F221 PHYSICAL RESTRAINTS

Objectives

- Understand where we were, where we are and where we need to be.
- Understand the regulations that govern restraint usage in skilled nursing.
- Gain a perspective on why f-221 is now in the top five number of deficiencies cited in Idaho.
- Gain practical skills to evaluate restraints.

Restraints Before 1987

- Restraints were commonly used to prevent falls and injuries.
- Chemical Restraints were also widely used to control resident behaviors
- The use of drugs commonly led to risk for falls –which- naturally led to physical restraints.
- What are your memories of nursing homes prior to 1987?

OBRA 1987

- Before OBRA, "fall prevention" primary
- OBRA challenged us as providers to gradually remove restraints and find alternatives that make sense for the residents
- OBRA led to the reduction of physical and chemical restraints
- Restraints are NEVER to be used as a disciplinary action, or for the convenience of the caregivers to control behavior.
- We took that challenge and now many facilities market themselves as "restraint-free"

Definition

Restraint: Any manual method or physical or mechanical device, material, and equipment attached or adjacent to the residents body that the individual cannot remove easily which restricts freedom of movements or normal access to one's body.

Risks

The use of physical restraints carries potential risks and can result in serious injury and even death. Many times, the use of restraints causes increased agitation or confusion and is a significant contributing factor to the incidence of falls.
Clinical risks may include:

§ Skin breakdown
§ Contractures
§ Loss of muscle tone
§ Loss of balance or function
§ Constipation
§ Incontinence

- § Loss of appetite leading to weight loss and dehydration
- § Prolonged immobility can affect function of muscles, joints, and respiratory status

Still Work to be Done

- CMS continues to put tremendous focus on restraint use
- Regulators are still finding reasons to cite deficient practices with the use of restraints
- CMS reports that f-221 is among the top 12 most frequently cited tags (12.4%) – It is #4 on the top 10 list in Idaho

How Does Idaho Compare

- In 2001 it was cited 30 times
- In 2002 it was cited only 10 times
- Of the 30 citations in 2001, 22 times (73% of the time) it was related to use of side rails
- 8 times (27% of the time) it was related to the use of other types of restraints
- 10% of the time, staff failed to follow the care plan
- 17% the deficiency was related to lack of assessment
- 27% - lack of medical necessity
- 46% - not using less restrictive measures

Changes to F-221

- The "focus" of the changes are related to "medical symptom" and include an added definition of medical symptom.
- Side rails (formerly referred to as bed rails) are now viewed with the same seriousness as other types of restraints.

Medical Symptom :

An indication or characteristic of a physical or psychological condition.

- Examples
  - o Hip Fx with nwb to r and secondary dementia with no comprehension of wt. Bearing limitations (acceptable)
  - o For safety r/t dementia (unacceptable)

Documentation is Absolutely Key!

- Documentation must demonstrate how:
  - o The restraint will treat the medical symptom
  - o The restraint will promote highest practicable well being.

- Documentation of the medical symptom must also include:
  - o How it the medical symptom is treated
- The benefit to the resident (and the medical symptom) must be reflected in the:
  - o Medical Record
  - o On going assessments

- Care Plans

- The physician order alone is not adequate. The facility is ultimately responsible!
- Documentation must also demonstrate that other less restrictive methods have been tried and failed.

Informed Consent

Informed consent forms need to include specific language that clearly articulates the risk factors, specifically "potential negative outcomes".

- Facilities are liable for clinical decisions

  It is not ok to restrain a patient just because family says, '**I don't care what your rules are, I want mom restrained**' (see F-280)

Injuries from side rails and F-323

- The hazards include, but are not limited to:
  - Defective or improperly latched rails
  - Spaces between side rails
  - Gaps between the bed and mattress. Make **sure** the space between the mattress and the side rail is small enough to prevent the resident from becoming trapped.
  - Bed too high. (Bed must be low enough that resident can sit with upper legs parallel to the floor).
  - Mattress that slips around
  - Injuries from hard plastic/metal bed rails.
    - Use covers over the side rails that are soft enough to protect resident, but rigid enough to prevent a resident from sliding through.
- Eliminate the four ½ rails as quickly as possible (#1 cause of injury with side rails
- The facility must routinely monitor restraints for these hazards.
  - Must observe to see that care plan is being followed through
  - Include in maintenance rounds. Make sure everything still fits properly.
    - Mattresses wear out more quickly than side rails.
  - A documented method of review will need to occur to prove that this is being monitored.

Restraint Reduction

Must continually try to find and use less restrictive alternatives. The plan of care must include strategies for reducing restraint usage and assessing the resident. It is recommended to release the restraint every two hours for ten minutes in order to provide care and assess the resident including ensuring no harm to the resident as a result of using the devices.

Alternatives to restraints

- Personal strengthening and rehabilitation program for residents.
  - Message
- Personal assistance devices.
  - Hearing aides
  - Visual aides

  - Mobility devices
  - Positioning devices
- Cushions and pads
- Bed and/or chair alarm
- Environmental adjustments
  - Lowered bed
  - Hearing aides
  - Adequate lighting
  - Placement of items in familiar places
  - Soothing music
- Increased observation by staff
- Special assignments for staff
  - One on ones (H&W has approved one-on-ones to keep residents safe and restraint free **after everything** under the sun was tried.
- Regular attention to personal needs
  - Toileting
  - Thirst and hunger
  - Socialization
- Well planned activities (individual).
  - Mobile activities
- For more info go to: www.cms.gov There is a ton of information. For example: for restraint reduction info go to http://www.cms.hhs.gov/cop/2e.pdf

Summary

- Create a Policy & procedure that matches your facility culture and your vision of restraints.
  - Help swing facility culture and attitudes to match restraint P&P.
- Performance improvement/Quality assurance monitoring
- Fall risk assessments
- Interdisciplinary team assessment
- Consent forms- involve family in decision making
- Education, Education, Education
  - Make it exciting for all staff-
  - Use positive reinforcement
  - Create competitions
  - Keep is basic and repeat it often
- Physician order
- Care plan
- Alternatives and least restrictive
- Observation of care plan execution

Sample Restraint Policy

Policy

Residents shall be provided an environment that is restraint-free, unless a restraint is necessary to treat a medical symptom in which case the least restrictive measures shall be used. Except in emergency situations, a physical restraint shall be used only after the interdisciplinary team has performed an assessment, attempted alternatives, and determined the need for restraint and identified the least restrictive device.

