

**Stage 2 Critical Elements for Activities of Daily Living (ADL) and/or
Range of Motion (ROM) Status (Includes Cleanliness/Grooming and Positioning)**

Facility Name: _____ Facility ID: _____ Date: _____
Surveyor Name: _____
Resident Name: _____ Resident ID: _____
Initial Admission Date: _____ Interviewable: ☐ Yes ☐ No Resident Room: _____
Care Area(s): _____

Use

To determine whether the facility is providing services to:

- ☐ Meet ADL and positioning needs for those residents unable to carry out these activities;
- ☐ Prevent decline in positioning, ADLs or ROM; or
- ☐ Maintain or improve positioning, ADLs or ROM abilities.

Procedure

If resident is still in facility:

- ☐ Briefly review the assessment, care plan, and orders to identify facility interventions and to guide observations to be made.
- ☐ Corroborate observations by interview and record review.

Observations

Observe whether staff consistently implement the care plan over time and across various shifts. Staff are expected to assess and provide appropriate care from the day of admission. During observations of the interventions, note and/or follow up on deviations from the care plan as well as potential negative outcomes.

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Observations	
For the resident who has a decline in <i>ADL</i> ability (F310):	
<input type="checkbox"/> Determine the current status of the resident's ADL performance.	Notes:
For the resident with the potential to maintain or improve, but has not maintained or improved, with <i>ADL</i> ability (F311) determine whether:	
<input type="checkbox"/> Staff encourage the resident to perform ADLs (grooming, dressing, oral hygiene, transfer, ambulation, eating, toileting, etc.) or to participate as much as the resident is able;	Notes:
<input type="checkbox"/> Staff provide interventions and allow sufficient time for the resident to complete the tasks, such as allowing residents to wash his/her face, brush his/her teeth or comb his/her hair by himself/herself or with cues, and allowing sufficient time to stand up and ambulate to an activity with an assistive device, as appropriate (instead of transport in a wheelchair to save time); and	
<input type="checkbox"/> Staff provide, as needed, supportive, assistive devices such as splints, walkers, or canes.	

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Observations	
For the resident who is unable to carry out <i>ADL</i> activities and needs staff to perform the ADLs (F312, F373) determine whether:	
<input type="checkbox"/> The resident is receiving all necessary assistance in ADLs such as grooming, dressing, hygiene, transfer, ambulation, eating, toileting, etc.; and <input type="checkbox"/> The resident with contractures receives skin care to keep the areas clean and to prevent skin breakdown. <input type="checkbox"/> If you observe the resident being assisted by a staff member to eat or drink and the resident is having problems with eating or drinking, determine whether the staff member assisting the resident is a paid feeding assistant. If so, follow the procedures at F373.	Notes:
For the resident who is unable to <i>position</i> him/herself independently (F309) determine whether:	
<input type="checkbox"/> Staff are properly positioning the resident in bed to maintain proper body alignment, with limbs and head supported in a manner to prevent complications related to decreased mobility; and <input type="checkbox"/> A resident who has been placed in a wheelchair or reclining chair is positioned in correct alignment to prevent leaning, with limbs and head supported, as needed, and seated in a chair of appropriate size.	Notes:

Stage 2 Critical Elements for Activities of Daily Living (ADL) and/or Range of Motion (ROM) Status (Includes Cleanliness/Grooming and Positioning)

Observations

For the resident who had no limitation in range of motion and who now has a limitation in range of motion (F317) determine:

- ☐ The current limitations the resident has to range of motion, including the development of contractures.

Notes:

For the resident who may have some limitations with *range of motion*, and may have the potential to improve but has not improved or has further declined (F318) determine whether staff:

- ☐ Provide encouragement and assistance, as needed, in order for the resident to complete an exercise program as care planned;
- ☐ Perform range of motion during the provision of care (if care planned) and/or in a formal or informal program to increase range of motion such as exercises;
- ☐ For the resident who can't perform ROM exercises, provide PROM with the joints supported, and provide movement of the extremity in a smooth steady manner to the point of resistance (as assessed);
- ☐ Provide devices, rolls, pads or other types of appliances for areas with contractures; and
- ☐ Respond to any indications of discomfort during AROM, PROM exercises, and care associated with contractures.

