



Investigation Guidelines for Resident Falls: Independent/Residential Living

1. Assess for injury.
2. Refer to Guidelines for General Fall Investigation.
3. Determine Severity Level (1-4)
4. Complete Event report in PEER.
5. For Severity Level 1, be sure to include the following:
 - a. Routine Vital signs (BP, P, R) if medical personnel respond.
 - b. Consider notification of family/POA if resident agrees (can leave message).
 - c. Consider contributing factors/cause.
 - d. Recommend immediate interventions to prevent future fall.
 - e. Review physical environment.
 - f. Inquire about medications.
 - g. Review risk factors related to diagnosis, if relevant.
6. For Severity Level 2:
 - a. Provide or call for first aid. Determine if the resident can be treated at the facility or if they need transfer to the hospital?
 - b. Vital signs: may include Accucheck, BP's lying, sitting, and standing, neuro checks if resident has, or it is suspected that, resident struck his/her head.
 - c. Follow additional recommendations above.
7. For Severity Level 3:
 - a. Provide first aid. Call 911 for transfer to ER for evaluation and/or treatment.
 - b. Vital signs and neuro checks if resident has, or it is suspected that, resident struck his/her head.
 - c. Notification of physician (speak with physician to notify of transfer to hospital and to obtain orders, verify treatment plan) and family/POA with resident's consent (can leave message but facility should continue to get in touch with POA to acknowledge receipt of message).
 - d. Contact Risk Manager.
 - e. Recommend and institute immediate interventions to prevent future fall.
 - f. Determine if you need to notify the insurance carrier.
8. The employee responsible for documenting Follow-Up Actions in the Event report is [Insert Title Here].
9. Within 24 hrs. after any fall:
 - a. Document in Follow-up Action→Work Done on File.
 - b. Follow up on an as needed basis.
 - c. Add interventions as needed.
 - d. Document resident's compliance/non-compliance with recommendations made.



10. If there is a Fall Prevention Committee, document interventions in Follow-up Action→Work Done on File [remove this if inapplicable].
11. For any Independent/Residential Living resident with more than one fall of any Severity Level within a 30-day period, document all recommendations made to resident and resident's compliance with recommendations in Follow-up Action→Work Done on File.
12. For Severity Level 4 (Death)
 - a. Notify Risk Manager.
 - b. Notify physician.
 - c. Notify family/POA.
 - d. Notify coroner.
 - e. Notify insurance carrier.
13. Before closing file, review the following recommendations and document in Follow-up Action→Work Done on File, as indicated:
 - a. Ascertain whether employee in-servicing is beneficial or necessary, and if so, conduct in-servicing.
 - b. Ascertain whether any policy/procedure changes need to be made; if so, make such changes or additions.
 - c. Ensure that the event was reported to the appropriate government agency, if necessary.
 - d. Ensure that the event was reported to the insurance carrier, if necessary.
 - e. Ensure that all corrective actions and contributing factors are documented.
 - f. Ensure you have documented at least one intervention to prevent a reoccurrence.
 - g. Ensure you have documented at least one intervention to prevent a reoccurrence.
14. Risk Manager should summarize findings and corrective actions in Resolution/Outcome section under Risk Manager Review prior to closing file.
15. File closure can take place once the established sign-off procedure, based on facility policy, is completed, Risk Manager has completed his/her Risk Manager Review, and Follow-up Actions are documented in Event file.
 1. A File Manager with Closure may close the file if the following conditions apply [include if organization allows file managers to close events; remove if not permitted]:
 - a. Level of Severity is 0-2.
 - b. Risk Manager has signed off under Follow-up Action→Review or Sign-off.
16. General file closure guidelines are as follows:
 - a. Severity 0-2, no longer than 2 weeks [or modify as appropriate; in no event should this be longer than 4 weeks]
 - b. Severity 3 and above, no longer than 4 weeks [or modify as appropriate; in no event should this be longer than 6 weeks].

Note: Event files are available for review after closure and are easily found/recoverable in RL6. Do not delay closure due to concern that the event will no longer be accessible.