TIP SHEET
MDS FALL CODING

DEFINITION: Unintentional change in position coming to rest on the ground, floor or onto the next lower surface (e.g., onto a bed, chair, or bedside mat). The fall may be witnessed, reported by the resident or an observer or identified when a resident is found on the floor or ground. Falls include any fall, no matter whether it occurred at home, while out in the community, in an acute hospital, or a nursing home. Falls are not a result of an overwhelming external force (e.g., a resident pushes another resident). An intercepted fall occurs when the resident would have fallen if he or she had not caught him/herself or had not been intercepted by another person – this is still considered a fall. (RAI Manual J-27)

CODING (RAI MANUAL J 27-32):

1. J1700A - Did the resident have a fall any time in the last month prior to admission?
2. J1700B - Did the resident have a fall any time in the last 2-6 months prior to admission?
3. J1700C - Did the resident have any fracture related to a fall in the 6 months prior to admission?
4. J1800 - Any falls since admission or prior assessment (OBRA or PPS) whichever is more recent.
5. J1900 - Number of falls since admission or prior assessment (OBRA or PPS) whichever is more recent.
6. J1900A - No injury
7. J1900B - Injury (Except major)
8. J1900C - Major Injury

PROCESS:

1. Complete J1700 only if it is the first assessment since admission or readmission.
2. Complete J1800 and J1900 from admission to the ARD date of the first assessment and then subsequent assessments from the day after the ARD of the last assessment to the ARD of the current assessment.
3. Review all available resources since the last assessment, for example, the medical record (physician, nursing, and therapy notes) including nursing home incident reports.
4. Question the resident, staff, and family about any falls that may have occurred during the look back period.
5. Include any information as to if the resident had sustained multiple injuries for a single fall, code the fall for the highest level of injury in J1900.

PLANNING FOR CARE:

1. Identify residents who are high risk for falls as a top priority for care planning.
2. Falls indicate functional decline and other serious conditions such as delirium, adverse drug reactions, dehydration, and infections.
3. External risk factors include polypharmacy, appliance/equipment uses, restrictive devices, and environmental factors. A fall should stimulate evaluation of the resident's need for rehabilitation or the need for ambulatory aides, increased monitoring, or assessment, and /or modification of the physical environment.