Residential Care and Assisted Living Newsletter

November 2017

Gold and Silver Awards

~ Gold ~

Facility	Administrator	Date
Lighthouse Living	Sandee Young	07/27/17

~ Silver ~

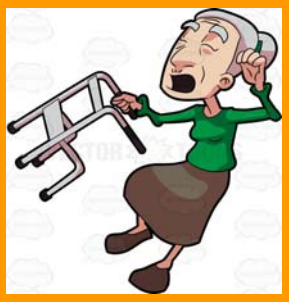
Facility	Administrator	Date
Copper Summit Assisted Living	Alaina Sanders	07/25/17
Rampart Home Assisted Living	Adi Mihalache	08/03/17
Huckleberry Retirement Homes LLC - II	Kenneth Breeden	08/24/17
Streamside Alzheimer Care	Samantha Kitchen	08/25/17
Ashley Manor - Iowa	Colleen Ackerman	08/31/17
Springridge Assisted Living Facility	Dale Amick	09/21/17
Edgewood Spring Creek Overland, LLC	Tom Pfliger	09/27/17
The Cottage at Boise Samaritan Village	Vyckee Sigler	10/12/17
Ashley Manor - Cloverdale	Kimberly Keegan	10/12/17

Fall-Related Head Injuries

By: Rebecca Thomas

Falls are a major threat to the health and safety of the elderly. The independence elderly residents enjoy, or the level of assistance they need with activities of daily living, can be significantly impacted after a fall. This article discusses why assisted living providers should monitor residents with head injuries to prevent significant, sometimes fatal, consequences.

A head injury is any sort of injury to your brain, skull or scalp. This can range from a mild bump or bruise to a traumatic brain injury. Common head injuries include concussions, skull fractures and scalp wounds.



Fall-related head injuries may be difficult to diagnose due to the following:

- Falls may or may not be witnessed.
- After a fall, residents can be confused and may not remember hitting their head.
- Signs and symptoms of a head injury may not be visually apparent. Internal bleeding may collect in the extra space between the layers of the brain and dangerous symptoms may not become evident until the collection of blood applies pressure on the brain. Some minor head injuries bleed a lot, while some major injuries don't bleed at all.

Common symptoms of a minor head injury include:

- Headache, lightheadedness, a spinning sensation, mild confusion, nausea and temporary ringing in the ears.

The symptoms of a severe head injury include many of the symptoms of minor head injuries and can also include:

- A loss of consciousness, seizures, vomiting, balance or coordination problems, serious disorientation, an inability to focus the eyes, abnormal eye movements, a loss of muscle control, a persistent or worsening headache, memory loss and changes in mood.

Whether a resident is sent out to the emergency room for further evaluation is dependent upon the facility's emergency policy and procedure and/or the facility nurse's assessment. The facility should also have a policy and procedure for residents who hit their head while on coumadin or blood thinners.

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Fall-Related Head Injuries

By: Rebecca Thomas

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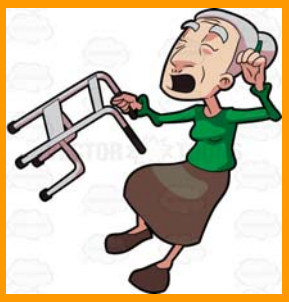
Even if a head injury seems minor, staff should watch to make sure a resident's condition does not become worse. If a resident goes back to sleep after a head injury, they should be woken up every two hours or so to check for any new symptoms. It is especially important to monitor residents who return from the emergency room, as symptoms may not appear until several hours, or even days, later.



