Summary
Revised Guidance for F323 – Accidents & Supervision
Effective August 6, 2007


According to the Survey & Certification Memorandum that accompanies the guidance, the interpretive guidelines clarify areas such as resident supervision, hazard identification and resident risk, falls, unsafe wandering/elopement, environmental assessment of hazards, and resident-to-resident altercations.

Following is a brief summary of the guidance. For more complete information, please refer to the actual guidance and training materials, available at http://www.ahca.org/members/operate/survcert/survey/wu070712-1.htm.

Definitions

Definitions are provided for the following terms:
- Accident
  - Avoidable accident
  - Unavoidable accident
- Assistance device
- Environment
- Fall
- Hazards
- Resident environment
- Risk
- Supervision/Adequate supervision

It is important to note that included in the definition of “fall” is the following sentence: “An episode where a resident lost his/her balance and would have fallen, if not for staff intervention, is considered a fall.”

Overview

The Overview includes the following concepts: not all accidents are avoidable; and it is reasonable to accept some risks as a trade off for the potential benefits, including resident dignity, self-determination, and control over one’s daily life. The overview further states:

“While Federal regulations affirm the resident’s right to participate in care planning and to refuse treatment, the regulations do not create the right for a resident, legal surrogate, or representative to demand the facility use specific medical interventions or treatments that the facility deems inappropriate. The
regulations hold the facility ultimately accountable for the resident’s care and safety.”

The overview also includes a list of items that a facility “with a commitment to safety” incorporates into its care approach.

**A Systems Approach**

The overview identifies and further describes the processes that a facility’s system approach may include:
- Identification of hazards, including inadequate supervision, and a resident’s risks of potentially avoidable accidents in the resident environment;
- Evaluation and analysis of hazards and risks;
- Implementation of interventions, including adequate supervision and assistive devices, to reduce individual risks related to hazards in the environment; and
- Monitoring for effectiveness and modification of interventions when necessary.

**Supervision**

The overview states: “Supervision is an intervention and a means of mitigating accident risk. Facilities are obligated to provide adequate supervision to prevent accidents.” This section includes two specific behaviors for which a facility may provide supervision: resident smoking and resident-to-resident altercations. There is a note under the heading “resident-to-resident altercations” that provides additional information about “willful” infliction of injury by one resident upon another.

**Resident Risks and Environmental Hazards**

This section discusses common potential hazards found in the resident environment. There is a note in this section stating: “The information included in the following sections is based on current standards of practice or ‘best practice’ models as described in the industry literature.”

Discussion of the following “resident vulnerabilities” is included:
- Falls
- Unsafe wandering or elopement
- Physical plant hazards
- Chemicals and toxins
- Water temperature
- Electrical safety
- Lighting
- Assistive devices/Equipment hazards
- Assistive devices for mobility
- Assistive devices for transfer
• Devices associated with entrapment risks

Investigative Protocol

Objectives

• To determine if the facility has identified hazards present in the resident environment and the individual resident’s risks for an avoidable accident posed by those hazards;
• To determine if a resident accident was avoidable or unavoidable;
• To evaluate whether the facility provides an environment that is as free as possible of hazards over which the facility has control, and minimizes the potential for harm; and
• To determine if the facility provides adequate supervision and assistive devices to prevent avoidable accidents.

Use

This protocol is to be used:

• For a sampled resident who is at risk for, or who has a history or accidents, falls, or unsafe wandering/elopement, to determine if the facility provided care and services, including assistive devices as necessary, to prevent avoidable accidents and to reduce the resident’s risk to the extent possible;
• For a sampled resident who is at risk for accidents or who creates a risk to others, to determine if the facility has provided adequate supervision; and
• For identified hazards/risks, to determine if there are facility practices in place to identify, evaluate, and analyze hazards/risks; implement interventions to reduce or eliminate the hazards/risks, to the extent possible; and monitor the effectiveness of the interventions.

Procedures

• Observation
  o The survey team will make observations and investigate potential hazards that may be encountered throughout the survey. They will also observe the sampled resident environment.

This section includes a list of potential/actual hazards that a surveyor may observe in the environment. Also included are suggestions for how a surveyor should proceed when a sampled resident is “at risk.”

• Interview
  o The survey team is to conduct interviews to determine the relationship between the resident’s risk and hazards.
Topics are included for interviews with residents, families, responsible parties, and staff.

- Record Review
  - Surveyors are to review the assessment and evaluation, determining if the facility assessment is consistent with or corroborated by documentation within the record and reflects the status of the resident for at least eight different risk/hazard areas.
  - Surveyors are to review the plan of care to determine if the facility developed interventions based on the resident’s risks to try to prevent avoidable accidents, and if the plan was modified as needed based on the response, outcomes, and needs of the resident. Also, if the resident has had an accident, review of the record to clarify additional information is required.
  - Surveyors are to determine if the facility has monitored a resident’s condition and the effectiveness of the plan of care interventions and has made revisions based on four specified areas.

- Review of Facility Practices
  - Review of facility practices may involve a review of policies and procedures, staffing, staff training, and equipment manufacturer’s information, as well as interviews with staff and management.
  - If the facility has a pattern of accidents involving one or more residents, surveyors are to determine how the facility evaluates its responses to the accidents.

**Determination of Compliance**

For the resident who has had an accident or was assessed at risk for an avoidable accident, the facility is in compliance with F323 if staff have completed a list of nine tasks, including:

- Identified hazards and risk of an avoidable accident based on the facility’s assessment of the resident environment and the resident, including the need for supervision and/or assistive devices;
- Provided and maintain a secure environment (e.g., resident room, unit, common use areas, stairs and windows, facility grounds, etc.) to prevent negative outcomes (e.g., prevent falling/tumbling down stairs or jumping from windows or eloping through exit doors) for residents who exhibit unsafe wandering and/or elopement behavior (regardless of whether ambulatory, in wheelchair or using walker); and
- Monitored the effectiveness of the intervention and modified the interventions as necessary, in accordance with current standards of practice.

There is a list of eight conditions, occurrences, or events that are listed as examples of noncompliance for F323, including:

- Provide adequate supervision for a resident who has exhibited unsafe wandering and/or has a risk of and/or a history of elopement;
• Monitor for defective or disabled equipment, such as pumps, ventilators or other equipment, or the improper use of assistive devices; and
• Assess, develop interventions, and/or revise the plan of care for a resident who has exhibited or has a risk of unsafe wandering or elopement.

**Potential Tags for Additional Investigation**

There are eight tags identified in this section, including F221, Restraints; F223, Abuse; F281, Services Provided Meet Professional Standards; and F520, Quality Assessment and Assurance.

**Deficiency Categorization**

Actual or potential harm/negative outcome for F323 may include, but is not limited to:
- Injuries sustained from falls and/or unsafe wandering/elopeinent;
- Resident-to-resident altercations;
- Thermal burns from spills/immersion of hot water/liquids;
- Falls due to environmental hazards;
- Ingestion of chemical substances; and
- Burns related to smoking materials.

The protocol also provides examples for Severity Level 3 and 2. The protocol does not permit a finding of Severity Level 1.