

RESIDENT SAFETY-STAYING ON THE RIGHT SIDE OF REGULATORY COMPLIANCE

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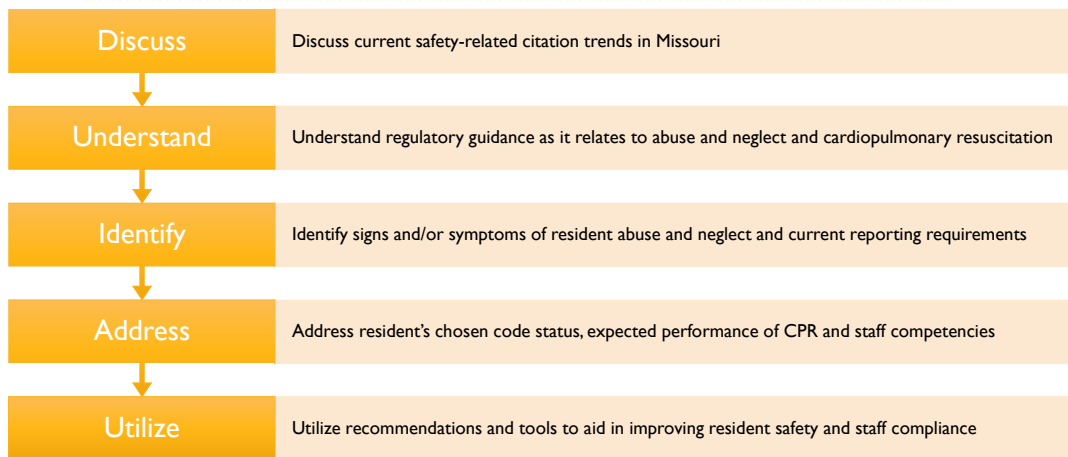
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OBJECTIVES



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SAFETY-RELATED CITATIONS

**QCOR FOR FY2022: CMS REGION 7 AND MISSOURI
EXAMPLES OF SURVEY CITATION:
F689 ACCIDENT HAZARDS/SUPERVISION
F600-610 ABUSE & NEGLECT
F678 CARDIOPULMONARY RESUSCITATION**



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QCOR REGION 7 KANSAS CITY

Selection Criteria

Begin Year: 2022
End Year: 2022
Display Options: Display all results
Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid
Region: VII KANSAS CITY
Survey Focus: Health

Year Type: Year: Quarter:

Citation Frequency Report

Region	Tag #	Tag Description	# Citations
Totals represent the # of providers and surveys that meet the selection criteria specified above. (VII) Kansas City			
	EO884	Reporting - National Health Safety Network	1,161
	EO880	Infection Prevention & Control	358
	EO689	Free of Accident Hazards/Supervision/Devices	348
	EO812	Food Procurement, Store/Prepare/Serve Sanitary	260
	EO677	ADL Care Provided for Dependent Residents	216
	EO684	Quality of Care	212
	EO657	Care Plan Timing and Revision	146
	EO550	Resident Rights/Exercise of Rights	136
	EO686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	135
	EO658	Services Provided Meet Professional Standards	132



EO384	Safe/Clean/Comfortable/Homelike Environment	124
EO656	Develop/Implement Comprehensive Care Plan	121
EO758	Free from Unnec Psychotropic Meds/PRN Use	121
EO761	Label/Store Drugs and Biologicals	121
EO625	Notice of Bed Hold Policy Before/Upon Transfr	96
EO623	Notice Requirements Before Transfer/Discharge	96
EO695	Respiratory/Tracheostomy Care and Suctioning	96
EO756	Drug Regimen Review, Report Irregular, Act On	94
EO580	Notify of Changes (Injury/Dedline/Room, etc.)	90
EO690	Bowel/Bladder Incontinence, Catheter, UTI	89
EO725	Sufficient Nursing Staff	84
EO509	Reporting of Alleged Violations	82
EO692	Nutrition/Hydration Status Maintenance	75
EO500	Free from Abuse and Neglect	72
EO760	Residents are Free of Significant Med Errors	71
EO755	Pharmacy Svcs/Procedures/Pharmacist/Records	70
EO698	Dialysis	65
EO607	Develop/Implement Abuse/Neglect Policies	64
EO610	Investigate/Prevent/Correct Alleged Violation	64



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QCOR REGION 7 KANSAS CITY

EO757	Drug Regimen is Free from Unnecessary Drugs	63
EO582	Medicaid/Medicare Coverage/Liability Notice	60
EO804	Nutritive Value/Appear, Palatable/Prefer Temp	59
EO732	Posted Nurse Staffing Information	57
EO688	Increase/Prevent Decrease in ROM/Mobility	54
EO886	COVID-19 Testing-Residents & Staff	51
EO644	Coordination of PASARR and Assessments	50
EO727	RN 8 Hrs/7 days/Wk, Full Time DON	49
EO759	Free of Medication Error Rts 5 Prcnt or More	45
EO661	Discharge Summary	43
EO641	Accuracy of Assessments	41
EO697	Pain Management	41
EO700	Bedrails	40



EO655	Baseline Care Plan	38
EO888	COVID-19 Vaccination of Facility Staff	38
EO882	Infection Preventionist Qualifications/Role	37
EO558	Reasonable Accommodations Needs/Preferences	37
EO726	Competent Nursing Staff	34
EO921	Safe/Functional/Sanitary/Comfortable Environ	34
EO578	Request/Refuse/Discontinue Trmnt;Formlize Adv Dir	33
EO881	Antibiotic Stewardship Program	32
EO883	Influenza and Pneumococcal Immunizations	32
EO868	QIA Committee	32
EO561	Self-Determination	30
EO579	Cardio-Pulmonary Resuscitation (CPR)	29
EO803	Menu Meet Resident Nds/Prep in Adv/Followed	29



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QCOR REGION 7 MISSOURI

Citation Frequency Report

State	Tag #	Tag Description	# Citations
Missouri	Totals represent the # of providers and surveys that meet the selection criteria specified above.		482
	F0884	Reporting - National Health Safety Network	482
	F0880	Infection Prevention & Control	64
	F0582	Free of Accident Hazards/Supervision/Devices	56
	F0812	Food Procurement, Store/Prepare/Serve Sanitary	55
	F0558	Services Provided Meet Professional Standards	48
	F0627	ADL Care Provided for Dependent Residents	47
	F0556	Develop/Implement Comprehensive Care Plan	36
	F0684	Quality of Care	36
	F0623	Notice Requirements Before Transfer/Discharge	34
	F0761	Label/Store Drugs and Biologicals	33
	F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	33
	F0600	Free from Abuse and Neglect	32
	F0625	Notice of Bed Hold Policy Before/Upon Trnsfr	31
	F0584	Safe/Clean/Comfortable/Homelike Environment	29
	F0602	Develop/Implement Abuse/Neglect Policies	27
	F0550	Resident Rights/Exercise of Rights	27

F0609	Reporting of Alleged Violations	26
F0700	Bedrails	25
F0657	Care Plan Timing and Revision	25
F0610	Investigate/Prevent/Correct Alleged Violation	24
F0759	Free of Medication Error Rts 5 Prcnt or More	23
F0804	Nutritive Value/Appear, Palatable/Prefer Temp	22
F0732	Posted Nurse Staffing Information	22
F0727	RN 8 Hrs/7 days/Wk, Full Time DON	21
F0883	Influenza and Pneumococcal Immunizations	20
F0695	Respiratory/Tracheostomy Care and Suctioning	20
F0888	COVID-19 Vaccination of Facility Staff	19
F0760	Residents are Free of Significant Med Errors	19
F0679	Activities Meet Interest/Needs Each Resident	18
F0580	Notify of Changes (Injury/Decline/Room, etc.)	18
F0570	Surety Bond-Security of Personal Funds	17
F0678	Cardio-Pulmonary Resuscitation (CPR)	16



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SAFETY-RELATED CITATIONS ACCIDENT HAZARDS/SUPERVISION



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SAFETY-RELATED CITATIONS ACCIDENT HAZARDS/SUPERVISION

- Facility *failed* to ensure resident's environment was free from accident hazards when it *failed* to keep chemicals locked, out of resident reach, *failed* to provide supervision to one resident. Resident accessed shower room and obtained unopened bottle of cleaning solution from an unlocked and unsecured cabinet. Resident took the bottle to room and drank $\frac{3}{4}$ of solution.
- Facility *failed* to provide protective oversight for one resident by *failing* to ensure the resident was assessed prior to use of a quarter side rail in combination with a low air loss mattress (LALM)
- *Failed* to ensure staff educated on ongoing monitoring of LALM, assistive bed devices, side rails, bed canes for resident with such devices in place and identify use in care plan.



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SAFETY-RELATED CITATIONS ACCIDENT HAZARDS/SUPERVISION

- Facility *failed* to perform post-fall neurological checks following two unwitnessed falls
- *Failed* to ensure each resident received adequate supervision and assistance to prevent accidents by *failing* to identify risks/hazards, evaluate risk/hazards, and implement interventions to reduce the risk/hazards, and monitor for effectiveness for one resident with multiple falls resulting in hospitalization
- Facility *failed* to protect residents from possible injury when staff *failed* to have a process in place to ensure hot food and beverages were served in a safe temperature
- *Failed* to put sufficient interventions and oversight in place to prevent second food burn for one resident



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ABUSE & NEGLECT

- REGULATORY GUIDANCE: TAGS, INTENT, DEFINITIONS, ROP
- INVESTIGATION & REPORTING
- EXAMPLES
- SIGNS & SYMPTOMS
- WHAT CAN WE DO?



