

Falls Quality Assurance Guidance

Overview

The Centers for Medicare & Medicaid Services (CMS) incorporates fall requirements in several regulations throughout Appendix PP. Overall, providers must ensure that they are identifying residents who are at risk for falls and based on the fall risk identify interventions to prevent falls. If a resident has a fall while admitted to a nursing home, an incident report must be completed, root cause analysis performed, new interventions identified and then reevaluated to ensure they are appropriate.

This guidance along with the quality assurance worksheet will improve regulatory compliance regarding resident falls.

Monitoring Guidance

A1 - Numerator. The nursing home is expected to identify residents who are at risk for falls. This numerator addresses the number of residents that did not have a fall risk assessment completed upon admission.

A3 - Numerator. This risk should be re-evaluated periodically. Some providers complete re-evaluations each time a resident has a fall, while others re-evaluate quarterly with MDS completion. Either method is appropriate, but you want to ensure that you're following the process that is outlined in your policy and procedures. This numerator identifies the number of residents that did not have subsequent fall risk assessments completed based on policy guidance.

A5 - Numerator. Residents who are at risk of falling must have a care plan focus, goal and interventions addressing falls. This numerator identifies the number of residents who are at risk of falling that don't have a fall care plan.

A7 - Numerator. If a resident falls during their nursing home stay, an incident report must be completed for each fall. This numerator identifies the number of falls that did not have a corresponding incident report.

A9 - Numerator. If a resident falls, the nursing home must identify a root cause of the fall and implement new interventions to prevent the resident from falling because of similar causes. This numerator identifies the number of residents that did not have a corresponding root cause analysis completed.

A11 - Numerator. When a resident falls and a root cause analysis is completed, the staff must identify a new intervention to prevent a similar fall from occurring and the care plan must be updated with the new intervention. This numerator identifies the number of falls that did not have an updated intervention identified and added to their care plan.

A13 - Numerator. When a fall occurs and a new intervention is identified, the nursing home staff should review this fall intervention after a period of time outlined in their policy to ensure that the intervention is effective. The numerator reflects the number of falls that occurred with new interventions implemented that were not reviewed for effectiveness.

A15 - Numerator. Identified care plan interventions to help prevent falls must be implemented. To assess this, the individual should review the resident's care planned interventions and then observe the resident to ensure that all identified care planned interventions are in place. This numerator represents the number of residents reviewed that did not have all identified interventions in place.

A17 – Numerator. Falls must be accurately coded on the MDS. To appropriately assess this measure, the individual should identify the number of falls the resident sustained and whether there was an associated injury. Based on the results, the MDS should be reviewed and determined if it was accurately coded. This includes items J1700, J1800, and J1900.

A19 – Numerator. Upon reviewing the fall, identify if the resident's representative (as appropriate) and physician were notified of the fall. The policy should identify appropriate methods for notifying the representative and physician such as no injury could be routine notification whereas possible injury would include immediate notification. This numerator reflects the number of times the resident representative (if appropriate) and/or their physician wasn't notified.

A21 - Numerator. Based on state rules, the fall may require reporting to the survey agency. This numerator identifies the number of falls that should have been reported that weren't.

References:

American Psychiatric Association (2016. May 1) *Guideline on the Use of Antipsychotics to Treat Agitation or Psychosis in Patients with Dementia*.

<https://psychiatryonline.org/doi/full/10.1176/appi.books.9780890426807.ap02>

CMS (Retrieved 2025. Aug 29). Medicare State Operations Manual Appendix PP.

<https://www.cms.gov/files/document/appendix-pp-state-operations-manual.pdf>.