VAALER
HEALTHCARE RISK & INSURANCE SOLUTIONS

VAALER INSURANCE SENIOR CARE

EDUCATIONAL TOPIC

Managing Assisted Living Resident Risks

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"RECOGNIZING & REDUCING RISK"

Assisted Living Facilities Are Making Front Page Headline News. Key Risk and Safety Issues include but are not limited to - infection prevention; fall injury; skin injury; elopement; abuse and neglect; social media exposure; staffing, staff competency, resident smoking risk, transportation risk; unrecognized change in condition; medication polypharmacy, psychotropic medications and pain medications; residents whose needs exceed the service capability of the facility and failure to provide a safe environment.

April 4, 2018 Twin Cities Pioneer Press

> "A woman approached her mother's apartment in a Minnesota senior living community to find "multiple packages and two newspapers outside the door. Her mother's bed and bathroom looked as if they hadn't been used in days. Medication for the past two days had not been taken, and her mother was wearing the same clothing she'd been in two days earlier." The resident, 92, "was dead, and most likely had been for two days" According to allegations in a Minnesota State Health Department Report, the staff had neglected to check on the resident for two days."

Source – Chavey, S. State faults Eagan assisted living facility after resident's body apparently not discovered for 2 days. https://www.twincities.com/2018/04/03/state-faults-eagan-assisted-living-facility-after-resident-found-dead/ [Accessed April 5, 2021]

RESIDENT SELECTION

Risk – Admitting Assisted Living residents with care needs that are outside of the scope of services that the facility can safely provide (staffing, medications, services, etc.).

Admitting residents with care needs beyond the capabilities of the facility can occur when the facility does not have complete or accurate information about the resident and the resident's care needs prior to admission; when a complete pre-admission screening is not completed or when faced with family or other facility pressures to admit the resident. This risk can also surface when marketing materials overstate the capability to provide services beyond the current capacity of the facility (e.g., highly trained staff are available 24-hours a day).

Risk Management Strategies:

- Scope of Services - Define in writing the scope of services that the facility can safely provide. Ensure marketing materials and the facility's website accurately reflect the current scope of services. Establish a formal process for legal review of all marketing materials to remove language that includes implied warranties or guarantees and language that establishes unrealistic expectations of care and services.
- Required Documents - Develop a list of documents that are required to be completed/ obtained for each resident prior to admission.
- Pre-Admission Screening - Ensure a comprehensive pre-admission screening is completed for each new admission. A licensed registered nurse is recommended to be involved in the resident screening. Develop a documentation tool to support consistency in assessment and evaluation. Visiting the resident in their pre-admission environment is recommended.
- Facility Visit Prior to Admission - Invite the resident and family to visit the facility prior to admission (as possible/practical). Learn about their life preferences, their clinical care preferences and their emotional/social preferences. Understand the resident's clinical care needs. Be realistic in determining if the facility can meet the needs of the resident. Identify what the resident understands about the care and services provided by the facility. Clarify any misinformation thatthe resident or family members have about the facility.
- Sex Offender as a Potential Admission – Complete and document a sex offender check on all potential new admissions.

ADMISSION AGREEMENT

Risk – The Admission Agreement does not clearly state what services are included and what care and services are beyond the capability of the facility.

The Admission Agreement should clearly state what services are included and what care and services are beyond the capability of the facility. Review this information verbally with the resident and family/legal representative (as applicable) and well as provide a written copy of the Admission Agreement. Provide an opportunity for the resident and family/legal representative (as appropriate) to ask questions.

Include language in the admission agreement that states that changes in resident condition that require care beyond the capability of the facility, will require transfer to another location/facility that can meet the needs of the resident.

Memory loss/dementia/Alzheimer's disease or medical or psychiatric illness that causes a change in behavior that poses a risk of serious harm or injury for the resident, family members, other residents or staff or is a safety concern for the resident will require transfer to another location/facility that can meet the needs of the resident. Abusive or threatening conduct will result in termination of the admission agreement and notification of appropriate external agencies, including the police as appropriate. Ensure legal counsel review of the Admission Agreement.

