

# FALLS IN ASSISTED LIVING FACILITIES



**STATE OF WISCONSIN  
DEPARTMENT OF HEALTH SERVICES**

Division of Quality Assurance  
Bureau of Assisted Living

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**Note:** *The approaches identified in this document are not mandatory. They are proven approaches that may be useful in helping your facility sustain compliance.*

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Falls resulting in serious injury or death continue to occur in assisted living settings. In 2013 there were nearly 2,000 reported falls with injury among assisted living residents in Wisconsin. For this reason, the Division of Quality Assurance (DQA) is reminding assisted living providers of the need to identify residents at risk for falls and to implement strategies for falls prevention.

## **I. Falls Risk Assessment**

Falls prevention begins with identifying those residents who are at risk for falls. A thorough assessment should take place prior to admission and whenever there is a change in the resident's condition.

The following factors may predict an individual's likelihood of falling:

- Diminished level of consciousness or impaired mental status
- Incontinence or need for toileting assistance
- Impaired gait or balance, including the use of assistive devices
- Diminished vision
- A history of falls within the past three months
- Medications, including psychotropics, antihypertensives, diuretics, sedatives, narcotics, or hypoglycemic
- Other medical conditions, including but not limited to low blood pressure, Parkinson's disease, arthritis, diabetes, vertigo, or stroke

Various tools are also available for determining balance and gait. Commonly used tools include the Tinetti Gait and Balance Instrument, the Berg Balance Test, and the Falls Assessment Tool (FRAT). Others are available for purchase from online medical form companies. Some comprehensive falls assessments may need to be performed by a qualified healthcare professional.

## **II. Interventions to Prevent Falls**

Once risks are identified, the resident's individual service plan (ISP) should contain approaches to prevent falls from occurring. The following are some examples of interventions:

- Occupational therapy (OT)/physical therapy (PT) recommendations
- Teaching correct use of assistive devices
- Environmental modifications, such as lighting, location of furniture, clear pathways, low bed
- Daily schedule modifications
- Anticipation of needs, including position changes and ambulation, toileting, food or fluids
- Physical assistance with daily living activities
- Supervision
- Pain management

- Padded clothing, such as hip protectors
- Proper footwear
- Podiatry consults
- Vision exams
- Exercise programs to improve balance and gait (walking, stretching, tai chi, yoga)

In addition, caregivers need to be trained to correctly transfer residents according to the identified needs in the ISP. This includes proper use of mechanical lift and transfer devices, as well as gait belts.

### **III. Responding to a Fall**

Facility procedures should provide clear direction to staff upon discovery of a fallen resident. In the absence of a nurse, direct care staff need to be able to recognize possible injury to an individual and respond accordingly. Procedures should direct staff in giving immediate assistance to the individual, providing basic first aid, and notifying emergency medical professionals. Staff should also receive direction in monitoring for complications after a fall occurs.

### **IV. Investigation of a Fall**

Every fall should result in a post-fall assessment to determine the cause of the fall and the need for additional or modified interventions. Comprehensive reporting information will identify date, time, location, a description of what the individual was doing, assistive devices in use and their condition, environmental status, and physical or mental condition of the person prior to the fall. Review of those assessments can also reveal a pattern associated with time, place, and staff present.

The post-fall assessment may generate the following examples of information that could have contributed to the fall:

- Lack of adequate supervision or staff assistance
- Change in level of functioning
- Acute medical conditions, including urinary tract infections
- Inadequate food or fluid intake
- Worn out, inappropriate, or ill-fitting footwear
- Sleep patterns
- Environmental factors such as lighting, obstacles, wet floors
- Anxiety or agitation
- Side effects of medications

In addition, facilities should have written policies and procedures to address staff response following a fall by a resident. This includes immediate response and first aid, obtaining medical treatment, documentation, and notification.

## **V. Balancing Maximum Independence and Safety**

At times, a competent resident may disagree with or decide not to follow the safety interventions identified in the ISP or the recommendations from a healthcare professional. Similarly, residents with impaired judgment or impaired cognition might not consistently follow or understand safety interventions. If a resident is not following a recommended safety plan, a re-assessment may be needed to identify alternative, more effective approaches. A risk engaged in by a resident will not eliminate provider liability if there is negligence that results in harm or if there is a violation of regulatory requirements.

