Accidents
F 689

Bed Rails
F 700

LeadingAge PA and PADONA

May 8, 2018

HOMEWOOD
RETIREMENT CENTERS

Presenters:

Suzanne Glisan BSN, RN, NHA, RAC-CT, QCP

Director of Clinical Services, Inc.

Homewood Retirement Centers

sglisan@hmwd.org

Candace McMullen, RN, NHA, MHA, CLNC, CNDLTC

Vice President of Operations

Homewood Retirement Centers, Inc.

CLMcMullen@hmwd.org

Disclaimer

Disclaimer:

- The information included in this presentation was current at the time that it was developed. Medicare policy changes frequently so there may be changes to what is included here after this session is completed.

Objectives

- Learners will be able to identify the elements of the regulatory requirements related to Accidents / Hazards / Supervision / Assistive Devices

- Learners will be able to identify facility responsibilities to decrease or eliminate risks associated with accidents

- Learners will be able to recognize the requirements from the SOM Appendix PP to decrease avoidable accidents through an interdisciplinary systematic approach

Regulation

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

Intent of F 689 § 483.25 (d)

- Ensure 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 accident. This includes:
  - **Identify hazard(s) and risk(s)**
  - **Evaluate and analyze hazard(s) and risk(s)**
  - **Implement interventions to reduce hazard(s) and risk(s); and**
  - **Monitor for effectiveness and modify interventions when necessary**

Definitions

- Accident-
  - any *unexpected* or *unintentional* incident, which results or may result in injury or illness to a resident

Definitions

- ***"Avoidable Accident"*** means that an accident occurred because the facility failed to:
  - Identify environmental hazards and/or assess individual 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 and risks as much as possible*
  - Implement interventions which includes adequate supervision and assistive devices, consistent with a resident 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

Definitions

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

Definitions

- **Environment –**refers to any environment or area in the facility that is frequented by or **accessible** to your residents, including but not limited to resident's rooms, bathrooms, hallways, dining areas, lobby, outdoor patio, therapy areas, activity areas.

Definitions

- **Falls**
  - The MDS defines a fall as unintentionally coming to rest on the ground, floor, or other lower level, but not as a result of overwhelming external force, (i.e. a resident pushes another resident)
  - Episode where a resident lost his/her balance and would have fallen, if not for staff or another person or if he or she had not caught himself/herself is still considered a fall
  - A fall without injury is still a fall
  - Unless evidence suggesting otherwise, a resident found on the floor, a fall is considered to have occurred

Definitions

- **Hazards**
  - Elements of the resident environment that have the potential to cause injury or illness
    - "Hazards over which facility has control" – 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 possible" – being free of accident hazards over which the facility has control

Definition

- "**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

Definitions

- ***"Position change alarms"*** **–**
  - Alerting devices intended to monitor a resident's movement
  - Emits sound with certain position changes
  - Types:
    - Chair and bed sensor pads
    - Bedside alarmed mats
    - Alarms clipped to resident's clothing
    - Seatbelt alarms
    - Infrared beam motion detectors

Definition

- **Supervision/Adequate Supervision**
  - An intervention and means of mitigating the risk of an accident
  - Facility obligation- provide adequate supervision to prevent accidents.
  - **Adequate supervision** determined by:
    - *Assessing appropriate level and number of staff required*
    - *Competency and training of staff*
    - Frequency of supervision needed
      - Based on individual resident needs
      - Identified hazards in the resident environment

Overview of the Regulation

- Hazard risks exist in everyday life
- Not all accidents are avoidable
- External risk factors
  - Hallways with clutter, stairwells, lighting, flooring, other residents using equipment, i.e. wc, walkers
- Internal risk factors
  - Frailty of residents increase vulnerability to hazards
  - Comorbidities, medications, decrease sensory abilities

Overview of the Regulation

- **Facility Responsibilities**
  - Provide care to residents in a manner that promotes quality of life and respecting resident's rights to:
    - Privacy
    - Dignity and self-determination
    - Make choices about significant aspect of life in the facility

