



## Investigation Guidelines for Skin Tears/Bruises of Unknown Origin: Skilled Nursing or Assisted Living/Personal Care

1. Assess for injury.
2. Complete Event report in PEER.
3. If you know how the skin tear or bruise was sustained, it is not “of unknown cause” and when entering Event you may use Specific Event Type of “Known Cause: Skin Tear/Bruise” or another category, if applicable; **HOWEVER, if you do not know how the skin tear/bruise occurred, you must use the category of “Unknown Cause: Skin Tear/Bruise.”**
4. For Severity Level 2 (There can not be a Severity Level 1 skin/tissue event):
  - a. Investigation begins as soon as skin tear/bruise is discovered.
  - b. List possible causes according to the resident (if cognitively aware).
  - c. List possible causes according to the caregiver.
  - d. List names of employees on duty on the shift the bruise/skin tear was discovered.
  - e. List names of employees on duty the previous shift and include explanation of cause if known.
5. Investigation by nursing:
  - a. Utilize the FSA Staff Statement document, which contains specific information, in place of a free handwritten staff statement.
  - b. Ensure that there is a minimum 24-hour lookback performed (48 hour if suspicious bruising/skin tear) DOCUMENTED IN THE FILE WITH STAFF STATEMENTS.
  - c. Could the skin tear/bruise have occurred during a transfer?
  - d. During ADL care? While attending rehab?
  - e. During repositioning in bed or in chair?
  - f. Did the skin tear/bruise occur during a transport i.e., volunteer, family member?
  - g. Was any equipment (or lack of) involved that could have caused the event (i.e., footrests not properly restrained during transfer, sharp edges on lift or wheelchair)?
  - h. Conduct an environmental investigation of areas that resident could have been in (room, tub/shower room, activity room if used by resident).
  - i. Does resident self-propel an assistive device such as a wheelchair or walker unsupervised? If so, assess environment for possible hazards.
  - j. Conduct interviews of all caregivers on unit for past 48 hours: what did they see? Did they care for the resident? Ask specific questions about ADLs they may have done.
  - k. Obtain statements from all caregivers on duty at time of incident and in a 48 hour look back period after interviews are conducted. You may consider writing a statement based on information witness gave to you if they are unable to draft it themselves due to difficulty with language or literacy; have them attached into PEER.



- l. Does the resident have a roommate? Conduct and interview to determine if they have information.
  - m. Interview other potential witnesses such as visitors/family members/roommates who may have been in area and know of relevant information.
  - n. Was the Care Plan followed? If not, this may be possible neglect.
  - o. Notify family/POA if applicable.
  - p. Based on all investigative documentation, can you determine with reasonable probability what happened and how the bruise/skin tear occurred? Document findings in PEER. State that abuse and neglect has been ruled out as a possible cause, after the thorough investigation has taken place if that is the case, even if you are unable to ascertain cause. If the cause is known be sure to document all interventions to prevent a reoccurrence.
6. The employee responsible for documenting Follow-Up Actions in the Event report is [Insert Title Here].
7. Follow-up is dependent upon the investigation outcome:
  - a. Ensure interventions are listed on the Care Plan and communicated to care givers.
  - b. Caregiver counseling and education should be initiated as deemed appropriate and documented.
  - c. Ensure that Follow-Up Action description indicates same; it is acceptable to insert description such as "Refer to Care Plan for updated interventions."
  - d. Ensure you have documented at least one intervention to prevent a reoccurrence.
8. For Severity Level 3 (serious injury) - Investigate as noted above and include the following:
  - a. A serious event most likely would be reportable to the appropriate state licensing agency.
  - b. Assessment of situation by RN; RN conducts interview with resident (if cognitively aware).
  - c. May require immediate physician, physician assistant, nursing practitioner or ER evaluation.
  - d. Notify Family/POA of event and ongoing investigation.
  - e. If the event is related to a suspected abuse/neglect allegation, remove caregiver or person involved from assignment and obtain statement. Do not allow caregiver to care for any residents until investigation is completed and determination made.
  - f. Interdisciplinary team should be involved in problem-solving.
  - g. It is recommended that this follow-up and investigation be at the Nurse Manager, ADON or DON level.
9. 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.
10. Risk Manager should summarize findings and corrective actions in Resolution/Outcome section under Risk Manager Review prior to closing file.



11. 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 reviewed Event file by indicating Follow-up Action→Review or Sign-off.
12. 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 unless there is still ongoing activity on the file].

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.