Procedure

1. Each resident who is admitted to the facility will have a Fall Risk Assessment completed on admission. The Fall Risk Assessment shall be reviewed at least on a quarterly basis.

2. If a resident is admitted with a restraint, the Physical Restraint Resident Assessment Protocol (RAP) is completed in accordance with RAI Guidelines. In addition, the Interdisciplinary Physical Restraint Assessment is completed to determine whether the resident is a candidate for restraint reduction or elimination.

3. The Interdisciplinary Physical Restraint Assessment shall be completed whenever the resident is assessed for potentially needing a restraint.

4. The physician shall be contacted and an order obtained which states type of restraint, medical symptom, and when the restraint is to be used.

    Example: Side rails (2 top-half side rails) up when resident in bed due to impaired decision making skills and inability to stand without assistance.

    Note: Medical symptoms that warrant the use of restraints must be documented in the medical record. The facility is ultimately accountable for the appropriateness of that determination.

5. The family or responsible party will be notified of the need for restraints.

6. Prior to application of the physical restraint, informed consent using the Physical Restraint Consent is to be obtained from the resident and/or responsible party. The clinical risk factors are to be explained, as well as the decision-maker's / residents right to refuse the restraint.

7. A Physical Restraint Consent must be signed for each type of restraint and each episode of restraint.

8. When there is a conflict between the Interdisciplinary Team assessment and the responsible party, a conference will be held with the resident / family / responsible party to determine the most appropriate care for the resident.

    a. In the case of a resident who is incapable of making a decision, the legal surrogate or representative may exercise this right based on the same information that would have been provided to the resident.
    b. The legal surrogate or representative cannot give permission to use restraints necessary to treat the resident's medical symptoms.

c. The facility may not use restraints in violation of the regulation solely based on a legal surrogate or representative's request or approval.

9. All residents who are using a restraint will be reviewed by the Performance Improvement Restraint Team. (Example: Weekly Standards of Care Meeting). If the team determines that a change has occurred, then the Interdisciplinary Physical Restraint Assessment should be completed.

10. The Interdisciplinary Physical Restraint Assessment form will be completed and reviewed at least quarterly to determine whether or not the restrained residents are candidates for restraint reduction, less restrictive restraining measures, or total restraint elimination.

11. Emergency situations:

    a. Restraints may not be used for staff convenience.

    b. If the resident needs emergency care, restraints may be used for brief periods to permit medical treatment to proceed unless the facility has a notice indicating that the resident has previously made a valid refusal of the treatment in question.

    c. If a resident's unanticipated violent or aggressive behavior places him/her or others in imminent danger, the resident does not have the right to refuse the use of restraints.

    d. The emergency use of restraints is a measure of last resort to protect the safety of other resident or others and must not extend beyond the immediate episode.

12. The resident plan of care will include the reason for the restraint and interventions to reduce restraint usage.

    a. Interventions should minimize or eliminate the medical symptoms.

    b. Interventions should also identify and address any underlying problems causing the medical symptom.

13. C.N.A. assignment sheets will reflect accurate information regarding the type of restraint being used for individual residents.

14. Specific State requirements for the use of physical restraints will be followed.

15. Pelvic, vest, ankle restraints, and 4-half side rails are not to be used, nor are four-point restraints (restraint of all 4 limbs).

16. Use of side rails is assessed in the same manner as other physical restraints. Distinction must be made between side rails as a restraint or as an enabler. Documentation must support this distinction.

Possible Alternatives to Restraint Usage

1. Restorative nursing and/or rehab programs to develop progressive ambulating, increase strength and improve balance.
2. Non-slip material (Posey Grip, Dycem, etc.) in wheelchair or regular chair to prevent resident from sliding out of chair.
3. Pillows and pads for positioning.

4. Comfortable shoes that are safe for walking.
5. Assistive devices, e.g. walker, cane, reaching device, etc.
6. Call light within reach.
7. Encourage resident to:

- Ask for assistance when needed.
- Rise out of chair and bed slowly.
- Participate in activities. (Family members are helpful in providing historical information).
- Use of handrails.

8. Lower the bed.
9. Use of low platform beds with pad on the floor next to bed. (Facility must have a system for cleaning and storing floor pads).
10. Commode at bedside, if needed, to maintain increased function or prevent potentially unsafe trips to bathroom.
11. Careful monitoring of drug regimens.
12. One-to-one time with staff or volunteer.
13. Use of music or television for calming effect.
14. Utilize bed and/or chair alarms to remind the resident to ask for assistance when transferring. (Facility must have system to routinely check equipment function and change batteries).
15. Use of trapeze over the bed to assist with self-positioning.
16. Behavior Management guidelines.
17. Lap trays that resident can remove on command.
18. Self-releasing seat belts and self-releasing enablers that the resident can remove on command.
19. Nightlight in room.
20. Bowel and/or bladder management program.

Sample Restraint Assessment

INTERDISCIPLINARY PHYSICAL RESTRAINT ASSESSMENT

INSTRUCTIONS: Restrained residents should be assessed by the Interdisciplinary Team on admission and at least quarterly to determine whether or not a resident is appropriate for restraint reduction, less restrictive restraint measures, or total restraint elimination. Each question should be discussed and completed by the Interdisciplinary Team.

1. **Type of restraint used/considered:** ______________________________
2. **Medical reason for use of the restraint:** ______________________________
____
3. **When is restraint used? (in bed, up in w/c, etc.)** ______________________________
____
4. **What restraint free times are incorporated into the resident's plan of care:** ______________
____
5. **What is the resident's response to the use of this restraint?** ______________________________
____
6. **List any less restrictive measures that have been tried since the last restraint assessment:**

Less Restrictive Measures	Date Attempted

7. **Based on the IDT's assessment, is this resident a candidate for restraint initiation, reduction, or elimination?**

____
____
____
____
____

Signatures/titles of persons completing assessment:

Signature:		**Title**		**Date:**	
Signature:		**Title**		**Date:**	
Signature:		**Title**		**Date:**	
Signature:		**Title**		**Date:**	
Signature:		**Title**		**Date:**	
Signature:		**Title**		**Date:**	

Resident Name______________________________ **Physician**______________________________

Sample Restraint Consent

PHYSICAL RESTRAINT CONSENT

In order to protect residents from harm or to promote a higher level of independence, it is sometimes necessary and desirable to use a physical restraining device. Your physician and your inter-disciplinary care team have determined that use of a restraint will benefit your condition; however, a restraint may not be used without your written consent.

