



Accidents and Supervision

Guidance Training
42 C.F.R. §§483.25 (h) (1) and (2)
F323




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Today's Agenda

- DQA Initiatives
- Regulation
- Interpretive Guidelines
- Investigative Protocol
- Determination of Compliance
- Deficiency Categorization
- Case Studies
- Q&A Session




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Training Objectives

- Describe current CMS & DQA Initiatives
 - GPRG Goals
 - Healthy People 2010 Goals
- Identify and describe the additions and revisions to the interpretive guidelines for Accidents and Supervision
- Demonstrate knowledge of the contents of the revised Guidance to Surveyors for F323



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Government Performance and Results Act – GPRG Goals



- **Restraints**
- CMS Region 5 Restraint Goal = 4.5%
- WI Restraint Goal = **2.6%**
- Any WI facility at or above 2.6% will be targeted during survey
- **Pressure Ulcers**
- CMS Region 5 Pressure Ulcer Goal = 7.4%
- WI Pressure Ulcer Goal = **7.4%**
- Any WI facility at or above 7.4% will be targeted during survey



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Nursing Home Immunization Goals



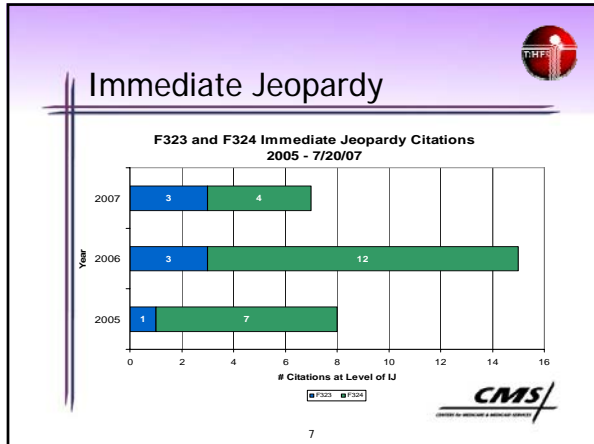
- Annual Influenza vaccination – 90%
- Pneumococcal Vaccine – 90%



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TOP TEN FEDERAL HEALTH CITATIONS					
% = Percentage of Facilities					
Wisconsin 2006	Wisconsin 1 st half 2007 (APRIS data)	Wisconsin 2008 (APRIS data)	Wisconsin 2009 (FLCIS data)	Wisconsin 2009 (FLCIS data)	Wisconsin 2009 (FLCIS data)
E202 - infection control highest level of functioning (31.4%)	E202 - infection control highest level of functioning (31.4%)	E202 - infection prevention (37.2%)	E202 - infection control highest level of functioning (31.4%)	E202 - infection control highest level of functioning (31.4%)	E202 - infection control highest level of functioning and well being (39.7%)
E211 - written food preparation services (31.4%)	E211 - written food preparation services (31.4%)	E211 - infection prevention (34.4%)	E211 - infection prevention (34.4%)	E211 - infection prevention (34.4%)	E211 - infection prevention (34.4%)
E201 - professional standards of practice (30.9%)	E201 - professional standards of practice (30.9%)	E201 - professional standards of practice (30.9%)	E201 - professional standards of practice (30.9%)	E201 - professional standards of practice (30.9%)	E201 - professional standards of practice (30.9%)
E213 - infection prevention (30.2%)	E213 - infection prevention (30.2%)	E213 - infection prevention (30.2%)	E213 - infection prevention (30.2%)	E213 - infection prevention (30.2%)	E213 - infection prevention (30.2%)
E212 - handwashing (29.9%)	E212 - handwashing (29.9%)	E212 - handwashing (29.9%)	E212 - handwashing (29.9%)	E212 - handwashing (29.9%)	E212 - handwashing (29.9%)
E214 - infection control (29.4%)	E214 - infection control (29.4%)	E214 - infection control (29.4%)	E214 - infection control (29.4%)	E214 - infection control (29.4%)	E214 - infection control (29.4%)
E203 - comprehensive care plans (29.2%)	E203 - comprehensive care plans (29.2%)	E203 - comprehensive care plans (29.2%)	E203 - comprehensive care plans (29.2%)	E203 - comprehensive care plans (29.2%)	E203 - comprehensive care plans (29.2%)
E215 - prevention of pressure ulcers (28.9%)	E215 - prevention of pressure ulcers (28.9%)	E215 - prevention of pressure ulcers (28.9%)	E215 - prevention of pressure ulcers (28.9%)	E215 - prevention of pressure ulcers (28.9%)	E215 - prevention of pressure ulcers (28.9%)
E216 - prevention of pressure ulcers (28.7%)	E216 - prevention of pressure ulcers (28.7%)	E216 - prevention of pressure ulcers (28.7%)	E216 - prevention of pressure ulcers (28.7%)	E216 - prevention of pressure ulcers (28.7%)	E216 - prevention of pressure ulcers (28.7%)
E217 - professional standards of practice (28.6%)	E217 - professional standards of practice (28.6%)	E217 - professional standards of practice (28.6%)	E217 - professional standards of practice (28.6%)	E217 - professional standards of practice (28.6%)	E217 - professional standards of practice (28.6%)
E218 - prevent UTIs and other bladder function (27.9%)	E218 - prevent UTIs and other bladder function (27.9%)	E218 - prevent UTIs and other bladder function (27.9%)	E218 - prevent UTIs and other bladder function (27.9%)	E218 - prevent UTIs and other bladder function (27.9%)	E218 - prevent UTIs and other bladder function (27.9%)


