Feature Focus

Each edition of the IHCA Regulatory Beat will feature focus articles on specific regulatory topics. If you have a topic you’d like to see covered here, please let us know!

Reform of Requirements for Long Term Care Facilities – Proposed CMS Rulemaking

On Thursday (7-16-15) federal CMS published proposed rulemaking that will revise the requirements that Long-Term Care facilities must meet to participate in the Medicare and Medicaid programs. CMS believes that these proposed changes are necessary to reflect the substantial advances that have been made over the past several years in the theory and practice of service delivery and safety. These proposals are also an integral part of their efforts to achieve broad-based improvements both in the quality of health care furnished through federal programs, and in patient safety, while at the same time reducing procedural burdens on providers.

This 403-page rule contains some requirements that have already been issued in previous CMS S&C memos. See the proposed rule, which includes some of the changes recommended by AHCA in 2012, for full details. This came following a request from CMS to submit recommendations for changes to the RoPs. Click here to view the AHCA first impression notes and click here to see IHCA Regulatory Director Bill Bell’s summary. IHCA and AHCA are slowly working their way through the massive stack of paperwork that makes up the proposed rule, but here are some of the proposed changes/requirements that already stand out:

- A “baseline care plan” for each resident, “which includes the instructions needed to provide effective and person-centered care that meets professional standards of quality care,” to be written within 48 hours of admission;
- QAPI Programs;
- The inclusion in residents’ care plans of “any specialized services or specialized rehabilitation services” required by the results of pre-admission screenings and resident reviews; if a center disagrees with the pre-screening and review, officials there will have to lay out their medical rationale in the residents’ care plans;
- Adding a nurse’s assistant, a member of the food and nutrition staff and a social worker to the interdisciplinary team that develops a resident’s comprehensive care plan;
- A written explanation from care centers when residents or their representatives aren’t part of the care planning team;
- Taking into account “quality, resource use, and [residents’] treatment preferences and goals of care” in discharge plans;
- Including residents’ goals, potential for future discharge and discharge planning into comprehensive care plans;
- Reconciling discharge medications with resident’s pre-admission medications in the discharge summary;
- Summaries for follow-up care once a resident leaves a care center;
- Mandatory antibiotic stewardship programs;
- Changes to or elimination of binding arbitration agreements;
• Ensure residents receive necessary and appropriate pain management;
• Allow physicians to delegate dietary orders to dieticians and therapy orders to therapists;
• Add a competency requirement for determining sufficient nursing staff;
• Changes to drug regimen review and use of psychotropic drugs;
• Annually conduct, document and review a facility-wide assessment to determine what resources are necessary to care for its residents;
• Develop an effective training program in each facility; and
• Allow open (24hr) visitation of residents.

At the end of the summary document are specific requests for comments included in the proposed rule. Please submit comments no later than August 6 to either Bill Bell or Lyn Bentley (AHCA), so they may be considered for inclusion in overall comments to CMS. Additionally, we encourage you to submit comments individually. To be assured consideration, comments must be received no later than 5 p.m. on September 14, 2015. In commenting, please refer to file code CMS-3260-P. You may submit electronic comments on this regulation to http://www.regulations.gov. Follow the “Submit a comment” instructions.

As IHCA and AHCA delve deeper into the proposed regulations, we will do future articles in Regulatory Beat that fully explain various sections of the proposed rulemaking. It is important to note that the CMS proposed regulations must go through a comment period (as noted above) and then CMS has to review and determine any changes in response to the comments before they can publish a final rule. After publishing the final rule, CMS will need to modify their Interpretive Guidelines for purpose of clarifying the rules and establishing survey protocols. CMS has not given any proposed timetable for adoption of these proposed regulations and there will most probably be changes made from the original proposed rulemaking as a result of comments.

Comprehensive Prevention Program Effectively Reduces Falls Among Older People

HHS-supported study tests falls intervention program

Families and physicians have a new tool in the fight against falls—a comprehensive prevention program developed by the U.S. Department of Health and Human Services that reduces both falls and resulting use of long term care such as nursing homes.

The prevention program, which includes clinical in-home assessments of health, physical functioning, falls history, home environment, and medications to create customized recommendations, was developed by HHS based on the research evidence on risk factors and interventions. Using a randomized control trial, the program was tested among long term care insurance policy holders age 75 and older to determine whether the intervention was effective and, if so, the impact on long-term care utilization.