Physical Restraints are defined as any method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body.

Examples include: soft belts, lap cushions and lap trays that the resident cannot remove easily. Side rails and geri-chairs may be considered restraints if these restrict a resident from voluntarily getting out of the bed or chair.

Restraints may be used only after other less restrictive measures have been shown to be ineffective or insufficient. The less restrictive interventions that have been considered are:____.

The following type of restraint has been recommended for the specific medical reason noted: 1. Type:____

2. Medical Reason:
____

If you consent to the use of the recommended restraint, the use of the restraint will be reviewed at least quarterly at your care plan meeting, or more frequently as necessary. Every effort will be made to address the underlying cause that resulted in recommendation of a restraint. The facility will continue to take steps to try to reduce or eliminate the need for your restraint.

Your decision to allow the use of a restraint is important and you should fully consider the benefits and risks of restraint use. The following is a comparison of potential benefits and risks. The list includes, but is not limited to:

POTENTIAL BENEFITS	POTENTIAL RISKS
In certain situations and/or timeframes: • protection from accidents or injuries • protection of other residents/staff from physical harm • the resident may experience increased feeling of safety and security • assists to attain or maintain the highest	• Accidental injury: falls, strangulation, entrapment • Chronic constipation; incontinence • Pressure sores; incidence of infections • Function decline: loss of muscle tone, balance, independent mobility, contractures • Increased agitation or delirium • Symptoms of depression, withdrawal,

practicable physical and psychosocial well being	reduced social contact • Reduced independence; loss of dignity

NAME-Last	First	Middle	Attending Physician	Chart No.

STATEMENT OF CONSENT

❑ I DO ❑ I DO NOT consent to the use of restraints if the appropriate healthcare professionals have assessed the need for such and a restraining device is indicated as part of my recommended plan of care.

ACKNOWLEDGEMENT SIGNATURES

I have been fully informed of the potential benefits and risks of restraint use and hereby assume full liability for any adverse outcomes related to my decision. I have had the opportunity to fully discuss restraint use with my physician and other personnel responsible for my medical care. All of my questions have been answered to my full satisfaction.

I understand that I have the right to alter my decisions concerning restraints at any time and that any change must be indicated in writing.

Resident or Resident Representative X________________________Date__/__/__.
Signature

If Signed by Resident Representative Complete the Following

Print Name_________________________
Relationship____________________________

Staff Member Completing This Form ________________________Date __/__/__.
Signature and Title

NAME-Last	First	Middle	Attending Physician	Chart No.

Physical Restraint QI Form

Facility: Date:

Completed by :

PHYSICAL RESTRAINT PROCESS REVIEW

Physical Restraints		**Comments**
Does facility have *Resident Care Management Systems Policy and Procedure Manual?*	**YES____ NO____**	
Does manual contain current Physical Restraint Policy (revised 11/9/00)	**YES____ NO____**	
Is there evidence (inservice records) that staff has been educated on this policy?	**YES____ NO____**	
Was a Fall Risk Assessment completed on admission and Quarterly?	**YES____ NO____**	
Was an Interdisciplinary Physical Restraint Assessment completed on initiation of restraint and quarterly while restraint present?	**YES____ NO____**	
Is there a physician's order which states the type of restraint, medical symptom and when restraint is to be used?	**YES____ NO____**	
Was a Physical Restraint Consent form signed for each type and episode of restraint?	**YES____ NO____**	
Does the plan of care include the reason for the restraint and interventions to prevent restraint use?	**YES____ NO____**	
Does documentation indicate alternatives to restraint use attempted?	**YES____ NO____**	

Performance Improvement		**Comments**
Is a Performance Improvement Team in place and reviewing all residents with restraints monthly?	**YES_____ NO_____**	
Are PI Team minutes recorded with documented action plans and follow up?	**YES_____ NO_____**	
Is there a mechanism for tracking individual residents with restraints, including review and reduction attempts?	YES_____ NO_____	
Do PI/QA Committee minutes reflect review of aggregate monthly data and trends on restraint use with action initiated if indicated?	**YES____ NO_____**	

F225 FREEDOM FROM ABUSE

Reporting

- Those who have a duty to report abuse, neglect, exploitation or misappropriation of resident property include:
  - Employee of public or private health facility
  - Outside provider who has reasonable cause to believe that a resident has been abused.
- If there is reasonable cause to believe that abuse or sexual assault has resulted in death or serious injury, you are required to report the information within 4 hours to an appropriate law enforcement agency
- Failure to report abuse is a misdemeanor subject to punishment
- Any person who makes a report, testifies in any administrative or judicial proceeding or provides supportive or emergency services will be immune from any civil or criminal liability.
- Contact Bureau of Facility Standsrds when in doubt or when you have questions at:334-6626.
- If the perpetrator is a staff member or resident then a report is made to H&W. If the perpetrator is anyone else, then a report is made to adult protection.
- All incidents of potential, suspected or known resident abuse, neglect or misappropriation of resident property need to be reported to the facility administrator

Resident to Resident Incidents

- The Resident to resident altercation/abuse call line number is (208) 364-1899
  - For skilled nursing facilities only.
  - Available 24 hours per pay
  - Leave a recorded message.
  - Leave resident name
  - Facility name (and city if your facility is part of a chain)
  - Date and time of call
  - Your name and title
  - Name of residents involved
  - Outline of what occurred
  - Description of injuries
  - Brief outline of the facility's plan to prevent repeat incidents
  - Remember to speak slowly! Call (208) 334-6626 with any further questions.
- Within 24 hours of calling you have to fax to (208) 364-1888:
  - Incident/accident/occurrence report
  - Names and social security numbers of the residents involved.
  - The results of investigation and supporting documentation.
  - The facility's corrective action plan
  - Who to contact if there are any questions

- Make sure faxed documents are legible and identify the facility.
- Conduct internal investigation.
  - Remove abusive resident during investigation

Abuse Policies and Procedures

- The facility must prohibit neglect, mental or physical abuse, involuntary seclusion, and misappropriation property of residents from staff or other residents
- Alleged or suspected cases of abuse will be investigated and the facility will notify the proper authorities designate
- Facility will identify a qualified staff member to oversee abuse prohibition standards
- Pre-employment background screening
  - Obtain information from past and/or current employers
  - Check with appropriate licensing boards and registries
  - Conduct criminal background checks where applicable
  - All new and present employees should receive initial and ongoing in-servicing, training, and reinforcement.

