Residential Care and Assisted Living Newsletter

May 2019

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Compiled and Edited By:
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Facility	Administrator	Date
Pattie House, LLC	Sunny Grow	4/5/19
Indianhead Estates	Renae Edwards	4/30/19
Ashley Manor - Cloverdale	Carla Schafer	5/2/19

Facility	Administrator	Date
Ashley Manor - Hyde Park	Cecilia Rodriguez	2/13/19
Bristol Heights Assisted Living	Kimberly Johnson	3/1/19
Curtis House, LLC	Jessica Taylor	4/18/19

People First

By: Sherri Case

My first "professional" job was working with adults with disabilities. The staff breakroom had a yellow poster with a picture of a large jar. Below the jar was written "Label Jars Not People." Although I saw the poster more than 40 years ago the image is still fresh in my mind.

People with disabilities are people who have abilities, interests and needs. They are moms, dads, grandparents, sons, daughters, siblings, friends and neighbors. In the United States about 54 million Americans - one out of every five people - have a disability. Their contributions have enriched our communities and society. The disability community is the only minority group that anyone can join at any time. A disability simply means a body part that works differently from what is common. Having a disability is not a problem; the real problems are attitudinal and environmental barriers. Disability labels must not be used to define human beings.

"People First" language is about dignity and respect and has more in common with "The Golden Rule" than with political correctness. The Golden Rule is about treating others the way you want to be treated and putting the person before the disability. People First language puts the person before the disability and uses words to describe what a person "has" not what a person "is." This means ridding our vocabulary of words that presume inferiority and create invisible barriers.

The language a culture/facility uses to refer to persons with disabilities shapes its beliefs and ideas about them. Words are powerful; old, inaccurate and inappropriate descriptors encourage negative stereotypes and attitudinal barriers that can separate people with disabilities from society. Attitudinal barriers are the single greatest issue facing people with disabilities today. Our perceptions and attitudes live in our heads. What is in our heads comes out of our mouths. What we say reflects what we believe. What we believe drives our behavior. When we describe people by the physical assistance needed (such as "feeders") or by their diagnosis (such as "brain injury"), we devalue and disrespect them as individuals. In contrast, using thoughtful terminology can foster positive attitudes about persons with disabilities. By placing the person first, the disability is not the primary, defining characteristic of an individual, but one of several aspects of the person.

Our words and the meanings we attach to them create attitudes, influence our feelings and decisions and AFFECT PEOPLE'S DAILY LIVES. How we use words makes a difference. People First language puts the person before the disability and describes what person has, not who a person is. Using a diagnosis or the needed assistance to identify an individual reflects prejudice, it also robs the individual of the opportunity to define her/himself.

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People First

By: Sherri Case (Continued)

Do you refer to yourself as freckled or do you have freckles? Are you myopic or do you wear glasses? Do you refer to someone with cancer as cancerous or do you say they have cancer? If you had pneumonia would you call yourself pneumatic? No; it does not make sense, nor does calling someone diagnosed with mental retardation (now intellectual disability) "retarded." This terminology is how we refer to people who have a diagnosis or characteristic. People First language is about speaking accurately about an individual with a disability. A person's disability should only be mentioned if relevant. If it is not relevant, why mention it?

Common negative phrases:

- He turned a blind eye. (chose not to acknowledge or understand)
- Oh, that's lame. (stupid)
- Management is handicapped. (has problems, is ineffective)

Two of the worst phrases of all:

- She/he is a feeder. (an animal being fattened or one suitable for fattening for slaughter)
- Don't be a retard. (don't act stupid)

Listed below are examples of treating a person with a disability with respect and putting the person before the disability and the alternatives:

Say:	Instead of:
People with disabilities.	The handicapped or disabled.
He has a cognitive disability/diagnosis.	He's mentally retarded.
She has autism (or a diagnosis of...).	She's autistic.
He has Down Syndrome (or a diagnosis of...)	He's Down's/a mongoloid.
She has a learning disability (or diagnosis...)	She's learning disabled.
He has a physical disability (or diagnosis...)	He's a quadriplegic/crippled.
She's of short stature/she's a little person.	She's a dwarf/midget.
He has a mental health condition/diagnosis.	He's emotionally disturbed/mentally ill.
She uses a wheelchair/mobility chair.	She is confined/is wheelchair-bound.
He receives special education services.	He's in special education.
She has a developmental delay.	She's developmentally delayed.
Children without disabilities.	Normal/healthy children.
Communicates with her eyes/device/etc.	Is non-verbal.

