



## Investigation Guidelines for Resident Falls: Skilled Nursing or Assisted Living/Personal Care

1. Assess for injury.
2. Refer to Guidelines for General Fall Investigation.
3. Determine Severity Level (1-4).
4. Complete Event report in PEER. For Severity Level 1, be sure to include the following in the documentation in the Brief Factual Description and/or Investigation portion of the Event Report:
  - a. Routine Vital signs (BP, P, R).
  - b. Notification of physician and family/POA according to policy.
  - c. Contributing factors/cause.
  - d. Put immediate intervention in place to attempt fall prevention/mitigation.
  - e. Review report and interventions by interdisciplinary team.
  - f. Add interventions as needed.
  - g. Review physical environment.
  - h. Review medications.
  - i. Review risk factors related to diagnosis.
  - j. Conduct interviews with resident and employees, if needed.
  - k. Ensure interventions are on Care Plans/Support Plans, communicated to staff and that Follow-Up Actions indicate same; it is acceptable to describe as "Refer to Care Plan/Support Plan for updated interventions."
5. Severity Level 2:
  - a. Always ensure that you have selected "Yes" to the field requesting "Did an Injury Occur" so that the Injury portion of the report appears when completing Event Report.
  - b. Provide first aid. Determine if resident can be treated at facility or if they need transfer to the hospital (document in Injury portion of file).
  - c. 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 (document in Injury portion of file).
  - d. If resident goes to ER, contact person responsible to submit report to the applicable state agency.
  - e. See Recommendations c. through k. in section 4 above.
6. For Severity Level 3:
  - a. Always ensure that you have selected "Yes" to the field requesting "Did an Injury Occur" so that the Injury portion of the report appears when completing Event Report.
  - b. Provide first aid. Transfer to ER for evaluation and/or treatment (document in Injury portion of file).



- c. 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 (document in Injury portion of file).
  - d. If resident goes to ER, contact person responsible to submit report to the applicable state agency.
  - e. See Recommendations c. through k. in section 4 above.
  - f. Contact Risk Manager.
7. The employee responsible for documenting Follow-Up Actions in the Event report is [Insert Title Here].
8. Within 24 hrs. after ANY fall:
  - a. Document in Follow-up Action→Work Done On File.
  - b. Document new or updated interventions.
  - c. Document resident's compliance/non-compliance with recommendations made.
9. If there is a Fall Prevention Committee, document interventions in Follow-up Action→Work Done on File.
10. For Severity Level 4 (Death):
  - a. Notify DON and Administrator.
  - b. Notify Risk Manager.
  - c. Notify physician.
  - d. Notify family/POA.
  - e. Notify coroner.
  - f. Send report to the appropriate state licensing agency. (may require a phone call as well – check regulations).
11. 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 event was reported to appropriate government agency, if necessary.
  - d. Ensure that event was reported to 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.
12. Risk Manager should summarize findings and corrective actions in Resolution/Outcome section under Risk Manager Review prior to closing file.
13. 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.
  2. 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 reviewed Event file by indicating Follow-up Action→Review or Sign-off.



14. 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.