Risk Management Strategies:

- Aging Process - Include a discussion regarding the aging process and physical changes that occur with aging as part of the admission discussion and Service Plan revision/ update meetings. For example – As individuals age, the risk of sustaining a fall with injury increases. We work with each resident to have a Service Plan in place to help manage their fall risk. We also encourage activity and mobility. We know that injuries may still occur even with a Service Plan in place. Our goal is partner with residents and their family members to help manage fall risk.
- Changes in Condition - Proactively address changes in condition including adding interventions that support resident safety, such as physical therapy and occupational therapy with changes in ambulation safety.
- Communication Early and Clearly - Communicate early and clearly with residents and family members regarding resident changes that may require a different level of care.
- Complete Information - Ensure the resident admission agreement/contract contains complete information on the scope of services offered, room and service charges, admission and discharge criteria and the transfer/discharge process.

CHANGE IN CONDITION

Risk – Failure to recognize, monitor and appropriately respond to a change in resident condition. Changes in resident condition may be subtle and progress over several hours, shifts or days.

Risk Management Strategies:

- **Competency-Based Education** - Provide competency-based education and training on change in condition recognition, reporting and response. Provide training that includes possible high-risk clinical presentations for the residents being served (e.g., diabetic patients, dialysis patients, cardiac and respiratory presentations).
- **Policy and Procedures** - Develop policy and procedures that provide guidance for emergency response and reporting.
- **Shift Report** - Ensure that shift report includes Resident Safety Status, Changes in Health and Emotional/Social Needs. Some examples to consider:

Resident Safety:	**Health Changes:**	**Emotional/Social**:
• Mobility Changes/Fall Risk • Skin Injury Risk • Observed Behaviors That Pose a Safety Risk (e.g., wandering, restless, not using their safety equipment, confusion, aggression, talking about going somewhere - home, to work, etc.)	• Nutrition/Hydration • Elimination changes • Dizziness • Pain • Medication response (e.g., reactions, side-effects) • Digestion changes (e.g., nausea, vomiting, diarrhea) • Skin changes • Behavior/cognition changes • Weakness/fatigue • Slurred Speech	• Depression/Sadness/Withdrawn • Self-Harming/Suicidal Thoughts/Action • Anger • Declining Care and Services

- **Structured Communication Process** - Utilize a structured communication process such as SBAR (Situation, Background, Assessment and Recommendation) for transitions in care and hand-off communication. (Source – Institute for Healthcare Improvement. SBAR Tool)
- **Change in Condition Transfers** - Evaluate change in condition transfers to the emergency room or hospital through the quality improvement process including timely recognition and response of the resident's change in condition.
- **Physician Orders for Life-Sustaining Treatment (POLST)/Advance Directives –** Establish a formal process to maintain current documents for each resident. Clearly document physician orders for resuscitation, including "Do Not Resuscitate" orders.
- **Employee CPR Training** – Document employee CPR and emergency response training.

INFECTION PREVENTION AND CONTROL

Infection Prevention – In the elderly, infections may present with symptoms that include loss of appetite, dehydration, weakness, and confusion. Common infections in the elderly include but are not limited to - urinary tract infections; skin infections (e.g., herpes zoster – shingles, bacterial or fungal foot infections, cellulitis, and drug-resistant infections like MRSA); respiratory infections (e.g., coronaviruses); bacterial pneumonia; influenza; and gastrointestinal infections.

Implement proactive measures to minimize infection risk including:

- A written infection prevention and control plan, including a written pandemic preparation plan
- Current infection prevention policies and procedures
- Staff education, training and competency validation on orientation and at least annually
- Protocols for the use of hand sanitizer and handwashing
- Availability and inventory of personal protective equipment
- Cleaning protocols that are in compliance with CDC and State Public Health guidance
- Visitor restrictions during periods of infection risk in compliance with CDC and State Public Health guidance
- Resident and family education

(Source A Place for Mom. Senior Living Blog. The 5 Most Common Infections in the Elderly. http://www.aplaceformom.com/blog/2013-10-22-common-elderly-infections/)

SAFETY STATUS – FALL RISK, ELOPEMENT RISK, SKIN INTEGRITY RISK

Risk – Failure to appropriately assess and manage resident risks and potential for injury. Fall risk, elopement risk and skin integrity risk are higher frequency and severity professional liability events.

