FALLS: THE REGS AND CARE PLANNING

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OBJECTIVES

By the end of the webinar, registrants will be able to answer the following points...

- What is the definition of a fall?
- Explain regulation F689-Accidents
- Understand the Accidents Critical Element Pathway
- Establish care plan and interventions for falls

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F689: Accidents

§483.25(d) Accidents

- The facility must ensure that –
- §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and
- §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.

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Intent

INTENT: §483.25(d)

- The intent of this requirement is to ensure the facility provides an environment that is free from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents. This includes:
  - Identifying hazard(s) and risk(s);
  - Evaluating and analyzing hazard(s) and risk(s);
  - Implementing interventions to reduce hazard(s) and risk(s); and
  - Monitoring for effectiveness and modifying interventions when necessary.

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Definitions in the Regulation

Accident

Refers to any unexpected or unintentional incident, which results or may result in injury or illness to a resident.

This does not include other types of harm, such as adverse outcomes that are a direct consequence of treatment or care that is provided in accordance with current professional standards of practice (e.g., drug side effects or reaction).

Avoidable Accident

... means that an accident occurred because the facility failed to:

- Identify environmental hazards and/or assess individual resident risk of an accident, including the need for supervision and/or assistive devices; and/or
- Evaluate/analyze the hazards and risks and eliminate them, if possible, or, if not possible, identify and implement measures to reduce the hazards/risks as much as possible; and/or
- Implement interventions, including adequate supervision and assistive devices, consistent with a resident's needs, goals, care plan and current professional standards of practice in order to eliminate the risk, if possible, and, if not, reduce the risk of an accident; and/or
- Monitor the effectiveness of the interventions and modify the care plan as necessary, in accordance with current professional standards of practice.

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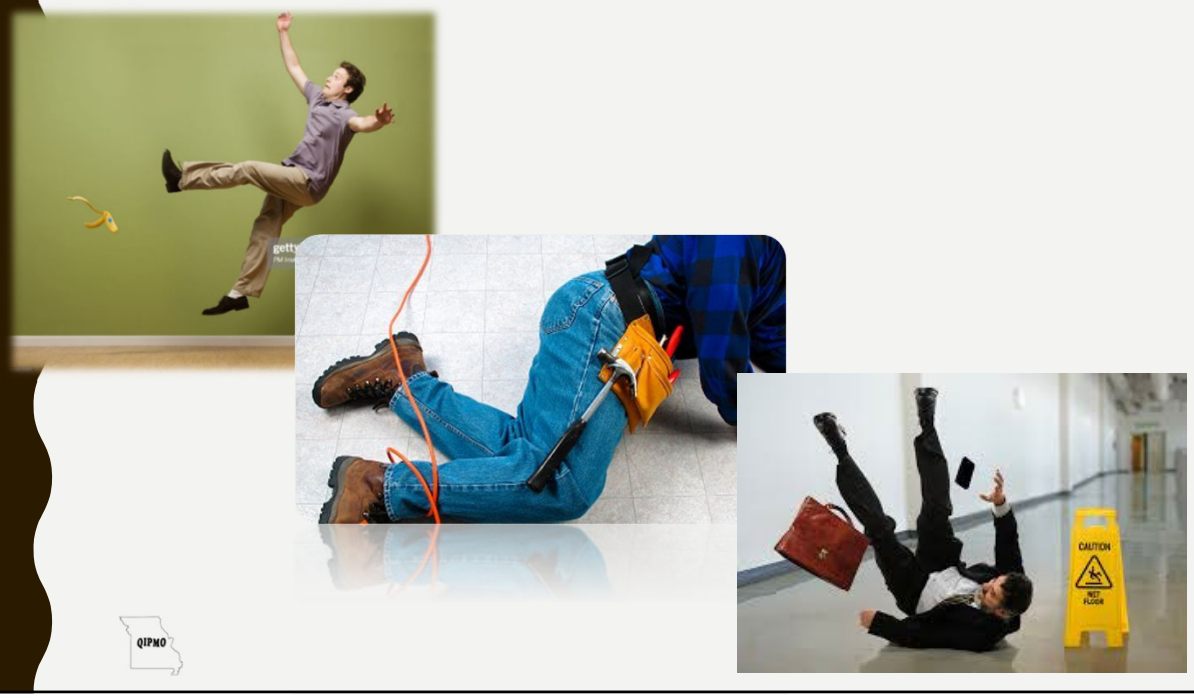

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Unavoidable Accident

... means that an accident occurred despite sufficient and comprehensive facility systems designed and implemented to:

- Identify environmental hazards and individual resident risk of an accident, including the need for supervision; and
- Evaluate/analyze the hazards and risks and eliminate them, if possible and, if not possible, reduce them as much as possible;
- Implement interventions, including adequate supervision, consistent with the resident's needs, goals, care plan, and current professional standards of practice in order to eliminate or reduce the risk of an accident; and
- Monitor the effectiveness of the interventions and modify the interventions as necessary, in accordance with current professional standards of practice.

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I'm not clumsy. It's just the floor hates me, the tables and chairs are bullies, & the wall gets in the way

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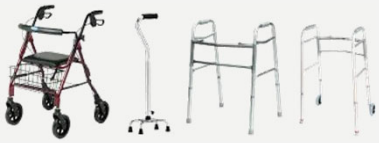
Assistance/Assistive Device

... refers to any item (e.g., fixtures such as handrails, grab bars, and mechanical devices/equipment such as stand- alone or overhead transfer lifts, canes, wheelchairs, and walkers, etc.) that is used by, or in the care of a resident to promote, supplement, or enhance the resident's function and/or safety.

NOTE: The currently accepted nomenclature refers to "assistive devices." Although the term "assistance devices" is used in the regulation, the Guidance provided in this document will refer to "assistive devices."



