Therapeutic Support Surfaces Survey
Compliance Documentation

PressureGuard® Air Therapy Surfaces

2021 Rev. 3 – Guidelines current as of 2026
This document reflects current CMS survey guidance, MDS 3.0 requirements and NPIAP/EPUAPP/PPPIA best practices for pressure injury prevention treatment

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Positive Survey Readiness Guide for Support Surface Use

A positive survey experience starts with strong, consistent resident care and confidence in your daily practices. Surveyors are not there to "catch" staff, they are there to ensure residents receive the care they deserve and that facilities are following the regulatory standards designed to support best practice.

This guide highlights the key elements surveyors may review related to pressure injury prevention, treatment, and support surface use, so staff feel prepared and supported.

Understanding F686: Prevention, Assessment & Documentation

Under F686 (Pressure Ulcers/Pressure Injuries), surveyors assess whether the facility has taken appropriate steps to prevent avoidable pressure injuries and whether any that occurred were truly unavoidable based on the resident's condition, risks, and documented interventions.

To demonstrate compliance, facilities should show:

1. Pressure Injury Risk Assessment & Prevention

- A completed and current risk assessment for each resident (i.e. the Braden Scale).
- A prevention plan of care based on that risk.
- Documentation showing interventions were implemented, monitored, and revised as needed.

2. Pressure Injury Assessment & Care Planning (If Present)

- Detailed documentation of wound characteristics at admission and ongoing.
- A wound-specific care plan that aligns with the wound's needs.
- Interventions that follow current standards of care, including support surface selection.

3. Determining Avoidable vs. Unavoidable

If a pressure injury develops, surveyors review:

- Whether individualized interventions were in place.
- If the facility monitored, evaluated, and revised the plan of care as needed.
- Resident refusals, alternatives offered, and education provided.

Clear, consistent documentation supports an "unavoidable" determination when clinically appropriate.

Support Surface Use During a Survey

Surveyors may ask about the selection, use, and maintenance of support surfaces, such as the GeoMattress. Staff should be familiar with:

- Why a particular surface was chosen for the resident (based on assessment).
- How to locate the manufacturer instructions for use and care of the surface.
- The facility's Support Surface Policy & Procedures, ensuring they are current.
- Where to find the product indications and guidelines if surveyors request them.

Support surfaces should always be used in accordance with manufacturer instructions and consistent with the residents' clinical needs.

Clinical Fundamentals Surveyors Commonly Review

- That dressing selections and change frequency match the current wound assessment.
- That staff notify or question the provider when an ordered dressing does not align with best practice or wound needs.
- Evidence of nutritional, hydration, and medical evaluations relevant to skin integrity.
- Ongoing monitoring, reassessment, and updates to the care plan.

Resident choice matters. Surveyors look for documentation of refusals, education provided, and alternative options offered.

Overview of Span-America PressureGuard® Series Products and NPIAP/ S3i Testing

Span-America, a division of Savaria Patient Care, has designed and manufactured the industry's most comprehensive line of specialty solutions for pressure management and patient positioning for more than four decades. While its PressureGuard® series of air therapy products are recognized in medical facilities throughout North America, the company's other clinically proven product lines include **Geo-Mattress®** therapeutic mattresses, **Geo-Matt®** overlays and seat cushions, **Span+Aids®** patient positioners and **Selan®** skin care products.

Span-America's principal support surfaces manufacturing facility is located in Greenville, South Carolina. This facility, which encompasses nearly 200,000 square feet, is located on a 13-acre site. All PressureGuard products are designed, produced, tested and shipped at this location in strict accordance with International Organization for Standardization (ISO) 13485 to which it is certified. It is one of Savaria Patient Care's multiple manufacturing and distribution locations in the US and Canada.

Span is a corporate member of the National Pressure Injury advisory Panel (NPIAP). The company is heavily involved in the work of the Support Surface Selection Initiative ("S3i"), through which the NPIAP has coordinated the development of a uniform terminology, test methods and reporting standards for support surfaces. The guidelines provide an objective means for evaluating and comparing support surface characteristics. Test methods and reporting standards improve the process of selection and procurement. Clinicians, patients and other users benefit from having product information and test data presented in a consistent manner. S3i is designated by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) as the committee responsible for producing standard test methodologies for support surfaces in the United States.

Current NPIAP guidance emphasizes clinical judgment and patient-specific factors over single test metrics when selecting support surfaces.

PressureGuard® Series MSDS and F Tag 686 Statement

Survey Requirements of the Minimum Data Set (MDS) 3.0

The Minimum Data Set (MDS) Version 3.0 v1.19+, Section M Skin Condition, Item 5b indicates the use of a "Pressure reducing device(s) for the bed."

Support surface use must match documented clinical need, not product category alone, along with the following as is outlined in CMS's RAI Manual Version 3.0:

b. Pressure Reducing Device(s) for Bed – Includes air fluidized, low air loss therapy beds, flotation, water or bubble mattress or pad placed on the bed. Include pressure relieving, pressure reducing, or pressure redistributing devices. Do not include egg crate mattresses in this category.

Survey Requirements of the F Tag 686 for Pressure Injuries
In the Guide to Long Term Care Survey1, the F Tag 686 addresses Pressure Sores:

"F Tag 686 is intended to ensure a resident does not develop a pressure ulcer. If a pressure ulcer develops, the facility must show consistent documentation of "unavoidable" and the facility must provide services to promote healing and prevention of further pressure ulcers".

Regulation: A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

The CMS guidance regarding F Tag 686 states:

Support Surfaces and Pressure Redistribution. Redistribution refers to the function or ability to distribute a load over a surface or contact area. Redistribution results in shifting pressure from one area to another and requires attention to all affected areas. Pressure redistribution has incorporated the concepts of both pressure reduction (reduction of interface pressure, not necessarily below capillary closure pressure) and pressure relief (reduction of interface pressure below capillary closure pressure).

In addition:

- Support surface selection does not replace the need for repositioning nutritional optimization, moisture management, and mobility interventions
- Static pressure redistribution devices (e.g., solid foam, convoluted foam, gel mattresses) may be indicated when a resident is at risk for pressure injury development or delayed healing. A specialized pressure redistribution cushion or surface, for example, might be used to extend the time a resident is sitting in a chair; however, the cushion does not eliminate the necessity for periodic repositioning.
- Dynamic pressure reduction surfaces may be helpful when: 1) The resident cannot assume a variety of positions without bearing weight on a pressure injury, 2) The resident completely compresses a static device that has retained its original integrity, or 3) The pressure injury is not healing as expected, and it is determined that pressure may be contributing to the delay in healing.

Alignment with 2019 - 2023 NPIAP/EPUAPP/PPPIA Clinical Practice Guidelines; CMS F686 Surveyor Focus Areas

CMS Manual System, Pub. 100-07 State Operations, March 8, 2017
Note: pressure sore, ulcer and injury are all terms for the same condition.

PressureGuard® Series Description

Product Description:

The PressureGuard Series of mattresses incorporate several features into powered surfaces providing pressure redistribution used mainly for the treatment of pressure injuries, or the prevention of pressure injuries for those at high-risk for breakdown. They are adjuncts to a comprehensive pressure injury prevention and treatment program.

The features include:

1. Surface layer of all of these models is cut with our clinically proven Geo-Matt® design[1], [2]. Over 800 individually responsive cells redistribute pressure and reduce shear and friction, while the ring-of-air at the base of each cell ventilates heat and moisture, to address the microclimate.
2. Longitudinally oriented air support cylinders
3. Shaped, slotted inner bolsters surround air cylinders, providing a stable surface for patient function and safety
4. Firmer perimeter bolsters gently prompt the patient toward the center of the bed, facilitating safer transfers and stable edge-of-bed sitting
5. Exclusive Heel Slope that re-distributes load from the heels and onto the more pressuretolerant calves
6. Cover is vapor barrier, bacteriostatically treated, and flame resistant.

Fire Code: All models are certified for conformance to NFPA101 (Life Safety Code) – ASTM E1590; Cal Tech Bulletin #117; and 16 CFR Parts 1632 and 1633 by an independent testing organization.

Manufacturer:
Span-America Medical Systems, Inc.
70 Commerce Center
Greenville, SC 29615
800-888-6752

Medicare Group II

Support Surface CMS Coding Eligibility

Below is a chart that outlines the Medicare Group II criteria and the Span-America products and codes that fit in the Group II criteria.