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REGULATORY GUIDANCE 483.32 FREEDOM FROM ABUSE, NEGLECT AND EXPLOITATION

- 10 F tags under this heading, all have the potential designation of “**Substandard Care**” if a deficiency is cited with a scope/severity of F, H, I, J, K or L.

These tags include:

- Resident’s right to be free from Abuse, Neglect, Misappropriation of Funds, Exploitation, Involuntary Seclusion, Physical/Chemical Restraints
- Hiring guidelines
- Development of policies and procedures
- Reporting of Reasonable suspicion of a crime and alleged violations
- Investigation/Prevention/Correction of a violation



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FEDERAL TAGS

483.12	Freedom from Abuse, Neglect, and Exploitation
F600	*Free from Abuse and Neglect
F602	*Free from Misappropriation/Exploitation
F603	*Free from Involuntary Seclusion
F604	*Right to be Free from Physical Restraints
F605	*Right to be Free from Chemical Restraints
F606	*Not Employ/Engage Staff with Adverse Actions
F607	*Develop/Implement Abuse/Neglect, etc. Policies
F608	*Reporting of Reasonable Suspicion of a Crime
F609	*Reporting of Alleged Violations
F610	*Investigate/Prevent/Correct Alleged Violation



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KEY CHANGES TO REGULATIONS AND INTERPRETIVE GUIDELINES

Abuse, Neglect, and Exploitation

Tag	Tag Subject	Key Changes to Regulation or Interpretive Guidelines	Significant Chg/Technical Correction
F600	Abuse/Neglect	Removed language from sexual abuse. Included additional guidance related to neglect	Significant
F602	Misapprop/Exploit	Minor changes to update references to Appendix P	Technical
F603	Involuntary Seclusion	Minor changes to update references to Appendix P	Technical
F604	Physical Restraints	Clarification of when a bed rail meets the definition of a physical restraint	Significant
F605	Chemical Restraints	Minor changes to update references to Appendix P	Technical
F606	Not Employ Staff w/Adverse Action	Revised intent to match the regulation text	Technical
F607	Abuse Policies	Added guidance for coordination with QAPI and provisions the former F608	Significant
F608	Reporting of Suspected Crimes	Deleted- Guidance is at F607/F609	Significant
F609	Reporting Alleged Violations	Revised definitions & guidance related to the timing of reports, added language related to what facilities must report, added provisions from the former F608	Significant



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F600 FREE FROM ABUSE AND NEGLECT

- §483.12 Freedom from Abuse, Neglect and Exploitation
 - The resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat a resident's medical symptoms.
- §483.12(a) The facility must—
 - §483.12(a)(1) Not use **verbal, mental, sexual, or physical abuse. corporal punishment or involuntary seclusion;**
- Intent §483.12(a)(1) Each resident has the right to be free from **abuse, neglect and corporal punishment of any type by anyone**



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DEFINITION OF ABUSE & VERBAL ABUSE

- **Abuse** is defined at §483.5 as “the *willful* infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including caretaker, of goods or services that are necessary to maintain physical, mental and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. **It includes verbal abuse, sexual abuse, physical abuse and mental abuse** including abuse facilitated or enabled through the use of technology.
- **Verbal Abuse:** use of oral, written or gestured communication or sounds that willfully includes disparaging and derogatory terms to residents or families, or *within hearing distance*, regardless of an individual's age, ability to comprehend, or disability.



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MENTAL AND SEXUAL ABUSE NEGLECT

- **Mental Abuse:** the use of verbal or non-verbal conduct which causes or has the potential to cause a resident to experience humiliation, intimidation, fear, shame, agitation, degradation, harassment, threats of punishment or deprivation. Includes abuse that is facilitated or is enabled through the use of technology, such as smart phones and other personal electronic devices.
- **Sexual Abuse:** Non-consensual sexual contact of any type with a resident, includes but is not limited to, sexual harassment, sexual coercion or sexual assault
- **Neglect:** failure to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress



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F602 FREE FROM MISAPPROPRIATION/EXPLOITATION

- INTENT §483.12 Each resident has the right to be free from misappropriation of property and exploitation.
NOTE: Refer to F608 for requirements related to reporting of a reasonable suspicion of a crime
- DEFINITIONS §483.12
 - “Exploitation,” as defined at §483.5, means “taking advantage of a resident for personal gain, through the use of manipulation, intimidation, threats, or coercion.”
 - “Misappropriation of resident property,” as defined at §483.5, means “the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident’s belongings or money without the resident’s consent.”



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F603 FREE FROM INVOLUNTARY SECLUSION

- **Unreasonable Confinement or Involuntary Seclusion:** separation of a resident from other residents, his/her room, or confinement to his/her room (with or without roommates) against the resident's will or the will of the resident's legal representative. Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if needed for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs.



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F604 RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS

- §483.12(a) The facility must— §483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints
- Definition: "Physical restraint" is defined as any manual method, physical or mechanical device, equipment, or material that meets all of the following criteria:
 - Is attached or adjacent to the resident's body;
 - Cannot be removed easily by the resident; and
 - Restricts the resident's freedom of movement or normal access to his/her body.
- "Removes easily" means that the manual method, physical or mechanical device, equipment, or material, can be removed intentionally by the resident in the same manner as it was applied by the staff



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F604 RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS

- **INTENT** The intent of this requirement is for each resident to attain and maintain his/her highest practicable well-being in an environment that:
 - Prohibits the use of physical restraints for discipline or convenience;
 - Prohibits the use of physical restraints to unnecessarily inhibit a resident's freedom of movement or activity; and
 - Limits physical restraint use to circumstances in which the resident has medical symptoms that may warrant the use of restraints. When a physical restraint is used, the facility must:
 - Use the least restrictive restraint for the least amount of time; and
 - Provide ongoing re-evaluation of the need for the physical restraint



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F605 RIGHT TO BE FREE FROM CHEMICAL RESTRAINTS

- **§483.10(e) Respect and Dignity.** The resident has a right to be treated with respect and dignity, including:
 - **§483.10(e)(1)** The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2).
 - **§483.12** The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.
 - **§483.12(a)** The facility must—
 - **§483.12(a)(2)** Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints



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F605 RIGHT TO BE FREE FROM CHEMICAL RESTRAINTS

- Definition: “Chemical restraint” is defined as any drug that is used for discipline or staff convenience and not required to treat medical symptoms.
- INTENT The intent of this requirement is for each person to attain and maintain his/her highest practicable well-being in an environment that prohibits the use of chemical restraints:
 - For discipline or convenience; and
 - Not required to treat a resident’s medical symptoms. When a medication is indicated to treat a medical symptom, the facility must:
 - Use the least restrictive alternative for the least amount of time;
 - Provide ongoing re-evaluation of the need for the medication; and
 - Not use the medication for discipline or convenience



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F606 NOT EMPLOY/ENGAGE STAFF WITH ADVERSE ACTIONS

- §483.12(a) The facility must—
- §483.12(a)(3) Not employ or otherwise engage individuals who—
 - (i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law;
 - (ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or
 - (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.
- §483.12(a)(4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff



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F607 DEVELOP/IMPLEMENT POLICIES

- §483.12(b) The facility must develop and implement written policies and procedures that:
- §483.12(b)(1-4)
 - Prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property
 - Establish policies and procedures to investigate allegations
 - Include required training F940/F943
 - Establish coordination with QAPI program required under §483.75 (Phase 3)



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F607 DEVELOP/IMPLEMENT POLICIES

- INTENT This regulation was written to provide protections for the health, welfare and rights of each resident residing in the facility. In order to provide these protections, the facility must develop written policies and procedures to prohibit and prevent abuse, neglect, exploitation of residents, and misappropriation of resident property.
- These written policies must include, but are not limited to, the following components:
 - Screening
 - Training
 - Prevention
 - Identification
 - Investigation
 - Protection
 - Reporting/response



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Key Changes for F607/F609

- Deleted-F608
- F607 – Citations related to the failure to develop and implement written policies and procedures related to posting a conspicuous notice of employee rights, and prohibiting and preventing retaliation.
- F609- Citations related to the facility’s failure to ensure the reporting of suspected crimes and notifying covered individuals of their reporting responsibilities.
- The respective Investigative Protocols have also been moved.

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F609 REPORTING OF ALLEGED VIOLATIONS

- In response to allegations of abuse, neglect, exploitation or mistreatment, the facility must:
 - Ensure that all alleged violations involving abuse, neglect, **exploitation** or mistreatment including injuries of unknown source and misappropriation of resident property are reported immediately, **but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury** not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in bodily injury, to the administrator of the facility and to other officials (including the State Survey **Agency and adult protective services where state law provides for jurisdiction in long-term care facilities**) in accordance with state law through established procedures



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Key Changes for F609-Reporting of Suspected Crimes

- Examples of actions that policies and procedures should address:
 - Orienting new staff and assuring that covered individuals are annually notified;
 - Identifying barriers and implementing interventions to remove barriers and promote a culture of transparency and reporting;
 - Working with law enforcement annually to determine which crimes are reported;
 - Assuring that covered individuals can identify what is reportable and providing in-service training; and
 - Providing periodic drills.