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Environment

... refers to any environment or area in the facility that is frequented by or accessible to residents, including (but not limited to) the residents' rooms, bathrooms, hallways, dining areas, lobby, outdoor patios, therapy areas and activity areas.

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FALL: SOM

... refers to unintentionally coming to rest on the ground, floor, or other lower level, but not as a result of an overwhelming external force (e.g., resident pushes another resident). An episode where a resident lost his/her balance and would have fallen, if not for another person or if he or she had not caught him/herself, is considered a fall. A fall without injury is still a fall. Unless there is evidence suggesting otherwise, when a resident is found on the floor, a fall is considered to have occurred (refer to Resident Assessment Instrument User's Manual. Version 3.0, Chapter 3, page J-27). (SEE NEXT PAGE)

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FALL: RAI

- **FALL** - Unintentional change in position coming to rest on the ground, floor or onto the next lower surface (e.g., onto a bed, chair, or bedside mat). The fall may be witnessed, reported by the resident or an observer or identified when a resident is found on the floor or ground. Falls include any fall, no matter whether it occurred at home, while out in the community, in an acute hospital or a nursing home. Falls are not a result of an overwhelming external force (e.g., a resident pushes another resident).
- An intercepted fall occurs when the resident would have fallen if he or she had not caught him/herself or had not been intercepted by another person – this is still considered a fall.
- CMS understands that challenging a resident's balance and training him/her to recover from a loss of balance is an intentional therapeutic intervention and does not consider anticipated losses of balance that occur during supervised therapeutic interventions as intercepted falls.

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Hazard

... refer to elements of the resident environment that have the potential to cause injury or illness.

- "Hazards over which the facility has control" are those hazards in the resident environment where reasonable efforts by the facility could influence the risk for resulting injury or illness.
- "Free of accident hazards as is possible" refers to being free of accident hazards over which the facility has control.

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Position Change alarms

... are alerting devices intended to monitor a resident's movement. The devices emit an audible signal when the resident moves in a certain way. Types of position change alarms include chair and bed sensor pads, bedside alarmed mats, alarms clipped to a resident's clothing, seatbelt alarms, and infrared beam motion detectors.

NOTE: Position change alarms do not include alarms intended to monitor for unsafe wandering such as door or elevator alarms.

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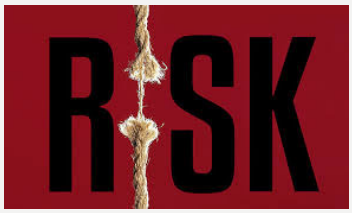
Risk

... refers to any external factor, facility characteristic (e.g., staffing or physical environment) or characteristic of an individual resident that influences the likelihood of an accident.



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Supervision/Adequate Supervision

... refers to an **intervention and means of mitigating the risk** of an accident. Facilities are obligated to provide adequate supervision to prevent accidents.

- Adequate supervision is determined by assessing the appropriate level and number of staff required, the competency and training of the staff, and the frequency of supervision needed.
- This determination is based on the individual resident's assessed needs and identified hazards in the resident environment. Adequate supervision may vary from resident to resident and from time to time for the same resident.

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FALLS: BREAKING IT…

…DOWN

SOME STATISTICS

- Muscle weakness and gait problems account for about **24%** of nursing home falls (SOM)
- Environmental hazards cause **16% to 27%** of falls for residents. (SOM)
- Falls are the **second leading cause of accidental or unintentional injury deaths** worldwide. (WHO)
- Adults **older than 65 years** of age suffer the greatest number of fatal falls. (WHO)
- Prevention strategies should emphasize **education, training, creating safer environments, prioritizing fall-related research and establishing effective policies to reduce risk.**

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Facility Responsibility

- Provide care in a manner that promotes quality of life.
  - Rights to privacy
  - Dignity
  - Self determination
  - Right to make choices about aspects of their life in the facility

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A Culture of Safety

- Acknowledges the high-risk nature of its population and setting;
- Develops effective communication, including a reporting system that does not place blame on the staff member for reporting resident risks and environmental hazards;
- Engages all staff, residents and families in training on safety, and promotes ongoing discussions about safety with input from staff at all levels of the organization, as well as residents and families;
- Encourages the use of data to identify potential hazards, risks, and solutions related to specific safety issues that arise;
- Directs resources to address safety concerns; and
- Demonstrates a commitment to safety at all levels of the organization.

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A Systems Approach

Processes in a facility's interdisciplinary systematic approach may include:

1. **Identification of hazards**, including inadequate supervision, and a resident's risks of potentially avoidable accidents in the resident environment;
2. Evaluation and analysis of hazards and risks;
3. Implementation of individualized, resident-centered interventions, including adequate supervision and assistive devices, to reduce individual risks related to hazards in the environment; and
4. Monitoring for effectiveness and modification of interventions when necessary.

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Identification of Hazards and Risks

- Involves ALL staff from ALL departments: Environmental services, Maintenance, Dietary, Laundry, Nursing
- Consider unique characteristics and abilities of each resident
  - Diagnosis
  - Physical abilities
  - Cognition
  - Strengths
  - Weaknesses
- Make reasonable effort to identify hazards and risks of EACH resident
  - INDIVIDUAL basis: just because in building does not automatically mean high risk

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Identification of Hazards and Risks

Sources:

- Quality Assessment and Assurance Activities
- Environmental rounds
- MDS/CAAs Data
- Medical history and physical exam
- Risk assessments
- Facility assessment (F838)
- Individual observation

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Risks and Environmental Hazards

- Physical Plant, Devices, Equipment
  - May not be hazards… but when you add a vulnerable resident the risk becomes evident.
- Resident Vulnerability:
  - Functional status
  - Medical condition
  - Cognitive abilities
  - Mood
  - Health treatments
  - Medications
  - ONGOING - Changing

