

**STATE OF MICHIGAN  
LICENSING AND REGULATORY AFFAIRS  
Bureau of Health Care Services  
Q & A - Reportable Events**

1. I need clarification on reportable neglect: Does "inappropriate transfers resulting in injury" include a transfer by one CNA when the care plan recommends two person assist if the injury is a minor one such as a bruise or skin tear that does not impair function?

**Answer: No, this is not a reportable event.**

2. Example: Cognitively intact resident reports an unwitnessed fall that results in a fracture needing surgical intervention and which negatively changes the Resident's ability to perform daily activities. No environment issues, etc., regarding fall, assessment of resident was current, care plan was followed, and resident says this was an accident and not the fault of the facility. Is this reportable?

**Answer: No, this is not a reportable event.**

3. My comment relates to the Investigation Guide. We do a very detailed investigation and report. You have now stated that you want an investigation and a root cause analysis. Did you have a template that you would like to see for this root cause analysis? This type of analysis can be very detailed. Just how much detail do you expect to see and in what format? I have researched this online and formats vary greatly from the simple to complex. I am also concerned about the amount of time this will add to an already extensive process. Please give the providers a guideline as to what is expected in this root cause analysis so that we have some idea what is needed.

**Answer: There is not a standard template. This was not added to make staff extra work. The purpose is to encourage the facility staff to not only find out how the incident happened, but why? Is it a lack of training, a policy that needs to be updated, or a better way of communication with direct care staff? The when, where, how are important, but only when one asks "why did it happen?" can prevention efforts become effective.**

4. Could we get further clarification for medication errors? Generally nurses do not "willfully" intend to have a medication error. They are accidental in nature. Therefore specifics in clarification of medication errors reportable to state in nature, i.e., resident has an adverse reaction to error in administration from transcription would that fall into reportable? Elopement - Resident is alert, oriented and goes for a walk as they feel it is not necessary to sign themselves out. It is willful neglect on facility part when resident has Individual Rights to be noncompliant, - should this be reportable? Can we look at cognition as consideration for reportable?

**Answer: An adverse reaction to a medication error should be reported.**

**Eloperments: If a resident has no elopement risk factors, no safety issues, and can soundly make his or her own decisions, going for a walk would not be reportable.**

5. A comment that I have is in regards to the *Reportable Events Guideline, Section B. Examples of Physical harm, pain, or mental anguish.* At our facility, we educate and assist residents in completing advance directives if they choose to do so. Sometimes, we are presented with residents who are deemed "no longer capable of making their own medical treatment decisions" and if the resident does not have family members and/or they have either been admitted to our facility with an appointed guardian or we pursued getting them a court-appointed guardian through Probate Court, we often times run into difficult scenarios when there are no advance directives in place and no "clear and convincing evidence" of what this resident's choice would be in regards to CPR. If a resident is significantly compromised in regards to their medical condition and no such documentation exists, it is my understanding that a guardian cannot make a decision for No CPR if a resident resides in a nursing home. The situation can be presented to the Probate Court but in our county, our Probate Judge has indicated that he will not render a decision unless "clear and convincing documentation" is brought before him. Therefore, considering the latter scenario, our facility would have to adhere to a FULL CODE which in a frail, elderly person with multiple medical issues, could result in more harm such as punctured lungs, fractured ribs, etc., even if the person is advanced dementia and End of Life. It's such a sad situation and it would be most helpful if there were further clarification in this area. Thank you for your time.

**Answer: Based on the scenario you provided and AMDA guidelines, a full code would be expected. Several stakeholder groups in Michigan are concerned about this matter and are working to provide clarification, and more common understanding, hopefully in 2013.**

6. The guideline gives no direction on situations where the care plan is followed, but the resident sustains a fall and hits his / her head, goes to ER, has sutures or steri-strips to a laceration and is sent back to the NH. Is that reportable if there was no neglect? For instance maybe the resident is independent with ambulation and just loses his footing or balance, or a resident removes the tab alarm, stands up and falls and sustains an injury. The source of the injury is known – the fall. Or in the same situation, the care plan is followed but the resident falls and sustains a fracture. We have been sending in all of these that result in lacerations, sutures, fractures even though there was no indication of abuse, neglect, or foul play of any kind. The guidelines really aren't clear about whether we need to so we felt it was better to over-report than to under-report.