Red: New to "top ten" list compared to previous list




- ### F323 - What's Different
- F323 & F324 combined to create tag – F323
 - Regulations have not changed
 - Current guidance revised to create a new comprehensive investigative protocol to include:
 - Interpretive Guidelines which include new & revised definitions, Investigative Protocol, and Determination of Compliance
 - Effective date 8/6/07
- CMS
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- ### Regulatory Language Accidents and Supervision
- 483.25 (h) – Accidents. The facility must ensure that –
 - 1) The resident environment remains as free of accident hazards as possible;
 - 2) Each resident receives adequate supervision and assistance devices to prevent accidents.
- CMS
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Interpretive Guidelines Components




- Intent
- Definitions*
- Overview*
- Systems Approach*
- Supervision*
- Resident Risks & Environmental Hazards*
- Investigative Protocol*
- Determination of Compliance*
- Deficiency Categorization*




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Intent – 483.25(h)




- 1) Ensure the resident environment remains as free of accident hazards as possible.
- 2) Ensure each resident receives adequate supervision and assistance devices to prevent accidents




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Definitions



<ul style="list-style-type: none"> ■ Accident ■ Avoidable Accident ■ Unavoidable Accident ■ Assistance / Assistive Devices <ul style="list-style-type: none"> ■ Mobility ■ Transfer ■ Elopement ■ Environment / Resident Environment 	<ul style="list-style-type: none"> ■ Fall ■ Hazards <ul style="list-style-type: none"> ■ Equipment ■ Physical Plant ■ Staff Practices ■ Risk ■ Supervision <ul style="list-style-type: none"> ■ Adequate Supervision ■ Unsafe Wandering
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Definition: Accident

- Unexpected or unintentional incident
- May result in injury or illness
- Not an adverse outcome directly related to treatment or care that is provided in accordance with current standards of practice



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Definition: Avoidable Versus Unavoidable Accident

<ul style="list-style-type: none"> ■ Avoidable ■ Facility failed to: <ul style="list-style-type: none"> ■ Identify environmental hazard & resident risk ■ Evaluate/analyze hazard and risk ■ Implement interventions ■ Monitor & modify interventions as needed 	<ul style="list-style-type: none"> ■ Unavoidable <ul style="list-style-type: none"> ■ Accident occurred despite facility efforts to: ■ Identify environmental hazard & resident risk ■ Evaluate/analyze hazard and risk ■ Implement interventions ■ Monitor & modify interventions as needed
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Definition: Assistance/Assistive Device

- Any device used by or in the care of a resident to promote, supplement, or enhance the resident's function and/or safety.
- Examples: handrails, grab bars, transfer lifts, canes, wheelchairs, etc.


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Definition: Environment/ Resident Environment



- “Environment” refers to the resident environment.
- “Resident environment” includes the physical surroundings to which the resident has access (e.g., room, unit, common use areas, and facility grounds, etc.).



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Definition: Hazards



- “Hazards” are 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.