The study found that the program led to significantly lower rates of falls over a one-year study period. Those who received the intervention had a 13 percent lower rate of falls, and an 11 percent reduction in risk of falling compared to the control group. Participants also had a significantly lower rate of injurious falls. Long term care insurance claims were 33 percent lower over a three-year period. The intervention, which cost $500 per person to administer, saved $838 per person.

Falls—which happen to 1 in 3 people age 65 and over every year—can cause pain, suffering, and death, and cost an estimated $35 billion in health care spending in 2014. They are a leading risk factor for needing long term care at home or in a nursing facility. Given the impact of falls, findings from the HHS-funded study give hope for reducing the rate of falls among the growing population of older adults.

“While falls are preventable, we need to intervene at the right time in a way that is comprehensive and yet individually tailored,” said Richard Frank, Ph.D., the assistant secretary for planning and evaluation at HHS, whose office funded the study. “Preventing falls helps everyone: the older person, their family, and the health and long
term care systems. And this study shows that by investing in falls prevention, we can reduce long-term care use and spending.”

The risk factors for a fall include fear of falling, gait and balance problems, certain medications, clutter in the home, and some health conditions. Few interventions have taken a comprehensive approach to address all of the risk factors through one program.

Although this study focused on the rate of falls and long term care utilization and costs, future research will examine the impact of the intervention on health care utilization and costs.

“We expect to see a similar or greater return on investment in terms of health care costs,” added Richard Frank.

The 2015 White House Conference on Aging, in partnership with the National Council on Aging, recently convened a Falls Prevention Summit to call attention to the critical role of falls prevention in healthy aging and to provide opportunities for older Americans and stakeholders to share their views and ideas on this important issue. More information about the intervention and the study design are available at http://aspe.hhs.gov/daltcp/reports/fallexpfr.htm.

The study appears online and in print in the June issue of Health Affairs.

---

**Trending Statistics**

*Each issue of Regulatory Beat features an interesting statistic or trend in the long term care regulatory arena.*


**Highlights**

- In 2011, 1 percent of the population accounted for 21.5 percent of total health care expenditures and 19.6 percent of the population in the top 1 percent retained this ranking in 2012. The bottom half of the expenditure distribution accounted for 2.8 percent of spending in 2011; about three out of four individuals in the bottom 50 percent retained this ranking in 2012.
- Those who were in the top decile of spenders in both 2011 and 2012 differed by age, race/ethnicity, sex, health status, and insurance coverage (for those under 65) from those who were in the lower half in both years.
- Those in the bottom half of health care spenders were more likely to report excellent health status, while those in the top decile of spenders were more likely to be in fair or poor health relative to the overall population.
- While 14.8 percent of persons under age 65 were uninsured for all of 2012, the full year uninsured comprised 23.9 percent of those in the bottom half of spenders for both 2011 and 2012. Only 2.7 percent of those under age 65 who remained in the top decile of spenders in both years were uninsured for all of 2012.
- Relative to the overall population, those who remained in the top decile of spenders were more likely to be in fair or poor health, elderly, female, non-Hispanic whites and those with public-only coverage. Those who remained in the bottom half of spenders were more likely to be in excellent health, children and young adults, men, Hispanics, and the uninsured.

---
Important Rules, Regulations & Notices

1) The following federal Survey and Certification (S&C) Letters were released since the last issue of Regulatory Beat:

- **S&C 15-46 – NH** - Publication of Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities; Proposed Rule (CMS-3260-P) – Informational Only. CMS published a proposed rule (CMS-3260-P) on July 16, 2015 that would revise the requirements that long term care facilities must meet in order to participate in the Medicare and Medicaid Programs. Comments must be received no later than 5 p.m. on September 14, 2015 to be assured consideration.

- **S&C 15-47 – NH** - Medication-Related Adverse Events in Nursing Homes. Adverse events related to high risk medications can have devastating effects to nursing home residents. Proper management of high risk medications represents a serious challenge for nursing homes, and merits close attention by top management and staff throughout the facility. CMS is very concerned about the prevalence of adverse events involving such medications. They have begun pilot testing a Focused Survey on Medication Safety Systems to look at nursing home systems around high risk and problem-prone medications using an Adverse Drug Event Trigger Tool. They are making the draft tool available to assist surveyors in investigating medication related adverse events and to nursing home providers as a risk management tool.


