F-Tag 323:
Resident Safety & Supervision

Increasing safety, Improving lives
Creating a culture of safety goes beyond policies, procedures and paperwork.

It starts by adopting a philosophy of caring throughout your community. It includes caring for residents and their safety in your building – the place they call home.

To help you increase safety and improve your residents’ quality of life, we’ve created this in-depth guide that explains recent F-Tag 323 revisions and provides real-world solutions for reducing health and safety risks and hazards.

Throughout this guide, you’ll learn how to:

- Create a culture of safety throughout your entire community
- Provide a safe, pleasant working environment for employees
- Improve your residents’ quality of life

For over 20 years, I’ve been working to create safer environments for residents, staff and LTC professionals like you. And I’m confident the knowledge you learn here will be critical in creating a true sustainable culture of safety in your own community.

For more details on any of the information you see here, contact your personal account manager – 1-800-634-7328.

Ray Miller

Director of Risk Management & Safety
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F-Tag 323 and 324 have now combined to become the comprehensive F-Tag 323: Resident Safety & Supervision.

This is a critical regulation to understand, as it affects virtually every aspect of your community and has a major impact on your residents’ safety. Its intent is to reduce both the frequency and severity of resident incidents. In this guide, we have provided a short summary of the most important components of the F-Tag, and recommended interventions and sample policies and procedures that will help you stay compliant and create your culture of safety.

The revised regulation has not changed in requirements. It is now simply a comprehensive combination of the previous F-Tag 323 and 324 that outlines:

- Interpretive guidelines which include new and revised definitions
- Investigative protocol
- Determination of your compliance

According to F-Tag 323 you are required to ensure:

- The resident environment remains as free of accident hazards as is possible
- Each resident receives adequate supervision and assistance devices to prevent accidents

Although the revisions have only been in place since August of 2007, F-Tag 323 is already the single most cited F-Tag in Long Term Care.
What you need to do: Take a systems approach

Under F-Tag 323, it’s crucial you take a systems approach to ensuring that all avoidable accident risks are minimized through proper use of equipment, management of the resident environment and interdisciplinary supervision.

To follow a comprehensive systems approach, you’ll need to take these four steps:

1. **Identify hazards and risks**
   Make sure every staff member in your community is prepared to recognize and report safety risks when they see them.

2. **Evaluate and analyze hazards and risks**
   Once you’ve identified risks, examined data and developed interventions to reduce the potential for accidents.

3. **Implement interventions to reduce hazards and risks**
   Ensure that interventions are implemented by communicating them to all relevant staff.

4. **Monitor those interventions for effectiveness and modify as necessary**
   Make sure your interventions are successful by evaluating the outcomes, and modifying or replacing steps if necessary.

Turn to page 9 to learn more about taking a systems approach.

A systems approach is most effective when addressing the areas of: Fall Management, Wandering & Elopement, Bed Entrapment and Environmental Hazards.

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**Fall Management**
One of the biggest risk factors in your community is resident falls – it’s also one of the most cited under F-Tag 323. Learn how to reduce risks on pages 16-21.

**Bed Entrapment**
Due to its high fatality rate, bed entrapment is becoming an increasingly important topic among Long Term Care professionals. Learn prevention protocol on pages 25-26.

**Wandering & Elopement**
An effective resident monitoring program is essential to your residents’ safety. Learn what to do in your community on pages 22-24.

**Environmental Hazards**
Environmental hazards are present throughout your entire community. Learn some valuable steps you can take to identify and minimize risks on pages 27-31.
To determine whether you are complying with the revised F-Tag, surveyors will be following a newly developed Investigative Protocol. It’s essential you are familiar with this approach so you can be prepared for surveys and ensure your compliance. Investigative Protocol is comprised of four key steps:

1. **Determine if the community has identified and eliminated hazards in the resident environment**

   Note: This identification must be accomplished through a process of well documented and ongoing assessments. Each community must be able to demonstrate the use of a systems approach. This also extends to how a community conducts post-incident investigations.

2. **Determine if a resident accident was avoidable or unavoidable**

3. **Evaluate whether the community provides an environment that is as safe as possible**

4. **Determine if the community provided adequate supervision and assistive devices to prevent avoidable accidents**

To determine community compliance with these objectives, the surveyors will:

1. Observe the environment for the presence of potential/actual hazards such as:
   - Accessibility of chemicals
   - Conditions in the environment
   - Staff response to alarms and verbal calls for help
   - Assistive devices that are defective
   - Staff response to potential and actual hazards

2. Interview residents, family and/or responsible party (if possible) to identify:
   - If the resident and/or responsible party reported or helped identify the resident’s risk for an accident
   - If the resident and/or responsible party was aware of or identified a potential hazard for other residents
   - If the resident and/or responsible party reported a hazard or potential risk to staff
   - How and when staff responded to a hazard once it was identified
3. Review the records to determine if the community’s assessments and evaluations are consistent with the record and reflects the resident’s risk of:

- Unsafe wandering and elopement
- Visual, hearing and sensory impairments
- Diagnoses of Alzheimer’s and other dementia
- Medication use
- History of falls
- Postural hypertension

4. Review the care plan. If the resident has had an accident, review the record to determine if it was:

- The result of an order not being followed
- A care need not being addressed
- A plan of care not being implemented

5. Review community practices to determine if the community:

- Identified potential hazards and risks
- Evaluated information gathered to identify the causes of the risks
- Implemented interventions
- Monitored implementation of interventions and modified them to ensure continued effectiveness

Keep in mind that you must be able to demonstrate through documentation and practice that your staff has:

1. Maintained the general resident environment and equipment
2. Received education and periodic monitoring regarding use of resident-specific equipment
3. Provided a safe environment during general housekeeping activities
4. Operated equipment in accordance with manufacturer’s recommendations and resident need

It is important to document all interventions that have been attempted – those that have worked as well as those that did not result in the desired reduction of resident risk or hazard.

