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 possible.

Review the Following in Advance to Guide Observations and Interviews:

- ☐ *M*ost current comprehensive and most recent quarterly (if the comprehensive isn't the most recent assessment) MDS/CAAs for Sections C, E, *G*G, H, J, N, O, and P.
- ☐ Physician's orders*, and any pertinent diagnoses*.
- ☐ Progress notes, *care plan interventions, and investigation reports (if available) for* any incidents *or concerns related to* of smoking, injuries, altercations, elopements, *residents with substance use disorder (SUD)* or falls.

Observations for all areas:

- ☐ *Is the resident being supervised and interventions implemented as care planned?*

Wandering and Elopement Observations:

- ☐ If *a* resident is exit seeking (*including resident with SUD)*, *or attempting to access unsafe areas, are* interventions implemented to *keep the resident safe*?

Residents with SUD observations:

- ☐ *Are residents with SUD who leave facility and return, assessed for signs and symptoms of substance use and potential overuse (to prevent an overdose event)?*

- ☐ *Are residents with SUD appropriately monitored to prevent misuse of substances (e.g., alcohol and/or drugs)?*

Smoking/Use of Electronic Cigarette Observations:

- ☐ Is the resident smoking safely (observe as soon as possible):
  - Is the resident supervised if required;
  - Does the resident *smoke while on* oxygen; have a smoking apron or safety equipment *on* if needed; have difficulty holding or lighting a cigarette*/cigar; or have* burned areas in the resident's clothing/body; and
  - *For residents that smoke cigarettes or electronic cigarettes, are they stored in a manner that prevents misuse from other residents and fire hazards (including lighters and chargers)?*
  - *Are e-cigarette devices charged while unattended? (yes=fire hazard))*

Advance Copy

Accidents Critical Element Pathway

Resident-to-Resident Altercation Observations:

NOTE: If the surveyor determines the action was willful, then investigate as abuse (F600).

- ☐ Did the resident have any altercations (e.g., verbal or physical) with any residents? If so, did staff respond *appropriately*?
- ☐ *D*oes 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:

- ☐ *D*o staff respond to the resident's requests for assistance (e.g., toileting)?
- ☐ What interventions are implemented to prevent falls? *For e*xample, *r*esponding to the resident's requests timely; *low bed, fall mat, proper footwear, PT/OT, restorative care, resident's room is free from accident hazards (e.g., adequate lighting, assuring no trip hazards, providing assistive devices).*
- ☐ Does the resident have a position change alarm in place:
  - *Is there* evidence 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 *assist per the care plan?*
- ☐ If bed rails are used:
  - Are they applied *securely and according to manufacturer's instructions*; and
  - Are there areas in which the resident could become entrapped (i.e., large openings or gaps, *or improperly fitting mattress*), or injured *by* 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;
  - *Is the restraint applied correctly? D*o staff respond *timely* to resident requests, and how often is monitoring provided?

Advance Copy

Accidents Critical Element Pathway

Environmental Hazards Observation:

☐ *Hazards*

- Are handrails *secure and* free from sharp edges or other hazards or not installed properly?
-
- Do staff *ensure floors are free to hazards that can cause falls, such as* spilled liquids*, slippery areas, uneven flooring, or debris on the floor*?

☐ Chemicals and Toxins:

- Are chemicals/*medications/or* other *toxinsaccessible to* residents?

☐ Unsafe Hot Water:

- *Using a thermometer, are water temperatures in resident areas (i.e., bathroom/bathing, resident rooms close to hot water tanks, boilers) less than 100 degrees Fahrenheit (37 degrees Celsius)?*

☐ Electrical Safety

- Is electrical equipment used *safely* (e.g., electrical cords, heat lamps, extension cords, power strips, electric blankets, heating pads)?

☐ Lighting

- *Is there* sufficient light*ing to prevent accidents, such as in rooms, hallways, or stairs?*

☐ Assistive Devices/Equipment Hazards

- Are assistive devices (e.g., canes, walkers, manual*/electric* wheelchairs*, mechanical lifts, or gait belts*) in good *condition*, personally fit for the resident, and *used properly by* staff?
- *Are the resident's rooms, equipment, or building (e.g., transfer equipment, IV pumps, ventilators, suctioning devices, oxygen equipment, nebulizers, furniture) in good condition? And are they used per manufacturer's recommendations or current standards of practice?*

Advance Copy

Accidents Critical Element Pathway

Resident, Resident Representative, or Family Interview:
Smoking/Electronic Cigarette Use:

- ☐ *Have you received* instructions from staff regarding smoking, or use of electronic cigarettes *(e.g., storage, charging safety)*? *If yes, what were the instructions? If no, interview staff regarding resident educationon smoking/e-cigarette safety.*
- ☐ 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*, or e-cigarette*? *If so, where do you store them?*

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 *(F580)*?
- ☐ *I*s the facility keeping the resident safe?

