

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 is possible.

Review the Following in Advance to Guide Observations and Interviews:

- ☐ Review the most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent assessment) MDS/CAAs for Sections C - Cognitive Patterns, E – Behavior-Impact on others, Wandering, G – Functional Status, H – Bladder and Bowel, J – Health Conditions-Falls, Fractures, and Tobacco Use, N – Medications, O – Special Treatments, Procedures, and Programs-therapy services, restorative nursing program, and O2 use, and P – Restraints and Alarms.
- ☐ Physician's orders.
- ☐ Progress notes related to any incidents of smoking, injuries, altercations, elopements, or falls.
- ☐ If available, investigation report related to any incidents of smoking, injuries, altercations, elopements, or falls.
- ☐ Pertinent diagnoses.
- ☐ Care plan Interventions for the following:
 - Smoking/*Use of Electronic Cigarettes*;
 - Resident-to-Resident Altercations (also being reviewed under the Abuse pathway);
 - Falls;
 - Wandering and elopement; and/or
 - Safety/Entrapment (e.g., physical restraints, bed rails).

Observations for all areas:

- ☐ What type of supervision is provided to the resident and by whom?
- ☐ How are care-planned interventions implemented?

Wandering and Elopement Observations:

- ☐ Where is wandering behavior observed?
- ☐ What interventions are implemented to ensure the resident's safety?
- ☐ If the resident is exit seeking, what interventions are implemented to prevent elopements?

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 have oxygen on while smoking;
 - Does the resident have a smoking apron or other safety equipment if needed;
 - Does the resident have difficulty holding or lighting a cigarette;
 - Are there burned areas in the resident's clothing/body; and
 - Does the resident keep his/her cigarettes and lighter?
- ☐ *Is the resident using an electronic cigarette in his or her room or in a non-smoking area?*
 - *Do other residents appear to be bothered by the electronic cigarette use?*

Accidents Critical Element Pathway

Resident-to-Resident Altercation Observations:

- ☐ Did the resident have any altercations (e.g., verbal or physical) with any residents? If so, how did staff respond?
- ☐ How does staff supervise/respond to a resident with symptoms such as anger, yelling, exit seeking, rummaging/wandering behaviors, targeting behaviors, inappropriate contact/language, disrobing, pushing, shoving, and striking out?

Fall Observations:

- ☐ How does staff respond to the resident's requests for assistance (e.g., toileting)?
- ☐ What effective interventions are implemented to prevent falls? Examples may include:
 - Responding to the resident's requests timely;
 - Placing the resident in a low bed, or providing a fall mat;
 - Monitoring resident positioning to prevent sliding/falling;
 - Providing proper footwear to prevent slipping;
 - Providing PT/OT/restorative care; and/or
 - Assuring the resident's room is free from accident hazards (e.g., providing adequate lighting, assuring there are no trip hazards, providing assistive devices).
- ☐ Does the resident have a position change alarm in place:
 - What evidence is there that 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 implement care-planned interventions for transfers? Does the equipment appear to be in good condition, maintained, and used according to manufacturer's instructions?
- ☐ If bed rails are used:
 - Are they applied safely; and
 - Are there areas in which the resident could become entrapped (i.e., large openings or gaps), or become injured, such as 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;
 - Who applied the restraint, how was it applied, and how was the resident positioned; and
 - How does the resident request staff assistance (e.g., access to the call light), how do staff respond to resident requests, and how often is monitoring provided?

Accidents Critical Element Pathway

Environmental Hazards Observation:

☐ Handrails

- Are handrails free from sharp edges or other hazards or not installed properly?

☐ Building and Equipment

- Are resident's room, equipment or building (e.g., transfer equipment, IV pumps, glucometers, thermometers, ventilators, suctioning devices, oxygen equipment, nebulizers, furniture) in good condition?
- Are devices for resident care used per manufacturer's recommendations or current standards of practice (e.g., pumps, ventilators, and oxygen equipment)?
- Do staff promptly clean up spilled liquids in a resident area?

☐ Chemicals and Toxins:

- Are there accessible chemicals/other hazards in the resident's bathroom, bathing facilities?
- Are there chemicals used by facility staff (e.g., housekeeping chemicals), including chemicals or other toxin materials in the resident environment?
- Are there drugs or other therapeutic agents that pose a safety hazard to a resident?
- Are there plants or other "natural" materials found in the resident environment or in the outdoor environment?

☐ Unsafe Hot Water:

- For a resident with a concern about the water being too hot or for observations with the water being too hot in the resident's room, bathroom, or bathing facilities;
- Using a thermometer, check the water temperature in the resident room/bathroom/bathing facilities identified with the unsafe hot water;
- Using a thermometer, check the water temperature in resident rooms closest to the hot water tanks/kitchen areas and resident rooms belonging to residents with dementia.

☐ Electrical Safety

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

☐ Lighting

- Do resident rooms have insufficient light or too much light with the potential for glare?

☐ Assistive Devices/Equipment Hazards

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

Accidents Critical Element Pathway

Resident, Resident Representative, or Family Interview:

Smoking/*Electronic Cigarette Use*:

- ☐ What instructions have you received from staff regarding smoking, *or use of electronic cigarettes*?
- ☐ 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?
- ☐ *For electronic cigarette use: How do you change your batteries or fill your cartridge?*

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?
- ☐ How is the facility keeping the resident safe?

Resident-to-Resident Altercations:

- ☐ Have you had any confrontations with another resident? If so, what happened? Who was involved? When and where did the confrontation occur?
- ☐ Was there anybody else present when this occurred? If so, who was present? What did they do?
- ☐ Do you feel safe? Are you afraid of anyone?
- ☐ Did you report the confrontation to staff? If so, what was the staff's response? What are staff doing to 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?
- ☐ What were you trying to do when you fell?
- ☐ What has staff talked to you about regarding how to prevent future falls?
- ☐ What interventions have been put in place to help prevent future falls? Are they working? If not, why?

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 restraint 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?
- ☐ How long has the water been too hot?
- ☐ Have you told staff about the water being too hot? Who did you tell? What was their response?

All Other Environmental Hazards:

- ☐ Have you had any concerns [based on specific environmental hazard identified during observation]?
- ☐ Have you told staff? What was their response?

Accidents Critical Element Pathway

Nursing Aide Interviews:

- ☐ Are you familiar with the resident's care?
- ☐ How do you know what interventions or assistance is needed (e.g., for safe smoking, to prevent falls)?
- ☐ Has the resident had a fall/smoking injury/altercation/accident or elopement;
 - When did the accident(s) occur;
 - What were the circumstances around the accident (Ask about any concerns you have – e.g., whether an alarm sounded for a fall/elopement);
 - Did the resident sustain an injury (e.g., smoking, altercations, falls, or transfers); and
 - Was the nurse notified?
- ☐ What interventions were in place before the accident occurred?
- ☐ What interventions were implemented following each accident (e.g., after a fall)?
- ☐ Does the resident refuse? What do you do if the resident refuses?
- ☐ Ask about concerns based on your investigation.

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

- ☐ What therapy/restorative interventions were in place before the accident occurred?
- ☐ What therapy/restorative interventions were implemented following each accident?
- ☐ 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?
- ☐ Does the resident refuse? What do you do if the resident refuses?
- ☐ What did you do if the resident fell while going to the restroom?
- ☐ Ask about concerns based on your investigation.

Nurse Interviews:

- ☐ Are you familiar with the resident's care?
- ☐ What are the resident's risk factors for having an accident (e.g., safe smoking, safe side rail use)? How often are they assessed 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 a fall/smoking injury/altercation/accident or elopement;
 - When did the accident(s) occur;
 - What was the resident trying to do;
 - What were the circumstances around the accident? What caused the accident;
 - Did the resident sustain an injury;
 - Who was notified of the accident and when were they notified;
 - What interventions were in place before the accident occurred; and
 - What interventions were implemented following each accident (e.g., after a fall)?
- ☐ 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?
- ☐ Does the resident refuse? What do you do if the resident refuses?
- ☐ How do you monitor staff to ensure they are implementing care-planned interventions?
- ☐ Ask about concerns based on your investigation.

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?
- ☐ Ask about concerns based on your investigation.

Accidents Critical Element Pathway

Record Review:

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| <ul style="list-style-type: none"><input type="checkbox"/> Review nursing notes, therapy notes, and IDT notes. Has the resident's accident risk been assessed (e.g., fall risk, elopement risk, or safe smoking assessment)?<input type="checkbox"/> Were the underlying risk factors identified?<input type="checkbox"/> Has the resident had any accidents since admission?<input type="checkbox"/> Were preventative measures documented prior to an accident:<ul style="list-style-type: none">○ Was the accident a result of an order not being followed? A care intervention not being addressed? A care-planned intervention not implemented?<input type="checkbox"/> For a resident-to-resident altercation, were interventions reviewed and revised based on the resident's response(s) and evaluated for effectiveness? If not effective, what alternative interventions were implemented?<input type="checkbox"/> Were the circumstances surrounding an accident thoroughly investigated to determine causal factors:<ul style="list-style-type: none">○ Were the cause and any pattern identified (e.g., falls that occur at night trying to go to/from the bathroom); and○ Was the resident's accident risk addressed appropriately? | <ul style="list-style-type: none"><input type="checkbox"/> Review laboratory results pertinent to accidents.<input type="checkbox"/> Has the care plan been reviewed and revised if indicated to reflect any changes as a result of an accident(s)?<input type="checkbox"/> Are injuries related to the accident assessed and treatment measures documented?<input type="checkbox"/> Are changes in the resident's accident risk correctly identified and communicated with staff and practitioner?<input type="checkbox"/> 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)?<input type="checkbox"/> If concerns are identified, review facility policies and procedures with regard to accidents, <i>and relevant policies related to the concern identified.</i> |
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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.

Accidents Critical Element Pathway

- 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 the care 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 the condition 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) Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's status, needs, strengths and areas of decline, accurately complete the resident assessment (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.

Accidents Critical Element Pathway

- 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: 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).