Avoid Accidents-Develop Culture of Safety

- Commit to implement systems that address resident risk and environmental hazards
  - Acknowledge high-risk nature of population and setting
  - **Develop effective communication**
  - Engage ALL staff , residents, and families in training for safety
  - Encourage use of data
  - Direct resources to address safety concerns
  - Demonstrate a commitment to safety at all levels of the organization

Systems Approach to Meet Intent

- **Identify** hazards and risks and modify interventions when necessary
- **Evaluate** and **analyze** hazards and risks
- **Implement** individualized, resident-centered interventions to reduce hazards and risks
- **Monitor** for effectiveness and **modify** interventions as indicated

Systems Approach

- **Risks**
  - Individual residents
  - Groups of residents
  - Entire facility
- **Hazards**
  - Aspects of physical plant
  - Equipment
  - Devices that are defective or not used per manufacture recommendations
  - Disabled/removed or not individually adapted to resident's needs

Systems Approach

- Enables facility to evaluate safety:
  - Throughout environment
  - With staff
  - Make adjustments in training and competency testing as required
  - Each resident and/or representative should be aware of potential hazards

Effective Facility Systems

- Address how to:
  - Communicate the observations of hazards
  - Record resident specific information
  - Monitor data related to care processes that potentially lead to accidents

Identification of Hazards and Risks

- Process through which facility becomes aware of potential hazards
- ***ALL staff*** at all levels need to be involved:
  - Observation and identification of potential hazards in the environment
  - Identify unique resident characteristics and abilities
  - Make reasonable efforts to identify hazards and risks for each resident

Identification of Hazards and Risks

- Various Sources to **Identify**:
  - Quality Assessment and Assurance activities
  - Environmental rounds
  - MDS/CAAs data
  - Medical history and physical exam
  - Facility Assessment as required by F 838
  - Facility and standard assessment tools
  - Life history information
  - Resident/resident representative interviews
  - Staff observation

Evaluation and Analysis

- Process of **examining data** to identify specific hazards and risks and develop targeted interventions to reduce the potential for accidents
- Interdisciplinary involvement critical component
- **Facility-centered and resident-directed approaches** include evaluating hazard and risk data which includes prior incidents/accidents
- Analyze to **identify root cause**
- Identify or develop interventions based on **severity of hazard and immediacy of risk.**
- Interventions should be developed to **reduce the risks**

Implementation of Interventions

- Refers to using specific interventions to try to reduce a resident's risks from hazards in the environment
- The process must include:
  - Communicating interventions to all relevant staff
  - Assigning responsibility
  - Providing training as needed
  - Documenting interventions (plans of action developed by QA committee or care plan for the resident
  - Ensuring that interventions are put into action

Implementation of Interventions

- Interventions based on results of the evaluation and analysis information
- Be consistent with professional standards, including evidence-based practices
- Develop interim safety measures if interventions cannot immediately be implemented fully

Implementation of Interventions

- Facility based interventions may include, but not be limited to:
  - Education staff on policies and procedures, use of equipment, etc
  - Repairing the device/equipment
  - Developing or revising policies and procedures
- Resident-directed approaches:
  - Implementing specific interventions on care plan
  - Supervising staff and residents

Monitoring and Modification

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

Supervision

- Supervision is an intervention and a means mitigating or lessening accident risk
- Facility obligation:
  - Provide adequate supervision
    - Defined by type and frequency based on the resident individual assessed need and identified hazards in environment
- May vary from resident to resident and time to time for the same resident

Supervision

- Adequate supervision is enhanced when the facility:
  - Accurately assesses a resident and/or resident environment to determine whether supervision to avoid an accident is necessary; and/or
  - Determines that supervision was necessary and provides supervision based on resident's assessed needs and risks identified in the environment.

