**Skin and Wound Care**

**Competency**

Suggested Implementation Checklist

**Implementation Checklist: Skin Integrity /Pressure Ulcer Competencies**

| **Regulation** | **Recommended Action** |
| --- | --- |
| **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—  (i) 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  (ii) 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.”[[1]](#footnote-1) | * Review, revise and institute a pressure ulcer policies and procedures with elements for compliance with F686 Pressure Ulcer * Update staff education materials for orientation, annual education, and agency staff orientation, as needed. * Educate nursing staff and the interdisciplinary team about skin integrity, prevention, skin ulcers and pressure ulcers. * Educate nursing staff and the interdisciplinary team about other modalities such as therapy and nutrition services * Educate residents and resident representatives about skin integrity/wound care including ulcers, pressure ulcers and other treatment modalities * Conduct updated training for nurses about supervising and monitoring for compliance * Review the Skin Integrity/Wound policies and procedures/program with the Medical Director and Pharmacy Consultant in conjunction with the Quarterly Quality Assurance Committee meeting * Review ICD-10 Coding |
| **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”[[2]](#footnote-2)  “I. Review of a Resident with Non Pressure-Related Skin Ulcer/Wound. 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. This section differentiates some of the different types of skin ulcers/wounds that are not considered to be pressure ulcers.”[[3]](#footnote-3) | * Review, revise and institute a pressure ulcer policies and procedures with elements for compliance with F684 Quality of Care. Note: Use this tag F684 for issues regarding non pressure related skin ulcers/wounds * Educate nursing staff on prevention, assessment, treatment options, wound care devices, care plan implementation and revision, notifications and documentation * Review ICD-10 Coding * Update staff education materials for orientation, annual education, and agency staff orientation, as needed. * Educate nursing staff and the interdisciplinary team about other modalities such as therapy and nutrition services * Conduct updated training for nurses about supervising and monitoring for compliance * Review the Skin Integrity/Wound policies and procedures/program with the Medical Director and Pharmacy Consultant in conjunction with the Quarterly Quality Assurance Committee meeting |
| **F636**  §483.20 Resident Assessment  “The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident’s functional capacity.    §483.20(b) Comprehensive Assessments §483.20(b)(1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident’s needs, strengths, goals, life history and preferences, using  the resident assessment instrument (RAI) specified by CMS.”[[4]](#footnote-4) | * Review facility RAI process to identify assessment and documentation of skin integrity, pressure ulcer/injuries, wounds, bruises, etc., in order to properly substantiate coding. * Provide education to the IDT on individual role in respect to identification, assessment and documentation of skin. |
| **F552**  “§483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including:    §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.    §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.    §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.”[[5]](#footnote-5) | Provide resident with information skin/wound procedure, medical information, risks/benefits of treatment.  Include resident/resident representative in the care planning/decision process. Document involvement. |
| **F578**  “§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.”[[6]](#footnote-6) | Review policies and procedures for resident refusals  Education for the IDT on resident refusals. Resident has the right to refused once information on the risks, benefits and specifics of the procedure/skill  If resident does not have an Advance Directive, provide education and offer assistance in formulation of an Advance Directive |
| **F580**  “§483.10(g)(14) Notification of Changes.  (i) A facility must immediately inform the resident; consult with the resident’s physician; and notify, consistent with his or her authority, the resident representative(s) when there is—  (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;  (B) A significant change in the resident’s physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);  (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment)”[[7]](#footnote-7) | Review and update policies and procedures for notification of change of condition  Provide education for nurses on notification of changes in condition and documentation |
| **F659**  “§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must— (ii) Be provided by qualified persons in accordance with each resident's written plan of care. (iii) Be culturally-competent and trauma–informed.”[[8]](#footnote-8)  **F 725**  “§483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population in accordance with the facility assessment”[[9]](#footnote-9) | Licensed Nurse training: Skin Integrity/Pressure Ulcer   * Type and Stage of Ulcer * Monitoring for signs and symptoms of skin/pressure ulcer infection * Communication policies * Documentation policies * Tissue Tolerance * Braden Scale * Preventive measures for pressure ulcers * Assessment process and frequency * Wound measurement * Follow Nutrition/hydration as ordered by physician * Collaborate with nutrition services for diet * Monitor for food and fluid intake compliance * Communication with physician on resident lab work * Education and competency wound measurement * Provide Staffing consistent with resident need as identified with census, acuity and facility assessment * Develop a person-centered plan of care   Nursing Assistant training: Skin/Integrity/Pressure Ulcer   * Follow and document interventions of person-centered plan of care * Preventive measures for pressure ulcers * Monitor for food and fluid intake compliance * Tissue Tolerance * Report/communicate |
| **F692**  “§483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident—    §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident’s clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;    §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;    §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.”[[10]](#footnote-10) | Review facility policies and procedures for nutrition and hydration  Collaborate with IDT, including physician, resident diet, hydration needs and orders |
| **F697**  “§483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents’ goals and preferences.”[[11]](#footnote-11) | Review facility pain management program to ensure pain management evaluation with wound care.  Educate nurses on pain management with wound care |
| **F880**  “§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.”[[12]](#footnote-12) | Nurse and CNA training on Infection Control to include:   * Standard Precautions * Transmission-Based Precautions * PPE * Hand Hygiene * Blood Borne Pathogens * Monitoring for Signs/Symptoms of Infection |
| **F841**  “§483.70(h) Medical director. §483.70(h)(1) The facility must designate a physician to serve as medical director.    §483.70(h)(2) The medical director is responsible for— (i) Implementation of resident care policies; and (ii) The coordination of medical care in the facility.”[[13]](#footnote-13) | Medical Director to collaborate, review and approve all policies, procedures and protocols for skin integrity/wound care |
| **F842**  “§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are— (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized”[[14]](#footnote-14) | Documentation in the Medical Record to include:   * Resident care and services * Change of condition and follow up * Communication * Care Plan and revisions * Physician orders * All pertinent charting |

