At the Conclusion of This Presentation, the Participant Will:

- Explain the Federal Definitions of Abuse, Neglect and Mistreatment
- List the Components of an Accident Investigation
- Identify types of occurrences that require an investigation

\[\text{STATE OPERATIONS MANUAL, APPENDIX PP F223 – Abuse (\$483.13(b))} \]

The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.
Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. (42 CFR §488.301)

Types of Abuse:
- Physical Abuse
- Verbal Abuse
- Mental Abuse
- Sexual Abuse
- Involuntary Seclusion

Abuse also includes:
- The deprivation by an individual... of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.
- Failure to follow resident plan of care and/or implementation of the care plan by a qualified individual

“Neglect” means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. (42 CFR 488.301)

“Misappropriation of resident property” means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident’s belongings or money without the resident’s consent. (42 CFR 488.301)
The Facility Must Develop And Implement Policies and Procedures That Include the Seven Components of Abuse Prohibition:

- Screening
- Identification
- Training
- Investigation
- Prevention
- Protection
- Reporting

The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.

The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

“Investigation” – The facility must have procedures to investigate different types of incidents; and identify the staff member responsible for the initial reporting, investigation of alleged violations and reporting of results to the proper authorities.
What Should be Investigated:
- Grievances
- Complaints
- Accidents/Smoking non-compliance
- Any situation which may constitute abuse/neglect
- Incidents involving Medication Errors
- Resident to Resident occurrences
- Missing residents/Elopement
- Falls
- Injury unknown origin
- Medical Events

FALLS DEFINITION

Fall –
Refers to unintentionally coming to rest on the ground, floor or other lower level, but not as a result of overwhelming external force (i.e. resident pushes another resident). An episode where a resident lost his balance and would have fallen if not for staff interventions is considered a fall! A fall without injury is still a fall! Unless, there is evidence suggesting otherwise, when a patient/staff member is found on the floor a fall is considered to have occurred.

Investigation

A CLOSER LOOK AT MEDICAL EVENTS
- Inadvertent Dislodgement of a:
  - Feeding Tube
  - Foley/Suprapubic Catheter
  - IV Line (any type)
  - Tracheostomy
  - Ventilator Connection
  - Hyper/Hypoglycemic Event
  - Bleeding with resident on anticoagulation therapy
  - CPR Performed on Resident with DNR Order
  - CPR NOT Performed in Absence of DNR Order
  - Onset of Facility Acquired Pressure Ulcer
  - Med Error/Adverse Effect
Medical Event Investigation Deficiencies

- F225 – Facility failed to investigate 2 incidents of decannulation of a ventilator-dependent resident with a tracheostomy (U)
- F225 – Facility failed to investigate an incident of G-tube dislodgement (G-Actual Harm). This was a repeat occurrence
- F224 & F225 – Facility failed to thoroughly investigate an incident of resident to resident altercation and possible victim of sexual assault (K)

Medical Event Investigation Deficiencies

- Several Deficiencies for One Deficient Practice
- F224 & F225 – Facility failed to investigate an incident to identify potential neglect regarding critical lab values (D)
- F225 – The facility failed to complete a timely investigation. Facility provided an investigation 26 days following the incident. (D)
- F309 – The facility failed to ensure resident received timely and appropriate treatment when critical lab values were identified {↑ K+; ↑BUN; ↑Creatinine} (G)

Same Resident – Same Deficient Practice

- F501 Medical Director (G)
- F505 Lab Services – Stat Results Not Called Into Facility Timely (D)
- F157 – Notification of Change (D)

Total of 8 Deficiencies

Resident Subsequently Expired
**When Does an Investigation Start?**

IMMEDIATELY UPON IDENTIFICATION OF AN INCIDENT/OCCURRENCE

1. Cannot Wait Until the Risk Manager Comes in or the DON Looks at the Report
2. RN Supervisor Must Assess Resident Immediately
3. Accident Scene Must be Examined Before Anything is Moved
4. Staff Involved, or On Unit for that Shift must be Interviewed and Statements obtained, as indicted
5. Accident Report to be Started and Checklist Initiated

**How to Conduct an Investigation: Who, What, Where and Why?**

Who was involved?

