

SELF SURVEY MODULE

483.25 (h) ACCIDENTS

REGULATION: F323

(Rev. 27; Issued: 08-17-07; Effective/Implementation: 08-17-07)

§483.25(h) Accidents.

The facility must ensure that –

- (1) The resident environment remains as free from accident hazards as is possible; and
- (2) Each resident receives adequate supervision and assistance devices to prevent accidents.

INTENT: 42 CFR 483.25(H) (1) AND (2) ACCIDENTS AND SUPERVISION

The intent of this requirement is to ensure the facility provides an environment that is free from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents. This includes:

- Identifying hazard(s) and risk(s);
- Evaluating and analyzing hazard(s) and risk(s);
- Implementing interventions to reduce hazard(s) and risk(s); and
- Monitoring for effectiveness and modifying interventions when necessary.

DEFINITIONS

Definitions are provided to clarify terms related to providing supervision and other interventions to prevent accidents.

• “Accident” refers to any unexpected or unintentional incident, which may result in injury or illness to a resident. This does not include adverse outcomes that are a direct consequence of treatment or care that is provided in accordance with current standards of practice (e.g., drug side effects or reaction).

○ “Avoidable Accident” means that an accident occurred because the facility failed to:

- Identify environmental hazards and individual resident risk of an accident, including the need for supervision; and/or
- Evaluate/analyze the hazards and risks; and/or
- Implement interventions, including adequate supervision, consistent with a resident’s needs, goals, plan of care, and current standards of practice in order to reduce the risk of an accident;

and/or

- Monitor the effectiveness of the interventions and modify the interventions as necessary, in accordance with current standards of practice.

○ “Unavoidable Accident” means that an accident occurred despite facility efforts to:

- Identify environmental hazards and individual resident risk of an accident, including the need for supervision; and
- Evaluate/analyze the hazards and risks; and
- Implement interventions, including adequate supervision, consistent with the resident’s needs, goals, plan of care, and current standards of practice in order to reduce the risk of an accident; and

- Monitor the effectiveness of the interventions and modify the interventions as necessary, in accordance with current standards of practice.
- “Assistance Device” or “Assistive Device” refers to any item (e.g., fixtures such as handrails, grab bars, and devices/equipment such as transfer lifts, canes, and wheelchairs, etc.) that is used by, or in the care of a resident to promote, supplement, or enhance the resident’s function and/or safety.

NOTE: The currently accepted nomenclature refers to “assistive devices.” Although the term “assistance devices” is used in the regulation, the Guidance provided in this document will refer to “assistive devices.”

- “Environment” refers to the resident environment. (See definition for “resident environment.”)
- “Fall” refers to unintentionally coming to rest on the ground, floor, or other lower level, but not as a result of an overwhelming external force (e.g., resident pushes another resident). An episode where a resident lost his/her balance and would have fallen, if not for staff intervention, is considered a fall. A fall without injury is still a fall. Unless there is evidence suggesting otherwise, when a resident is found on the floor, a fall is considered to have occurred.¹
- “Hazards” refer to elements of the resident environment that have the potential to cause injury or illness.
 - “Hazards over which the facility has control” are those hazards in the resident environment where reasonable efforts by the facility could influence the risk for resulting injury or illness.
 - “Free of accident hazards as is possible” refers to being free of accident hazards over which the facility has control.
- “Resident environment” includes the physical surroundings to which the resident has access (e.g., room, unit, common use areas, and facility grounds, etc.).
- “Risk” refers to any external factor or characteristic of an individual resident that influences the likelihood of an accident.
- “Supervision/Adequate Supervision” refers to an intervention and means of mitigating the risk of an accident. Facilities are obligated to provide adequate supervision to prevent accidents. Adequate supervision is defined by the type and frequency of supervision, based on the individual resident’s assessed needs and identified hazards in the resident environment. Adequate supervision may vary from resident to resident and from time to time for the same resident.

INVESTIGATIVE PROTOCOL ACCIDENTS AND SUPERVISION

Objectives

- To determine if the facility has identified hazard(s) present in the resident environment and the individual resident’s risks for an avoidable accident posed by those hazards;
- To determine if a resident accident was avoidable or unavoidable;
- To evaluate whether the facility provides an environment that is as free as possible of hazards over which the facility has control, and minimizes the potential for harm; and
- To determine if the facility provides adequate supervision and assistive devices to prevent avoidable accidents.

