



**Center for Clinical Standards and Quality/Survey & Certification Group**

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**Ref: S&C: 17-06-NH**

**DATE:** November 4, 2016

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Fiscal Year (FY) 2015 Minimum Data Set (MDS) Focused Survey Summary

**Memorandum Summary**

- The Centers for Medicare & Medicaid Services (CMS) has completed the FY 2015 MDS Focused Surveys and is providing an overview of the results.
- The FY 2015 MDS Focused Survey Summary outlines the background for the MDS Focused Surveys, the types of deficiencies and errors identified on these surveys, and provides technical resources for providers to help improve accuracy and help providers maintain compliance to enhance the safety and quality of care nursing home residents receive.

**Background**

Federal regulations for the Resident Assessment Instrument (RAI), including the MDS 3.0 and the Care Area Assessments (CAAs), are found at 42 CFR 483.20, and the guidance is found in Appendix PP of the State Operations Manual (SOM). These requirements apply to all Long Term Care (LTC) facilities participating in Medicare and Medicaid.

The primary purpose of the resident assessment and MDS 3.0 is to serve as the clinical basis for individualized care planning and delivery of person-centered care. The MDS 3.0 also impacts resource utilization group (RUG) scores and associated Medicare, Medicaid payment rates (in some cases), quality monitoring such as the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), and more. In addition to being used for quality monitoring through survey activities and facility quality assurance, MDS 3.0 data forms the basis for the facility's quality measures (QMs), including the subset of the publicly-reported measures used in the *Five-Star Quality Rating System* on the CMS *Nursing Home Compare* website. Assessment accuracy has a critical role in all of the aforementioned outputs. The assessments are paramount to optimizing person-centered care planning and to ensuring each resident is able to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Over the last few years, several activities related to assessing the accuracy of MDS 3.0 assessments have occurred.

In 2012, the Office of Inspector General (OIG) performed a review of nursing facility records and found that one-third of the records reviewed did not contain evidence of compliance with Federal requirements regarding resident assessments.<sup>1</sup> Also in 2012, the OIG reported that SNFs misreported information on the MDS for 47% of claims reviewed.<sup>2</sup>

In 2014, CMS, together with five volunteer States, piloted a short-term focused survey to assess MDS 3.0 coding practices and its relationship to resident care in nursing homes. After completing the pilot, CMS announced we would expand these surveys to be conducted nationwide in 2015. The surveys were also conducted in conjunction with CMS’ efforts to strengthen the *Nursing Home Five-Star Quality Rating System* (see press release at <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2014-Press-releases-items/2014-10-06.html>).

In October 2015, the Government Accountability Office (GAO) reviewed QMs that are calculated using MDS 3.0 assessments, and recommended CMS establish and implement a clear plan for ongoing auditing to ensure reliability of data self-reported by nursing homes, including payroll based staffing data and data used to calculate clinical quality measures based on the MDS 3.0.<sup>3</sup>

Based on the above activities, the MDS 3.0 Focused Surveys will continue to be conducted through FY 2016 and FY 2017. Additionally, we are providing information on the results of the surveys conducted in FY 2015 and technical advice so that facilities can learn from the findings and improve the accuracy of the MDS 3.0 assessments they conduct.

### **FY 2015 Results**

Below is a summary of the results from the MDS 3.0 Focused Surveys conducted in FY 2015. These surveys also included a review of facility compliance with the requirements for nurse staffing posting.

#### **Scope and Severity:**

The majority (56%) of deficiencies were cited at a scope and severity level of “D”, followed by an S/S of “E” (25%). This translates to a severity level of no actual harm with potential for more than minimal harm that is not immediate jeopardy, and a scope of isolated and pattern, respectively. Below is the percentage of deficiencies found at each level of S/S.

<b>Scope and Severity Level</b>	<b>Percentage of Deficiencies</b>
B	5%
C	11%
D	56%
E	25%
F	3%
G	1%

<sup>1</sup> OIG, *Nursing Facility Assessments and Care Plans for Residents Receiving Atypical Antipsychotic Drugs*, OEI-07-08-00151, July 2012

<sup>2</sup> OIG, *Inappropriate Payments to Skilled Nursing Facilities Cost Medicare More Than a Billion Dollars in 2009*, OEI-02-09-00200, November, 2012

<sup>3</sup> GAO, *Nursing Home Quality*, GAO-16-33, October 2015

Top Cited Deficiencies:

Across the scope and severity levels, there were 56 different deficiencies (F-tags) cited. The more frequently cited deficiencies are listed below.