Risk Management Strategies:

Fall Reduction Interventions – Each resident has intrinsic (e.g., medications, health conditions, cognition) and extrinsic risk factors (e.g., mobility devices, condition of glasses) that potentially increase their risk for a fall injury.

- Complete a fall risk assessment on admission, readmission, change in condition, and after a fall event. Recognizing changes in mobility, including gait fatigue, is an essential observation for minimizing the risk of falling for residents.
- Implement appropriate safety interventions, actively involving the resident and family members (as appropriate) and monitor the effectiveness of these interventions.
- Consider a "5 Why" approach when investigating/analyzing the contributing factors of resident falls (note more than 5 Why's may be necessary depending on the situation). Example:
    - Why did the resident fall out of the chair? – They were reaching for something
    - Why were they reaching for something? – They were reaching to pick up a bug

- Why were they reaching to pick up a bug? – They have been picking at the air since starting a new medication
- Why was a new medication started? – For a urinary tract infection.
- Why did the resident get a urinary tract infection? – One potential cause is that they have been drinking less fluids.
    - Why having they been drinking less fluid?
    - Please note there may be a number of contributing factors for one resident fall including change in resident condition.

Skin Injury/Integrity – During the aging process physical changes occur, such as loss of skin elasticity, thinning of the skin, and loss of normal sensation. All of these changes may contribute to skin concerns, including bruising, skin tears, or other more serious wounds like pressure ulcers.

- Complete a formal skin assessment on admission, readmission, change in condition, and at least quarterly.
- Implement appropriate interventions to minimize skin injury risk. Ask the resident and family what has worked in the past to maintain healthy skin (e.g., lotions, hydration, wearing long sleeves, lighting at night to avoid bumping into furniture).
- Observe skin condition with daily cares and bathing. Require - Early Recognition, Reporting and Response
- Evaluate physician orders for healing effectiveness. Involve outside agencies as appropriate for care and treatment of skin injuries and pressure ulcers.

Elopement Prevention – Resident safety is a fundamental right and expectation of every resident and family member. We have all read the stories of the senior that walked away from their senior living community and was found frozen in the snow or the senior that drowned in a pond.

- Complete wandering and elopement assessments on admission, readmission, and change in condition.
- Implement appropriate interventions to minimize wandering and elopement risks. Be vigilant in monitoring effectiveness.

- If resident safety cannot be managed at the facility, be proactive in working with the family for placement at another facility.
- Have a formal policy for elopement response. Complete elopement drills at least twice a year on all shifts.
- Secure exits a night or establish a means of exit/entry control and/or notification

Monitor Safety Needs – Establish a formal process for reporting changes in resident safety needs (e.g., wandering, restless, not using their safety equipment, confusion, aggression, talking about going somewhere - home, to work, etc.).

SAFETY CHECKS

Risk – Failure to have in place a consistent and reliable process for resident welfare/safety checks which results in significant injury or death.

Risk Management Strategies:

- Resident Safety Checks - Ensure a formal process for resident safety checks on a daily basis (e.g., dining room check-in, medication administration times, daily trash removal).
- Reconciling Safety Checks - Define a formal process for reconciling safety check information from multiple team members (e.g., centralized checklist).
- Sign-In/Sign-Out Process - Request that residents sign in and out when leaving the building. Ask for an estimated date/time of return. Establish a process for follow-up with the resident (or family members) if the resident does not return at the designated date /time.
- Outings - Ensure that all residents are accounted for before, during and after community outings. Double check the transportation vehicle to ensure that no one is left behind.
- Electronic Alerts - - Consider in-room electronic alert options (e.g., toilet not flushed, refrigerator not opened).

DOCUMENTATION

Risk – Documentation that is incomplete or inaccurate impacts quality resident care and can create legal, financial, regulatory/licensure and reputational risk.