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CMS ROP TRAINING F609

Key Changes for F609-Reporting of Suspected Crimes

- Surveyors should investigate and document the failure to develop and/or implement policies and procedures for reporting suspected crimes.
- If the covered individual refuses to report, or the surveyor cannot verify that the report was done, the surveyor must consult with his/her supervisor immediately.

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F609-Reporting of alleged violations

- Clarified guidance for alleged violations which must be reported:
 - Staff to resident abuse
 - Resident to resident altercations

Resident to Resident Altercations-Mental/Verbal Conflict

Required to Report

- Bullying
- Threats of violence

Not Required to Report

- Non-targeted outbursts



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CMS ROP TRAINING F609

Resident to Resident Altercations-Sexual Contact

Not Required to Report

- Consensual sexual contact between residents who have the capacity to consent
- Affectionate contact such as hand holding or hugging or kissing a resident who indicates that he/she consents to the action through verbal or non-verbal cues



Resident to Resident Altercations-Sexual Contact

Required to Report

- Touching a resident's sexual organs and the resident being touched indicates the touching is unwanted through verbal or non-verbal cues
- Sexual activity or fondling where one of the resident's capacity to consent to sexual activity is unknown
- Instances where the alleged victim is transferred to a hospital for examination and/or treatment of injuries resulting from possible sexual abuse
- Other unwanted actions for the purpose of sexual arousal or sexual gratification



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CMS ROP TRAINING F609

Resident to Resident Altercations-Physical



- Willful actions include, but are not limited to, hitting, slapping, punching, and choking.
- Physical altercations that don't result in physical injury, mental anguish, and pain do occur.
- While these types of cases do not have to be reported, physical altercations can increase the risk for abuse to occur in the facility



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CMS ROP TRAINING F609

Injuries of Unknown Source

- An injury should be classified as an “injury of unknown source” when ALL of the following criteria are met:
 - The source of the injury was not observed by any person; and
 - The source of the injury could not be explained by the resident; and
 - The injury is suspicious because of:
 - The extent of the injury, or
 - The location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma), or
 - The number of injuries observed at one particular point in time, or
 - The incidence of injuries over time.



Injuries of Unknown Source

- Examples of Injuries of Unknown Source Which Must Be Reported – Unobserved/Unexplained
 - Skin tears in sites other than the arms or legs
 - Symmetrical skin tears on both arms
 - Patterned bruises that suggest hand marks or finger marks, or bruising pattern caused by an object
 - Bilateral bruising of the inner thighs, and “wrap around” bruises that encircle the legs, arms or torso.
 - Facial injuries, including facial fractures, black eye(s), bruising, or bleeding or swelling of the mouth or cheeks with or without broken or missing teeth



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CMS ROP TRAINING F609

Misappropriation of Resident Property/Exploitation

- Examples of what must be reported
 - Theft of personal property, such as jewelry; and
 - Unauthorized or coerced purchases on a resident’s credit card; and
 - Missing prescription medications



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F610 INVESTIGATE/PREVENT/CORRECT ALLEGED VIOLATION

- §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:
- §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.
- §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress
- §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken



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F610 INVESTIGATE/PREVENT/CORRECT ALLEGED VIOLATION

INTENT The facility must take the following actions in response to an alleged violation of abuse, neglect, exploitation or mistreatment:

- Thoroughly investigate the alleged violation;
- Prevent further abuse, neglect, exploitation and mistreatment from occurring while the investigation is in progress; and
- Take appropriate corrective action, as a result of investigation findings.

NOTE: Refer to F609 for the requirement to report the findings of the investigation within 5 working days



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CMS ROP TRAINING F610

Initial Reporting - Examples of Information

- Basic facility information
- Allegation type
- When the facility became aware of the incident
- Information about the alleged victim and perpetrator
- Witnesses
- Details about the allegation, including outcomes to the alleged victim
- Notifications that were made to law enforcement or other agencies.
- Steps taken immediately to ensure resident(s) are protected
- Who is submitting the report

Investigation Reporting - Examples of Information

- Any additional outcomes to the resident.
- Whether the allegation was reported to the resident representative
- Whether the allegation was reported to another agency
- Steps taken to investigate the allegation. This may include a summary of interviews with the alleged victim, witnesses, the alleged perpetrator, other residents who have had contact with the alleged perpetrator, staff responsible for oversight of the location where the alleged victim resides, and staff responsible for oversight of the alleged perpetrator.



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CMS ROP TRAINING F610

Investigation Reporting - Examples of Information (continued)

- Information from the resident's record
- Summary of other documents obtained, such as a police report, discharge summaries
- Conclusion
- Corrective action taken
- Who investigated the incident
- Who is submitting the report



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ABUSE & NEGLECT

Example #1:

- Facility *failed* to ensure one resident remain free from physical abuse when Nurse used physical force to obtain lighter from a resident. Nurse dove onto resident's bed, hitting resident with both falling to floor.
- Facility *failed* to follow facility polices and procedures for Abuse, Neglect and Exploitation when addressing behaviors

Example #2: Uncorrected Class 2

- Facility *failed* to follow their policy and report allegations of resident abuse within the 2-hour timeframe for an allegation of abuse involving 2 residents.



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ABUSE & NEGLECT

Example #3:

- Facility *failed* to ensure one resident was free from physical abuse. Resident to resident altercation with hitting and lunging with both residents falling to floor. Hitting and kicking continued resulting in one resident sustaining a broken collarbone.

Example #4:

- Facility *failed* to protect 2 residents from verbal abuse from a medication aide. One resident requested a PRN pain medication. Medication aide yelled and cursed at resident, told resident no to request. Argued loudly with resident, including name calling. Resident felt degraded, helpless, afraid, and intimidated. Second resident admitted to feeling scared and intimidated.



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ABUSE & NEGLECT

Example #5:

- Facility *failed* to ensure one resident was free from sexual abuse when a second resident with sexual and wandering behaviors sexually abused the first resident on more than one occasion.
- *Failed* to ensure two residents free from physical and verbal abuse from a CNA.

Example #6:

- Facility *failed* to ensure two residents were free from neglect.
- RN *failed* to administer scheduled medications (oral antihypertensives, diabetic agent, sliding scale insulin, and/or pain medication), and check blood sugar levels as ordered by the physician for two residents



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PHYSICAL ABUSE SIGNS AND SYMPTOMS

****Note:** The examples listed are not an all-inclusive list

- **Physical Abuse:** includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment
- Examples of injuries that could indicate physical abuse:
 - Bruises, including those found in unusual locations such as head, neck, lateral locations on the arms, or posterior torso and trunk, or bruises in shapes, (e.g. finger imprints)
 - Changes in behavior/demeanor, self-isolating, avoidance



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ADDITIONAL S/S OF PHYSICAL ABUSE

- Bite marks, scratches, skin tears and lacerations with or without bleeding, including those that would unlikely result from an accident
- Facial injuries, including but not limited to, broken or missing teeth, facial fractures, black eye(s), bruising, bleeding or swelling of mouth or cheeks
- Injuries that are non-accidental or unexplained
- Fractures, sprains or dislocations
- Burns, blisters, or scalds on hands or torso



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EXAMPLES OF VERBAL AND MENTAL ABUSE

- Examples include:
 - Harassing a resident
 - Yelling over a resident with the intent to intimidate
 - Threatening including depriving care or withholding contact with family, friends
 - Mocking, insulting, ridiculing
 - Isolating resident from social interactions/activities
 - Demeaning or humiliating photographs and recordings



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SEXUAL ABUSE EXAMPLES

- Examples include:
 - Unwanted intimate touching of any kind especially of breasts or perineal area
 - All types of sexual assault or battery such as rape, sodomy or coerced nudity
 - Forced observation of masturbation and/or pornography
 - Taking sexually explicit photographs and/or audiovisual recordings and maintaining and/or distributing



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MISAPPROPRIATION OF RESIDENT PROPERTY

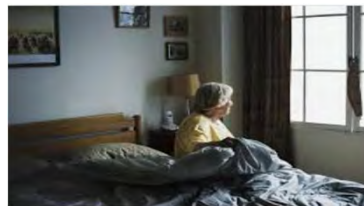
- Examples of misappropriation of resident property:
 - Identify theft
 - Theft of money from bank accounts
 - Unauthorized or coerced purchases on a resident's credit card
 - Unauthorized or coerced purchases from resident's funds
 - A resident who provides a gift to staff on order to receive ongoing care, based on staff's persuasion
 - Resident who provides monetary assistance to staff, after staff had made the resident believe that staff was in a financial crisis.



