring</b>			
<b>May relate to F Tag: 279/280 (Comprehensive Plans) , 309 (Quality Of Care)</b>			
12. Did the facility review the plan related to end-of-life care with the resident or substitute decision-maker when a significant condition change occurred?			
13. Did the facility modify the resident's care plan to reflect changes in decisions by the resident or a substitute decision maker?			

Signature of Person(s) completing form:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Date