Use

Use this protocol:

- For a sampled resident who is at risk for, or who has a history of accidents, falls, or unsafe wandering/elopement, to determine if the facility provided care and services, including assistive devices as necessary, to prevent avoidable accidents and to reduce the resident's risk to the extent possible;
- For a sampled resident who is at risk for accidents or who creates a risk to others, to determine if the facility has provided adequate supervision; and
- For identified hazards/risks, to determine if there are facility practices in place to identify, evaluate and analyze hazards/risks; implement interventions to reduce or eliminate the hazards/risks, to the extent possible; and monitor the effectiveness of the interventions.

Procedures

Observe the general environment and sampled resident environment. For a sampled resident, briefly review the assessment and plan of care to determine whether the facility identified resident risks and implemented interventions as necessary to guide observations during the investigation. For a newly admitted resident at risk for avoidable accidents, determine if the staff assessed and provided appropriate care from the day of admission. Corroborate observations through interview and record review.

1. Observation

The survey team should make observations and investigate potential hazards that may be encountered throughout the survey. The existence of hazards may indicate a more serious problem; for example, that the organization lacks an effective system to identify and correct the problem independently. The previous discussion of specific common hazards guides surveyors to look for items indicating a failure or absence of an organization's systems and processes to enable safety.

During observation of the facility, the survey team may see individual residents who are smoking tobacco products. Whether or not these residents are part of the sample, the issue of facility fires is important enough that the survey team should determine if the situation is hazardous, requiring further investigation. Observe the environment for the presence of potential/actual hazards including, but not limited to, the following:

- Accessibility of chemicals, toxics or other hazards such as housekeeping chemicals and supplies, medications, sharp utensils/tools, and cigarette lighters/smoking materials;
- Environmental conditions such as unstable or slippery floor surfaces, loose hand rails, excessive water temperatures, electrical hazards, insufficient or excessive light (glare), arrangement of living spaces, obstacles in corridors, unsupervised access into or egress out of the facility, low or loose toilet seats, defective or nonfunctioning beds, or malfunctioning wheelchair brakes;
- Staff responses to verbal calls for help and alarms such as door, personal, and equipment alarms, and call bells;
- Assistive devices/equipment (e.g., mobility devices, lifts and transfer aids, bed rails, call lights, physical restraints, pumps, belts) that are defective; not used properly or according to manufacturer's specifications; disabled or removed; not provided or do not meet the resident's needs (poor fit or not adapted); and/or used without adequate supervision, in relation to the facility's assessment of the resident; and/or
- Staff response to potential/actual hazard(s) (e.g., cleaning up spilled liquids in a resident area, keeping residents away from the hazard).

For a sampled resident at risk, observe whether staff implement the care plan consistently over time and across various shifts. Observe how staff respond to any identified resident hazards. Observe how staff supervise the resident, such as during transfers and/or meals, and if caregivers have removed or modified observed hazards. During observations of the interventions, follow up on deviations from the plan of care, as well as potential negative outcomes.

For a resident who smokes, the facility's determination regarding the resident's abilities and capabilities would indicate whether supervision is required. If the resident is found to need supervision for smoking, this information is included in the resident's plan of care. Observe sampled resident(s) in the facility's designated smoking area. If the resident's care plan states supervision is required while smoking, confirm that supervision is provided. For others, note any concerns such as difficulty holding or lighting a cigarette or burned areas in clothing that may indicate the need for supervision.

Observe the resident to determine how the resident's risk influences his/her vulnerability to the observed potential hazard(s) and potential for an accident. Evaluate how the resident's risks relate to the observed potential hazards such as:

- The resident's access to the hazard and the ability to react appropriately; and/or
- The adequacy of the supervision provided for the resident who has been assessed to need supervision in relation to the identified potential hazard(s).

2. Interview

Conduct interviews to determine the relationship between the resident's risk and hazards. Interview the resident, family, and/or responsible party to the degree possible to identify:

- If the resident and/or responsible party reported, or helped identify the resident's risks for an accident and significant hazards in the resident's environment;
- If the resident and/or responsible party was aware of or identified a potential hazard for other residents;
- If the resident and/or responsible party reported a hazard or potential risk to staff; and
- How and when staff responded to a hazard once it was identified. Interview staff to determine:
 - If they were aware of planned interventions to reduce a resident's risk for an avoidable accident;
 - If they reported potential resident risks or environmental hazards to the supervisor or others according to facility policy;
 - If they acted to correct an immediate hazard, such as spilled liquids; and
 - If they are aware of, and follow facility procedures correctly to remove or reduce hazards.

