

Restorative Nursing Program

One of the frequently asked questions our association receives is what is necessary to implement a restorative nursing program (RNP). There are two resources that you need to use when understanding the restorative nursing program requirements and those include the [State Operations Manual \(SOM\) Appendix PP](#) and the [Resident Assessment Instrument \(RAI\) Manual](#). In this resource, you'll be able to identify the regulatory requirements as well as the coding requirements for the Minimum Data Set (MDS) for your restorative nursing program to ensure you're compliant with both requirements.

What is required from the regulatory perspective for compliance with the RNP?

The nursing home is required to ensure that a resident who is admitted and doesn't have range of motion (ROM) limitations, doesn't experience a reduction in range of motion unless it is unavoidable. If a resident already has ROM limitations, they must receive care and service to avoid worsening of the limitation. Finally, you're required to ensure that residents with limited mobility receive appropriate services, equipment, and assistance to either achieve or maintain the highest practicable independence with mobility unless a reduction is demonstrably unavoidable.

How can I determine if the resident had a reduction in range of motion or mobility?

The best method is by reviewing periods in time through the MDS. For example, if a resident is coded as independent on their admission MDS, the expectation is that resident will remain independent unless there is evidence that a decline in ROM was unavoidable. Compare MDS' to the admission MDS to determine if the resident has declined. If they were independent upon admission and their latest MDS indicates they need a wheelchair and assistance pushing the wheelchair throughout the building, then their mobility has declined.

What is considered unavoidable?

The interpretative guidance doesn't include what is considered unavoidable but general practice is that the staff were following the resident's plan of care to prevent ROM and mobility decline (such as following the RNP) and they promptly noted a decline which was followed up on by assessments and interventions and despite this still occurred. A practical example is that a resident had a RNP that staff documented consistently being completed by staff. During ROM exercises, staff noted the resident's hand was becoming contracted and notified the appropriate nursing professional. They communicated the concern to the physician who directed staff to seek an occupational therapy evaluation. Occupational therapy completed an evaluation and treatment plan

with a discharge including a change to the RNP and use of a splint. Despite this, the resident still had slight ROM limitation to their hand. This example may be considered unavoidable.

What does the RAI Manual include on RNP?

Item set O0500 directs the staff to record the number of days each of the following restorative programs was performed for at least 15 minutes a day in the last 7 calendar days (or during the 7-days prior to the assessment reference date). There are 10 different categories that can be included:

All exercises must be individualized to the resident's needs, planned, monitored, evaluated and documented in the resident's record.

- **Passive Range of Motion (PROM)** – exercises to maintain flexibility and useful motion in the joints of the body.
- **Active Range of Motion (AROM)** – exercises performed by the resident, with cueing, supervision, or physical assist by staff. This includes active ROM and active-assisted ROM.
- **Splint or Brace Assistance** – Verbal and physical guidance and direction that teaches the resident how to apply, manipulate, and care for a brace or splint or a scheduled program of replying and removing a splint or brace.
- **Bed Mobility** – Activities provided to improve or maintain the resident's self-performance in moving to and from a lying position, turning side to side, and positioning themselves in bed.
- **Transfer** – Activities provided to improve or maintain the resident's self-performance in moving between surfaces or planes either with or without assistive devices.
- **Walking** – Activities provided to improve or maintain the resident's self-performance in walking, with or without assistive devices.
- **Dressing and/or Grooming** – Activities provided to improve or maintain the resident's self-performance in dressing and undressing, bathing and washing, and performing other personal hygiene tasks.
- **Eating and/or Swallowing** – Activities provided to improve or maintain the resident's self-performance in feeding oneself food and fluids, or activities used to improve or maintain the resident's ability to ingest nutrition and hydration by mouth.
- **Amputation/Prostheses Care** – Activities provided to improve or maintain the resident's self-performance in putting on and removing a prosthesis, caring for the prosthesis, and providing appropriate hygiene at the site where the prosthesis attaches to the body. Dentures are not considered to be prosthesis for coding.

- **Communication** – activities provided to improve or maintain the resident’s self-performance in functional communication skills or assisting the resident in using residual communication skills and adaptive devices.

Is 15 minutes a day the only requirement to code the number of days that a resident received a RNP?

No, the RAI Manual also includes the following criteria that RNP must meet to be coded under O0500:

- Measurable objectives and interventions must be documented in the care plan and in the medical record. If a RNP is in place when a care plan is revised, it is appropriate for the staff to reassess progress, goals, and duration/frequency as part of the care planning process. Good clinical practice indicates that these results would be documented in the medical record.
- Evidence of periodic evaluation by the licensed nurse (note it doesn’t indicate this must be a Registered Nurse) must be present in the medical record. If appropriate and compliant with state rules, a progress note written by a restorative aide and countersigned by a licensed nurse is sufficient to document the RNP once the purpose and objectives have been established.
 - Note, while this may be allowable, it is best practice for a nurse to complete a review of the program to ensure that it is meeting the resident’s needs and no changes are required.
- Nursing assistants/aides must be trained in the techniques that promote resident involvement in the activity.
 - This training is above and beyond the traditional range of motion and mobility that is included in the nurse aide competency training and evaluation.
- A RN or licensed practical/vocational nurse (LPN/LVN) must supervise the activities in an RNP.
- RNP doesn’t require a physician’s order.
- RNPs can include more than one resident at a time but cannot include groups with more than 4 resident per caregiver.
 - For example, a larger wellness activity or group workout unless there is documentation supporting at least 1 caregiver trained in restorative were present for every 4 residents.

What if a resident cannot tolerate 15 minutes of consecutive activity?

The minutes can be combined over a 24-hour period in the same category, but cannot be combined between different categories.

- For example, a RNP can be administered for 5 minutes 3 times per day in walking but cannot be counted for 5 minutes for walking and 10 minutes for AROM.

RAI Coding Tips:

- Passive ROM includes the caregiver moving the body part around a fixed point or joint where the resident provides no assistance.
- Active ROM includes any participation by the resident.
- Both active and passive ROM doesn't include incidental movements as part of activities of daily living such as dressing or bathing.
- Splint and brace assistance shall include an assessment of the resident's skin and circulation under the device along with repositioning the limb in correct alignment. (Note a nurse must complete any assessments.)
- You can code the use of a continuous passive motion (CPM) device if the following criteria are met:
 - It is ordered by a physician
 - Nursing staff have been trained in the technique such as properly aligning the resident's limb in the device and adjusting the available ROM.
 - Monitoring the device.
 - Staff should document the application and effects of the resident. The time that the device is moving doesn't get coded, but rather the actual time staff were engaged in applying and monitoring the device.
- Grooming tasks such as helping residents learn to apply make-up may be considered restorative when conducted by a member of the activity staff, and are individualized, planned, monitored, evaluated and documented appropriately.

Resources:

CMS. (2025. Oct 1) *Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.20.1*. www.cms.gov/files/document/final-mds-3-0-rai-manual-v1-20-1-october-2025.pdf-1.

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.