

Long-Term Care Survey Alert

Survey Preparation: READ BETWEEN THE LINES OF OIG REPORT TO PROTECT YOUR SNF

They say numbers don't lie, but sometimes you need to look more closely at what they don't tell you.

That lesson is especially true when analyzing the recent **HHS Office of Inspector General** report on shortfalls in psychosocial services in nursing facilities. Doing so provides some key insights on the kind of documentation that will protect your facility from getting unfair F tags (see list of possible citations on right).

For example, while the OIG found 39 percent of a sample of SNF residents did not have care plans to meet their identified psychosocial needs and 46 percent of residents didn't receive all of their planned psychosocial services there might be legitimate clinical reasons for that in some cases.

For example, the interdisciplinary team may decide it's not clinically appropriate to care plan for an identified psychosocial area at a particular time, notes **Evvie Munley**, spokeswoman for the **American Association of Homes & Services for the Aging**.

"Sometimes facilities have to prioritize care planning based on a resident's immediate needs before the resident can progress to other areas," Munley says. For example, staff may decide to get a resident's pain or acute condition under control before working on his adjustment to the facility.

"Or staff may feel like they should observe a condition or circumstance to determine if it's a transient one or what type of intervention might be warranted," Munley adds.

Lesson Learned: Document that you've done the Resident Assessment Protocols (RAPs) and why the staff decided not to care plan a particular assessment that triggered a RAP.

Janet Myder with the **American Health Care Association** agrees, noting that the patient population the OIG studied was "newly admitted" or in the facility for 60 days or less. And that means, based on OBRA clinical requirements, the residents would have had an admission assessment but not a quarterly one for care planning purposes.

"And as the OIG notes, a lot of residents' psychosocial issues stem from medical issues and disruption of the person's life due to nursing home admission," says Myder, who is director of AHCA's regulatory systems. "And those issues may manifest and resolve themselves over time," she notes.

Document Unwilling Part B Providers

In some cases, a resident's record might include commendation from the social worker for a psych consult, but the facility cannot find a psychologist or psychiatrist in that area willing to come to the facility for what Part B pays for the service, Myder notes. If that's the case, document all attempts to arrange the Part B psych consult or therapy. Be specific about whom you contacted and their response, etc. Also contact local geriatric, medical and other professional and government organizations to identify qualified Part B mental health providers who are willing to serve nursing home populations.

Facilities might also consider hiring master's prepared gerontological nursing clinical specialists as DONs or educators to provide some leadership in meeting elderly residents' mental health needs, suggests **Karen Feldt**, an assistant professor at the **University of Minnesota School of Nursing** in Minneapolis. "Facilities in some parts of the country are moving to that model," Feldt tells **Eli**. "These master's level clinicians can help develop the formats and staff

expertise to provide the best care."