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INVOLUNTARY SECLUSION EXAMPLES

- Examples:
 - Staff remove and seclude a resident with disruptive behaviors in a separate location, closing door(s) without providing interventions to address the behaviors
 - The resident is involuntarily confined to an area by placing furniture, carts, chairs in front of doors or egress areas in an attempt to prevent a resident from leaving an area



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ABUSE & NEGLECT REPORTING

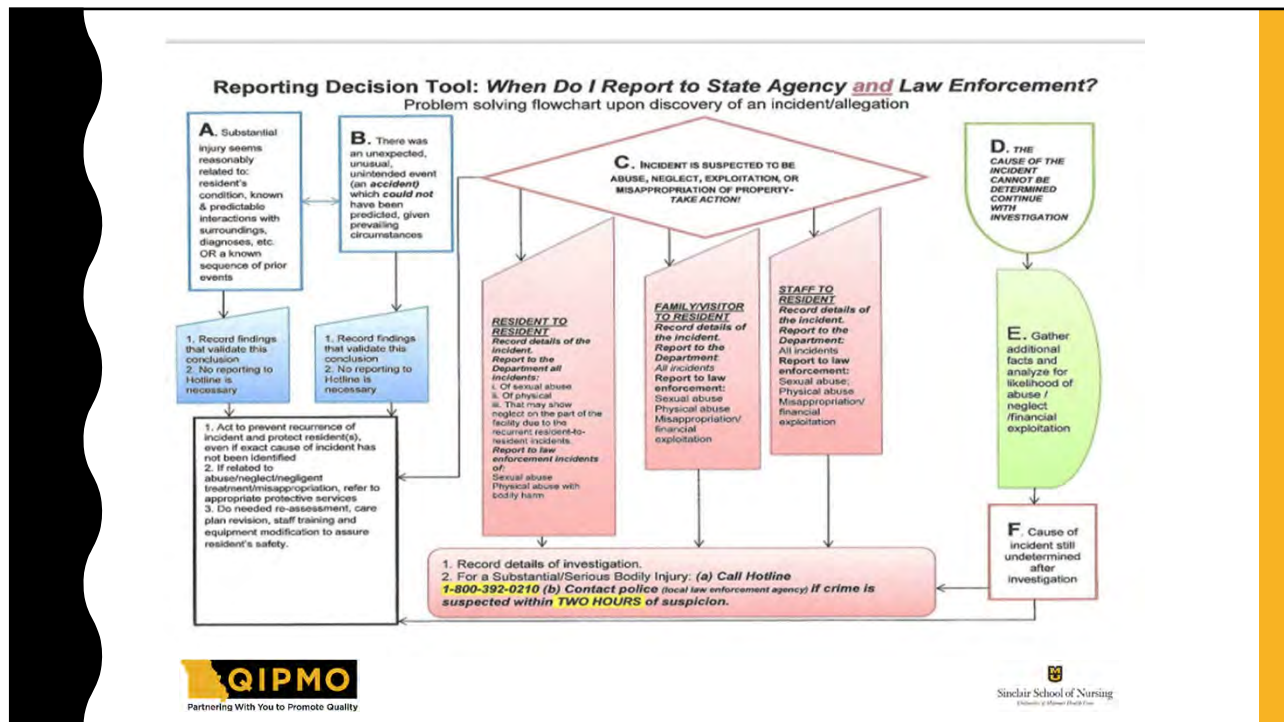
- Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment including injuries of unknown source and misappropriation of resident property are reported.

Not an all inclusive list:

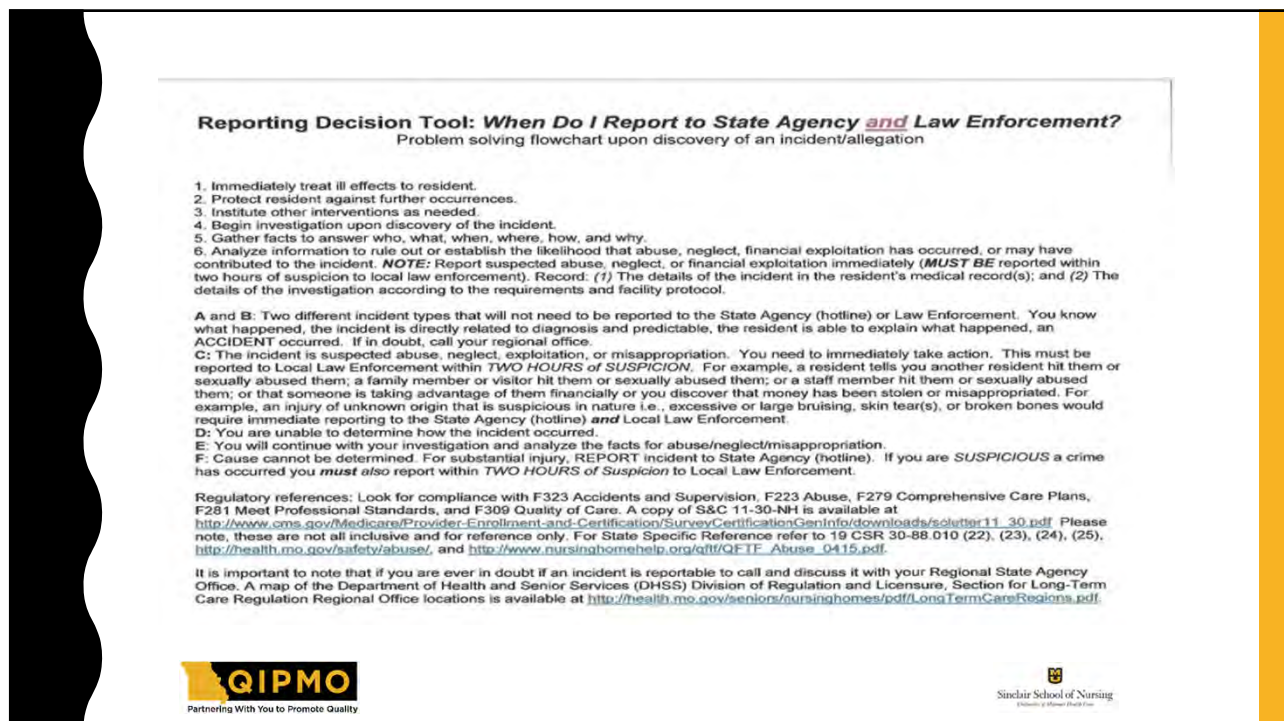
- Staff to resident abuse
- Resident to resident altercation
- Bullying
- Threats of violence
- Unwanted sexual contact or lack of capacity to consent
- Injuries of unknown source
- Theft of personal property, e.g. jewelry, unauthorized/coerced use of credit card, or missing prescription medications(s)



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- Ms. B. was wandering through halls and entered Mrs. K's room and was opening drawers when Mrs. K returned to her room. Mrs. K yelled at Ms. B and started pushing the drawers closed and smashed one of Ms. B's fingers causing a laceration.
- Ms. B was sent to the ER for sutures and required x-ray to ensure no fractures were present.
- The facility talked to Mrs. K and Ms. B's responsible party.
- The facility talked to staff about Ms. B's wandering to increased "monitoring" of whereabouts, a "stop sign" was placed on Mrs. K's door which was to be closed, per her request, at all times.
- The DON and Administrator were notified of the incident the next morning and further investigation was initiated.



ABUSE/NEGLECT CASE STUDY

Ms. B resides home without a dementia care unit. She has a tendency to wander and rummage through other resident belongings or lie down in other resident beds. Mrs. K is alert and oriented, but has physical disability and is in a wheelchair. She is very particular about her personal items and space.



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INVESTIGATION PROCESS

- Investigation: the social worker spoke with Ms. B and her responsible party and Mrs. K. Mrs. K felt badly that Ms. B was injured, but just wanted her privacy and her things left alone. Ms. B responsible party was called and different interventions were discussed.
- The DON spoke with staff caring for Mrs. K, who stated she has not done anything like this before and that usually they try to keep her door shut to deter Ms. B who "usually stays on the other side of the building."
- The DON then spoke with staff caring for Ms. B, they had been caring for a resident who had a fall and Ms. B had wandered from her hall. She had been sitting in the day area watching television.
- The social worker then spoke with 30 other residents. She inquired if they felt safe, if they felt their privacy was being honored and if there was anyone that made them feel uncomfortable. Two residents reported they were uncomfortable with a lady resident that went through their belongings, one resident stated that the same resident had "taken some of her snacks", but it "wasn't a big deal", the remaining residents stated they did not have any concerns.



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INVESTIGATION PROCESS

- The administrator gathered and reviewed the interviews with family, staff and residents. The administrator called the responsible party of Ms. B and discussed care needs and the recommendation for a dementia care unit. A plan was developed for residents who were uncomfortable kept their doors shut or stop signs were place yellow chains which hung from magnets across the door to deter entry. The family was further informed that there may be a need for placement in another care home, due to the lack of a dementia unit in this home.
- The administrator notified the state agency of the incident.
- The home was cited due to not reporting the incident in a timely manner (even though all the other steps were present)



INVESTIGATION CHECKLIST

Investigation Checklist

AAPACN
AMERICAN ASSOCIATION OF
POST-ACUTE CARE NURSING

Investigations are a necessary component of a facility's operations. They aid the nurse leader by establishing the facts of the situation, identifying opportunities to improve care and practice, and ensuring further safety, legal and compliance risks. Types of investigations include allegations or reactions of abuse, neglect, exploitation or misappropriation and incidents such as placement and movement restrictions. The Investigation Checklist helps to standardize the investigation process between various steps necessary in most types of investigations with resident involvement. For the purposes of this tool, the term "incident" is used to describe both alleged and confirmed incidents. The Investigation Checklist does not replace or supersede the facility's policy and procedures related to investigations, nor the actual documentation of the investigation.

Date Investigation Initiated: _____

Incident Type: _____

Investigator: _____

Investitions: Indicate Yes, No, or N/A (Not Applicable).

