

## Long-Term Care Survey Alert

### RAI COMPLIANCE: Determine Whether To Do A Sig Change

Here's what the RAI manual says to consider.

If surveyors see you've coded a resident on the MDS as having worsening cognition, they may be taking a closer look to see whether you needed to do a significant change assessment, which includes the RAPs and care planning.

The RAI manual lists a change in "cognitive skills for decision-making" at B4 from 0 or 1 to 2 or 3 as one of the items to consider whether staff should do an SCSA, notes **Marilyn Mines, RN, BC**, director of clinical services for **FR&R Healthcare Consulting** in Deerfield, IL. Also on the list: "Emergence of a sad or anxious mood pattern" as a problem that isn't easily altered (E2) and a change in incontinence from 0 or 1 to 2, 3 or 4 (H1a or H1b).

The manual advises facilities to make a clinical decision whether to do an SCSA when a resident experiences a decline or improvement in two or more areas thought to be permanent. But the manual instructions give facilities considerable leeway in making that determination.

**Key point:** The care plan should be current whether the team does an SCSA and RAPs and care planning, emphasizes Mines. When the care plan isn't current--and the facility didn't do an SCSA--watch out. "That's when surveyors tend to cite a deficiency," Mines says.