Facilities are encouraged to have a written head injury protocol which instructs caregivers on what to look for, how often, for how long, what to document and when to call the nurse or emergency services. An informative article titled, "Falls in the Elderly: Causes, Injuries, and Management" by Michael K. Abraham, MD, dated February 1, 2017, can be found on the website for Medscape. Another helpful article regarding falls can be found at www.aafp.org, titled, "Falls in the Elderly" from American Family Physician. Also, several references for protocols can be found at:

- www.health.wa.gov.au/circularsnew/attachments/754.pdf – Post-Fall Management Guidelines...; and,
- www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/long-term-care/resources/injuries/fallspx/fallspxmanual.pdf - The Falls Management Program: A Quality Improvement Initiative for Nursing Facilities

Caregivers should be trained on these protocols and should report all falls to the facility nurse. Caregivers should communicate to the facility nurse any changes in vital signs or medications that could have attributed to the fall, and whether a resident was on coumadin or blood thinners. Caregivers should be trained to document their findings, observations and all communications with the facility nurse. Additionally, caregivers should be trained to communicate between shifts any head injuries related to falls.

The facility RN should plan on promptly conducting a change of condition assessment on residents who have head injuries. The resident's care plan should be updated to include any monitoring and treatments resulting from such incidents. The facility should also identify and implement a system of monitoring patterns of incidents and accidents to prevent recurrence.

As-Worked Schedules

By: Tom Moss

Administrative Records

16.03.22.730 Facility Administrative Records for Personnel and Staffing— The administrator must assure that the facility's personnel and staffing records are maintained as described in Subsections 730.01 through 730.03.

730.02 Work Records – Work records must be maintained in writing for the previous three (3) years which reflect:

a. Personnel on duty, at any given time; and

b. The first and last names, of each employee, and their position.

Timecards

Timecard: A card used to record an employee's starting and quitting times, usually stamped by a time clock.

Why is a timecard important to you?

For more accurate paychecks, increased fairness and improved job satisfaction

Timecards do not count for as-worked schedules because they document when an employee was at work – not where they were working.

Schedules

Schedule: Often called a roster, is a list of employees and associated work information (e.g. location, work times, responsibilities for a given time period, etc.)

Why is a schedule important to you?

To ensure there are enough caregivers and other professionals to meet the needs of the residents.

Schedules do not count for as-worked schedules because they document who was supposed to be there – not who was actually there.

As-Worked Schedules

As-Worked Schedule: Documentation which captures who was working at any given time in a building. It includes the first and last names, as well as the positions, of all facility personnel (i.e. nurse(s), administrator, caregivers, medication technicians, management staff – EVERYBODY).

Why is an as-worked schedule important to you?

When a concern, such as an abuse allegation, arises in your facility, you can very quickly determine who you need to talk to for a given time period.

Painted Doors

By: Nate Elkins

The purpose of the Life Safety Code is to provide minimum requirements, with due regard to function for the design, operation, and maintenance of buildings and structures for safety to life from fire. This division is charged with monitoring and enforcing the provisions of Idaho code and rules and regulations regarding Licensed Assisted Living Facilities.

In the past, the Fire Life Safety team has cited facilities that have murals painted on, or attached to, the doors because means of egress doors must be easily recognizable for life safety.

After lengthy discussions between the RALF team and the FLS team, this office conducted research to look at acceptable approaches to allow painted murals in Memory Care Units of Assisted Living Facilities. All the research pointed us to maintaining a resident's mobility and choice to move about safely and independently. Studies have shown that disguising the doors helps create a more calming environment and reduce the chance for elopement. After this research, and many other researched subjects on Memory Care, Dementia and Alzheimer's, this office came to the conclusion that murals on doors would be acceptable.

In conclusion, doors that are permitted to be locked for the security or protection of residents in Memory Care, Dementia and Alzheimer's units only, shall be permitted to have painted murals on them provided **all** the following conditions are met:

- The murals on doors must be painted.
- Mirrors or similar reflecting materials shall not be used on means of egress doors. Means of egress doors shall not be concealed by curtains, drapes, decorations or similar materials.
- Staff must be able to quickly unlock the doors at any given time.
- The door-releasing hardware, where provided, must be readily accessible for staff use.
- Door leaves, windows and door hardware, other than door-releasing hardware, are permitted to be covered by the murals.
- The murals must not impair the operation of the doors.
- The location and operation of doors disguised with murals must be identified in the fire safety plan and must be included in staff training.
- Exit signs and emergency lighting must be in place as required.
- Along with the above requirements, any special locking arrangements installed on these types of doors must still be met (e.g delayed egress, controlled access, etc.).