



Residential Care & Assisted Living Newsletter

October 2013

Congratulations to these Award Winning Facilities and Staff!

Gold Awards— No Deficiencies

- **Edgewood Spring Creek Overland**

Administrator: Tom Pfliger

Silver Awards— Three or fewer Non-Core Deficiencies

- **Ashley Manor - Beverly Hills**

Administrator: Jodi Howard

Carbon Monoxide - Signs, Symptoms & Prevention

Carbon Monoxide (CO) is an odorless, colorless gas that can cause sudden illness and death. It is found in combustion fumes, such as those produced by gas ranges and heating systems, cars and trucks, small gasoline engines, stoves, lanterns, and burning charcoal and wood. CO from these sources can build up in enclosed or semi-enclosed spaces. People and animals in these spaces can be poisoned by breathing it.

The most common symptoms of CO poisoning are headache, dizziness, weakness, nausea, vomiting, chest pain, and confusion. High levels of CO inhalation can cause loss of consciousness and death. Unless suspected, CO poisoning can be difficult to diagnose because the symptoms mimic other illnesses. People who are sleeping or intoxicated can die from CO poisoning before ever experiencing symptoms.

If your facility has fuel-burning (natural gas, wood, oil, propane or coal) heating equipment or appliances such as fireplaces, furnaces, water heaters, stoves, then these devices must be inspected by a professional every year. Make sure all fuel-burning equipment is vented to the outside to avoid CO poisoning. Keep the venting for exhaust clear and unblocked. Make sure vents for the dryer, furnace, stove and fireplace are clear of snow and other debris.



Install a CO alarm that meets the requirements of the current UL 2034 safety standard. A CO alarm can provide some added protection, but it is no substitute for proper use and upkeep of appliances that can produce CO.

Flu Season Reminder

Remember the flu can cause serious complications for those who are over the age of 65 or for those who have chronic illnesses such as: heart disease, diabetes or asthma. About 90 percent of the deaths related to the flu, are aged 65 years or older. Thus, it is very important to limit the spread of the flu virus and protect your residents and staff. This can be done by:

~ encouraging staff and residents to get their yearly flu vaccines to help limit their possibility of becoming ill with the flu.

~ encouraging staff, to stay home when they experience flu-like symptoms and a fever until after 24 hours without a fever.

~ putting proper infection controls into place to limit the spread of the flu virus between residents and staff, i.e., proper hand washing, coughing into crook of elbow and avoiding touching eyes with hands.

CONTACT

INFORMATION:

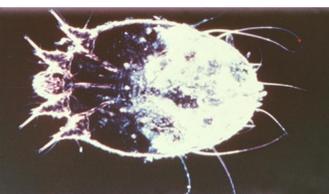
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Lions, Tigers and...Mites? Oh My!!!

One of your residents has had severe itching at night for several weeks and now has developed a rash. Your first inclination may be an allergic reaction, skin irritation, or staph infection. But have you stopped to consider that the resident may have Scabies?

Scabies is caused by microscopic mites. The mites burrow under the top layer of the skin. They continue to live under the skin and lay their eggs.



If you suspect that a resident may have Scabies, ask and observe for the following symptoms:

- Is the resident experiencing an intense itching sensation, especially at night?
- Are there grey, brown or red lines under the skin? These lines are caused by the mites burrowing tunnels under the skin.
- Is there a pimple-like itchy rash
- Are the rashes located in areas that are common in Scabies? Most common spots to find the rashes are:
 - in between the webbing of the fingers
 - on the wrists, elbows and knees
 - in the armpits
 - on the nipples
 - on the shoulder blades
 - under or on the breasts
 - on the waist
 - on the urogenital area



If you believe that your residents may have Scabies, ensure they are seen by a physician. The physician will likely review the history of the rash and its appearance and take a skin scraping. If Scabies is diagnosed, prescription medications (Scabicides) will be ordered to kill the mites.

Scabies can live on a person for as long as one to two months, but cannot survive more than 48 to 72 hours away from a person. Additionally, scabies mites will die if exposed to temperatures of 122 degrees Fahrenheit for ten minutes. Typical treatments, aside from medications include, washing clothing, bedding and towels in hot water and running them through hot dryer cycles. For items that cannot be washed, it is important to remove the items away from the affected resident or person for 72 hours, to ensure the mites die. Also, vacuuming of furniture and carpets is recommended.

Keep in mind that those with close contact, especially anyone who has prolonged skin-to-skin contact with the infested person may require treatment as well. If the resident continues to exhibit itching for more than 2 to 4 weeks after the initial treatment, a retreatment may be necessary.

For further information please visit the CDC website at: <http://www.cdc.gov/parasites/scabies/> or the American Academy of Dermatology at: <http://www.aad.org/dermatology-a-to-z/diseases-and-treatments/q---t/scabies/signs-symptoms>.



Frequently Asked Questions Corner

Over the years, we have collected a list of frequently asked questions or what we call "FAQs." The FAQ document is available on our website. These questions and answers help to clarify the assisted living rules, IDAPA 16.03.22. They contain a wide array of information and have grown to be quite extensive. You can locate the full FAQ document on our website, under Frequently Asked Questions. http://healthandwelfare.idaho.gov/Portals/0/Medical/LicensingCertification/RALF_FAQs.pdf.

Here is a FAQ to review:

Question: Sexual Offender Notifications. When we notify residents that there is a resident on the sex offender registry, do we need to tell them which resident it is and how does it need to be documented?

Answer: You are not required to state who is on the list, but your policy should describe how notification is to be done. Each resident should be informed upon admission if the facility accepts sex offenders. Document the date each resident is notified (10/2/08).

Refer to IDAPA 16.03.22.152 Admission Policies.

- l. Admissions. Each Facility must develop written admission policies and procedures. The written admission policy must include;
- d. Notification of any residents who are on the sexual offender registry and who live in the facility. The registry may be accessed at http://www.isp.idaho.gov/sor_id/

ENJOY THE COLORS OF FALL!