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Resident Vulnerabilities

- Resident Choice
- Residents right to direct the care received
- Resident choice poses some risk

- Potential impact of these choices on their well-being, other residents and the facility obligation to protect residents from harm
- Education resident, family and staff re: risk,
- Staff work ***with*** resident to understand reasons for the choice, discuss options

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Risks and Environmental Hazards

- Plant hazards:
  - Propped fire doors, Disabled locks or latches
  - Nonfunctioning alarms: doors, personal, etc.
  - Buckled or torn carpet
  - Cords on floor: O2, electric beds, televisions, lamps, air mattresses, air pumps
  - Irregular walking surfaces/Colored or patterned carpet
  - Ill fitting equipment
    - Chairs, beds, walkers,
  - Poor lighting: too dim, too bright, glares

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Evaluation & Analysis

- The process of examining data to identify specific hazards and risks and to develop targeted interventions to reduce the potential for accidents.
  - Interdisciplinary involvement is a critical component of this process.
- Analysis may include, for example,
  - considering the severity of hazards,
  - the immediacy of risk,
  - and trends such as time of day, location, etc.
- Both the facility-centered and resident-directed approaches include evaluating hazards and accident risk data which includes prior accidents/incidents, analysis to identify the root causes of each hazard and accident risk, and identifying or developing interventions based on the severity of the hazards and immediacy of risk. Evaluations also look at trends such as time of day, location, etc.

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Implementation of Interventions

- Implementation refers to using specific interventions to try to reduce a resident's risks from hazards in the environment. The process includes:
- Communicating the interventions to all relevant staff, assigning responsibility, providing training as needed, documenting interventions (e.g., plans of action developed by the Quality Assurance Committee or care plans for the individual resident), and ensuring that the interventions are put into action.
- Interventions are based on the results of the evaluation and analysis of information about hazards and risks and are consistent with professional standards, including evidence-based practice.

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Implementation of Interventions, cont.

- Development of interim safety measures may be necessary if interventions cannot immediately be implemented fully.
- Facility-based interventions may include, but are not limited to, educating staff, repairing the device/equipment, and developing or revising policies and procedures.
- Resident-directed approaches may include implementing specific interventions as part of the plan of care, supervising staff and residents, etc.
- Facility records document the implementation of these interventions.

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Monitoring and Modification

- Monitoring is the process of evaluating the effectiveness of care plan interventions.
- Modification is the process of adjusting interventions as needed to make them more effective in addressing hazards and risks.
- Monitoring and modification processes include:
  - Ensuring that interventions are implemented correctly and consistently;
  - Evaluating the effectiveness of interventions;
  - Modifying or replacing interventions as needed and
  - Evaluating the effectiveness of new interventions.

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Interventions

Supervision

- Supervision is an intervention and a means of mitigating accident risk. Facilities are obligated to provide adequate supervision to prevent accidents. Adequacy of supervision is defined by type and frequency, based on the individual resident's assessed needs, and identified hazards in the resident environment. Adequate supervision may vary from resident to resident and from time to time for the same resident. Devices such as position change alarms may help to monitor a resident's movement temporarily, but do not eliminate the need for adequate supervision. The resident environment may contain temporary hazards (e.g., construction, painting, housekeeping activities, etc.) that warrant additional supervision or alternative measures such as barriers to prevent access to affected areas of the resident environment.
- Adequate supervision to prevent accidents is enhanced when the facility:
  - Accurately assesses a resident and/or the resident environment to determine whether supervision to avoid an accident is necessary; and/or
  - Determines that supervision of the resident was necessary and provides supervision based on the individual resident's assessed needs and the risks identified in the environment.

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Review the Findings

Why Do They FALL?

- Environmental hazards, such as wet floors, poor lighting, incorrect bed height and/or width, or improperly fitted or maintained wheelchairs
- Unsafe or absent footwear;
- Underlying chronic medical conditions, such as arthritis, heart failure, anemia and neurological disorders;
- Acute change in condition such as fever, infection, delirium;
- Medication side effects;
- Orthostatic hypotension;
- Lower extremity weakness;
- Balance disorders;
- Poor grip strength;,
- Functional impairments (difficulty rising from a chair, getting on or off toilet, etc.);
- Gait disorders;
- Cognitive impairment;
- Visual deficits; cataracts, glaucoma, transitional zones between light and dark spaces, supplemental light near beds for tasks during times of low light
- Pain; and
- Incontinence.

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After a Fall

- Proper actions following a fall include:
  - Ascertaining if there were injuries, and providing treatment as necessary;
  - Determining what may have caused or contributed to the fall, including ascertaining what the resident was trying to do before he or she fell;
  - Addressing the risk factors for the fall such as the resident's medical conditions(s), facility environment issues, or staffing issues; and
  - Revising the resident's plan of care and/or facility practices, as needed, to reduce the likelihood of another fall.

NOTE: A fall by a resident does not necessarily indicate a deficient practice because not every fall can be avoided.

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Assistive Devices and Falls

Three primary factors that may be associated with an increased accident risk related to the use of assistive devices include:

1. **Resident Condition.** Lower extremity weakness, gait disturbances, decreased range of motion, and poor balance may affect some residents. These conditions combined with cognitive impairment can increase the accident risks of using mobility devices. Unsafe behavior, such as failure to lock wheelchair brakes and trying to stand or transfer from a wheelchair unsafely, can result in falls and related injuries;

2. **Personal Fit and Device Condition.** Devices can pose a hazard if not fitted and/or maintained properly.26 Personal fit, or how well the assistive device meets the individual needs of the resident, may influence the likelihood of an avoidable accident; and

3. **Staff Practices.** Mobility devices that a resident cannot readily reach may create a hazardous situation. Unsafe transfer technique used by staff may result in an accident. Inadequate supervision by staff of a resident during the initial trial period of assistive device use or after a change in the resident's functional status can increase the risk of falls and/or injury. Additionally, staff needs to ensure assistive devises properly fit the resident and the resident has received proper training in the use of the assistive device.