Inform staff, residents and families to whom and how to report concerns, incidents and grievances.

- Provide feedback regarding the concern to the person who reported it.
  - Share results of investigation.

I

Abuse/neglect prevention

- Identify, correct and intervene in situations in which abuse, neglect, and misappropriation is most likely to occur.
- Provide enough care staff to meet your resident's needs
- Distribute abuse prohibition material to new employees, new residents and family members.
- Post the material in several places in the facility.
- Ongoing inservice/education
- The training should include:
  - Identification of potential victims and potential scenarios.
  - Identification of staff indicators such as stress.
  - Identify types of abuse
    - Physical
      - Hitting
      - Slapping
      - Pinching
      - Kicking
      - Controlling behavior through corporal punishment.
    - Mental
      - Humiliation
      - Harassment

        - Threats
        - Punishment or deprivation.
    - Sexual
        - Sexual harassment
        - Sexual assault
        - Sexual coercion
    - Verbal
        - Oral
        - Written
        - Gestured language
        - Disparaging or derogatory terms
    - Neglect
        - Failure to provide goods or services necessary to avoid physical harm, mental anguish or mental illness.

Investigations

- The administrator is responsible for investigating all allegations of abuse and reporting the results to the appropriate enforcement agency within 5 working days of the incident.
- If the administrator is absent the director of nursing or next individual in charge is responsible for reporting.
- Make sure that investigations always:
    - Are prompt, comprehensive and well conducted.
    - Contain founded conclusions
    - Lead to appropriate action
    - Are responsive to the situation

- A proper investigation should:
    - Identify:
        - Abused person
        - Identify alleged person
            - Remove person during investigation!
        - Where and when the incident occurred
        - Written statements from persons people involved (with first hand knowledge)
        - Follow-up resolution
        - Measures to prevent repeat incident
- Collect, maintain and safe-guard all investigation material .
- Report information to proper authorities
- Report conclusions to appropriate parties.
    - Maintain confidentiality
- Referral for the evaluation of abuse victim.
- Suspend alleged abuser during evaluation
    - If allegations are founded- suspension is without pay and findings are reported authorities
    - Report court findings to the state nurse aide registry (if applicable)

Accident/Incident/Abuse QI

Signature of Assessor Date

Continuous Quality Improvement

Threshold: 100%

Directions:
Persons designated by CQI committee will randomly sample resident records. The records will be reviewed to obtsin the following information. A response of "no" may indicate a potential problem. On each resident document "no", "yes" or "N/A". If a problem or other opportunity for improvement is identified, an action plan will be written.

Criteria / Question	**Resident**				
	1	**2**	**3**	**4**	**5**
1. Is the incident/accident report complete?					
1. Physician Notified					
2. Family notified					
3. Cause					
4. Interventions					
5. Signatures					
2. Are the interventions carried to the care plan?					
3. Investigation Process					
1. Witness statement					
2. Environmental review					
3. Alarms					
4. Restraints					
5. Acute change					
6. Med Review					
7. Call light					
8. Resident to resident					
4. Is this a repeat?					
1. New intervention					
2. Carried over to care plan					
5. Is there MD follow-up?					
6. Was the incident/accident reviewed by					
1. Committee					
2. Therapy involved					
3. After 7 days for results					
7. Was an inservice required					
1. Date					

Percent Compliance= (# of "yes" responses) x 100 ________________
Total number of responses

Percentage Compliance_____________

F241 DIGNITY

"Do Unto Others As You Would Have Done Unto You"

13 Tips for LTC staff to ensure that your residents receive care in a manner and in an environment that maintains or enhances their dignity and respect in full recognition of their individuality. (**F 241 Quality of Life**)

Q Questions/comments should be stated discreetly.

U Understand resident needs and complete all cares in private areas.

A Always respond to calls for help in a kind, courteous, efficient manner.

L Love what you do. Take pride in your work. Make all residents feel special.

I Identity is everything. Take time to help your residents look their best.

T Try to look for ways to help at mealtime. Be there to give a hand or cue.

Y Your concern for privacy during personal cares is appreciated by all.

O Our furniture and equipment need to be clean and functional at all times.

F Finding clothes that are clean, and fit well help residents look great.

L Let residents know that you are coming. KNOCK before entering a room.

I In case you didn't know, personal signs should not be posted in public.

F Find the source of odors. Help residents with personal needs ASAP.

E Expect excellence!! Every time you walk by a violation, you are lowering the standard of care. Help co-workers understand how to promote Quality of Life for your residents.

F 241 ranks among the top 10 citations in Idaho for the year 2001. Most citations were noted to be in the areas of Dining Room Service, Personal Cares and Respect for People and Privacy.

All staff must unite in an effort to be mindful of how their actions, words and deeds affect the lives of their residents.

Introduction

F 241 quality of life citations rank among the top 10 in Idaho LTC facilities (2001)
Trends seem to focus on three major areas:

- Dining room service
- Respect for people and privacy
- Assistance with personal care needs

Definition of f 241

"the facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality."

Results of study

A review of 24 survey citation reports from the year 2001 revealed numerous examples of violations of f 241.

