Dehydration in the Elderly

Heat and the Elderly

Signs of Dehydration in the Elderly

Reporting Allegations of Abuse

Most people have a difficult time believing someone they know could ever abuse a vulnerable resident, but did you know...

“For every report of abuse of an older adult or an adult with a disability five reports are not made. Many people are living out their golden years in fear. Research shows that up to 36% of residents of long-term care facilities may be victims of abuse or neglect. People over 85 are the fastest growing segment of the population in the United States; this is also the segment most vulnerable to abuse and neglect. The abuse can be financial, physical, emotional, and sexual; and can also include neglect.” (http://www.centeronelderabuse.org/features/laura_mosqueda.asp)

Many facilities have received core issues recently for not following the appropriate steps when an allegation of abuse is made known. It is your responsibility to protect your residents by ensuring every allegation of abuse is:

1. Taken seriously with steps taken to protect both the alleged victim and other residents during the course of the investigation (i.e., the alleged perpetrator is placed on administrative leave (staff) or placed under 1:1 supervision (resident))
2. Immediately reported to adult protection
3. Investigated
4. A written report of the investigation is completed
5. Corrective actions are taken to prevent the incident from recurring

In order to protect your residents from abuse and your facility from a core issue deficiency, please refer to your facility’s policy and procedures on abuse and ensure it complies with IDAPA 16.03.22.350.05: “Facility Notification to Appropriate Agencies”:

“The facility must notify the Idaho Commission on Aging or its Area Agencies on Aging (Adult Protection/APS) and law enforcement in accordance with Section 39-5303, Idaho Code”, which states: “Any…employee of a…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…When there is reasonable cause to believe that abuse or sexual assault has resulted in death or serious physical injury jeopardizing the life, health or safety of a vulnerable adult, any person required to report under this section shall also report such information within four (4) hours to the appropriate law enforcement agency.”

You may not feel that there is enough “reasonable cause” to file a report with adult protection, when either an allegation of abuse is made or after completing your own investigation. However, per the statute and rules, abuse must be reported “immediately”; not if, after investigation, the facility believes abuse occurred. **Anytime there is an allegation or reason to begin investigating into whether abuse may have occurred, APS must be notified.**

The following are some examples that show “reasonable cause” and must be reported to APS:

- A resident with dementia claims a male caregiver (who has worked for the facility for two years and everyone seems to like him) touched her inappropriately while assisting her with a shower.
- A resident with a mental illness who has a prior history of false accusations, states another resident raped her.
- A disgruntled employee tells the administrator that another employee was witnessed slapping an identified resident and speaking with the resident in a harsh manner.
- A resident has unexplained bruising and states a caregiver did it, but she cannot identify the caregiver or remember the date and time it took place.
Dehydration in the Elderly

Dehydration can be dangerous for elderly residents. As they age, their ability to drink and retain fluid decreases, and they may be at an increased risk of dehydration. Staff should be aware of steps to prevent dehydration. Staff should routinely encourage residents to drink fluids throughout the day and offer foods high in fluid content, such as fruits and vegetables. Consider adding popsicles to the menu. Staff should be aware of signs of dehydration, which include:

1. Fatigue
2. Lethargy
3. Muscle weakness
4. Confusion
5. Sunken eyes

If a resident shows signs of dehydration, staff should offer fluids, and if necessary, contact a health care provider. Staff should also be aware of potential factors that may cause dehydration, such as:

1. Medications: Many medications, such as diuretics, can cause dehydration. Staff should be aware of the potential side effects of medications and encourage residents to drink fluids as needed.
2. Fluid restrictions: Some residents may purposely restrict fluids if they're dealing with incontinence. Staff should be aware of any fluid restrictions and encourage residents to drink fluids as needed.
3. Constipation: Those residents suffering from constipation may purposely restrict fluids to reduce bowel movements. Staff should be aware of any fluid restrictions and encourage residents to drink fluids as needed.
4. High blood pressure or congestive heart failure: Many times, residents with high blood pressure or congestive heart failure may be taking diuretics, which further contributes to a loss of fluid. Staff should be aware of any medications a resident is taking and encourage them to drink fluids as needed.

It's important for staff members to recognize this risk and implement prevention strategies. Staff should be trained on the necessary steps to take when an allegation of abuse is reported to them.

A Reminder About Exploitation

According to IDAPA 16.03.22.010.29, exploitation is defined as “…charging a resident for services or supplies not provided…”

1) A “new trend” in admission agreements, is to offer a discounted rate if the resident agrees to sign an agreement longer than month to month. In this agreement, if the resident decides to move before the termination of the agreement, then the resident is charged until the agreement expires. This practice is not allowed in Idaho for two reasons:

a. Charging a resident for services not provided (i.e., their daily service rate) while the resident is no longer residing at the facility is considered exploitation.

b. According to IDAPA 16.03.22.220.10.c, the admission agreement must allow for a 30-day notice of discharge for any reason.

It’s understandable that in today’s economy facilities feel the need to give residents incentives to remain at the facility. However, there are other options you can use to ensure residents stay. Consider providing customer service training to all your staff to ensure residents feel valued and cared for.

2) Another common trend is to charge residents for 15 days (including services) when they die or no longer residing at the facility is considered exploitation. The facility can charge a prorated rent (room rate) for the 15 days, but can’t charge for services/cares that they are not providing at that time.

a. IDAPA 16.03.22.220.10.c states that, “Written notice to vacate the facility must be given thirty (30) calendar days prior to transfer or discharge on the part of either party except in the case of the resident’s emergency discharge or death the facility may charge up to fifteen (15) days prorated rent from the date of the resident’s emergency discharge or death.”
Food Supply
We often receive concerns from the community about facilities not having enough food for the residents to eat. When we do go out to investigate, we often see a low supply of food.

Remember that it does not matter if it is a shopping day or not; the facility needs to have, at a minimum, a seven day non-perishable and two day perishable food supply. Additionally, the food that is at the facility must be the types and amounts of food available to follow the menu. According to IDAPA 16.03.22.455, “The facility must maintain a seven (7) day supply of nonperishable foods and a two (2) day supply of perishable foods. The facility’s kitchen must have the types and amounts of food to be served readily available to meet the planned menu.”

Please take the time to review your facility’s shopping days, menu, and food supply to ensure that you always have at least the seven day supply of nonperishable and two day supply of perishable food available to make the meals that are listed on your menu.

Diet Manuals
As many of you might be aware, the Idaho Diet Manual was updated and the 10th edition is now available. The rules of Residential Care Assisted Living Facilities still reference the 9th edition.

According to IDAPA 16.03.22.451.05.c, facilities should, “Have available in the kitchen a current diet manual approved by the Licensing and Survey Agency (only for facilities that are 17 beds or more)”. This manual is available from the Idaho Dietetic Association, Ninth Edition, 2005 (IDAPA 16.03.22.004.02 – Idaho Diet Manual).

Until the rules are updated, it will be considered acceptable to use either the Ninth or the Tenth edition. Thank you for your patience.

Email Updates
If you would like email updates about rule changes, proposed rule changes, announcements, updated FAQs, and newsletters, please email us at ALC@dhw.idaho.gov