



Residential Care & Assisted Living Newsletter

October 2014

Congratulations to these Award Winning Facilities and Staff!

Silver Awards - Three or fewer Non-Core Deficiencies

- **Ashley Manor Highmont - Boise**
Administrator: Pam Lenerville
- **Glenwood House - Boise**
Administrator: Erica Weber
- **Rampart House - Boise**
Administrator: Adi Mihalache
- **Alpine Meadows - Meridian**
Administrator: Jan Bower
- **Desano Place Suites - Gooding**
Administrator: Kimberly Hill
- **Meyer Manor - Meridian**
Administrator: Shirlie Meyer
- **Hayden Valley AL - Hayden**
Administrator: Tommy Tanner
- **Ashley Manor 8th St - Mountain Home**
Administrator: Bridgett Snyder

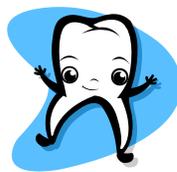
L & C Updates

- ◆ Annual Reports: Every facility should have received their annual reports. The annual reports are used to renew your facility's license with the State of Idaho. Your annual reports need to be at our office no later than 10/31/14. To ensure there is no gap in licensure or Medicaid payments.
- ◆ Assisted Living Rules: The Assisted Living Residential Rules, IDAPA 16.03.22, are in the process of being updated and will be going to the Board of Health & Welfare and then onto the Legislature this session. To review what rule changes are being proposed, you can find them at the Idaho Administrative Bulletin, <http://adminrules.idaho.gov/rules/current/16/0322.pdf>
- ◆ Board of Nursing (BON) rule changes took affect at the end of last years legislative session. The rules removed the prohibited list of items that could not be delegated. We have been working with the BON and will be updating our Frequently Asked Questions (FAQs) to coincide with the BON rule changes. We are hoping to get the FAQs updated by the end of October and posted on our website.



Something to smile about

You don't have to brush your teeth—just the ones you want to keep.” - Unknown



One of the most common and difficult things to observe on survey, is when we see residents who have food debris stuck in their teeth or have significant plaque build-up on their teeth.

Plaque and food debris build-up may be a result of medications, such as: pain medications, diuretics, decongestants or antihistamines. These medications limit residents' saliva production. The reductions of saliva decreases their ability to remove food and limits the protect of their teeth from bacteria growth. Because of the reduction in saliva, proper oral care is critical for the residents.

When residents do not receive proper oral care, it can impact and/or limit their social interactions and ability to communicate with others. In addition, poor oral care can affect their overall health status. When residents are not assisted with proper oral care, bacteria continues to grow and can take over their mouth. This can result in oral infections and inflammation throughout the body.



Something to smile about continued...

Some known health conditions which are impacted by poor oral health are heart disease and diabetes.

Heart Disease: There is a high correlation between poor oral care and heart disease. According to WebMD, up to 91% of patients with heart disease have periodontitis (a gum infection). The idea is that inflammation from the mouth leads to inflammation of the blood vessels. The inflammation restricts blood flow between the heart and the body and may also lead to plaque breaking off the blood vessel wall and traveling to the heart or the brain, leading to a heart attack or stroke.

Diabetes: Residents who have diabetes can have a lower immune response against infections. Additionally, those residents who have diabetes and have developed inflammation due to poor oral care, limit their bodies' ability to utilize the insulin they are receiving. Residents who tend to have higher blood glucose levels also grow more bacteria in their mouths, which cause further infections.

Poor oral care and gum infections have also been associated with dementia, aspiration pneumonia, rheumatoid arthritis, obesity and osteoporosis.

Your staff and residents need to be educated on the importance of oral care and how it can impact their health. Please see the links below on providing appropriate oral care:

<http://www.nidcr.nih.gov/OralHealth/Topics/DevelopmentalDisabilities/DentalcareEveryday.htm>

http://www.ncgg.go.jp/hospital/pdf/manual/Oralcavitycare_en1.pdf

http://www.toothclub.gov.hk/en/en_adu_01_02_01_07.html#start





Variance Requests for Wounds

When your residents develop pressure ulcers or wounds, they cannot be retained if they meet the criteria below:

152.ADMISSION POLICIES.

05. Policies of Acceptable Admissions. Written descriptions of the conditions for admitting residents to the facility must include:

b. No resident will be admitted or retained who requires ongoing skilled nursing or care not within the legally licensed authority of the facility. Such residents include:

viii. A resident with open, draining wounds for which the drainage cannot be contained;

ix. A resident with a Stage III or IV pressure ulcer;

x. A resident with any type of pressure ulcer or open wound that is not improving bi-weekly.

Variances will not be granted in the below situations, even if residents are on hospice or receiving home health. The only exception is for, those residents who have non-healing wounds caused by cancer.

If a resident has a wound, where the drainage cannot be contained, they would need to be discharged immediately, as the drainage becomes an infection control issue.

If a resident develops a pressure ulcer greater than a Stage II, and the facility cannot appropriately care for the pressure ulcer, then an immediate discharge notice should be given. If the facility can appropriately care for the pressure ulcer, a 30 day discharge notice would need to be given. If the resident's pressure ulcer heals to what would be considered a Stage II, the discharge notice could be rescinded, if not, the discharge must occur.

If a wound or pressure ulcer does not show bi-weekly improvement then a 30 day discharge notice must be given. If the wound or pressure ulcer begins to show improvement after the discharge notice was given and continues to improve, the discharge notice could be rescinded.

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

Question: Can we use a baby gate?

Answer: While these are not specifically mentioned in our regulations, they would be considered a dignity issue. They would also be looked at very closely to see if they were being used as a restraint and could be an indication there is not appropriate supervision of the residents. Baby gates and other obstructions also create a potential impediment for safe evacuation in an emergency (6/11/07).

Question: Are lap buddies allowed in RALFs?

Answer: A lap buddy would be considered a restraint and therefore prohibited in RALFs by IDAPA b.iii, unless the resident was fully cognizant and was consistently able to disengage the lap buddy without assistance (4/1/09).