1. **Concerns with Dining Service**

- Long waits for meal service
- Meal times not posted
- Use of styrofoam dishes
- Performance of bg in dining room
- Noise from staff in kitchen
- Improper feeding techniques
- Line up of residents in the hall prior to meal service
- No staff available to assist in the dining room
- Staff ignore resident needs
- Lack of assistance with preparation of meal and feeding
- Talking amongst staff rather than conversing with residents
- Stacking clothing protectors in a pile in front of resident
- Removing plate covers before assistance could be provided, allowing food to lose optimal flavor and temperature.
- Residents seated at tables facing the wall rather than others
- Choice for alternate or meal preparation not acceptable
- Lack of fluids or activities offered during waiting period for meal

2. **Lack of respect for people and privacy**

- Lack of knocking before entering a resident's room
- Doors and window blinds left open during personal cares
- Blinds between residents left open during personal cares
- Personal information posted in public area
- No explanation of cares or plans for resident schedule
- Interruption of cares by staff

- Staff talking amongst themselves, not with residents
- Exposure of residents to hallway or others during transport, bathing or personal cares
- Taking residents out of the facility for appointments when very ill
- Lack of respect for resident concerns, complaints and needs
- Listening to resident's personal conversations
- Lack of respect for resident confidentiality
- Waking residents at 4:30-5:30am to dress and get up for meal
- Using towels for shirt protectors
- Leaving wheelchair pads uncovered exposing foam and jagged edges or plastic

3. Lack of assistance with personal care needs

- Laundry not available for proper dressing of residents
- Borrowing clothes from others
- Applying clothing that does not fit, is mismatched or in disrepair
- Not following care plan for specific preferences or care needs
- Improper technique used to give pericare (used lift, or stood resident up)
- Uncovered, full foley bags in the hallway and public areas
- Strong urine or feces odors, with visible wet and soiled clothing in public areas and dining room
- Partially completed cares with promise to return (took >30 minutes to come back)
- Not allowing residents to wash their hands before going to meals
- Jagged, dirty, polish chipped fingernails
- Unshaven men or ladies with long chin hairs
- Uncombed, or unwashed hair and beards
- Clothing soiled with food or other matter not changed timely
- Lack of assistance with personal care needs cont'd
- Dirty equipment (wheelchairs, walkers, shoes, personal items)
- Food left on face after meals
- Visible matter in eyes, on mouth and tongue
- Lack of assistance with bathing
- Lack of toileting assistance when needed

Please note: the above lists covers only areas cited in Idaho during 2001. F241 is a very broad tag that could include many other possible examples.

Corrective actions of participating facilities

- Inservice for staff
- Monitoring by supervisors, administrator and dns
- CQI monitors and committee reports

- Involvement of resident council
- Ordering proper equipment
- Hall monitors to check grooming and care needs
- Corrective actions of participating facilities cont'd
- Correction of specifically cited issues (correcting careplans, removing signs, obtaining clothing or equipment)
- Providing on going staff education, orientation and testing.

Have you done enough?

- The root of the issues cited under f 241 seems to focus on a general lack of concern for others. Staff appears to be unaware or ambivalent about the needs of their residents.
- Our challenge is to instill a genuine understanding of the requirements expected under F 241 and to generate concern and compassion among caregivers and staff in Idaho's long term care facilities.
- The goal is to have f 241 removed from the top 10 in Idaho !!!

May we all "do unto others as we would have done unto us"

CQI -INDICATOR: DINING ROOM SERVICE

Date:_______ Number of Residents in Sample______

Reviewer_____________________

#	Item	Threshold	Result %
1	Meal times are posted.	100%	
2	Meals are served at posted times.	100%	
3	Resident is offered the opportunity to wash their hands before meal.	100%	
4	Resident is offered a clean clothing protector.	100%	
5	Resident is offered fluids while waiting for meal.	100%	
6	Resident is offered activity options while waiting for meal	100%	
7	Resident is seated in a manner that encourages socialization.	100%	
8	Staff is efficient with delivery of meal.	100%	
9	Staff assists with meal set-up, before leaving the resident's table.	100%	
10	Staff talks with resident, not other staff, during meal service and feeding assistance.	100%	
11	Staff are alert and responsive to resident's needs during meal	100%	
12	Staff are aware of the special dining needs of each resident.	100%	

Comments: ____

____

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CQI -INDICATOR: DINING ROOM SERVICE - SURVEY

Date:_______ Number of Residents in Sample______

Reviewer______________________

#	Resident's Name		
		"X" if Yes	"X" if Yes
1	Meal times are posted.		
2	Meals are served at posted times.		
3	Resident is offered the opportunity to wash their hands before meal.		
4	Resident is offered a clean clothing protector.		
5	Resident is offered fluids while waiting for meal.		
6	Resident is offered activity options while waiting for meal		
7	Resident is seated in a manner that encourages socialization.		
8	Staff is efficient with delivery of meal.		
9	Staff assists with meal set-up, before leaving the resident's table.		
10	Staff talks with resident, not other staff, during meal service and feeding assistance.		
11	Staff are alert and responsive to resident's needs during meal		
12	Staff are aware of the special dining needs of each resident.		

Comments: ____

____

____

CQI -INDICATOR: DINING ROOM SERVICE

Quarterly Trending

Date:_______ Number of Residents in Sample______

Reviewer______________________

#	Item	Quarter 1st	2nd	3rd	4th
1	Meal times are posted.				
2	Meals are served at posted times.				
3	Resident is offered the opportunity to wash their hands before meal.				
4	Resident is offered a clean clothing protector.				
5	Resident is offered fluids while waiting for meal.				
6	Resident is offered activity options while waiting for meal				
7	Resident is seated in a manner that encourages socialization.				
8	Staff is efficient with delivery of meal.				
9	Staff assists with meal set-up, before leaving the resident's table.				
10	Staff talks with resident, not other staff, during meal service and feeding assistance.				
11	Staff are alert and responsive to resident's needs during meal				
12	Staff are aware of the special dining needs of each resident.				

