

MDS Alert

Reader Question: Care Plan Intentional Behaviors

Question: Like most people in long-term care, I think of "falls" as the only "f-word" that makes me shudder. We currently have a resident who prefers to sit on the floor rather than a chair. He does not require any assistance on any mobility activities of daily living (ADLs) and while he has been diagnosed with dementia, he can converse comfortably. He announces that he is going to sit down on the floor before doing so. I'm terrified that this weekly - and sometimes daily - occurrence might be seen as a fall, even though I and staff know he's not falling. Is this a fall?

Missouri Subscriber

Answer: The Resident Assessment Instrument (RAI) Manual defines a fall as an "unintentional change in position coming to rest on the ground or onto the next lower surface (e.g., onto a bed, chair, or bedside mat), but not as a result of an overwhelming external force." So, if your resident can move from a standing position to a sitting position on the floor intentionally, without assistance, then the movement should not count as a fall.

>Making sure that the resident can perform this behavior safely is important. Consider getting physical therapy to evaluate the resident as he performs this maneuver in a safe space. Make sure you note the behavior in the resident's medical record and write a care plan describing the various facets of the sitting on the floor, and how staff should supervise or react.