2) Federal CMS/HHS released several notices/announcements since the last issue of Regulatory Beat that are of interest. They include:

- **ICD-10 Updates**
  - While ICD-10 is almost here, you still have time to get ready. But you must get ready now. To respond to myths and common misperceptions about ICD-10, CMS has developed a new video. The animated short features a countdown with 10 facts about the new code set and transition. Click [here](#) to see the video.
  - After several years of unparalleled cooperation across the health care community, we are nearing the ICD-10 finish line. As of July 17, only 75 days remain until our nation makes the transition to ICD-10 for coding medical diagnoses and inpatient hospital procedures on October 1, 2015. CMS is committed to helping the health care community get ready. CMS Acting Administrator Andy Slavitt recently sent a [letter](#) to all Medicare providers urging them to prepare for ICD-10. There is still time to get ready! To jump-start your efforts, begin with the [ICD-10 Quick Start Guide](#). Providers can also go to the CMS [Road to 10](#) tool to create customized action plans. Links to Road to 10 and other resources are available on the [cms.gov/ICD10](http://www.cms.gov/ICD10) website. CMS continues to work with industry groups to support their ICD-10 progress. Many of these organizations offer free and low-cost ICD-10 resources on their websites. Vendors, health plans, and hospitals are also good sources for ICD-10 information and training. Check out the resources available to you as you get on the road to ICD-10 today! Visit the CMS [ICD-10 website](http://www.cms.gov/ICD10) for the latest news and resources to help you prepare. Sign up for [CMS ICD-10 Industry Email Updates](http://www.cms.gov/ICD10) and follow us on Twitter.

- **CMS released the 2013 Medicaid Expenditures for Long-Term Services and Supports Report.** This report documents a milestone in the significant progress the Medicaid program has made to promote community living for older adults and people with disabilities. Federal Fiscal Year (FY) 2013 marked the first year in which home and community-based services (HCBS) were a majority of long-term services and
supports (LTSS) expenditures. The percentage of total LTSS spent on HCBS increased from 49 percent in FY 2012 to 51 percent in FY 2013. The shifting balance was attributable to both an increase in HCBS spending of 7.6 percent and a 0.7 decrease in spending for institutional services. FY 2013 marked the third consecutive year in which HCBS spending increased and institutional spending decreased. Other highlights in the report include the growth of LTSS provided through managed care organizations, from 4 percent in FY 2008 to 10 percent in FY 2013, and the continued differences in the percentage of total LTSS spent on HCBS across population groups. HCBS accounted for 72 percent of spending in programs targeting people with developmental disabilities, 40 percent of spending in programs targeting older people or people with physical disabilities, and 36 percent of spending in programs targeting people with serious mental illness or serious emotional disturbance. HCBS spending for all three populations increased relative to institutional services in FFY 2013, but the historical difference in HCBS spending across the groups remained constant. The full report is available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Long-Term-Services-and-Supports.html

- After three years of operations, CMS reported that the agency’s advanced analytics system, called the Fraud Prevention System, identified or prevented $820 million in inappropriate payments in the program’s first three years. The Fraud Prevention System uses predictive analytics to identify troublesome billing patterns and outlier claims for action, similar to systems used by credit card companies. The Fraud Prevention System identified or prevented $454 million in Calendar Year 2014 alone, a 10 to 1 return on investment. For more information, please click here to see the report under “Guidance and Reports.”

- In follow-up to the July 9, 2015 announcement of the Comprehensive Care for Joint Replacement (CCJR) Model, the Center for Medicare and Medicaid Innovation (CMS Innovation Center) hosted two webinars on July 15 and July 16, 2015. These webinars focused on providing an overview of the Model and provided an opportunity for attendees to ask questions. The materials from these overview webinars are now available on the CCJR Overview webinar page. To access the audio recordings of both webinars, an email address is required. If already registered, please use the same email address used at the time of registration. Additional information on the CCJR Model can be accessed through the CCJR Model web page.

- The Agency of Healthcare Research and Quality (AHRQ) offers free Web-based continuing education for nurses, nurse practitioners, case managers, staff educators and nurse practitioner faculty. Eligible professionals can view the recorded webinars that highlight resources such as the National Guidelines Clearinghouse, the Electronic Preventive Services Selector and the Improving Patient Safety in Long-Term Care Facilities Training Modules. The webinars offer practical insights on how these resources can be integrated into education and practice.