Residents with SUD:

- ☐ *Are you aware of the resident using any substances and do you have any concerns about their health and safety.*
- ☐ *Are you aware of visitor(s) bringing in substances to the resident?*

Resident-to-Resident Altercations:

- ☐ Have you had any confrontations with another resident? If so, *was anybody else present when this occurred? Did you report the confrontation to staff? If so, what did they do, and how did they 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?
- ☐ *Were* interventions put in place to help prevent future falls?

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 *safety device such as seat belt or bedrail,* 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?
- ☐ Have you told staff about the water being too hot? Who did you tell? What was their response?

Other Environmental Hazards:

- ☐ Have you *identified* any *additional* concerns *regarding*environmental hazard*s, such as things that can cause you to fall, or be injured by equipment or a person?*
- ☐ Do you feel safe? Are you afraid of anyone?

Advance Copy

Accidents Critical Element Pathway

Nursing Aide Interviews:

- ☐ *Are you aware of the signs and symptoms of substance abuse (e.g., resident that leaves the facility and returns) and how are these residents monitored?*
- ☐ How do you know what interventions or assistance is needed (e.g., for safe smoking, to prevent falls*, to address known substance use disorder*)?
- ☐ *Has the resident had an accident, such as a fall, smoking (burn, fire hazard), altercation, or elopement? If so, did they sustain an injury, when did it occur and what were the circumstances?*

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

- ☐ 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?

Nurse Interviews:

- ☐ *Are you aware of the signs and symptoms of substance abuse (e.g., for resident that leaves the facility and returns) and how are these residents monitored?*
- ☐ What are the resident's risk factors for having an accident (e.g., smoking, *falls, substance use disorder*)? How often are they assessed and *educated, 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 an accident, such as a fall, smoking (burn, fire hazard), altercation, or elopement? If so, did they sustain an injury, when did it occur and what were the circumstances?*
- ☐ How do you monitor staff to ensure they are implementing care-planned interventions?

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*, or substance use disorder*?

Record Review:

- ☐ Review nursing notes, therapy notes, and IDT notes. Has the resident's accident risk been assessed (e.g., fall*s*, elopement, or smoking)?
- ☐ Has the resident had any accidents since admission?
- ☐ Has the care plan been reviewed*,* revised to reflect any changes *because of an accident(s) or change in risk(s), and evaluated for effectiveness?*
- ☐ *Were* injuries related to the accident assessed and treatment measures documented?
- ☐ *Were* 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)?

Advance Copy

Accidents Critical Element Pathway

- ☐ Were preventative measures *implemented* documented prior to an accident*?*
  - Was the accident a result of an order not being followed?
  - A *risk, need or preference* not being addressed?
  - A care-planned intervention not implemented?
  - *Was the resident not educated on safety related to their risk factors (e.g., safe use of cigarettes and e-cigarettes (including lighters and chargers), falls, hot liquids)?*
- ☐ *Was* the accident investigated to *identify cause and patterns* (e.g., falls that occur at night trying to go to/from the bathroom);
- ☐ If concerns are identified, review facility policies and procedures *regarding* accidents, and*/or smoking, and* relevant policies related to the concern identified.
- ☐ *For concerns related to resident beds, review maintenance records:*
  - *Does the facility inspect and maintain all bed frames, mattresses, and bed rails as part of their regular maintenance program and according to manufacturer's recommendations, requirements, and timeframes?*
  - *Has the facility reviewed the risks and benefits of bed rails with the resident and or resident representative and obtained informed consent prior to installation?*
- ☐ *If the resident has a substance use disorder, did the facility assess the resident's risk for leaving the facility against medical advice to obtain substances, the risk for using substances, and discuss the risks with the resident?*
- ☐ *For a resident with known substance use disorder who experienced an overdose in the facility, did the facility implement care plan interventions such as increased monitoring when the resident returned from a leave of absence or after spending time with visitors and/or notifying the physician?*

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.

Advance Copy

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 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 condition*s* 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) *Does the resident assessment accurately reflect the resident's status* (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 measurable 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.

Advance Copy

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: *Smoking Policies F926,* Notification of Change F580, Restraints (CA), Abuse (CA), Right to be Informed F552, Choices (CA), Right to Participate in Planning Care F553, 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), QAPI/QAA (Task).

Advance Copy