## **VI. Applicable Wisconsin Regulations Related to Falls**

### ***Adult Day Care Standards***

#### **Adult Day Care Certification Standards Checklist**

<https://www.dhs.wisconsin.gov/forms1/f6/f60947.pdf>

#### **Safety**

Safe Conditions – ADC Standards III.B.(2)

#### **Assessment and Service Plan Development**

Assessment – ADC Standards I.C.(2)(a)

Statement of Services – ADC Standards I.C.(2)(b)

Updating Service Plan – ADC Standards I.C.(3)

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### ***Adult Family Homes***

#### **Safety**

Licensee and service provider responsibilities – [DHS 88.04\(2\)\(f\)](#)

Home – [DHS 88.05\(3\)\(a\)](#)

Resident Rights to Safe Environment – [DHS 88.10\(3\)\(L\)](#)

#### **Assessment and Service Plan Development**

Assessment – [DHS 88.06\(3\)\(c\)](#)

Updating Service Plan – [DHS 88.06\(3\)\(f\)](#)

Notification of Change in Resident's Medical Condition – [DHS 88.07\(2\)\(b\)6.](#)

#### **Services**

Resident Rights to Prompt and Adequate Treatment – [DHS 88.10\(3\)\(p\)](#)

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## ***Community-Based Residential Facilities***

### **Safety**

Resident Rights to Safe Environment – [DHS 83.32\(3\)\(n\)](#)

### **Assessment and Service Plan Development**

Resident Physical Health – [DHS 83.35\(1\)\(c\)1.](#)

Resident Risk – [DHS 83.35\(1\)\(c\)7.](#)

Resident Needs and Outcomes – [DHS 83.35\(3\)\(a\)1.](#)

Program Services Identified – [DHS 83.35\(3\)\(a\)2.](#)

Updating Service Plan – [DHS 83.35\(3\)\(d\)](#)

### **Services**

Resident Rights to Prompt and Adequate Treatment – [DHS 83.32\(3\)\(i\)](#)

Supervision – [DHS 83.38\(1\)\(b\)](#)

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## ***Residential Care Apartment Complexes***

### **Safety**

Tenant Rights to Safe Environment – [DHS 89.34\(17\)](#)

### **Assessment and Service Plan Development**

Assessment – [DHS 89.26\(1\)](#)

Annual Review of Assessment – [DHS 89.26\(4\)](#)

### **Services**

Appropriate to Tenant – [DHS 89.23\(3\)\(d\)](#)

## VII. Resources for Additional Information

Wisconsin Department of Health Services

Falls Prevention – Older Adults

<http://www.dhs.wisconsin.gov/health/InjuryPrevention/FallPrevention/index.htm>

National Council on Aging

Falls Prevention Initiative

<http://www.ncoa.org/improve-health/falls-prevention/>

DQA Focus Conference 2012

Listing of breakout session webcasts, including those addressing falls prevention

[http://www.dhs.wisconsin.gov/rl\\_Dsl/Training/focus12/index.htm](http://www.dhs.wisconsin.gov/rl_Dsl/Training/focus12/index.htm)

U.S. Department of Veterans Affairs

National Center for Patient Safety Falls Toolkit

<http://www.patientsafety.va.gov/professionals/onthejob/falls.asp>

Texas Department of Aging and Disability Services

Links to clinical practice guidelines, assessment tools, and handouts

<http://www.dads.state.tx.us/qualitymatters/qcp/fall/nf.html>

Alzheimer's Association

Traumatic Brain Injury

<http://www.alz.org/dementia/traumatic-brain-injury-head-trauma-symptoms.asp>

Center for Health in Aging and the Emory University Division of Geriatric Medicine and Gerontology

*The Falls Management Program: A Quality Improvement Initiative for Nursing Facilities*

<http://www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallspx/fallspxmanual.pdf>

Centers for Disease Control and Prevention

Preventing Falls in Older Patients

<https://www.cdc.gov/pdf/steadi-pocketguide-508.pdf>

Centers for Disease Control and Prevention

STEADI Tool Kit for Health Care Providers

<http://www.cdc.gov/homeandrecreationalafety/Falls/steadi/index.html>

Tennessee Department of Intellectual and Developmental Disabilities

*Preventing Falls: A Resource Manual*

[https://www.tn.gov/content/dam/tn/didd/documents/divisions/health\\_services/therapeutic-services/](https://www.tn.gov/content/dam/tn/didd/documents/divisions/health_services/therapeutic-services/Health_Services-Preventing_Falls_Resource_Manual.pdf)

[Health\\_Services-Preventing\\_Falls\\_Resource\\_Manual.pdf](https://www.tn.gov/content/dam/tn/didd/documents/divisions/health_services/therapeutic-services/Health_Services-Preventing_Falls_Resource_Manual.pdf)

Washington State Department of Health

*Stay Active and Independent for Life: An Information Guide for Adults 65+*

<http://here.doh.wa.gov/materials/stay-active-and-independent-for-life-an-information-guide-for-adults-65>

Falls Risk Assessment Tool (FRAT)

[http://www.health.vic.gov.au/agedcare/maintaining/falls\\_dev/Section\\_b2b\\_1.htm](http://www.health.vic.gov.au/agedcare/maintaining/falls_dev/Section_b2b_1.htm)