RESIDENT SAFETY AND CARE	
Was the safety of the resident(s) ensured immediately post-incident, and is there documented evidence of this?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Was the resident(s) assessed for injuries, harm, and/or psychosocial support needs, and is there documented evidence of this assessment?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Was appropriate care provided to the resident post-incident, including but not limited to any of the following: first aid, emergency care, monitoring, and/or psychosocial support? Is there documented evidence of this care? Was the care plan also updated accordingly?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A

NOTIFICATION OF INCIDENT	
Was the Nursing Home Administrator (NHA) and/or Director of Nursing Services (DNS) notified of the incident in the reported timeframe?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Were proper authorities notified of the incident in the required timeframe? Is there documented evidence of this report? (Authorities may include but are not limited to: Department of Health (Survey Agency), local authorities/ law enforcement, state board of nursing or other professional disciplines, state departments for narcotics and dangerous drugs, and manufacturer for defective equipment.)	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Was the resident's representative notified of the incident and the follow-up care provided? Is there documentation of the notification?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Was the attending physician and Medical Director (as applicable) notified of the incident, and is there documentation of this notification?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A



INVESTIGATION DETAILS	
Was a temporal and detailed timeline of events pertinent to the incident established in the investigation and clearly documented in the investigation file and/or incident report?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Was a sample of the residents assessed and/or interviewed as part of the investigation? The purpose of this is to determine if other residents with the characteristics could also be involved or affected by the incident, or to provide evidence that the situation is limited to the current incident.	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Medical record review: Did the documentation, at the time of the incident or upon awareness of the incident, detail what occurred and follow the expectations of the facility's policy and procedure?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Medical record review: Did the investigation determine if any medical diagnosis or resident history may have contributed to the incident or injury? If so, was this incorporated into the conclusion of findings and follow-up?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Medical record review: Were pertinent diagnostic reports, progress notes from physician or other disciplines, medication administration records, nurse assessments, and other information found in the medical record included in the investigation?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Medical record review: Did the investigation determine if medication changes contributed to the incident or injury? If so, was this incorporated into the conclusion of findings and follow-up?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Medical record review: Did the investigation determine the current and past interventions used to mitigate the risks of the incident occurring? (E.g., when a resident-to-resident altercation is being investigated, a behavioral focused care plan might have been in place to mitigate risk for the resident accused of hitting another resident.)	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Staffing: Did the investigation compare the actual staffing at the time of the incident to the expected or allocated staffing plan?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Staffing: If an employee was suspended related to allegations of or suspected abuse, neglect, misappropriation, or exploitation, was the facility policy for suspension followed?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Personnel records review: If employees were involved in the incident, did the investigation include a review of their personnel records to establish previous disciplinary actions, performance issues, involvement in other incidents, or compliments and positive job performance evaluations?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Personnel records review: If employees were involved in the incident, did the investigation include a review of their personnel records for completion of education and/or competency related to the incident and their job performance?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Medication or medication error: Did the investigation include a determination of a breakdown of processes that led to the error?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Equipment: If equipment was involved in the incident, did the investigation include an evaluation of the use and function of that equipment? If equipment was found to have malfunctions, was legal counsel and/or the risk manager/compliance officer contacted to provide counsel on compliance with the Safe Medical Device Act?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Interviews: Were all involved parties, including staff, residents and witnesses, interviewed? This may also include parties with knowledge of the resident's condition prior to the incident.	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Interviews: Did interviews include questions that detailed specifics of the incident: who, what, when, where, and why?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A



INVESTIGATION CHECKLIST

Interviews: Were interview statements signed and dated?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Additional evidence: If applicable, were other sources of evidence included in the investigation? E.g., investigation reports from other authorities, controlled substance records, footage from security cameras, records from electronic monitoring devices, digital call light system, inventory record, or record of cash withdrawals from resident's personal account.	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
CONCLUSIONS AND FOLLOW-UP ACTIONS	
Did the evidence collected during the investigation yield a conclusion, i.e. the evidence supports the alleged incident did not occur or the evidence substantiated an incident did in fact occur? If evidence substantiated the incident occurred, did the conclusion also include the root cause or contributing factors that led to the occurrence of the incident?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Were steps taken to mitigate the risk of the incident reoccurring?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Did the investigation determine if the facility's policies and/or procedure were followed?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Were changes or updates made to the facility's policy and/or procedure?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Was staff education provided and documented to applicable employees based upon the results of the investigation?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Was follow-up with authorities completed, and is there documentation of this follow-up? Authorities may include but are not limited to: Department of Health (Survey Agency), local authorities/law enforcement, state board of nursing, state department for narcotics and dangerous drugs, and manufacturer for defective equipment.	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Was the resident and/or the resident's representative followed up with, as needed, and is there documentation of this follow-up?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Was the incident referred to the QIA/QAPI committee, if appropriate?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Was the investigation file submitted to the designated risk manager or compliance officer?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Additional Comments:	
Investigator Signature: _____	
Date: _____	

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INVESTIGATION TOOLS

- <https://www.cms.gov/files/document/som-exhibit-358-sample-form-facility-reported-incidents.pdf>
- <https://www.cms.gov/files/document/som-exhibit-359-follow-investigation-report.pdf>
- www.aapacn.org Investigation Checklist

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CARDIOPULMONARY RESUSCITATION

- REGULATORY GUIDANCE: TAG, INTENT, DEFINITIONS
- POLICIES/PROCESSES
- CODE STATUS
- EXAMPLES & CASE STUDY
- STAFF COMPETENCIES



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F678 CARDIO-PULMONARY RESUSCITATION (CPR)

§483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives.

INTENT §483.24(a)(3) To ensure that each facility is able to and does provide emergency basic life support immediately when needed, including cardiopulmonary resuscitation (CPR), to any resident requiring such care prior to the arrival of emergency medical personnel in accordance with related physician orders, such as DNRs, and the resident's advance directives



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DEFINITIONS

"Basic life support" is a level of medical care which is used for victims of life-threatening illnesses or injuries until they can be given full medical care at a hospital, and may include recognition of sudden cardiac arrest, activation of the emergency response system, early cardiopulmonary resuscitation, and rapid defibrillation with an automated external defibrillator, if available.

"Cardiopulmonary resuscitation (CPR)" refers to any medical intervention used to restore circulatory and/or respiratory function that has ceased.

"Code Status" refers to the level of medical interventions a person wishes to have started if their heart or breathing stops.

"Do Not Resuscitate (DNR) Order" refers to a medical order issued by a physician or other authorized non-physician practitioner that directs healthcare providers not to administer CPR in the event of cardiac or respiratory arrest. Existence of an advance directive does not imply that a resident has a DNR order. The medical record should show evidence of documented discussions leading to a DNR order.



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GUIDANCE §483.24 (A)(3)

- ...facilities must ensure that properly trained personnel (and certified in CPR for Healthcare Providers) are available immediately (**24 hours per day**) to provide basic life support, including cardiopulmonary resuscitation (CPR), to residents requiring emergency care prior to the arrival of emergency medical and subject to accepted professional guidelines, the resident's advance directives, and physician orders
- The AHA urges all potential rescuers to *initiate* CPR unless a valid Do Not Resuscitate (DNR) order is in place; obvious clinical signs of irreversible death (e.g., rigor mortis, dependent lividity, decapitation, transection, or decomposition) are present; or initiating CPR could cause injury or peril to the rescuer.
- If a resident experiences a cardiac or respiratory arrest and the resident *does not show obvious clinical signs of irreversible death* (e.g. rigor mortis, dependent lividity, decapitation, transection, or decomposition), **facility staff must provide basic life support, including CPR, prior to the arrival of emergency medical services,**
 - in accordance with the resident's advance directives and any related physician order, such as code status, or
 - in the absence of advance directives or a DNR order



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GUIDANCE §483.24 (A)(3)

Facilities must have systems in place supported by policies and procedures to ensure there are an adequate number of staff present at all times who are properly trained and/or certified in CPR for Healthcare Providers to be able to provide CPR until emergency medical services arrives

Additionally, facilities should have procedures in place to document a resident's choices regarding issues like CPR. Physician orders to support these choices should be obtained as soon as possible after admission, or a change in resident preference or condition, to facilitate staff in honoring resident choices.

Facility policy should also address *how* resident preferences and physician orders related to CPR and other advance directive issues are *communicated* throughout the facility so that staff know immediately what action to take or not take when an emergency arises.



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FACILITY POLICIES FOR PROVISION OF CPR

Facility policies should address the provision of basic life support and CPR, including:

- Directing staff to initiate CPR when cardiac or respiratory arrest occurs for residents who do not show obvious clinical signs of irreversible death and:
 - Who have requested CPR in their advance directives, or
 - Who have not formulated an advance directive or,
 - Who do not have a valid DNR order.
- Ensuring staff receive certification in performance of CPR (CPR for Healthcare Providers).
- Facility policies must not limit staff to only calling 911 when cardiac or respiratory arrest occurs.
- Prior to the arrival of EMS, nursing homes must provide basic life support, including initiation of CPR, to a resident who experiences cardiac or respiratory arrest in accordance with that resident's advance directives or in the absence of advance directives or a DNR order.
- CPR-certified staff must be **available at all times** to provide CPR when needed.