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People First

By: Sherri Case

Examples continued:

Say:	Instead of:
Customer	Client, consumer, recipient, etc.
Congenital disability	Birth defect
Brain injury	Brain damaged
Accessible parking, hotel room, etc.	Handicapped parking, hotel room, etc.
She needs...or she uses...	She has problems with...has special needs

People First language is about speaking accurately about an individual with a disability. A person's disability should only be mentioned if relevant. If it is not relevant, why mention it? Remember, people with disabilities are simply people who happen to have disabilities. You could become a member of this minority group at any time.

Featured FAQ

Question: Can facilities require families to hire private-duty aides to assist residents with eating?

Answer: No, the facility must specify in the admission agreement whether they provide assistance with eating and the costs; including if 1:1 assistance is needed. If the facility does not provide the level of assistance required by the resident, then the resident cannot be retained. If the facility does provide 1:1 assistance and uses private-duty aides to accomplish the assistance, the facility is responsible to arrange for, contract with and supervise the private-duty aides. The facility is responsible to monitor and coordinate outside services. See IDAPA 16.03.22.152.05.a and 430.05.d.

The information above can be found in the FAQs, under "Billing, Charges, Admission Agreements, Required Services." The facility must thoroughly assess each person prior to admission. After determining a person's needs, the facility must decide if they can meet each need (through direct service, contracted service, etc.) or if they should recommend the resident for alternative placement; typically due to a higher level of care needed.

The FAQs can be found on our website (http://healthandwelfare.idaho.gov/Portals/0/Medical/LicensingCertification/RALF_FAQs.pdf?ver=2016-08-04-102842-090).

Disaster Preparedness Challenge

By: The Fire Life Safety Team

We have created, and are sharing, a Disaster Preparedness Challenge. The purpose of this challenge is to generate discussion and forward thinking around emergency preparedness for RALF owners, administrators, and staff members. The intent is to help facilities formulate or expand their individualized emergency plan to meet the specific needs of the residents, facility, staff, and the community. This will involve creating detailed procedures as well as assigning roles and responsibilities for staff members during emergency situations.

It is essential that providers equip themselves to be "disaster-flexible" to be able to respond to disasters that damage property and endanger the lives of residents and staff. While not all disasters may be anticipated, studies demonstrate that preparation, knowing how to respond when a disaster strikes, and being calm and flexible saves lives and reduces physical damage.

The Disaster Preparedness Challenge is: review your current disaster preparedness plan and analyze if the plan will truly work by visualizing the plan in place with a specific disaster. Develop a new plan utilizing all (good and bad) thoughts from the analysis. When developing the new disaster preparedness plan, consider the specific services your RALF offers residents. From residents requiring a secured memory impaired unit to residents requiring intensive pain control, considering specific needs ensures better planning. Also, those specific needs can then easily be shared with local emergency officials.

If your facility accepts the challenge, remember to be thorough and flexible. The following should be considered when preparing the plan:

- Potential hazards for the facility and the community, to include procedures for missing residents
- Resident population type and persons-at-risk
- Delegation of authority and succession planning
- List of key staff/volunteers, including names and contact information
- Entities providing services under agreement
- System to track residents and staff during an emergency or disaster
- Method to release patient information consistent with HIPAA
- Staff responsibilities
- Means of transportation
- Identification of two evacuation locations with signed agreements. One local and one outside the regional area.
- Identification of two methods of communication during an emergency or disaster
- Provisions for food, water, medical, and pharmaceutical supplies

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Disaster Preparedness Challenge

By: The Fire Life Safety Team

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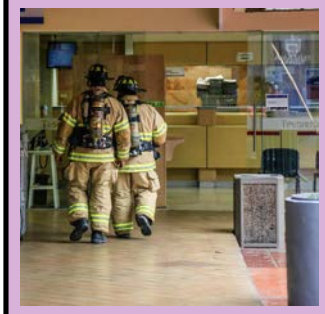
This challenge can help facilities be disaster-flexible and be able to effectively respond to disasters that endanger the lives of residents and staff. The following suggestions can help prepare the staff for effective emergency response operations:



- Get involved. Participate in local emergency operations committees, District Health Committees and interact with Emergency Management Directors, fire departments, police and rescue units, the Red Cross and Salvation Army as well as your respective utility service providers.
- Consider how specialized services are delivered to residents; do outside entities contract directly with residents? If these services are interrupted, how serious is the outcome?
- Prepare, confirm and exercise agreements for the emergency transfer of shelter, bed space, food, water, medical supplies and equipment and any other responsibilities.
- Distribute the plan to local emergency/disaster agencies in the community. Ask them to critique it.
- Familiarize and train staff as part of the new-hire orientation process. Involve family members and interested community partners with the goal of sharing knowledge and clarifying expectations.
- Have copies of the facility's emergency preparedness plan readily available for staff. Include a summary of your facility emergency preparedness plan in the facility's admission and orientation packets.
- Ensure the emergency preparedness plan is reviewed and updated annually.

A Quick Note on CPR and First Aid

By: Sherri Case

The rule for RALFs at 16.03.22.600.06.b requires facilities have at least one direct care staff with certification in First Aid and Cardiopulmonary Resuscitation (CPR) in the facility at all times. Facilities with multiple buildings or units must have at least one direct care staff with certification in First Aid and CPR in each building or each unit at all times.

Between 1/31/19 and 4/15/19, non-compliance with 16.03.22.600.02.b was identified at five facilities. Review of employee records often reveal staff have a current CPR certification, but not a current First Aid card. Administrators need to ensure when scheduling staff to meet this rule that employees have both current First Aid and CPR certifications.

2019 Bootcamp/Training Update

Here is an update for the 2019 free ("bootcamp") trainings being provided by Licensing and Certification:

Basic Administrator Training: There will be two more Basic Administrator courses held in Boise at the Licensing and Certification office. The remaining two-day trainings are scheduled for June 25th & 26th and November 5th & 6th. This is a new training, provided by the RALF team, which caters to administrators beginning their journey in assisted living. During the course, administrators will be provided with, and taught to use, fundamental assisted living resources to orient to the rules and survey process. This course will help new administrators prepare for successful building operation and surveys.

Professional RCA Training: Topics for the Professional trainings will be specific to current challenges for administrators or issues of concern for the RALF industry. The remaining 2019 schedule is: Moscow on June 19th & 20th, Pocatello on October 9th & 10th and Boise, times to be determined.

Nurse Training: There will be three more Nurse Training courses, as follows: Moscow on June 18th & 19th, Pocatello on October 8th & 9th and Boise on October 29th & 30th.

Invitations and registration forms for the remaining courses will be uploaded to FLARES as the courses open. An e-mail notification of the upload will be sent to the current administrator of each assisted living facility using the name and e-mail address in FLARES; please make sure this contact information is up-to-date.

Course registration documents and additional details related to the trainings (e.g. venues, course hours, etc.) will also be available on the RALF website (www.assistedliving.dhw.idaho.gov) as each training gets closer.

Abuse, Neglect or Exploitation in Your RALF

By: Tom Moss

Abuse, neglect and exploitation continue to be huge obstacles in providing quality care to residents in Idaho assisted living facilities. After reading this article you will have a quick guide to help you respond when alleged abuse happens in your facility. Over the past 12 months there have been 17 core deficiencies issued and over the past three years there have been 44 core deficiencies issued related to abuse, neglect or exploitation. Our priority is to keep all residents safe, so we wanted to offer some tips on how to respond to abuse, neglect and exploitation in your assisted living facility.

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Abuse, Neglect or Exploitation in Your RALF

By: Tom Moss (Continued)

- Identify abuse, train all staff on the law and verify they know what to do if they witness or hear an allegation of abuse, neglect or exploitation.
  - Idaho law states "Any physician, nurse, employee of a public or private health facility, or a state licensed or certified residential facility serving vulnerable adults...who has reasonable cause to believe that a vulnerable adult is being or has been abused, neglected, or exploited shall immediately report such information to the commission."
- Report to Adult Protection (AP) first, and then begin your investigation.
  - Ensure you make the report directly to an AP worker (AP is not the same as the Ombudsmen for the elderly).
- If the alleged perpetrator is a staff member, remove that person from contact with all residents until your investigation is complete.
- If the alleged perpetrator is a resident, devise a plan to increase supervision to ensure there is no opportunity for the resident to repeat the offense against the victim or resident.
- Your policy should clearly describe how the allegation will be documented, reported (to the administrator and AP) and investigated; then how the investigation will be documented and how the residents will be protected during the investigation.

