POLICY

It is the policy of this facility that residents will be routinely monitored and evaluated by all staff members to determine the need for additional health services monitoring of chronic, unstable, or changes in condition. All incidents will be reported on a ROER – “Resident Observation & Evaluation Report”. Results of additional monitoring will be routinely evaluated for appropriateness and effectiveness.

DEFINITIONS

**Short term change of condition**: A change in the residents’ health or functioning that is expected to resolve or be reversed with minimal intervention or is an established, predictable, cyclical pattern associated with a previously diagnosed condition.

**Significant change of condition**: A major deviation from the most recent evaluation that may affect multiple areas of functioning or health that is not expected to be short term and imposes significant risk to the resident.

Examples, but not limited to, Observations or Changes of Condition to be reported on ROER:

- Changes in behavior/mental health
- Cognitive &/or behavior changes
- Change in sleep pattern
- Pain
- Eating/appetite changes
- Change in ADL needs
- Fever
- Wounds/skin issues
- Emotional changes
- New medications
- Loss of a loved one
- Mobility changes
- Falls
- Change in hearing, vision or speech
- Bowel/bladder changes
- Vomiting/diarrhea
- Recent medical procedure

PROCEDURES

When the need for additional health services monitoring has been identified, the following will occur:
• If issue involves an injury, fall or other considerable change of condition, an Incident Report must be completed.
• Community staff will complete a ROER (Resident Observation & Evaluation Report), and Incident Report, if indicated, to reflect the newly observed change of condition.
  o The ROER information is to be logged immediately into the ROER log for staff notification.
  o ROER will be handed to the facility Licensed Nurse, or, if Licensed Nurse is not in the facility, the ROER will be handed to the Medication Tech on duty to be placed in the Resident’s MAR.
• The community Licensed Nurse, RCC or Executive Director will review ROER’s daily, and when appropriate, will update Service Plan Changes in Vigilan, and print off new Vigilan task sheets, immediately.
• The service plan changes will be printed off and placed in the 24 Hour Communication Book for 1 week. All community staff will read and implement changes, and initial on the Service Plan page, they have read the changes. A new Service Plan will be printed and filed in the Service Plan binder.
• The facility Licensed Nurse will continue to chart on the Change of Condition until the resident issue is deemed to be resolved by the facility Licensed Nurse.
• One ROER per condition.
• All ROERs will stay in the Resident MAR until documented by the facility nurse as being, “Resolved.”
• Once the facility Licensed Nurse has determined the issues “Resolved”, he/she will pull and file the ROERs from the MAR and put it in the resident’s chart behind the Progress Note tab.

RELATED POLICIES/REFERENCES

24 Hour Resident Monitoring & Reporting

FORMS

ROER
ROER Log
Incident Report
On-going ROER Licensed Nurse Charting Form
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