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CPR CERTIFICATION

- Staff must maintain current CPR certification for Healthcare Providers through a CPR provider whose training includes *hands-on practice and in-person skills assessment*; **online-only certification is not acceptable.**
- CPR certification that includes an online knowledge component, yet still requires an in-person demonstration and skills assessment to obtain certification or recertification, is acceptable



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KEY COMPONENTS OF NON-COMPLIANCE

To cite deficient practice at F678, the surveyor's investigation will generally show that the facility *failed* to do any one of the following:

- Provide basic life support, including CPR to a resident who required emergency life support and/or resuscitative care; or
- Ensure availability of staff who can provide CPR.
- Have appropriate policies directing staff when to initiate basic life support;
- Ensure staff is familiar with facility policies related to CPR;
- Ensure staff knows how to confirm residents' code status in an emergency; and
- Ensure staff maintain current CPR certification for healthcare providers through a CPR provider whose training includes hands-on practice and in-person skills assessment



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CHOOSING CODE STATUS

- “Code Status” essentially means the type of emergent treatment a person would or would not receive if their heart or breathing were to stop
- The expected outcome after a cardiac or respiratory arrest can be different depending on the person, severity of illness, and cause of arrest, as well as other factors
- While resuscitative efforts can restart someone’s heart or breathing, the efforts can also cause harm or only prolong dying. Success of resuscitative efforts, unlike what is shown on television, is fairly low. In 2016, survivor rate for adults after a cardiac arrest were:
 - Out-of-Hospital Arrest: 12%*
 - In-Hospital Arrest: Less than 25%*
- *It is important to note, survival rates are lower for patient with advanced age, cancer, sepsis, renal failure or liver failure. More than age, the survival rates for patients with a chronic illness or advanced illness average 5% and less than 1% respectively. In addition, more than 40% of survivors are discharged with a significant decrease in their functional ability.



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LEVELS OF CODE STATUS

Full resuscitation – all resuscitative and aggressive curative treatment are provided.

Do Not Attempt Resuscitation (DNAR) or Do Not Resuscitate (DNR) – order designating that in the event of a cardiac or respiratory ARREST, resuscitation will not be attempted. All other aggressive treatment desired will be provided as appropriate.

Comfort Measure Only - In the event of a cardiac or respiratory ARREST, ALLOW NATURAL DEATH. Do NOT attempt resuscitation (CPR, Cardiac Arrest Medications, Defibrillation, Intubation). AGGRESSIVE TREATMENT WILL BE DISCONTINUED OR NOT BE PROVIDED and only treatment to promote comfort will be provided.



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OUT OF HOSPITAL DO NOT RESUSCITATE OHDNR

OUTSIDE THE HOSPITAL DO-NOT-RESUSCITATE (OHDNR) ORDER		
I, _____ (Name), authorize emergency medical services personnel to withhold or withdraw cardiopulmonary resuscitation from me in the event I suffer cardiac or respiratory arrest. Cardiac arrest means my heart stops beating and respiratory arrest means I stop breathing.		
I understand that in the event that I suffer cardiac or respiratory arrest, this OHDNR order will take effect and no medical procedure to restart breathing or heart functioning will be initiated.		
I understand this decision will not prevent me from obtaining other emergency medical care and medical interventions, such as intravenous fluids, oxygen or therapies other than cardiopulmonary resuscitation such as those deemed necessary to provide comfort care or to alleviate pain by any health care provider (e.g. paramedics) and/or medical care directed by a physician prior to my death.		
I understand I may revoke this order at any time.		
I give permission for this OHDNR order to be given to outside the hospital care providers (e.g. paramedics), doctors, nurses, or other health care personnel as necessary to implement this order.		
I hereby agree to the "Outside The Hospital Do-Not-Resuscitate" (OHDNR) Order.		
Patient - Printed or Typed Name	Date	
Patient's Signature or Patient Representative's Signature	Date	
REVOCAION PROVISION		
I hereby revoke the above declaration.		
Patient's Signature or Patient Representative's Signature	Date	
I AUTHORIZE EMERGENCY MEDICAL SERVICES PERSONNEL TO WITHHOLD OR WITHDRAW CARDIOPULMONARY RESUSCITATION FROM THE PATIENT IN THE EVENT OF CARDIAC OR RESPIRATORY ARREST.		
I affirm this order is the expressed wish of the patient/patient's representative, medically appropriate and documented in the patient's permanent medical record.		
Attending Physician's Signature (Mandatory)	Date	
Attending Physician - Printed or Typed Name	Attending Physician's License No.	Attending Physician's Telephone No.
Address - Printed or Typed	Facility or Agency Name	
THIS OHDNR ORDER SHALL REMAIN WITH THE PATIENT WHEN TRANSFERRED OUTSIDE THE HEALTH CARE FACILITY.		
Emergency Medical Services personnel shall not comply with an outside the hospital do-not-resuscitate order when the patient or the patient's representative expresses to such personnel in any manner, before or after the onset of a cardiac or respiratory arrest, the desire to be resuscitated or if the patient is or is believed to be pregnant.		
Statutory citation 190.600-190.621 RSMo 9/07		



The **Missouri do not resuscitate (DNR) order form** is a document that a patient fills out if they do not want life-saving procedures to be implemented in the event that they have a cardiac or respiratory arrest.

There are a variety of reasons that an individual may wish to issue a DNR order, the leading reason being that the subject is already in critical condition and near death.

The DNR order form, once completed, will be placed as the first page of the patient's medical record in order to notify medical personnel of the patient's wishes.

If the patient is transferred from one facility to another, the form will be sent to the second facility and remains in their medical record.

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VERIFYING CODE STATUS

- Facility staff should verify the presence of advance directives or the resident's wishes with regard to CPR, upon admission. This may be done while doing the admission assessment. Code status should be reviewed with a resident's change in condition and at least annually.
- If the resident's wishes are different than the admission orders, or if the admission orders do not address the resident's code status and the resident does not want to receive CPR, facility staff should immediately document the resident's wishes in the medical record and contact the physician to obtain the order.
- While awaiting the physician's order to withhold CPR, facility staff should immediately document discussions with the resident or resident representative, including, as appropriate, a resident's wish to refuse CPR. At a minimum, a *verbal declination of CPR by a resident*, or if applicable a resident's representative, should be *witnessed by two staff members*, though individual States may have more specific requirements related to documenting verbal directives. While the physician's order is pending, staff should honor the documented verbal wishes of the resident or the resident's representative, regarding CPR.



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EXPECTED CPR PERFORMANCE

- If a resident experiences a cardiac or respiratory arrest and the resident *does not show obvious clinical signs of irreversible death* (e.g. rigor mortis, dependent lividity, decapitation, transection, or decomposition), **facility staff must provide basic life support, including CPR, prior to the arrival of emergency medical services,**
 - in accordance with the resident’s advance directives and any related physician order, such as code status, or
 - in the absence of advance directives or a DNR order



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CPR

Example #1:

- Facility *failed* to immediately initiate basic life support including CPR
- Facility *failed* to notify EMS for resident found unresponsive and a full code

Example #2:

- Facility *failed* to initiate CPR in a timely manner after finding an unresponsive resident, *failed* to call 911 immediately, *failed* to continue CPR until EMS arrived
- Facility *failed* to have a system in place for staff to notify other staff when needing assistance with a resident receiving CPR



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CPR

Example #3:

- Facility *failed* to initiate CPR for one resident designated as a full code. Resident found unresponsive without pulse or respirations, *failed* to initiate CPR and call 911.
- Facility *failed* to implement facility policy addressing CPR requirements for the staff and to monitor to ensure CPR certified staff scheduled and present 24/7.

Example #4:

- Facility *failed* to ensure facility transporter was trained and CPR certified. Transported 4 full code residents
- *Failed* to maintain physician orders for 3 residents' requested code status
- *Failed* to maintain current CPR certification for HCP through a CPR provider whose training includes hands on practice and in-person skills assessment
- *Failed* to monitor and ensure CPR certified staff scheduled 24/7

Failure affected 28 residents identified as full code



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CPR

Example #5:

- Facility *failed* to ensure facility transporter was properly trained and CPR certified. Transported 19 full code residents.
- *Failed* to implement facility policy to have systems in place to ensure adequate staff CPR certified and scheduled 24/7
- *Failed* to ensure hands-on practice and in-person skills assessment. Potentially affected 29 full code residents



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- Mr. R was found in his room unresponsive. He was noted to not be breathing and no pulse was found. His toes and fingers were purple. Staff notified the nurse who assessed the resident and stated “He’s gone.” She then notified the physician, coroner, and family. Family reported the resident wished to be a full code. The nurse looked further and found the order for a full code, although a red dot (indicating DNR) was on the chart. The nurse still did nothing as the resident was “passed any hope”.



CPR CASE STUDY 1

Notes: the red dot system was in place and the social worker had been on vacation. The ward secretary had replaced his chart, but did not ensure it was completely cleaned and stickers were removed. The facility policy was for nurses to check the chart order. The chart was to have the DNR (purple form) in the front on the chart behind the face sheet with any advanced directives or DPOA paperwork. The physician POS was to have the CODE status highlighted.

Issues?

Resolution?

How could it be avoided?



Missouri State Seal of Merit

Missouri State Seal of Merit

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- Happy Acre Care was known for its great activity program and many outings with residents. Outings were scheduled at least weekly with 8-10 residents each trip. While on an outing, Mrs. P went unresponsive. The driver was unsure what to do, or what the code status of the resident was. She called the facility and was told Mrs. P was a full code. The driver was not trained in CPR. She did call 911 to her location, but did not do CPR as she was not trained.



CPR CASE STUDY 2

NOTES: The facility had recently employed a new driver as the previous bus driver had retired.