What happened? Type of injury - describe size, location, color, first aid.

Where did it happen?

When did it happen?

Why did it happen?

Was the plan of care followed?

Was the accident avoidable/unavoidable?

**Conducting a Viable Investigation**

A. **Review** the complaint, accident, or occurrence thoroughly.

- Are you dealing with an accusation of abuse?
- Are you looking at an injury of unknown origin?
- Is this a medical event?
- Is this a resident to resident altercation
- Has resident received necessary care and services while conducting the investigation?
**Conducting a Viable Investigation**

**B. Interview:**
- **Witnesses** – Not only nursing staff
  - Family or Visitor
  - Anyone who may have seen or heard anything pertinent
  - Resident
  - Residents Roommate
- **Staff members:**
  - All nursing staff on unit
  - Other staff, such as housekeeper, recreation, rehab, dietary, etc.
  - Staff on all shifts for past 24 - 48 hours

**Conducting a Viable Investigation**

**C. Obtain** statements that are specific to the Resident’s functioning or the specific occurrence.

**ASK QUESTIONS:**
- ✓ When did you last see resident?
- ✓ What did you do for resident at that time?
- ✓ What was the resident doing when last seen?
- ✓ WHO HELPED YOU PROVIDE CARE TO RESIDENT? (Get Statement for Identified Staff Member to Validate Care Was Provided As Per Care Plan Directives!!!)

**Conducting a Viable Investigation**

**D. Examine** the Scene; Are There Any Environment Concerns?
- wet floor
- lighting
- side rails
- blood on w/c
- sharp objects
- blood on rails
- call bell
- blood on table

**E. Assess** the Resident Involved
- Medications
- ADL functioning
- Mental status
- Mood state
F. Utilize the Components of CAA 11 - Falls
- Hx of falls
- Internal risk factors
- External risk factors
- Appliances and devices
- Environmental hazards
Was there an adequate care plan based on the resident assessment?

G. Documentation and Description of any Injury on the Accident Report is Vital to the Case and the Conclusion!

H. Assessment and Documentation is Critical During the Investigation:
Assess Resident’s Medication Profile:
- Anticoagulants
  - ASA
  - Coumadin
  - Plavix
  - ibuprofen
- Steroids – Prednisone
- Depakote and other antipsychotics – cause thrombocytopenia which can lead to bruising
ASSESSMENT

- Assess Current Labs or Draw Needed Labs as Part of Investigation
  - Compare baseline to current
  - Assess:
    - CBC with Platelets
    - Basic Chemistry
    - Albumin
    - BUN/Creatinin (Dehydration)
    - Coagulation Panel (PT/INT)
    - Urinalysis/Urine C & S

Look at Everything Hazards in Environment

- Evaluate the Pattern of the Injury
  - Could an object cause the injury?
    - Diaper
    - siderail
    - wheelchair
    - shoes

ACCIDENT INVESTIGATION SUGGESTIONS

Bruise of Unknown Origin:
- Note if there is any surrounding redness/ swelling to rule out trauma
- Residents on anticoagulants -Discoloration may likely be due to minimal environmental contact secondary to fragile capillary beds
- Note shape, linear- possible cause side rails, furniture edge, irregular shape- check if presentation matches anything in the environment, i.e.: call bell, rings, jewelry, etc.
- Note location; upper arms ask staff to do demo on how resident was transferred, ambulated, etc.
- Lower extremities ask staff to do return demo on how resident was transferred and to ensure leg rest removed prior.
- Eyes, consider capillary pooling as cause
- Note if resident has diagnosis of senile purpura and area has the appearance of purpuric lesion. HAVE MEDICAL BACK UP IF THE DISCOLORATION IS OF THIS NATURE
- Check to see if any recent blood drawing and discoloration is a result.
ACCIDENT INVESTIGATION SUGGESTIONS

