

## Long-Term Care Survey Alert

### **SURVEY CASE STUDY: An Interdisciplinary Approach To The MDS Can Pay Off In Spades**

**Here's how one facility's team approach staved off an F tag.**

He or she who knows the most in the survey arena wins or at least has the best chance of staving off F tags. So when surveyors have questions about MDS accuracy, tap the person with the most expertise about that to provide the answers.

**Case in point:** A rehab therapist saved the day when a surveyor questioned why a significant change assessment showed a resident was still impaired at G4 (functional limitation in range of motion) as he had been on the previous assessment.

The resident had otherwise improved to the point that the physician had discharged the person from therapy, relays **Nemcy Cavite Duran, RN, BSN, CRNAC**, the director of MDS at a facility in New York. Yet the therapist's assessment showed limitation on one side coded at G4A and partial loss at G4B, explains Duran.

The resident in question had been admitted to the facility after a month-long hospitalization for a hemiarthroplasty to fix a right femoral neck fracture, relays Duran. Initially the resident required total assistance with most ADLs. But after three months of therapy, the person had improved to the point that the MDS team did a significant change in status assessment.

#### **The Therapist Steps Up to the Plate**

The rehab therapist who assessed the resident and completed that section addressed the surveyor's concern about the accuracy of the coding at G4. The therapist explained "to the surveyor's satisfaction" how people sometimes take longer to recover from functional limitation within range of motion after completing therapy, Duran relays. For one, the therapist explained that numerous factors affect the person's recovery in that way, including rotator cuff injuries, arthritis, surgical complications, old fractures, etc., she says.

"The therapist also explained how you cannot force the resident to ambulate independently because of the injury," adds Duran. The therapist educated the surveyors about how to measure range of motion.

**Good news:** While the resident didn't show improvement on the significant change assessment, he was no longer impaired on the following quarterly assessment.

**Survey lesson learned:** The RAI manual doesn't require a rehab therapist to complete G4, as the intent is to see if the resident requires further intervention, says **Pauline Franko, PT**, president of **Encompass Consulting and Education LLC** in Tamarac, FL. And in this case the resident had received therapy for the problem. But Duran notes that if she had completed G4 by referring to the therapy screen, she would not have been able to explain to the surveyor in the detail that the therapist was able to do.

**MDS coding tip:** Don't code a resident as impaired at G4 unless the limitation interferes with his daily functioning--particularly activities of daily living--or poses a risk of injury, advises the RAI user's manual.