3) The Federal Drug Administration (FDA) is strengthening an existing warning in prescription drug labels and over-the-counter (OTC) drug facts labels to indicate that nonsteroidal anti-inflammatory drugs (NSAIDs) can increase the chance of a heart attack or stroke, either of which can lead to death. Those serious side effects can occur as early as the first few weeks of using an NSAID, and the risk may rise the longer people take NSAIDs. (Although aspirin is also an NSAID, this revised warning doesn’t apply to aspirin.) The OTC drugs in this group are used for the temporary relief of pain and fever. The prescription drugs in this group are used to treat several kinds of arthritis and other painful conditions. Because many prescription and OTC medicines contain NSAIDs, consumers should avoid taking multiple remedies with the same active ingredient. Click here for the full article.

4) The U.S. Department of Labor – Occupational Safety and Health Administration (OSHA) recently issued a new directive on Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis. OSHA updated instructions for conducting inspections and issuing citations related to worker exposures to tuberculosis in healthcare settings. This instruction incorporates guidance from the Centers for Disease Control and Prevention report, "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings."
The revised directive does not create any additional enforcement burdens for employers; it simply updates the agency's inspection procedures with the most currently available public health guidance. This directive also covers additional workplaces regarded as healthcare settings such as sites where emergency medical services are provided and laboratories handling clinical specimens that may contain M. tuberculosis. Other changes include: the introduction of a newer screening method for analyzing blood for M. tuberculosis; classifying healthcare settings as low risk, medium risk, or potential ongoing transmission; and reducing the frequency of TB screenings for workers.

5) The Illinois Department of Healthcare and Family Services (HFS) released one Informational Notice since the last issue of Regulatory Beat. It was a revised fee schedule for transportation providers, effective July 1, 2015.

6) The American Health Care Association (AHCA) recently acknowledged that a small group of bipartisan Senators sent a letter to the Government Accountability Office (GAO) to research certain issues involving Medicaid services in assisted living settings (please click here to read the letter). Specifically, Sens. Elizabeth Warren (D-MA), Susan Collins (R-ME), Claire McCaskill (D-MO) and Orin Hatch (R-UT) asked the agency to “undertake a review of Medicaid spending and federal and state oversight of care provided to Medicaid enrollees in assisted living facilities.” In addition, they asked the GAO to report on the number of Medicaid enrollees in assisted living, reimbursement levels and eligibility requirements in the states for the same, and how the federal government and state Medicaid programs oversee the care provided to assisted living residents. The AHCA/NCAL government affairs team has already met with several key Senate staffs regarding the letter, and they have been assured that this is an informational research request regarding the profession. AHCA/NCAL has already offered to serve as a resource to the GAO and key Senate staff as the process moves forward later this summer. As AHCA/NCAL engages in this effort, they will work with and through the NCAL Board, State Affiliate Staff and State Executives, the NCAL Quality Committee and the Senior Living Executive Council members for direction and input. They will be in contact with any updates.

7) Medpage Today posted a couple articles that might be of interest to you. They Include:
   - Elderly Want to Control What Health Information Families See - Older patients are keen to preserve autonomy, shield children from worry. Elderly patients may be willing to let family members access their medical records and make decisions on their behalf, but they also want to retain granular control of their health information, a study suggests. "Respecting and preserving the autonomy of the elder is critical," said lead author Dr. Bradley Crotty. "Elders and families should have honest discussions about preferences for information sharing and decision-making, and share these conversations with healthcare providers."
   - Triaging the Transitions - It's time to fix the broken process for transitions of care, says Fred N. Pelzman, MD. It seems that our transitions of care leave something to be desired. These delicate tipping points, when patients are sometimes at their most fragile, need to be set up with exquisite attention to detail, and often leave our patients at high risk for bad outcomes.

8) MedlinePlus also posted several articles that may be of interest to you. They include:
   - Nursing Home Care Improving for U.S. Minorities, Study Finds - Higher reimbursement rates by Medicaid may have played a role, researchers say. A bump up in Medicaid payments to nursing homes may be paying off in better care for minority residents, new research suggests. "This study shows that recent regulatory, financial and market-driven changes have resulted in an improvement not only in homes with higher numbers of minorities, but across the board," lead researcher Yue Li, an associate professor of public health sciences at the University of Rochester, said in a university news release.
   - Antidepressant, Painkiller Combo May Raise Risk of Brain Bleed - Be cautious about taking both together, researcher says. Taking both an antidepressant and a painkiller such as ibuprofen or naproxen may increase risk of a brain hemorrhage, a new study suggests. Korean researchers found that of more than 4 million people prescribed a first-time antidepressant, those who also used nonsteroidal anti-inflammatory
drugs (NSAIDs) had a higher risk of intracranial hemorrhage within the next month. Intracranial hemorrhage refers to bleeding under the skull that can lead to permanent brain damage or death.