Notes:

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Resident/Representative Interview	
<p>Interview the resident, family or responsible party to the degree possible to identify:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Resident's/Representative's involvement in the development of the care plan, defining the approaches and goals, and if interventions reflect choices and preferences; <input type="checkbox"/> Resident's/Representative's awareness of the interventions in use and how to use devices or equipment; <input type="checkbox"/> Whether timely assistance is provided as needed for positioning, toileting, eating, bathing, hygiene, grooming, dressing and ambulating according to the care plan; <input type="checkbox"/> If the resident comprehends and applies information and instructions to help improve or maintain ADL performance (where cognition permits); <input type="checkbox"/> Presence of pain that affects ADL performance including the location, cause, if any and how it is managed; and <input type="checkbox"/> If interventions were refused, whether alternatives and/or other alternative approaches were offered. 	<p>Notes:</p>
For the resident who has limitations in <i>range of motion</i> and/or contractures, interview the resident, family member or responsible party to determine:	
<ul style="list-style-type: none"> <input type="checkbox"/> When the range of motion and/or contracture(s) developed; <input type="checkbox"/> Resident's/Representative's involvement in care plan development including defining the approaches and goals, and if interventions reflect preferences and choices; <input type="checkbox"/> Resident's/Representative's awareness of the interventions in use and how to use devices or equipment; <input type="checkbox"/> Whether assistance is provided as needed for the provision of either AROM, PROM, and according to the care plan; <input type="checkbox"/> Whether the resident comprehends and applies information and 	<p>Notes:</p>

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Resident/Representative Interview

<p>instructions to help improve or maintain range of motion (where cognition permits);</p> <p><input type="checkbox"/> Presence of pain that affects range of motion including the location, cause, if any and how it is managed; and</p> <p><input type="checkbox"/> If interventions were refused, whether alternatives and/or other alternative approaches were offered.</p>	
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Staff Interviews

<p>Interview staff on various shifts to determine:</p> <p><input type="checkbox"/> How much assistance is needed with ADLs (including oral hygiene), positioning or ROM;</p> <p><input type="checkbox"/> Whether there are any rehabilitation and/or restorative care schedules and instructions to be followed;</p> <p><input type="checkbox"/> The resident's level of comfort related to positioning, contractures and ADL care;</p> <p><input type="checkbox"/> Whether there is any resistance to care provided, and if so, when does the resistance occur (for example, during certain types of care, certain times of the day, certain staff, etc.);</p> <p><input type="checkbox"/> How the nurse monitors for the implementation of the care plan;</p> <p><input type="checkbox"/> If interventions were refused, whether alternatives and/or other alternative approaches were offered; and</p> <p><input type="checkbox"/> If the resident is not on a restorative program, how the determination was made that the resident could not benefit from a program.</p>	<p>Notes:</p>
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Assessment	
<p><input type="checkbox"/> Review the MDS, physician orders, therapy notes and other progress notes that may have information regarding the assessment of ADL functioning and ROM, assessment of positioning needs, and resident responsiveness to ADL/ROM services.</p> <p><input type="checkbox"/> Based on observation of the resident, interviews with staff, and interviews with the resident/responsible party (as possible), determine whether the assessment information accurately and comprehensively reflects the status of the resident for the following items:</p> <ul style="list-style-type: none"> ▪ Identifies causal factors for any limitations in physical functioning that affect ADLs, positioning and ROM; ▪ Identifies the risk and contributing factors for decline or lack of improvement in ADLs or ROM such as presence of an unstable condition, acute health problem, pain, change in cognition, a change in medications that may affect functional performance such as psychoactive or anticholinergic medications, behavioral symptoms, or visual problems; ▪ Discusses causal and contributing factors of any resistance to care; ▪ Identifies the strengths and abilities that can contribute to the improvement in ADL performance and/or improvement in range of motion; and ▪ Identifies the presence and degree of contractures. <p><input type="checkbox"/> Determine whether there was a "significant change" in the resident's condition and whether the facility conducted a significant change comprehensive assessment within 14 days. A "significant change" is a decline or improvement in a resident's status that:</p> <ol style="list-style-type: none"> 1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not "self-limiting;" 2. Impacts more than one area of the resident's health status; and 3. Requires interdisciplinary review and/or revision of the care 	<p>Notes:</p>

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Assessment

plan.

