

Supplemental Table 1.**CMS AND TERMINAL SKIN ULCERS**

Care Setting	CMS Statements
Acute care	None
LTC	<p>Nothing in the RAI manual</p> <p>There are pressure injury statements on pages 276-298 in the F686, 483.25(b) Skin Integrity, 483.25(b)(1) Pressure ulcers available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf, which became effective November 28, 2017.</p> <p>Pressure Injuries at End of Life⁴⁷</p> <p>“Pressure Injuries at the end of life, in terminal stages of an illness, or having multiple system failures may have written directions for his/her treatment goals (or a decision has been made by the resident’s representative, in accordance with State law). The facility’s care must reflect the resident’s goals for care and wishes as expressed in a valid advance directive, if one was formulated, in accordance with State law. However, the presence of an advance directive does not absolve the facility from giving supportive and other pertinent care that is not prohibited by the resident’s advance directive. It is important for surveyors to understand that when a facility has implemented individualized approaches for end-of-life care in accordance with the resident’s wishes, the development, continuation, or worsening of a PU/PI may be considered unavoidable. If the facility has implemented appropriate efforts to stabilize the resident’s condition (or indicted why the condition cannot or should not be stabilized) and has provided care to prevent or treat existing PU/Pis (including pertinent, routine, lesser aggressive approaches, such as cleaning, turning, repositioning), the PU/PI may be considered unavoidable and consistent with regulatory requirements.”</p> <p>The Kennedy Terminal Ulcer (KTU)</p> <p>“The facility is responsible for accurately assessing and classifying an ulcer as a KTU or other type of PU/PI and demonstrates that appropriate preventive measures were in place to prevent non-KTU pressure ulcers. KTUs have certain characteristics which differentiate them from pressure ulcers such as the following:</p> <ul style="list-style-type: none">• KTUs appear suddenly and within hours;• Usually appear on the sacrum and coccyx but can appear on the heels, posterior calf muscles, arms, and elbows;• Edges are usually irregular and are red, yellow, and black as the ulcer progresses, often described as pear, butterfly, or horseshoe shaped; and• Often appear as an abrasion, blister, or darkened area and may develop rapidly to a stage 2, stage 3, or stage 4 injury.”
LTCH	<p>No longer any statements in the documents as of July 2018, although there used to be in the CMS LTCH Quality Reporting Program Manual Chapter 3: Section M manual page M-3:</p> <p>“Skin ulcers which occur at the end of life (a.k.a. Kennedy or terminal ulcers) are not captured in Section M of the LTCH CARE Data Set. The etiology of these ulcers is believed to be related to tissue perfusion issues at end of life due to organ and skin failure. Additionally, the evolution of these ulcers is not that of a typical pressure ulcer. End-of-life ulcers can develop and evolve rapidly, and generally appear from 6 weeks to 2 to 3 days before death. These ulcers present as pear-shaped purple areas of skin with irregular borders that are often found in the sacral and coccygeal regions in terminal/dying patients. Even though these ulcers are not captured in Section M of the LTCH CARE Data Set, they should be assessed and staged using the pressure ulcer staging system and documented in the clinical record and addressed in care planning.”</p>
Inpatient rehabilitation facility	No statements as of October 1, 2017

Abbreviations: CMS, Centers for Medicare & Medicaid Services; LTC, long-term care; LTCH, long-term care hospital; PI, pressure injury; PU, pressure ulcer.