Long Term Care
NEWSLETTER
Indiana State Department of Health

ISDH Long Term Care
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Roundtable Questions and Answers

The Indiana State Department of Health (ISDH) has monthly meetings with representatives of the three long term care provider associations - Hoosier Owners and Providers for the Elderly (HOPE), Indiana Association for Homes and Services for the Aged (IAHSA), and Indiana Health Care Association (IHCA). One meeting each quarter is set aside as a "Roundtable" for reviewing provider questions about specific regulatory requirements. These Roundtable Meetings generally occur in February, May, August, and November. At these meetings, each question is reviewed and discussed by participants to clarify any issues. Following the meeting, answers to the questions are reduced to writing and published in the Division of Long Term Care Newsletters. Previous roundtable questions may be found in newsletters posted on the ISDH Web site.

The ISDH will continue to publish roundtable questions and answers in our newsletters. So that the questions do not get mixed in with other newsletter items and to assist you tracking these questions, a separate newsletter edition will be devoted to roundtable questions. A Roundtable Meeting was held on February 15, 2008. The questions and answers from that meeting are below.

Roundtable Questions and Answers
February 15, 2008 Provider/ISDH Roundtable Meeting

Question 1 [February 2008]: A complaint was called in by a staff member who had just been terminated because she had not provided care to an assigned resident throughout the duration of the night shift. Following the shift, the resident was observed to have a newly developed dusky red, mushy heel. The director of nursing began an investigation to ensure care was provided (per the plan of care) during the night. The aide then admitted that she had not provided the necessary care. As a defense, the aide stated that there was not enough staff to complete necessary care but this was not found to be the case by the facility. The aide was therefore terminated and the nurse in charge was also counseled for not ensuring the aides were completing their duties as assigned.

Initially, the surveyors stated that there would be a deficiency because of the facility not reporting the incident as neglect, which begs the question as to whether facilities should be directed to notify the state every time an

employee is disciplined and/or terminated for failure to perform his/her assigned duties (or performs them incorrectly)? For example, if administrative staff find someone who has been incontinent and likely not toileted in a timely manner, should this be reported as neglect? Should the involved aides be reported to the registry as well? Please consider clarification as to anticipated facility reporting should employees warrant discipline and/or termination on the basis of care provided (or lack thereof).

> **Answer to Question 1 [February 2008]:** Facilities are required to report allegations of abuse, neglect, or misappropriation of resident property. If the facility disciplines an employee, up to and including terminates, for failing to "provide goods and services necessary to avoid physical harm, mental anguish or mental illness" to a resident, then it should be reported to the ISDH.

Question 2 [February 2008]: Coding of Pressure Ulcers. The facility was informed by the survey team that it had staged the resulting mushy heel of the above incident incorrectly. The NPUAP staging system is not congruent with the MDS 2.0 (or the 3.0 version that is due to be released soon for use) coding of pressure ulcers. According to the MDS manual, there is no way to code an unstageable wound or a suspected deep tissue injury wound other than to code as a stage IV. This is how it was coded by the facility and how it has always been done and reviewed by EDS. There has always been an unstageable classification per NPUAP, but for MDS coding, an unstageable wound is coded as a stage IV. The facility coded the wound as a stage IV, as there was obviously underlying tissue damage and believed this to be the appropriate MDS coding.

This dilemma of disparity in coding was addressed by the guest speaker at the recent Leadership Conference. She stated during her presentation that she understood we had to work within the framework of the MDS, even though she felt it unfortunate and hoped the MDS would change. When the survey supervisor was questioned in regard to the aforementioned, she replied that she did not care about the MDS or EDS, that we were to follow the "Wound Care Essentials" book we were provided at the Leadership Conference.

Please provide clarification as to the standard of coding by which the facility will be held.

> **Answer 2 [February 2008]:** RAI Version 2.0 Manual, Section M.-- Skin Condition indicates that the NPUAP standards and definitions cannot be used for coding on the MDS. However, the facility may use NPUAP standards or the AMDA guidance when doing current and accurate clinical assessment and treatment of pressure ulcers. [February 2008]

Background Relating to Questions 3A-3D [February 2008]: Per review of the Interpretive Guidance of F226, under "VII Reporting/ Response" it states:

> *Have procedures to:*
>
> *-Report all alleged violations and all substantiated incidents to the state agency and to all other agencies as required, and take all necessary corrective actions depending on the results of the investigation.*

As background to discussion, please also review the following two questions/answers previously provided per ISDH roundtable documents:

3-31-2000