**References and Resources**

* Centers for Medicare & Medicaid Services State Operations 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>
* CMS 20078: Pressure Ulcer/Injury Critical Element Pathway: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>
* National Pressure Ulcer Advisory Panel’s (NPUAP) terms and definitions: (pg. 258): [https://www.npuap.org/resources/educational-and-clinical-resources/](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.npuap.org_resources_educational-2Dand-2Dclinical-2Dresources_&d=DwQF-g&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=QzQ7M25WJDoAJUOFNAjC-fsjAX3xUWp28-HY_Ewx32s&s=mTjVC2Ys6-EEDLfA2G8HeUZLEIV5gubmaRZvFQqrxJU&e=)
* Pressure Ulcers: A Patient Safety Issue: (pg. 264) [http://www.ncbi.nlm.nih.gov/books/NBK2650/](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.ncbi.nlm.nih.gov_books_NBK2650_&d=DwQF-g&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=QzQ7M25WJDoAJUOFNAjC-fsjAX3xUWp28-HY_Ewx32s&s=Dca5Y4cUTnYg3cyJoyTaW7HwSRB1-123UWZUS-g55VQ&e=)
* AHRQ’s Safety Program for Nursing Homes: On-Time Pressure Ulcer Healing <https://www.ahrq.gov/professionals/systems/long-term-care/resources/ontime/pruhealing/index.html>
* National Nursing Home Quality Improvement Campaign

<https://www.nhqualitycampaign.org/goalDetail.aspx?g=PU>

* Nursing Skills Reference Manuals
* Manufacturer’s Recommendations on equipment, adaptive equipment, supplies, etc.

1. Centers for Medicare & Medicaid Services State Operations 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. 2,3 Centers for Medicare & Medicaid Services State Operations 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-2)
3. [↑](#footnote-ref-3)
4. 4,5,6 Centers for Medicare & Medicaid Services State Operations 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-4)
5. [↑](#footnote-ref-5)
6. [↑](#footnote-ref-6)
7. [↑](#footnote-ref-7)
8. 7,8 Centers for Medicare & Medicaid Services State Operations 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-8)
9. 9 Centers for Medicare & Medicaid Services State Operations 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-9)
10. [↑](#footnote-ref-10)
11. 10,11,12,13 Centers for Medicare & Medicaid Services State Operations 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-11)
12. [↑](#footnote-ref-12)
13. [↑](#footnote-ref-13)
14. 14 Centers for Medicare & Medicaid Services State Operations 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-14)