

- Failure to implement an element of the care plan for a resident who has a pressure ulcer however, there has been no evidence of decline or failure to heal.
- Failure to recognize or address the potential for developing a pressure ulcer: As a result of the facility's non-compliance, staff failed to identify the risks, develop a plan of care and/or consistently implement a plan that has been developed to prevent pressure ulcers.

Severity Level 1: No Actual Harm with Potential for Minimal Harm

The failure of the facility to provide appropriate care and services to prevent pressure ulcers/injuries or heal existing pressure ulcers/injuries is more than minimal harm. Therefore, Severity Level 1 does not apply for this regulatory requirement.

POTENTIAL TAGS FOR ADDITIONAL INVESTIGATION

During the investigation of F686, the surveyor may have determined that concerns may also be present with related outcome, process and/or structure requirements. The surveyor is cautioned to investigate these related requirements before determining whether non-compliance may be present. Some examples of related requirements that should be considered include §483.20 Resident Assessment, §483.21 Comprehensive Person-Centered Care Planning, §483.24 Quality of Life, §483.30 Physician Services, §483.35 Nursing Services, §483.70 Administration, and §483.75 QAPI.

F687

(Rev. 211; Issued: 02-03-23; Effective: 10-21-22; Implementation: 10-24-22)

§483.25(b)(2) Foot care.

To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must:

- (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and**
- (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments.**

INTENT

To ensure that the foot care provided is consistent with professional standards of practice and to clarify that foot care includes treatment to prevent complications from conditions such as diabetes, peripheral vascular disease, or immobility. Also includes assisting the resident in making necessary appointments with qualified healthcare providers such as podiatrists and arranging for transportation to and from such appointments.

GUIDANCE

Facilities are responsible for providing the necessary treatment and foot care to residents. Treatment also includes preventive care to avoid podiatric complications in residents with

diabetes and circulatory disorders who are prone to developing foot problems. Foot care that is provided in the facility, such as toe nail clipping for residents without complicating disease processes, should be provided by staff who have received education and training to provide this service. Foot care and treatment must be provided within professional standards of practice and state scope of practice, as applicable. Residents requiring foot care who have complicating disease processes must be referred to qualified professionals such as those listed as examples below.

Facilities are also responsible for providing residents access to qualified professionals who can treat foot disorders, by making necessary appointments and arranging transportation. Examples include podiatrist, Doctor of Medicine, and Doctor of Osteopathy. Foot disorders which may require treatment include, but are not limited to: corns, neuromas, calluses, hallux valgus (bunions), digiti flexus (hammertoe), heel spurs, and nail disorders. The facility is also responsible for assisting residents in making appointments and arranging transportation to obtain needed services.

Facility staff must follow proper infection prevention practices for foot care equipment/devices, including but not limited to nail clippers, scalers, files, and burr tools. Facility staff must separate used or contaminated foot care equipment from clean equipment. Reusable medical devices (e.g., scalers, electronic nail file, and surgical instruments) that are used on one resident must be cleaned and reprocessed (disinfection or sterilization) for use according to manufacturer's instructions prior to use on another resident. If the manufacturer does not provide such instructions, the device may not be suitable for multi-patient use. Recommendations for the cleaning, disinfection, and sterilization of medical devices are available in CDC's Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 (available at: <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html>). Please see guidance at §483.80, Infection Control, for more information.

NOTE: For purposes of this guidance, "staff" includes employees, the medical director, podiatrists, consultants, contractors, and volunteers. Staff would also include caregivers who provide care and services to residents on behalf of the facility, students in the facility's nurse aide training program, and students from affiliated academic institutions, including therapy, social, and activity programs.

PROBES: For residents selected for review, determine the following:

- According to the medical record, does the resident have a diagnosis or condition that poses a risk to foot health (e.g., diabetes, peripheral vascular disease, ingrown toenails)?
- Does the comprehensive care plan adequately address the resident's risk with appropriate interventions?
- Observe residents' feet for lack of nail care, presence of calluses, and/or other foot problems.