To demonstrate your commitment to safety, you’ll need to show that you’ve applied the following five standards:

- We have consistent, documented efforts to identify resident risks and hazards in their environment
- We encourage reporting without blaming – as a reality, not just a theory
- We involve all staff in the solutions – CNAs, dietary, laundry, housekeeping, etc.
- We consistently devote resources to developing a culture of safety – time, devices, education, etc.
- We can show community-wide commitment at all levels

You probably already address many of these issues in your community. But perhaps there are some areas in which you can improve. Throughout this guide, you’ll learn how to assess your current program to strengthen or establish additional components of a culture of safety and comply with F-Tag 323.
Distinguishing between avoidable & unavoidable accidents

Understanding the difference between avoidable and unavoidable accidents is the key to complying with F-Tag 323. Surveyors will cite communities based on their ability to prove that any accident was unavoidable.

F-Tag 323 still defines an accident as an unexpected or unintentional incident that may result in injury or illness, and is not directly related to treatment or care.

However, not all accidents are a result of community noncompliance. A resident can sustain injury as a result of an incident over which the community had no control – an unavoidable accident.

When an accident occurs or risk is present, surveyors will review your community's policies and procedures and residents' rights, preference and choices to determine if it was avoidable or unavoidable. Here's how surveyors will define each type:

- Avoidable Accident: An adverse outcome resulting from the community's failure to perform one, some or all of the four steps of a systems approach (see page 10)
- Unavoidable Accident: An adverse outcome that occurred despite the community's efforts to perform all four steps of a systems approach in a timely manner

See more key definitions from F-Tag 323 on pages 10-11.
Under F-Tag 323, it’s crucial you take a systems approach to ensuring that all avoidable accident risks are minimized through proper use of equipment, management of the resident environment and interdisciplinary supervision.

To follow a comprehensive systems approach, you’ll need to take these four steps:

1. **Identify hazards and risks**
   Make sure every staff member in your community is prepared to recognize and report safety risks when they see them. This includes everyone from CNAs to housekeepers. Each staff member plays a significant role in your compliance. Staff can identify risks by performing quality assurance activities, environmental rounds, MDS assessments, resident exams or individual observations as they go about their daily routines.

2. **Evaluate and analyze hazards and risks**
   Once you’ve identified risks, examined data and developed interventions to reduce the potential for accidents. Interdisciplinary involvement is a critical component of this process.

3. **Implement interventions to reduce hazards and risks**
   Ensure that interventions are implemented by communicating them to all relevant staff. Be sure to assign responsibility, provide the appropriate training and always document your actions.

4. **Monitor those interventions for effectiveness and modify as necessary**
   Make sure your interventions are successful by evaluating the outcomes, and modifying or replacing steps if necessary. To see F-Tag 323 in full, please see Appendix II.
We’ve clearly defined the key terms from F-Tag 323 that you’ll need to be familiar with, making it easier for you to identify and understand them. For many of these terms, we’ve provided additional examples and information to better illustrate these concepts for you.

**Accident**
An unexpected or unintentional incident that may result in injury or illness, and is not directly related to treatment.

**Accident (Avoidable)**
An adverse outcome resulting from the community’s failure to perform one, some or all of the four steps of a systems approach.

**Accident (Unavoidable)**
An adverse outcome that occurred despite the community’s efforts to perform all four steps of a systems approach in a timely manner.

**Assistive/Assistance Device**
Any device/equipment (e.g., handrails, grab bars, transfer lifts, canes, wheelchairs, eating aids, etc.) used by or in care of a resident to promote, supplement, or enhance the resident’s function, independence, comfort, feeling of security and/or safety.

**Elopement**
Elopement occurs when a resident who needs supervision leaves a safe area without a caretaker supervising them. The resident should have interventions in their comprehensive plan of care to address the potential for elopement. A community’s disaster and emergency preparedness plan should include a plan to locate missing residents.

**Entrapment**
Entrapment can occur when a resident experiences acute urinary retention, delirium, confusion, pain or agitation. When these residents – especially those who are confused, restless or do not have full control over their body movements – attempt to move within or exit their beds without assistance, they can become caught, trapped or entangled in the space in or around the bed rail, mattress or bed frame.

**Environment (refers to the resident environment)**
Resident environment includes the physical surroundings to which the resident has access (e.g., room, unit, common use areas, and community grounds, etc.).

**Environmental Hazards**
An exposure to harm resulting from interaction between the physical plant, devices, and equipment (all potential hazards) and the vulnerable resident, in a way that may lead to an accident. Hazards may include aspects of the physical plant, equipment, and devices that are defective or not used properly, e.g. chemical toxins, water temperature, electrical safety and lighting.

**Fall Management**
Falls are defined as unintentionally coming to rest on the ground, floor, or other lower level, but not as a result of an overwhelming external force. An episode where a resident loses his/her balance and would have fallen, if not for staff intervention, is considered a fall. A fall without injury is still a fall.

A critical component of creating a culture of safety, a fall management program should include the right policies, procedures and product solutions in place to ensure that any fall that does occur is indeed an unavoidable one.

**Hazards**
Hazards refer to elements of the resident environment that have the potential to cause injury or illness. “Hazards over which the community has control” are those hazards in the resident environment where reasonable efforts by the community could influence the risk for resulting injury or illness. “Free of accident hazards as is possible” refers to being free of accident hazards over which the community has control. Sources for identifying hazards may include quality assurance activities, environmental rounds, MDS/RAPS data, medical history and physical exam and individual observations.

**Hazards Associated with Assistive Devices**
There are risks associated with the use of devices/equipment. The risks need to be balanced against the benefits.