3. Record Review

Assessment and Evaluation: Review the RAI and other documents such as progress notes, physician orders, and nurses' and consultants' notes regarding the assessment of the resident's overall condition and risk factors to determine if the facility identified the resident's risk for avoidable accidents, evaluated and analyzed any risks, implemented interventions to try to prevent accidents and reduce the resident's risks, and monitored and modified interventions as necessary.

Determine if the facility assessment is consistent with or corroborated by documentation within the record and reflects the status of the resident for:

- Behavior such as unsafe wandering, elopement, ingesting nonfood items, altercations with others;
- Hearing, visual, and sensory impairments;
- Impaired physical functioning, balance, or gait problems;
- Diagnoses that could relate to safety awareness and safe practices, such as Alzheimer's and other dementias, arthritis, Parkinson's disease, seizure disorder, osteoporosis, cardiovascular/cerebrovascular diseases, depression/psychosis;
- Symptoms/conditions that could affect safety risk, such as vertigo, postural hypotension, or acute illness;
- Use of physical restraints and/or other devices that might limit movement;
- Medications that could affect function, level of consciousness, gait, balance, visual acuity, or cognitive ability, use such as antidepressants, anticholinergic medications, anti-hypertensives, diuretics, psychotropic medications, or initiation of new medication therapy; and

- History of falls.

Plan of Care: Review the plan of care to determine if the facility developed interventions based on the resident's risks to try to prevent avoidable accidents, and if the plan was modified as needed based on the response, outcomes, and needs of the resident. If the resident has had an accident, review the record to determine if the accident is:

- The result of an order not being followed; and/or
- A care need not being addressed; and/or
- A plan of care not being implemented.

In addition, determine if the facility

(1) investigated the cause of the accident and

(2) if indicated, implemented revised interventions to prevent additional avoidable accidents. Plan of Care Revision: Determine if the facility has monitored a resident's condition and the effectiveness of the plan of care interventions and has made revisions (or has documented justification for continuing the existing plan) based upon the following:

- The outcome and/or effects of goals and interventions;
- Resident failure to comply with the plan of care and interventions;
- Input by the resident and/or the responsible person; and
- Changes in condition such as the ability to make decisions, cognition, functional impairment, or changes in the medication regimen.

4. Review of Facility Practices

The presence or absence of effective facility practices to provide a safe resident environment can influence the likelihood of an accident occurring and subsequent harm to a resident(s). Hazards that have been allowed to exist for a long time, or a facility history of similar problems, could indicate inadequate or ineffective facility practices. If, during the tour, surveyors identify care delivery, hazards or potential hazards, or a history of resident accidents, the survey team should share the findings with the entire team and determine who will lead the investigation of the facility's systems for identifying, evaluating and preventing avoidable accidents or hazards. Review of facility practices

may involve a review of policies and procedures, staffing, staff training, and equipment manufacturer's information, as well as interviews with staff and management.

If there is a pattern of accidents involving one or more residents, determine how the facility evaluates its responses to the accidents. Determine if the facility ensured that the resident environment remained as free of accident hazards as possible and if each resident received adequate supervision and assistive devices to try to prevent accidents by:

- Identifying potential hazards and risks (may require various strategies to gather such information);
- Evaluating and analyzing the information gathered to identify the underlying causes of the hazard and/or risk;
- Implementing interventions that addressed the causes and prioritized actions based on severity of the hazard and immediacy of the risk; and
- Monitoring implementation of interventions and determining if modification is needed.

DETERMINATION OF COMPLIANCE (Task 6, Appendix P)

Synopsis of Regulation

The requirements at 42 CFR 483.25(h)(1) and (2) have three aspects. The first aspect requires that a resident's environment remains as free of accident hazards as possible; the second aspect requires that the facility provide adequate supervision; and the third is that the facility provides assistive devices to prevent accidents.

Criteria for Compliance

The facility's responsibility to accommodate individual needs and preferences and abide by the resident's right to choice and self-determination must be balanced against compliance with F323 to protect the resident. Documentation regarding the resident's choices will assist the survey team in making compliance decisions.

