When to Call L & C, APS and Police?

When an incident occurs, do you ever ask yourself, who do I need to call and notify? Our office, along with the Adult Protection, have been in the process of developing a checklist, which may help remind you of who to call, when incidents occur. We hope this checklist will be a resource that helps you make sure all of the appropriate agencies are contacted. The checklist is posted on our website.

Program Updates

PHONE NUMBER:
We recently changed the way phones are answered at Licensing & Certification. If you have questions or concerns, you can reach our office person directly at (208) 364-1962. If the office person is on the phone or away from their desk, you will be sent to voicemail. Please leave your name and number and we will call you back as quickly as possible.

If you forget and call the (208) 334-6626 number, you will reach a phone tree, which allows you to select different licensing areas. Make sure to select option #1, Residential Care Assisted Living Program, to reach us.

Our fax number remains the same (208) 364-1888.

E-MAIL:
The e-mail for sending items to the Residential Care Assisted Living program has changed from alc@dhw.idaho.gov to RALF@dhw.idaho.gov.

REPORTABLE INCIDENTS:
We have developed an online form to replace the hotline. The form is currently “active” and can be accessed at our website. Please let us know if you have any difficulty accessing or submitting the form.

ADMINISTRATOR TRAINING (AKA BOOTCAMP):
We are in the process of reviewing and revising our previous “Boot Camp” training program. We hope to revamp the process and begin delivering administrator training again in the near future. Please e-mail us your thoughts on how you would like the training to be structured and/or what subjects you would like to have included.
Responsibility to Care For Residents

Assisting living facilities and staff have a unique and invaluable job of taking care of those, who can no longer take care of themselves independently. It can be a physically and emotionally demanding career with many challenges. One of the most difficult challenges, is to meet every residents’ physical and emotional needs.

Generally, when we are surveying and interviewing, residents overall give the staff high praises for working hard to meet their needs. However, over the last year, we have seen an increase of residents and their families expressing dissatisfaction of the care residents have been receiving.

One of the biggest issues conveyed by residents and families is an insufficient level of staffing. The IDAPA rules do not include a specific staff to resident ratio. However, IDAPA rules require facilities to have the capability and capacity to meet the needs of residents. The following are some of the more recent examples of how insufficient staffing has affected residents:

- Keeping the same or lowering staffing ratios when residents have an increase in acuity or when new residents with higher acuity are admitted. The increase in work load and time to assist residents limits the staffs’ ability to meet all of the residents’ needs.
- The size, number of floors or layout of the building, is too large for the current staff to cover, resulting in residents’ needs not being met.
- Residents not receiving assistance with toileting. We have seen residents not being assisted throughout an entire shift, residents being placed in double attends, or residents having to wait until shift change, where two staff are available to assist with toileting needs.
- Residents are not receiving assistance with showers. Staff are too busy during shift to assist with a shower. A resident requires a two person assist to shower, but two people are not on shift to give a shower. Residents are being showered late at night or early morning (11 PM—4:00 AM) for staff convenience, rather than resident’s choice.
- Residents’ call lights are not answered in a timely manner (sometimes over an hour or more).
- Residents who need assistance with eating, are not being assisted. Staff are busy and not able to sit with a resident to assist them. Staff run back and forth between several tables putting bites of food in several residents mouths without interacting with them. Residents sit with plates full of food in front of them for extended periods of time and are not assisted to eat.
- Residents are not well-groomed. Their hair is not combed. Their teeth are not brushed. Their clothes are crumpled and dirty, because staff do not have the time to provide cares.
- Residents are being awakened at early hours of the morning, to get ready for the day due to staff convenience, rather than by resident choice.

The above examples are real situations, which we have seen on survey that have lead to violations of inadequate care, neglect and/or resident rights.

We urge you to take the time to review your residents’ needs and your current staffing levels to ensure your residents are being treated with dignity and respect and that their care needs are being met. Remember, you have the unique responsibility to give back and honor those who can no longer take care of themselves independently.

How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving and tolerant of the weak and strong. Because someday in your life you will have been all of these.

- George Washington Carver
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:**

Are PICC lines allowed in Assisted Living?

**Answer:**

PICC lines require sterile dressing changes. The nurse must do the dressing changes. Additionally, the nurse must be on-site to monitor for complications and stay start to finish for the IV treatment (the nurse must remain during the IV; the nurse cannot start the IV and let UAP disconnect). In addition, the nurse needs to provide training for staff on what to do in an emergency and what to watch for with regard to the PICC line when IV treatment is not in progress and the nurse is not present. Continuous IV therapy is prohibited in RALFs.

**Question:**

Is it ok to keep a resident with a pressure ulcer that is not able to be staged?

**Answer:**

No. The definition of an unstageable pressure ulcer according to the National Pressure Ulcer Advisory Panel: Full thickness tissue loss in which the base of the ulcer is covered by slough and/or eschar. So, by definition, an unstageable pressure ulcer is beyond a Stage II.

Please remember to check the FAQs for answers to your questions, if you cannot locate the answer or it does not seem to be included in the FAQs, do not hesitate to call our office for assistance.