The facility did not have a thorough CPR tracking process.

There was an AED on the bus.



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Missouri State Seal of Merit

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FACILITY ASSESSMENT TOOL TO IDENTIFY STAFF COMPETENCIES

*Staff competency and care area requirements as identified in the Resident Population Assessment

Career Care	Intravenous therapy, IV nutrition, medication administration and/or blood transfusion
Incontinence Toileting Program	Respiratory treatment
End of Life Care	Tracheostomy care
Dementia Care	Behavioral Healthcare (Including PTSD and Trauma History)
Orstomy care	Gastrostomy Tube Care Use
**Restorative Nursing: Dressing, Grooming, and Bathing	Pain Management
Pressure ulcer prevention and treatment	Infection Control
Fall Risk Identification	Communication and interpersonal needs
Technical Skills	Safety and emergency procedures

*Staff competency and care area requirements as identified in the Resident Population Assessment

Assessing Nutritional Needs

Meeting the needs of individuals with MI/ID/DD

The regulation outlines that the individualized approach of the facility assessment is the foundation to determine staffing levels and competencies. Therefore, the facility assessment must include an evaluation of the overall number of facility staff needed to ensure sufficient number of qualified staff are available to meet each resident's needs. Furthermore, the assessment must include a competency-based approach to determine the knowledge and skills required among staff to ensure residents are able to maintain or attain their highest practicable physical, functional, mental, and psychosocial well-being and meet current professional standards of practice.

Staff competency and annual training requirements per regulatory authority and/or facility policy:

Abuse, Neglect, Exploitation, and Misappropriation	Job responsibilities and lines of authority
Advance Directives	Emergency Preparedness
Behavioral Health	Facility policies and procedures
Communication	
Compliance and Ethics	
CPR	
Dementia Care Management	
Equipment and assistive device training	
Infection Control	

Other areas identified as areas of weakness during annual performance review/competency evaluation

- Promoting resident's independence
- Quality Assurance and Performance Improvement
- Resident Rights including confidentiality of resident information, right to dignity, privacy, and property.
- Safety and emergency procedures, including the Heimlich Maneuver



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CPR CERTIFICATION

- Facility demonstrates the ability to provide basic life support, including CPR, prior to emergency medical personnel arriving
- Maintain current CPR certification for Healthcare Providers through a CPR provider whose training includes **hands-on practice and in-person skills assessment**
- System in place to ensure CPR certified staff scheduled 24/7 with method to monitor scheduling
- System in place to ensure staff knowledge of resident's advance directive and chosen code status
- Review and revise current CPR policy to ensure it meets regulatory guidance
- Maintain a process for obtaining copies of staff certification cards with a system to monitor expiration/renewal
- **NOTE:** Van driver/transporter is required to have CPR certification and knowledge of full code residents when transporting



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TOOLS/TIPS FOR IMPROVING RESIDENT SAFETY & STAFF COMPLIANCE



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OPPORTUNITIES FOR IMPROVEMENT

- New hire orientation and annual reorientation (and PRN)
- Staff in-services: departmental, all-staff, topic specific
- Drills: Fire, emergency management, code blue, elopement-drill required 2 times per year on each shift, theft, intruder
- Assessments: side rails, elopement, fall risk
- Charting: behaviors
- Facility assessment? What type of residents are identified in your assessment? Has the type of residents you serve changed? Ages? High number with oversight provided by the public administrator?
- Do you have a process for CPR tracking?



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ABUSE, NEGLECT, MISAPPROPRIATION, EXPLOITATION & INVOLUNTARY SECLUSION

- First priority is Resident Safety!!!!
- Second priority is Staff Education:
 - Knowledge of the definition of abuse, neglect, etc.
 - Awareness of the individual(s) to report potential/actual abuse: immediate supervisor, charge nurse, ADON/DON, Administrator, Manager on Duty, or anyone in a supervisory role
 - Be aware of the reporting time frames, immediately, **but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury...**
 - Understand individual role in the investigation process
 - Perform a debrief once the investigation is complete
 - Review current policies and procedures and revise as needed
 - Provide staff reeducation 1:1, or group setting
 - Consider Performance Improvement Project(PIP), incorporate into QAPI



ORIENTATION SKILLS CHECKLIST

CLINICAL NURSING SKILLS SELF ASSESSMENT FORM Pg. 2

Name: _____ Date: _____

Please indicate level of skill and experience in all listed areas.

LEVELS OF PROFICIENCY: 0 = Never Done, 1 = Perform with Supervision, 2 = Perform Independently

	0	1	2		0	1	2
Patients with Gastrointestinal Problems				Patients with Cardiovascular Problems			
Inserting NG Tubes				Care of Patient with Internal Pacemaker			
Inserting Gastrostomy Tubes				Pacemaker Check - Telecommunication			
Administration of Tube Feedings				Administering Oral Antiarrhythmic			
Gravity Infusion				Administering IM Antiarrhythmic			
Feeding Pump				Administering Oral Antiarrhythmic			
Other GI Tubes				Administering Oral Nitrates			
Jejunostomy				Administering Topical Nitrates			
Cecostomy				CPR			
Patients with Genitourinary Problems				Identify Life-Threatening Dysrhythmias			
Insertion of Catheter - Female				Identify Normal Dysrhythmias			
Insertion of Catheter - Male				Assess Peripheral Pulses			
Catheter - Suprapubic				Patients with Musculoskeletal Problems			
Bladder Retraining				Care Care			
Incontinence Management				Circulation Checks			
Continuous Bladder Irrigation				Range-of-Motion Exercises			
Intermittent Bladder Irrigation				Use of Hoyer Lift			
Collect Urine Specimen				Application of Prosthetic Devices			
Collect Vaginal cultures				Application of Orthotic Devices			
Removal of Pessary				Neuromuscular Disease			
Care of Patient on Dialysis				Care of Patients with:			
Care of Patient with A-V Shunt				Total Joint Replacement			
Fistula Care				Amputation			
Heal Conduit				Arthritic / Rheumatic Disease			
Nephrostomy Tube				Transfer Techniques			
Patients with Cardiovascular Problems				Gait Retraining			
Administering Oral Antihypertensives				Use of Assistive Devices			
Administering IV Antihypertensives							



- Who is providing new hire orientation? Buddy system? Thrown to the wolves?
- How is the skills checklist completed? Does a staff member review the checklist or does the new hire just check off indicating knowledge? Is a return demonstration required? Which items?
- Who reviews and monitors for completeness?
- How often are skills reviewed? Annual safety fair or skills fair?

MOCK CODES: CODE BLUE



- Where is the emergency cart kept?
- Behind a locked door?
- Who has key access?
- Is there more than one in the building?
- Does everyone know where they are located?
- All departments?
- Who knows how to set up the oxygen? Suction?
- Who audits to ensure complete:
 - O2 full
 - Suction Set up
 - Ambu bag/mask



MOCK CODES: CODE BLUE

EQUIPMENT/DATE	7/15/22	7/16/22	7/17/22	7/18/22	7/19/22	7/20/22	7/21/22	7/22/22	7/23/22	7/24/22	7/25/22	7/26/22	7/27/22	7/28/22	7/29/22	7/30/22	7/31/22
ET-Tank	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nasal Cannula	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Oxygen Mask	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Suction Machine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Suction tubing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cannister for catheter	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Straplet for catheter	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4L red cup	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Manual resuscitator	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
O2 cuff	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stethoscope	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Amalgam - 3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gloves - nitrile/latex	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Resuscitator	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pen	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stethoscope	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shamir cordless	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stethoscopes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Flashlight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tape	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hand sanitizer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Extremities wrap	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cocaine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Washbasin	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stethoscope	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hand sanitizer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emergency kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ambulance kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ambulance kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ambulance kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ambulance kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

- Does your daily calendar check have any blanks?
- Who/what shift is responsible for daily check of cart?
- Who is responsible for monitoring the daily check is completed? Nurse Manager/ADON/DON?
- Who is responsible for checking the cart when used? Restocking?



QIPMO POLICY FOR EMERGENCY CART (E-CART)

POLICY FOR EMERGENCY CART (E-CART)

PURPOSE:

- To organize and maintain the emergency cart (E-Cart) to ensure adequate needed equipment for CPR procedures.

ADHERED TO:

- Nursing departments and other CPR certified staff.

POLICY:

- The DON will ensure the equipment are stocked in the E-Cart. The DON contacts the contracted pharmacy for the equipment supplies.
- The E-Cart will be located on each floor, hall, unit in the medication prep room where it is accessible and known to all staff.
- The E-Cart will be inventoried and restocked after each use and checked at least monthly and documented by nursing staff or the pharmacist consultant.
- Back-up emergency supplies should be kept in the med room.
- Additional supplies and/or equipment may not be added to the E-Cart.
- All emergency equipment in the E-Cart will be checked monthly by the DON. The E-Cart should be locked. Once a month the E-Cart should be opened and checked for outdated supplies, internal and external equipment should be checked by ensuring proper function of equipment.
- E-Cart checks should be documented on the list maintained on the E-Cart.
- E-Carts will be maintained and supplied in accordance with the crash cart minimum requirements list which include respiratory equipment.
- All nurses should be familiar with the E-Cart contents and content locations.
- The nursing staff will ensure that all appropriate documentation has been completed during the emergency procedure.
- Emergency medication stocks separately in an E-Kit by the pharmacist. This kit must be checked monthly for expired drugs.
- New employees will be oriented to all emergency bags/kits and procedures, and training programs will be provided to maintain competence in emergency response.
- E-Cart location, supplies, and emergency procedures shall be re-informed each time during the mandatory in-services.
- All nurses should maintain updated CPR certificates.
- At least two staff who are CPR certified are scheduled each shift.

