

## MDS Alert

### CASE STUDY: Meet The Short-Stay Challenge In Completing The CMS-802

**This subacute facility knows where to collect information for the form -- and quickly.**

Facilities with lots of short-stay residents find themselves on a short leash when trying to complete the CMS-802 after surveyors arrive.

If the MDS team hasn't yet completed an MDS on a resident, it has to collect the information for the CMS-802 (roster, sample matrix) by hand, notes **Nathan Lake, RN**, an MDS expert in Seattle. And that can be a challenge if you have a lot of short-stay residents who may not have MDSs in the system at any given time.

"It's very difficult to keep the CMS-802 current" in that type of scenario, says **Sheryle Thomas, RN, RNC**, MDS coordinator for **Superior Woods Healthcare**, a subacute nursing facility in Ypsilanti, MI. "Even when the surveyors arrive, we may have had five discharges or admissions that morning," she says.

**Key strategy:** The facility staff doesn't prepare the CMS-802 until surveyors arrive, but they know where to collect the information to do so -- and quickly. The staff:

- Collects some information at admission from the resident's medical record;
- Uses CareTracker which allows the staff to access information about continence status and ADLs in real time;
- Maintains some information about residents' status using a HIPAA-compliant board in the nursing station;
- Gleans information from the shift report sheets;
- Uses the medication administration and treatment record.

The MDS team has designated one person to complete the form in about an hour, "although we may have to correct it to accommodate admissions and discharges," says Thomas. "The surveyors are usually understanding because they know we have so many short-stay residents," she adds.

**Tip:** A subacute facility could potentially use the CMS-802 as an acuity tool, which is what **Rena Shephard, RN, RAC-C, MHA, FACDONA**, did when she worked as a director of nursing for a transitional care unit with a length of stay under 14 days. Shephard printed the form and added a couple of columns to it -- for example, IVs -- and found it to be "very useful as an acuity tool" on a daily basis. By using the CMS-802 that way, "the staff had [the information] available any day a surveyor came," adds Shephard, president of **RRS Healthcare Consulting** in San Diego, and founding chair and executive editor, **American Association of Nurse Assessment Coordinators**.