**Interventions**
These are steps, protocols, changes, etc, that the community has developed, implemented or will implement to reduce the hazards. Interventions may include adequate supervision (consistent with a resident’s needs), devices, goals, plan of care, and current standards of practice in order to reduce the risk of an accident.

**Resident Risk**
This refers to any external factor or characteristic of an individual resident that influences the likelihood of an accident.
**Resident Vulnerabilities**
These are resident-specific conditions that result in a heightened possibility of an accident for a particular resident.

**Supervision**
Supervision/adequate supervision refers to an intervention and means of mitigating the risk of an accident.

Adequate supervision is defined by the type and frequency of supervision, based on the individual resident’s assessed needs and identified hazards in the resident environment. Adequate supervision may vary from resident to resident and from time to time for the same resident.

**Wandering**
Wandering is locomotion with no apparent destination and is most often associated with dementia. Unsafe wandering occurs when the resident enters an area that is physically hazardous.
Creating a culture of safety is essential to complying with F-Tag 323

A “culture of safety” has been defined in many ways. For example, the Iowa Department of Public Health defines it as “the utopian environment where medical errors do not occur because everyone is safety-conscious enough to avoid all mistakes.”

Another, more precise definition used by researchers at Berkeley is: “Safety cultures share characteristics such as an organization-wide commitment to safety, an acknowledgment of high risk and high error potential, the consistent use of multi-disciplinary collaboration to develop and implement effective interventions, consistent and dedicated resources to address safety concerns and a clearly established process for the blame-free reporting of incidents AND close calls.”

Why is a strong culture of safety necessary? The answer has actually been a driving force in the healthcare industry for a long time – to ensure the safety and well-being of both our residents and our employees. And with that context, the culture of safety must be created and sustained efficiently, effectively and long term.

A culture of safety won’t happen overnight. To do so, you’ll need the appropriate resources, ongoing discussion and clear expectations. It’s a major undertaking, but the effects are critical to improve the lives of your residents. The following safe home model demonstrates the foundations needed to build and maintain a strong culture of safety in your community.

Leadership

Building a safe home – a culture of safety – for your residents and complying with F-Tag 323 starts with the leadership in your community. But leadership refers to more than upper management. It includes every staff member who influences others and motivates them to follow their lead – mentoring and exemplifying best practices is critical.

Every leader needs to set an example of his or her commitment to providing a culture of safety. When these actions are consistently seen by the rest of your staff, they’ll share your commitment. And over time, this culture will become an inherent component of your community.

In other words, when your staff sees you cleaning up spills on the floor or helping a resident who has slumped down in a wheelchair, they’ll recognize the importance of following your lead.
People

When you care for your staff, they are better able to care for your residents. Caring for your employees requires:

- Thorough recruiting, interviewing and hiring processes
- Regularly motivating, listening to and recognizing staff members for a job well done
- Strong personal development, advancement and growth opportunities for clinical and non-clinical staff

People also refers to your residents, their families and guests. When care plans are created or altered, it’s crucial that you communicate and meet with all of the appropriate contacts and inform them of why decisions are being made about care. Included these individuals as appropriate, and communicate any ways they can help encourage and support their loved one.

Be sure that every effort is made to assign care staff to consistent groups of residents. Consistent staff assignments form the personal bonds that are so vital to your residents’ quality of life.

Communication

Developing a culture of safety requires clear communication during new-hire education and regular staff in-services, as well as when new equipment is introduced, an accident occurs, or there are changes in care plans.

Communicating care plans is necessary to comply with F-Tag 323. Variation in the documented care plan and the actual care received can potentially lead to citations (and/or litigation).

Resident care plans must be communicated to empower caregivers in the critical decisions they must make every day. Your caregivers must know the current care plan of each of their residents, and what to do if these plans don’t always work. They should understand why plans have been developed, and what to do when there are exceptions or an apparent need for change.

Also consider holding practice drills not just for fires and disaster preparedness, but for other possible incidents such as falls, elopements or bed entrapment. By practicing drills, staff will be empowered to respond according to your policies, procedures and best practices.
Creating a Culture of Safety

Creating your culture of safety starts by building a safe home

Documentation

Documenting health and safety policies and procedures is one of the biggest components of complying with F-Tag 323. If you don’t have documentation that you used a systems approach to minimize risks, you could be cited for non-compliance.

That’s why documentation must be consistent, timely, accurate and complete. Documentation includes, but is not limited to:

- Various interdisciplinary comprehensive admission assessments
- Care plan and MDS data
- Ongoing assessments, records, logs, status reports and education records
- Nurse aide assignment documents
- Intervention records

Each of these, and many more, may be necessary to show that your staff has done their job and that interventions are in place to prevent avoidable accidents.

Processes

There probably have not been many communities that have been cited for a lack of processes, policies or procedures.

However, you must ensure that these are not just a set of theories in a binder, but that they are the reality of what is happening out on the floor.

Policies and procedures must be reviewed regularly and updated as acuities rise, best practices evolve or technology improves. You must also take steps to educate and train staff on your processes, policies and procedures and demonstrate their proficiency in each.

Again, be sure to document everything.
Interdisciplinary Teams

Interventions should be developed by informed interdisciplinary teams.

When a resident accident occurs, your interdisciplinary team should determine what happened by conducting investigations, structured interviews, document reviews, direct observations and root cause analysis. These steps will empower your staff to understand what happened and how to develop effective interventions to avoid another accident in the future.

Using interdisciplinary teams involves analyzing resident care issues, including accident investigations, either proactively or reactively, from various perspectives to form a more complete understanding of the causes of an event.

Solutions

Many kinds of solutions are available in eldercare – procedural changes, staffing adjustments, retraining, and amended policies, procedures and processes.

Once you have these in place, it’s time to invest in the proper equipment to execute your safety strategies.

Choosing quality equipment will help staff do their jobs better and more easily, and will protect and add dignity to the lives of your residents.
Each year, an estimated one in three adults age 65 and over experience a fall, making fall management a key component in creating a culture of safety.

