Your guide to F-Tag compliance
F-Tag 314
F 314 483.25 (c)
Pressure Sores (Ulcers)
Based on the comprehensive assessment of a resident, the facility must ensure that

A resident who enters the facility without pressure sores does not develop pressure sores unless the individual’s clinical condition demonstrates that they were unavoidable;

and

A resident who has a pressure ulcer receives care and services to promote healing and prevent additional ulcers.

F-Tag 315
483.25(d)(1)
A resident who enters the facility without an indwelling catheter is not catheterized unless the resident’s clinical condition demonstrates that catheterization was necessary;

and

483.25(d)(2)
A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.
Requirements and statements
F-Tag 314 – F-Tag 315

Facilities should ensure that policies and procedures are consistent with current standards of practices.¹

To demonstrate compliance for residents with pressure ulcers, the facility must show the pressure ulcer was unavoidable by documenting all of the following actions:

- Evaluate the resident's clinical condition and pressure ulcer factors;
- Define and implement interventions that are consistent with resident needs, goals, and recognized standards of practice;
- Monitor and evaluate the impact of interventions;
- Revise the approaches as appropriate.¹

“The intent of F314 is that the facility provides care and services to promote the prevention of all types of wounds, promote the healing of all types of wounds (including infection) and prevent additional wounds from occurring.”¹

Irritation or maceration resulting from prolonged exposure to urine and feces may hasten skin breakdown, and moisture may make skin more susceptible to damage from friction and shear during repositioning.¹

Urinary incontinence is not normal!²

50% of the nursing home population experience some degree of urinary incontinence.²

Urinary incontinence may be associated with changes in skin integrity, skin irritation or breakdown, urinary tract infections.²

One key to prevention is to keep the perineal skin clean and dry. Research has shown that a soap and water regimen alone may be less effective in prevention compared with moisture barriers and no-rinse incontinence cleansers. Because frequent washing with soap and water can dry the skin, the use of a perineal rinse may be indicated. Moisturizers help preserve the moisture in the skin by either sealing in existing moisture or adding moisture to the skin.²

Persistent exposure of perineal skin to urine and/or feces can irritate the epidermis and can cause severe dermatitis or skin erosion...²

Skin knows the difference.
F-Tags 314 and 315 focus on risk factors and clinical objectives related to the prevention and treatment of pressure ulcers and urinary incontinence.

**Risk factors referenced in F-Tag 314 and 315 include:**
- Decreased immobility
- Cognitive impairment
- Medications
- Co-morbid conditions
- Healed ulcers
- Refusal of treatment
- Impaired circulation
- Nutritional status
- Exposure of skin to urine and feces
- Moisture

**F-Tag 314 and 315: Clinical objectives that can increase compliance include:**
- Seal out wetness
- Seal in moisture
- Keep perineal area clean and dry
- Maintain skin integrity (skin acid mantle, pH)
- Prevent/reduce maceration
- Manage moisture
- Manage friction and shear
- Reduce prolonged exposure of skin to urine and feces

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| Cleansers | Reduced exposure to incontinence urine and feces  
Reduce risk of skin breakdown, dermatitis, or skin erosion  
Keep perineal area clean and dry  
Maintain skin health and integrity (acid mantle, pH) |
| Protectants | Reduced exposure to incontinence urine and feces  
Reduce risk of skin breakdown, dermatitis, or skin erosion  
Reduce potential for maceration  
Manage friction  
Seal out wetness  
Seal in moisture  
Prevent maceration |
| Moisturizers | Seal in moisture  
Maintain skin health and integrity (acid mantle, pH)  
Reduce risk of skin breakdown  
Manage friction |
| Anti-fungals | Reduce risk of skin breakdown, dermatitis, or skin erosion  
Keep perineal area clean and dry (Extra Thick)  
Maintain skin health and integrity (acid mantle, pH)  
Manage friction  
Manage moisture  
Reduce maceration |
| Repairs & Liquid Skin Protectants | Manage friction  
Reduce risk of skin tears  
Reduce potential for maceration  
Reduce risk for skin stripping |
Your guide to compliance...
A total solution

Research by the Centers for Medicare/Medicaid Services (CMS) and the Office of the Inspector general (OIG) supports the direct link between continuing education and the quality of care, and staff retention. Surveyors will interview nursing assistants to determine whether they know what, when and to whom to report changes in skin condition.

Knowledge – leads to improved morale, consistent care and reduced staff turn over

Smith & Nephew Medical Education includes:
- Preventive skin assessment and documentation for nurse assistants
- GWA Global Wound Academy (GWA) – on-line education
- OPTIONS Education – CEU accredited programs for licensed practitioners
- Clinical Resource Specialists

Prevention – the foundation for compliance
High quality products that manage skin integrity and incontinence
Prevention protocol and algorithms for assessment and intervention
Technical product service and support

Results
- Improved F-tag compliance
- Decreased staff turn over and improved staff morale
- Measurable results: improved financial, emotional and clinical outcomes
- Lower treatment costs
- Sustainable results for pennies a day

Knowledge. Prevention. Results.
Reference