

## Long-Term Care Survey Alert

### Survey Trends: Will The Revised F Tags Be A Fork In The Road Toward Better Care - Or A Wrong Turn For Your Next Survey?

**Heads up: Fine-tune your incontinence and skin care programs before surveyors beat you to the draw.**

Just when you thought surveys couldn't get any tougher: CMS is expected to roll out its revved up survey guidance for the first two F tags (pressure ulcers and incontinence and urinary catheters) late this summer.

The new survey interpretive guidance will be inserted into the online State Operations Manual, a **Centers for Medicare & Medicaid Services** official tells **Eli**. CMS is also working on a Webcast about the changes for surveyors, although providers are welcome to tune in.

The revisions are part of a multi-year project CMS is conducting with the **American Institutes for Research** (AIR) to achieve greater national consistency and accuracy in determinations of survey deficiencies, explains **Evvie Munley**, a senior health policy analyst for the **American Association of Homes & Services for the Aging**. "The contract will continue with a given number of F tags undertaken each year."

Beware New Survey Investigative Protocols

The revisions to F315 (indwelling urinary catheters) and F316 (urinary incontinence), which will be combined into a single tag, and to F314 (pressure ulcers), don't change the regulatory language, according to another CMS official involved in the clinical aspect of the survey guidance. The revised guidance will, however, give surveyors a clearer roadmap for understanding how the care plan process -- from assessment to evaluation -- should be used in addressing these clinical issues, says the CMS official.

Surveyors will use a new investigative protocol for urinary incontinence to determine facility compliance with the regulations. "Providers can also use the protocol to know what surveyors will be looking for and to implement a better continence program," according to the CMS official. The existing pressure ulcer survey investigative protocol will be enhanced, she adds.

To comply with the new incontinence survey guidance, target assessments toward new admissions and quarterly reviews -- and reassess and change the care plan for any resident with an alteration in continence status at any time, suggests **Tara Ulmer, BSN, RN,C**, with **SCA Personal Care** in Philadelphia.

In addition:

1. Complete Section H of the MDS accurately. Code incontinence no matter how small the amount, advises Ulmer.
2. Watch for inconsistencies in documentation and care plans.
3. Identify the types and causes of incontinence for each resident to plan an accurate toilet-ing program.
4. Individualize the resident's care plan. Don't use blanket toileting programs.

5. Develop a quality assurance format to evaluate the facility's incontinence management program going forward and make improvements accordingly, advises Ulmer.

#### CMS Upping the Ante for Activities

The most recent drafts of proposed changes include revised guidance for two F-tags under activities/activities director (F248 and F249) and a draft for the new Psychosocial Outcome Severity Guide, says Munley. Surveyors will use the latter to assess the level of severity (harm) for deficiencies at any tag that has caused a negative psychosocial outcome, according to CMS.

The draft for revising activities tags also includes a new proposed survey investigative protocol that surveyors would use to "determine if the facility has developed and provided each resident with an individual, ongoing program of activities designed to meet his interests and attain his highest practicable level of well-being."

Watch out for immediate jeopardy: One big area of concern with the changes to the activities tags is that facilities can get immediate jeopardy for deficiencies in activities, says **Reta Underwood**, a certified activities professional and president of **Consultants for Long Term Care** in Louisville, KY. Under existing survey guidance, the highest level citation a facility could get for deficiencies in activities is an H, Underwood adds. "The draft also increases the expectations for activities in that there are psychosocial outcomes as a focus," she notes. "And many people believe that expectation should be focused under F250 (social workers)."

#### More Changes on the Way

In February 2004, CMS also circulated drafts for F501 (medical director) and F520/F521 (quality assessment and assurance) for review and input by April/May of this year. In addition, "a lot of work is being done on various other tags," reports **Beth Klitch**, principal of **Survey Solutions Inc.** in Columbus OH. As a result of the changes, surveyors may start citing anything in the quality of care series of F tags at a minimum of a D level, arguing that anything involving care has the potential for at least minimal harm, she says.