

## Accidents Critical Element Pathway

Use this pathway for a sampled resident who requires supervision and assistive devices to prevent accidents and to ensure the environment is free from accident hazards as is possible. If the concern is related to environmental hazards (e.g., chemicals, hot water, or electrical safety), use the Environment CE Pathway.

### **Review the following to guide your observations and interviews:**

- Review the most current comprehensive (i.e., admission, annual, significant change, or a significant correction to a prior comprehensive) and most recent quarterly (if the comprehensive isn't the most recent assessment) MDS/CAAS for C - cognitive status, E - behaviors, impact on others, and wandering, G - bed mobility, transfer, ambulation, toileting, balance, ROM, mobility devices, H - incontinence status, J - falls, fractures, and tobacco use, N - meds, O – therapy services, restorative services and O2 use, and P - restraints,
- Physician's orders (e.g., restraints, interventions to prevent falls, meds, infections [e.g., UTI], wander alarm, or assistive devices),
- Pertinent diagnosis, and
- Care plan
  - Smoking – safe smoking plan (e.g., O2 use, smoking apron, supervision),
  - Resident-to-Resident – cognitive status, behavior management plan, activities, and social service involvement,
  - Falls – ADL status, behavior management plan, fall prevention (e.g., low bed, supervision, restraint use),
  - Wandering – cognitive status, ambulation, wandering/elopement interventions (e.g., wander alarm, type of supervision, routine visual checks), and
  - Safety/Entrapment – entrapment prevention, appropriate use of assistive devices or restraints.

### **Observation**

*Make observations as appropriate, over various shifts to corroborate the information obtained during the record review. You may also find it important to observe for information obtained from staff interviews. Potential pertinent observations are listed below.*

#### **For all areas**

- Are care-planned interventions in place?

#### **Smoking**

- 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?
  - Does the resident keep his/her cigarettes and lighter?

#### **Entrapment/Safety**

- Does staff transfer the resident safely (e.g., use gait belts, don't pull on resident's arms/pants, or two staff for lifts)?
- Do the side rails fit the bed properly (i.e., no gaps)? Is the resident at risk for entrapment?
- If the resident has fall prevention interventions in place (e.g., fall mat, alarm), does the resident have side rails up? Is the resident trying to get out of bed over the side rails?
- Are restraints applied correctly (e.g., lap buddy should fit tight against the resident or trunk restraints low and tight)? If not, watch staff apply the restraint.
- Is the environment safe (e.g., wet floors cleaned up, or cords or tubing by the resident's feet)?

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### Resident-to-resident altercations

- Are there altercations with other residents?
  - What did the staff do to prevent an altercation (e.g., engaging the resident in activities, redirecting disruptive behavior)?
  - What did they do during the altercation?
  - Are staff supervising the resident?

### Wandering

- Is the resident exit seeking?
- Is the environment secured to prevent the resident from wandering or attempting to leave the facility (e.g., exit doors secured, can't jump over a fence from a locked unit)?
- If the resident wanders, do they have a wander alarm? Does it work? Are they in a locked unit?
- Is the resident adequately supervised?
- Is the resident engaged in activities?

### Falls

- Ensure interventions to prevent falls are in place in bed, while seated, and ambulating.
  - Is the resident in a low bed? Is there a fall mat?
  - Is the resident positioned properly to prevent sliding/falling?
  - Does a resident who transfers or ambulates independently have proper footwear (e.g., rubber-soled shoes)?
  - Is the resident engaged in activities or supervised by staff?
  - Are the resident's needs addressed that contributed to a fall (e.g., toileted in a timely manner)?
  - Is the call light in reach? Does staff respond in a timely manner?
  - Is PT, OT, or restorative provided?
  - If a personal alarm is used, is it on? Is it appropriate (e.g., using it in a w/c when the fall was from bed)? Is it working? Is the length of the cord short enough to alert staff of an attempt to get up (not that the resident is on the floor)? Does staff respond quickly if the alarm sounds?
  - If restraints are used, are they applied correctly?
  - For an independent resident who has had falls to/from the bathroom: Is the lighting adequate? Is the pathway clear? Are assistive devices provided?
- Are fall interventions appropriate (e.g., using a call light for a resident who is clearly cognitively impaired or using a personal alarm that is distressing to the resident)?

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### **Interview**

As part of the investigation, surveyors should attempt to initially interview **the most appropriate direct care staff member**. Your interview question should be specific to the investigation at hand and based on findings from the record review and observations. Consider interviewing the DON, MD, CNP or PA to complete the investigation.

### **Resident and/or representative:**

#### **Smoking**

- Has staff told you that your smoking practices aren't safe?
- What type of interventions are done? (Ask about specific interventions – e.g., supervision, smoking apron).
  - Does staff always supervise you?
  - Do you always take your oxygen off when smoking?
  - Does staff provide you with a smoking apron or other safety equipment if needed?
- Have you had any cigarette burns since being admitted to the facility?
- Do you keep your own cigarettes and lighter?

