

Pressure Sore/Ulcer Prevention Program

F314-Based on the comprehensive assessment of a resident, the facility must ensure that—

- (1) A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that that they were unavoidable; and
- (2) A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

<p>Medical Record Review Staff Interviews</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>p. Decreased sensory perception;</p> <p>q. Full body cast; or</p> <p>r. History of a pressure sore.</p> <p>Was the resident receiving two or more of the following treatments?</p> <p>a. Steroid therapy;</p> <p>b. Radiation therapy;</p> <p>c. Chemotherapy;</p> <p>d. Renal dialysis; or</p> <p>e. Head of bed elevated the majority of the day due to medical necessity.</p>	
<p>Medical Record Review Staff Interviews</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Were risk factors related to compromised nutritional status identified?</p> <p>a. Weight loss</p> <p>b. Malnutrition</p> <p>Malnutrition and/or dehydration, whether secondary to poor appetite or another disease process, places a resident at risk for poor healing, and may be indicated by the following lab values. Were the following lab values addressed by staff?</p> <p>a. Serum albumin below 3.4 g/dl</p> <p>b. Weight loss of more than 10% during the last month</p> <p>c. Serum transferrin level below 180 mg per dl</p> <p>d. Hgb less than 12 mg per dl</p> <p>If laboratory data are not available, clinical signs and symptoms of malnutrition/dehydration may be pale skin; red, swollen lips; swollen and/or dry tongue with scarlet or magenta hue; poor skin turgor; cachexia; bilateral edema; muscle wasting; calf tenderness; or, reduced urinary output. Were any of these signs and symptoms identified?</p>	

<p>Medical Record Review Staff Interviews</p>	<input type="checkbox"/> <input type="checkbox"/>	<p>2. Were RAPs triggered for urinary incontinence, nutritional status, cognitive loss/dementia, psychotropic drug use, and physical restraints?</p> <p>3. Were RAPs used to assess causal factors for decline, potential for decline or lack of improvement?</p>	
<p>Medical Record Review Staff Interviews</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Care Planning</p> <p>1. Was a care plan developed that included interventions for the prevention of the development of a pressure sore/ulcer for residents identified as at risk?</p> <p>2. Was an ongoing evaluation of the effectiveness of interventions conducted, with revision of the care plan, as needed, based on the response, outcomes, and needs of the resident?</p> <p>3. For a resident who was at low risk for development of a pressure sore/ulcer, did staff identify, assess, and intervene to address the changes which contributed to the development of the pressure sore/ulcer? For example, an ambulatory resident who developed a heel ulcer from an ill fitting shoe or an ulcer/sore which developed from pressure from clothing, such as support hosiery, or pressure from medical devices.</p>	
<p>Observation of Care Medical Record Review Staff Interviews</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Delivery of Care</p> <p>1. Was the preventive care plan implemented consistently? A determination that development of a pressure sore was unavoidable can be made only if routine preventive and daily care was provided. Routine preventive care means:</p> <ul style="list-style-type: none"> i. Turning and proper positioning; ii. Application of pressure reduction or relief devices; iii. Providing good skin care (i.e. keeping the skin clean, instituting measures to reduce excessive moisture); iv. Providing clean and dry bed linens; and, v. Maintaining adequate nutrition and hydration. <p>2. Did the staff provide aggressive/appropriate preventive measures and care specific to addressing the resident's unique risk factors (e.g., if serum albumin is below 3.4 mg. per dl, provide additional protein in daily snacks)?</p>	

<p>Medical Record Review Staff Interviews</p>	<p><input type="checkbox"/></p>	<p>All Pressure Sore(s)/Ulcer(s) For all sampled residents who have pressure sores at the time of survey, including those readmitted from the hospital with a pressure sore that developed in the hospital:</p>	
	<p><input type="checkbox"/></p>	<p>1. Were interdisciplinary care plans developed for residents who were admitted with a pressure sore/ulcer? Were care plan interventions, such as pressure relieving devices, nutritional interventions and other measures developed to provide an aggressive program of prevention and/or treatment?</p>	
<p>Observation of Care</p>	<p><input type="checkbox"/></p>	<p>2. Are measures to assist healing provided per the plan of care (e.g., relieving pressure, moving the resident without causing shearing, instituting topical therapy which creates a favorable environment for healing, and debriding eschar?</p>	
	<p><input type="checkbox"/></p>	<p>3. Are clinical standards of practice for treatment and infection control utilized?</p>	
<p>Resident Interview Medical Record Review</p>	<p><input type="checkbox"/></p>	<p>4. Are measures to prevent further contamination followed during dressing changes (e.g., wash hands before caring for the sore)?</p> <p>5. If a resident refuses treatment (for example, refusing to be positioned off the affected side), is there documentation of education/counseling provided to the resident about possible consequences and alternatives, if appropriate? Were interventions evaluated and other interventions attempted?</p>	

Pressure Ulcer Prevention Program Review

Completed By: _____

Date: _____

Areas of Concern:

Action Plan:
