

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



Today's Agenda

- Regulation
- Interpretive Guidelines
- Investigative Protocol
- Determination of Compliance
- Deficiency Categorization



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Handouts for Today's Seminar

The handouts for today are available at:

<http://www.health.state.mn.us/divs/fpc/cww/cwwindex.html>



Regulatory Language
Accidents and Supervision F323

- The facility must ensure that:
 - The resident environment remains as free of accident hazards as is possible; and
 - Each resident receives adequate supervision and assistance devices to prevent accidents.



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Accidents & Supervision

Interpretive Guidelines



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

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



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Methods to Meet Intent

- Identifying hazards and risks;
- Evaluating and analyzing hazards and risks;
- Implementing interventions to reduce hazards and risks; and
- Monitoring for effectiveness and modifying interventions as indicated.



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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



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Definition: Avoidable Accident

- Facility failed to:
 - Identify environmental hazard and resident risk
 - Evaluate/analyze hazard and risk
 - implement interventions
 - Monitor and modify interventions as needed



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Definition: Unavoidable Accident

- Accident occurred despite facility's efforts to:
 - Identify environmental hazard and resident risk
 - Evaluate/analyze hazard and risk
 - implement interventions
 - Monitor and modify interventions as needed



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Definition: Assistance/Assistive Device

- Any device used by or in 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” refer to elements of the resident environment that have the potential to cause injury or illness.
- “Hazards over which the facility has control” are those hazards in the resident environment where reasonable efforts by the facility could influence the risk for resulting injury or illness.
- “Free of accident hazards as is possible” refers to being free of accident hazards over which the facility has control.



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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" refers to an intervention and means of mitigating the risk of an accident.
- Adequate supervision is defined by the type and frequency of supervision, based on the individual resident's assessed needs and identified hazards in the resident environment.



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Overview: Commitment to Safety

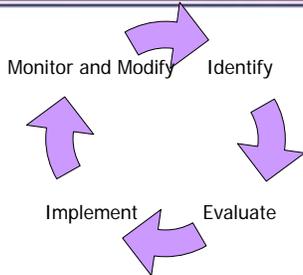
A facility with a commitment to safety:

- 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:
 - Quality assurance activities
 - Environmental rounds
 - MDS/RAPS data
 - Medical history and physical exam
 - Individual observation



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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

- 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.



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Supervision

- Supervision is an intervention and a means of mitigating accident risk.
- Adequacy is defined by the type and frequency of supervision.
- Adequate supervision may vary from resident to resident and from time to time for the same resident.



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Lack of Adequate Supervision

The 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.



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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 Smoking**

- Falling Asleep While Smoking
- History of Unsafe Smoking
- No Smoking Precautions/Interventions Implemented



**Supervision
Resident Smoking**

- If the facility determined that the resident could smoke unsupervised (unlikely given the known history and staff observations), the facility could require the use of only Fire-Safe cigarettes (required in 2009) for use by this resident; the facility could also consider the use of a smoking apron.
- If the facility determined that the resident required smoking supervision, a system to ensure that the resident did not smoke unsupervised would need to be implemented (ie: keep cigarettes/lighters at nursing station).



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

- This section provides information regarding the most common, but not all, potential hazards.
- The physical plant, devices, and equipment described 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.



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Resident Risks & Environmental Hazards: Resident Vulnerabilities

- Falls are 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/her 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 Vulnerabilities: Falls (Scenario 1)

- Resident Getting Weaker
- Began to Experience Falls
- Fall Risk Not Reassessed
- Care Plan Interventions Not Developed



Resident Vulnerabilities Falls (Scenario 1)

- Staff Knowledge of Risk for Falls
- Reporting of Risk Observations
- Identifying the Cause and Solutions
- Treat for Injuries & Address the Cause
- Revise the Plan of Care as Needed or Document Reason Why Change is Not Needed



Resident Vulnerabilities: Falls (Scenario 2)

- History of Falls
- Planned Intervention – Personal Alarm
- Alarm Not Attached to Stable Surface



Resident Vulnerabilities Falls (Scenario 2)

- Report Inabilities to Apply Device per Manufacturer’s Directions
- Monitor for Implementation of the Plan of Care Interventions
- Evaluate for Effectiveness



Resident Risks & Environmental Hazards

Resident Vulnerabilities

- Unsafe Wandering: wandering is locomotion with no apparent destination and is most often associated with 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 that define mechanisms and procedures can help to mitigate the risk of a resident leaving a safe area without staff supervision.
- The resident should have interventions in their comprehensive plan of care 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 Vulnerabilities: Elopement