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Assistive Devices/Equipment Hazards

- Assistive devices can
  - Help prevent accidents
  - Help residents move with increased independence
  - Transfer with greater comfort
  - Feel physically more secure
- BUT ALSO:
  - Give false security
  - Increase risk if wrong size
  - Misplaced optimism

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Assistive Devices

Must be maintained

- Training of Staff, residents, family members, volunteers
- Communicate approaches in care plan to all staff: agency, temporary, PRN
- Competencies/Policies
  - Mechanical lifts
    - Weight limitations
    - Policies
    - Manufacturer's guidelines

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Transfer devices and Fall Risks

- Mechanical assistive devices for transfer include, but are not limited to, portable and stationary total body lifts, sit-to-stand devices, and transfer or gait belts
- The resident assessment helps to determine the resident's degree of mobility and physical impairment and the proper transfer method; for example, whether one or more caregivers or a mechanical device is needed for a safe transfer. Residents who become frightened during transfer in a mechanical lift may exhibit resistance movements that can result in avoidable accidents. Communicating with the resident and addressing the resident's fear may reduce the risk.

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Transfer Factors

- Staff availability
- Resident abilities
- Staff training and competency
- Resident communication abilities
- Physical limitations
- Transfer bars/side rails/ assist bars
  - May add Entrapment risks

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Elements of Non-Compliance and Investigative Summary

KEY ELEMENTS OF NONCOMPLIANCE

To cite deficient practice at F689, the surveyor's investigation will generally show that the facility **failed to do one or more of the following**:

- Identify and eliminate all known and foreseeable accident hazards in the resident's environment, to the extent possible; or
- To the extent possible, reduce the risk of all known or foreseeable accident hazards that cannot be eliminated; or
- Provide appropriate and sufficient supervision to each resident to prevent an avoidable accident; or
- Provide assistance devices necessary to prevent an avoidable accident from occurring.

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INVESTIGATIVE SUMMARY

Use Accident's Critical Element Pathway along with interpretive guidelines

Summary of Accident and Supervision Investigative Procedure

1. Observe the general environment of the facility to determine if the facility provides an environment that is free from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents.
2. During observation of the facility, the survey team should observe the environment for the presence of potential/actual hazards.
3. For a resident with an identified concern, briefly review the assessment and plan of care to determine whether the facility **identified resident risks** and implemented **interventions as necessary.**

NOTE: If the resident has been in the facility for less than 14 days (before completion of all the Resident Assessment Instrument (RAI) is required), review the baseline care plan which must be completed within 48 hours to determine if the facility is providing appropriate care and services based on information available at the time of admission.

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Critical Element Pathway

Accidents: Critical Element Pathway

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Accidents Critical Element Pathway

Use this pathway for a resident who requires supervision and/or assistive devices to prevent accidents and to ensure the environment is free from accident hazards as is possible.

Review the Following in Advance to Guide Observations and Interviews:

- ☐ Review the most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent assessment) MDS/CAAs for Sections C - Cognitive Patterns, E – Behavior-Impact on others, Wandering, G – Functional Status, H – Bladder and Bowel, J – Health Conditions-Falls, Fractures, and Tobacco Use, N – Medications, O – Special Treatments, Procedures, and Programs-therapy services, restorative nursing program, and O2 use, and P – Restraints and Alarms.
- ☐ Physician's orders.
- ☐ Progress notes related to any incidents of smoking, injuries, altercations, elopements, or falls.
- ☐ If available, investigation report related to any incidents of smoking, injuries, altercations, elopements, or falls.
- ☐ Pertinent diagnoses.
- ☐ Care plan Interventions for the following:
  - Smoking;
  - Resident-to-Resident Altercations (also being reviewed under the Abuse pathway);
  - Falls;
  - Wandering and elopement; and/or
  - Safety/Entrapment (e.g., physical restraints, bed rails).

Observations for all areas:

- ☐ What type of supervision is provided to the resident and by whom?
- ☐ How are care-planned interventions implemented?

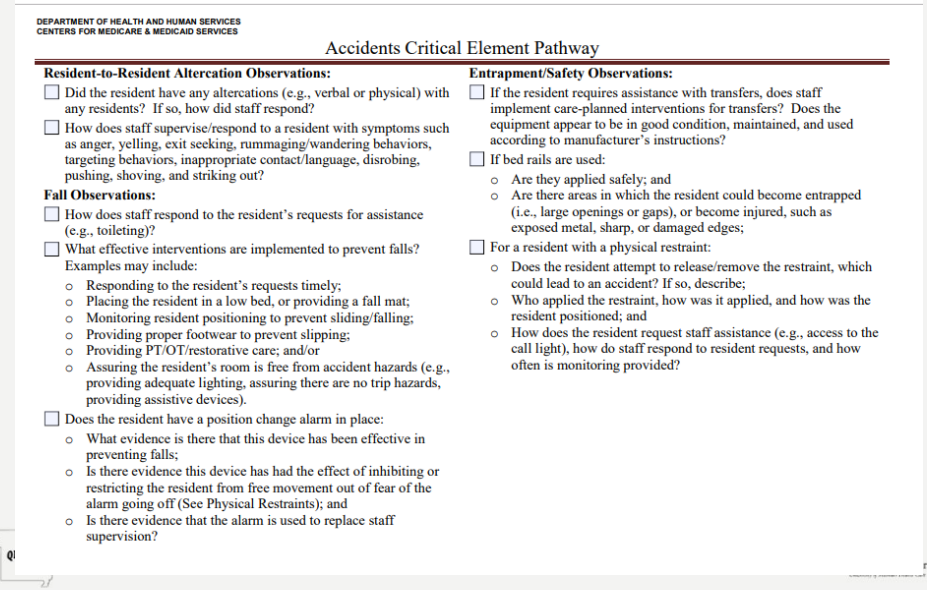
Wandering and Elopement Observations:

- ☐ Where is wandering behavior observed?
- ☐ What interventions are implemented to ensure the resident's safety?
- ☐ If the resident is exit seeking, what interventions are implemented to prevent elopements?

