



Residential Care and Assisted Living Newsletter

March 2013

Congratulations to these Award Winning Facilities and Staff!

Silver Awards—Three or Fewer Non-Core Deficiencies

- **Coeur D' Alene Homes-Phase II**
Administrator: Mike Grabenstein
- **Aspen Springs Assisted Living — Spirit Lake**
Administrator: Melinda Widgren
- **Grace Assisted Living at Englefield Green — Boise**
Administrator: Abree Hines

Prompt Complaint Investigations = Positive Customer Service!

Now that the holidays are over, you might think that you can breathe a sigh of relief. A flurry of visiting family members and friends however, may have caused a commotion. Even with the best care, it is not uncommon for visitors to bring complaints to your attention, while visiting for the holidays. How you handle those complaints, could mean the complainant then raves about the facility to other friends and family members, or calls our office to file a formal complaint or worse yet, tells everyone they encounter about their dissatisfaction with your facility. Therefore, if you want to have happy families and most importantly happy residents, review your complaint policy; if complaints are promptly dealt with, then your complaint process sends a message that the facility is committed to providing quality care and resident satisfaction. The first step is realizing that complaints are an opportunity to improve quality of care, which leads to a positive working environment for your staff and a pleasant environment for your residents. Consider the following:

- ◆ Dissatisfied customers tell an average of 15 other people about their negative experience.
- ◆ 85% of dissatisfied clients can change their perspective, if timely and sincere efforts are made to address their complaints.
- ◆ Research suggests up to 33% of people won't pursue a complaint, which may mean they will take their business elsewhere.



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In order to reduce complaints, the whole facility must be trained in good customer service and seek out opportunities to prevent complaints from even happening. For example: A caregiver walks into a resident's room and sees an overflowing trash can and laundry bin. The caregiver immediately takes steps to remedy the situation; when the caregiver's daughter comes to pick up her mother for lunch, that issue will not be one the daughter needs to voice.



Complaint Prevention and Investigation Tips

To help prevent complaints from even happening, it is important to ensure your facility has the necessary staffing, who are well trained. For example, in some facilities, staff do not have the time to listen to a resident's concerns and report them to the appropriate person. They do not have time to practice resident centered care, but instead must run from task to task, in order to meet residents' very basic needs. In this type of environment, residents do not want to voice their concerns and residents often feel unvalued. In these instances, family members often call licensing and certification to voice their complaints, because they feel like the facility does not have the capability or desire to address their concerns. Do not be one of "those" facilities. Empower your employees, evaluate their work satisfaction, and ensure they have the tools and capability to provide quality care to your residents. Remember, happy employees create happy residents.

Even the best facilities will receive complaints. Does your complaint policy ensure the following?:

- ◆ Is there a method to complain (such as a standard form in central locations) available for residents and visitors?
- ◆ Does your facility have a method in place for staff to report verbal complaints from residents or visitors for investigation? Remember, any verbal expression of dissatisfaction is considered a complaint.
- ◆ When a complaint is received, are staff trained to reassure the resident/family member that the administrator will investigate the complaint and work with them to create a solution? It is a best practice, to provide the administrator's contact information and hours available for further discussion.
- ◆ Once complaints are reported to the administrator, does the administrator do a thorough investigation, such as interviewing all staff members involved with the complaint? (If a complaint of abuse or neglect is received, the allegation must be immediately reported to adult protection).
- ◆ Does the administrator provide a written response to the person making the complaint, within 30 days of receiving the complaint? Does the administrator follow-up with the complainant about the resolution to determine satisfaction?

Other Helpful Tips



- ◆ When complex complaints are received, it is best practice to send an acknowledgment letter outlining the concerns received and the length of time it will take the administrator to investigate the complaints.
- ◆ Ask the complainant their ideas for suggestions or desired results. Ask staff members for ideas for solutions to empower them and help them and create a culture of collaboration.
- ◆ Remember to listen to the problem and facts attentively; try not to be distracted or become defensive with the delivery of the complaint.
- ◆ Regularly ask for comments about services and residents' experiences to ensure satisfaction.
- ◆ Agree with complainants and say "yes" whenever possible.
- ◆ Watch your body language: avoid standing over an angry complainant, make eye contact, remain calm, and project confidence that your facility will handle the concern.
- ◆ Consider posting signs in break rooms to remind employees of your facility's commitment to customer service and creative complaint solutions.

In summary, providing quality care and creating an atmosphere where complaints and concerns are promptly addressed, helps to build a positive reputation within the community and thus may help maintain occupancy rates. By aiming for the highest customer service, the rewards for your residents and staff will be evident. Happy residents may also mean fewer visits from us!





Frequently Asked Questions Corner

Over the years, we have been developing our Frequently Asked Questions or what we call “FAQs,” which are available on our website. These questions help to interpret the assisted living rules, IDAPA 16.03.22. They contain a wide array of information and have grown to be quite extensive. We are starting to include FAQs in each newsletter as a reminder of interpretive guidance that has been presented in the past.

Question: We have been told a sliding scale for insulin is appropriate in the RALF setting even if they are unable to manage it entirely on their own including the injection. What is your position on this?

Answer: For the injection, we would expect the resident be fully cognizant of what the injection is for and how it is to be given. The only time hand over hand would be appropriate, is when the resident is cognitively capable, but has difficulty manipulating or holding steady the syringe. Further, per the Board of nursing, dialing insulin pens is not a task that should be delegated to UAP. For any medications, UAP are able to give a set dose at a set time. They are not able to make judgments or distinctions, such as “1-2 tablets” or “every 2-4 hours.” The same would hold true for the insulin dose based on the Blood glucose level.

Question: What do we do when friends or family pose problems while visiting a resident?

Answer: Residents have the right to visitors of their choice with reasonable restrictions (i.e. 3:30 am). The facility must attempt to work with the resident and visitors to minimize disruption or other problems. Banning a person from the facility that the resident wants to have visit would not be a reasonable restriction.

Rule: 16.03.22550.07.b &c.

Updates/Misc.



- ◆ Pay attention to our website as we are working on adding new training modules and a guide to help your facility prepare for survey. Remember all staff need 8 hours of job-related continuing education each year and these tools may help your facility meet that requirement.
- ◆ If your facility attended the webinar titled “Infection Control in Assisted Living Facilities,” please email us your feedback so we can develop future webinars that are informative and useful.
- ◆ Many facilities are moving towards electronic records. Please ensure your record system meets rules 16.03.22.330.05, 330.06 and 700.03. Records must be immediately accessible to surveyors and staff must be able to print the records at the request of the surveyor.
- ◆ We see many facilities utilizing applesauce as a method to allow residents to swallow their medications with more ease. Please be sure that your residents are aware that they are taking medications in the applesauce (or other food items). Remember, residents must be allowed to refuse their medications; applesauce should not be used to “trick” residents into taking their medications. Additionally, if a resident is unaware that he/she is taking medications, then it would be considered administration and not assistance. If you have a resident who refuses medications, be sure you are meeting rule 16.03.22.550.12.d
- ◆ To conclude the main theme of this newsletter please review the following rules regarding complaints to ensure your facility is in compliance: 16.03.22.350.02, 350.04, 550.03.a.ii, 550.13 711.02



For further information on customer service and complaint investigations, see:
www.ahcancal.org/ncal/operations/.../complaints_compliments.pdf