Hazards

- **To be considered a hazard** an element of the resident environment must be accessible to a vulnerable resident
- Resident vulnerabilities based on risk factors:
  - Functional status
  - Medical condition
  - Cognitive abilities
  - Mood
  - Health treatments (medications)

Hazards

- Three primary categories of risks and hazards exist
  - Resident Vulnerabilities
  - Physical Plant Hazards
  - Devices/Equipment Hazards
- **Resident environment** may contain temporary hazards that warrant additional supervision or alternative measures (construction, painting, housekeeping activities, etc)
- Some items may be appropriate for some residents but may be hazardous to others:
  - Sharp items-scissors, kitchen utensil, knitting needles
  - Handrails- sharp edges, not installed properly
  - Assistive devices

Hazards

- **Environment, building, & grounds**
  - Fire doors propped open
  - Disabled locks and latches
  - Non-functioning alarms
  - Buckled or torn carpets
  - Cords on the floor
  - Irregular walking surfaces
  - Improper storage and access to toxic chemicals
  - Exposure to unsafe heating surfaces
  - Unsafe water temperatures
  - Common cleaning materials

Hazards

- Other potential hazards:
  - Furniture not appropriate for resident- chairs and beds not appropriate height or width for resident to transfer to and from safely or unstable
  - Inadequate lighting- not enough or intense that causes glare
  - Devices/equipment- defective, disabled, or improperly used- not used in accordance with manufacturer specifications or current professional standards of practice.
    - Assistive devices for mobility includes canes, walkers, and wheelchairs

Hazards

- Three reasons a resident may be at risk of an accident
  - Resident condition
  - Personal fit and device condition
  - Staff practices

Resident Vulnerabilities

- Facility's Responsibility
  - Respect resident's choices and balancing resident's right to direct care that resident's receive
  - Educate resident, family, and staff regarding significant risks related to resident's choices
- Verbal consent or signed waivers
  - DO NOT eliminate a facility's responsibility's to protect the resident from an avoidable accident; nor does it
  - Relieve the facility of responsibility to assure the health, safety, and welfare of residents

Resident Smoking

- **Resident Smoking**
  - Assessment of capabilities and deficits determines whether or not supervision is required as soon as possible
  - Resident's identified as needing assistance and supervision needs resident's individualized needs put in the care plan and updated periodically as needed

Resident Smoking

- Facility must ensure precautions are taken for resident's individual safety and safety of others
  - Designated smoking areas
  - Supervising residents whose assessment and care plans indicate a need for assisted and supervised smoking
  - Limiting access of matches and lighters by residents who need supervision
  - Smoking by residents prohibited when oxygen is in use
  - Smoking by others near flammable substances prohibited
  - Inform resident and all visitors of smoking policies

Guidance concerning resident smoking regulations can be found in NFPA 101. the Life Safety Code at 19.7.4, Smoking, including requirements for signage, prohibiting smoking by residents classified as not responsible, and disposal of smoking materials.

Resident Smoking

- Questions addressed on interviews with resident, resident representative, family:
  - What instructions received from staff regarding smoking?
  - Do you know where the designated smoking area is?
  - Are staff available while you are smoking? Do they provide safety equipment?
  - If resident uses oxygen, do you take your oxygen off to smoke?
  - Do you keep your own cigarettes and lighter?

Resident Smoking Observation

- Surveyor observation will include:
  - Does the resident need a smoking apron?
  - Does the resident have difficulty holding or lighting a cigarette?
  - Does the resident have burned areas on the clothing or body?
  - Are care plan intervention implemented?
  - Is supervision provided when indicated?

Resident-To-Resident

- Resident-to Resident Altercations
  - Reasonable precautions need to be taken
  - Reviewed as a potential situation for abuse under F 600
- Resident-to-Resident altercations:
  - Facility must take reasonable precautions, including supervision, when there is a risk identified or should have been identified for a resident-to-resident altercation

Resident –To-Resident

- Certain situations/conditions may increase potential
  - History of aggressive behavior
  - Negative interactions with other resident(s)
  - Disruptive or annoying behavior
  - Negative interactions with others
  - Rummaging- going into others rooms, drawers, & closets
  - Restlessness
  - Repetitive behaviors
  - Taking items not belonging to them
  - Undressing in inappropriate areas
- Some behaviors may not be aggressive in nature, they may cause a negative response from others, resulting in verbal, physical, and/or emotional harm.