**Answer: Reportable incidents are to be reported as soon as possible but no later than 24 hrs. If there is a witnessed fall and you are sure that everything was in place and there is no indication of neglect, it would not be reportable. If you are not sure that everything was in place immediately, then you should report it. If it is an un-witnessed fall with injury and the resident cannot reasonably explain what happened, unless you can immediately determine that there was no neglect, you should report it. You may report it immediately and then on the 5 day report show that everything was in place and there was no evidence of neglect. Your example of a resident removing a tab alarm raises concern. If a resident has poor safety awareness and staff is aware that he or she removes the tab alarm, then what else did the staff care plan to protect the resident?**

7. Please consider the following recommendations: Embedding additional examples that were given in the PPT presentation at JPST in the written guidance would be helpful for providers; and facilities are still a bit unclear about guidance offered in the algorithm. Are bruises and skin tears only reportable if the resulting injury impairs function or limits range of motion?

**Answer: The algorithm is for injuries of unknown origin only. If the injury was not observed or resident cannot reliably explain, then we look at the nature of the injury. If the injury is a bruise or skin tear and the injury is, A., *suspicious because of the location or extent of injury* or B., *suspicious due to the number of injuries or the incidents of injuries over time* or C., *impairs function or limits range of motion*, then it is reportable. If the injury of unknown origin is not A, B, or C, then you document the summary of investigation and conclusions, review the plan of care, revise as necessary and complete documentation of injury within 24 hours.**

8. The first bullet--"...abusive act that is **willful**, with physical harm, pain, or mental anguish." The use of the word "with" presumes that the center will only report if there is known harm, pain, or mental anguish. Why not just say, "and may or may not include..." the second bullet--Neglect or alleged neglect **with**. Same as above, Why not just say, "and may or may not include harm, pain, or mental anguish." the third bullet--same thing as above. the fourth bullet--injuries of unknown **and** suspicious origin. This is interpreted as both items must be present in order to report. Why not be clear about the expectations for reporting fractures. Some surveyors say you should report all of them, yet that is not what the guidelines say. Fractures is only used as an example of physical harm, pain or mental anguish, and is not standing alone as a reportable event

**Answer: You are reading it correctly. The abusive act is willful and results in physical harm, pain or mental anguish. The same is true with neglect and mistreatment. You are also correct with injuries of unknown origin. Injuries that are of unknown origin and suspicious are reportable. See Injury of Unknown Origin Algorithm for additional information. Fractures: a fracture is an example of physical harm, pain or mental anguish. However, not every fracture is reportable. Alleged abuse, neglect or mistreatment with physical harm, i.e., a fracture, must be reported.**

9. I have reviewed the draft forms for the Reportable Events Guidelines and I am so pleased to see the word willful in the examples of reportable resident to resident abuse because as we all are aware contact between residents is often not willful. In the examples of physical harm, pain, or mental anguish could there be a listing or a separate status for falls? In the Algorithm first circle indicates resident injury (source to be investigated) with an arrow to, was the injury observed by anyone or reliably explained by the resident, there is a directional arrow to no but not one to yes. That is often our question, if we have an observed fall that results in a fractured hip is that required to be reported?