#### **Resident-to-resident altercations**

- Have you had an altercation with another resident? If so, what happened? What did staff do?
- Has staff talked to you about how they plan to prevent another altercation?
- What type of interventions are done? (Ask about specific interventions – e.g., being engaged in activities).
  - Does staff follow through with the plan?

#### **Elopement**

- Have you wandered away from the facility? If so, how did you leave?
- Has staff talked to you about how they plan to prevent another episode of wandering away?
- What type of interventions are done? (Ask about specific interventions – e.g., being engaged or supervised).
  - Does staff follow through with the plan?

#### **Falls**

- Have you fallen in the facility? If so, what happened? Did you have an injury? (Ask about any concerns you have about the fall – e.g., was your call light in reach)?
- Has staff talked to you about your fall risk and how they plan to reduce the risk?
- What type of interventions are done? (Ask about specific interventions – e.g., low bed, fall mat, call light).
  - Are your needs addressed that contributed to a fall (e.g., toileted in a timely manner)?
  - Is the call light in reach? Does staff respond in a timely manner?
  - Is PT, OT, or restorative provided? What are you working on?
  - For an independent resident who has had falls to/from the bathroom: Is the lighting adequate? Is the pathway clear? Are assistive devices provided?

#### **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 slid out of your w/c or been caught on the restraint? If so, what happened? What did staff do?
- Have you ever slipped on a wet floor or tripped over your oxygen tubing? If so, what happened? Has this happened again?

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### **Staff:**

#### **Nurse Aide:**

- 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)?
  - 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.

#### **Social Services:**

- How were you involved in the development of the resident's behavior management plan to address resident altercations or elopement?
- Ask about concerns based on your investigation.

#### **Therapy and/or Restorative Manager:**

- 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/representative in decisions regarding interventions? If so, how?
- Does the resident refuse? What do you do if the resident refuses?
- Ask about concerns based on your investigation.

### **Staff:**

#### **Nurse:**

- 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 were the circumstances around the accident (Ask about any concerns you have – e.g., whether an alarm sounded for a fall/elopement)? What caused the accident?
  - Did the resident sustain an injury (e.g., smoking, altercations, falls, or transfers)?
  - Who was notified of the accident (e.g., altercation, fall) and when were they notified?
  - What interventions were in place before the accident occurred?
  - 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/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.

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### **Record Review**

*You may need to return to the record to corroborate information from the observations and interviews. Potential pertinent items in the record are listed below.*

- 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)?
- Were the underlying risk factors identified (e.g., unsafe wandering, meds, or dementia)?
- Were preventative measures documented prior to an accident?
  - Was the accident a result of an order not being followed? A care intervention not being addressed? A care-planned intervention not implemented?
- Were the circumstances surrounding an accident thoroughly investigated?
  - Were the cause and any pattern identified (e.g., falls that occur at night trying to go to/from the bathroom)?
  - Was the resident's accident risk addressed appropriately (e.g., 10 minute checks for a resident who eloped)?
- Is a personal alarm used only on a temporary basis to identify the resident's routine?
- Review laboratory results pertinent to accidents.
- Has the care plan been revised to reflect any changes in accidents?
- Are injuries related to the accident assessed and treatment measures documented?
- Are changes in the resident's accident risk correctly identified and communicated with staff and MD?
- Review facility policies and procedures with regard to accidents.

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### Make compliance decisions below by answering the five Critical Elements.

**Note:** Remember if the facility failed to complete a comprehensive assessment resulting in a citation at F272, surveyors should not cite F279 and F280 as the facility could not have developed or revised a plan of care based on a comprehensive assessment they did not complete. If further guidance is needed, surveyors should refer to the regulation, IG, and investigative protocol as they conduct the investigation.

### Critical Element

1. If the condition or risks were present at the time of the required assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or determine underlying causes (to the extent possible) to prevent accidents and the impact upon the resident's function, mood, and cognition?  
**If No, cite F272**  
NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR a comprehensive assessment is not required yet.
2. Did the facility develop a plan of care with interventions and measurable goals, in accordance with the assessment, resident's wishes, and current standards of practice, to prevent accident(s)?  
**If No, cite F279**  
NA, the comprehensive assessment was not completed OR the comprehensive care plan is not required.
3. Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care?  
**If No, cite F282**  
NA, no provision in the written plan of care for the concern being evaluated.
4. Did the facility reassess the effectiveness of the interventions and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the needs of the resident?  
**If No, cite F280**  
NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised.
5. Based on observation, interviews, and record review, did the facility ensure the resident's environment remains as free from accident hazards as is possible and the resident receives adequate supervision and assistive devices to prevent accidents?  
**If No, cite F323**

**Other Tags and Care Areas to consider:** Notification of Change (F157), Restraints (F221), Abuse (F223, F224, F226), Choices (F155, F242, F246), Environmental (F252, F253, F323), F271, F274, F278, F281, F309 (General Pathway), ADLs (F310, F311, F312), Behavioral/Emotional Status (F309, F319, F320), Unnecessary Medications (F329, F428), Sufficient Staffing (F353, F354), F385, Rehab and Restorative (F311, F406), QA&A (F520).

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Notes: