



D0700. Social Isolation

Enter Code

How often do you feel lonely or isolated from those around you?

- 0. **Never**
- 1. **Rarely**
- 2. **Sometimes**
- 3. **Often**
- 4. **Always**
- 7. **Resident declines to respond**
- 8. **Resident unable to respond**

D0700: Social Isolation (cont.)



Item Rationale

Health-related Quality of Life

- Social isolation tends to increase with age and is a risk factor for physical and mental illness and a predictor of mortality.

Planning for Care

- Programs to increase residents' social engagement should be designed and implemented, while also taking into account individual needs (e.g., disability, language) and preferences (e.g., cultural practices).
- Assessing social isolation can facilitate the identification of residents who may feel lonely and therefore may benefit from engagement efforts.
- Resident engagement in social interactions and activities of interest can greatly enhance quality of life. A resident's individualized care plan should address activity planning if the resident states that they sometimes, often, or always feel lonely or isolated.

DEFINITION

SOCIAL ISOLATION

Refers to an actual or perceived lack of contact with other people, such as living alone or residing in a remote area.

Steps for Assessment

This item is intended to be a resident self-report item. No other source should be used to identify the response.

1. Ask the resident, "How often do you feel lonely or isolated from those around you?"

Coding Instructions

- **Code 0, Never:** if the resident indicates never feeling lonely or isolated from others.
- **Code 1, Rarely:** if the resident indicates rarely feeling lonely or isolated from others.
- **Code 2, Sometimes:** if the resident indicates sometimes feeling lonely or isolated from others.
- **Code 3, Often:** if the resident indicates often feeling lonely or isolated from others.
- **Code 4, Always:** if the resident indicates always feeling lonely or isolated from others.
- **Code 7, Resident declines to respond:** if the resident declines to respond.
- **Code 8, Resident unable to respond:** if the resident is unable to respond.

D0700: Social Isolation (cont.)



Examples

1. The resident is speaking with the social worker about being admitted for extended rehabilitation and is hoping to see their family later on in the day. When asked how often the resident feels lonely or isolated from those around them, the resident replies that they live with their child and their child's family but don't always feel like being around so much activity and stay in their room alone. As a result, they report that they sometimes feel lonely or isolated even though others are almost always home.

Coding: D0700 would be coded **2, Sometimes**.

Rationale: The resident states they sometimes feel lonely or isolated from those around them because they sometimes stay alone in their room.

2. The resident, upon being admitted to the facility, is asked about how often they feel lonely or isolated from those around them. They state that because they don't have many family members left who live close by and they see their friends only a couple of times a month, they often feel isolated. They are hoping that being in the facility will help them feel less isolated and plan to attend activities regularly.

Coding: D0700 would be coded **3, Often**.

Rationale: The resident states that because the family members they have don't live close by and their friends only visit a couple of times a month that they often feel isolated.

3. During the observation period of resident F's annual assessment, they are asked how often they feel lonely or isolated from those around them. Resident F responds that, even though they go to activities and have a few friends, they still feel alone. When asked how often they feel alone, Resident F responds every day.

Coding: D0700 would be coded **4, Always**.

Rationale: Resident F stated that they feel alone (i.e., lonely) every day when asked.

SECTION E: BEHAVIOR

Intent: The items in this section identify behavioral symptoms in the last seven days that may cause distress to the resident, or may be distressing or disruptive to facility residents, staff members or the care environment. These behaviors may place the resident at risk for injury, isolation, and inactivity and may also indicate unrecognized needs, preferences or illness. Behaviors include those that are potentially harmful to the resident themselves. The emphasis is identifying behaviors, which does not necessarily imply a medical diagnosis. Identification of the frequency and the impact of behavioral symptoms on the resident and on others is critical to distinguish behaviors that constitute problems from those that are not problematic. Once the frequency and impact of behavioral symptoms are accurately determined, follow-up evaluation and care plan interventions can be developed to improve the symptoms or reduce their impact.

This section focuses on the resident's actions, not the intent of their behavior. Because of their interactions with residents, staff may have become used to the behavior and may underreport or minimize the resident's behavior by presuming intent (e.g., "Resident A doesn't really mean to hurt anyone. They're just frightened."). Resident intent should **not** be taken into account when coding for items in this section.