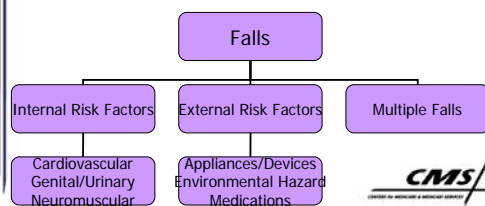


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Definition: Risk




- “Risk” refers to any external factor or characteristic of an individual resident that influences the likelihood of an accident.




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Definition: Supervision/ Adequate Supervision



- Supervision/Adequate Supervision is an intervention and means of mitigating the risk of an accident
- Adequate supervision is defined by:
 - Type and frequency
 - 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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Overview: Commitment to Safety




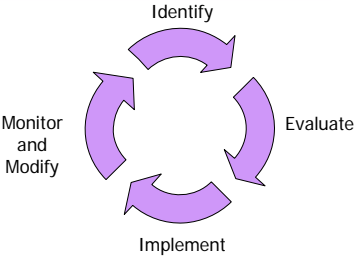

A facility with a commitment to safety:

- Identifies risk
- Reports risk
- Involves all staff
- Utilizes resources
- Commitment to safety demonstrated at all levels of organization




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A Systems Approach






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A Systems Approach Identification of Hazards and Risks




- Sources for identifying hazards may include:
 - Individual Observation – Residents, Staff, Visitors
 - Environmental Rounds
 - Medical history and physical exam
 - Resident Assessments - MDS/RAPS data
 - QA Activities




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A Systems Approach Evaluation and Analysis




- The facility examines data gathered through identification of hazards and risks and applies it to the development of interventions to reduce the potential for accidents.
- Interdisciplinary involvement is a critical component of this process.




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A Systems Approach Implementation of Interventions




Key
Points

- The process includes:
 - Communicating the interventions to all relevant staff;
 - Assigning responsibility;
 - Providing training as needed;
 - Implementing and documenting interventions; and
 - Ensuring that interventions are implemented.




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A Systems Approach Monitoring and Modification




- 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.

Key Point



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Supervision Lack of Adequate Supervision




Lack of adequate supervision to prevent accidents occurs when the facility has:


- Failed to accurately assess a resident and/or the resident environment to determine whether supervision to avoid an accident or injury was necessary; and/or
- Determined supervision of the resident or resident environment was necessary, but failed to provide it.
- Alarms do not replace necessary supervision

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Supervision Resident Smoking




- For a resident who smokes, assessment of the resident's abilities determine whether supervision is required.
- Precautions include:
 - Smoking only in designated areas
 - Supervising residents who need supervision
 - Limiting the accessibility of matches and lighters by the resident who needs supervision.



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Supervision
Resident-to-Resident Altercations


- Facilities need to take reasonable precautions to prevent resident-to-resident altercations.
- Certain situations or conditions may increase potential for resident-to-resident altercations:
 - History of aggressive behavior
 - Negative interactions with other resident(s)
 - Disruptive or annoying behavior


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Supervision
Resident-to-Resident Altercations

- An incident involving a resident who willfully inflicts injury upon another resident should be reviewed as abuse under the guidance for 42 C.F.R. § 483.13(b) at F223.
- "Willful" means that the individual intended the action itself that he/she knew or should have known could cause physical harm, pain, or mental anguish. Even though a resident may have a cognitive impairment, he/she could still commit a willful act. However, there are instances when a resident's willful intent cannot be determined. In those cases, a resident-to-resident altercation should be reviewed under this tag, F323.



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Resident Risks and Environmental Hazards

Key Points


- The physical plant, devices, and equipment may not be hazards in and of themselves. It is the interaction between these potential hazards and the vulnerable resident that may lead to an accident.
- In order to be considered hazardous, an element of the environment must be accessible to a vulnerable resident.
- For a material to pose a safety hazard to a resident, it must be:
 - Toxic, caustic or allergenic and
 - Accessible and available in a sufficient amount to cause harm


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Resident Risks & Environmental Hazards: Resident Vulnerabilities

- A Fall is defined as unintentionally coming to rest on the ground, floor, or other lower level, but not as a result of an overwhelming external force.
 - An episode where a resident loses his/his balance and would have fallen, if not for staff intervention, is considered a fall.
 - A fall without injury is still a fall.





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Resident Risks & Environmental Hazards: Resident Vulnerabilities

Proper action following a fall includes:

- Ascertaining if there were injuries and providing treatment as necessary;
- Determining what may have caused or contributed to the fall;
- Addressing the contributing factors for the fall; and
- Revising the resident's plan of care and/or facility practices to reduce the likelihood of another fall.