Falls are defined as unintentionally coming to rest on the ground, floor, or other lower level, but not as a result of an overwhelming external force. An episode where a resident loses his/her balance and would have fallen, if not for staff intervention, is considered a fall. A fall without injury is still a fall.

It is nearly impossible to eliminate falls completely, but you can minimize fall risk to the point where any fall that does occur is indeed an unavoidable one.

Develop, implement and maintain a resident falls prevention program which outlines the ongoing assessments and individualized interventions to be taken, including documented policies and effective product solutions.

Proper action following a fall includes: Ascertaining if there were injuries and providing treatment as necessary; determining what may have caused or contributed to the fall; addressing the contributing factors for the fall; and revising the resident’s plan of care and/or community practices to reduce the likelihood of another fall.

Policies

**Your policies should include:**

1. Ongoing assessments should be completed within 24 hours of admission, quarterly, with any significant change of condition and following any fall.

2. Risk factors for balance/gait will be identified, such as: Decreased muscle tone or strength, changes in gait/locomotion, poor lighting, slippery floors or malfunctioning bed or wheelchair locks.

3. Possible fall interventions, such as: immediate and ongoing assessments, therapy evaluations, restorative care programs, bladder training, assistive devices that encourage independence, and safe lift and transfer devices.

4. Communication between residents, families, caregivers, physicians and other appropriate staff.

5. MDS assessment revisions as necessary.

6. Resident Assessment Protocols (RAP) update to reflect all fall-related interventions, past and present.

7. Quality assurance committee responsibilities to monitor, inspect, discuss, track, trend, etc. all fall-related events and documentation.

**Product Solutions**

Direct Supply offers a family of product solutions designed to help you manage falls in your community. Whether your residents are lacking the right ADL aids or your staff isn’t able to respond to falls quickly enough, once you’ve determined your needs by using a systems approach, you can turn to us for effective solutions.

And while all of the following product solutions will form a comprehensive fall management program, you may need to consider additional options based on your resident population and your staff needs. Be sure to contact Direct Supply to see even more effective fall management solutions.

- **Infrared Bedside Monitors**
  #76333 Infrared Bedside Monitor

- **Pressure Pad Alarms**
  #95935 Deluxe Attendant Alarm

- **Underseat Wheelchair Seat Alarms**
  #81800 Underseat Wheelchair Seat Alarm

- **Infrared Bedside Monitors**
  #76333 Infrared Bedside Monitor
Following step seven of your fall prevention program, form a quality assurance team to monitor, inspect, and track fall-related events. Taking a systems approach will alert caregivers to fall hazards or trends in your community.

Because communication is key, talk to residents, families, caregivers, physicians and other appropriate staff about your findings. Make fall management an issue for everyone and provide simple solutions. In doing so, you’ll improve overall supervision – a way of mitigating risks.

The use of items such as personal alarms, can help you monitor resident activity, but does not eliminate the need for staff vigilance and supervision. Inadequate supervision occurs when a community:

- Fails to accurately assess a resident and/or the environment to determine necessary supervision
- Determines supervision of the resident or environment was necessary, but fails to provide it

These are steps you take to reduce hazards, including: supervision, devices, care plans and practices. They should be implemented based on the results of assessments, evaluations and analysis of hazards and risks, and should be consistent with relevant standards. Resident interventions should always be entered in the resident’s comprehensive care plan, and must be communicated to the staff – staff must be held accountable for implementation.

Interim safety measures may be necessary if interventions cannot be immediately implemented.

Fall alarms improve overall supervision by alerting staff to a fall risk. This means residents will be monitored around-the-clock, and your staff will be more aware of fall risk events.

**Pad Alarms**

Pad alarms alert when pressure is removed or applied to the bed or chair pad. They are starting points for increasing awareness, and gently remind residents to remain seated and wait for assistance. Standard pad alarm models emit a loud audible alert; voice alarms are a great alternative if you’d like to avoid the extra noise. Voice alarms also help keep residents calm, and are great options for bilingual residents. Wireless models eliminate the risk of entanglement associated with alarm cords.

**Deluxe Pad Alarms**

Deluxe pad alarms come with advanced options such as voice recording, breakaway or wireless pad cords, and nurse call connectivity, which allows the alarm to be connected to your nurse call system with a call cord. Alerts are then received remotely at the nurse call station, and can be silenced in residents’ rooms – it’s your choice.

Direct Supply also carries chair alarms (underseat or seatbelt models), floor pad bed alarms, and infrared alarms.

Once you’ve taken a systems approach to identify at-risk residents, use that knowledge to create your culture of safety. The first step is building awareness, so ensure your interdisciplinary teams are updated on all resident safety issues.

Color-coded products are an easy, affordable way to immediately identify which residents are at greatest risk of falls – a great intervention for wandering, too.

**Night Light Alarms**

#18290 Attendant Night Light Alarm Package

**Fall Management Blankets**

#91915 Fall Management Blanket

**Fall Prevention Bracelets**

#91916 Fall Prevention Bracelet

Learn more about fall care plans, guidelines for prevention and post-fall actions on pages 36-39!
Fall Prevention
Though falls cannot be completely erased from your community, taking a systems approach to creating a fall prevention program will help you comply with F-Tag 323.

Provide reliable assistive devices that will safely support residents without sacrificing their ability to move freely throughout your community. Also consider increasing physical strength and well-being by encouraging exercise. It’s also important that you keep floors clean and dry to reduce the risk of falling – see page 31 for details.

Also consider:

- Resident Condition: Conditions such as lower extremity weakness, gait disturbances, decreased range of motion, and poor balance may affect some residents. These conditions, combined with cognitive impairment, can increase the accident risks of using mobility devices. Unsafe behavior, such as failure to lock wheelchair brakes and trying to stand or transfer from a wheelchair unsafely, can result in falls and related injuries.