**Answer: The reason that there is only a "No" arrow is because this is an algorithm for Injuries of Unknown Origin. If the injury was observed or the resident can reliably explain what happened, then it is not an Injury of Unknown Origin. If a fall is witnessed or the resident can explain what happened, one should use the Reportable Events Guideline. The fracture in and of itself is not reportable. However, if there is alleged abuse, neglect or mistreatment then it should be reported. For example (not all inclusive), was the care plan implemented as written? Was there proper supervision? Adequate toileting assistance? The proper number of people for transfers? If everything was in place, then it would not be reportable, even though there was a fracture.**

10. I find this guideline to be clear. It is my initial understanding of the guidelines. I just want to clarify. An injury meets the criteria as reportable if it is of unknown origin and it is suspicious in nature. I have always interpreted the guideline that it needed to meet both criteria. Please let me know if I am interpreting this incorrectly. Thank you for clarifying this.

**Answer: An Injury of Unknown Origin and suspicious is reportable. An Injury of Unknown Origin that is not suspicious (by nature of the injury or possible abuse, neglect, mistreatment) would NOT be reportable.**

11. *Neglect or alleged neglect with physical harm, pain or mental anguish. Any injury that impairs function of arm, leg, hand, head, shoulder, and/or arm. Failure to provide goods and services necessary to avoid harm or mental anguish.* – I am uncomfortable with the areas highlighted in red as I interpret them – perhaps too literally. It appears that if an incident occurs that injured the resident as evidenced by impaired function (such as a hip or pelvic fracture), until a full investigation/root cause analysis has been completed by the facility to rule out an alleged neglectful situation, (which by CMS rules is required ASAP but no later than 24 hours).

**Answer: 1) The first statement "Neglect or alleged neglect with physical harm, pain or mental anguish" is from the SOM and specifies what is reportable. 2) The second statement "Any injury that impairs function of arm leg, hand, head, shoulder, and/or arm is an example of physical harm, pain or mental anguish," has been added to clarify injuries that rise to the level of what is reportable, when they result from neglect, abuse or mistreatment. Just because there is physical harm, or pain does not mean that there is alleged neglect, abuse or mistreatment. The facility staff must decide if they know immediately that there is no allegation of abuse or neglect. More than likely they will report because they do not know. Just because there is a fracture or harm does not constitute a reportable event in and of itself.**

12. My concern is the juxtaposition of "and" / "or" in the algorithm. On the draft algorithm, in the diamond shaped box about 2/3 of the way down the page, the person determining whether or not an event is reportable is asked, "Is there a suspicion that abuse/neglect may have occurred? (Box, A, B or C is checked)". My interpretation from that wording is if of any ONE of those boxes (A, B, or C) is checked, the event is reportable. However at the very bottom of the algorithm, the last sentence reads, "No report to BHS is necessary if A, B AND C are not checked." That sentence indicates to me that all 3 criteria have to be met for the event to be reportable. So, to summarize: when I read the wording in one place, I interpret that if ANY of the three criteria are met, it is reportable. When I read the wording in another place, I interpret that all 3 criteria (A, B and C) have to be met before the event is reportable.

**Answer: The diamond shape and the third bullet point of the rectangle at the bottom do say different things. In the diamond shape box if A, B or C is marked, you follow the yes arrow and go to the Investigation Guide. The bottom rectangle says that if A, B or C are not checked, you do not have to report. We will remove the A, B, or C at page bottom to simplify the use of the algorithm.**

13. Under the investigate heading it list "root cause analysis". We do a complete investigation. To protect our residents and insure their safety, we are doing this with our investigation process.

**Answer: Good job! This should be part of the investigation. Not only what and how did it happen but why did it happen to begin with. What was the root cause?**

14. I appreciate the establishment of a cash value (\$10) when it comes to misappropriation - thank you! I feel it would help to describe in a little more detail though. The way that it was described at Joint Provider is that anything less than \$10 would not be reportable, however the Guideline's current terminology reads: Allegation of cash (\$10.00 or more) or jewelry stolen by staff. I wonder if the statement could be written to explain that it's a \$10 cut off for all resident items, i.e. Allegation of stolen cash, jewelry or other items (must be worth a at least \$10 to report, unless mental anguish is a result.

**Answer: Allegation of misappropriation of cash, jewelry, other items with value of \$10.00 or more unless, mental anguish resulted from the loss of an item of lesser value.**