

QUICK START GUIDE

Submitting MDS Data to PointRight: SigmaCare Interface

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

1. Complete an MDS in SigmaCare.
2. Click the **"Submit to PointRight"** link 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 SigmaCare.
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.

SigmaCare Test

Resident MDS Assessment Summary:

DOB: 08/06/1923 (88 y) | Gender: Male | Unit: One | Facility: Vincent's Facility | Physician: Liang, Doctor

Phase: Assessment Entry | Reference Date: 7/16/2012 | Submission Due: 8/12/2012

Assessments Completed: Phase Due: 7/29/2012 | Completion Due: 7/29/2012

Assessment Information: Type: MDS 3.0 | RUG: | Reason: 2-Quarterly review assessment

Section	Discipline	Status	Actions
A. Identification Information	Nursing	Incomplete	
B. Hearing, Speech and Vision	Nursing	Incomplete	
C. Cognitive Patterns	Nursing	Incomplete	
D. Mood	Nursing	Incomplete	
E. Behavior	Nursing	Incomplete	
F. Functional Status	Nursing	Complete	
H. Bladder and Bowel	Nursing	Incomplete	
I. Active Diagnoses	Nursing	Incomplete	
J. Health Conditions	Nursing	Incomplete	
K. Swallowing/Nutritional Status	Nursing	Incomplete	
L. Oral/Dental Status	Nursing	Incomplete	
M. Skin Conditions	Nursing	Incomplete	
N. Medications	Nursing	Incomplete	
O. Special Treatments and Procedures	Nursing	Incomplete	
P. Restraints	Nursing	Incomplete	
Q. Participation in Assessment and Goal Setting	Nursing	Incomplete	
S. State Section	Nursing	Incomplete	
X. Correction Request	Nursing	Complete	
Z. Assessment Administration	Nursing	Incomplete	

Triggered CAAs: No triggered CAAs exist for this assessment.

Show RUG Summary

Print CAA Review | Print CAA Narrative

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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).