Comments: ____

____

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CQI -INDICATOR: PERSONAL CARES

Date:_______ Number of residents in sample______

Reviewer______________________

#	Item	Threshold	Result
1	Resident is generally clean and well kept.	100%	
2	Resident's hair is neatly combed.	100%	
3	Resident's face is clean and free from food particles.	100%	
4	Resident is free of breath/mouth odor.	100%	
5	Resident is shaven or clear of facial hair (if desired).	100%	
6	Resient's nails are clean and trimmed and free from chipped nail polish (if applicable)	100%	
7	Resident is neatly dressed in clean, matching clothes.	100%	
8	Resident has shoes and socks on (if possible).	100%	
9	Catheter bags are covered and emptied when needed.	100%	
10	Undergarments are not visable.	100%	
11	Resident is assisted with toileting/pad change properly.	100%	

Comments: ____

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CQI – INDICATOR: RESPECT FOR PEOPLE AND PRIVACY

Date: _______ Number of Residents in Sample ______ Reviewer _____________

#	Item	Threshold %	Result %	Threshold Met Y	N
1.	Confidential conversations do not occur in public areas.	100%			
2.	Questions or comments made to resident by staff are done in a discreet manner.	100%			
3.	Personal information signs are not posted in public areas.	100%			
4.	Staff allows resident to receive calls and visitors without invasion of privacy.	100%			
5.	Staff knocks at the door prior to entering resident room.	100%			
6.	The door to resident room is closed during personal cares.	100%			
7.	The privacy curtain is pulled during personal cares.	100%			
8.	The window blinds are closed during personal cares.	100%			
9.	Resident is covered during personal cares.	100%			

Comments:
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CQI – INDICATOR: RESPECT FOR PEOPLE AND PRIVACY

Resident Sampling

Date: ______ Number of Residents in Sample ______ Reviewer ______________

#	Resident's Name					
1.	Confidential conversations do not occur in public areas.	X	X	X	X	X
2.	Questions or comments made to resident by staff are done in a discreet manner.					
3.	Personal information signs are not posted in public areas.					
4.	Staff allows resident to receive calls and visitors without invasion of privacy.					
5.	Staff knocks at the door prior to entering resident room.					
6.	The door to resident room is closed during personal cares.					
7.	The privacy curtain is pulled during personal cares.					
8.	The window blinds are closed during personal cares.					
9.	Resident is covered during personal cares.					

CQI – INDICATOR: RESPECT FOR PEOPLE AND PRIVACY

Quarterly Trending

Date: ______ Number of Residents in Sample ______ Reviewer____________

#	Item	1st	2nd	3rd	4th
1.	Confidential conversations do not occur in public areas.				
2.	Questions or comments made to resident by staff are done in a discreet manner.				
3.	Personal information signs are not posted in public areas.				
4.	Staff allow resident to receive calls and visitors without invasion of privacy.				
5.	Staff knock at the door prior to entering resident room.				
6.	The door to resident room is closed during personal cares.				
7.	The privacy curtain is pulled during personal cares.				
8.	The window blinds are closed during personal cares.				
9.	Resident is covered during personal cares.				

Comments:

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F-323 ACCIDENTS-ENVIRONMENT

The resident environment remains as free of accident hazards as possible.

Guidance to surveyors: intent 483.25(h)(1):

The iintent of this provision is that the facility prevents accidents by providing an environment that is as free from hazards over which the facility has control.

Guidelines 483.25(h)(1):

"Accident hazards" are defined as physical features in the nf environment that can endanger a resident's safety, including but not limited to:

- Physical restraints;
- Poorly maintained resident equipment (e.g., wheelchairs or geri chairs w/ nonworking breaks, and loose nuts/bolts on walkers)
- Bathing facilities that do not have nonslip surfaces
- Hazards (e.g., electrical appliances w/ frayed wires, cleaning supplies easily accessible to cognitively impaired residents, wet floors that are not obviously labeled and to which access is not blocked.)
- Handrails not securely fixed to the wall, difficult to grasp, a/o w/ sharp edges/splinters; and
- Water temperatures in hand sinks or bath tubs which can scald or harm residents.

Review of actual citations:

- 16 citations ranging in s/s:
  - Eleven - level e's;
  - Two - level g's;
  - Two - level d's; and
  - One - level b

Reasons for citations

- Potential access to chemicals / hazardous products
- Water temps > 120 degrees
- Crowded common areas
- SR usage
  - Failure to follow manufacture's recommendations for air mattress
  - Failure to assess after previous accident
  - Reasons for citations (cont.)
- Restraint
  - Continued use after recommendation to discontinue
- Unrestricted access to breakroom w/ hot coffee
- Blocked entrances to bathrooms

- Construction area not blocked allowing access.

Prevention

- Education for all staff to ensure appropriate level of awareness
- Monitoring on routine basis by designated individuals to ensure compliance
- Review findings by facility's qa / cqi committee
- Establish action plans for areas that do not meet established thresholds.

Education

- Formalized inservice
  - Schedule at least annually, more often if issues.
  - Review all items / situations that constitute hazards for residents
  - Review f-323, guidance to surveyors and guidelines
- Mini inservices / education for significant findings from rounds / observations / audits.
- Progressive counseling
- May be required for repeat noncompliance issues.
- All education should be documented.

Monitoring

- Establish routine for monitoring
  - Frequency using formalized checklist
  - Sample size, location
- Ensure consistency of monitoring by reviewing checklist with each individual who will be performing rounds.
- Review findings of monitoring to identify areas of focus
- Establish action plan for areas not within acceptable standards.

QA / CQI

- Establish frequency of monitoring
- Review findings from monitoring, checklist / logs
  - Identify potential issues / trends
- Evaluate current training / education program
- Determine if additional measures are needed to achieve compliance.
- Generate action plan if below established threshold
  - Evaluate frequency of monitoring / reporting - set new frequency, if necessary.
- Identify specific action, who is responsible, completion date

Hot water safety

- Staff should know and understand hot water regs and ramifications
- Train staff on testing hot water temperatures by hand prior to resident showering / using sink.

- Hot water temperature logs should be completed at least once a week.
- P&p in place to address problems when they occur to protect residents
- Provide summary to cqi / qa
- Hot water / scalding

Temperature	1st Degree Burn*	2nd Degree Burn**
116.6F	20 minutes	45 minutes
118.4F	15 minutes	20 minutes
120F	8 minutes	10 minutes
124F	2 minutes	4.2 minutes
125.6F	45 minutes	1.5 minutes
127.4F	30 seconds	60 seconds
131F	17 seconds	30 seconds

*No irreversible damage
**Full thickness injury

Chemicals / Hazardous materials

- Products in proper containers and clearly labeled.
- MSDS sheet available for all products used
- Products are properly stored in locked cabinets when not in direct use by staff.
- Tub/shower rooms have cupboards, secure area to store items
- Med, Tx and housekeeping carts are kept locked when not in direct view / use.
- Provide summary to CQI/QA