Smoking Observations:

- ☐ Is the resident smoking safely (observe as soon as possible):
  - Is the resident supervised if required;
  - Does the resident have oxygen on while smoking;
  - Does the resident have a smoking apron or other safety equipment if needed;
  - Does the resident have difficulty holding or lighting a cigarette;
  - Are there burned areas in the resident's clothing/body; and
  - Does the resident keep his/her cigarettes and lighter?

Accidents: Critical Element Pathway



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Accidents Critical Element Pathway

Resident-to-Resident Altercation Observations:

- ☐ Did the resident have any altercations (e.g., verbal or physical) with any residents? If so, how did staff respond?
- ☐ How does staff supervise/respond to a resident with symptoms such as anger, yelling, exit seeking, rummaging/wandering behaviors, targeting behaviors, inappropriate contact/language, disrobing, pushing, shoving, and striking out?

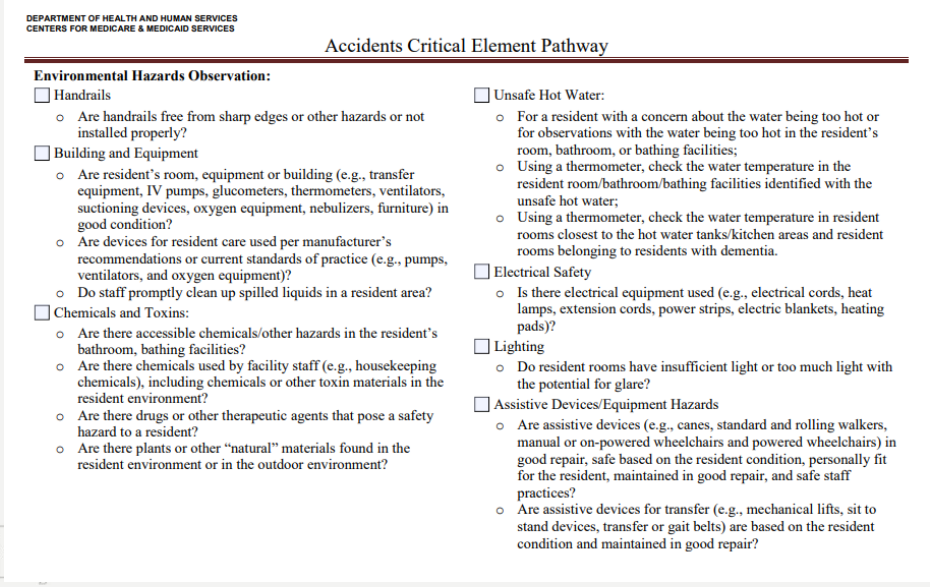
Fall Observations:

- ☐ How does staff respond to the resident's requests for assistance (e.g., toileting)?
- ☐ What effective interventions are implemented to prevent falls? Examples may include:
  - Responding to the resident's requests timely;
  - Placing the resident in a low bed, or providing a fall mat;
  - Monitoring resident positioning to prevent sliding/falling;
  - Providing proper footwear to prevent slipping;
  - Providing PT/OT/restorative care; and/or
  - Assuring the resident's room is free from accident hazards (e.g., providing adequate lighting, assuring there are no trip hazards, providing assistive devices).
- ☐ Does the resident have a position change alarm in place:
  - What evidence is there that this device has been effective in preventing falls;
  - Is there evidence this device has had the effect of inhibiting or restricting the resident from free movement out of fear of the alarm going off (See Physical Restraints); and
  - Is there evidence that the alarm is used to replace staff supervision?

Entrapment/Safety Observations:

- ☐ If the resident requires assistance with transfers, does staff implement care-planned interventions for transfers? Does the equipment appear to be in good condition, maintained, and used according to manufacturer's instructions?
- ☐ If bed rails are used:
  - Are they applied safely; and
  - Are there areas in which the resident could become entrapped (i.e., large openings or gaps), or become injured, such as exposed metal, sharp, or damaged edges;
- ☐ For a resident with a physical restraint:
  - Does the resident attempt to release/remove the restraint, which could lead to an accident? If so, describe;
  - Who applied the restraint, how was it applied, and how was the resident positioned; and
  - How does the resident request staff assistance (e.g., access to the call light), how do staff respond to resident requests, and how often is monitoring provided?

Accidents: Critical Element Pathway



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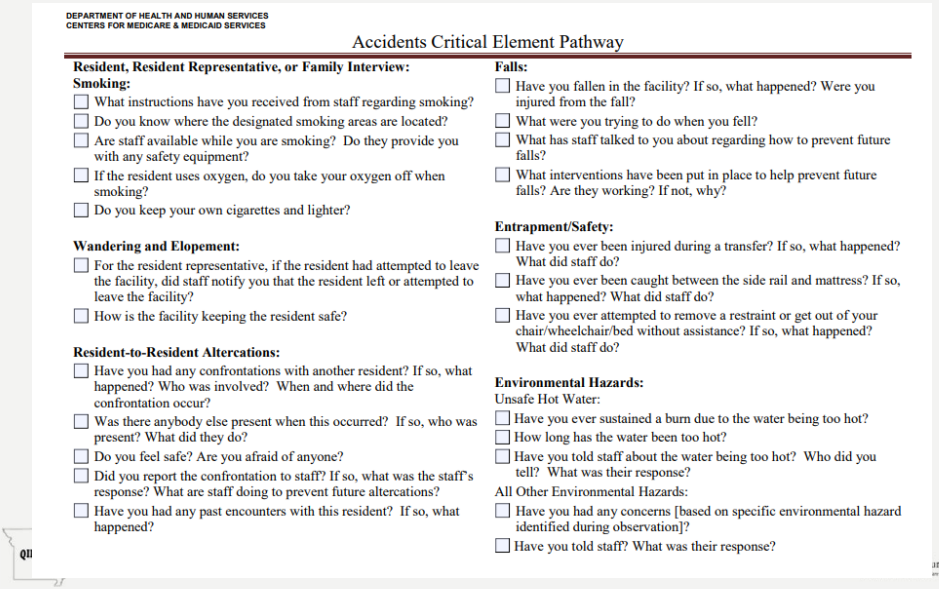
Accidents Critical Element Pathway

Environmental Hazards Observation:

- ☐ Handrails
  - Are handrails free from sharp edges or other hazards or not installed properly?
- ☐ Building and Equipment
  - Are resident's room, equipment or building (e.g., transfer equipment, IV pumps, glucometers, thermometers, ventilators, suctioning devices, oxygen equipment, nebulizers, furniture) in good condition?
  - Are devices for resident care used per manufacturer's recommendations or current standards of practice (e.g., pumps, ventilators, and oxygen equipment)?
  - Do staff promptly clean up spilled liquids in a resident area?
- ☐ Chemicals and Toxins:
  - Are there accessible chemicals/other hazards in the resident's bathroom, bathing facilities?
  - Are there chemicals used by facility staff (e.g., housekeeping chemicals), including chemicals or other toxin materials in the resident environment?
  - Are there drugs or other therapeutic agents that pose a safety hazard to a resident?
  - Are there plants or other "natural" materials found in the resident environment or in the outdoor environment?
- ☐ Unsafe Hot Water:
  - For a resident with a concern about the water being too hot or for observations with the water being too hot in the resident's room, bathroom, or bathing facilities;
  - Using a thermometer, check the water temperature in the resident room/bathroom/bathing facilities identified with the unsafe hot water;
  - Using a thermometer, check the water temperature in resident rooms closest to the hot water tanks/kitchen areas and resident rooms belonging to residents with dementia.
- ☐ Electrical Safety
  - Is there electrical equipment used (e.g., electrical cords, heat lamps, extension cords, power strips, electric blankets, heating pads)?
- ☐ Lighting
  - Do resident rooms have insufficient light or too much light with the potential for glare?
- ☐ Assistive Devices/Equipment Hazards
  - Are assistive devices (e.g., canes, standard and rolling walkers, manual or on-powered wheelchairs and powered wheelchairs) in good repair, safe based on the resident condition, personally fit for the resident, maintained in good repair, and safe staff practices?
  - Are assistive devices for transfer (e.g., mechanical lifts, sit to stand devices, transfer or gait belts) are based on the resident condition and maintained in good repair?

Accidents: Critical Element Pathway



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Accidents Critical Element Pathway

Resident, Resident Representative, or Family Interview:

Smoking:

- ☐ What instructions have you received from staff regarding smoking?
- ☐ Do you know where the designated smoking areas are located?
- ☐ Are staff available while you are smoking? Do they provide you with any safety equipment?
- ☐ If the resident uses oxygen, do you take your oxygen off when smoking?
- ☐ Do you keep your own cigarettes and lighter?

Wandering and Elopement:

- ☐ For the resident representative, if the resident had attempted to leave the facility, did staff notify you that the resident left or attempted to leave the facility?
- ☐ How is the facility keeping the resident safe?

Resident-to-Resident Altercations:

- ☐ Have you had any confrontations with another resident? If so, what happened? Who was involved? When and where did the confrontation occur?
- ☐ Was there anybody else present when this occurred? If so, who was present? What did they do?
- ☐ Do you feel safe? Are you afraid of anyone?
- ☐ Did you report the confrontation to staff? If so, what was the staff's response? What are staff doing to prevent future altercations?
- ☐ Have you had any past encounters with this resident? If so, what happened?

Falls:

- ☐ Have you fallen in the facility? If so, what happened? Were you injured from the fall?
- ☐ What were you trying to do when you fell?
- ☐ What has staff talked to you about regarding how to prevent future falls?
- ☐ What interventions have been put in place to help prevent future falls? Are they working? If not, why?

Entrapment/Safety:

- ☐ Have you ever been injured during a transfer? If so, what happened? What did staff do?
- ☐ Have you ever been caught between the side rail and mattress? If so, what happened? What did staff do?
- ☐ Have you ever attempted to remove a restraint or get out of your chair/wheelchair/bed without assistance? If so, what happened? What did staff do?

Environmental Hazards:

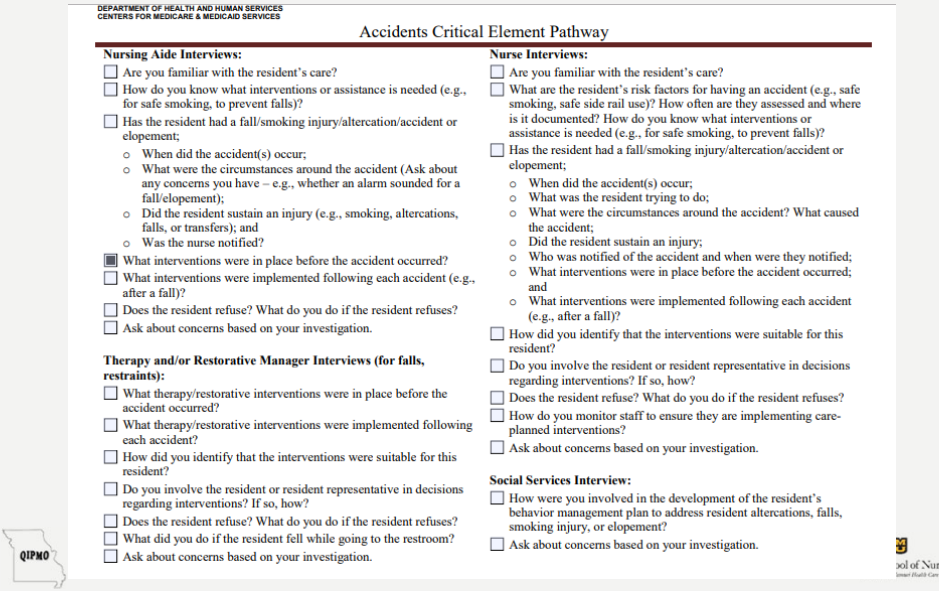
Unsafe Hot Water:

- ☐ Have you ever sustained a burn due to the water being too hot?
- ☐ How long has the water been too hot?
- ☐ Have you told staff about the water being too hot? Who did you tell? What was their response?

All Other Environmental Hazards:

- ☐ Have you had any concerns [based on specific environmental hazard identified during observation]?
- ☐ Have you told staff? What was their response?

Accidents: Critical Element Pathway



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Accidents Critical Element Pathway

Nursing Aide Interviews:

- ☐ Are you familiar with the resident's care?
- ☐ How do you know what interventions or assistance is needed (e.g., for safe smoking, to prevent falls)?
- ☐ Has the resident had a fall/smoking injury/altercation/accident or elopement;
  - When did the accident(s) occur;
  - What were the circumstances around the accident (Ask about any concerns you have – e.g., whether an alarm sounded for a fall/elopement);
  - Did the resident sustain an injury (e.g., smoking, altercations, falls, or transfers); and
  - Was the nurse notified?
- ☐ What interventions were in place before the accident occurred?
- ☐ What interventions were implemented following each accident (e.g., after a fall)?
- ☐ Does the resident refuse? What do you do if the resident refuses?
- ☐ Ask about concerns based on your investigation.

Therapy and/or Restorative Manager Interviews (for falls, restraints):

- ☐ What therapy/restorative interventions were in place before the accident occurred?
- ☐ What therapy/restorative interventions were implemented following each accident?
- ☐ How did you identify that the interventions were suitable for this resident?
- ☐ Do you involve the resident or resident representative in decisions regarding interventions? If so, how?
- ☐ Does the resident refuse? What do you do if the resident refuses?
- ☐ What did you do if the resident fell while going to the restroom?
- ☐ Ask about concerns based on your investigation.

Nurse Interviews:

- ☐ Are you familiar with the resident's care?
- ☐ What are the resident's risk factors for having an accident (e.g., safe smoking, safe side rail use)? How often are they assessed and where is it documented? How do you know what interventions or assistance is needed (e.g., for safe smoking, to prevent falls)?
- ☐ Has the resident had a fall/smoking injury/altercation/accident or elopement;
  - When did the accident(s) occur;
  - What was the resident trying to do;
  - What were the circumstances around the accident? What caused the accident;
  - Did the resident sustain an injury;
  - Who was notified of the accident and when were they notified;
  - What interventions were in place before the accident occurred; and
  - What interventions were implemented following each accident (e.g., after a fall)?
- ☐ How did you identify that the interventions were suitable for this resident?
- ☐ Do you involve the resident or resident representative in decisions regarding interventions? If so, how?
- ☐ Does the resident refuse? What do you do if the resident refuses?
- ☐ How do you monitor staff to ensure they are implementing care-planned interventions?
- ☐ Ask about concerns based on your investigation.

Social Services Interview:

- ☐ How were you involved in the development of the resident's behavior management plan to address resident altercations, falls, smoking injury, or elopement?
- ☐ Ask about concerns based on your investigation.

Accidents: Critical Element Pathway

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Record Review:

- ☐ Review nursing notes, therapy notes, and IDT notes. Has the resident's accident risk been assessed (e.g., fall risk, elopement risk, or safe smoking assessment)?
- ☐ Were the underlying risk factors identified?
- ☐ Has the resident had any accidents since admission?
- ☐ Were preventative measures documented prior to an accident:
  - o Was the accident a result of an order not being followed? A care intervention not being addressed? A care-planned intervention not implemented?
- ☐ For a resident-to-resident altercation, were interventions reviewed and revised based on the resident's response(s) and evaluated for effectiveness? If not effective, what alternative interventions were implemented?
- ☐ Were the circumstances surrounding an accident thoroughly investigated to determine causal factors:
  - o Were the cause and any pattern identified (e.g., falls that occur at night trying to go to/from the bathroom); and
  - o Was the resident's accident risk addressed appropriately?
- ☐ Review laboratory results pertinent to accidents.
- ☐ Has the care plan been reviewed and revised if indicated to reflect any changes as a result of an accident(s)?
- ☐ Are injuries related to the accident assessed and treatment measures documented?
- ☐ Are changes in the resident's accident risk correctly identified and communicated with staff and practitioner?
- ☐ Based on a review of the most recent MDS Assessment (J1900), if the resident had a fall(s), is the MDS coded accurately for falls in each category (no injury, injury except major, major injury)?
- ☐ If concerns are identified, review facility policies and procedures with regard to accidents.

Critical Element Decisions:

1) Based on observation, interviews, and record review, did the facility ensure the resident's environment is free from accident hazards and each resident receives adequate supervision to prevent accidents?
   If No, cite F689

2) Based on observations, interviews, and record review, did the facility assess each resident for risk of entrapment and only use bed rails after trying other alternatives and explaining the risks and benefits to the resident or the resident's representative?
   If No, cite F700
   NA, bed rails were not investigated.

