

Tips For Investigating  
Injuries,  
Incidents/Accidents

&

What Is Reportable To  
Licensing & Certification



# Injuries

- **Bruising, laceration, sprain, broken bone**
- **Minor bruising and skin tears on the extremities need not be reported.**
- **Not observed**
- **Resident can not explain where it came from;  
or**
- **Severe bruising on the head, neck, or trunk,  
fingerprint bruises, regardless of explanation**

# Wounds

- A bodily injury caused by physical means, with disruption of the normal structures
  - contused wound- one in which skin is unbroken
  - incised-one caused by cutting instrument
  - Lacerated wound-one in which tissues are torn
  - Open wound-one having free outward opening
  - Penetrating wound-one caused by a sharp, slender object that passes through the skin into the tissue

# Classification of Injury

- Contusion
- Abrasion
- Puncture Wounds
- Simple Laceration



# Patterned Injury

- An injury where one is reasonably certain an object caused the injury and/or by what source an injury was caused.
- i.e. belt buckle, hand print, finger prints, rug burns, cigarette burns, bed rails



# Puncture Wounds

Not common on the face

- Possible injury to deeper structures
- Often swell due to hematomas
- Remove implanted foreign bodies
- Sometimes excised for best healing





# Assessment

- Types of Injuries
- Proximal versus distal
- Patterned injuries
- Hidden injuries
- Treatment delays



# Documentation Pearls

- If you did not chart it...You did not do it!!!!
- Avoid personal opinion
- Avoid charting arguments with co-workers
- Avoid derogatory remarks about the resident, family or other providers
- Write legibly

# Documentation

- As verbatim as possible
- Do not sanitize
- Do not “medicalize”
- Avoid subjective data
- Do not document hearsay
- Document excited utterances
- Document objective data

# Avoid Subjective Data

- Stop charting “uncooperative”
- Stop charting “non-compliant”
- Stop charting “alleged” and “allegedly”
- Stop charting your feelings
- Stop charting your anger

# Objective Documentation

- Document “Resident did not want to take her PM meds.”
- Document “Offered to help resident up from the floor. He said, “Leave me alone.” Instead of “refused”
- Document objective facts
- Begin documenting “Resident reports he was hit by John Doe, his grandson, five times to the face with a closed fist at 6 PM.”



# Written Report of Investigation and Findings

- IDAPA 16.03.22.350.02. Administrator or designee investigation within 30 days
- The administrator or designee must complete an investigation and written report of the findings within thirty (30) calendar days for each accident, reportable or non-reportable incident, complaint, or allegation of abuse, neglect or exploitation



# Reportable Incidents

- **5 types of incidents that must be reported to Licensing & Certification**



# 1. Injuries

This includes –

- Any injury not observed by anyone, or
- Resident can't explain source of injury, or
- Injuries include severe bruising on head, neck, torso; fingerprint bruises anywhere on body; lacerations, sprains, broken bones.



## 2. Facility Vehicle

- Facility-sponsored transportation
  - Falling from the facility's van lift
  - Wheel chair belt coming loose during transport
  - Accident with another vehicle



# 3. Elopement

- Unable to make sound decisions
- Physically leaves the facility premises
- Facility staff unaware resident left
- Any duration



# 4. Resident to Resident

- Physical
- Causes an injury



## 5. Serious Incident

- Any incident that results in the resident's need for hospitalization, treatment in an hospital ER, fractured bones, IV treatment, dialysis, or death
- Incidents such as: scooter accidents, wrong medication given; ingestion of toxic liquid, etc

# Hotline Information

- Name and Location of Facility
- Name and Title of Person Reporting
- Date and Time of the Incident
- Resident Name ( Include Spelling)
- Social Security Number of the Resident
- Outline of What Happened (Brief Description of the Incident)
- A Description of Injuries That Occurred
- Corrective actions or preventative plan

# Post-fall actions include...

- Assess for injuries
- Provide all needed emergent and follow – up treatment
- What caused and/or contributed to the fall
- Think of all the reasonable theories
- Ask the resident, even if the resident is confused or non-verbal
- Ask the direct care staff their thoughts/ theories of causation.