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Resident Risks & Environmental Hazards: Resident Vulnerabilities


- Wandering is locomotion with no apparent destination and is most often associated with residents who have dementia.
- Unsafe wandering occurs when the resident enters an area that is physically hazardous.
- Elopement occurs when a resident who needs supervision leaves a safe area without supervision.




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Resident Risks & Environmental Hazards: Resident Vulnerabilities 


- Facility policies and procedures can help to reduce the risk of a resident leaving a safe area without staff supervision.
- The resident's care plan should include interventions to address the potential for elopement.
- A facility's disaster and emergency preparedness plan should include a plan to locate a missing resident.


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Resident Risks & Environmental Hazards: Physical Plant Hazards 

- Chemicals and Toxics
 - For a material to pose a safety hazard, it must be toxic, caustic, or allergenic; accessible and available in sufficient amount to cause harm
- Electrical Safety
 - Electrical equipment #2 source of fires in healthcare facilities
- Lighting
- Water Temperature
 - Table 1 – Time & Temperature Relationship in Serious Burns


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Physical Plant Hazards: Electrical Safety 

- Electrical space heaters are prohibited in resident care areas.
- Extension cords should only be used during construction or during an emergency
- Power strips are not to be used in resident care areas
- Electric blankets / heating pads are not to be used unless the device is hospital grade and ordered by a physician for a therapeutic purpose


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Assistive Devices/Equipment Hazards: Assistive Devices for Mobility


- Mobility devices include canes, walkers, and wheelchairs.
- There are 3 reasons why a resident may be at risk of an accident:
 - Resident condition
 - Personal fit and device condition
 - One size does not fit all
 - Staff practices



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Assistive Devices/Equipment Hazards: Assistive Devices for Transfer



- Transfer devices include portable total body lifts, sit-to-stand devices, and transfer belts.
- Factors that place a resident at risk include:
 - Staff availability
 - Resident abilities
 - Staff training



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Assistive Devices/Equipment Hazards: Devices Associated with Entrapment

- Bed rails & bed accessories pose ↑ risk to resident safety
 - Improper sizing of mattresses
 - Overlay air mattresses
 - Defective bed rails





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Assistive Devices/Equipment Hazards:
Devices Associated with Entrapment Risks

NOTE:
 42 C.F.R. § 483.13(a), F221, applies to the use of physical restraints.

42 C.F.R. § 483.25(h)(2), F323 applies to assistive devices that create hazards (e.g., devices that are defective; not used properly or according to manufacturer's specifications; disabled or removed; not provided or do not meet the resident's needs (poor fit or not adapted); and/or used without adequate supervision when required).




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Investigative Protocol

Components


- Objectives
- Use
- Procedures




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Investigative Protocol: Objectives

- To determine:
 - If the facility identified hazards in the resident environment and the individual resident's risk for an avoidable accident posed by the hazard;
 - If a resident accident was avoidable or unavoidable;
 - If the facility provides an environment that is as safe as possible; and
 - If the facility provided adequate supervision and assistive devices to prevent avoidable accidents.






Investigative Protocol: Use


- Use this protocol:
 - For a sampled resident who is at risk to determine if the facility provided care and services, including assistive devices as necessary, to prevent avoidable accidents and to reduce the resident's risk;
 - For a sampled resident who is at risk for accidents or who creates a risk to others, to determine if the facility has provided adequate supervision; and
 - For identified hazards, to determine if there are facility practices in place to analyze hazards; implement interventions to reduce the hazards; and monitor the effectiveness of the interventions.

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Investigative Protocol: Procedures

- Observe the environment for the presence of potential/actual hazards:
 - Accessibility of chemicals;
 - Conditions in the environment;
 - Staff response to alarms and verbal calls for help;
 - Assistive devices that are defective; and
 - Staff response to potential and actual hazards.




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Investigative Protocol: Procedures

- Interview the resident and his/her family to identify:
 - If the resident was aware of his/her risk of an accident;
 - If the resident was aware of hazards for other residents;
 - If the resident reported a hazard to staff; and
 - How and when staff responded to a hazard once it was identified.




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Investigative Protocol: Procedures

- Interview staff to determine:
 - If they were aware of planned interventions to reduce a resident's risk;
 - If they reported potential resident risks;
 - If they took action to correct an immediate hazard; and
 - If they received training regarding facility procedures to remove or reduce hazards.




