### Tag Cited: F-689

**§483.25(d)(1)(2) – Free of Accident Hazards/Supervision/Devices**

**Issue Cited:
“Failure to Follow the Resident’s Care Plan Resulting in a Fall with Injury”**

Preparation and/or execution of this plan do not constitute admission or agreement by the provider that immediate jeopardy exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and immediate jeopardy removal plan. This immediate jeopardy removal plan is submitted as the facility’s immediate actionable plan to remove the likelihood that serious harm to a resident will occur, or recur.

1. **Identification of Residents Affected or Likely to be Affected:**The facility took the following actions to address the citation and prevent any additional residents from suffering an adverse outcome. (Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* The Administrator provided 1:1 education to staff whom were directly involved in the resident’s fall. An emphasis was placed on ensuring residents receive timely care as well as care based on their individually identified needs (*or input facility specific citation information here)*.
* All residents were reassessed using the Fall Risk Assessment Tool (*or insert name of facility specific form/tool here*).
* All residents identified as “at risk” for falls had safety measures, as well as resident specific interventions, added to their care plans.
* The safety measures and resident specific interventions that were added to the care plans were also reflected on the Kardex so that the CNA’s had access to this information (*or insert facility specific procedures and terminology here*).
* CNA’s were instructed to review the updated Kardex prior to their next shift.
1. **Actions to Prevent Occurrence/Recurrence:**
The facility took the following actions to prevent an adverse outcome from reoccurring.
(Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* The Corporate Nurse/Consultant Nurse conducted a Root Cause Analysis (RCA) on all falls from the previous 90 days. Current residents impacted by the findings of the RCA had safety measures and resident specific interventions added to their care plans. Changes to the care plans were also updated on the Kardex.
* The Corporate Nurse/Consultant Nurse then educated the DON on the facility Fall Prevention Program, all facility fall related policies, how to conduct an RCA, and how to ensure incident investigations are timely and complete.
* The DON or designee educated all staff on facility Fall Prevention Program guidelines, following care plan/Kardex interventions, as well as all facility fall related policies.
* The DON or designee will audit new admissions daily to ensure the Fall Risk Assessment Tool has been completed and that risk factors, safety measures, and resident specific interventions are reflected on the care plan as well as updated on the Kardex.
* The Corporate Nurse/Consultant Nurse will review all falls within one working day for three months to ensure an RCA has been conducted and that resident specific interventions are reflected in the care plan as well as updated on the Kardex.
* The DON or designee will review all falls at the daily stand up meeting (*or insert facility specific meeting here)* with the IDT for three months to ensure appropriate fall interventions are implemented, the resident’s care plan has been reviewed and revised, and the Kardex has been updated.
* A QAPI PIP has been initiated to report on the above monitoring and auditing procedures. All findings from the PIP will be presented at the monthly QAA meeting. Monitoring/auditing and reporting will continue for a minimum of three months.

**Date Facility Asserts Likelihood for Serious Harm No Longer Exists**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Action Plan to Ensure Relevant Recommendations are Followed:**

|  |  |  |
| --- | --- | --- |
| **Action/Task** | **Person(s) Assigned** | **Date Completed** |
| Reassessment of all residents’ fall risk. |  |  |
| “At risk” residents had care plans reviewed and updated with safety measures and interventions.  |  |  |
| Updated safety measures and interventions were added to Kardex (*or facility specific system of relaying info to CNA’s).* |  |  |
| CNA’s reviewed the updated Kardex prior to their next shift.  |  |  |
| Review/modify current policies as applicable to ensure appropriate procedures are in place to prevent harm/potential harm. |  |  |
| New policies written/implemented when applicable to ensure additional serious harm will be prevented. |  |  |
| Checklists and monitoring tools used to verify compliance. |  |  |
| Educate necessary staff on facility procedures with return demonstration, where applicable. |  |  |
| Document PIP implementation, PIP progress, and QAA Committee Meeting Minutes where PIP is discussed. |  |  |
|  |  |  |
|  |  |  |

**“Fall Prevention Program and Policies”**

***In-Service Training Guide***

Review the following:

**Regulation: F-689**

The facility must ensure that –

§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and

§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.

**Intent**

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*.*

**Facility Policy and Practice**

* Facility’s Action Plan regarding the deficiency.
* Facility’s Policies and Procedures related to the deficiency.
* Facility’s Checklists and Monitoring tools used to verify compliance.
* Facility’s PIP.

**Record of Training**

Complete Record of In-service Training and Attendance Form. Be sure that all participants sign in.

**“Fall Prevention Program and Policies”**

*Record of In-Service Training and Attendance Form*

The following personnel attended thisin-service training program conducted on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |  |
| --- | --- | --- |
| **Printed Name** | **Signature** | **License Number****(as applicable)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Time Started: |  | Instructor (Printed Name) | Instructor (Signature) |
| Time Ended: |  |  |  |

*Use additional sheets as necessary.*