- Personal Fit and Device Condition: Devices can pose a hazard if not fitted and/or maintained properly. Personal fit, or how well the assistive device meets the individual needs of the resident, may influence the likelihood of an avoidable accident.

- Staff Practices: With mobility devices (enablers, canes, walkers, etc.): Failure to ensure that a resident can readily reach such devices may create a hazardous situation.

- With transfer devices (portable/suspended total body lifts, sit-to-stand devices, and transfer belts, slide boards, friction reducing devices, etc.): Unsafe transfer technique used by staff may result in an accident. Inadequate supervision by staff of a resident during the initial trial period of assistive device use or after a change in the resident’s functional status can increase the risk of falls and/or injury. Additionally, staff need to ensure assistive devises properly fit the resident and the resident has received proper education in the use of the assistive device. Other factors that should be considered include: Staff availability, resident abilities and staff training.

Resident Mobility
According to F-Tag 323, you must provide the devices necessary to prevent a fall, and if a fall does occur, you must prove it was unavoidable. Stay compliant, and help your residents live in safety by providing them with reliable aids that address all acuity levels.

Reachers, Dressing Aids & Canes
Reachers are helpful to anyone having trouble bending or reaching things. These simple reaching devices help residents perform ADLs, and are offered in various lengths.

Dressing aids make it easier for those with limited range of motion to reach objects and get dressed. They are lightweight, and feature small C-hooks at one end and large, plastic-coated push-pull hooks at the other.

Canes provide simple, stable assistance for walking, which keeps residents mobile. Direct Supply offers several different versions to suit the diverse ambulation abilities of your residents.

Walkers & Wheelchairs
If residents need support beyond a cane, consider supplying them with a walker to promote independence and encourage rehabilitation.

- PVC walkers are the most stable, versatile models on the market
- Folding walkers are lighter weight, and easy to take with you
- Bariatric walkers are strong and supportive

When residents need even more support than a walker can offer, a wheelchair is the ideal solution to keeping them safe. Finding the right wheelchairs for your residents is crucial to their overall well-being – and fitting the right chair to the right resident is key.
Direct Supply offers a large selection of quality wheelchairs to meet the diverse needs of your resident population. And we can help you ensure the proper fit for maximum comfort and safety. Contact your account manager for more information.

**Lifts**

Every day, your residents and staff risk debilitating injury during lift and transfer procedures. And your community risks costly liabilities and F-Tag 323 citations. With effective safe-lifting programs, policies and equipment, you can rest assured your residents and staff are safe and your community stays compliant.

Quality lifts facilitate safe resident transfers and help you create a strong culture of safety in your community. Lifts come in a variety of styles and construction to support the needs of each of your residents:

- Sit-to-stand lifts are ideal for residents who can bear some of their own weight
- Floor lifts should always be used for bariatric residents and those who cannot support any of their own weight

For more information on safe lifting, contact your account manager today – 1-800-634-7328.

**Physical Fitness & Wellness**

Muscle weakness, especially in your residents’ lower bodies, is one of the leading causes of falls.

In your fall prevention program, be sure to include policies to test for resident muscle weakness. Your tests should assess:

- Hip flexion
- Hip abduction and adduction
- Knee extension
- General range of motion

To increase residents’ physical strength and well-being, encourage regular exercise to improve their ability to support themselves and their quality of life.

**Strength & Cardiovascular Training**

Many kinds of therapy and fitness equipment are available to help you increase your residents’ physical fitness.

Cardiovascular fitness increases circulation to boost strength, stamina and awareness. Strength training itself, especially core strength, helps improve residents’ overall strength and balance.

The Tri-Core system below helps simulate ADLs to help improve resident mobility, circulation, muscle tone, core strength and balance, and can even track their improvement over time.

You can use this data to show surveyors your commitment to complying with F-Tag 323 and creating a culture of safety.
Bathroom Safety
Your residents’ desire for privacy combined with small spaces and wet, slippery floors make bathrooms a common place for falls. Be sure you provide all the assistive devices needed to protect your residents in this critical area of your community.

Toilet Seats
Raised toilet seats elevate the level of the seat to help residents sit and stand more easily and with less assistance, promoting their independence. Assistive rails are also available specifically for toilets and more.

Shower Benches
Shower benches provide residents with a safe place to sit while in the shower, reducing the potential for falls from slipping or fatigue. Direct Supply offers many different styles to suit different shower/tub configurations and resident acuity.

Matting & Grab Bars
Slippery floors can be extremely hazardous, especially in bathing areas where there is so much more potential for water to accumulate on the floors. Non-slip matting is available in many colors, sizes and styles for your specific needs.

Place grab bars in tubs and near toilets to help your residents assist themselves, even while a caregiver is helping them.

Toilet Lifts
#16964 LiftSeat 300 Toilet Lift Pro

Non-Slip Bathroom Matting
#75407 3’x 4’ Mat

Shower Chairs
#93991 Tool-less Shower Chair w/ Back

Stainless Steel Grab Bars
When falls do occur, there are a number of interventions you can adopt to minimize the impact and risk of injury. By outfitting your community with the following solutions, you’ll be able to prove that any fall events were unavoidable.

When placed throughout your community, handrails offer sturdy support while residents walk from one area to another, and help prevent a fall or injury.

Bed assist rails can be helpful in assisting in safe ingress and egress. While sometimes considered restraints, bed assist rails can serve as a life safety device for some residents. Find great options, including low beds, in the Bed Entrapment section on pages 25-26!

Falls from bed can often occur during ingress and egress. Reduce the risk of resident injury by choosing low profile, beveled-edge mats that you can place permanently at the bedside.

Falls result in approximately 200,000 hip fractures in older adults each year, and account for 70% of accidental deaths in people age 75 older.