Environment

- Hallways / common areas remain uncluttered.
- Avoid over crowding in common areas
- Ensure equipment is properly stored when not in use.
- Maintain clear access through doorways
- Wet floor signs are used as necessary.
- Provide summary to cqi / qa

Resident devices: side rail

- Fact: between 1985 - 1999, 371 incidents in which residents were caught, trapped, entangled or strangled. 288 deaths resulted from those incidents.
- Assess each resident prior to utilizing side rails.
- Identify residents at high risk for injury related to side rails.
  - Memory problems
  - Sleeping problems
  - Pain

    - Uncontrolled body movement
    - Independent transfers with unsteady gait.
    - Residents under 100 lbs
    - Incontinence
- Educate staff, residents, family of potential risks:
    - Strangulation
    - More serious injury d/t higher distance to fall
    - Bruise, skin tear, laceration
    - Increased agitation
    - Feelings of isolation
- Alternatives of side rails
    - High/low beds
    - Mat beside bed
    - Transfer aids
- Safer side rail usage
    - Evaluate through facility's preventative maintenance program
    - Inspect fit mattress / frame
    - Attention to replacement mattresses
    - Minimal gap eliminates entrapment - head / body
    - Consider gaps potentially created by resident weight / movement
    - Ensure mattress, rails and frame are compatible.
    - Identify if additional safety measures are needed
    - Follow manufactures recommendations when using air mattresses, air beds.
    - Re-assess any resident using side rails on routine basis and following any incident involving side rail
    - Consider using assessment form for residents w/ srs.
    - Must establish justification for use of side rails.
- Provide summary to CQI/QA

Equipment

- Ensure all resident owned equipment is inspected prior to using and annually.
- Maintain log of equipment inspected.
- Educate family / residents on need for inspection prior to use.
- Educate staff on process of inspection
- Monitor for new equipment through rounds
- Consider label system for easy identification.
- Facility equipment to be monitored and inspected through preventative maintenance program.
- Educate staff how to report when equipment is in need of repair.
- Ensure w/c, geri chairs, merry walkers, hand rails, grab bars, commode & shower chairs, tub lifts, mechanical lifts are inspected on established schedule.
- Provide summary to CQI/QA

Environmental Rounds Checklist

Date / Time of Rounds:_______________ Name of Person Completing Rounds:_______________________

Indicator	Yes	No	Action Taken
1. A preventive maintenance schedule is followed and signed off on a timely basis. Res Care Eqipment / General Equipment			
2. Common Areas have adequate space and in good repair: - - Dining Room - Activity Room - Living Room			
3. Unused equipment removed from units.			
4. Treatment / Medication Carts are locked when unattended and properly stored when not in use			
5. Hallways are not congested. Carts are kept to one side allowing easy passage.			
6. Floors are kept clear of slip/trip hazards.			
7. Floor coverings are even and securely affixed.			
8. Housekeeping Carts are locked when unattended			
9. Wet floor signs are used appropriately and removed timely.			
10. Doorways are not blocked with equipment.			
11. Handrails are firmly attached to the walls.			
Utility Rooms / Bathing Areas			
12. Utility Room is locked, if potential hazards are present.			
13. All cabinets are locked			
14. All chemicals, harmful products are properly labeled / locked up.			
15. Area is free of clutter.			
16. Bathers / lifts are safe / maintained			
Resident Care Areas			
17. Side Rails, beds, brakes, wheelchairs, etc are all in good working condition.			
18. Grab bars are firmly fixed to the walls and are in good repair			
19. All personal appliances are approved by maintenance and appropriately tagged.			
20. Mechanical lifts (Sara, Maxi, Hoyer) work properly and safety straps are in good repair.			
21. Privacy curtains present and in good repair for each bed in multibed rooms.			

Threshold is 95%. If < 95% is achieved, an action plan should be generated to address the items that were an issue. Environmental Rounds are to be completed ____________ (q shift, day, week, month). If "NO" is answered to any of the above questions, action should be taken. In the Column "Action Taken", briefly state appropriate action to eliminate the potential hazard for residents. If defective or broken equipment is identified, notify maintenance via Maintenance Communication Log of item needing repair. Log is to be kept for reference. Finding should be reviewed every ________________ (month or quarter) with the facility's Quality Assurance committee.

Percentage of Compliance = (# of yes responses) x 100 / Total # of completed blocks

Resident Owned Equipment

Resident Name	Admit Date	Room #	Equipment Type	Inspected By	Date Inspected	Approved		Administrator Approval	Inspection Due
						Yes	No		

Note: All electrical devices must be UL approved with a hospital grade u-ground or polarized plug end.
Administrator must approve all devices No Exceptions
Annual inspections are required on all devices

Safety Assessment for Use of Side Rails

Resident_______________________________________

Observe Resident while in bed with side rails raised.	YES	NO
1. Does resident have verbal / cognitive ability to call for help?		
2. Is resident restless in bed?		
3. Does resident present with paralysis / paresia		
4. Can resident's extermities or head become wedged between side rials and mattress?		

(Note: Residents under 100 lbs. Or 5'6" have increased risk

If you answered "yes" to any of the above questions, initiate the following interventions:

Apply bolsters or padding to eliminate space between side rail/mattress

Pad side rials to decrease risk of injury

Adjust side rail height

Other:____

____

Signature:____ Date:_____________________

Comments:

Water Temperature Log

Week: 1	Temperature (Range 105 – 120• Fahrenheit)	Date	Time	Action Taken, if necessary:
RM#				
RM#				
RM#				
RM#				
RM#				
Laundry (165•)				
Dietary (180•)				

Week: 2	Temperature (Range 105 – 120• Fahrenheit)	Date	Time	Action Taken, if necessary:
RM#				
RM#				
RM#				
RM#				
RM#				
Laundry (165•)				
Dietary (180•)				

Week: 3	Temperature (Range 105 – 120• Fahrenheit)	Date	Time	Action Taken, if necessary:
RM#				
RM#				
RM#				
RM#				
RM#				
Laundry (165•)				
Dietary (180•)				

Week: 4	Temperature (Range 105 – 120• Fahrenheit)	Date	Time	Action Taken, if necessary:
RM#				
RM#				
RM#				
RM#				
RM#				
Laundry (165•)				
Dietary (180•)				

