**Skin and Wound Care**

**Competency**

General Information

**Skin Integrity/Pressure Ulcer Care**

**General Information**

In health care, the only constant is change. Staying on top of the most recent Wound Care material is a never-ending job. Facilities will need to ensure that they have a robust Wound Care Program in place, along with employee education and a system to verify competence for quality care.

**F686**

§483.25(b) Skin Integrity

§483.25(b)(1) Pressure ulcers.

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

1. A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual’s clinical condition demonstrates that they were unavoidable; and
2. A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.

**INTENT**

“The intent of this requirement is that the resident does not develop pressure ulcers/injuries (PU/PIs) unless clinically unavoidable and that the facility provides care and services consistent with professional standards of practice to:

* Promote the prevention of pressure ulcer/injury development;
* Promote the healing of existing pressure ulcers/injuries (including prevention of infection to the extent possible); and
* Prevent development of additional pressure ulcer/injury.”[[1]](#footnote-1)

**F684**

§ 483.25 Quality of care

“Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents’ choices, including but not limited to the following:

**INTENT**

To ensure facilities identify and provide needed care and services that are resident centered, in accordance with the resident’s preferences, goals for care and professional standards of practice that will meet each resident’s physical, mental, and psychosocial needs.”[[2]](#footnote-2)

\*Note: Surveyors use this tag F684 for issues regarding non-pressure related skin ulcers/wounds

**Description**

1. **Non-Pressure-Related Skin Ulcer/Wound.**

F684 indicates, “Residents may develop various types of skin ulceration. At the time of the assessment and diagnosis of a skin ulcer/wound, the clinician is expected to document the clinical basis (e.g., underlying condition contributing to the ulceration, ulcer edges and wound bed, location, shape, condition of surrounding tissues) which permit differentiating the ulcer type, especially if the ulcer has characteristics consistent with a pressure ulcer, but is determined not to be one.”[[3]](#footnote-3)

* Arterial Ulcer
* Diabetic Neuropathic Ulcer
* Venous or Stasis Ulcer
1. **Pressure Ulcer/Injury (PU/PI) Related Skin Ulcer/Wound.**

F686 indicates, “refers to localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. A pressure injury will present as intact skin and may be painful. A pressure ulcer will present as an open ulcer, the appearance of which will vary depending on the stage and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by skin temperature and moisture, nutrition, perfusion, co-morbidities and condition of the soft tissue.”[[4]](#footnote-4)

Definitions: F686: *Avoidable/Unavoidable*

* “Avoidable” means that the resident developed a pressure ulcer/injury and that the facility did not do one or more of the following: evaluate the resident’s clinical condition and risk factors; define and implement interventions that are consistent with resident needs, resident goals, and professional standards of practice; monitor and evaluate the impact of the interventions; or revise the interventions as appropriate.
* “Unavoidable” means that the resident developed a pressure ulcer/injury even though the facility had evaluated the resident’s clinical condition and risk factors; defined and implemented interventions that are consistent with resident needs, goals, and professional standards of practice; monitored and evaluated the impact of the interventions; and revised the approaches as appropriate.”[[5]](#footnote-5)

**Suggestions for Resources/Data to Support the Competency**

A resource for expectations for providers on Skin Integrity include the CMS State Operations Manual, Appendix PP, Guidance to Surveyors for Long Term Care Facilities.

CMS often refers to the National Pressure Ulcer Advisory Panel’s (NPUAP) terms and definitions, which it has adapted, within its patient and resident assessment instruments and corresponding assessment manuals, which includes the Minimum Data Set (MDS).

Suggested competencies for staff will include:

* Licensed Nurse(s):
	+ Assessment Process
	+ Person-Centered Care Plan for Dialysis
	+ Implementation of interventions
	+ Demonstration/Evaluation
	+ Documentation
* CNA’s:
	+ Implementation of person-Centered care plan interventions
	+ Communication
	+ Documentation and reporting
	+ Identification and Reporting of Change of Condition
* Interdepartmental Employees
	+ Based on facility policy and procedure

**F-Tag Reference General Information**

Examples of (Federal) F tags that could be cited during a survey inspection that are related to skin integrity consider:

* F550: Dignity
* F552: Right to be informed and make treatment decisions
* F558: Accommodation of needs
* F561: Advance Directives
* F578: Right to refuse
* F580: Notification of change
* F600: Freedom from Abuse/Neglect and Exploitation
* F659: Be provided by qualified persons
* F686: Pressure ulcer
* F698: Dialysis
* F692: Nutrition and Hydration)
* F725: Sufficient Nursing Staff
* F726: Competent Nursing Staff
* F757: Unnecessary Medications
* F880: Infection Control
* F841: Medical director
* F842: Resident Records
* F868: QA&A QAPI

**Link to Critical Element Pathway**

CMS Pressure Ulcer Critical Element Pathway includes a guide that surveyors will utilize to review and guide observations and interviews. Areas for review include:

* Review of the MDS
	+ Section M
* Physician orders
* Diagnoses
* Care Plan

Observations include identification of services as indicated in the plan of care, precautions, interactions, assistance, assistive devices, skill competency, pain and group programs.

Interviews lead the surveyor to discuss with both staff and resident/resident representation if services are provided, if they understand, refusals, supervision, encouraging resident participation, pain management, assistive devices, resident decline and more.

Record Review identifies improvement decline, care plan revisions, implementation documentation, significant change, appropriate level of need matching the record and communication of identified changes in condition.

Use the Pressure Ulcer Critical Element (CE) Pathway, along with the interpretive guidelines when determining if the facility meets the requirements for providing care and services for a resident receiving skin/wound services, in accordance with professional standards of practice, and the comprehensive person-centered care plan.

**References and Resources:**

* Centers for Medicare and Medicaid Services, State Operation Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>
* Centers for Medicare and Medicaid Services, Dialysis Critical Element Pathway. CMS 20071 (5/2017): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>
1. 1,2 Centers for Medicare and Medicaid Services, State Operation Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)
4. [↑](#footnote-ref-4)
5. 3,4,5Centers for Medicare and Medicaid Services, State Operation Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-5)