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Investigative Protocol: Procedures


- Record Review: Assessment & Evaluation
 - Review the RAI, Physician orders, nurses' notes
 - Determine if the facility assessment is consistent with the record and reflects the resident's risk factors for avoidable accidents:
 - Risk of unsafe wandering and elopement
 - Hearing, visual, and sensory impairments
 - Diagnoses of Alzheimer's and other dementias
 - Medication use
 - History of falls

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Investigative Protocol: Procedures

- Record Review: Plan of Care
 - If the resident has had an accident, review the record to determine if it was:
 - The result of an order not being followed; and/or
 - A care need not being addressed; and/or
 - A plan of care not being implemented




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Investigative Protocol: Procedures

- Review/Investigate facility practices.
- How does the facility identify, evaluate and prevent avoidable accidents/hazards?
 - Determine if the facility:
 - Identified potential hazards and risks;
 - Evaluated information gathered to identify the causes of the risks;
 - Implemented interventions; and
 - Monitored implementation of interventions.


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Determination of Compliance

Components

- Synopsis of Regulation
- Criteria for Compliance
- Noncompliance
- Potential Tags for Additional Investigation


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Determination of Compliance

Synopsis of Regulation (F323)


- The requirement at 42 CFR 483.25(h)(1) and (2) has three aspects:
 - a resident's environment remains as free of accident hazards as possible;
 - the facility provides adequate supervision; and
 - the facility provides assistive devices to prevent accidents.


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Determination of Compliance
 42 CFR 483.25(h) (1) and (2), F323


- For the resident who has had an accident, the facility is in compliance with this requirement if staff have:
 - Identified hazards;
 - Evaluated the hazards;
 - Implemented interventions;
 - Provided assistive devices; and
 - Provided a secure environment.



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Determination of Compliance
 42 CFR 483.25(h) (1) F323


- The facility is in compliance with this requirement if the staff have:
 - Maintained the general resident environment and equipment;
 - Received training and periodic monitoring regarding use of resident-specific equipment;
 - Provided a safe environment during general housekeeping activities; and
 - Operated equipment in accordance with manufacturer's recommendations and resident need.



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Determination of Compliance
 Noncompliance For F323

- Noncompliance may include, but is not limited to, failure to:
 - Provide each resident with an environment that is safe;
 - Provide adequate supervision;
 - Address hazards;
 - Provide assistive devices; and
 - Assess and develop interventions.




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Determination of Compliance

Potential Tags for Additional Investigation

- F221 - Restraints
- F223 – Abuse
- F272 – Comprehensive Assessment
- F279 – Comprehensive Care Plans
- F280 – Comprehensive Care Plan Revision
- F281 – Professional Standards of Quality
- F353 – Sufficient Staff
- F520 – Quality Assessment & Assurance




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Deficiency Categorization

Severity Determination

- The key elements for severity determination are:
 - Presence of harm or potential for negative outcomes;
 - Degree of harm (actual or potential); and
 - The immediacy of correction required.




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Deficiency Categorization


Severity Level 4 Considerations

- Immediate jeopardy to resident health or safety
- The facility's noncompliance:
 - Has allowed or could allow serious injury, or death to a resident; and
 - Requires immediate correction, as the facility either created the situation or allowed the situation to continue.




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Deficiency Categorization
Severity Level 4 Considerations




Examples of Level 4 might include:

- Esophageal damage;
- Loss of consciousness;
- 3rd degree burn, or a 2nd degree burn covering a large surface area;
- Fracture or other injury that may require surgical intervention and results in significant decline in mental and/or physical functioning;
- Electric shock due to use of unsafe or improperly maintained equipment;




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Deficiency Categorization
Severity Level 4 Considerations




- Entrapment of body parts, such as limbs, head, neck, or chest that cause injury or death as a result of defective or improperly latched side rails or spaces within side rails, between split rails, between rails and the mattress, between side rails and the bed frame, or spaces between side rails and the head or foot board of the bed;
- Entrapment of body parts, such as limbs, head, neck, or chest that causes or has the potential to cause serious injury, harm, impairment or death as a result of any manual method, physical or mechanical device, material, or equipment;




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Deficiency Categorization
Severity Level 4 Considerations




- Unsafe wandering and/or elopement or falls that resulted in or had the potential to result in serious injury, impairment, harm or death and the facility had no established measure(s) or practice(s), or ineffective measure(s) or practice(s), that would have prevented or limited the resident's exposure to hazards or prevented the fall or limited the resident's injury




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Deficiency Categorization
Severity Level 4 Considerations




- Example: Resident leaves facility or locked unit unnoticed and sustained or had potential to sustain serious injury, impairment, harm or death
- Example: Fracture or other injury that may require surgical intervention and/or results in significant decline in mental and/or physical functioning.