Protect your residents with the only hip protectors that are clinically proven to reduce hip fractures. FallGard hip protectors absorb two to three times as much fall impact force than other pads. In fact, in one community FallGard pads contributed to a 54% reduction in hip fractures!
Many risk management firms estimate that 10% of all litigation cases against Long Term Care are due to elopement issues. But with the proper monitoring and wayfinding systems in place, you can protect your residents, limit your liability and comply with F-Tag 323.

Develop, implement and maintain a resident wandering monitoring program that outlines the steps to be taken when a resident demonstrates or verbalizes indications of or has a history of wandering or elopement or has diagnoses indicating a risk of elopement (Alzheimer’s disease/other dementia, delusions, hallucinations, anxiety disorder, manic depression, schizophrenia).

Wandering is locomotion with no apparent destination and is most often associated with dementia. Unsafe wandering occurs when the resident enters an area that is physically hazardous.

Elopement occurs when a resident who needs supervision leaves a safe area without a caregiver supervising them. The resident should have interventions in their comprehensive plan of care to address the potential for elopement. A community’s disaster and emergency preparedness plan should include a plan to locate missing residents.

Proper action following an elopement or wandering incident:

- Community policies that define mechanisms and procedures can help to mitigate the risk of a resident leaving a safe area without staff supervision. Following an incident the resident’s plan of care should be revised and/or community practices should be modified to reduce the likelihood of another elopement.

Resident wandering and elopement is a major contributor to litigation against the Long Term Care industry. An effective resident wandering monitoring program should outline the steps to be taken when a resident presents a wandering or elopement risk.

The policies should address:

- Pre-admissions and admissions procedures, ongoing assessments and documentation to establish the resident’s likelihood of wandering or elopement
- The communication process of that likelihood to appropriate staff members (e.g. direct care and activities staff, social workers and security personnel) both at time of admission and when a resident is transferred between units/halls/floors
- Specific identification steps to be taken by assigned job titles for those with a likelihood of wandering or elopement
- Interventions that are developed in the team/work group and include input from the physician, POA and resident (if competent) for healthcare decisions, and are entered into the care plan
- Care plan and care conference responsibilities and documentation
- Staff incident responsibilities to regularly monitor the residents’ whereabouts on all shifts
- Staff post-incident responsibilities:
  - Returning the resident to appropriate unit
  - Notification of appropriate staff members of the search outcome
  - Confirmation that all residents are present
  - Silencing of door alarms
- Initiation of the Missing Resident Procedure
- Equipment specifications and requirements (see the manufacturer’s recommendations/requirements)
- Quality assurance committee responsibilities to monitor, discuss, track, trend, etc all elopement related events

Evacuation Plan Holders
#69421 No Text, Letter Size, 15½” x 13½”

Door Guard Alarms
#71449 Door Guard Alarm
Staff Communication & Awareness
Direct Supply Equipment & Furnishings offers a family of monitoring systems designed to help you improve staff communication, and reduce wandering and elopement in your community.

And while all of the following systems will improve resident safety and staff awareness, you may need to consider additional options based on your resident population and your caregiver needs. Be sure to contact Direct Supply Equipment & Furnishings to see additional resident monitoring solutions.

You can also improve staff communication by ensuring you’re prepared for any emergency situations. Ensure everyone knows where they’re going with evacuation plans, ADA compliant signage and more.

Wandering & Elopement Monitoring Systems
With such a wide variety of monitoring solutions, it’s essential you choose the ones that are best suited for your community, residents, staff and protocols.

Economy Wander Protection
There are many solutions for your most basic wander monitoring needs – see just a few on the facing page. These products are cost-effective ways to protect residents and comply with F-Tag 323.

Basic Wander Protection
The Smart Alarm System (left) is a simple, temporary solution for a small population of at-risk residents. Smart offers reliable functionality at an affordable price, and consists of three easy-to-use components: Door strip monitor alarm, reset caregiver button and resident wristband transmitter. When a resident wearing a wristband attempts to exit a monitored doorway, an audible and visible alert sounds.

(continued on the next page)
**Advanced Wander Protection**

Your resident monitoring program should include steps for:

- Identifying at-risk residents
- Determining staff assignments
- Forming quality assurance committees to track interventions

The Secure Care and HomeFree systems help you do all three, because both have central monitoring and reporting capabilities to track and record resident activity for your staff.

Central monitoring systems help you comply with F-Tag 323 by keeping caregivers up-to-date on resident behavior. They also keep your safety committees more informed, more effective and more efficient.

Also consider the benefits of using color-coded identifiers (as shown on page 17), so that all staff members are aware of which residents are at risk for wandering. Ensure that your staff knows what steps to take to minimize these risks.

**Secure Care**

Secure Care is your hard-wired solution to access control and wander prevention, and offers optional software for data tracking. Secure Care offers multiple access and exit control functions to help you protect residents while preserving their dignity.

With Secure Care, you can start with basic access control by locking down your doors and controlling them with key pads.

You can also add resident ankle or wrist bracelet transmitters that cause doors to lock down/alarm only when wandering risk residents approach them. Delayed egress locks are also available to maintain your control over door locks and comply with fire safety codes. These locks activate when approached by a resident transmitter, and reopen after 20 seconds of constant pressure.

Optional software can be integrated on your PC to provide a visual facility map at your central nurses’ station. This tool alerts your caregivers of elopement attempts, and tracks events over time – helping you comply with F-Tag 323.

**HomeFree**

HomeFree tracks resident behavior and patterns throughout your entire community, allowing you to be proactive in your interventions. For example, if a resident attempts to exit around 3 p.m. every day, your staff can schedule an activity at that time to eliminate the risk.

HomeFree innovative software helps you improve staff communication by providing built-in reporting, and allowing caregivers to make notes and post messages for each other. They can also run historical reports and routine systems checks.

