

MDS Alert

RAI Compliance: 2 Things You Never Want To Do With The RAPs

Taking these shortcuts can wrap you up in F tags.

Surveyors may call you on the carpet if they see these two resident assessment protocol (RAP) practices in your facility.

Mistake No. 1: Coding the MDS in a way that avoids triggering a RAP. Consultant **Marilyn Mines, RN, RAC-C, BC**, sees instances where the resident has lots of behaviors and depression and anxiety indicators coded on the 5-day assessment but none on the 14-day assessment combined with the OBRA-required admission assessment.

And staff tell her that they omitted the mood items on the comprehensive assessment because they didn't want to do the RAPs.

But that approach can lead to "serious survey problems," cautions Mines, director of clinical services for **FR&R Healthcare Consulting** in Deerfield, IL.

It's not always intentional: Staff may sometimes omit mood items because they don't understand the coding rules.

For example, they will reason that the resident's "mood and behavioral pattern isn't related to depression," observes **Susan LaBelle, MSN, RN**, senior consultant with **LTCQ Inc.** in Lexington, MA. "But the RAI manual says you code what you observe in E1 [regardless of what you view as the cause]," she says.

Mistake No. 2: Completing a RAP before the MDS, which is akin to putting the cart before the horse.

"If one discipline works the RAP for which it's responsible before the other disciplines have completed the MDS," it will be missing information, Mines cautions.