- **Health Care Workers Harbor Biases About Sexual Orientation: Study - Findings show need for sensitivity training, expert suggests.** Your doctor, nurse or other health care worker may be biased when it comes to the sexual orientation of patients, a new study suggests. Researchers surveyed more than 200,000 health care providers in the United States about their attitudes towards heterosexual, gay and lesbian people between 2006 and 2012. The results: Heterosexual health care providers tend to have moderate to strong preferences for straight people over lesbian and gay people. Conversely, gay and lesbian health care providers favored gay and lesbian people over straight people, the survey showed. The take-home message, according to lead researcher Janiece Sabin, is that "training for health care providers about treating sexual minority patients is an area in great need of attention."

- **Vitamin B12 Supplements May Not Help Some Seniors - They seem to work only when deficiency of the nutrient is severe, study finds.** Vitamin B12 supplements are known to benefit seniors with severe B12 deficiency, but they may not help those who are just moderately deficient, a new study suggests. "Many people may be taking vitamin B12 supplements on a regular basis, and it has been thought they would enhance function in older people," said study author Dr. Alan Dangour, of the London School of Hygiene & Tropical Medicine. "Our study found no evidence of benefit for nervous system or cognitive function from 12 months of supplementation among older people with moderate vitamin B12 deficiency."

- **As Baby Boomers Age, Alzheimer's Rates Will Soar - By 2050, half of that generation's survivors will have the mind-wasting disease, study predicts.** The number of people with Alzheimer's disease is set to skyrocket in the United States due to the aging of the baby-boom generation, and the cost of caring for these patients will devour a large chunk of Medicare's budget, a new study suggests. More than 28 million baby boomers will develop Alzheimer's disease during the course of their lifetimes, the researchers estimated. By 2050, all baby boomers will be older than 85 and half of those still alive will suffer from Alzheimer's disease, said lead author Lisa Alexixh, senior vice president of The Lewin Group and director of the Lewin Center for Aging and Disability Policy.

- **Loneliness May Fuel Mental Decline in Old Age - Slower deterioration seen in people with more satisfying relationships, researchers say.** Loneliness and depression are linked to an increased risk of mental decline in the elderly, a new study suggests. Researchers analyzed data from more than 8,300 American adults aged 65 and older who were assessed every two years between 1998 and 2010. Seventeen percent reported loneliness at the beginning of the study, and half of those who were lonely had depression. Over the course of the study, mental decline was 20 percent faster among the loneliest people than among those who weren't lonely. People who were depressed at the start of the study also had faster mental decline.

- **Antibiotic May Lower Effect of Some Blood Thinners - Doctors should closely monitor patients who have to take these drugs together, expert says.** The antibiotic dicloxacillin may lessen the effects of some blood-thinning medications, new research shows. "The surprise in the study was just how much of an impact dicloxacillin had," said study author Anton Pottegard, a pharmacist and research fellow at the University of Southern Denmark, in Odense. "Often, the effects in these kinds of studies are quite small. But this was very pronounced: Six out of 10 patients dropped so much in their level of blood-thinning that they were no longer sufficiently protected against clotting and stroke," Pottegard said.

- **Scientists Test Universal Flu Vaccine in Mice - If finding bears out in humans, new vaccines might not have to be developed every year.** Scientists report that a universal flu vaccine in mice protected the animals against eight different flu strains. If the vaccine works in humans, scientists might not have to develop new flu vaccines every year, the researchers said.
9) **MedTalkingPoints** had a recent article on “**Engineering A Shingles Vaccine That Doesn’t Wimp Out Over Time**.” A new vaccine that offers nearly complete protection against the painful shingles has proved to be effective more than 97 percent of the time regardless of age. That study involved more than 16,000 patients age 50 and older, with some patients well into the 80s. The high degree of efficacy was there for all ages. What’s different about this vaccine is something called an **adjuvant** — a chemical added to the vaccine with the sole job of “waking up” the immune system. The technology has been used in other vaccines, but not for shingles.