Risk Management Strategies (Documentation of a Significant Resident Event)

- Document the Facts – Document accurate information about the event, including assessment, monitoring, interventions, actions, communications, and resident response. Include relevant comments from the resident and family regarding the event (e.g., “My family brought my new glasses yesterday. I have been having balance issues since I started wearing my new glasses”).
- Timeline of Care - Document the timeline of care and treatment during and after a significant adverse event including communication and actions/interventions (e.g., requesting an ambulance, as appropriate). Documentation should include acute symptom management (e.g., complaints of shortness of breath or difficulty breathing after a fall), vital signs as applicable and pain management. Document the transition of care if the resident is transferred to the emergency room or an acute care facility, including hand-off report to the accepting facility.
- Clear, Concise, Complete - Ensure that documentation regarding the event is factual, concise, and complete. Avoid assumptions, opinions or accusations about the care and treatment. Do not blame or criticize the resident, family, other care team members, the facility, or other healthcare organizations.
- Communication - Clearly document communication with the primary care physician, the resident, and the family (as appropriate). Assign responsibility for post-event follow-up communication with the resident and family.
- Interventions – Ensure an updated assessment of risk is conducted after an event (e.g., fall risk, skin integrity risk, elopement risk). Current interventions should be evaluated for effectiveness and new interventions implemented to manage the risk (e.g., physical therapy assessment). Update the resident’s care/service plan.

MEDICATION SAFETY

Risks – Medication safety risks are inherent in the many steps and processes in providing medications to residents, including but not limited to: medication orders; transcription of medication orders; medication preparation, labeling and dispension; medication administration; medication self-administration by residents; medication storage; medication disposal; and medication reconciliation on admission and return after hospitalization.

Risk Management Strategies:

- Medication Reconciliation – Establish a formal process for medication reconciliation on admission and return after hospitalization. Compare physician medication orders with provided medical history documents and resident/family information about current medications. Clarify any discrepancies with the resident's primary physician.
- Restocking of Medications – Assign accountability for checking in a new supply of medications including verifying medication labels on the blister packages/cartridges with the Medication Administration Record (MAR).
- Medication Administration – Ensure medication administration consistently includes the "seven rights" of medication administration – right medication, right resident, right dose, right time, right route, right reason and right documentation. An eighth right is the right to refuse medication. Document resident refusal, verifying what concerns the resident about taking the medication, and ensure primary physician communication about the refusal (as appropriate for the situation, noting the resident may have repeated situations of refusing medications).
- Resident Medication Self-Administration – Develop a formal process for evaluating resident competency for medication self-administration including the name of medication, dosage, medication times and proper medication storage. Have a registered nurse or pharmacist review continued competency on a quarterly basis and with significant change in condition.
- Staff Medication Skills and Competencies – Verify the medication skills and competencies of team members assigned the responsibility for medication administration or medication assistance. Perform medication administration audits.
- Staff Medication Skills and Competencies – Ensure staff that administer medications have a basic understanding of the indication for the medication, proper route and dosage (e.g., diabetes, pain management, hypertension).
- Resident Pain Evaluation - Develop a tool for resident pain evaluation that includes interventions that support comfort, mobility and pain relief (e.g., mobility, positioning, massage).
- Psychotropic Medications – Identify residents taking psychotropic medications pre-admission (when possible) or at the time the medication is prescribed, including indications for the medication(s). Provide staff education on medication side-effects.
- Storage of Medications – Regularly verify appropriate storage of medications in residents' rooms (as applicable), medication carts or other medication storage areas.
- Narcotics and Controlled Substances – Ensure that narcotics/controlled substances are appropriately double locked. Document count reconciliation and appropriate disposal.
- Medication Disposal – Establish a formal process for medication disposal of unused medications.
- Medication Errors – Track and trend medication errors including an evaluation of the systems and processes involved in medication delivery (e.g., number of steps involved in the medication transcription process and the potential for error – is it possible to reduce the number of steps or simplify the process?)

SMOKING AGREEMENTS

Risk – Lack of a formal process to assess and manage smoking risk which results is resident injury and/or facility risk of fire.