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PROCEDURES:

- During the emergency situation such as: resident is found unresponsive, no response in neurological check; severe injury, excessive bleeding, etc.
 - Initiate the nursing assessment along with the assign duty to call 911 or EMS.
 - Initiate CPR if applicable per CPR policy and procedures.
- The charge nurse on that shift is in charge of the emergency procedures, including ensuring the reports are properly given to other agencies and the documentation reflects the actual procedures.
- During the emergency situation, the charge nurse **immediately** assigns the duties to staff include:
 - Who calls 911?
 - Who brings the emergency supplies to the scene?
 - Who initiates CPR? Who assists?
 - Who calls the family and the attending physician?
 - Who writes the notes? Where are the notes written and saved?
 - Who takes the vital signs?
 - What information will you give EMS and who will prepare this information?
 - Who will administer medications?
 - Who does the documentation (resident's response and nursing procedures)?
 - Who contacts the administrator and/or DON (if not present)?



EQUIPMENT LIST

EQUIPMENT	QUANTITY
AED defibrillator	
Ambu bag with CPR mask	
Aspirin/low dose (81mg/low)	
Blood pressure cuff, sphygmomanometer	
Thermometer, pulse oximeter	
Cervical collar	
CPR mask and non-rebreather oxygen face masks	
Disposal isolation equipment (PPE): gloves, mask, goggles, face shield	
Dressing supplies: medical tape, scissors, alcohol prep, gauze	
Exam gloves	
Flat board	
Hand sanitizer gel	
IV kits with angiocaths	
Nasal cannula	
Oxygen mask	
Oxygen tank (FUEL in proper holding container), regulator, key	
Resuscitator bags	
Small pad of paper and pen (for notes at the scene)/code blue sheet note	
Sterile gloves with sterile gauze	
Sterile water or normal saline (1000ml bags), sterile syringe, sterile needles	
Suction machine, suction catheter	
IV tubing	
Tourniquets	
Glucometer, strips, lancets	
Sharps container	

*Make sure your Drug E-Kit is accessible and has emergency drugs available such as Narcan, Epinephrine, Glucose tabs, and Nitroglycerine

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- Example of items for placement on the emergency cart
- Modify list to fit your facility needs
- Evaluate periodically and make modifications as needed, e.g. extra PPE, IV supplies



MOCK DRILLS: CODE BLUE

- Code and emergency responses should be included in new hire orientation and ongoing education, monthly, bi-monthly, quarterly as decided per facility.
- Drills should be executed on different days of the week with varying times, including weekends
- Drills should be conducted in different departments
- Identify who is the team leader for the code and who responds when a code/emergency is announced, decide by hall/wing, job description
- Drills should be documented by an observer with review of response and procedures post drill. An analysis should be performed to determine effectiveness with modification as necessary
- Records on participation should be kept in individual personnel files per facility policy



CODE BLUE: SAMPLE FORMS

WHCA/WICAL
Stage 1

Code Documentation Form Sample

Event Date:	Event Time:
Location of Event (ie room 212, 4444 hall dining room)	
Time 911 called:	
Time EMS arrived at facility:	
CPR initiated at what time:	
CPR initiated by whom:	
List all that provided CPR, if more than person listed above	
Documentation of vitals and time taken: BP, Respirations, Pulse, O2 saturation, O2 administered (route and how many liters):	
Time Resuscitation event concluded:	
Reason resuscitation ended (check one) <input type="checkbox"/> Return of circulation <input type="checkbox"/> Efforts terminated per EMS <input type="checkbox"/> Transferred to hospital	
Describe Events, if needed: (ie peripheral IV placed, response to interventions, any documentation not listed above)	
Resident Name:	Physician:
Medical Record Number:	

WHCA/WICAL
Phase 2

Mock Code Blue Checklist Observation

This observation is intended to guide clinical staff through specific tasks and not intended to be all inclusive. An always clinical judgment is needed. This mock-code/blue general observation only and is not intended to be a substitute for service from a safety expert, regulatory or legal counsel. This resource does not guarantee compliance.

Questions/Observations	Yes	No	Comments
Was a team leader identified?			
Did team leader designate specific duties to staff?			
Was code status identified for resident?			
Was 911 called?			
Was emergency/code cart brought to room without incident?			
Did code cart have all needed equipment and all equipment current with no expired products?			
Was AED present, charged and all equipment available? If applicable			
Did someone initiate gathering transfer paperwork?			
Was physician notified?			
Was family notified?			
Was a staff member prepared to guide EMS to the location of the event?			
Did all nurses involved have current CPR status?			
Was CPR performed correctly?			
Ask staff following questions:			
If resident is a code and CPR initiated: when do you stop?			
Answers: When you are alone and physically exhausted and cannot continue			
When EMS is on the scene and takes over			
When the resident recovers-heart beating and breathing on their own			



ELOPEMENT DRILL

- Pull the facility policy on Elopement Management/Missing Resident
- Identify the individual designated to be “missing” (or CPR mannequin)
- Call the drill per facility policy
- Designate person to coordinate search process
- Communicate with administration, family, outside agencies as part of the drill process



Facility Elopement Drill

Date _____
 Time Drill Started _____
 Time Drill Ended _____

Summary of Drill

Results of Drill

___ Rooms/Common Areas Searched ___ Primary Dr notified
 ___ Immediate Neighborhood Searched ___ Contact Person Notified
 ___ Regular Incident report done ___ Incident noted in resident file

Was incident determined to be an Elopement? Y N
 If Yes was 911 called? Y N
 Was Adverse Incident Report done? Y N



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ELOPEMENT DRILL

- Complete the Elopement Drill Evaluation form during the debrief
- Review and revise policies and procedures as needed
- Provide staff reeducation 1:1 or group setting
- Consider Performance Improvement Project(PIP), incorporate into QAPI



Elopement Drill Evaluation

Date _____ Start Time _____ End Time _____ Person Conducting the Drill _____

Was the Drill Called Per Procedure? Yes _____ No _____
 Did Employees Respond According to Procedure? Yes _____ No _____
 Did the Designated Staff Member Make Appropriate Employee Assignments? Yes _____ No _____
 Comments _____

Were Internal Communications Completed According to Policy/Procedure? Yes _____ No _____
 Did Staff Complete the Area Search Maps Per Procedure and in a Timely Manner? Yes _____ No _____
 Were External Communications Noted at the Appropriate Times According to Policy/Procedure (Actual Calls May Not be Placed During Some Drills)? Yes _____ No _____
 Comments _____

Was a Current Picture and Physical Description of the Resident Readily Available? Yes _____ No _____
 Was the Drill Appropriately Concluded When the Individual Was Located? Yes _____ No _____
 Comments _____

For Actual Elopements:
 Was an Incident Report Completed? _____
 Does the Medical Record Include a Resident Assessment After Return to the Facility? Yes _____ No _____
 Was Communication with the Family and Medical Provider Documented in the Medical Record? Yes _____ No _____
 Was the Care Plan Appropriately Updated? Yes _____ No _____
 Comments _____

DISCLAIMER: This is a sample document only. Your organization is responsible for compliance with all applicable laws. This form should not be used or adopted by your organization without first being reviewed, modified, and approved by an attorney (as needed), Under Insurance, Inc. and Siders HealthCare Consulting, LLC assume no liability in the preparation and distribution of this sample form. © 2020-2022 Under Insurance, Inc.



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RESOURCES

- www.cms.gov QCOR, CMS State Operations Manual, Appendix PP, June 2022 Surveyor ROP Training, CMS 20059 Abuse Critical Element Pathway (5/2017), CMS 20130 Neglect Critical Element Pathway (5/2017)
- Abuse and Neglect Reporting-It's Your Responsibility, Nicky Martin MPA, LNHA, CDP, IP
- https://www.covenanthealthcare.com/Uploads/Public/Documents/Workfiles/Pastoral%20Care/Advanced_Care_Planning/What_is_Code_Status.pdf
- https://digitalcommons.csbsju.edu/ur_cscday/16 Bjelland, Anne; Oberle, Ellen; O'Malley, Kelsey; Stanton, Dana; Sukke, Kendra; and Zilka, Madelyne, "Responding to a Code Blue" (2018).
- www.whcawical.org Code Sample Procedures/Drills
- <https://static1.squarespace.com/static/5c1bcacda2772cfd6552ef36/t/6127c594f812ac7726ffe977/1629996437141/2021+Elopement%2BDrill.pdf> Elopement Drill



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ADDITIONAL RESOURCES

- https://www.aapacn.org/wp-content/uploads/2021/10/AAPACN-for-the-DNS_Mock-Code-Toolkit_FIN.pdf Emergency Drills: Code and Elopement Toolkit and Investigation Checklist
- www.aapacn.org 3- part series on Elopement "Elopement Prevention Starts with Risk Assessment and Care Planning," "Elopement Program Success Hinges on Staff education and Training", "Elopement risk Management: Learn How to Increase Resident Safety and Reduce Facility Risk"
- <https://www.pathwayhealth.com> CPR Cardiopulmonary Resuscitation Policy



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