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FYI -- Updates



Aim For Success

Date: April 2005

Good Bye DAVE

On March 4th, CMS announced that the DAVE contract had been cancelled. This does not mean that CMS will not audit MDSs in some form or fashion – we just don't what they are going to do yet.

SOM Changes

On March 10th, CMS sent notice to the survey agency of their intent to release new Interpretive Guidelines for F-315 [Indwelling Catheter] and F-316 [Bladder Function/Prevention of UTI]; these guidelines are expected to be released in several weeks. The memo to the survey agency also identified their intent to modify other Interpretive Guidelines during 2005; these include revisions to

- F501, Medical Director;
- F248 & F249, Activities and Activity Director;
- New guidance at Appendix P, Part V, Deficiency Categorization concerning determination of severity for deficiencies having a psychosocial outcome to resident (Psychosocial Outcome Guide).

Need for Facilities to Upgrade their Personal Computers (PCs)

On March 10th, CMS sent notice to the survey agency through S&C 05-22 of requirements for nursing facilities to meet new minimum standards for personal computers.

- New architecture structure and software requires new minimum system requirements for access to the Quality Improvement and Evaluation System (QIES).
- **Nursing homes (NHs) and home health agencies (HHAs) in your states should meet the new minimum system requirements listed in this memo by December 31, 2005**

A CMS survey shows that about 1/3 of the NH computers are too old to support the new versions of reporting software

MDS Changes – revisions to the RAI Manual were posted on the CMS website on 3/28/05 and will become **effective May 1, 2005**. The website to download the revisions is www.cms.hhs.gov/quality/mds20

CMS announced plans to implement Section W in October 2005; this section will collect data on flu and pneumonia vaccinations.

NEW Resources from CHC

We are constantly looking for ways to assist you in providing the best care for your residents and in creating efficiency among the many tasks that we are challenged with. We are finalizing three new documentation tools that may be of interest to you. Each tool is one page [front/back] and will be accompanied by an instruction sheet and/or policy. Each tool is available to you at the charge of ½ of your hourly rate. If you would like a copy of either one of the tools; please send me an e-mail.

- Pressure Ulcer Risk Assessment/Care Plan – this tool is to assist you in identifying more risk factors related to pressure ulcer development/healing and it provides links to responsive interventions and approaches. This tool is available in landscape or portrait format.
- PU/Wound weekly assessment/tracking tools – includes wound classifications and documentation of pain assessment.
- MDS Supportive Documentation Summary – this tool is designed to provide an organized summary format of data that is used to support MDS accuracy and to provide an alternative means to the every shift documentation that has been essential Medicaid reimbursement



Facilitating Quality Health Systems Thru Care and Compliance