

**FYI – Update – November 2006**



**Therapy Orders – A Reminder**

The Medicaid Nursing Home Manual, Chapter VI, page 12 includes: “Orders for Rehabilitative Services that may be found on the Rehabilitative Therapy POC must also be found on the physician’s order sheet”.

**MDS Focus – Section N/2**

In this section you are asked to code for the average amount of time that a resident spends in activities [excluding ADLs, treatments, etc.]. We have noticed that several NF have been cited because the clinical record does not contain supporting documentation to support the coding for this section. Evaluate what your residents are doing throughout the day [not just at scheduled activities] and then assess whether or not your record is painting a picture of those activities. Remember these activities are often that that are a part of the resident’s daily routine, that are self-initiated or independently carried out by the resident or perhaps spontaneously initiated by staff, family, visitors, or volunteers. If you would like some assistance in exploring ways to capture this information, please contact us.

**Survey Focus – Falls**

Falls continue to be one of the biggest challenges in long term care. We place a great deal of focus on prevention and fall investigation, but recently we are hearing of more inquiries regarding the system that you have in place for “quick” recognition of trends/patterns of falls for individual residents. The expectation is that you are able to quickly recognize trends/patterns in an effort to minimize recurrent falls for individual residents – this tracking is different and more time critical than the tracking that you may do for your QA/QI process. Examine your current system; can you “quickly” look for trends/patterns that may be reflective of your individual residents. Areas to consider may include: time, location [room, bathroom, bed, chair, etc.], activity during fall [trying to go to bathroom, not using equipment appropriately, before/after meals, etc. staff assignment, etc. If you need assistance in evaluating your system or setting up a user friendly system to facilitate this assessment, let CHC know.

**PICC Lines/Central Venous Lines/Peripheral Lines**

As we admit residents with higher acuity we are challenged to ensure that staff remained skilled and confident in the organization’s policy/procedures. Over the past few months, we have identified during our mock surveys and reviewed several 2567 deficiencies related to the care of PICC lines, central venous lines or other peripheral lines. This would be a good time to check your organization’s policy and procedures which should include:

- Do you have a policy related to flushing and site care?
- Do you have a policy related to using the line to draw blood for labs?
- Do you have a policy related to administration of medications via the line including who can administer?
- Do you have a policy for removal of the line, including who can remove and assessment following removal?
- Do you have a policy for coordination with your pharmacy for medications that must have dosage adapted based on “peak and trough” measurements?