We also wanted to bring to your attention the importance of having policies and procedures that assure that allegations of abuse, neglect and exploitation are:

- Identified
- Reported
- Documented
- Investigated

And policies address that:

- Protection of the resident is ensured during the investigation.
- Interventions to prevent reoccurrence are implemented.

Having well-written abuse, neglect and exploitation procedures will guide you through exactly how to keep your residents safe and meet all IDAPA rules.

"A good policy and procedure management system is kind of like an insurance policy. You may not be able to see the benefits of homeowner's insurance every day, but if your house burns down, you'll be glad you have it." - Matt Kenyon, Power DMS

New Adult Protective Services Reporting

By: Ashley Henscheid

The Idaho Commission on Aging recently announced the addition of new Adult Protective Services (APS) reporting. Mandated reporters can now report online at www.aging.idaho.gov/apsreport.

From the Idaho Commission on Aging, "A mandated reporter is a person who, due to his or her profession, has a legal duty to report any suspected maltreatment of a vulnerable adult." In Idaho, mandated reporters include, but are not limited to: nurses, home care workers, social workers and health facility employees.

Idaho Code 39-5303 includes, "Any person making a report to APS is immune from civil or criminal liability if the report is provided in good faith." The Code also includes, "In Idaho, mandatory reporters who fail to report maltreatment of a vulnerable adult may be convicted of a misdemeanor."

The Idaho Commission on Aging defines maltreatment of a vulnerable adult as "any abuse, neglect, exploitation, or self-neglect against a person who is 18 years of age or older and who is unable to protect himself or herself due to physical or mental impairments."

When you are aware of an allegation of abuse, neglect, or exploitation in a RALF, you must take the proper steps, beginning with protecting residents and reporting. The new online system makes reporting easier than ever.

The reporting site contains information to assist users in making a report. At the bottom of the light blue section there is a dark blue "Begin APS Report" button. To complete the report, users will need the age of the vulnerable adult, the type of maltreatment suspected, incident information and contact information of the person reporting. Anonymous reports will not be accepted online.

You can still contact your local Area Agency on Aging by phone. For agency phone numbers, a quick guide to the above information and more, there is a brochure from the Idaho Commission on Aging which has been upload to administrators' FLARES; in the "Documents" section.

Facility Policies and Procedures

By: Ashley Henscheid

When applying for a license, applicants must submit a set of policies and procedures to Licensing and Certification. This process pertains to both initial license applications and change of ownership applications.

Policies and procedures help outline the day-to-day operations of your facility. The development of your policies and procedures should include both the policy and procedures.

A policy is defined as a course or method of action to guide and determine decisions; think of the policy as what you need to accomplish.

A procedure is defined as a particular or established way of accomplishing something or a series of actions followed in a certain order or manner. Think of the procedure as the steps that staff will need to take to reach the goal/policy. For example:

Policy:
All medications will be maintained in a locked area.

Procedure:
1. The facility will keep medications they monitor in a medication cart.
2. The medication cart will be locked each time the medication aide walks away from the cart.
3. When the medication cart is not in use, the cart will be locked in the medication room.
4. Residents who self-administer the medications will store their medication in a lock box located in their rooms.
5. Monthly room checks will be done to ensure residents who self-medicate store their medications in the lock box.

The rules do not limit the policies and procedures that a facility can develop. As you are developing your policies and procedures you may determine there are other policies and procedures you would like to implement at your facility. Although not specifically listed in the rules, there are some suggested/best practice policies that could be developed to enhance the day-to-day operations of the facility, including:

- Quality Assurance Program(s)
- Negotiated Service Agreements
- Uniform Assessment Tool/Assessments
- Coordination of Outside Service Agencies
- Nursing Tasks and Expectations
- Fall Prevention Program

The full application checklist can be found at: http://www.healthandwelfare.idaho.gov/Portals/0/Medical/LicensingCertification/RALFPPChecklist032119.pdf.

Licensing and Certification Contact Information

- Phone: (208) 364-1962
- Email: RALF@dhw.idaho.gov
- Websites:

www.assistedliving.dhw.idaho.gov

www.flareslive.com/portal/ProviderLogin.aspx

Images from Pexels, Pixabay and Adobe Stock