DOES THE PATIENT HAVE:

- Multiple Stage 2 pressure injuries located on the trunk or pelvis

AND

- Patient has been on a comprehensive injury treatment program for at least the past month which has included the use of an appropriate Group I surface

AND

Documentation must support failure of conservative measures

- The injury has worsened or remained the same over the past month **OR**
- Large or multiple stage 3 or 4 pressure injuries on the trunk or pelvis **OR**
- Recent myocutaneous flap or skin graft for a pressure injury on the trunk or pelvis (surgery within the last 60 days)

AND

- The patient has been on a group II or III support surface immediately prior to a recent discharge from a hospital or nursing facility {discharge within the past 30 days)

NO | **YES**

Patient does not qualify for Group I

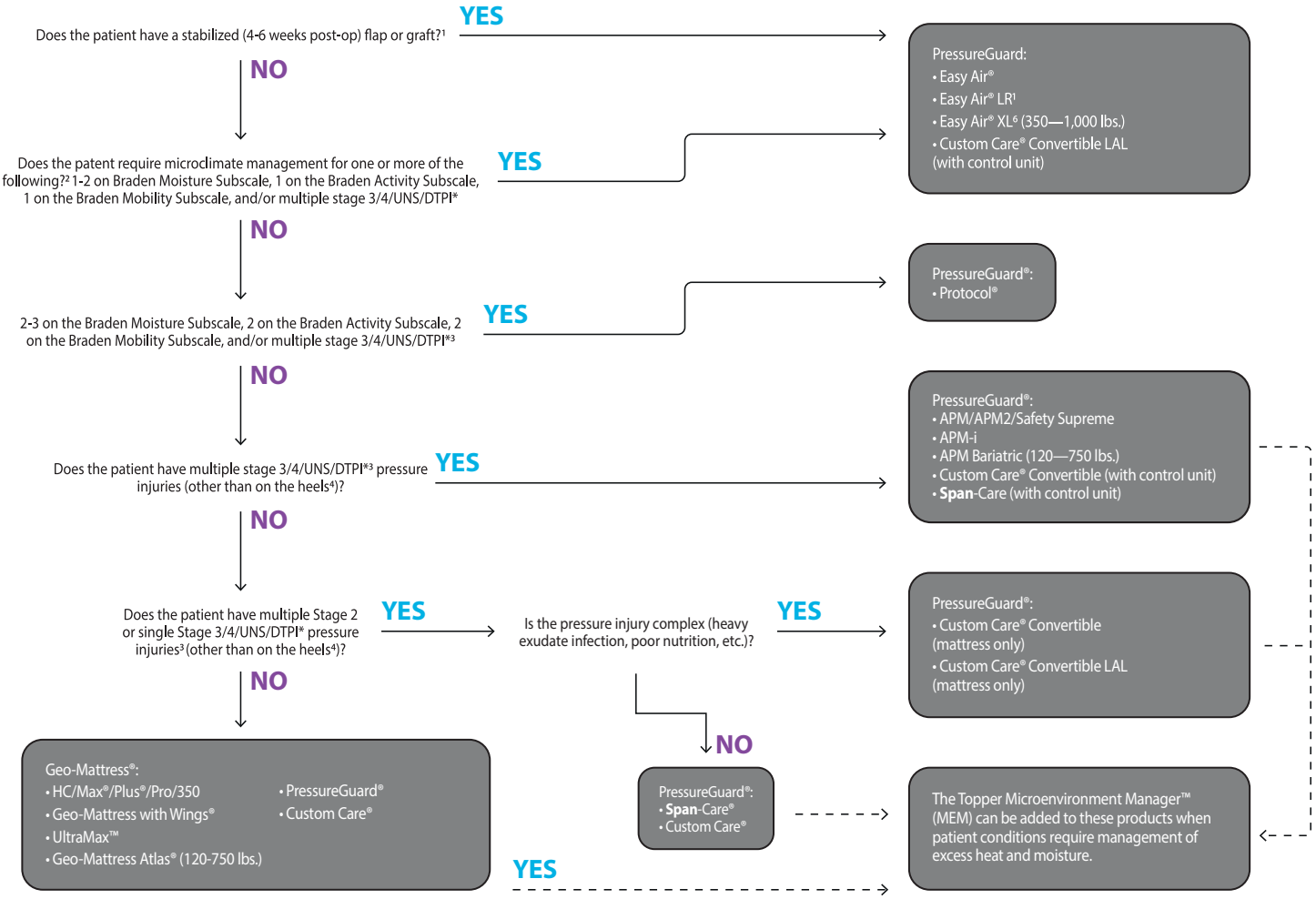
	Span-America Options		Description
E0184		PressureGuard® Custom Care® Convertible LAL	Effective non-powered pressure management through proprietary design features, including Star Chamber™ air system and Geo-Matt® surface geometry. Converts to powered modalities (alternating pressure, lateral rotation and low air loss).
		PressureGuard® Custom Care® Convertible	Effective non-powered pressure management through proprietary design features, including Star Chamber™ air system and Geo-Matt® surface geometry. Converts to powered modalities (alternating pressure and lateral rotation).
		PressureGuard® Custom Care®	Non-powered reactive pressure redistribution through proprietary design features including Shear Transfer Zones® cover, Geo-Matt® surface geometry, ultra-high performance foam and interconnected support chambers.
		PressureGuard Span-Care® Convertible	Non-powered reactive pressure redistribution through proprietary design features including Shear Transfer Zones® cover, Geo-Matt® surface geometry, ultra-high performance foam and interconnected support chambers.
E0185		*PressureGuard® APM Series (APM, APM2, Safety Supreme)	Effective powered pressure management. Multi-mode air therapy with alternating pressure and lateral rotation at the flip of a switch.
		*PressureGuard Easy Air® Series	High performance microclimate management (low air loss) with alternating pressure. LR Model includes lateral rotation.
		PressureGuard® Custom Care® Convertible (with control unit)	Effective powered pressure management through proprietary design features, including Star Chamber™ air system and Geo-Matt® surface geometry. Includes powered modalities, alternating pressure and lateral rotation.
		PressureGuard® Custom Care® Convertible LAL (with control unit)	Effective powered microclimate management (low air loss) through proprietary design features, including Star Chamber™ air system and Geo-Matt® surface geometry. Includes powered modalities, alternating pressure, lateral rotation and microclimate management (low air loss).
		PressureGuard® Protocol™	Microclimate management (low air loss) with alternating pressure therapy
		PressureGuard Span-Care® Convertible (with control unit)	Effective powered pressure redistribution with alternating pressure and powered floatation and proprietary design features including Shear Transfer Zones® cover, Geo-Matt® surface geometry, ultra-high performance foam and interconnected support chambers.