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3) Based on observations, interviews, and record review, did the facility appropriately install and inspect the bed rails, use compatible bed mattresses, bed rails and frames, and identify any risks of entrapment?
   If No, cite F909
   NA, bed rails were not investigated.

4) For newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan the care within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident or resident representative receive and understand the baseline care plan?
   If No, cite F655
   NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan.

5) If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident's function, mood, and cognition?
   If No, cite F636
   NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted and the comprehensive assessment was not yet required.

6) If there was a significant change in the resident's status, did the facility complete a significant change assessment within 14 days of determining the status change was significant?
   If No, cite F637
   NA, the initial comprehensive assessment had not yet been completed; therefore, a significant change in status assessment is not required OR the resident did not have a significant change in status.

7) Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident;s status, needs, strengths and areas of decline, accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?
   If No, cite F641

8) Did the facility develop and implement a comprehensive person-centered care plan that includes measureable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs and includes the resident's goals, desired outcomes, and preferences?
   If No, cite F656
   NA, the comprehensive assessment was not completed.

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9) Did the facility reassess the effectiveness of the interventions and review and revise the resident's care plan (with input from the resident or resident representative, to the extent possible), if necessary to meet the resident's needs?
If No, cite F657
NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised.

Other Tags, Care Areas (CA) and Tasks (Task) to Consider: Notification of Change F580, Restraints (CA), Abuse (CA), Right to be Informed F552, Choices (CA), Environment Task, Admission Orders F635, Professional Standards F658, General Pathway (CA), ADLs (CA), Behavioral-Emotional Status (CA), Physician Supervision F710, Unnecessary Medications (CA), Sufficient and Competent Staffing (Task), Physical Environment F906, F907, F909 thru F918, F920, F922, F925, Dementia Care (CA), Rehab and Restorative (CA), QAA/QAPI (Task).

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CAAs, CATs and Care Plans

CAAs… Assess the Triggers

- CAA #11
  - Triggering Items:
    - Wandering: E0900
    - Balance problems during transition G0300A, B, C, D, E
    - Fall history
      - Admission assessment: Last 6 months J1700A, J1700B
      - Falls since admission J1800
    - Medications
      - Antianxiety N041aB
      - Antidepressant N0410C)
    - Restraints:
      - Restraint in bed (P0100B)
      - Restraint in chair (P0100E)

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Get the Details and Risks

- Information on previous falls
  - Time
  - Activity during that time
  - Body position during that time
  - Purpose of activity during fall
  - Environmental concerns
  - Pattern of falls

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Care Plan

- The next step is to develop an individualized care plan based directly on these conclusions. The focus of the care plan should be to address the underlying cause(s) of the resident's fall(s), as well as the factors that place him or her at risk for falling.
  - Look at What Triggered Risk
    - Meds, Diagnosis, History, Balance
  - Look at interventions in place
    - What is working
    - What isn't
    - Be creative
  - ROOT CAUSE and go from there…
    - If a resident falls as a result of the bed being at the wrong height, what is being done
    - If a resident falls as a result of Medication
      - Can it be given at a different time
      - Is there an alternate med with less side effects
      - What is the residents normal routine? All in eve versus in morning?

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Reminder of the Regulation

Processes in a facility's interdisciplinary systematic approach may include:

- *Identification of hazards, including inadequate supervision, and a resident's risks of potentially avoidable accidents in the resident environment;*
- *Evaluation and analysis of hazards and risks;*
- *Implementation of individualized, resident-centered interventions, including adequate supervision and assistive devices, to reduce individual risks related to hazards in the environment; and*
- ***Monitoring for effectiveness and modification of interventions when necessary.***

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Additional Information:

Alarms and Restraints

Falls and Alarms

- Facilities often implement position change alarms as a *fall prevention strategy or in response to a resident fall*. The alarms are designed to alert staff that the resident has changed position, increasing the risk for falling. However, the efficacy of alarms to prevent falls has not been proven and a study of hospitalized patients concluded these devices may **only alert staff that a fall has already occurred**. The same study also noted false alarms are a common problem leading to **"alarm fatigue," where staff no longer respond to the sound of an alarm**.
- Individual facility efforts to, **reduce use of alarms have shown falls actually decrease when alarms are eliminated** and replaced with other interventions such as **purposeful checks to proactively address resident needs, adjusting staff to cover times of day when most falls occur, assessing resident routines, and making individualized environmental or care changes that suit each resident**.
- Facilities must implement comprehensive, **resident-centered** fall prevention plans for **each** resident at *risk for falls or with a history of falls*.
- While position change alarms are **not** prohibited from being included as part of a plan, they **should not be the primary or sole intervention to prevent falls**.
- If facility staff choose to implement alarms, they should document their use aimed at assisting the staff to assess patterns and routines of the resident.
- Alarms **do not replace necessary supervision**. Facilities must take steps to identify issues that place the resident at risk for falls and implement approaches to address those risks in a manner that enables the resident to achieve or maintain his or her highest practicable physical, mental, and psychosocial well-being.

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Falls and Restraints

Restraints as a fall prevention approach. Although physical restraints have been traditionally used as a fall prevention approach, they have major drawbacks and can contribute to serious injuries. Falls do not constitute self-injurious behavior nor a medical symptom supporting the use of physical restraints. There is no evidence that the use of physical restraints, including but not limited to side rails, will prevent, reduce, or eliminate falls. In fact, in some instances, reducing the use of physical restraints may actually decrease the risk of falling. Additionally, falls that occur while a person is physically restrained often result in more severe injuries.

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QUESTIONS?

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REFERENCES

- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf
- https://downloads.cms.gov/files/1-MDS-30-RAI-Manual-v1-16-October-1-2018.pdf
- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/LTC-Survey-Pathways.zip
- https://www.who.int/news-room/fact-sheets/detail/falls

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