



## MDS-HC Common Mistakes – Part Two

**Unsteady Gait** – If you are writing in the RFS narrative that member has an unsteady gait, then this member should be at least **supervision** with the following ADLs:

- Transfer
- Locomotion in and out of the home
- Dressing upper and lower body
- Toileting – If a member needs supervision or more for transfer, then they also need supervision or more for toileting because they have to transfer on/off the toilet.
- Bathing

This is due to safety. If member has an unsteady gait they may be independent with ADLs but there is a "NEED" for help for safety reasons because they could fall at any time. They also have a "need" for some help with medications if they have an unsteady gait because they need to be able to get to their meds and maybe walk into kitchen to get a drink to take meds with. An unsteady gait also has a "need" for physical therapy. They might not be getting physical therapy or want it but again due to safety issues there is a "need" for physical therapy.

**Wound care** – Needs to be documented in the RFS narrative with the type of dressing and how often dressing changes are.

**Oxygen** – If member is on oxygen, this should be mentioned in RFS statement along with who manages the member's oxygen.

**Insulin** – If member is on Insulin pens or prefilled syringes then that is considered dependent and has a "need" for skilled nursing 7 days/week.

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