

MDS Alert

Oops...There Goes The RUG

When assessed inaccurately, the following six items can lower RUGs payment or trigger a quality indicator and/or drive up the facility's quality measure score.

1. Mood/depression. It pays to pay attention to the resident's mood, which includes more than just crying or a sad expression. Residents with signs of depression may qualify for a higher RUG in the clinically complex category.
2. Number of pressure ulcers. Be sure to count and document all of the pressure ulcers on a resident. Not only will surveyors or DAVE reviewers look for discrepancies in your documentation, but pressure ulcers count toward RUG classification in the special care category.
3. Restorative Nursing. Make sure to document and capture rehab nursing that meets the RAI user's manual criteria. These services can count toward the low rehab RUG classification.
4. Weight loss. Does staff weigh patients wearing the same amount of clothing on the same scale at the same time of day? Do caregivers routinely double check weight loss or gain for errors?
5. ADL scores. In some cases, a one-point difference in the ADL score can make the RUG go up or down.
6. Fecal impaction. A true fecal impaction is a sentinel event, so make sure the resident isn't just constipated. (For more information on how to tell the difference, see page 3-122 of the RAI user's manual at <http://cms.hhs.gov/medicaid/mds20/rai1202ch3.pdf>.)