NOTE: It is important to remember that not all accidents in a facility, regardless of outcome to a resident, are necessarily due to facility noncompliance. A resident can sustain bodily injury as a result of an accident over which the facility had no control (i.e., an unavoidable accident). The survey team needs to review the situation that led to the injury or potential for injury, as well as the facility practices, and resident's rights, preferences, and choices, to determine if the potential or negative outcome was avoidable or unavoidable.

Compliance with 42 CFR 483.25(h)(1) and (2), F323, Accidents and Supervision For the resident who has had an accident or was assessed at risk for an avoidable accident, the facility is in compliance with this requirement, if staff have:

- Identified hazards and risk of an avoidable accident based on the facility's assessment of the resident environment and the resident, including the need for supervision and/or assistive devices;

- Evaluated/analyzed the hazards and risks;
- Implemented interventions, including adequate supervision and/or assistive devices, to reduce the risks of an accident that were consistent with a resident's needs, goals, plan of care, and current standards of practice;
- Provided assistive devices consistent with a resident's needs;
- Properly deployed and maintained resident specific equipment (e.g., lifts, canes, wheelchairs, walkers);

- Provided a safe environment, such as by monitoring chemicals, wet floors, cords and other equipment;
- Operated equipment in accordance with manufacturer's recommendations and resident need;
- Provided and maintain a secure environment (e.g., resident room, unit, common use areas, stairs and windows, facility grounds, etc.) to prevent negative outcomes (e.g., prevent falling/tumbling down stairs or jumping from windows or eloping through exit doors) for residents who exhibit unsafe wandering and/or elopement behavior (regardless of whether ambulatory, in wheelchair or using walker); and
- Monitored the effectiveness of the interventions and modified the interventions as necessary, in accordance with current standards of practice.

If not, cite F323.

Noncompliance for F323

After completing the investigation, determine whether or not compliance with the regulation exists. Noncompliance for F323 may include, but is not limited to, one or more of the following failures to:

- Provide each resident an environment that is as free as possible from hazards over which the facility has control, such as assuring safe storage of toxic chemicals and medications, and safe use of equipment and electrical appliances;
- Provide adequate supervision for a resident who has exhibited unsafe wandering and/or has a risk of and/or a history of elopement;
- Identify and correct hazards such as non-functional alarms or call systems, disabled locks, fire doors that have been propped open, irregular walking surfaces, inadequate lighting or unsafe water temperatures;
- Supervise and monitor a resident who smokes and whose comprehensive assessment and plan of care indicates a need for supervision;
- Provide assistive devices and/or appropriate training for the use of assistive devices, based upon the assessed needs of the resident;
- Monitor for defective or disabled equipment, such as pumps, ventilators or other equipment, or the improper use of assistive devices;
- Assess, develop interventions, and/or revise the plan of care for a resident who has experienced falls, or who is identified as having risk factors for falling; and
- Assess, develop interventions, and/or revise the plan of care for a resident who has exhibited or has a risk for unsafe wandering or elopement.

Potential Tags for Additional Investigation

During the investigation of 42 CFR 483.25(h)(1) and (2), the surveyor may have identified concerns related to outcome, process, and/or structure requirements. The surveyor should investigate these requirements before determining whether noncompliance may be present. The following are examples of related outcome, process, and/or structure requirements that should be considered:

- 42 CFR 483.13(a), F221, Restraints
 - Determine if staff attempted alternative approaches prior to the use of a restraint and if a medical indication for its use is present.
- 42 CFR 483.13(b), F223, Abuse
 - Determine if the resident was free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.

