

MDS-Focused Survey

Tip Sheet

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AHCA Workgroup comprised of members of Clinical Practice and Survey/Regulatory Committees

This tip sheet is not meant to be a comprehensive guide for preparing for an MDS-focused survey. Rather, based on review of some of the tags cited during the MDS-focused survey pilot in 2014, the tips are reminders of important practices that centers need to ensure are present to meet regulatory requirements. Following the list of tips is a listing of the tags that were cited in many of the 25 nursing centers that were included in the pilot.

Also, attached is a copy of an Entrance Conference document provided by the survey agency and given to a nursing center that was part of a test group of centers prior to the actual expansion of the pilot. Following the list of tips, there are a few comments related to the Entrance Conference document.

Four Tips to Consider:

1. Implement a system to ensure MDS assessments are completed and submitted timely, consistent with regular required assessment schedules (e.g., admission, quarterly, annually) and those required due to a significant change of condition (either improvement or decline). An effective system is particularly important when there is turnover of the MDS Coordinator or Assessment Coordinator.
2. Know the scope of practice for an LPN/LVN in your state and ensure appropriate supervision is provided and reflected in documentation. Monitor LPN/LVN notes in the medical records to ensure accurate words are used (e.g., LPNs/LVNs are not “assessing” the resident’s condition).
3. An accurate MDS assessment requires collecting information from multiple sources. Implement a system to ensure documentation about a resident is accurate and consistent in all places including ADL records, care plan, interdisciplinary notes, assessments, physician orders, etc.
4. Ensure the Care Area Assessment (CAA) process is effectively used to provide a link between the MDS and care planning and involves the resident, family and other representatives as appropriate.

Examples of F-Tags cited during MDS focused survey pilot:

F157 – failure to provide transfer/discharge notification

F273 - not assessing timely

F274 - not updating when significant change in condition

F275 – not conducting annual assessment timely

F276 – not conducting quarterly assessment timely

F278 – accurate coding for skin conditions and for anti-psychotic medications; accurately reflect resident's status

F280 – failure to include resident in care planning

F281 – (professional standards) – scope of practice and functions of LPN/LVN

F282 – qualified individuals

F287 – encoding/transmitting data timely

F323 – failure to provide equipment to assist with fall prevention

F315 – timely evaluation for removal of catheter

F329 – failure to monitor for psychotropic medication effectiveness

F520 – failing to monitor accuracy of MDS assessments; failing to identify issues with respect to meeting requirements for timely completion failing to develop and implement a plan of action to correct identified non-compliance

Comments: Entrance Conference Document

1. Note Item #5: Identification of a Wound Care Nurse (and if he/she is available during survey process), wound team, wound care facility, etc. Who coordinates wound care in the facility? How is wound care tracked?
2. Note item #6: Identification of whom in the facility is responsible for staffing and if they are available to provide information and questions during the survey process.
3. Note item #10: All facility Policies and Procedures related to Staffing and scheduling.
 - a. There are no Federal requirements for having a policy and procedure for staffing, but there are requirements that a center has certain designated positions (i.e, DON, Administrator). Review each section of the regulation relative to minimal requirements. Also, there is a requirement relative to posting the total number

of actual hours worked for registered nurses, LPNs and CNAs as well as posting the resident census. Also, be sure to check any state requirements.

4. Note item #11: Completed Medicare Medicaid application (Form CMS 671).
 - a. This must be provided to surveyors within 24 hours of entrance conference.
 - b. Be certain the individual completing the Form 671 understands how to accurately complete the Form – including how to report staff hours worked in the designated time period. Read the instructions on the form carefully to capture direct staff as defined by CMS which sometimes is different than how a center may designate direct care nursing staff.