# Plan to prevent injuries/falls

- Resident Assessment
- Medical diagnosis/underlying medical condition
- Balance disorders
- Medication side effects
- Environmental hazards (water on floor)
- i.e. train all staff members to think what may have caused this incident/accident/injury...

# Examples of things that did not need to be reported

- Resident has been on Hospice since Aug. 1st of this year and she expired on 10/01 at 9:10 a.m. Resident was taken to local funeral chapel

# Examples of not enough info shared

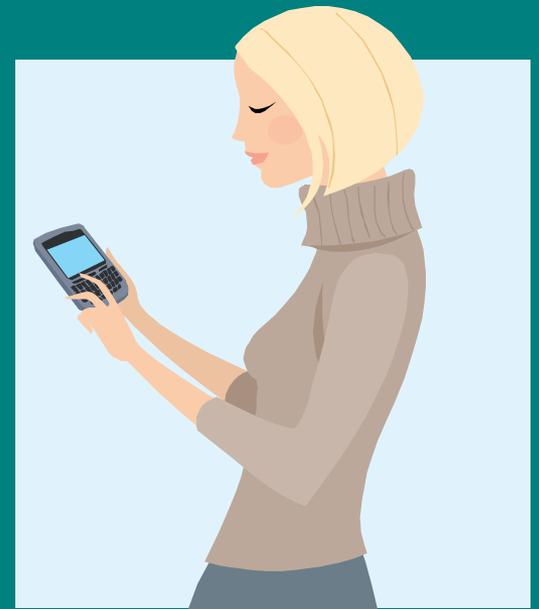
- “No injuries at this time. Has another doctor’s appointment on the 27th follow up.”
- hospice resident; found on the floor; complained of mid back pain; but states it has subsided
- walking across the front room and fell

# Examples of Thorough Reporting

- Yesterday, the resident went out the front door of the building about 7:00 a.m. She was found in the street by one of our aides. She brought the resident back inside. There were no injuries. We transferred her to our (specialized) unit at least for the next few days to monitor her and see how she is doing. We did a UA on her. We are scheduling her for a doctor's appointment for a medical follow up. She was doing well yesterday morning after the incident.



# REPORTING TO ADULT PROTECTION



- ❖ 39-5303 Mandatory Immediate Reporting
  - ✓ Who Needs To Report
  - ✓ What Needs To Be Reported
  - ✓ When To Report
  - ✓ Where To Report
  - ✓ 4 Hour Report to Police



# Exemption From Duty To Report

- ❖ 39-5303A. Resident to Resident Altercations With No Injury

# APS Phone Numbers

- Area I (208) 667-3179
- Area II (208) 743-5580 x 212
- Area III (208) 322-7033
- Area IV (208) 736-2122
- Area V (208) 233-4032
- Area VI (208) 522-5391

# Investigation Tips

# Protecting Residents

- **IDAPA 16.03.22.350.03. Resident Protection.** Any resident involved must be protected during the course of the investigation.
- Administrative leave until investigation complete

- Always start with your resident when doing your investigation. Then proceed with others.
- Take an allegation seriously
- Do not tell others what another individual may have said
- Do not discuss your opinions and conclusions with others

# Questions To Think About

- Exactly what occurred?
- When did it happen?
- Where did it happen?
- Who was present?
- Who else may know relevant information?
- How did it happen?
- Who said what and in what order?
- Are there notes or documentation?
- Who knows about the incident?
- Did they witness the incident or was it 2nd party news?

# Other Tips

- Avoid yes/no questions if possible
- Avoid leading questions an example: Is it true that you fell at the end of your bed and broke your hip.
- Avoid compound questions that combine two or more issues example: What time did you fall and when did staff come into help you?
- Use open ended questions—example Tell me about your injury/fall

# Body Language

- How does resident interact with others
- How does the resident respond to different staff, residents or family members?
- Does the resident show fear when around others?
- Does the resident now isolate self?
- Does the resident avoid eye contact?
- Does the resident wring their hands when telling their story?
- Look for changes in behavior of the resident
- Does the resident hesitate when telling their story?