

**Ohio Living  
Matrix System  
RAI – MDS Assessments and Care Planning  
Ancillary, Nursing & Therapy**

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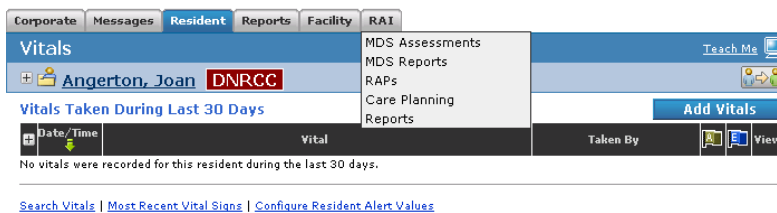
## RAI

6. RAI stands for Resident Assessment Instrument. The MDS Assessment, which is the Resident Assessment Instrument, is what is sent to the State and is used by State surveyors for their annual review as well as being used to calculate Medicare reimbursement. At our facilities, the MDS Assessment is created by an interdisciplinary team lead by the MDS nurses.
- 7.

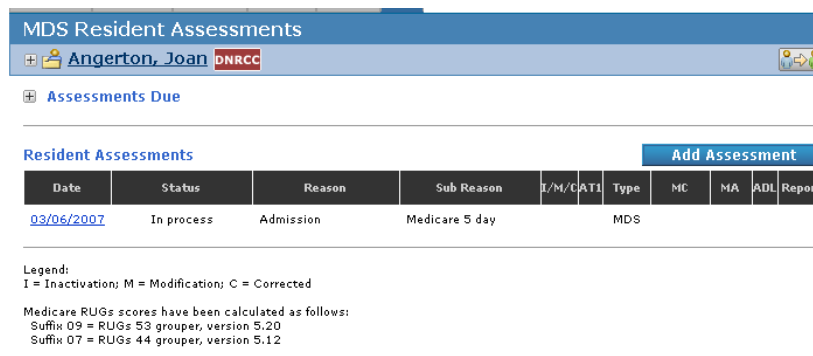
## MDS Assessments

The assessments created by the MDS nurses are available for viewing.

1. Click on MDS Assessments on the RAI tab.



2. The Resident Assessments will appear. Click on the blue underlined date to see the assessment sections.



☀ If the assessment status is In Process, it is very possible that all the sections are not complete.

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## MDS Reports

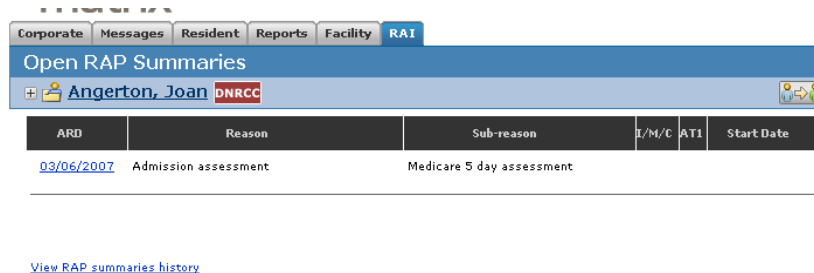
The RAPs Worksheet, MDS Assessments and RAPs Triggered Report can be printed as hardcopy reports.



## RAPs

The RAPs (Resident Assessment Protocol) Summaries that are triggered by the creation of the MDS Assessment can be viewed under RAPs. The MDS Assessment can trigger requirements for further assessments and review.

1. Click on [View RAP summaries history](#) to see previously created RAPs.



ARD	Reason	Sub-reason	I/M/C	AT1	Start Date
03/06/2007	Admission assessment	Medicare 5 day assessment			

## Care Planning

The issues and problems that are identified during the creation of the MDS Assessment and RAPs should be included in the Care Plan as well as any Events that are opened for a Resident. The Care Plan should be reviewed periodically to determine whether the resident is receiving the care that they require. The Care Plan is made up of Problems, Goals and Approaches. If the Care Plan reflects that the Resident has a specific Problem, there is a Goal or Goals to resolving the Problem and that we will use the listed Approaches to achieve the Goal and resolve the Problem. As Problems are resolved, they should be closed.

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1. The system displays the Problems.

The screenshot shows the 'Care Planning' section for resident 'Angerton, Joan' with the 'RAI' tab selected. Below the header, there is a 'Care Conference' section with fields for 'Last Care Conference' and 'Next Care Conference'. A yellow box highlights a problem: 'Start Date: 04/02/2007' and 'PROBLEM: Resident has impaired daily decision making R/T \_\_\_\_'. At the bottom, there are links for 'Search care plan snapshot' and a 'Report' button.

2. Click on the + sign next to the Problem to see the Goals and Approaches.

This screenshot shows the expanded view of the problem. It includes a 'Target Date: 04/27/2007' and a 'GOAL: Resident will have positive experiences in the daily routine without having overly demanding tasks and without becoming overly stressed.' Below the goal, there are three approach boxes, each with a 'Start Date: 04/02/2007'. The first approach is 'Encourage resident to verbalize feelings and fears. Clarify misconceptions.' with a frequency of 'Continuous' and discipline of 'All Staff'. The second approach is 'Calm resident if signs of distress develops during the decision making process.' with a frequency of 'Continuous' and discipline of 'All Staff'. The third approach is 'Limit/structure resident's choices (e.g., "Would you like to wear the red or the blue shirt/dress?")' with a frequency of 'QAM - Every Morning 7:30 AM' and discipline of 'STNA'.

## Reports

Reports permits printing the Care Plan.

The screenshot shows the 'Resident Reports' section for resident 'Angerton, Joan' with the 'RAI' tab selected. Under the 'Care Planning' section, there is a radio button labeled 'Care Plan'.