MDS Alert

QUALITY ASSURANCE: Keep Your Eye Out for This IJ Citation Waiting to Happen

Just because a resident doesn't have an identified risk doesn't mean you can't get penalized for it.

How's this for a survey management twist? Facilities can get hit with F tags for identifying a risk that doesn't really exist, which means your team needs to make sure residents' assessment records and documentation are current and accurate.

Cautionary tale: A facility received an immediate jeopardy citation for mistakenly identifying a resident as having a latex allergy.Someone had written that in the resident's medical record at some point,says attorney **Paula Sanders,** partner with Post & Schell in Harrisburg, Pa.

Here's the kicker: The facility didn't get immediate jeopardy because of the mistaken assessment. Rather, "the facility had no plan in place about what to do to address the patient's latex allergy," which is why surveyors called IJ, Sanders explains. The case sets a precedent for a survey agency holding a facility responsible even though "there is no way the person could have been harmed," says Sanders. In fact, no one in the facility had a latex allergy, she relays.

3 Strategies Keep the Assessment Record Straight

You can help head off F tags by taking these key steps:

1. Never let inaccurate risk assessments stand. For example, consultant **Nancy Augustine, RN, MSN,** found several residents identified as being elopement risks sitting on a patio outside a door that had the code for opening it posted on the wall.The facility was near a busy highway.When asked, the staff said the residents in question weren't really at risk for elopement, Augustine reported in a presentation at the recent annual American Association of Homes & Services for the Aging meeting.

The staff should have reassessed the residents falsely identified as being elopement risks, Augustine said. You want to "have the right population identified."

"You can always make the record reflect the current reality, if a patient's conditions change, as long as it's done appropriately" without backdating the entry, Sanders advises.

Tip: Use an auditing and monitoring system to look for inaccurate documentation. Look for inconsistencies in documentation across disciplines and records (RAPs, the MDS,physician progress notes, etc.), advises Sanders.

2. Make sure MDS assessments reflect a resident's status during the lookback period. "MDS coding, if it's not accurate, can flag a resident as being at risk when he isn't," saysattorney **Meg Pekarske,** with Reinhart Boerner Van Deuren in Madison, Wis. "And surveyors may look at that."

Counteract this problem: Facilities can get in trouble with MDSs that capture resolved risks when they don't systematically go through and reassess the resident, observes **Debra Bakejrian, PhD, MSN, FNP,** president of geriHEALTHsolutions in Sacramento, Calif. Instead, the team relies on "this image" that the resident is "pretty much the same" as last month or last quarter, she says.

3. Document why a RAP trigger isn't a risk for a particular resident. For example, on the MDS 3.0, any resident taking a diuretic (coded in Section O) will trigger the dehydration RAP, although that's only one of 10 items that trigger the RAP, says **Marilyn Mines, RN, RAC-CT, BC,** manager of clinical services for FR&R Healthcare Consulting in Deerfield, Ill.

Once the RAP gets triggered (by a diuretic in this example), you have to complete the RAP to determine what factors affect the resident's ability to maintain proper fluid balance, Mines notes. And taking a diuretic doesn't pose a problem for "a resident who has no difficulties consuming fluids throughout the day, no problems with swallowing, constipation or excess urination -- and no indication of dehydration," Mines says.

Problem: "Often these residents are identified as [having] a potential for dehydration because they triggered from the MDS coding," cautions Mines.

Remedy: "To prevent proceeding to care plan for this non-problem, the RAP review must indicate" that you have reviewed all the issues and the resident doesn't have a potential for dehydration. You explain that in the RAP summary, notes Mines, who provides one potential example below:

"The resident has been on this dosage of Lasix for 10 years and has not had any episode of dehydration. He obtains and drinks all fluids offered and has no signs of dehydration evident at this time. He is aware of the indicators of dehydration and has the cognitive ability to notify staff if there is any suggestion of a problem. Although the resident is monitored regularly when medications are administered and treatments completed, no care plan [interventions related to dehydration] will be developed at this time."