Senior Living

Navigating the Shift

Reporting Falls with Major Injury to Mitigate Risk and Expand Quality Care

On September 18, 2025, the Office of the Inspector General (OIG) CMS published findings on Falls with Major Injury (FMI). The OIG report states 43% of FMI are not reported in accordance with CMS guidelines. RAI/MDS 3.0 manual Section J became effective October 2, 2025, and provides guidance on defining, coding, and reporting FMI.

RAI/MDS 3.0 Section J

FMI reporting affects patient safety, quality improvement, and regulatory compliance. Inaccurate FMI reporting can compromise these areas and contribute to delayed resident treatment, inaccurate quality measure calculation, increased risk of regulatory scrutiny and penalties and potential for litigation.

RAI/MDS 3.0 Section J provides detailed information on FMI definitions to help providers more accurately identify FMIs and report within CMS parameters. Included in the FMI definitions are traumatic bone fractures, joint dislocations, subluxations, internal organ injuries, amputations, spinal cord injuries, head injuries, and crush injuries. The RAI/MDS 3.0 manual also provides guidance to differentiate traumatic and pathological fractures, allowing pathological fractures to be coded distinctly from fall related fractures.

FMI Reporting and Response Strategies to Mitigate Risk

Review and revise, as needed, current policies and procedures related to identification and reporting FMIs; develop education/training programs on FMI definitions and criteria and educate the clinical team members such as MDS Coordinators, RNs, LPNs/LVNs, physicians, CNAs, and therapists.

Formalize the interdisciplinary falls team with members from nursing, therapy, medical, and administration. Effective falls teams review all falls in “real time”, determine if an FMI occurred, verify accurate documentation and reporting, update care plans with changes, use Root Cause Analysis (RCA) to identify and implement strategies reducing risk of future falls. The falls team evaluates effectiveness of the plan(s) routinely and revises as needed. A summary of falls and FMI data is forwarded to the QAPI Committee for further analysis and review of benchmarking data and internal goal setting.

Process Standardization

The falls team process should be consistent and standardized to ensure fall events are evaluated comprehensively. A concise and clear documentation process captures relevant information. This assessment and documentation process should be easily verified using a checklist or audit tool to report summaries of findings to the QAPI Committee, who will direct further attention based on findings.

Several areas of significant opportunity exist to mitigate risk, including but not limited to the following:

- The facility’s documentation of notifying the primary care provider (PCP) of a fall event with a request for fall assessment and fall management feedback to demonstrate the PCP’s active involvement in fall reduction.

- The care plan is critical to demonstrate adherence to standards of practice and person-centered care. The care plan is updated in "real time", meaning it may be updated more than once during the post-fall assessment and RCA. The resident or responsible party should be actively involved with the fall care plan and updates, especially when an FMI has occurred.
- FMI identification and reporting includes effective use of the QAPI processes. QAPI serves as a forum for privileged conversations and evaluations. FMI information comes into QAPI, and the workflow output should include processes, practices and systems that improve patient care and reduce risk of future FMI.

Communication

Open and honest communication as soon as possible about an FMI is one of the best approaches to help residents and responsible parties work collaboratively in the resident's best interest. Respond to the concerns and questions quickly, keeping in mind how distressing this event can be for the resident and family. Document these conversations in the clinical record. Actively involve the resident and responsible party in the fall care planning process to ensure they are aware of the actions taken to reduce fall risk.

Summary

- RAI/MDS 3.0 Section J improves definition of FMI and provides distinct and separate coding for pathological fractures.
- Review and revision of policies, procedures, practices with updated education and training on FMI is necessary.
- Implement and use a standardized falls team and falls management program with resident and responsible party involvement that encompasses standards of practice improves communication and care plan accuracy.
- Clearly, concisely, and accurately document information and emergent care; make real-time care plan updates demonstrating the actions taken to address resident needs.
- Clearly document PCP notification, updates, and requests for fall assessment and fall management feedback.

CAC Specialty Risk Management support is a service available to clients as part of your insurance package. If you have questions or want support and feedback related to FMI, or other areas, please contact us.

REFERENCES

1. Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual
2. Nursing homes fail to report 43% of major falls: Behind OIG's findings
3. Nursing Homes Failed To Report 43 Percent of Falls With Major Injury and Hospitalization Among Their Medicare-Enrolled Residents
4. BIG Changes to the Falls with Major Injury QM: What Changed and Why it Matters

TAKE THE NEXT STEP

If you would like to learn more or have questions, please reach out to your local CAC specialist or visit our website at: cacgroup.com.

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