The HomeFree paging system allows you to customize the notification and response to an emergency event, by allowing you to tell the system which caregiver should receive the alert. HomeFree also features a less cumbersome wristwatch transmitter to preserve your residents’ dignity and freedom.

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**Delayed Egress Door Units**

#77887 135DE Flush Mount, No Lock

**Wireless Monitoring System**
FDA entrapment guidelines report that an estimated 60% of entrapment incidents are fatal, making it increasingly clear that entrapment poses a significant safety risks to some of your residents.

With the release of these new guidelines, many communities are preparing for stricter state assessments and increased potential for liability citations, making it essential you know the risks and how to resolve them.

Entrapment can occur when a resident experiences acute urinary retention, delirium, confusion, pain, agitation or other clinical conditions. When these residents – especially those who are confused, restless or do not have full control over their body movements – attempt to move within or exit their beds without assistance, they can become caught, trapped or entangled in the space in or around the bed rail, mattress or bed frame.

Hazards associated with entrapment risks include: Bed rails and bed accessories can pose increased risk to resident safety. Entrapment may occur when a resident slips between the mattress (regular or air-filled) and the bed rail, the headboard or the footboard. Improper sizing of mattresses and bent bed rails increase the risk of resident entrapment.

Note: 42 C.F.R. § 483.13(a), F-Tag 221, applies to the use of physical restraints. 42 C.F.R. § 483.25(h)(2), F-Tag 323 applies to assistive devices that create hazards (e.g., devices that are defective; not used properly or according to manufacturer’s specifications; disabled or removed; not provided or do not meet the resident’s needs [poor fit or not adapted]; and/or used without adequate supervision when required).

To reduce risks and comply with F-Tag 323, you’ll need to develop, implement and maintain an entrapment prevention program which outlines the ongoing assessment and individualized interventions that should be taken.

First, you’ll need to identify your at-risk residents. This can be done by forming teams who will perform assessments outlined in the FDA criteria.

Based on your teams’ findings, you can determine combinations of beds and accessories that will best protect your residents from entrapment.

Direct Supply has worked closely with the FDA to better understand entrapment guidelines, and we can help you find ways to implement them in your community.

You can rely on us for assistance with navigating the guidelines, and for recommendations on upgrading and replacing your current bed systems to better protect your residents and your community. Below, you’ll find many product solutions to help create safer bed systems, comply with guidelines and keep your residents safe.

Adjustable-Height Low Beds
#16996 Carroll Adjustable-Height Low Bed

Pressure Management Mattresses
#79925 Panacea Clinical Plus w/ Heel Slope, ‘76’ or ‘80’L

Anti-Entrapment Halo Safety Rings
#91865 Halo Safety Ring, Two Sides w/ Hardware

Learn how to comply with FDA guidelines & F-Tag 323
Zone 1
**Within the rail**
Any open space between the perimeters of the rail can present a risk of head entrapment. FDA recommended space: less than 4¾".

Zone 2
**Under the rail, between the rail supports or next to a single rail support**
The gap under the rail between the mattress may allow for dangerous head entrapment. FDA recommended space: less than 4¾".

Zone 3
**Between the rail and the mattress**
This area is the space between the inside surface of the bed rail and the mattress, and if too big it can cause a risk of head entrapment. FDA recommended space: less than 4¾".

Zone 4
**Under the rail at the ends of the rail**
A gap between the mattress and the lowermost portion of the rail poses a risk of neck entrapment. FDA recommended space: less than 2¾".

Zone 5
**Between split bed rails**
When partial length head and split rails are used on the same side of the bed, the space between the rails may present a risk of either neck or chest entrapment.

Zone 6
**Between the end of the rail and the side edge of the head or foot board**
A gap between the end of the bed rail and the side edge of the headboard or footboard can present the risk of resident entrapment.

Zone 7
**Between the head or foot board and the end of the mattress**
When there is too large of a space between the inside surface of the headboard or footboard and the end of the mattress, the risk of head entrapment increases.

*Note:* Currently, the FDA provides dimensional recommendations for zones 1-4, as 80% of reported entrapment cases have occurred in these zones.
Under F-Tag 323, it’s essential you develop, implement and maintain a hazard identification and control program which outlines the ongoing assessments and individualized interventions to be taken to prevent resident exposure.

**The policies should address:**

**Chemicals and Toxins**
Potentially hazardous materials include chemicals used by community staff in the course of their duties; drugs and therapeutic agents; and plants and other natural materials found indoors or outdoors. Communities are required to have the Material Safety Data Sheet (MSDS). Poison control centers are also a source of information for potential hazards. (examples: Allergenic, caustic or toxic; including medications)

- **Contributing Factors:** Storage, use and control (locking rooms/closets/carts) of chemicals; concentration/toxicity of substance; form (solid, liquid, gas, mist)
- **Resident Conditions:** Cognitive impairment; behaviors; allergies; respiratory conditions
- **Other Considerations:** Staff training; Staff adherence to: a) Policy and procedures, b) OSHA standards c) Manufacturer recommendations (Materials Safety Data Sheet – “MSDS”)
- **Application and Solutions:**
  - Assessment – Conduct and document ongoing environmental rounds to identify risks and hazards and to ensure that controls remain in place.
  - Equipment

**Water Temperature**
Water may reach temperatures in hand sinks, showers and tubs that can scald a resident. Some states have regulations regarding the specific maximum water temperature that is allowed.

- **Contributing Factors:** Sinks, tubs, fixtures (faucet, tub); spills from hot liquid – 105°F to 115°F is the most common safe temperature range to avoid burns in Long Term Care, though you must confirm acceptable ranges with local regulations.
- **Resident Conditions:** Decreased: a) skin sensitivity and/or thickness, b) communication abilities c) cognitive function; Peripheral neuropathy

**Additional Considerations:** The elderly (and the very young) are most susceptible to hot liquid burns because of thin layers of skin and the inability to react quickly when exposed to hot water. Causes can include improper maintenance of anti-scald devices and lack of resident supervision.