*Available in Bariatric

Final coverage determination is made by the DME MAC based on medical necessity documentation

Support Surface Algorithm

The standard Span-America Support Surface Management algorithm shows the recommended Span-America support surfaces based on the number, location and severity of pressure injuries.



Notes/Clinical References:

1. If patient has a flap or graft that is less than 4 weeks post-op, total off-loading (proning) or air fluidized therapy is required. Avoid sliding patient on surface during repositioning, ADLs & transfers. Only float or alternating pressure modes (not lateral rotation) should be used when the patient is placed directly on the flap or graft. Source: Wound Care Practice. Sheffield, P. 1st edition, 2004, Chapter 17, P. 345. Other Span surfaces may be appropriate if used according to the guidelines.

2. Patients with excessive moisture due to sweating, decreased mobility, lack the ability to reposition, be repositioned, refuses to be or stay repositioned. Patients with macerated skin due to any of the previous. Patients with increased skin or body temperature due to infection, sepsis or other conditions.

3. Patients with multiple, complex (heavy exudate, infection, poor nutrition, etc.) pressure injuries may be placed on the Easy Air, Easy Air LR, Custom Care Convertible LAL (with control unit)

4. Heel injuries are difficult to heal and should be elevated off of the bed. Consider using Heel Manager™ or other Span positioners.

5. UltraMax may also be appropriate for multiple Stage 2 or single Stage 3 pressure injuries, and Max, Plus, Pro, Wings, Atlas or 350 may be appropriate for single Stage 2 pressure injuries, based on full assessment of skin status and repositioning required, according to best clinical practice and judgment.