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Deficiency Categorization
Severity Level 3 Considerations




- Actual harm that is not immediate jeopardy
- May include clinical compromise, decline, or the resident's inability to maintain and/or reach his/her highest practicable well-being.




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Deficiency Categorization
Severity Level 3 Considerations




Examples of Level 3 might include:

- Short-term disability;
- Pain that interfered with normal activities;
- 2nd degree burn;
- Fracture or other injury that may require surgical intervention and does not result in significant decline in mental and/or physical functioning;
- Medical evaluation was necessary, and treatment beyond first aid (e.g., sutures) was required;




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Deficiency Categorization
Severity Level 3 Considerations




- Fall(s) that resulted in actual harm and the facility had established measure(s) or practice(s) in place that limited the resident's potential to fall and limited the resident's injury and prevented the harm from rising to a level of immediate jeopardy
 - Example: Short-term disability; pain that interfered with normal activities; fracture or other injury that may require surgical intervention and does not result in significant decline in mental and/or physical functioning; or medical evaluation was necessary, and treatment beyond first aid (e.g., sutures) was required.




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Deficiency Categorization
Severity Level 3 Considerations




- Unsafe wandering and/or elopement that resulted in actual harm and the facility had established measure(s) or practice(s) in place that limited the resident's exposure to hazards and prevented the harm from rising to a level of immediate jeopardy.




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Deficiency Categorization
Severity Level 3 Considerations




- NOTE: Unsafe wandering or elopement that resulted in actual harm and the facility had no established measure(s) or practice(s), or ineffective measure(s) or practice(s) that would have prevented or limited the resident's exposure to hazards should be cited at Level 4, Immediate Jeopardy.




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Deficiency Categorization
Severity Level 2 Considerations




- No actual harm with potential for more than minimal harm that is not immediate jeopardy
- Noncompliance resulted in:
 - No more than minimal discomfort to the resident; and/or
 - The potential to compromise the resident's ability to maintain or reach his/her highest practicable level of well-being.




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Deficiency Categorization
Severity Level 2 Considerations




Examples of Level 2 Severity might include:

- Bruising, minor skin abrasions, and rashes;
- Pain that does not impair normal activities;
- 1st degree burn;
- Medical evaluation or consultation may or may not have been necessary, and treatment such as first aid may have been required;




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Deficiency Categorization
Severity Level 2 Considerations




- Fall(s) which resulted in no more than minimal harm because the facility had additional established measure(s) or practice(s) that limited the resident's potential to fall or limited the injury or potential for injury;
 - Example: Bruising or minor skin abrasions; pain that does not impair normal activities; or medical evaluation or consultation may or may not have been necessary, and/or treatment such as first aid may have been required



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Deficiency Categorization
Severity Level 2 Considerations


- Unsafe wandering and/or elopement, which resulted in no more than minimal harm because the facility had additional established measure(s) or practice(s) that limited the resident's exposure to hazards.
- Example: A resident with Alzheimer's disease left the locked unit and was quickly found unharmed on another unit, and the building was considered a safe environment, as there was no way for the resident to leave the building.



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Deficiency Categorization
Security Level 1 Considerations


- The failure of the facility to provide a safe environment places residents at risk for more than minimal harm.
- Therefore, Severity Level 1 does not apply to this regulatory requirement.



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Case Studies

- Case Study #1
- What severity level should be considered for this example?



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Case Studies

- Case Study #2
- What severity level should be considered for this example?

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Case Studies

- Case Study #3
- What severity level should be considered for this example?

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Case Studies

- Case Study #4
- What severity level should be considered for this example?

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Question & Answer Session

Your feedback is important.
Please complete the Online evaluation at
[http://doa.wi.gov/DHFSsurveys/TakeSurvey
.asp?SurveyID=mL16nm3H95IKG](http://doa.wi.gov/DHFSsurveys/TakeSurvey.asp?SurveyID=mL16nm3H95IKG)



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