Long-Term Care Survey Alert

Survey & Drug News

CMS is cutting facilities some slack in citing F287 deficiencies. F287 requires facilities to transmit the MDS 3.0 within 14 days of completing the assessment, noted CMS' **Christina Stillwell-Deaner** in a SNF/LTC Open Door Forum and subsequent webinar.

The problem: Facilities had problems complying with that transmission timeline due to problems with CMS' Assessment Submission and Processing (ASAP) system during the first three weeks or so after MDS 3.0 implementation on Oct. 1. As a result, CMS has issued a survey & cert memo instructing surveyors to "accept the ASAP system's date stamp indicating the MDS file has been received as an indication of MDS 3.0 assessment transmission."

The memo applies to MDSs transmitted between Oct. 1 and Dec. 31 of this year. If surveyors do cite a deficiency at F287, they should clearly document the rationale in the statement of deficiencies, CMS advises surveyors in the memo.

Facilities can be cited at F287 for late MDS transmissions that aren't the ASAP system's fault. But during the Oct. 1 through Dec. 31 period, the survey team should issue a level one deficiency, CMS instructs. "The determination of scope will depend on the number of assessments that were not transmitted in a timely manner," states the memo.

Read the memo at www.cms.gov/Surveycertificationgeninfo/downloads/SCLetter11_02.pdf.

The FDA recently warned of potentially life-threatening dangers of propoxyphene (Darvon, Darvocet). The FDA has, in fact, asked companies selling this pain medication to voluntarily remove it from the U.S. market.

Reasoning: New clinical data showed that the drug poses the risk of "potentially serious or even fatal heart rhythm abnormalities," the agency states in a Nov. 19 release. The drug-maker of the proprietary version of the drug has agreed to withdraw the drug from the U.S. market. The FDA has requested companies selling the generic version to voluntarily follow suite.

Further: "The FDA is advising health care professionals to stop prescribing propoxyphene to their patients," states the release. **Watch out:** The FDA warns that "available data also indicate that the risk of adverse events for any particular patient (even patients who have taken the drug for many years) is subject to change based on small changes in the health status of the patient, such as dehydration, a change in medications, or decreased kidney function." "With the new study results, for the first time we now have data showing that the standard therapeutic dose of propoxyphene can be harmful to the heart," said **Gerald Dal Pan, MD, MHS**., director of the Office of Surveillance and Epidemiology, CDER. "However, longtime users of the drug need to know that these changes to the heart's electrical activity are not cumulative. Once patients stop taking propoxyphene, the risk will go away."

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