

## MDS Alert

### Compliance: 3 Ways MDS Nurses Can Keep F Tags at Bay

Find out how one facility gets charts in tip-top shape for survey day.

When MDS nurses stay on the survey management sidelines, facilities are more wide open to citations -- especially for assessment and care planning. Below experts identify three key tasks that you or your facility's MDS nurse can perform to help the team score a winning survey.

1. Stay on top of required survey forms and their QA implications. The MDS nurse in facilities receiving the traditional survey should make sure that the CMS 802 (roster/sample matrix) and CMS 672 (resident census and conditions) forms are completed accurately. The MDS nurse can also use the forms in collaboration with the director of nursing to identify the top 10 residents likely to be surveyed, suggests **Marty Pachciarz, RN, RAC-CT**, a consultant with The Polaris Group in Tampa, Fla. You'd also do this using the QI/QM reports while they are available, she adds. (CMS expects the QI/QM reports to be down for approximately a year after the MDS 3.0 rolls out on Oct. 1, according to the March 2010 SNF/LTC Open Door Forum.)

Facilities that receive the Quality Indicator Survey don't complete the CMS 802, although a facility can use the form as a risk-management tool (see "Keep the Spotlight on Quality Assurance During the MDS 3.0 QI/ QM 'Blackout'" in MDS Alert, Vol. 8, No. 2).

Real-world practice: At Dr. William O. Benenson Rehabilitation Pavilion, the MDS nurses update the CMS 802 and CMS 672 weekly and then daily as the survey date gets closer, says **Nemcy Cavite Duran, RN, BSN, CRNAC**, director of MDS at the facility in Flushing, N.Y., and an MDS consultant.

"We make sure the readmissions are assessed for changes in conditions and that the changes are addressed in the care plans," adds Duran. If the MDS nurses identify a need to proceed with a significant change in condition assessment, they notify the MDS team immediately. Duran and the other MDS nurses write notes about the resident's significant change on a significant change form and attach it to the MDS. That way, "the reviewer will be able to see the [resident's] changes in condition," she says.

2. Be available to explain MDS coding rationale to surveyors. The MDS nurse should be available during the survey to answer surveyors' questions about potential coding issues. "Focus especially on Section G (ADLs) and have some validation process in place to make sure those items are coded correctly," given that the ADLs drive the care plan and payment in such a significant way, says **Joy Jordan, MSN, RN, S MQT, RAC-CT**, a consultant with Boyer and Associates in Brookfield, Wis.

Example: "The MDS nurse can help explain the rationale for how an MDS or MDSs were coded, such as showing that they counted three instances of ADL help for self-performance, if questioned," says Pachciarz.

3. Assist with chart audits and documentation management. Six months before the annual survey, the MDS nurses, director of nursing, and interdisciplinary team members at Dr. William O. Benenson do a comprehensive chart review that includes everything from the face sheet to the miscellaneous pages of the chart. The MDS nurses make sure the risk assessments, including the fall risk assessment and Braden scale, are up to date. And they review consults and lab work to make sure nothing slipped through the cracks, Duran reports. (For a Braden-based care plan guideline, see page 70 in this issue.)

On survey day: The team makes sure the completed MDSs are returned from the data entry office to the residents' charts. That way, staff can quickly access the assessments if surveyors request them. "We also make sure that the residents are wearing the devices specified on the care plan (i.e., eyeglasses, hearing aids, dentures, assistive devices,

etc.)," reports Duran.

Reconcile this: "The MDS nurse should make sure the clinical record addresses discrepancies between discipline [members'] assessments," advises Pachciarz. Suppose the social worker codes the resident's mood one way but the nursing documentation paints a different picture that case, you need an IDT note to show that the team discussed that and reconciled it," Pachciarz says.

"Sometimes the MDS nurse will state she didn't agree with what the social worker, for example, charted or coded, but the interdisciplinary team members never reconciled" that difference in viewpoints, she adds.