- 42 CFR 483.20(b)(1), F272, Comprehensive Assessments
 - Determine if the facility comprehensively assessed resident-specific risk factors (including potential causes) and assessed the need for and use of assistive devices.
- 42 CFR 483.20(k)(1), F279, Comprehensive Care Plans
 - Determine if the facility developed a plan of care based on the comprehensive resident assessment consistent with the resident's specific conditions, risks, needs, behaviors, and preferences and with current standards of practice, and that includes measurable objectives and approximate timetables, specific interventions and/or services including necessary supervision and/or any assistive devices needed to prevent accidents to the extent possible.
- 42 CFR 483.20(k)(2), F280, Comprehensive Care Plan Revision
 - Determine if the plan of care was reviewed and revised periodically, as necessary, related to preventing accidents, supervision required, and the use of assistive devices.
- 42 CFR 483.20(k)(3)(i), F281, Services Provided Meet Professional Standards
 - Determine if services and care were provided for the use of assistive devices, supervision, and prevention of accidents in accordance with accepted professional standards.
- 42 CFR 483.30(a), F353, Sufficient Staff
 - Determine if the facility had qualified staff in sufficient numbers to provide necessary care and services, including supervision, based upon the comprehensive assessment and care plan, to prevent accidents, as possible.
- 42 CFR 483.75(o), F520, Quality Assessment and Assurance
 - Determine whether the quality assessment and assurance committee has identified issues, and developed and implemented appropriate plans of action to correct identified quality deficiencies in relation to hazards, accident prevention, and supervision of residents.

V. DEFICIENCY CATEGORIZATION (Part V, Appendix P)

Once the survey team has completed its investigation, analyzed the data, reviewed the regulatory requirements, and determined that noncompliance exists, the team must determine the severity of each deficiency, based on the resultant effect or potential for harm to the resident.

The key elements for severity determination for F323 are as follows:

1. Presence of harm/negative outcome(s) or potential for negative outcomes because of presence of environmental hazards, lack of adequate supervision to prevent accidents, or failure to provide assistive devices to prevent accidents. Actual or potential harm/negative outcome for F323 may include, but is not limited to:
 - Injuries sustained from falls and/or unsafe wandering/elopement;
 - Resident-to-resident altercations;
 - Thermal burns from spills/immersion of hot water/liquids;
 - Falls due to environmental hazards;
 - Ingestion of chemical substances; and
 - Burns related to smoking materials.
2. Degree of harm (actual or potential) related to the noncompliance. Identify how the facility noncompliance caused, resulted in, allowed, or contributed to the actual or potential for harm.

- If harm has occurred, determine if the harm is at the level of serious injury, impairment, death, compromise, or discomfort; and
 - If harm has not yet occurred, determine the potential for serious injury, impairment, death, or compromise or discomfort to occur to the resident.
3. The immediacy of correction required. Determine whether the noncompliance requires immediate correction in order to prevent serious injury, harm, impairment, or death to one or more residents.

The survey team must evaluate the harm or potential for harm based upon the following levels of severity for Tag F323.

First, the team must rule out whether Severity Level 4, Immediate Jeopardy to a resident's health or safety, exists by evaluating the deficient practice in relation to immediacy, culpability, and severity. (Follow the guidance in Appendix Q, **Guidelines for Determining Immediate Jeopardy.**)

Severity Level 4 Considerations: Immediate Jeopardy to Resident Health or Safety
 Immediate Jeopardy is a situation in which the facility's noncompliance with one or more requirements of participation:

- Has allowed, caused, or resulted in (or is likely to allow, cause, or result in) serious injury, harm, impairment, or death to a resident; and
- Requires immediate correction, as the facility either created the situation or allowed the situation to continue by failing to implement preventive or corrective measures.

NOTE: The death or transfer of a resident, who was harmed or injured as a result of facility noncompliance, does not always remove a finding of Immediate Jeopardy. The facility is required to implement specific actions to correct the noncompliance which allowed or caused the Immediate Jeopardy.

When considering Severity Level 4, the survey team must have already determined noncompliance in the facility practices to provide a safe resident environment. Examples of negative outcomes that occurred or have the potential to occur as a result of the noncompliance might include the following:

- Esophageal damage due to ingestion of corrosive substances;
- Loss of consciousness related to head injuries;
- 3rd degree burn, or a 2nd degree burn covering a large surface area;
- Fracture or other injury that may require surgical intervention and results in significant decline in mental and/or physical functioning;
- Electric shock due to use of unsafe or improperly maintained equipment;
- Entrapment of body parts, such as limbs, head, neck, or chest that cause injury or death as a result of defective or improperly latched side rails or spaces within side rails, between split rails, between rails and the mattress, between side rails and the bed frame, or spaces between side rails and the head or foot board of the bed;
- Entrapment of body parts, such as limbs, head, neck, or chest that causes or has the potential to cause serious injury, harm, impairment or death as a result of any manual method, physical or mechanical device, material, or equipment;

- Fall(s) that resulted in or had the potential to result in serious injury, impairment, harm or death (e.g. fracture or other injury that may require surgical intervention and/or results in significant decline in mental and/or physical functioning), and the facility had no established measure(s) or practice(s), or ineffective measure(s) or practice(s), that would have prevented the fall or limited the resident's injury;
- or
- Unsafe wandering and/or elopement that resulted in or had the potential to result in serious injury, impairment, harm or death (e.g., resident leaves facility or locked unit unnoticed and sustained or had potential to sustain serious injury, impairment, harm or death), and the facility had no established measure(s) or practice(s), or ineffective measure(s) or practice(s), that would have prevented or limited the resident's exposure to hazards.