Week: 5 (If Needed)	Temperature (Range 105 – 120• Fahrenheit)	Date	Time	Action Taken, if necessary:
RM#				
RM#				
Laundry (165•)				
Dietary (180•)				

Purpose: To ensure water temperatures remain within the established range to ensure no negative outcome occurs.
Maintenance Director or designee will assess an established number of water temperatures each week. It is recommended to check a minimum of 25% of facility's faucets accessible to residents. It is important to vary the sample from week to week. At a minimum, facility should do the first and last room on each hall monthly. If a booster is used, include the last room before and after the booster. Temperatures in Laundry and Dietary Department will be evaluated weekly. Any faucet accessible to residents or used for bathing must be maintained within the stated range. If the temperature falls outside this range, the corrective action must be taken immediately and reflected within the Action Taken Column. If any action is required, the administrator is to be made aware of the issue and action taken . At a minimum, this information will be reviewed with the facility QA/CQI Committee. If temperatures are a concern, it is recommended that it be reviewed monthly

_______________________________________ **Month / Year**

_______________________________________ **Signature**

F324 ACCIDENTS-SUPERVISION

Each resident receives adequate supervision and assistance devices to prevent accidents.

The intent of this provision is that the facility identifies each resident at risk for accidents and/or falls, and adequately plans care and implements procedures to prevent accidents.

- CMS definition of "accident": An unexpected unintended that can cause a resident bodily injury. It does NOT include adverse outcomes associated as a direct consequence to treatment or care. (drug side effects or reactions)
- Be aware that citations under f 324 frequently are accompanied by citations under f 221 and f 323.

Idaho F324 in citations - 2001

- 24 F324 citations
  - 10 level D
  - 2 level E
  - 11 level G
  - 1 level H
- 17 facilities cited for lack of assistive devices to prevent incidents/accidents (I&A)
- 16 facilities cited for failure to supervise to prevent (I&A)
- 9 facilities cited because the motion monitor was not attached or the string was too long
- 2 facilities cited due to failure to supervise while resident smoking
- 3 facilities cited for incidents related to transport issues
- 4 facilities cited for failure to turn on the motion monitor
- 2 facilities were cited for failure to investigate
- 4 facilities were cited for failure to care plan
- 4 facilities were cited for elopement with injury

Follow closely the interpretive guidelines for F324.

- Ask yourself, after each incident, do you satisfy the interpretive guidelines.
- From the minute of admission, develop a plan to prevent I&A)
  - Complete a fall risk assessment on admission and at least quarterly.
  - If a resident suddenly starts having incidents, you may want to re-do a fall assessment, even if it is not "time" to do one.
    - May define new causitive factors not present before!!!
  - On admission, the resident may have predisposing factors that put them at risk for falls, but do not score high on the fall risk assessment.

High risk:

- Dialysis

- Increased weakness
- Increased pain (especially if on bone marrow stimulants)
- Possible confusion
- Belief in ability exceeds actual ability

- Hospital admission, post op:
  - Confusion related to anesthesia
  - Pain
  - Disorientation
  - Belief in ability exceeds actual ability

- C.V.A
  - Risk for seizures
  - Denial in physical limitations
  - Desire to do more
  - Confusion
  - Anger related to CVA/limitations

Investigate & Document

- Investigate timely
- Initiate immediate action
- If you say you are going to do it, then do it!!!!
- Most citations result from facilities stating, on the incident report, they are going to initiate measures, then don't initiate them.
- You initiate it
  - You care plan it
  - You document it

Just when you think you've got it…

- Holy cow!!!! He fell again!!!!
- Investigate again...
- Odds are…interventions initiated but not followed through
- At least one aide or nurse "didn't know"
- The facility did not take appropriate action to prevent this resident from falling, resulting in a fractured hip and broken nose

Best way to prevent repeat incidents:

- Investigate within 24 hours
- Talk with staff present at time of incident - document conversation
  - When was resident last seen?
  - What was resident doing?
  - Who "found" the resident - who witnessed the incident
- If it was a fall...
  - When was the resident last toileted?

  - How long was resident sitting up?
  - If during transfer, was a gait belt used?
  - What was the resident doing when he fell?
- The incident report
  - The style of the incident report, or the format, is not as important as the thoroughness of the investigation to rule out abuse/neglect, and to prevent further incidents.
- Janie forgot her gait belt
  - Determine reason for staff error:
  - Did she have a gait belt present?
  - Why did she not use it?
  - If resident refused, did she remind resident of risk?
  - Does she know the facility policy?
  - Failure of a staff member to follow facility policy could result in a F225 citation for neglect in addition to an F324

Within 24 hours...

- Review the incident with the IDT
- Document immediate interventions
- Adjust the care plan
- Copy the care plan
- Place a highlighted copy in the ADL book and in the med book
- Review the care plan with your unit manager/charge nurse
- Document in med record, with IDT signatures

Be realistic

- Resident's with dementia won't remember to use that call light
- Resident's who are impulsive won't remember to wait for help
- Resident's who remove the motion alarm clip won't "leave it on"

At 48 hours

- Go check….is that intervention in place and working?
- Talk to staff…get their input
- Your aides know more about your residents than you do!!!
- Ask for ideas for alternative interventions
- Document follow-up in med record

In 7 days...

- Go look again.
- Is the intervention in place?
- Is the resident safe?

- Are staff comfortable with intervention?
- Identify any problems and resolve them
- Document in med record

Problems

- We get cited more often for failing to prevent repeat incidents.
  - Failed intervention or staff failure?
- We get cited more often for knowing a resident is at risk but not taking appropriate measures to prevent incidents.
- We are obligated under state and federal regulations to:
  - Investigate causative factors
  - Rule out abuse/neglect
  - Implement measures to prevent reoccurrence
  - Adjust plan of care to reflect changes in care
- If you have a gait belt policy, make sure all your direct staff have gait belts
- Conduct skills labs, assure staff use appropriate measures to transfer
- Encourage participation in resident safety committee

Prevention

Ask staff and family for ideas

- Get therapy involved (if related to falls)
- Implement more aggressive action
- Implement preventive measures- don't wait for an incident
  - Then assure interventions remain in place
- Investigate timely and thoroughly
- Document! Document! Document!
- It takes planning and teamwork!