If there was a "significant change" in the resident's condition and the facility did not conduct a significant change comprehensive assessment within 14 days, initiate **F274, Resident Assessment When Required**. If a comprehensive assessment was not conducted, also cite F272.

- 1. If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes (to the extent possible) of the resident's ADL (self-care) needs, functional ROM, and contractures, and the impact upon the resident's function, mood, and cognition?**

☐ Yes ☐ No **F272**

☐ **NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS**

NOTE: Although Federal requirements dictate the completion of RAI assessments according to certain time frames, standards of good clinical practice dictate that the assessment process is more fluid and should be ongoing.

*The comprehensive assessment is not required to be completed until 14 days after admission. For newly admitted residents, before the 14-day assessment is complete, the lack of sufficient assessment and care planning to meet the resident's needs should be addressed under **F281, Professional Standards of Quality**.*

**Stage 2 Critical Elements for Activities of Daily Living (ADL) and/or
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Care Planning

If the comprehensive assessment was not completed (CE#1 = No), mark CE#2 "NA, the comprehensive assessment was not completed".

If the care plan refers to a specific facility treatment protocol that contains details of the treatment regimen, the care plan should refer to that protocol and should clarify any deviations from, or revisions to, the protocol for this resident. The treatment protocol must be available to the caregivers and staff should be familiar with the protocol requirements.

- ☐ Review the care plan to determine whether the plan is based upon the goals, needs, and strengths specific to the resident and reflects the comprehensive assessment.
- ☐ Determine whether the plan, as applicable:
 - Provides restorative approaches that are specific enough to identify the steps that both the resident and the staff will take to improve and or maintain ADL functioning and range of motion;
 - Provides specific care interventions staff will provide for the resident who is unable to participate in ADLs or range of motion, including the provision of oral care, hygiene and maintenance of cleanliness throughout the day;
 - Identifies quantifiable, measurable objectives with timeframes to be able to assess whether the objectives have been met;
 - Identifies interventions with sufficient specificity to guide the provision of services and treatment;
 - Is based upon resident choices and preferences and interdisciplinary expertise;
 - Promotes maintenance of dignity;
 - Defines interventions to prevent skin breakdown in areas where contractures are present;

Notes:

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Care Planning

- Provides for premedication prior to the provision of ADLs, PROM/AROM as applicable;
- Defines environmental approaches and devices needed to promote independence in ADLs and to maximize independent functioning;
- Provides positioning interventions and monitoring; and
- Provides for needed devices, appliances, and equipment.

☐ If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current plan of care.

2. Did the facility develop a plan of care with measurable goals and interventions to address care and treatment related to the resident's ADL and ROM needs to (a) ensure provision of care to meet ADL and ROM needs (b) prevent decline in ADL or ROM abilities or (c) improve functioning, if applicable, in accordance with the assessment, resident's wishes, and current standards of practice? ☐ Yes ☐ No **F279**

☐ **NA, the comprehensive assessment was not completed**

*The comprehensive care plan does not need to be completed until 7 days after the comprehensive assessment (the assessment completed with the RAPS). Lack of sufficient care planning to meet the needs of a newly admitted resident should be addressed under **F281, Professional Standards of Quality**.*

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Care Plan Implementation by Qualified Persons

Observe care and interview staff over several shifts and determine whether:

- ☐ Care is being provided by qualified staff, and/or
- ☐ The care plan is adequately and/or correctly implemented.

3. Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care? ☐ Yes ☐ No **F282**

☐ **NA, no provision in the written plan of care for the concern being evaluated**

NOTE: If there is a failure to provide necessary care and services, the related care issue should also be cited when there is actual or potential outcome.

Notes:

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Care Plan Revision	
<p><i>If the comprehensive assessment was not completed (CE#1 = No), OR, if the care plan was not developed (CE#2 = No), mark CE#4 "NA, the comprehensive assessment was not completed OR the care plan was not developed".</i></p> <p>Determine whether the resident's condition and effectiveness of the care plan interventions have been monitored and care plan revisions were made based upon the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The outcome and/or effects of goals and interventions; <input type="checkbox"/> A decline or lack of improvement in ADL or ROM status; <input type="checkbox"/> Complications with skin breakdown in areas with contractures; <input type="checkbox"/> Failure to comply with the provision of care for ADLs, positioning and range of motion activities and alternative approaches developed; <input type="checkbox"/> Change in condition, ability to make decisions, cognition, medications, behavioral symptoms or visual problems; <input type="checkbox"/> Input by the resident and/or the responsible person; <input type="checkbox"/> An evaluation of the resident's level of participation with and response to the care plan; and <input type="checkbox"/> If the resident refuses or is resistant to services, alternative means are identified to address ADL, positioning and ROM needs. <p>4. Did the facility reassess the effectiveness of the interventions and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the needs of the resident?</p> <p align="right"><input type="checkbox"/> Yes <input type="checkbox"/> No F280</p> <p><input type="checkbox"/> NA, the comprehensive assessment was not completed OR the care plan was not developed</p>	<p>Notes:</p>

