

MDS Alert

Clip 'N Save: Don't Take A Fall For Miscoding Falls On The MDS

Here's how CMS defines a fall

Did you know that a resident doesn't have to actually fall for you to be required to code one on the MDS?

The updated MDS instructions for coding a fall include intercepted falls -- or falls that would have happened if not for staff intervention. Facilities must also code a roll from a low mattress placed on the floor, even if that's a planned intervention for a particular resident.

The wide definitional net captures information about residents' problems/potential problems so that staff will consider and implement interventions to prevent falls and fall-related injuries, according to the **Centers for Medicare & Medicaid Services**. Here's the exact verbiage for defining what counts as a fall:

- A.** An episode where a resident lost his/her balance and would have fallen, were it not for staff intervention, is a fall. In other words, an intercepted fall is still a fall.
- B.** The presence or absence of a resultant injury is not a factor in the definition of a fall. A fall without an injury is still a fall.
- C.** When a resident is found on the floor, the facility is obligated to investigate and try to determine how he/she got there, and to put into place an intervention to prevent this from happening again. Unless there is evidence suggesting otherwise, the most logical conclusion is that a fall has occurred.
- D.** The distance to the next lower surface (in this case, the floor) is not a factor in determining whether or not a fall occurred. If a resident rolled off a bed or mattress that was close to the floor, this is a fall.