

QUICK START GUIDE

Submitting MDS Data to PointRight: PointClickCare Interface

The submission interface between PointClickCare and PointRight allows you to review the Data Integrity Audit feedback for each MDS as it is completed.

1. Complete an MDS in PointClickCare.
2. Click the **"Verify"** button to submit the MDS to PointRight.
 - The DIA feedback page appears automatically.
3. Review Your Real-Time Data Integrity Audit (DIA) Feedback and choose your planned resolutions.
4. Click the printer icon in the upper right corner of the screen to print the feedback to share with your Interdisciplinary Team.
5. If you have a question about the DIA feedback, click the "Ask Question" button to consult with PointRight's clinicians.
6. If you decide to make corrections to the MDS, edit the file in PCC.
7. Resubmit to PointRight as you make changes. As you lock the MDSs for your final CMS production batch they will also be resubmitted to PointRight.
 - All changes **must be resubmitted** to PointRight to ensure complete data accuracy.

MINIMUM DATA SET (MDS 3.0) SUMMARY

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Resident Information	Assessment Information	RUG Information
Resident: Admit Date: 10/04/2010 Payer: Medicare A Mdcr Start Date: 10/04/2010	ARD: 10/14/2010 OBRA Reason: Not OBRA required PPS Reason: 30-day PPS OBRA: No Entry/Discharge: Not entry/discharge	Medicare: HB1 Medicaid: HB1 Medicare Therapy: HB1 State: RMB State Alternate:

Acknowledge Questions Remaining: 0

Validation Errors: 0 Warnings: 0

Sign Unsigned: 412 Signed: 0

Complete MDS Complete By: 10/20/2010

Care Plan Complete By: 10/20/2010

Care Plan Decisions Complete By: 11/04/2010

Lock Locked Date

MDS In Progress Assessment Complete CAAs CP Decisions Submission

Back to MDS List Refresh MDS Data **Verify** Print MDS Reports Change ARD Type Regenerate Triggers

MDS Sections

A Identification Information In Progress	B Hearing, Speech, and Vision In Progress	C Cognitive Patterns In Progress	D Mood In Progress	E Behavior In Progress	F Preferences for Routine & Activities Not Applicable	G Functional Status In Progress
H Bladder and Bowel In Progress	I Active Diagnoses In Progress	J Health Conditions In Progress	K Swallowing / Nutritional Status In Progress	L Oral / Dental Status In Progress	M Skin Conditions In Progress	N Medications In Progress
O Special Treatments, Procedures, and Programs In Progress	P Restraints In Progress	Q Participation in Assessment and Goal Setting In Progress	V Care Area Assessment (CAA) Summary Not Applicable	X Correction Request Not Applicable		

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G25: Resident has poor balance during surface to surface transfers (G0300E=2) yet does not require weight bearing assistance with transfers (G0110B1).

Why this is an issue: If a resident is assessed with balance issues while transferring, he or she would not be independent and would need some level of physical assistance with transfer. Coding of transfer is one of the items included in the calculation of the ADL Score.

Resolving the issue:

- Review the relationship in the coding of this ADL item and the resident's balance assessment.
- The RAI Manual states that support provided by non-facility staff or by family members would not be included in coding Section G (p. G-5).
- If support was provided by non-facility staff or by family at all times during the lookback, the activity would be coded "8" (p. G-6)

Clinical considerations:

- Individuals with impaired balance and unsteadiness during transitions and walking are at increased risk for falls, may limit their physical and social activity, becoming socially isolated and depressed about limitations, and can become increasingly immobile.
- Care planning should focus on preventing further decline of function, and/or on return of function, depending on resident-specific goals (RAI 3.0 Manual, p. G-26).