Risk Management Strategies:

- If smoking is permitted, be proactive in assessing resident and facility risk and implementing interventions that support resident safety, including but not limited to:
    - Resident Safety – A formal process for evaluating the resident's safety for unsupervised smoking (a smoking assessment tool is recommended)
    - Signed Smoking Agreement – A signed smoking agreement that includes designated areas for smoking, storage of smoking paraphernalia, and smoking area rules/safety requirements
    - Supervised Smoking – If supervised smoking is provided, the logistics of providing this service including frequency of service (e.g., four times per day) The resident should be notified in advance if they will be billed for smoking supervision.
    - Oxygen Use – Prohibit smoking if the resident is on oxygen or has oxygen attached to their mobility device (e.g., scooter, wheelchair)
    - Smoking Violations – Documentation of smoking violations and resident (family as appropriate) communication regarding the violation
    - Smoking environment – Ensure the safety of the designated smoking environment, including smoking receptacles for extinguishing the cigarettes, a fire extinguisher and fire blanket

Source – HCIS Senior Resource Center. Pendulum. Assisted Living Policies and Procedures.

SOCIAL MEDIA

Risk – Healthcare organizations are learning about the many benefits and accompanying risks of social media sites. A Facebook page or other social media source can provide real-time information and resources for families and the community. Social media also provides an opportunity to share the activities and special milestones that seniors are experiencing at your facility. However, inappropriate posts create real risks for seniors, care providers, and facilities.

Risk Management Strategies

- **Use of Personal Mobile Devices** – Develop policy and procedures regarding the use of personal mobile devices while working, including but not limited to: smart phones, cameras, tablets, smart watches, and laptop computers. If allowed, designate where and when the devices may be used (e.g., on breaks). Inform staff that personal information uploaded, downloaded, sent/received, posted, or shared using company equipment or internet (e.g., Wi-Fi) may be discoverable.[1] Ensure that staff understand that your abuse policy includes the taking, keeping, or distributing of photographs and recordings of residents that are demeaning or humiliating.[2] The policy should warn that violations will result in disciplinary action up to and including termination.[3] Ask a healthcare attorney to review your policy to ensure compliance with state and federal laws and regulations.
- **Staff Education and Training** – Provide staff orientation and training regarding the expectation to immediately report suspected or confirmed abuse, including taking, keeping, or distributing photographs and recordings of residents that are demeaning or humiliating.[4]
- **Resident and Family Education** – Provide educational materials to residents and family members during facility tours regarding facility policies on resident rights, including how the facility uses social media. Ask for written confirmation that photographs and recordings will not be taken of other residents or staff without the express permission of the facility. Obtain written informed consent for resident photographs that will be used for publications, websites, or social media posts.

Sources:

1. Angie C. Davis and Steven W. Fulgham. Top 10 best practices for social media in LTC [June 4, 2014]. http://www.mcknights.com/guest-columns/top-10-best-practices-for-social-media-in-ltc/article/348769/
2. Department of Health and Human Services, Centers for Medicare & Medicaid Services. Protecting Resident Privacy and Prohibiting Mental Abuse Related to Photographs and Audio/Video Recordings by Nursing Home Staff. August 5, 2016 Memorandum to State Survey Agency Directors. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-16-33.pdf.
3. Angie C. Davis and Steven W. Fulgham. Top 10 best practices for social media in LTC [June 4, 2014]. http://www.mcknights.com/guest-columns/top-10-best-practices-for-social-media-in-ltc/article/348769/ 016).
4. Department of Health and Human Services, Centers for Medicare & Medicaid Services. Protecting Resident Privacy and Prohibiting Mental Abuse Related to Photographs and Audio/Video Recordings by Nursing Home Staff. August 5, 2016 Memorandum to State Survey Agency Directors. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-16-33.pdf

SCOOTERS & MOTORIZED WHEELCHAIRS

Risk – Devices designed to promote mobility support and independence, can also cause significant harm to residents and others if not properly maintained and operated.