Resident-To-Resident

- Interventions that could address potential or actual negative interactions:
  - Evaluate staffing
  - Evaluate assignments
  - Provide safe supervised areas for unrestricted movement
  - Eliminate or reduce underlying causes of distressed behavior such as boredom and pain
  - Monitor environmental influences- temperature, lighting, noise levels

Falls

- Factors that may influence a resident's risk to fall:
  - Environmental hazards- wet floors, poor lighting, incorrect bed height, improperly fitted or maintained wheelchairs
  - Unsafe or absent footwear
  - Underlying chronic medical conditions
  - Acute change in condition
  - Medication side effects
  - Orthostatic hypotension
  - Lower extremity weakness
  - Balance and gait disorders
  - Pain
  - Visual deficits
  - Incontinence

Falls

- Functional Impairments (difficulty rising from a chair, getting off toilet, etc)
- Poor grip strength
- 24% nursing home falls- muscle weakness and gait problems
- 16%-27% are from environmental hazards
- Serious potential consequences
  - Physical injuries
  - Pain
  - Increased risk of death
  - Impaired function, fear of falling
  - Self-imposed limitations on activities leading to social isolation

Falls

- Evaluate all causal factors that led to the fall
  - Assists in developing and implementing *relevant,* consistent, and individualized interventions to prevent future occurrences
- The proper action following a fall includes:
  - Determine if there were injuries and provide treatment as necessary
  - Determine what may have caused or contributed to the fall- what was the resident doing prior to the fall
  - Address the contributing factors- medical condition, environmental issues, staffing
  - Revise the plan of care and or facility practices to reduce risk of another fall

Position Change Alarms

- Used as a fall prevention strategy
- Used to alert staff that resident has changed positions that may increase risk of falling
  - Efficacy of alarms have not been proven
  - Hospital studies indicate that devices alert when a fall already occurred
  - False alarms common problems
  - "Alarm Fatigue"
  - Alarms may not function reliably for Residents that weigh less than 100# or who are restless
  - Falls have been shown to decrease when alarms are eliminated since ore individualized interventions are put into place, i.e. purposeful checks, adjust staffing to cover times when falls occur more, environmental changes

Position Change Alarms

- Facility responsibilities:
  - Implement comprehensive, resident-centered fall prevention plans
  - Position change alarms should not be the primary or sole intervention to prevent falls
  - Document the use aimed to assist staff to assess patterns and routines of resident
  - Use of alarms must be based on an assessment of resident and monitored for efficacy on an on-going basis
  - Must be sufficient staff to address alarms in a timely manner
  - Alarms do not replace supervision

Wandering/Elopement

- Wandering- random or repetitive locomotion
  - May be goal directed- searching for something such as an exit
  - May be aimless or non-goal directed
- Non-goal directed wandering requires facility to address both safety and root cause for the wandering
  - Bored, frustrated, anxious, hungry
- Wandering can become unsafe when a resident is tired or enters a physically hazardous area (area containing chemicals, tools,

Wandering/Elopement

- ***Elopement definition-*** *occurs when a resident leaves the premises or a safe area without authorization (i.e.an order for discharge or LOA) and/or any necessary supervision to do so.*
- Resident that leaves safe area is at risk for:
  - Heat / cold exposure
  - Dehydration/medical complications
  - Drowning
  - Being struck by a motor vehicle
- Facility policies need to define procedures for assessing or identifying, monitoring, and managing residents at risk for elopement to minimize risks
- Resident comprehensive care plan should have interventions addressing potential for elopement
- Emergency preparedness plan should include a plan to locate a missing resident

Physical Plant

- **Chemicals and Toxins-** various materials in the resident environment can pose a potential hazard to residents. Hazardous materials can be found in the form of solids, liquids, gases, mists, dusts, fumes, or vapors. The routes of exposure for toxic materials may include inhalation, absorption, or ingestion
- Material to pose a safety hazard-must be:
  - Toxic, caustic, or allergenic
  - Accessible and available in sufficient amount to cause harm
- Examples – housekeeping chemicals, drugs and therapeutic agents, plants and other "natural" material found in the environment, i.e. poison ivy

