

MDS Alert

What Do You Think?

Question 1: I have several residents whose charts are exploding. Is it really necessary for me to keep all 15 months of assessments in the current chart?

Answer 1: Per the RAI manual, all demographic information must remain in the most recent clinical record. In many instances, the 15 months of assessments are stored on the nursing unit, easily accessible but not necessarily in the clinical record.

Also, on pages 2-6 of the RAI manual, you'll find several notations regarding the electronic maintenance of the MDS. First, nursing homes have the option for clinical records to be maintained electronically rather than in a hard copy. This requirement applies to the MDS as well as the entire MDS assessment. In other words, if the MDS is accessible electronically, then you don't have to print the entire MDS assessment to be maintained as a hard copy in the clinical record.

Where the MDS is maintained electronically without the use of electronic signatures, the items that you must maintain at a minimum on a hard copy are:

the signed and dated CAAs,

correction completions, and

assessment completion data that identifies the resident.

Those are sections Z0200 B-C, X 1100 A-E, and Z0400-Z0500.

Question 2: I have some disciplines that enter their data onto the MDS prior to the assessment reference date (ARD). How can I explain this is not right?

Answer 2: The best way to explain this to your staff is to refer to the RAI manual pages 2-8.

The ARD refers to the last day of the observation period. Basically, a day begins at 12 AM and ends at 11:59 PM. This is an important definition when you think about the information that is being gathered over the look-back period.

Remember: Whether or not the look-back period is 7 days, 14 days or 30 days, the gathering of information should be all-inclusive up to and including the assessment reference date.

In a few situations, you will be asked to do some interviews, for example, on or the day before the ARD; and demographic information will not change over the course of the look back period.

So, if staff wants to include information that is interview data or demographic in nature prior to the ARD, this is perfectly acceptable. However, all other information should be gathered up to and including 11:59 PM of the actual assessment reference date. This is the only way that MDS completion is in compliance.

Question 3: I am confused about the timing of assessments. If, for example, a resident is admitted on 2/5/13, is that day 1 or is 2/6/13 day 1 in counting the time lines?

Answer 3: The day of admission is Day 1 of the stay. In this instance, you start counting on Day 1: 2/5/13. The OBRA 14-day assessment would need to be completed by 2/18/13. You cannot just add 14 to the date of admission. See 2-15 of the RAI manual.

Question 4: I am new to the MDS process and am getting mixed messages about when the CAAs and care plans need to be completed. I keep hearing 21 days after admission but I am not seeing in the manual that this is correct. Can you enlighten me?

Answer 4: The RAI manual 2-15 explains the timelines as follows: the MDS must be completed by day 14 of the stay. This includes the MDS itself and the CAAs. The care plan decisions must be made no later by 7 days after the CAAs completion date. If one were to count the addition of these dates that would be 21 days.

However, many times the CAAs are completed prior to the 14th day. In that case, the care plan decisions must be completed within 7 days of the CAA completion date, not 21 days after admission.