Risk Management Strategies:

- **Resident Safety Orientation** - Provide motorized scooter and motorized wheelchair safety orientation on admission. Have the resident navigate the building including hallways, blind corners, the dining area, sitting areas, elevators and garages (as appropriate) with an assigned team member or physical therapy.
- **Motorized Safety Rules** – Review the facility's rules of motorized safety and ask the resident to sign that they understand the safety rules (the following list is not meant to be all inclusive):
    - What side of the hall to drive, protocols for backing into the elevator and driving out of the elevator
    - What is safe speed – no faster than the average resident is walking
    - Where to park (if hallway parking is allowed, consider designated areas to avoid parking in front of handrails, exits, etc.)
    - Motorized scooters and wheelchairs are for personal use only and should not be borrowed to other residents.
    - Residents should not provide rides to other residents or visitors
    - When unattended, the scooter or motorized wheelchair must be turned off
    - Motorized scooters and wheelchairs are to be kept cleaned and well-maintained following manufacturer recommendations
    - Unexpected accidents, events or injuries must be reported to staff immediately
    - **Signed Agreement** – Sample of a signed statement:
        - I understand it is my responsibility to respect the rules and regulations of the facility when using my (motorized wheelchair, cart, or scooter). I agree to operate my (motorized wheelchair, cart, or scooter) safely and in consideration of other residents, employees, and visitors. If I fail to do so, I agree to reorientation and instruction, including re-evaluation of my ability to follow the safety rules of the facility.
    - Legal counsel review of the facility motor scooter policy and resident agreement is recommended.

Source – Vaaler Senior Resource Center. Pendulum. Assisted Living Policies and Procedures. Motorized Mobility Aids, Wheelchairs, Carts and Scooters.

TRANSPORTATION VAN SAFETY

Risk – A community activity meant to provide enjoyment for a van full of residents or necessary transportation to a medical appointment for a few residents can be impacted by an unexpected accident or safety event. A transportation safety program includes: vehicle safety and appropriate maintenance; driver safety and appropriate training; resident safety; communication before, during and after transport; and emergency preparedness including accident response.

Risk Management Strategies:

- Vehicle and Driver Safety Policy – Develop a comprehensive vehicle and driver safety policy that includes but is not limited to:
    - Vehicle management – selection, inspection and maintenance; safety checklist
    - Driver screening - driver skills validation and training and driver monitoring
    - Use of personal vehicles – insurance and liability implications
    - Passenger training - seat belts; remaining seated while in motion
    - Wheelchair safety
    - Vehicular accident reporting and investigation
- Emergencies During Transport – Develop a protocol for responding to emergencies during a transport (weather, vehicle, medical and behavioral). Evaluate the number of staff members needed for transportation based on resident care needs and condition.
- Securing Wheelchairs During Transport – Develop a formal training program and checklist for securing wheelchairs
- Third-Party Transportation Contracts – Develop third-party transportation contracts that include specific requirements for vehicle, resident, and driver safety; legal review is recommended. Ensure the third- party contractor maintains adequate insurance coverage for the services provided.
- Vehicular Accidents – Develop a formal process for reporting the details of vehicular accidents including, but not limited to: pertinent details about the other vehicles and drivers, police notification (as appropriate), any injuries, action taken for injured parties, a description of the accident, and vehicle damage.
- Driver Screening – Establish a formal process for driver screening and selection including, but not limited to:
    - Previous Experience and Employment History
    - Past Driving Record – Motor Vehicle Checks
    - Drug and Alcohol Testing
- Vehicle Safety Checklist – Develop a facility checklist for use pre and post-transport (e.g., proper functioning of lights, blinkers, doors, windshield wipers, gas level, etc.)

ENVIRONMENTAL SAFETY

Risk – An unsafe environment creates a safety risk for residents, visitors, employees and the facility.