Physical Plant

- **Water Temperature**
  - Can reach hazardous temperatures in sinks, showers, tubs, and any other location where hot water is accessible to a resident
  - Burns can be related to spills and/or immersion
  - Residents at increased risk for burns caused by scalding due to decreased skin thickness, decreased skin sensitivity, peripheral neuropathy, decreased agility, decreased cognitionn or dementia, decreased mobility, and decreased ability to communicate
  - Degree of injury depends on factors such as water temperature, amount of skin exposed, and duration of exposure
  - PA State regulation for maximum water temperature is 110 degrees. Some residents can be burned at lower temps depending on condition

Physical Plant

- **Electrical Safety**
  - Any electrical device can be a hazard through improper use or improper maintenance
  - Electrical cords- tripping hazards
  - Halogen or heat lamps- burns or fires if not properly installed away from combustibles
  - Proper use of electric blankets and heating pads essential to avoid thermal injuries
    - Should not be tucked in
    - Use according to manufactures specifications
- **Lighting**
  - Insufficient light or too much that causes glare
  - Proper amount of light depends on resident's visual needs and the task he/she is performing
  - Provide extra visual cues and supplemental lighting near beds at night

Assistive Devices

- Can help prevent accidents
- Can assist with resident independence, feeling of security, transfer with greater comfort
- Assistive devices for transfer
  - Transfer devices include but not limited to total body lifts, sit-to-stand devices and transfer belts
  - Standard of practice- all mechanical lifts must have 2 staff members present
- Assistive devices for mobility
  - Include but are not limited to: Canes, standard and rolling walkers, manual or non-powered wheelchairs, and powered wheelchairs

Assistive Devices

- Risks associated with devices. Need to balance benefits and risks. Other risk factors:
  - Staff availability
  - Resident abilities
  - Staff training and competency
- OSHA provides information and guidelines on identifying problems and implementing solutions related to handling residents during transfers.

Assistive Devices

- Devices associated with entrapment
  - Physical restraints
  - Bed rails “side rails” and other bed accessories (e.g. transfer bar, bed enclosures)
  - Specialty air mattresses
    - Mattresses compression widens space between the mattress and rail. If a resident gets between mattress and rail, the mattress can re-expand and press the chest, neck, or head against a rail.
    - Assessment for safety, benefits and risk should be conducted before a resident is placed on an air mattress.

Assistive Devices

- **F Tag 689** applies to assistive devices that create hazards
  - This includes devices…..
    - that are defective
    - that are not used properly or according to manufacturer's specifications
    - Disabled or removed
    - Not provided
    - Do not meet resident's needs
    - Used without adequate supervision

Accidents Critical Element Pathway

- **MDS review**:
  - Most **recent** comprehensive and/or most recent quarterly MDS/CAAS
  - Section C – Cognitive Patterns
  - Section E – Behaviors- impact others, Wandering
  - Section G- Functional Status
  - Section H- Bladder and Bowel
  - Section j- Health conditions- Falls, fractures, tobacco use
  - Section N- Medications
  - Section O- Special treatments, Procedures, & Programs, therapy services, RNP, O2 use
  - Section P- restraints and alarms

Accidents Critical Element Pathway

- **Review:**
  - Physician orders
  - Progress notes related to any incidents of smoking, injuries, altercations, elopement, or falls
  - If available, investigation report related to any incidents of smoking, injuries, altercations, elopements, falls
  - Pertinent diagnoses

Accidents Critical Element Pathway

- **Observation for *ALL* areas:**
  - What type of supervision is provided to the resident and by whom?
  - How are care planned interventions implemented
- **Observations for wandering and elopement:**
  - Where is wandering behavior observed
  - What interventions are implemented to ensure resident's safety
  - If resident is exit seeking, what interventions are implemented to prevent elopements

Accidents Critical Element Pathway

- **Review:**
  - Care plan interventions for the following:
    - Smoking
    - Resident-to-resident altercations (also reviewed under the Abuse pathway)
    - Falls
    - Wandering and elopement
    - Safety Entrapment (restraints, side rails)

Accidents Critical Element Pathway

- **General interview questions for Nursing Aides and Nurses**:
  - Are you familiar with the resident's care?
  - How do you know what interventions or assistance is needed (safe smoking, to prevent falls)?
  - Has the resident had a fall/smoking injury/altercation/accident or elopement?
    - When did it occur?
    - What were the circumstances around the accident?
    - Did resident sustain and injury during any incident?
    - Was the nurse notified?
    - What interventions were in place before the incident?
    - What interventions were implemented following the incident?
    - Does the resident refuse? What do you do if resident refuses?

