

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>Restraints F130</p> <p>When residents require restraints, the application is ordered by the physician, applied properly, and released at least every two hours. (See also information under Resident rights-freedom from abuse &amp; restraints)</p>	<p>Direct to evidence of:</p> <ul style="list-style-type: none"> <li>- Proper application</li> <li>- Proper use</li> <li>- Maintenance of good body alignment</li> <li>- Resident observation, release and exercise</li> </ul> <p>Observe frequently throughout your visit to validate care. Specific observations should include the following items:</p> <ul style="list-style-type: none"> <li>- Type of restraint: belts, wrist or ankle cuffs, blanket restraints, vests, bed nets, locked, etc., (When locked restraints are used can you readily find the key and/or scissors?) as well as geriatric chair or geri-tablet/tray in place for prolonged periods.</li> <li>- Protective devices and/or safety devices that are used as restraints must be evaluated as restraints.</li> <li>- Appropriate application: skin protected from injury (restraint neither too loose nor too tight to prevent</li> </ul>	<p>Use of restraints may be precipitated by an "emergency" situation in which there is a threat to the resident's health or safety, or a threat to the health and safety of others due to the resident's behavior. Restrained residents may not be coherent or rational enough to respond to questions and caution in interviewing therefore, must be exercised. However, observation of a resident in a geri-chair with table in place or a resident in a wheelchair (with vest restraint) for several hours would warrant appropriate questions as to when the staff last assisted him or her to move about or whether the resident would like to get out of the chair. Staff interviews focus on the reason why the resident is restrained.</p> <p><u>Ask Direct Care Staff and Charge Nurse:</u></p> <ul style="list-style-type: none"> <li>- When, why, and how to release and apply restraints?</li> <li>- Why is the resident</li> </ul>	<ul style="list-style-type: none"> <li>- Physician orders for restraint: reason, length of time, type</li> <li>- Progress notes</li> <li>- Describe the resident's status/behavior which prompted the use of the restraint.</li> <li>- If a chemical restraint, the order should indicate a specific time period for its use as well as a stop date.</li> <li>- Plan of Care should             <ul style="list-style-type: none"> <li>+ Identify other methods or therapies that are being used in conjunction with restraints.</li> <li>+ What alternatives to restraints have been considered.</li> <li>+ Identify staff responsible for observing the resident (every 30 minutes), and releasing and exercising the resident (every 2 hours for at least 10 minutes). Time intervals should be identified.</li> <li>+ Indicate involvement and input of other disciplines necessary to overcome the problem.</li> <li>+ Indicate a specific period of time for</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Is there a physician's order, including the circumstances in which they will be used, the length of use, and the type of restraint?</li> <li>- Is the restraint applied properly?</li> <li>- Is it released at least every two hours and the resident provided with exercise and toilet facilities if needed?</li> <li>- Does the staff observe the resident frequently while he/she is restrained?</li> <li>- Are chemical restraints administered in accordance with physician's orders?</li> <li>- Is the order for restraints renewed only after a reassessment of the patient?</li> </ul>	<p>Patient_Rights 405.1121(k)(1)(7) 442.311(f)(2)</p>