

Mobility and Range of Motion Guidance

Overview

F688 relates to mobility and range of motion (ROM) specifically indicating that a resident who doesn't already have functional impairments doesn't develop them during the course of their nursing home care. Additionally, if residents have a functional or ROM impairment, that it doesn't worsen.

This guidance is intended to be used with the Mobility and Range of Motion Quality Assurance Worksheet and will help proactively identify potential non-compliance.

Monitoring Guidance

A1 - The numerator in this section reflects the number of minimum data sets (MDS') that were reviewed and show a decline in range of motion, mobility, or functional status changes related to activities of daily living (ADLs).

A3 – Of the number of MDS' that were reviewed that had declines in ROM, mobility, or functional status, how many identified the decline including documentation in the resident's progress notes.

A5 – Of the number of records reviewed in A3A, how many lacked interventions in response to the identified decline. Interventions can be a variety of methods such as implementing physical, occupational, or speech therapy, pain management to allow more flexibility with range of motion, etc.

A7 – Review the restorative programs for a sample number of residents to ensure that frequencies are met. The numerator in A7A should include the number of residents that are **NOT** meeting the established frequencies.

A9 – Review the number from A7A to identify the number of residents who are not meeting frequencies. Do these residents have documented refusals or reasons to support why the frequency is not met? The numerator listed in A9A should include those residents **who don't have** supporting documentation, or there is no identified reason why the frequency wasn't met.

A11 – Review restorative programs to identify if a resident is not following their restorative program or if there are identified concerns, that therapy was involved to provide new recommendations to the restorative program. The numerator in A11A should include those residents **who don't have** supporting documentation that therapy was notified of the restorative concern.

A13 – Number of care plans reviewed that **don't include** ROM or mobility deficits, and restorative programs.

References:

CMS (2025. Jul 23). *State Operations Manual Appendix PP – Guidance to Surveyors for Long Term Care Facilities* https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap_pp_guidelines_ltcf.pdf.