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Provision of Care and Services

For the resident who either needs assistance, or is totally dependent in the ability to position self:

☐ **F309, Quality of Care** — The facility is in compliance with F309 if staff have:

- Recognized and assessed the need and type of assistance the resident needs for positioning;
- Defined and implemented pertinent interventions consistent with the resident's condition, goals, and consistent with recognized standards of practice in order to provide needed services;
- Monitored and evaluated the resident's response to interventions; and
- Revised the approaches as appropriate.

If not, there is lack of provision of needed services: cite F309.

5. Based on observation, interviews, and record review, did the facility provide care and services necessary to meet the needs of the resident in order to attain or maintain the highest practicable physical, mental, and psychosocial well being in accordance with the comprehensive assessment and plan of care?

☐ Yes ☐ No **F309**

Notes:

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Provision of Care and Services

For the resident who has declined in ADL functioning:

☐ **F310, Activities of Daily Living** — The facility is in compliance with F310 if staff have:

- Recognized and assessed factors affecting the resident's ADL functioning;
- Defined and implemented pertinent interventions consistent with resident condition, goals, and recognized standards of practice to try to address factors contributing to decline in ADL functioning;
- Monitored and evaluated the resident's response to interventions; and
- Revised the approaches as appropriate.

If not, the decline in ADL functioning is avoidable: cite F310.

6. Based on observation, interviews, and record review, did the facility provide proper care and treatment, including assistive devices, to prevent a decline in the resident's ability to complete ADLs?

☐ Yes ☐ No **F310**

☐ **NA, the resident has not declined in ADL functioning**

Notes:

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Provision of Care and Services

For the resident with the potential to maintain or improve ADL ability, but who has not maintained or improved:

- ☐ **F311, Activities of Daily Living** ____ The facility is in compliance with F311 if staff have:
- Recognized and assessed factors affecting the resident's ADL abilities;
 - Defined and implemented pertinent interventions consistent with resident condition, goals, and recognized standards of practice to try to address factors contributing to the failure to improve in ADL functioning;
 - Monitored and evaluated the resident's response to interventions; and
 - Revised the approaches as appropriate.
- If not, the lack of improvement or the lack of maintenance of the level of ADL functioning is avoidable: cite F311.**

7. Based on observation, interviews, and record review, did the facility provide the appropriate treatment and services to maintain or improve ADL functioning for the resident who has the potential to maintain or improve? ☐ Yes ☐ No F311

☐ **NA, the resident does not have potential to maintain or improve ADL functioning**

Notes:

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Provision of Care and Services

For the resident who is not able to carry out ADLs:

- ☐ **F312, Activities of Daily Living** — The facility is in compliance with F312 for the provision of services related to nutrition, grooming, personal and oral hygiene services if staff have:
- Recognized and assessed factors affecting the resident's ADL abilities;
 - Defined and implemented pertinent interventions consistent with the resident's condition, goals, and consistent with recognized standards of practice in order to provide needed services;
 - Monitored and evaluated the resident's response to interventions; and
 - Revised the approaches as appropriate.

If not, there is lack of provision of needed services: cite F312.

8. Based on observation, interview, and record review, did the facility provide the resident who is unable to carry out activities of daily living the necessary services to maintain good nutrition, grooming, and personal and oral hygiene?

☐ Yes ☐ No **F312**

☐ **NA, the resident is able to carry out ADLs**

Notes:

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Provision of Care and Services

For the resident admitted without ROM limitations, who experienced a decline in range of motion:

☐ **F317, Range of Motion** — The facility is in compliance with F317 if staff have:

- Recognized and assessed factors affecting the resident's range of motion;
- Defined and implemented pertinent interventions consistent with the resident's condition, goals, and consistent with recognized standards of practice in order to provide needed services;
- Monitored and evaluated the resident's response to interventions; and
- Revised the approaches as appropriate.