- Multiple Elopements
- Door Easily Accessible/Coded/Wanderguard
- Followed Visitors



**Resident Vulnerabilities:
Elopement**

- Staff Monitoring
- Care Plan Not Effective
- Busy Intersection



**Resident Vulnerabilities:
Elopement**

- Develop Individualized Plan of Care
- Reassess Needs and Interventions
- Brainstorm Ideas for Reducing Elopement Risk
- Missing Person Alert System



**Resident Risks & Environmental Hazards:
Physical Plant Hazards**

- Chemicals and Toxics
- Water Temperature
- Electrical Safety
- Lighting



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Physical Plant Hazards: Chemicals & Toxics

- Potentially hazardous materials include:
 - Chemicals used by facility staff in the course of their duties;
 - Drugs & therapeutic agents; and
 - Plants and other natural materials found indoors or outdoors
- Facilities are required to have the Material Safety Data Sheet (MSDS).
- Poison control centers are also a source of information for potential hazards.



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Physical Plant Hazards: Chemicals & Toxics

- Unlocked Chemicals in Resident Areas
 - Cognitively Impaired Residents
 - Residents Who Can Move Independently
 - Could Not Locate the Padlock



Physical Plant Hazards: Chemicals & Toxics

Common facility locations at risk for unintended hazardous exposure include:

Tub/Shower Rooms, Whirlpool Rooms, Janitors' Closets, Dishwashing Areas, Medication Carts, Medication Rooms, Central Supply/Storage areas, Housekeeping Carts, Barber/Beauty Shops, Maintenance areas, etc.



Physical Plant Hazards: Water Temperature

- Water may reach temperatures in hand sinks, showers, and tubs that can scald a resident.
- Some states have regulations regarding the specific maximum water temperature that is allowed.



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Physical Plant Hazards: Water Temperature

- Hot Water Temperatures Noted
 - Temps Greater Than 120° F
 - Resident Restrooms
 - Cognitively-Impaired Residents Who Can Move Independently



Physical Plant Hazards: Water Temperature

Water temperatures in tubs, showers, whirlpools, sinks in dining areas, and handsinks need more than monthly monitoring. Maximum temperatures in these areas should be monitored on a daily basis, and keep monitoring records on file.



Physical Plant Hazards: Electrical Safety

- The use of electrical space heaters are prohibited in resident care areas.
- The wires on electric blankets should not be tucked in or squeezed.
- A resident should not go to sleep with electric blankets or heating pads turned on.
- The use of GFCI's may be required near water sources.



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Physical Plant Hazards: Electrical Safety

- Medical Equipment With Electrical Cord
- Cord Has Exposed Open Wires



Physical Plant Hazards: Electrical Safety

A situation like this should not have gone unnoticed by Nurses, Nursing Assistants, Housekeepers and Maintenance Staff. Everyone should be alert to safety hazards.

Who checks facility supplied equipment for safety prior to it being placed into use? Who releases and installs the equipment? Is there an easy repair-slip process in place?

Who checks and authorizes resident supplied electronic equipment for compliance with safety standards?



Physical Plant Hazards: Lighting

- There is variability in vision, thus no single level of illumination is recommended.
- Creating transitional zones between light and dark spaces helps to improve sight recovery.
- Providing extra visual cues that clearly define needed items can help to enable safe performance of tasks.
- Providing supplemental light near beds for patients may assist in safe mobility at night.



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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
 - Staff practices



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Assistive Devices for Mobility: Equipment Not Maintained

- Adaptive Wheelchair
- Padding Worn
- Resident Scratched



**Assistive Devices for Mobility:
Equipment Not Maintained**

- Evaluate Injuries and Determine the Cause
- Inspect Resident Equipment
- Report Defective Equipment
- Prompt Repair or Replacement



**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 for Mobility:
Improper Technique for Resident**

- Facility Noted Increased Falls With Standing Lifts
 - Changed Method Sling Was Applied
 - Facility's New Method in Conflict With Manufacturer's Recommendation
 - Resident Was Hurt



**Assistive Devices for Mobility:
Improper Technique**

- Facility Policy and Practice is to Follow Manufacturer's Instructions
- Staff are Trained According to the Manufacturer's Instructions
- Staff Performance is Monitored for Adherence to Usage per Manufacturer's Instructions
- Choice of Equipment is Based on Safe Outcomes



**Assistive Devices/Equipment Hazards:
Devices Associated with Entrapment Risks**

- Bed rails and bed accessories can pose increased risk to resident safety.
- Entrapment may occur when a resident slips between the mattress, regular or air-filled, and the bed rail.
- Improper sizing of mattresses and bent bed rails increase the risk of resident entrapment.