Accidents Critical Element Pathway

- **Specific questions to nurses:**
  - What are the resident's risk factors for having an accident (falls, elopement, side rail use)?
  - How often are residents assessed and where is this documented?
  - How do you monitor staff to ensure they are implementing care-planned interventions?
- **Specific questions to Social Services**
  - How were you involved in the development of the resident's behavior management plan to address altercations, falls, smoking injuries. Or elopement?

Accidents Critical Element Pathway

- **Smoking Observations:**
  - Is resident smoking safely
  - Does the resident have oxygen on while smoking
  - Does resident have a smoking apron or other safety equipment needed
  - Does resident have difficulty holding or lighting a cigarette
  - Are there burned areas in resident's clothing/body
  - Does resident keep his/her cigarettes and lighter

Accidents Critical Element Pathway

- **Resident-To-Resident Altercations Observations:**
  - Did resident have altercations (verbal or physical) with any residents? 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?
- **Resident, Resident Representative, or Family Interview regarding Resident-To-Resident Altercations**
  - Have you had any confrontations with another resident?
  - Was there anybody else present when this occurred?
  - Do you feel safe? Are you afraid of anyone?
  - Did you report confrontation to staff?
  - Have you had any past encounters with this resident?

Accidents Critical Element Pathway

- **Fall Observations:**
  - How does staff respond to resident's request for assistance (e.g. toileting)?
  - What effective interventions are implemented to prevent falls? Examples may include:
    - Respond to request timely
    - Placing resident in low bed, or provide fall mat
    - Monitor positioning to prevent sliding/falling
    - Provide proper footwear to prevent slipping
    - Provide PT/OT/Restorative care
    - Assuring the resident's room is free from accident hazards (e.g. adequate lighting, assuring there are no trip hazards, provide assistive devices

Accidents Critical Element Pathway

- **Fall observations:**
  - Does the resident have **position change alarm(s) in place**?
  - What evidence is there that 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)
  - Is there evidence that alarm is used to replace staff supervision?

Accidents Critical Element Pathway

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

Accidents Critical Element Pathway

- **Staff interviews related to falls:**
  - What therapy or restorative interventions were in place before fall?
  - What therapy or restorative interventions were implemented following each accident?
  - How did you identify the interventions were suitable?
  - Did you involve resident or representative in decisions regarding interventions?
  - Does the resident refuse? If so what do you do?
  - What did you do if resident fell while going to the bathroom?
  - Surveyor will ask any other question based on concerns from the investigation.

Accidents Critical Element Pathway

- **Entrapment/Safety Observations**
  - If 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?
- **Resident with physical restraint**
  - Does resident attempt to release/remove restraint, which could lead to accident?
  - Who applied restraint, how was it applied, how was resident positioned
  - How does resident request staff assistance (access to call light)
  - How do staff respond to resident requests

Accidents Critical Element Pathway

- **Resident interview questions regarding Entrapment and 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?

Accidents Critical Element Pathway

- **Interview for resident representative regarding wandering and elopement:**
  - If resident has 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?

Accidents Critical Element Pathway

- **Environmental Hazards Observation**
  - Handrails – free of sharp edges or other hazards, installed properly?
- **Building and Equipment**
  - Are resident's room, equipment or building (transfer equipment, IV pumps, glucometers, thermometers, ventilators, suctioning devices, oxygen equipment, furniture) in good condition?
  - Devices for resident care used per manufacturer's recommendations or current standards of practice (pumps, ventilators, oxygen equipment)
  - Do staff promptly clean up spilled liquids in resident care areas?

