

<b>Risk Assessment Matrix</b>	<b>1 Moderate Severity Of Harm</b>	<b>2 Serious Severity Of Harm</b>	<b>3 Extreme Severity Of Harm</b>
<b>C</b> High Probability of Harm Harm is imminent or has occurred.	C-1 (10 points) *	C-2 (16 points)	C-3 (18 points)
<b>B</b> Medium Probability of Harm Harm is likely to occur.	B-1 (8 points)	B-2 (12 points)	B-3 (14 points)
<b>A</b> Low Probability of Harm Harm is not likely to occur, but the possibility exists.	A-1 (2 points)	A-2 (4 points)	A-3 (6 points)
<p><b>How to assess potential or actual severity of harm</b></p> <p><b>The degree of harm to a person can be assessed based on: (1) the level of knowledge, skills, abilities and/or authority needed, or (2) the level of intervention(s) needed to address the potential or actual consequences from a violation.</b></p> <p><b>When assessing the most appropriate level of severity, you should consider other incidents that may have happened in the past (not necessarily at the facility being assessed) that involved circumstances and consequences to a person(s) in care that you believe are similar to the circumstances and consequences to a person(s) in care in your present case.</b></p> <p><b>Also, it is important to remember that harm may occur in a form other than physical injury, e.g., emotional or financial.</b></p> <p>*The weight assigned to C-1, 10 points, is lower than the weight assigned to B-2 and B-3. Although the probability for harm is higher for C-1, the probable severity of harm is lower than for B-2 and B-3.</p>	<p>“Moderate severity” is an actual or potential negative consequence(s) from a violation where it is determined that the qualifications of the most appropriate person(s) to correct the violation or to address the potential or actual consequence(s) to a person(s) in care would or did not require a level of knowledge, skills, and/or abilities beyond those of, e.g., an unlicensed direct care staff, an aide, an assistant to the activities coordinator, a housekeeping or food services staff, etc. Such individuals would not have any supervisory responsibility of other staff.</p> <p>Examples of violations of this severity are (1) a several omissions of required but inconsequential information on a form, e.g. documentation of zip code, or staff position title is missing etc.; (2) failure to timely update activity calendar; (3) presence of an odor or unclean area that does not represent a widespread or hazardous concern; or (4) the failure to replace an item in the first aid kit, etc.</p>	<p>“Serious severity” is an actual or potential negative consequence(s) from a violation where it is determined that the qualifications of the most appropriate person(s) to correct the violation or to address the potential or actual consequence(s) to a person(s) in care would or did require the knowledge, skills, abilities or authority of a supervisor, director, administrator, teacher, or healthcare professional working in the facility/home, and/or the involvement of representatives from licensing, APS, and/or CPS who will require immediate corrective or protective actions, and where licensing most likely will conduct a timely follow-up inspection.</p> <p>The violation did/will affect the well-being of a person(s) in a significant negative way, but not to the extent that the violation reflects systemic deficiencies and/or results in, e.g., a death or in-patient hospitalization, long-term treatment or therapy, removal of one or more persons in care from the facility/home, etc.</p>	<p>“Extreme severity” is an actual or potential negative consequence(s) from a violation where it is determined that the qualifications of the most appropriate person(s) needed to correct the violation or to address the potential or actual consequence(s) to a person(s) in care would or did require qualifications or a level of intervention(s) that needed to go beyond the facility/home.</p> <p>The violation did/will affect the well-being of a person(s) in an egregious way, and to the extent that one of the following conditions did or is very likely to occur: death, in-patient hospitalization; temporary or permanent and/or partial or total disability in physical; emotional, and/or psychological functioning; long-term treatment or therapy; an order by a local authority to cease partial or total services; and/or removal of one or more individuals in care from a facility/home resulting from, e.g., an enforcement , or CPS/APS action.</p>

**Guidelines for assessing risk:**

The Question:	The question to answer is “What is the most likely outcome from the action or inaction that is not in compliance with standards or Code?” The question is not, “What is the worst possible outcome?”
The Focus:	The focus when assessing risk is the potential or likelihood for harm or injury to occur, and if it does, the severity level of the harm or injury. If harm or injury occurred, it is no longer a risk; rather, it is an incident. Do not lower the risk rating of a violation due to a facility having a past good compliance history. The history will be considered if enforcement action is pursued.
Harm Happened:	When harm has resulted from a violation, the probability of harm rating must always be assessed as “C.”
Corrected Violations:	Do not downgrade a risk assessment because a violation was corrected while you were there or because a promise to correct a violation was made.
Adjustment Variables:	Exacerbating variables that may increase the risk rating include: (1) physiological development, status of mental, emotional, and physical health, frequency of occurrence, (2) pattern or scope of violation(s), or (3) duration of violation(s). Mitigating variables that may lower the risk rating include: (1) enhanced physical safety features of a building, (2) staffing above the required number, or (3) training above the required KSAs.