

## Falls

Across the Commonwealth, non-compliance related to resident falls in nursing facilities continues to be a concern. The Division of Health Care in the last quarter, July through September, identified deficient practice at F323 Accidents related to resident falls fifteen times. Of these deficiencies, three deficiencies were at a severity of actual harm and two were immediate jeopardy.

Historically, fall related deficiencies have been specific to facilities not ensuring care plan interventions were implemented and/or effective. The facilities had not ensured a thorough investigation was conducted to identify causal factors of the fall/incident. The facilities did not initiate their process/system to re-evaluate interventions, or develop and implement more effective interventions in order to prevent the recurrence of the fall. Additionally, those facilities with residents having repeated fall occurrence, through evidence of the survey(s), had not conducted a root cause analysis of the multiple falls i.e. track/trend data, review of investigations, interview of staff providing care, resident assessment and care plan implementation, review of the effectiveness of existing interventions, implementation of new interventions and follow-up to ensure new interventions were effective etc. Certified surveyors follow the federal regulation probes and investigative protocol validating whether an accident was avoidable through observation, interview and record review in order to determine compliance/non-compliance.

Below are copied portions of the Centers of Medicare and Medicaid Services (CMS) State Operations Manual, Appendix PP, F323 as it relates to falls. Please refer to the full regulation, interpretive guideline and investigative protocol as it relates to Accidents.

### **F323**

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#### **§483.25(h) Accidents.**

**The facility must ensure that –**

- (1) The resident environment remains as free from accident hazards as is possible; and
- (2) Each resident receives adequate supervision and assistance devices to prevent accidents.

#### **INTENT: 42 CFR 483.25(H) (1) AND (2) ACCIDENTS AND SUPERVISION**

The intent of this requirement is to ensure the facility provides an environment that is free from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents. This includes:

- Identifying hazard(s) and risk(s);
- Evaluating and analyzing hazard(s) and risk(s);
- Implementing interventions to reduce hazard(s) and risk(s); and
- Monitoring for effectiveness and modifying interventions when necessary.

CMS provides for clarification through the following definitions:

“Accident” refers to any unexpected or unintentional incident, which may result in injury or illness to a resident. This does not include adverse outcomes that are a direct consequence of treatment or care that is provided in accordance with current standards of practice (e.g., drug side effects or reaction).

“Avoidable Accident” means that an accident occurred because the facility failed to: Identify environmental hazards and individual resident risk of an accident, including the need for supervision; and/or Evaluate/analyze the hazards and risks; and/or Implement interventions, including adequate supervision, consistent with a resident’s needs, goals, plan of care, and current standards of practice in order to reduce the risk of an accident; and/or Monitor the effectiveness of the interventions and modify the interventions as necessary, in accordance with current standards of practice.

“Unavoidable Accident” means that an accident occurred despite facility efforts to: Identify environmental hazards and individual resident risk of an accident, including the need for supervision; and Evaluate/analyze the hazards and risks; and Implement interventions, including adequate supervision, consistent with the resident’s needs, goals, plan of care, and current standards of practice in order to reduce the risk of an accident; and Monitor the effectiveness of the interventions and modify the interventions as necessary, in accordance with current standards of practice.

“Assistance Device” or “Assistive Device” refers to any item (e.g., fixtures such as handrails, grab bars, and devices/equipment such as transfer lifts, canes, and wheelchairs, etc.) that is used by, or in the care of a resident to promote, supplement, or enhance the resident’s function and/or safety.

“Environment” refers to the resident environment. (See definition for “resident environment.”)

“Fall” refers to unintentionally coming to rest on the ground, floor, or other lower level, but not as a result of an overwhelming external force (e.g., resident pushes another resident). An episode where a resident lost his/her balance and would have fallen, if not for staff intervention, is considered a fall. A fall without injury is still a fall. Unless there is evidence suggesting otherwise, when a resident is found on the floor, a fall is considered to have occurred.<sup>1</sup>

“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.

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

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

“Supervision/Adequate Supervision” refers to an intervention and means of mitigating the risk of an accident. Facilities are obligated to provide adequate supervision to prevent accidents. 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. Adequate supervision may vary from resident to resident and from time to time for the same resident.

#### Resident Vulnerabilities

Falls...are of particular concern. The following section reviews these issues along with some common potential hazards.

Falls - The MDS defines a fall as unintentionally coming to rest on the ground, floor, or other lower level but not as a result of an overwhelming external force (e.g., resident pushes another resident). An episode where a resident lost his/her balance and would have fallen, if not for staff intervention, is considered a fall. A fall without injury is still a fall. Unless there is evidence suggesting otherwise, when a resident is found on the floor, a fall is considered to have occurred.<sup>1</sup>

Some factors that may result in resident falls include (but are not limited to) environmental hazards, underlying medical conditions, medication side effects, and other factors (e.g., lower extremity weakness, balance disorders, poor grip strength, functional and cognitive impairment, visual deficits, etc.).

Older persons have both a high incidence of falls and a high susceptibility to injury.<sup>4</sup> Falls can have psychological and social consequences, including the loss of self-confidence to try to ambulate. Evaluation of the causal factors leading to a resident fall helps support relevant and consistent interventions to try to prevent future occurrences. Proper actions following a fall include:

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

**NOTE:** A fall by a resident does not necessarily indicate a deficient practice because not every fall can be avoided.