

MEMORANDUM

Department of Aging and Disability Services

TO: Regulatory Services Division
Regional Directors and State Office Managers

FROM: Michelle Dionne-Vahalik, Manager
Policy Development and Support Unit
State Office MC E-370

SUBJECT: Regional Survey and Certification (RS&C) Letter No. 06-06

DATE: May 2, 2006

The attached Centers for Medicare and Medicaid Services (CMS), Regional Survey and Certification (RS&C) Letter was issued on April 19th and distributed to you by e-mail on that date. It is provided for information purposes and should be shared with all professional staff. This memorandum provides responses to questions submitted by State Survey Agencies during the recent CMS regional conference call training on the revised interpretive guidance for F314.

- **RS&C Letter No. 06-06 – Clarification of Guidance for Nursing Home Surveyors Regarding Pressure Ulcers (F314)**

If you have any questions, please contact Bevo Morris, Program Specialist, Policy Development and Support, at (512) 438-2363.

[signature on file]

Michelle Dionne-Vahalik

MDV:bbm

Attachment



Division of Survey and Certification, Region VI

April 19, 2006

REGIONAL SURVEY AND CERTIFICATION LETTER NO. 06-06

TO: All State Survey Agencies (Action/Information)
All Title XIX Single State Agencies (Action/Information)

SUBJECT: Clarification of Guidance for Nursing Home Surveyors Regarding Pressure Ulcers (F314)

The purpose of this letter is to provide responses to questions submitted by State Survey Agencies during the regional conference call training on deficiency determination for F314, Pressure Sores, in nursing homes (see attachment). Dallas Regional Office staff conferred with CMS Central Office staff in formulating the responses and clarifying scenarios.

Effective immediately, the State Survey Agencies should distribute the attached Q&A document to surveyors, supervisors and other appropriate staff.

We appreciate your cooperation and support in implementing a consistent survey process for Medicare providers throughout our Region. If you have any questions regarding these instructions please contact Ginger Odle at 214.767.4413 (e-mail: ginger.odle@cms.hhs.gov) or Susana Cruz at 214.767.4415 (e-mail: susana.cruz@cms.hhs.gov).

Sincerely,

/s/

Molly Crawshaw
Associate Regional Administrator
Division of Survey and Certification

Attachment: Dallas Regional Office Responses to Questions Regarding F314, April, 2006

Cc: Central Office

Dallas Regional Office Responses to Questions Regarding F314, April, 2006

The Dallas Regional Office conducted a training conference call for our State Agencies' surveyors regarding revisions to the guidance for F314, Pressure Ulcers. Some questions arose and we have now received additional information from our central office. Our responses are below.

Question One

Background: An avoidable Stage II pressure ulcer developed in the facility. There was deficient practice at the time of the occurrence. Currently, the resident is receiving proper care and services.

Question A: Is the surveyor expected to cite a deficiency if there is no deficient practice at the time of the survey?

Response A: First, the survey team should identify all of the applicable deficient practices (DPS). Second, the survey team is expected to determine if the DPS have been corrected and are not occurring at the time of the survey.

- If deficient practices are not occurring to residents at risk at the time of the survey, the surveyor must look for evidence the facility took corrective action for deficient practices that occurred prior to the current survey. When the facility cannot demonstrate corrective action there is current potential for deficient practice to the identified residents at risk. This would not be considered past non-compliance. The surveyor would cite a deficiency for current noncompliance.
- If corrective action has been taken and there are no current deficient practices, the surveyor, in consultation with their supervisor, should apply the guidance regarding past non-compliance in the State Operations Manual, Chapter 7 (Section 7510) and Chapter 5 (Section 5300.4). The information will eventually be included in Appendix P as well. The survey team must gather evidence the deficient practice has been corrected and does not currently exist for any resident. For past noncompliance, the CMS-2567 must include a description of what the facility did to correct the deficient practice(s).

Scenario: An avoidable Stage II pressure ulcer developed in the facility. The facility recognized their failure to identify the risk factors, to develop the care plan – failures in the care process. The facility revised the care plan, implemented new interventions (pressure relieving device, toileting schedule), and planned to revise the care plan as needed in order to prevent recurrence. They provided training to the appropriate staff responsible for these failures.

When the survey began, the pressure ulcer existed and may or may not have improved but the facility was currently providing appropriate care. The dressing was appropriate for the PU and the resident was not experiencing pain. A pressure relieving device was in place on the resident's bed and in the resident's chair. The resident was being assisted to the toilet every two hours and as needed.

Response: The resident developed the avoidable PU due to the facility's failure to complete the care process prior to the survey. The resident is now receiving appropriate treatment as the facility took corrective action. According to the revised F314 guidance, this deficient practice is severity level two, if a deficiency is cited. If the decision is made to cite, the deficiency will be past non-compliance and the surveyor will follow the guidance in Chapter 5 and 7 as referenced above.

Question Two

Background: A resident had a recurring avoidable Stage II pressure ulcer.

Question A: In order to label a PU as recurring, must the PU recur in the same location?

Response A: The term "recurring" can indicate several possibilities. The pressure ulcer may return in the same area, i.e., coccyx, heel, buttocks, etc. Another possibility could be that a "type" of pressure ulcer re-occurs, i.e., Stage II. The type of PU could be located on a different area of the body. An example of this might be a resident who developed a Stage II PU on the heel. Risk factors for this resident were not properly assessed and in repositioning the resident, a Stage II PU developed on the resident's coccyx. Thus, the resident had a recurring Stage II PU due to the facility's failure to properly assess and provide services for the resident who was physiologically at risk for developing a PU.

The care for the resident should reflect the care and treatment for the area where the PU is located and also address the physiological reason why the resident developed a PU, e.g., the risk factors the resident has for developing a PU.

With the development of a second avoidable PU, the surveyor would need to provide the evidence which shows harm, i.e., pain, infection, etc., in order to cite at severity level three.

Question B: What time span is acceptable in determining recurrence? If the PU healed one year ago and is now open, is that recurring or is the time span too long?

Response B: Length of time between the development of the first and second pressure sore is not critical to determine a "recurring" pressure ulcer. The important factors are the risk factors and the deficient practices that would be applicable. Decide if the facility has failed to provide care and services for the resident who has a set of risk factors. If additional risk factors are present for the second occurrence, the PU may not be recurring. The surveyor will need to show the facility's failure to provide preventative care resulted in the resident's development of a PU. Again, the evidence to support actual harm will be necessary.

Question C: If a resident's pressure ulcer developed prior to the last standard survey but then recurred after the last standard survey, does this meet the definition of recurring pressure ulcer?

Response C: Yes. The survey team will need to provide evidence to show the facility's failure since the last standard survey which led to the development of the recurring pressure ulcer.

Question D: Is there more information the surveyor should have to support actual harm such as pain, infection, etc?

Response D: Yes, the surveyor must have evidence to support how the resident was compromised by the recurring Stage II avoidable pressure ulcer.

Question E: If there is no information, is the simple recurrence of a Stage II PU, adequate for demonstrating actual harm?

Response E: No. In order to cite harm, there must be evidence of harm.

In the Investigative Protocol, “Severity Level 3 Considerations: Actual Harm that is not Immediate Jeopardy,” the second example is:

“The development of recurrent or multiple avoidable Stage II pressure ulcer(s). As a result of the facility’s noncompliance, the resident developed multiple and/or recurrent avoidable Stage II ulcers.”

This instruction cannot be taken out of the larger context that includes “the degree of harm related to the noncompliance” in Appendix P, Part IV, Deficiency Categorization. The surveyor should identify how the practice contributed to the actual harm. How did the Stage II PU compromise the resident? Did the resident experience pain, hospitalization, infection, etc?

Scenario: The resident’s coccyx PU recurred over a period of four months. The facility did not reassess the resident’s condition to identify current risk factors, revise the care plan or modify any care interventions. The facility simply provided dressings for the PU each time until it healed.

Response: Based on the limited information, the resident developed one recurring avoidable Stage II PU. According to the new guidance, this deficient practice should be severity level three if the survey team gathers evidence to support actual harm to the resident, as described above.

Question Three

Background: CMS instructs the facility to code unstageable pressure sores as Stage IV (based on MDS directions.) However, many professionals utilize a system that includes the term “unstageable” when eschar is present.

Question A: How do we apply severity determination to pressure ulcers that cannot be staged due to eschar?

Response A: The presence of eschar signifies greater than Stage II tissue involvement, so the surveyor should consider a wound with eschar to be Stage III or IV.

When the survey team identifies deficient practice related to a PU with eschar, the team should investigate to determine if systemic or process failures are related to this deficient practice. The team should follow Appendix Q any time immediate jeopardy is considered. The presence of

eschar on a PU that is called Stage IV by the facility does not alone support the determination of immediate jeopardy.

For example, the team identifies deficient practice(s) related to a resident with dark eschar covering a heel pressure ulcer. This PU should be considered Stage III or IV, but is this level three or level four severity?

- If this resident had no infection or other compromise related to this PU, this is likely level three, actual harm and not level four, immediate jeopardy.
- However, if the team also finds systemic failures, immediate jeopardy may exist. An example of this could be if the team finds similar deficient practice related to five other residents with PU on the heel. Again, the team should refer to Appendix Q in making the determination as to whether the facility's extensive failure has placed residents in immediate jeopardy.

Scenario: During a survey, concerns were investigated and the following deficient practices were found:

- There were multiple unstageable pressure ulcers in the facility. Examples included a Caucasian resident who had an area on the heel that was dark, almost black and the heel was boggy. There were other areas of eschar on the heels, and a large dark area with a blister in the center on one heel.
- In addition, the facility did not have skin assessments for at risk residents. They were unaware of Stage I and II pressure ulcers for several residents.
- The Stage II pressure ulcers of one of the residents were recurring.
- Even when the facility had identified a PU, there were no revisions to the care plan for two residents.

Response: Based on the limited information provided, this deficient practice should be severity level three.