

Long-Term Care Survey Alert

Survey Update: CMS Presses Ahead With F Tag Revisions, Collaboration With QIOs

Here's what's rolling down the survey runway.

Change may become the only constant in the survey world as the **Centers for Medicare & Medicaid Services** issues a series of revised F tags in 2005 and 2006 and teams up with quality improvement organizations to improve key clinical areas.

Full plate of F tags: Like the revised F314 (pressure ulcer) tag released late last year, the changes are the work of national expert panels and reflect public comment, according to a letter from the **Centers for Medicaid & State Operations** Survey and Certification Group (S&C-05-17). CMS plans to release the following revised survey guidelines this year:

1. F315 and F316, incontinence and catheters (the two tags will be collapsed into F315). The revised survey guidelines are in final internal clearance and should be out in early spring, according to CMS' **Joan Simmons**, speaking at a March 4 SNF Open Door Forum.
2. F501, Medical Director;
3. F248 and F249, Activities and Activity Director;
4. F520 and F521, Quality Assessment and Assurance (the two tags will be collapsed into one, F520); and
5. F323 and F324, Accidents and Supervision (the two tags will be collapsed into one, F323).

Psychosocial Harm: In addition, CMS will be adding new guidance in FY 2005, the Psychosocial Outcome Guide, to Appendix P, at Part V, Deficiency Categorization. This new guide supplements the general guidance for surveyors on determining the severity of any deficiency based on psychosocial outcome, according to the letter from CMS to state survey agencies.

CMS plans changes to the following tags in FY 2006:

6. F329, Unnecessary Drugs;
7. The entire pharmacy section at 483.60;
8. F325, Nutrition;
9. F371, Safe Food Handling; and
10. F309 to provide new guidance on pain and palliative care. Target These Conditions

In August 2005, CMS plans to start a three-year contract with state QIOs to reduce physical restraints and prevent/improve outcomes for decubiti, pain and depression.

Tip: Working with your QIO can pay off. **Fleur Heights Care Center** in Des Moines lowered its pressure ulcer rate to 1.4

percent by working with the Iowa QI.

More news: CMS has awarded a contract to **Rhode Island Quality Partners** to develop strategies for reducing nursing home workforce turnover, according to **Anne Hall**, assistant regional counsel with the **HHS Office of the General Counsel**, Region IX, who spoke at the recent **American Health Lawyers Association's** long term care conference in San Diego.

QIOs in 21 states will work on culture change models, Hall relayed. The QIOs will identify five to 10 nursing homes that agree to voluntarily transform their facilities from a "medical model" to a "client-centered model" similar to the **Green House Project** developed by **William Thomas**, founder of the **Eden Alternative**. The Green House Project intends to "de-institutionalize long-term care by eliminating large nursing facilities and creating habilitative, social settings," according to the project's Web site (www.thegreenhouseproject.com).

Following this model, elders receive assistance and support with ADLs and clinical services "without that assistance and care becoming the focus of their existence."