

Long-Term Care Survey Alert

ENVIRONMENTAL SAFETY: Make That Accident Waiting To Happen Go Away

This approach closes common gaps in a facility's safety approach.

"What wasn't I thinking?" is often staff's shocked reaction when a resident suffers harm due to an obvious environmental safety problem. To avoid getting blindsided by easily correctable problems, follow this three-step plan.

Safety Step No. 1: Train yourself to see the little things that could turn into a serious mishap.

Consultant **Edythe Cassel Walters** does mock surveys in facilities where she clearly sees safety problems. And when she points them out to staff, they say, "I've been looking at that every day for weeks and didn't see it," says Walters, MBA, RN, NHA, director, **LW Consulting Inc.** in Harrisburg, PA.

Two examples: The staff places mats next to certain residents' beds at night to prevent fall-related injuries. "But then they leave the mats during the day," creating a trip hazard, says **Nancy Augustine, RN, MSN**, senior consultant for **LTCQ Inc.** in Lexington, MA.

Common, but poisonous, plants pose another serious safety hazard--one mentioned specifically by the revised F323 guidance.

"Many of the plants used in landscaping and for holidays and decorating" can be toxic if eaten, notes **Lynda Mathis**, **RN**, lead consultant for **LTC Systems** in Conway, AR. Examples include Easter lilies and poinsettias, she says. "Foxglove gets very tall and blooms beautifully but it's not something you want elders to nibble on," Mathis adds. (To see a long list of common, toxic plants used in houses and gardens, read the article at www.gardenandhearth.com/ChildHealthSafety/poisonous houseplants.htm.)

Safety Step No. 2: Focus on Flooring, Furniture

Flooring problems can cause serious slips and trips in any setting, especially one caring for frail elders.

"The most common fall and trip or slip hazards are the permanent bumps in the flooring," says **Reta Underwood**, president of **Consultants for Long Term Care** in Buckner, KY.

"For example, you may have an uneven piece like a threshold going from one surface to another."

Sometimes the padding under one area of carpet is different than another carpet, which can also cause a problem, Underwood adds.

Solution: "You can modify" those areas, says Underwood, noting she was in one facility where residents tended to fall going from the tile to carpet. "So the facility ripped up the carpet and put tile throughout the building."

Floors in bathrooms and whirlpool rooms can get wet and slippery due to hot water and steam, cautions Underwood.

"If staff don't dry off the surfaces and place bath mats on the floor, etc., residents can easily slip on the wet surfaces."

Don't make a maze: Placement of furniture in common areas can also cause falls if residents have to navigate in



between them, says Underwood. "You see that in dining rooms where there are too many unused chairs for residents who eat at the table sitting in wheelchairs."

You also need stable furniture for a person getting out of bed to put his hands on, according to geriatrician **Alva "Buzz" Baker, MD**. In that regard, a stable bedside table is good, whereas an over-bed table that rolls when the person tries to steady himself can be a problem, noted Baker, in a presentation on falls at the most recent **Association of Homes & Services for the Aging** annual meeting in San Francisco.

Watch out for moving beds: Facilities should realize that even though bed wheels are locked, the bed may still move in some cases, cautions **Dee Kostolich, RN,** a consultant with **Howard Wershbale & Co**. in Columbus, OH.

In one facility, a resident working on transfer skills as part of a rehab therapy session in her room went to sit on the bed, and the bed moved as a result, says Kostolich.

The resident fell to the floor, landing on her coccyx, but was luckily uninjured, she says. When facility maintenance staff checked the rest of the beds, they found that the beds "did move when slightly pushed even when the wheels were locked. The beds were fairly new and on a regular maintenance check regime,"says Kostolich.

As a safeguard, the facility immediately implemented a policy to ensure that anyone receiving rehab therapy in the room had their bed placed securely against a wall during therapy sessions, relays Kostolich.

Safety Step No. 3: Ditch Turf Issues

To prevent accidents, staff has to avoid "this isn't my job" syndrome.

For example, Augustine has seen licensed nurses call housekeeping or CNAs to come clean up a urine or water puddle.

Instead: "Whoever discovers a spill should immediately clean it up before someone comes along and falls," says Augustine.

Walters notes that internal conflicts between nursing and maintenance can lead to a safety stalemate.

For example, nursing may call maintenance to come immediately to fix a broken grab bar in the bathroom. But the maintenance person has other priorities, such as the boiler being down or a list of things to fix, she says.

Solution: Educate maintenance that a loose handrail or toilet seat can cause an accident and survey deficiency, Walters advises.