NOTE: If Immediate Jeopardy has been ruled out based upon the evidence, then evaluate whether actual harm that is not immediate jeopardy exists at Severity

Level 3.

Severity Level 3 Considerations: Actual Harm that is Not Immediate Jeopardy
 Severity Level 3 indicates noncompliance that results in actual harm and can include but may not be limited to clinical compromise, decline, or the resident's ability to maintain and/or reach his/her highest practicable well-being.

When considering Severity Level 3, the survey team must have already determined noncompliance in the facility practices to provide a safe resident environment. As a result of the noncompliance, a negative outcome occurred. Some examples of compromise include:

- Short-term disability;
- Pain that interfered with normal activities;
- 2nd degree burn;
- Fracture or other injury that may require surgical intervention and does not result in significant decline in mental and/or physical functioning;
- Medical evaluation was necessary, and treatment beyond first aid (e.g., sutures) was required;
- Fall(s) that resulted in actual harm (e.g., short-term disability; pain that interfered with normal activities; fracture or other injury that may require surgical intervention and does not result in significant decline in mental and/or physical functioning; or medical evaluation was necessary, and treatment beyond first aid (e.g., sutures) was required) and the facility had established measure(s) or practice(s) in place that limited the resident's potential to fall and limited the resident's injury and prevented the harm from rising to a level of immediate jeopardy; or
- Unsafe wandering and/or elopement that resulted in actual harm and the facility had established measure(s) or practice(s) in place that limited the resident's exposure to hazards and prevented the harm from rising to a level of immediate jeopardy.

NOTE: Unsafe wandering or elopement that resulted in actual harm and the facility had no established measure(s) or practice(s), or ineffective measure(s) or practice(s)

that would have prevented or limited the resident's exposure to hazards should be cited at Level 4, Immediate Jeopardy.

NOTE: If Severity Level 3 (actual harm that is not immediate jeopardy) has been ruled out based upon the evidence, evaluate whether Severity Level 2 (no actual harm with the potential for more than minimal harm) exists. Severity Level 2 Considerations: No Actual Harm with Potential for More Than Minimal Harm that is Not Immediate Jeopardy

Severity Level 2 indicates noncompliance that results in a resident outcome of no more than minimal discomfort and/or has the potential to compromise the resident's ability to maintain or reach his or her highest practicable level of well being. The potential exists for greater harm to occur if interventions are not provided.

When considering Severity Level 2, the survey team must have already determined noncompliance in the facility practices to provide a safe resident environment. As a result of the noncompliance, a negative outcome occurred, or the potential for a negative outcome exists, such as the following:

- Bruising, minor skin abrasions, and rashes;
- Pain that does not impair normal activities;
- 1st degree burn;
- Medical evaluation or consultation may or may not have been necessary, and treatment such as first aid may have been required;
- Fall(s) which resulted in no more than minimal harm (e.g., bruising or minor skin abrasions; pain that does not impair normal activities; or medical evaluation or consultation may or may not have been necessary, and/or treatment such as first aid may have been required) because the facility had additional established measure(s) or practice(s) that limited the resident's potential to fall or limited the injury or potential for injury; or
- Unsafe wandering and/or elopement, which resulted in no more than minimal harm because the facility had additional established measure(s) or practice(s) that limited the resident's exposure to hazards. For example, a resident with Alzheimer's disease left the locked unit and was quickly found unharmed on another unit, and the building was considered a safe environment, as there was no way for the resident to leave the building.

Severity Level 1 Considerations: No Actual Harm with Potential for Minimal Harm

The failure of the facility to provide a safe environment and adequate supervision places residents at risk for more than minimal harm. Therefore, Severity Level 1 does not apply for this regulatory requirement.