

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F. Freedom From Abuse and Restraints F79-83 SNF 405.1121(k)(7) ICF 442.311(f)	<ul style="list-style-type: none"> - How many residents are physically restrained? - What type or restraints are used? - Are they applied correctly? - What is the apparent physical/mental condition of those residents restrained? - Do you observe the release of restraints every 2 hours and the provision of at least 10 minutes exercise for the resident? - Do staff respond to request for water, assistance to bathroom, etc., from a resident who is restrained? What is the interval between request and response? 	<p><u>Ask Resident:</u></p> <ul style="list-style-type: none"> - Why are you wearing this? - How often is this worn? - Do you know what would happen if it were removed? - How often is it removed? - What is done for you when the restraint is removed? - For nonrestrained resident-- <ul style="list-style-type: none"> + Have you ever been restrained? + For what reason? + What explanation was given for the restraint? - Do you ever feel that you receive medication when you don't need it? 	<p>Look for a physician's order for the restraint.</p> <p>Review nurses', physicians' progress notes re: reason for restraints and resident reaction to them. Also any alternative methods tried.</p> <p>What time of day are restraints most often applied?</p> <p>Review schedule of releasing restraints.</p> <p>Care plans:</p> <ul style="list-style-type: none"> - When restraint is to be used. - For how long. - What are plans for alternative measures. - Is the resident periodically re-evaluated? <p>If appropriate are the Social Service or activities departments involved in providing different directions for resident attention?</p>	<p>There must be a physician's order for all restraints, including "safety devices" which are defined in some State Laws.</p> <p>Progress notes should show evidence that methods other than restraints were initially used to protect the resident from injury, and that restraints were used only when other methods were not adequate.</p> <p>If used in an "emergency" the reason for use must be documented and show that:</p> <ol style="list-style-type: none"> a. Its use was necessary to protect the resident from injury. b. Its use was necessary to protect others from injury. <p>The resident must be observed by a staff member at least every 30 mins. while restrained.</p> <p>The restraints must be released and the resident exercised, toileted, etc. at least every 2 hours.</p>	<p>Nursing Services 405.1124(c)(5)</p> <p>Rehab. Nursing 405.1124(e)</p> <p>Patient Care Management 405.1124(d)</p>