Falls with Major Injury (Long Stay)

MDS Coding Requirements

1. Include fall history on admission/entry or re-entry.
2. Include number of falls since admission/entry, re-entry, or prior assessment (OBRA or scheduled PPS) whichever is most recent.
3. Indicate major injuries for: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma.

Coding Tips

1. If the level of injury directly related to a fall that occurred during the look-back period is identified after the ARD and it is at a different injury level than what was originally coded on an assessment that was submitted to QIES ASAP, the assessment must be modified to update the level of injury that occurred with that fall.
Ask These Questions

**MDS**
- Was the MDS coded per the RAI manual requirements?
- Does the staff that code this section on the MDS understand the RAI coding definitions for falls with major injury?

**Assessing Fall Risk**
- Was a fall risk assessment completed on admission, quarterly, and with changes to identify appropriate risk?
- Was a fall risk assessment completed with med changes, especially psychotropic, b/p, and pain meds?
- Was a fall risk assessment completed with changes in mobility equipment?

**Fall Prevention**
- Is a process in place (based on fall scores) to initiate preventative devices?
- Are preventative devices communicated to direct-care staff?
- Are interventions monitored for placement and function?
- Are fall precautions taken if a resident is on anticoagulants, psychotropics, antihypertensives, vasodilators, antiparkinson agents, diuretics, NSAIDs, glycemic medications, laxatives?
- Is appropriate footwear used?
- Are vision issues addressed?
- Is continence managed?