Risk Management Strategies:

- Hazardous Materials - Ensure that building locations that can be hazardous or that contain hazardous materials are secured (e.g., boiler room, hazardous waste storage area, maintenance shop, environmental services carts and cleaning supply locations, medication storage areas/carts, laundry areas, shower rooms).
- Building Security - Establish a formal process and assigned responsibility for securing the building after hours. Violence can happen anywhere, be proactive in managing this risk.
- Building Security - Know who is in your building. Ask visitors to sign-in and sign out.
- Environmental Rounds - Complete a safety check of all areas of the building (interior and exterior) on a scheduled basis (e.g., hand rails secure and in good repair, flooring in good repair, lighting). Create an environmental rounds checklist to ensure a complete evaluation of the scheduled area. Ensure that noted safety issues and repairs are corrected at the time or have documented assigned responsibility for repair.
- Hallways - Keep hallways clean and clear of obstructions. Establish designated parking spots for scooters and motorized wheelchairs.
- Door Codes - Ensure that keycodes on doors are changed at regular interval (e.g., employee termination). Check and record proper alarm functioning on exit doors. Ensure that alarms are connected to an emergency power supply.
- Resident Storage - Be proactive in providing direction on "Rules of Storage" for garage storage and designated storage areas (e.g., what is allowed on the floor, if anything; weapon storage is not allowed; flammable liquids and gasoline are not allowed to be stored in the garages; expectation for managing clutter)
- Ice and Snow Removal - Establish a formal process for ice and snow removal. Document snow removal dates, times and weather conditions.
- Window Restrictors - Ensure that window restrictors (e.g., limit window opening to 6") are in proper repair. Perform an inspection audit quarterly or with noted issues with window functioning.

REGULATORY & LICENSURE COMPLIANCE

Risk – Failure to be in compliance with regulatory and licensure requirements including sustainable improvement (avoiding repeat deficiencies). This risk has potential legal, licensure, insurance, financial, reputational, and clinical implications for the facility.

Risk Management Strategies:

- Licensure/Regulatory Compliance - Assign accountability and responsibility for licensure/regulatory compliance through an administrative or quality committee. Have an action plan for identified areas for improvement.
- Survey Readiness - Complete mock assessments of facility compliance and survey readiness.
- Incident Tracking - Track and trend incidents and occurrences including, but not limited to: falls, skin injury, wandering and elopement, medication errors, infections, complaints and grievances, abuse and neglect, safety and security events and environment of care events.
- Quality Committee – Establish a Risk Management/Quality Committee that meets at least quarterly. Ensure Quality Committee minutes reflect action and targeted goals for improvement.
- Plan of Correction - Monitor submitted plan of correction action steps for sustained improvement.

ASSISTED LIVING RESOURCES

Policies and Procedures Available through the Vaaler Senior Resource Center Resources for Risk: site/index	• Abuse • Active Shooter • Admission • Animal Management • Claims • Complaints/ Grievances • Confidentiality • Contracts • Disaster Management • Disclosure • Documentation • Elopement • Falls • Hiring/Screening • Incidents • Loss Prevention • Maintenance/Plant Services • Medical Emergencies • Medications • Memory Care/Secured Unit • Motorized Mobility Aids • Photographic and Audio Devices • Policy and Procedure Management • Private Sitters • Skin/Wound Care • Smoking • Social Media • Staff Training • Swimming Pool and Hot Tub Use • Transportation • Visitors • Volunteers • Workplace Violence
Quality Committee Resources Available through the Vaaler Senior Resource Center Resources for Risk: site/index	Facility Programs – Quality Management • Quality, Safety, Risk Committee Meeting Minutes (ALF) • Quality and Risk Management Plan for Assisted Living
Safety Committee Resources Clinical Risk Services — Vaaler Insurance	• Safety Committee Responsibilities • Sample Safety Committee Agenda • Sample Safety Committee Meeting Minutes
Infection Prevention	• Coronavirus / COVID-19 Preparedness and Response Plan. coronavirus.pdf (caassistedliving.org) • Best Practices and Good Ideas: Infection Control in Nursing Homes. infection-control-nursing-homes.pdf (nyc.gov) • Content of an Infection Prevention and Control Plan. Content_of_an_Infection_Prevention_and_Control_Plan.pdf (apic.org) • Infection Prevention and Control Risk Assessment - IPC-RiskAssessment.xlsx (live.com)