- F278 – MDS Accuracy
- F356 – Posted Nursing Staffing Information
- F279 – Develop Comprehensive Care Plans
- F329 – Free from Unnecessary Drugs
- F314 – Treatment/Services to Prevent/Heal PUs
- F315 – No catheter/Prevent UTI/Restore Bladder
- F274 – Comprehensive Assessment after Significant Change

Common Errors:

For deficiencies cited for MDS Accuracy (F-278), surveyors found trends in the types of coding errors that occurred. Below is a short summary of the most common errors found during the investigations.

- Antipsychotics:
  - Coding inconsistent for residents with and w/o antipsychotics
  - Incorrect number of days administered
- Restraints: Residents w/restraints not coded as having a restraint
- Falls: Residents not coded to reflect a fall when a fall had occurred
- Urinary Tract Infections (UTI)
  - Incorrect coding based on UTI criteria in RAI Manual
- Continence/Catheters:
  - Coding inconsistent with residents with and w/o a catheter
  - Residents coded as having a catheter with no diagnosis
  - Coding inconsistent with residents' actual state of continence
- Pressure Ulcers:
  - Coding inconsistent with residents with and w/o pressure ulcers
  - Pressure Ulcers not coded at the correct stages
  - Coded as healed when not healed
  - Incorrect number of pressure ulcers coded
- MDS Quarterly, Comprehensive (annual), and Significant Change in Status Assessment (SCSA):
  - Not completed timely or not completed at all

For deficiencies related to posted staffing (F-356), surveyors found that the most common reasons for noncompliance were that the staffing posted was not up to date, and staffing records were not retained for 18 months, per regulation (42 CFR 483.30(e)).

**Resources for Improved MDS Accuracy and Compliance**

In addition to assessing compliance with federal regulations, CMS aims to help providers maintain compliance to improve the safety and quality of care nursing home residents receive. Therefore, based on the findings of the MDS focused surveys, we are providing several resources nursing homes may access to help improve compliance:

- The CMS regulations for the RAI, including the MDS 3.0 and the Care Area Assessments (CAAs) are found at 42 CFR 483.20. Interpretive guidance for these regulations is found in Appendix PP of the SOM at F-tags 272 through F287 at [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf)
- The RAI Manual provides instructions to accurately code the MDS assessment and provide appropriate care. This manual can be found at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>. Within the manual, CMS recommends facilities review Chapter 3 for specific instructions on how to code each section of the MDS assessment. Based on the survey findings, we have revised the guidance for Falls, Pressure Ulcers, and classifying medications to clarify coding instructions for providers. Additionally, Chapter 2 describes the requirements for when assessments must be completed. Some specific areas in Chapter 3 of the RAI Manual that providers may want to review include:
  - Antipsychotic Medications (MDS Item N Page N4- N9)
  - Restraints (MDS Item P Page P1 – P8)
  - Falls (MDS Item J Page J26 – J34)
  - UTI (MDS Item I Page I1- I9)
  - Pressure Ulcers (MDS Item M Page M1 – M30)
  - Continence (MDS Item H Page H1 – H2)
- Training modules for completing the MDS assessment can be found at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TrainingMaterials.html>. Also, based on the complexity of coding Pressure Ulcers and the errors identified on the surveys, we have added a new training module to this website to help providers address pressure ulcers.
- Providers and MDS Coordinators may also want to contact their State RAI Coordinators for questions. Contact information for State RAI Coordinators can be found in Appendix B RAI Manual and found at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

### **Summary**

The MDS Focused Surveys were utilized to audit the accuracy and reliability of data self-reported by nursing homes. During on-site MDS Focused Survey visits approximately 45% of citations were related to MDS or staffing posting inaccuracy and 55% were care related citations. 80% of the facilities surveyed had at least 1 deficiency with an overall average of 2.6 deficiencies per survey. Specific areas identified for improvement were discussed in this memo and resources are provided to improve MDS accuracy. In an ongoing effort to monitor and audit this process, the MDS Focused Surveys will continue to be conducted throughout the country.

**Contact:** For questions and comments on the memorandum related to Fiscal Year 2015 Minimum Data Set Focused Survey Summary, please email [MDSFORSandC@cms.hhs.gov](mailto:MDSFORSandC@cms.hhs.gov).

**Effective Date:** Immediately. This information should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/  
David R. Wright

cc: Survey and Certification Regional Office Management

*The contents of this letter support activities or actions to improve patient or resident safety and increase quality and reliability of care for better outcomes.*