

Long-Term Care Survey Alert

Survey Training: CMS to Surveyors- Don't Rush to Judgment About Pressure Ulcer Culpability

Surveyor training example could be good news for providers.

Are multiple residents with pressure ulcers a slam dunk for F tags under revised F314 (pressure ulcer) survey guidelines?

Not necessarily, according to **Vittorio Santoro, PhD**, in a presentation during a March 18 **Centers for Medicare & Medicaid Services** Webcast for surveyors.

Say surveyors find 10 residents with pressure ulcers out of 15 residents in the facility, Santoro postulated. If the surveyor simply does fact gathering (see preceding story), he might conclude that the facility has a possible systemic problem with pressure ulcers, Santoro noted.

"But the surveyor needs to ask further questions and put the pieces of information together, gather more data and make a judgment as to the facility's compliance," Santoro emphasized. "Is [the outcome of 10 pressure ulcers] due to poor care, neglect - or some other extraneous factor that is outside the nursing home's responsibility?"

Experts say CMS could be making a breakthrough in training surveyors to consider that factors beyond the nursing home's control could cause a scenario such as 10 residents with pressure ulcers.

The reality is that "there is a difference (or ought to be) between 10 residents with pressure ulcers who have minor risk factors and 10 recently admitted hospice residents with terminal cancer and pressure ulcers," says **Joseph Bianculli**, an attorney in Arlington, VA.

In addition to taking a close look at the cause or origin of the pressure ulcers, "surveyors should do a more sophisticated analysis about what the facility is doing to treat them," Bianculli adds.

For example, Bianculli is handling a case now where a facility got a "G" (actual harm citation) based on failure to implement a standing order to administer Vitamin C and zinc supplements to a resident with a pressure ulcer, he says.

"Staff were providing the resident's other wound-related treatment appropriately - and the pressure ulcer healed quickly," he relates. "Thus, the facility is arguing, among other things, that the new interpretive guidelines for F314 require more sophisticated analysis."

Revised F314 survey interpretive guidance for pressure ulcers state that "a simple multivitamin is appropriate, but unless the resident has a specific vitamin or mineral deficiency, supplementation with additional vitamins or minerals may not be necessary." The survey guidelines also say a resident's low albumin level combined with lack of supplementation is not sufficient to cite a pressure ulcer deficiency.