

Long-Term Care Survey Alert

Clip 'N Save: F314 Isn't The Only Tag In Town For Pressure Ulcers

Watch out for these 'tag along' tags.

Shortfalls in preventing or treating pressure ulcers can open Pandora's box for any number of F tags. Here's what revised survey guidance for F314 directs surveyors to do to determine compliance with the following tags:

1. **F157, Notification of Changes**

- Determine if staff notified the physician of significant changes in the resident's condition or failure of the treatment plan to prevent or heal pressure ulcers; or the resident's representative (if known) of significant changes in the resident's condition in relation to the development of a pressure ulcer or a change in the progression of healing of an existing pressure ulcer.

2. **F272, Comprehensive Assessments**

- Determine if the facility comprehensively assessed the resident's skin condition, including existing pressure ulcers, and resident-specific risk factors (including potential causative factors) for the development of a pressure ulcer or non-healing of the ulcer.

3. **F279, Comprehensive Care Plans**

- Determine if the facility developed a care plan that was consistent with the resident's specific conditions, risks, needs, behaviors, and preferences and current standards of practice and included measurable objectives and timetables, specific interventions/services to prevent the development of pressure ulcers and/or to treat existing pressures ulcers.

4. **F280, Comprehensive Care Plan Revision**

- Determine if the care plan was periodically reviewed and revised as necessary to prevent the development of pressure ulcers and to promote the healing of existing pressure ulcers.

5. **F281, Services Provided Meet Professional Standards**

- Determine if pressure ulcer care was provided in accordance with accepted professional standards.

6. **F309, Quality of Care**

- Determine if staff identified and implemented appropriate measures for the management of pain as indicated as related to pressure ulcers and pressure ulcer treatment.

7. **F353, Sufficient Staff**

- Determine if the facility had qualified staff in sufficient numbers to assure the resident was provided necessary care and services, based upon the comprehensive assessment and care plan, to prevent or treat pressure ulcers.

8. **F385, Physician Supervision**

- Determine if the physician has assessed and developed a treatment regimen relevant to preventing or healing a

pressure ulcer and responded appropriately to the notice of changes in condition.

9. F501, Medical Director

- Determine whether the medical director assisted the facility in the development and implementation of policies and procedures for pressure ulcer prevention and treatment, and that these are based on current standards of practice; and whether the medical director interacts with the physician supervising the care of the resident if requested by the facility to intervene on behalf of the resident with a pressure ulcer(s).

Source: Centers for Medicare & Medicaid Services. Revised survey guidance at F314, effective Nov. 12, 2004.

Editor's Note: For an in depth look at the trend toward surveyors citing "tag along" tags for a single negative resident outcome, such as a fall or pressure ulcer - and the implications for challenging such deficiencies at IDR - see the February 2005 Long-Term Care Survey Alert.