

MDS Alert

Compliance: Watch Out For These Hearing-Related Ftags

Hearing aids are always a hot-button item.

Hearing aids and other hearing devices usually aren't covered by Medicare, and they may cause a headache for residents or their families and facility staff.

Keep an eye on these citations to make sure your facility's policies and protocols align with surveyors' aims and patient care.

Don't let hearing loss prohibit the exchange of information

"F552 -The resident has the right to be informed of, and participate in, his or her treatment, including:

§483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.

§483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.

§483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers," as quoted from the November 2017 **State Operations Manual appendix PP - Guidance to surveyors for Long Term Care Facilities**.

Surveyors can tack on an F552 citation in correlation with hearing loss if facilities are not effectively accommodating a resident by making sure that is fully informed of her total health status. "This includes, but is not limited to, communicating in plain language, explaining technical and medical terminology in a way that makes sense to the resident, offering language assistance services to residents who have limited English proficiency, and providing qualified sign language interpreters or auxiliary aids if hearing is impaired," Appendix PP says. They'll look for evidence that the resident was informed of the state of her health in her medical records, so make sure everything is up to snuff, in terms of assessments, care plans, and general documentation.

Note: "This does not mean that a facility is required to supply and pay for hearing aids," the guidance says.

Facilities must assist resident in maintaining hearing and vision

"F685 - §483.25

(a) "Vision and hearing

To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident-

§483.25(a)(1) In making appointments, and

§483.25(a)(2) By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices," Appendix PP says.

The Centers for Medicare and Medicaid (CMS) charges facilities with the responsibility to manage residents' care, and that includes caring for their vision and hearing needs, even though Medicare is not responsible for purchasing or maintaining hearing aids.

"The facility's responsibility is to assist residents and their representatives in locating and utilizing any available resources (e.g., Medicare or Medicaid program payment, local health organizations offering items and services which are available free to the community) for the provision of the services the resident needs.

"This includes making appointments and arranging transportation to obtain needed services. In situations where the resident has lost their device, facilities must assist residents and their representative in locating resources, as well as in making appointments, and arranging for transportation to replace the lost devices," Appendix PP says.

To make sure your facility is in compliance and not risk a citation at F685, make sure your comprehensive assessments, comprehensive care plans, and physician orders are up to date and show the efforts made to assist residents in accessing vision and hearing services. This includes documentation concerning making appointments and arranging transportation. Surveyors will be relying on a check of the aforementioned records, as well as their own observations and interviews.

Note: If the resident has been in the facility fewer than 14 days, the surveyors will review the baseline care plan.