

## Long-Term Care Survey Alert

### READER QUESTION: Know What You Need to Count as a Fall on MDS

**Q:** If a resident becomes unstable during a transfer from the bed to chair so we have to lower him to the floor, do we count that as a fall when coding the minimum data set? If the resident isn't injured, do we have to chart such incidents? What might be the consequences of not doing so?

Ohio subscriber

**A:** If a resident would have fallen without your intervention, you'd count that as a fall on the MDS assessment. This should be distinguished from steadying someone with a hand at the first sign of what you think might be a balance problem. That's a judgment call that few can or should second-guess. So relax and if you think the resident would have fallen, document it as such in the MDS and nurses' notes. The intervention of lowering the resident to the floor without injury is a great outcome.

The consequence of not documenting the event is hard to gauge. In the simplest terms, it would be inaccurate not to document the incident as a fall. In and of itself it is a relatively limited finding for a surveyor in most circumstances. But it is an important observation for care planning.

Expert advice provided by former Ohio survey agency chief Kurt Haas, a consultant in Lithopolis, OH.