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**Devices Associated with
Entrapment Risks**

- Resident Entrapment
- Bed Had 1/2 Side Rails
- Large Space Noted Between Bed and Mattress



Devices Associated with Entrapment Risks

- Facility Policies Included Monitoring Bed/Rails
- Multiple Staff Opportunities to Observe



Devices Associated with Entrapment Risks

Unfortunately these situations can occur when a resident who may be at-risk for entrapment ends up in a bed system where the bed frame, mattress, headboard, footboard, and siderails interact in a manner that creates gaps that could permit entrapment.



Devices Associated with Entrapment Risks

First, had the resident been assessed to be at-risk for bed entrapment? If so, what procedure was in place to verify that only a “safe” bed system was placed in the room?



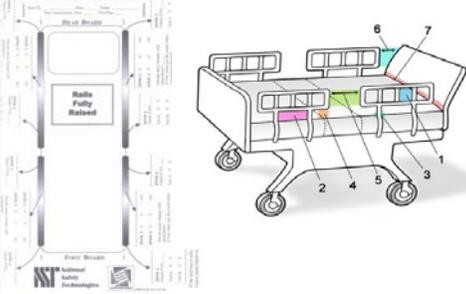
Devices Associated with Entrapment Risks

Second, the bed system had a gap in Zone 3 (from the FDA's 7 identified potential bed system entrapment zones) of 140-150 mm. Anthropometric research, conducted by the FDA, indicates that the gap in Zone 3 should not exceed 120 mm (4 ¾ inches) to minimize entrapment risks. Was this gap ever measured with this bed system? What was the measurement method used by the facility and the dimensional gap applied?



Devices Associated with Entrapment Risks

Bed System Measurement Device Test Results Worksheet



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).



Investigative Protocol

Accidents & Supervision



Investigative Protocol

Components

- Objectives
- Use
- Procedures



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Investigative Protocol: Objectives

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



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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
 - Determine if the facility assessment is consistent with the record and reflects the resident's:
 - 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 facility practices.
 - 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) (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 adequate supervision; and
 - Monitored the effectiveness of the supervision and modified the interventions as necessary.



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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

- 42 C.F.R. 483.13(a), F221, Restraints
- 42 C.F.R. 483.13(b), F223, Abuse
- 42 C.F.R. 483.20(b)(1), F272, Comprehensive Assessments
- 42 C.F.R. 483.20(k)(1), F279, Comprehensive Care Plans
- 42 C.F.R. 483.20(k)(2), F280, Comprehensive Care Plan Revision



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Determination of Compliance

Potential Tags for Additional Investigation

- 42 C.F.R. 483.20(k)(3)(i), F281, Services Provided Meet Professional Standards
- 42 C.F.R. 483.30(a), F353, Sufficient Staff
- 42 C.F.R. 483.75(o), F520, Quality Assessment and 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 that resulted in or had the potential to result in serious injury, impairment, harm or death (e.g., resident leaves facility or locked unit unnoticed and sustained or had potential to sustain 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.



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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 ability 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 (e.g., 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) 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; or



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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 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 (e.g., 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) 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; or



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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. For 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

Severity 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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Physical Plant Hazards: Chemicals & Toxics

- Unlocked Chemicals in Resident Areas
 - Cognitively Impaired Residents
 - Residents Who Can Move Independently
 - Could Not Locate the Padlock



Physical Plant Hazards: Chemicals & Toxics

- Unlocked Chemicals in Resident Areas
 - Unsupervised, Wandering Residents Found in Bathroom
 - Unsupervised Resident With History of Rummaging, Drinking out of Bottles
- Resident Found With Open Chemical



Person-Centered Care

Jane Pederson, MD, MS



September 17, 2007

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What is Culture Change?

- Culture change in long term care is an ongoing transformation in the physical, organizational, and psycho-social-spiritual environments that is based on person-centered values.
- Culture change restores control to elders and those who work closest with them.
 - Pioneer Network

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Challenge – Finding the Balance



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Recommendations

- Keys to success:
 - Clear communication and realistic expectations
 - Resident, family, and staff
 - Care plans the reflect resident/family choice
 - Quality Assurance Processes
 - Quality Improvement
 - Look for root causes
 - Link interventions to the root causes



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StratisHealth

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Questions.....



Thank You for
Your Participation