

## Care Plan & MDS Coordinator Orientation Check List

## Employee Name: \_\_\_\_\_

A. General Orientation was completed on: \_\_\_\_\_

B. General Orientation for Nursing Services completed on: \_\_\_\_\_

## C. Job Specific Orientation below.

Criteria	Information Source	Employee Signature	Instructor Signature	Date Completed
Criteria 1. Review of Nursing Services Policy Manual 2. Review of 3.0 MDS Manual 3. MDS Assessment Schedule: AHT MDS Command Center PPS Admission PPS 5 Day PPS Change in Condition PPS Discharge OBRA Admission OBRA Quarterly OBRA Annual OBRA Change in	Information Source DON/SDC Manual DON/SDC cms.gov MDS Coordinator/DON/Nurse Quality Advisor 3.0 MDS Manual			Date Completed
<ul> <li>Oblive change in Condition</li> <li>OBRA Discharge</li> <li>ARD Observation Period</li> <li>MDS Section Assignments</li> <li>Closing MDS</li> <li>Submitting MDS</li> </ul>				

Criteria	Information Source	Employee Signature	Instructor Signature	Date Completed
<ul> <li>4. PPS Billing:</li> <li>How MDS Affects Payment</li> <li>ICD-10 Coding</li> <li>Tracking Skilled Days</li> <li>MCR Meetings</li> <li>Triple Check</li> </ul>	DON/Nurse Quality Advisor/Business Office/Therapy Team Leader			
<ul> <li>5. Documentation:</li> <li>Documentation to Support MDS Coding</li> <li>Time Frames for Documentation</li> </ul>	MDS Coordinator/DON/Nurse Quality Advisor			
<ul> <li>6. Admission/Quarterly/As Needed Assessments for MDS:</li> <li>Fall Assessment</li> <li>Safety Assessment</li> <li>Elopement Assessment</li> <li>Hydration Assessment</li> <li>Psychoactive Quarterly Review</li> <li>Antipsychotic Medication Quarterly Evaluation with AIMS</li> <li>Smoking Assessment</li> </ul>	MDS Coordinator/DON/ Nurse Quality Advisor Nursing Policy and Procedure Manual			
<ul> <li>7. CAAs</li> <li>Time line for CAAs</li> <li>Care Planning based on CAAs</li> </ul>	MDS Coordinator/ Nurse Quality Advisor			
<ul><li>8. Care Plans</li><li>Accessing AHT for Care Plans</li></ul>	MDS Coordinator/DON/ Nurse Quality Advisor			

Criteria	Information Source	Employee Signature	Instructor Signature	Date Completed
<ul> <li>Time Frames for Care Plans</li> <li>Initiating and Implementing Care Plans as Needed</li> <li>Updating/Reviewing Care Plans Quarterly/Annually</li> <li>Communicate Changes in Care Plans with Staff</li> <li>ADL Care Plans Match ADLs</li> <li>Monthly Care Plan Audits</li> <li>Care Plan Meetings</li> </ul>				
<ul> <li>9. Care Watch:</li> <li>Inputting Information</li> <li>Verifying Alerts</li> <li>Generating Reports</li> </ul>	MDS Coordinator/Nurse Quality Advisor			
<ul> <li>10. Resident Census and Condition (672) and Resident Matrix (802)</li> <li>Updating Reports</li> <li>Accurate Reports</li> <li>Matching Reports</li> </ul>	MDS Coordinator/ Nurse Quality Advisor			
11. MDS Certification: • Qualifications	Nurse Quality Advisor			
<ul> <li>12. Quality Measures:</li> <li>Long term QMs</li> <li>Short term QMs</li> <li>QMs and 5 Star Report</li> </ul>	Nurse Quality Advisor/DON			

Criteria	Information Source	Employee Signature	Instructor Signature	Date Completed
<ul> <li>13. QA/QAPI Process</li> <li>Reports for QA</li> <li>TQI Report</li> <li>PIP Process</li> </ul>	QA Coordinator/Director of Quality Assurance QA Policy and Procedure Manual			
14. Review of State and Federal Regulations Related to MDS Assessments and Care Plans	Director of Quality Assurance			
<ul> <li>15. Survey Process:</li> <li>Survey Assignments</li> <li>Survey Reports</li> <li>Survey Readiness Binder</li> </ul>	Administrator/DON			
16. Manager of the Day Duties	Administrator			
17. Review Job Description and Sign	DON/SDC			

## D. Nursing Skills Check Completed on: \_\_\_\_\_

(Attach skills check to this orientation)