6. The Easy Air XL is not designed to ensure sufficient pressure redistribution and comfort for users weighing less than 350 lbs.. For these users, standard Easy Air or Easy Air LR should be selected.

*UNS— Unstageable Pressure Injury: observed full-thickness skin and tissue loss. DTPI—Deep Tissue Pressure Injury: persistent deep red, maroon or purple discoloration. NPIAP Definitions, 2019

Algorithm supports, but does not replace, clinical judgment

Span-America Product Statement Documents Available

You may request Product Statement Documents to address the following subjects:

1. Attachment of PressureGuard Surface to Healthcare Bed Frames
2. Comfort Level Settings
3. CPR
4. Flammability
5. Flaps and Grafts
6. Heel Protection
7. HOB Elevation Cause and Effect
8. Impact of the Topper on Entrapment Risk
9. Lateral Rotation for Pressure Management
10. Latex-free Statement
11. Microclimate Management and Low Air Loss
12. Overlays
13. Pivot Assist Devices
14. Raise Perimeter Mattress
15. Resident Room Evacuation with Encore Bed
16. Support Surface Selection for Unstable Spinal Cord Injuries
17. Understanding the Evaluation and Documentation of Side Rail Use
18. Use of Linens

Pressure Guard®
Abstracted Studies / White Papers

Clinical Evidence & Guideline Alignment for Support Surface Selection

Purpose and Scope

This section summarizes the current evidence base and clinical practice guidelines that inform the selection and use of therapeutic support surfaces for the prevention and treatment of pressure injuries. Support surfaces are intended to function as adjunctive interventions within a comprehensive pressure injury prevention and management program that includes risk assessment, repositioning, mobility support, moisture management, nutrition optimization, and ongoing reassessment.

International Clinical Practice Guidelines

- Internationally recognized clinical practice guidelines developed by multidisciplinary expert panels emphasize that:
- No single support surface is universally superior for all patients or all clinical situations.
- Support surface selection must be individualized based on:
    - Pressure injury risk
    - Skin and tissue tolerance
    - Mobility and activity level
    - Ability to reposition
    - Moisture and microclimate concerns
    - Overall medical condition and goals of care
- Support surfaces do not replace repositioning, but may modify repositioning strategies when standard turning schedules are not tolerated or feasible.

Evidence From Systematic Reviews and Consensus Literature

Systematic reviews and consensus analyses evaluating therapeutic support surfaces demonstrate that:

- High-specification foam and dynamic non-powered surfaces reduce pressure injury incidence when compared with standard hospital foam mattresses.
- Powered support surfaces (e.g., low-air-loss or alternating pressure systems) may be appropriate for select high-risk patients but have not been shown to be universally superior across all patient populations.
- Clinical outcomes are influenced by appropriate matching of the surface to patient need, not by modality alone.
- Studies emphasize the importance of clinical judgment, reassessment, and escalation or de-escalation of support surfaces based on patient response.

This body of evidence supports the use of both powered and non-powered pressure redistribution surfaces within a stepwise, needs-based approach.

Pressure Redistribution and Tissue Tolerance

Current evidence defines pressure redistribution as the ability of a surface to distribute load over a greater contact area, thereby reducing localized tissue stress. Effective pressure redistribution:

- Reduces concentrated interface pressures
- Minimizes shear and friction forces
- Supports tissue perfusion and tolerance over time

Clinical literature cautions against reliance on isolated pressure mapping or single performance metrics and instead emphasizes patient-specific response and skin outcomes as the most meaningful indicators of effectiveness.

Microclimate Management

Microclimate, defined as the management of heat and moisture at the skin–support surface interface, is recognized as a modifiable risk factor in pressure injury development.

Evidence supports that:

- Excess moisture and heat increase skin vulnerability and friction-related injury
- Microclimate management may reduce skin maceration and discomfort
- Microclimate control is adjunctive and does not replace pressure redistribution or repositioning

Support surfaces designed to address microclimate concerns should be selected based on the patient's skin condition, moisture exposure, and tolerance.