10) **ProPublica** published an article that might be of interest, it is entitled “**Popular Blood Thinner Causing Deaths, Injuries at Nursing Homes**” - Some facilities fail to properly oversee Coumadin. Too much can cause bleeding; too little, clots. Nursing homes are “a perfect setup for bad things happening,” one expert says. When nursing homes fail to maintain this delicate balance, it puts patients in danger. From 2011 to 2014, at least 165 nursing home residents were hospitalized or died after errors involving Coumadin or its generic version, warfarin, a **ProPublica** analysis of government inspection reports shows. Studies suggest there are thousands more injuries every year that are never investigated by the government.

11) **The Gerontologist** recently published an abstract entitled, “**Pain and Satisfaction With Pain Management Among Older Patients During the Transition From Acute to Skilled Nursing Care**.” Approximately 20 percent of hospitalized Medicare beneficiaries are discharged from the hospital to skilled nursing facilities (SNFs); and up to 23 percent of SNF patients return to the hospital within 30 days of hospital discharge, with pain as one of the most common symptoms precipitating hospital readmission. They sought to examine the prevalence of moderate to severe pain at hospital discharge to SNF, the incidence of new moderate to severe pain (relative to prehospitalization), and satisfaction with pain management among older acute care patients discharged to SNF and continues during their SNF stay. Pain assessment and management should involve a specific, planned process between hospital and SNF clinicians at the point of care transition, even if patients express “satisfaction” with current pain management.

12) **McKnight’s** had several stories of possible interest since the last issue of **Regulatory Beat**. They include:

- **Facilities misleading public about dementia care services, review claims.** Nearly 60 percent of Massachusetts nursing homes that say they can handle residents with dementia are misleading the public about the extent of their services, according to a review by the Alzheimer’s Association of Massachusetts and New Hampshire. Many of the state's nursing homes that list dementia care were found during inspections to not meet state requirements, the association said. Its review found 83 of those facilities met the requirements, but more than 100 homes that claimed to have specialized care did not.

- **2 arrested, 8 more fired after hidden cameras catch alleged abuse at nursing home.** Two nursing assistants have been arrested, and eight more fired, after hidden cameras allegedly revealed abuse at a Minnesota nursing home. Family members of residents at Saint Therese of New Hope installed the cameras after noticing cuts and bruises on residents, according to The Star Tribune. The video footage caught two nursing assistants allegedly abusing at least two residents, although the nature of the abuse has not been released. States have debated the use of cameras in nursing homes for numerous years. **Illinois** recently became the latest state to approve their use. Currently four states — New Mexico, Oklahoma, Texas and Washington — allow families to install cameras in nursing home rooms.

- **MDS 3.0 accuracy needs attention, expert says.** Surveyors scrutinizing database accuracy is “very new and very problematic” for facilities that may have inaccuracies, a leading payment expert said during a McKnight’s Super Tuesday webinar. “[Centers for Medicare & Medicaid Services] believes there are a lot of inaccurate databases and they haven’t been identified,” Leah Klusch, the executive director of the Alliance Training Center, said. Surveyors were trained to review MDS 3.0 accuracy earlier this year, and MDS surveys are currently being conducted in some states along with regular annual surveys, Klusch said.
Klusch's main suggestion to administrators was to make sure their data adheres to four important guidelines: comprehensive, accurate, standardized and reproducible.

Other data collection tips outlined by Klusch during the webinar include:
- Have a person on staff who is an expert on Chapter 2 of the RAI manual
- Have an updated copy of the RAI manual on site, and making copies for new hires who may not be aware of the MDS process
- Conduct an “honest assessment” of the current data collection process
- Avoid common coding mistakes like scores for BIMs, ADL scores, levels of pain and specific treatments
- Don’t let software auto fill Section Z
- Document all six admission interviews, including the BIM, mood, preferences, rehab potential, pain and residents plan for discharge interviews

Klusch advised facilities to look at the “big picture” when tackling MDS 3.0 accuracy. Providers should make sure Section V 200b2, on care assessment, is completed correctly, and complete a formal care plan after the care plan meeting.

13) Interesting Fact: The CDC recently reported that only 1 in 10 Americans eats enough fruits and vegetables. Just 13 percent of U.S. residents consume one and a half to two cups of fruit every day as recommended by federal dietary guidelines, researchers from the U.S. Centers for Disease Control and Prevention found. The news on the vegetable front was even worse. Less than 9 percent of Americans eat two to three cups of vegetables every day as recommended, the report showed.