



## INCONTINENCE AND CATHETERS SURVEY GUIDANCE

The Centers for Medicare and Medicaid Services issued the new surveyor guidance for incontinence and catheters on Oct. 1, 2010. The F315 (Incontinence and Catheters) will replace F315 (Catheters) and F316 (Incontinence). The intent of this requirement is to ensure the following:

- Each resident who is incontinent is identified, assessed, and provided appropriate treatment and services to achieve or maintain as much normal urinary function as possible;
- An indwelling catheter is not used unless there is valid medical justification;
- An indwelling catheter for which continuing use is not medically justified is discontinued as soon as clinically warranted;
- Services are provided to restore or improve normal bladder function to the extent possible, after the removal of the catheter; and
- A resident, with or without a catheter, receives the appropriate care and services to prevent infections to the extent possible.

The criteria for compliance of F315 include the following:

1. For a resident who was admitted with an indwelling urinary catheter, or who had one placed after admission, the facility is in compliance with this requirement if staff have taken the following actions:
  - a. Recognized and assessed factors affecting the resident's urinary function and identified the medical justification for the use of an indwelling urinary catheter;
  - b. Defined and implemented pertinent interventions to try to minimize complications from an indwelling urinary catheter, and to remove it if clinically indicated, consistent with resident conditions, goals, and recognized standards of practice;
  - c. Monitored and evaluated the resident's response to interventions; and
  - d. Revised the approaches as appropriate.

2. For a resident who is incontinent of urine, the facility is in compliance with this requirement if they have done the following:
  - a. Recognized and assessed factors affecting the risk of symptomatic urinary tract infections and impaired urinary function;
  - b. Defined and implemented interventions to address correctable underlying causes of urinary incontinence and to try to minimize the occurrence of symptomatic urinary tract infections in accordance with the resident needs, goals, and recognized standards of practice;
  - c. Monitored and evaluated the resident's response to preventive efforts and treatment interventions; and
  - d. Revised the approaches as appropriate.
  
3. For a resident who has or has had a symptomatic urinary tract infection, the facility is in compliance with this requirement if they have done the following:
  - a. Recognized and assessed factors affecting the risk of symptomatic urinary tract infections and impaired urinary function;
  - b. Defined and implemented interventions to try to minimize the occurrence of symptomatic urinary tract infections and to address correctable underlying causes, in accordance with resident needs, goals, and recognized standards of practice;
  - c. Monitored and evaluated the resident's responses to preventative efforts and treatment interventions; and
  - d. Revised the approaches as appropriate.

For more information about the new Incontinence and Catheter Survey Guidance, visit the CMS website at < [https://www.cms.gov/manuals/Downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](https://www.cms.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf) >.

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You are encouraged to consult with your own attorney or other expert consultants for a professional opinion specific to your situation.



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