Repositioning and Turning Tolerance

Clinical literature recognizes that some patients are unable to tolerate standard repositioning schedules due to:

- Medical instability
- Pain
- Respiratory compromise
- Palliative or end-of-life considerations

In these situations, evidence supports the use of alternative pressure redistribution strategies, including dynamic or adjustable support surfaces, to reduce prolonged loading while maintaining patient comfort and safety. These strategies must be accompanied by documentation of clinical rationale, reassessment, and interdisciplinary involvement.

Health System Utilization and Resource Stewardship

Contemporary health services literature highlights the importance of:

- Avoiding unnecessary escalation to powered surfaces
- Utilizing step-up and step-down strategies based on patient progress
- Matching surface complexity to clinical need to support cost-effective care without compromising outcomes

Appropriate support surface selection contributes to both quality outcomes and responsible resource utilization.

Clinical Application and Documentation Expectations

Consistent with CMS survey expectations, facilities should be able to demonstrate that:

- Support surface selection is based on documented risk assessment and skin status
- The chosen surface aligns with the resident's care plan and tolerance
- Ongoing monitoring and reassessment occur
- Adjustments are made in response to changes in condition or lack of progress

Support surfaces are evaluated as part of the overall care process, not as stand-alone interventions.

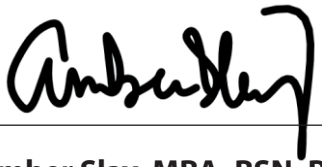
Summary Statement

The current evidence base supports the use of pressure redistribution support surfaces, both powered and non-powered, when selected and managed according to individualized patient needs, clinical judgment, and established guidelines. Optimal outcomes are achieved when support surfaces are integrated into a comprehensive, reassessed, and interdisciplinary pressure injury prevention and treatment program.

References

1. **National Pressure Injury Advisory Panel (NPIAP), European Pressure Ulcer Advisory Panel (EPUAP), Pan Pacific Pressure Injury Alliance (PPPIA).**
   Prevention and Treatment of Pressure Injuries/Injuries: Clinical Practice Guideline. 3rd ed. 2019.
2. **NPIAP, EPUAP, PPPIA.**
   Prevention and Treatment of Pressure Injuries/Injuries: Quick Reference Guide. 2019.
3. **Centers for Medicare & Medicaid Services (CMS).**
   State Operations Manual (SOM), Appendix PP – Guidance to Surveyors for Long-Term Care Facilities.
   F686 – Pressure Injuries.
4. **CMS.**
   Minimum Data Set (MDS) 3.0 RAI User's Manual.
   Current Version (v1.19 or later).
5. **McInnes E, Cullum N, Bell-Syer SEM, Dumville JC.**
   Support surfaces for pressure ulcer prevention. Cochrane Database of Systematic Reviews.
   Updated editions (2018–2021).
6. **McInnes E, Cullum N, Bell-Syer SEM, Dumville JC.**
   Support surfaces for treating pressure ulcers. Cochrane Database of Systematic Reviews.
   Updated editions.
7. **Clark M, Black J, Alves P, et al.**
   Systematic review of the use of support surfaces for pressure ulcer prevention.
   International Wound Journal. 2014;11(5):460–470.
8. **Agency for Healthcare Research and Quality (AHRQ).**
   Preventing Pressure Ulcers in Hospitals: A Toolkit for Improving Quality of Care.
   Updated editions.

References reflect consensus guidelines, systematic reviews, and peer-reviewed literature commonly used to inform pressure injury prevention and support surface selection. They are provided to support clinical decision-making and regulatory compliance. Support surface selection should be based on individualized patient assessment, clinical judgment, and facility policy.



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Manual Reference List

1. National Pressure Injury Advisory Panel, European Pressure Ulcer Advisory Panel, Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. 4th Edition. 2025.
2. National Pressure Injury Advisory Panel (NPIAP). Support Surface Standards Initiative (S3I): Terminology and Performance Definitions. 2024.
3. CMS. State Operations Manual, Appendix PP — F686. Rev. 173; Nov 2024.
4. CMS. Local Coverage Determination (LCD): Pressure Reducing Support Surfaces — Group I (L33830). Updated 2024.
5. CMS. RAI User Manual 3.0 — Section M. Latest version.