Skin Tears:
- Note if there is any surrounding redness/swelling to rule out trauma
- Note if skin tear is over fragile skin related to senile purpura. HAVE MEDICAL BACK UP IF THIS IS THE CASE.
- On lower or upper extremities have CNA do return demo for transfer
- Check for rough edges on furniture and wheelchair
- Check if appearance is similar to jewelry, call bell, etc.
- w/c leg protectors

CONCLUSION
SUMMARY OF FINDINGS

- You Conclusion is the Most Important Component of the Investigation
- Is the Basis for your Decision Regarding the Occurrence of Abuse, Neglect or Mistreatment
- Your Summary Findings Must Put All The Pieces Together!

CONCLUSION

- Summarize all findings
- Document the Facts Known Leading Up To and Including the Accident/ complaint (precipitating events)
- Include Witness Statements and Any Environmental, Contributing Factors
- Rule Out or Substantiate Abuse/Neglect/Mistreatment
- Decide – if DOH is to be notified and document your decision
Writing Conclusion Tips

- State that accident (name) was most likely due to:
- Note how plan of care was followed by staff. For example, resident last seen ________ minutes prior to incident and ________ care was provided. Resident had alarm on wheelchair which sounded, however, staff was unable to reach resident to prevent fall. Resident was in the dayroom under supervision of staff however, CNA was not able to prevent resident from falling.

Writing Conclusion Tips

- When resident is a two-person transfer always validate this was done, get statements or interviews from both and note in conclusion.
- Note that this was an unavoidable event and back up why this statement is made, i.e.; plan of care was followed, safety interventions all in place, resident was in supervised area, this was an unanticipated event.

Key Words

Key Words To Consider When Conducting An Investigation And Developing Your Conclusion Summary:
- Avoidable vs. Unavoidable
- Predictable vs. Unpredictable
- Evidence (to support conclusion)
- Clear and Convincing Evidence
- Unforeseen Event
Precipitating events – validation of what happened prior to the actual event

Reasonable cause to believe...

Conclusion statement – will validate your findings, your precipitating events, witness statements and evidence

- Substantiates or R/O abuse

Report to your immediate supervisor any accidents/incidents that may meet the abuse definitions!

Reporting must be timely!

- Maintain all Investigations, including summaries readily Assessable

- Keep all Investigations called into DOH in a separate file for easy access

- Maintain resident-to-resident altercations in separate folder from accident investigations
**DOH CALLS**

*Record the cases called to the Department of Health and/or other Regulatory Agencies and why!*

*Log should be maintained for validation and analysis.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time of Call</th>
<th>Name of Reg Agency</th>
<th>Who you spoke to</th>
<th>Reason for Call</th>
<th>Name of Staff who called</th>
<th>Complaint #</th>
<th>Risk Summary</th>
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**CARE PLAN REVISION**

- Care Plan Must Be Reviewed Following Each Accident Occurrence
- Care Plan Must Be Revised Following Each Accident Occurrence
- NEW Interventions Must Be Documented to Prevent Re-Occurrence of Accident
- Date of New Interventions Should be Clearly Noted on Care Plan
- Document Care Plan Evaluation – Make notation that all care plan interventions were in place at time of incident and note new interventions instituted
- Don’t Forget – CNA Record!

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**Compliance Tips**

* Investigate all accidents/events and summarize findings:
  - Obtain statements
  - Rule out abuse (within 5 working days)
  - Develop corrective plans

* Review Residents with Accidents at Morning Meeting

* Monthly statistics by unit/house:
  - Type of Accident: Include Resident to Resident Issues/Medical
  - Time of accident
  - Location of accident

*All statistics should be analyzed!*