Accidents Critical Elements Pathway

- **Resident interview for Environmental hazards:**
  - 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 too hot? Who did you tell? What was their response?
- **Other environmental hazards:**
  - Have you had any concerns (based on any specific environmental hazard that the surveyor observes)?
  - Have you told staff? What was their response?

Accidents Critical Elements Pathway

- **Chemicals and Toxins**
  - Are there accessible chemicals/other hazards in resident's bathrooms, bathing facilities?
  - Are there chemicals used by facility staff (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?

Accidents Critical Elements Pathway

- **Unsafe Hot Water**
  - For any resident with a concern about water being too hot or for observations with water being too hot in residents room, bathrooms, or bathing facilities;
  - Thermometers will be used to test temperature of water
  - Rooms closest to hot water tanks/kitchen areas and resident rooms belonging to residents with dementia
- **Electrical Safety**
  - Is electrical equipment used (electrical cords, heat lamps, extension cords, power strips, heating pads)
- **Lighting**
  - Do resident rooms have insufficient light or too much light with potential for glare?

Accidents Critical Elements Pathway

- **Assistive Devices/Equipment Hazards**
  - Are assistive devices (canes, standard and rolling walkers, manual or on-powered wheelchairs and powered wheelchairs) in good repair, safe based on resident condition, personally fit for the resident, maintained in good repair, and safe staff practices?
  - Are assistive devices for transfer (mechanical lifts, sit to stand transfer devices, transfer and gait belts) are based on the resident condition and maintained in good repair?

Accidents Critical Elements Pathway

- **Resident record review**
  - Review nursing notes, therapy notes, IDT notes. Was resident assessed for the accident risk (fall, elopement, or safe smoking assessment)
  - Were the underlying risks identified?
  - Has resident had any accidents since admission?
  - Were preventative measures documented prior to an accident:
    - Was accident a result of an order not followed? A care intervention not addressed? A care plan intervention not implemented?
  - For a resident-to-resident altercation: were interventions reviewed and revised based on resident's responses and evaluated for effectiveness? If not effective, what alternative intervention were implemented?

Accidents Critical Elements Pathway

- Were the circumstances surrounding an accident thoroughly investigated to determine cause?
  - Were the cause and any pattern identified (falls that occur at night trying to go to/from the bathroom); and
  - Was resident's accident risks addresses appropriately?
  - Look at labs
  - Care plan reviewed and revised if indicated to reflect changes as a result of an accident?
  - Are injuries related to accident assessed and treatment measures documented?
  - Are changes in accident risk correctly identified and communicated with staff and practitioner?
  - Is recent MDS assessment (J1900), if resident had a fall coded correctly for each category?
  - Policy and procedure will be reviewed if concerns identified

Bed Rails F 700

- § 483.25 (n) The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to:
  - § 483.25 (n)(1) Assess the resident for risk of entrapment from bed rails prior to installation
  - § 483.25 (n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent

Bed Rails F 700

- § 483.25 (n)(3) Ensure that the beds dimensions are appropriate for the residents size and weight
- § 483.25 (n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails

Intent of § 483.25 (n) F 700

- Ensure that prior to the installation of bed rails, the facility has attempted to use alternatives; if the alternatives that were not attempted were not adequate to meet the resident's needs, the resident is assessed for the use of bed rails, which includes a review of risks including entrapment; and informed consent is obtained from the resident or if applicable, the resident representative. The facility must ensure the bed is appropriate for the resident and that bed rails are properly installed and maintained.

Definitions

- **“Entrapment”-** is an event in which a resident is caught, trapped, or entangled in the space in or about the bed rail
- **“Bed rails”-** adjustable metal or rigid plastic bars attached to the bed. They are available in a variety of types, shapes, and sizes ranging from full to one-half, or one-quarter, or one-eighth lengths. Also some bed rails are not designed to be part of the bed by the manufacturer and may be installed on or used along the side of a bed.
- **Examples include but are not limited to**: *Side rails, bed side rails, safety rails, grab bars and assist bars*

Questions


Thankyou...