

## Long-Term Care Survey Alert

### MDS Corner: Is It a Bruise or Suspected Deep Tissue Injury?

**Performing this assessment can help differentiate between the two.**

Mistaking what's really a bruise for suspected deep tissue injury caused by pressure can cause you to miscode the wound on the MDS and lose an opportunity for fall risk management.

Bruising from falls can look like suspected DTI, says **Elizabeth A. Ayello, PhD, RN, ACNS-BC, CWON, MAPWCA, FAAN**, the nurse consultant who worked with CMS to develop the training materials for Section M: Skin Conditions for MDS 3.0. That's because "the intact skin may be discolored to a purple maroon hue. Knowing the resident history or whether the immediate cause was a [fall] event can be helpful," she says. (The resident could have developed the bruise due to another injury, of course.) To obtain this information, collaborate with the resident's caregivers, Ayello suggests.

"Feeling the temperature of the skin is one indicator that would help differentiate between a bruise, a hematoma related to a fall, and suspected DTI from pressure," says Ayello.

Editor's note: The answers to last month's MDS 3.0 coding quizzer are as follows:

1. When do you do the mood interview in Section D? Answer B: Preferably on the day of or the day before the assessment reference date (ARD).
2. The Brief Interview for Mental Status (BIMS) can be done in writing in which of the following scenarios? Answer A: When writing is the resident's primary method of communication.
3. Which of the following is a true statement about coding in Section M? Answer: A. Section M requires you to code whether a resident is at risk for pressure ulcers.
4. Where is diarrhea coded on the MDS 3.0? Answer: C. What is this a trick question? Diarrhea is not on the MDS 3.0.