If not, the decline in range of motion is avoidable: cite F317.

9. Based on observation, interview, and record review, did the facility provide services to prevent reduction in range of motion, for the resident admitted without a limited range of motion, and whose clinical condition demonstrates that a reduction in range of motion is avoidable? ☐ Yes ☐ No **F317**

☐ **NA, the resident was admitted with ROM limitations**

Notes:

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Provision of Care and Services

For the resident with ROM limitations, who experienced a further decline or lack of improvement in range of motion:

☐ **F318, Range of Motion** — The facility is in compliance with F318 if staff have:

- Recognized and assessed factors affecting the resident's range of motion;
- Defined and implemented pertinent interventions consistent with the resident's condition, goals, and consistent with recognized standards of practice in order to provide needed services;
- Monitored and evaluated the resident's response to interventions; and
- Revised the approaches as appropriate.

If not, the decline or lack of improvement in range of motion is avoidable: cite F318.

10. Did the facility provide services to ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion?

☐ Yes ☐ No **F318**

☐ **NA, the resident was admitted without ROM limitations**

Notes:

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Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

During the investigation of care and services provided to meet the needs of the resident, the surveyor may have identified concerns with related structure, process and/or outcome requirements, such as the examples listed below. If an additional concern has been identified, the surveyor should initiate the appropriate care area or F tag and investigate the identified concern. Do not cite any related or associated requirements before first conducting an investigation to determine compliance.

- ☐ **Dignity** — Determine whether staff provide care and assistance to the resident in a manner that prevents the resident from expressing feelings of being ignored, disrespected, embarrassed, humiliated, etc.
- ☐ **F271, Admission Orders** — Determine whether the facility received physician orders for provision of immediate care before conducting the comprehensive assessment and developing an interdisciplinary care plan.
- ☐ **F278, Accuracy of Assessments** — Determine whether the assessment accurately reflects the resident's status.
- ☐ **F281, Professional Standards of Quality** — If the interventions defined or care provided appear not to be consistent with recognized standards of practice, interview one or more health care practitioners and professionals as necessary (e.g., physician, charge nurse, director of nursing) who, by virtue of training and knowledge of the resident, should be able to provide information about the causes, treatment and evaluation of the resident's condition or problem. If the attending physician is unavailable, interview the medical director, as appropriate. Depending on the issue, ask about:
 - Any clinical and/or other indications for the decline, such as refusal to participate, for the resident who has declined in ROM or ADL functioning;
 - Changes in condition that may justify additional or different interventions;
 - How it was determined that chosen interventions were appropriate;

Notes:

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Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

- How they validated the effectiveness of current interventions;
 - Risks identified for which there were no interventions; and
 - How they monitor the approaches for programs (for example, policies/procedures, staffing requirements, how staff identify problems, assess the resident and develop and implement action plans, how staff monitor and evaluate resident's responses, etc.).
- ☐ **Sufficient Nursing Staff** — Determine whether the facility had qualified staff in sufficient numbers to provide necessary care and services, based upon the comprehensive assessment and care plan.
- ☐ **F369, Assistive Devices** — Determine whether assistive devices are provided as needed to promote independence.
- ☐ **F373, Paid Feeding Assistants** — Determine whether:
- The paid feeding assistant who is assisting this resident has completed a State-approved training course;
 - Use of the feeding assistant is consistent with State law;
 - The feeding assistant is working under the supervision of a registered nurse or licensed practical nurse;
 - The resident is eligible to receive assistance from a paid feeding assistant due to an absence of complicated feeding problems and based on the charge nurse's assessment and resident's latest assessment and plan of care.
- ☐ **F498, Proficiency of Nurse Aides** — Determine whether nurse aides demonstrate competency in the provision of restorative nursing, range of motion, care of contractures, and positioning.
- ☐ **F514, Clinical Records** — Determine whether the clinical records:
- Accurately and completely document the resident's status, the care and services provided (e.g., to prevent, to the extent possible, or manage the resident's pain) in accordance with current professional standards and practices and the resident's goals; and

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Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements	
<ul style="list-style-type: none">▪ Provide a basis for determining and managing the resident's progress including response to treatment, change in condition, and changes in treatment.	