

## Nursing Home Quality Improvement Collaborative Learning Session 4

### Post-Test

*Health Services Advisory Group, Inc., approved by the California Board of Vocational Nursing, provider number V10664; Nursing Home Administrators Program, provider number 00001729; Board of Registered Nursing, provider number CEP 15360; to award five contact hours of continuing education.*

1. Diabetic ulcers, venous ulcers, skin tears, arterial ulcers, perineal dermatitis, friction, maceration, and shear **should not** be coded as pressure ulcers on the MDS.
  - a. True
  - b. False
  - c. Not sure
2. From the date of a physically restrained resident's last MDS assessment, how long will this resident impact the QI/QM report once the resident is discharged?
  - a. The resident will no longer impact the QI/QM report once he or she is discharged.
  - b. 3 months
  - c. 6 months
  - d. 1 year
3. From the time of admission, a nursing home has three months to heal the admitted pressure ulcer before the resident with the pressure ulcer begins to impact the facility's QI/QM report.
  - a. True
  - b. False
  - c. Not sure
4. A geri-chair is always coded as a restraint.
  - a. True
  - b. False
  - c. Not sure
5. Bed rails are counted in the physical restraints quality measure on your QI/QM report.
  - a. True
  - b. False
  - c. Not sure
6. Physical restraints are effective methods of reducing falls in a facility.
  - a. True
  - b. False
  - c. Not sure
7. When a resident who is at high-risk for pressure ulcers must sit up in bed, the head of the bed should not be higher than \_\_\_\_ degrees unless medically necessary.
  - a. 20
  - b. 30
  - c. 60

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