**Electrical Safety**
The use of electrical space heaters is prohibited in resident care areas. In addition to space heaters, heating pads, electric blankets, extension cords and power strips should not be used in resident rooms. Heating pads may be used for therapy purposes when used under caregiver supervision. The use of GFCIs may be required near water sources.

- **Contributing Factors:** Space heaters, heating pads, electric blankets, extension cords and power strips should not be used in resident rooms. Heating pads may be used for therapy purposes when used under caregiver supervision
- **Resident Conditions:** Risk for falls; cognitive function
- **Additional Considerations:** An electrical injury occurs when a current passes through the body, interfering with the function of an internal organ or sometimes burning tissue. Resistance is the ability to impede the flow of electricity. Most of the body’s resistance is concentrated in the skin. The thinner the skin the lower its resistance.

Note: Most deaths are attributed to heating pads that have generated fires, but most injuries are burns due to prolonged use or setting an incorrect temperature.
Lighting

There is variability in vision, thus no single level of illumination is recommended. Creating transitional zones between light and dark spaces helps to improve sight recovery. Providing extra visual cues that clearly define needed items can help to enable safe performance of tasks. Providing supplemental light near beds for residents may assist in safe mobility at night.

- **Contributing Factors:** Improper lighting can contribute to falls
- **Resident Conditions:** Visual acuity; risk for falls
- **Additional Considerations:** Aging processes include decreased pupil size causing lower sensitivity to light which results in difficulty seeing after a change in light levels and decreased ability to focus. A 60-year-old resident requires up to 10x the amount of light of a 20-year-old. Hence, younger staff members may not sense light levels in the same way that the residents do.

Direct Supply offers a family of product systems designed to help you create safer environments throughout your community.

And while all of the following solutions will form a comprehensive safety program, you may need to consider additional options based on your resident population and your staff needs. Be sure to contact Direct Supply to see even more safety solutions.

**Electrical Safety**

**Installation**

Any electrical device can be hazardous if improperly used or maintained. Ensure that wires, outlets and power strips are used according to Life Safety Codes, and that walkways are clear of any electrical cords that could trip residents.

**Water**

Prevent electrocution by limiting resident’s accessibility to outlets, wiring, cords and dangerous situations.

In a wet environment, use receptacles with Ground Fault Circuit Indicators (GFCI) that will automatically trip to prevent a shock. Also consider installing hard-wired equipment – like HVAC or PTAC systems – that do not require visible outlets.

**Oxygen**

When providing life-saving oxygen therapy, ensure you use UL approved equipment with the proper safety rating – like healthcare-approved TVs – to prevent electrical current leakage and liquid access to any electrical wiring, etc.

**Environmental Hazards**

**Electrical Safety, Lighting & Water Temperature**

**Lighting**

Dimly lit areas and an imbalance of light (ex. uneven lighting throughout a corridor can cause disorientation) in your community can contribute to resident falls.

Even placement of lights, quality light fixtures, low-glare flooring and walls will help prevent resident falls. And in the case of an emergency, the proper lighting will direct residents and staff during evacuation.

Install quality light fixtures to help residents safely move throughout your community. Also, consider including night lights in resident rooms to assist in safe nighttime ambulation.

**Water Temperature**

Maintaining safe water temperatures is essential to protecting your residents and complying with regulations.

Legionnaires’ Disease – a form of pneumonia resulting from exposure to Legionella bacteria – can be contracted from breathing in aerosolized water like that from shower steam or aspiration.

To protect your residents from this potentially fatal disease, it’s vital that you set your water heater temperatures to above 158°F. However, 105°F to 115°F is the most common safe temperature range to avoid burns in Long Term Care.

To protect residents and staff, choose anti-scald mixing valves that mix hot and cold water to deliver healthy water supplies and temperatures.
Wiring Devices
#16161  Extra Heavy-Duty Outlet

Occupancy Sensors
#16158  Occupancy Sensor

Double Remote Emergency Lights
#16472  Remote Emergency Light

PTACs
#76595  Heat Pump Units, 230/208V

Exit Signs with Emergency Lights
#51284  Exit Sign w/ Emergency Lights, Red

Healthcare-Approved Personal TVs
#15792  10" PDI LCD TV w/ Wall-Arm Kit

Scald Protection Systems
#13115  TM-420A-DT

See environmental hazards assessments and guidelines on pages 50-52.
Chemicals & Toxins
Most chemicals used in Long Term Care contain heavy amounts of volatile organic compounds (VOCs) and toxins. These VOCs and toxins cause eye, skin and respiratory problem when touched, swallowed or breathed in.

Choose green chemicals that are safer for your residents and the environment. Green chemicals have low or no VOCs and toxins, so they’re an effective way to get a deep, sanitary clean while ensuring that toxic chemicals and gases are not being spread throughout your building.

As with all chemicals, they should always be safely locked away – a step that you should also document in your Material Safety Data Sheet (MSDS) binder.
Fire Protection
Help prevent fires in your community by storing and disposing of fire hazardous material safely. And because many fires start within waste receptacles, choose fiberglass, UL listed wastebaskets that won’t contribute to potential fires by containing any flames that may ignite.

Also, be sure to reserve smoking to designated areas only, and protect resident who smoke. Smoker’s aprons will protect residents from cigarette ash and other residue from smoking.

Slips & Falls
Slips, trips and falls can be attributed to unsafe slippery floors. Keeping floors clean and dry is your best solution for avoiding the subsequent costs and injuries associated with these kinds of falls.

Use products like the Hurricane (below) that dry the floors more quickly and also notify passers-by of the wet floor. Autoscrubbers are also a great option, because they wash and dry floors in one easy pass.