



# Residential Care and Assisted Living Newsletter

## November 2018

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Facility	Administrator	Date
Royal Plaza Retirement Center	Mary Egeland	9/19/18
Cottonwood Shelter Home	Susan Silvers	9/20/18



Facility	Administrator	Date
Meadows Assisted Living Center	Michelle Bingham	7/24/18
Evergreen Place Assisted Living	Danette Cunningham	8/29/18
Alpine Manor II	Ashley Rodriguez	8/31/18
Streamside Alzheimer Care	Amanda Spencer	9/6/18
Swan Falls Assisted Living	Tomi Mooney	9/13/18
Heritage Senior Living	Jordan Snedaker	10/17/18
Diamond Peak of Challis	Lisa Stucker	10/18/18

Compiled and Edited By:  
Ashley Henscheid

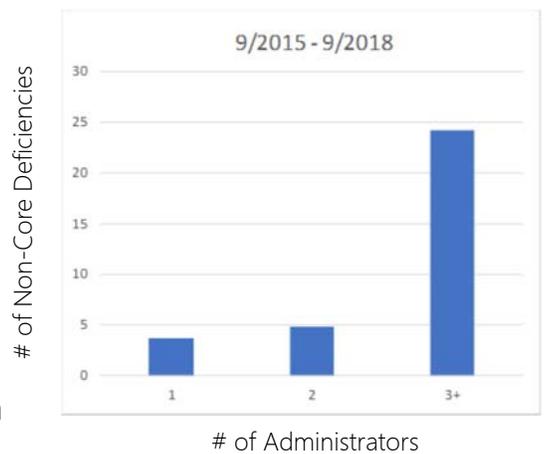


# Effects of Administrator Turnover

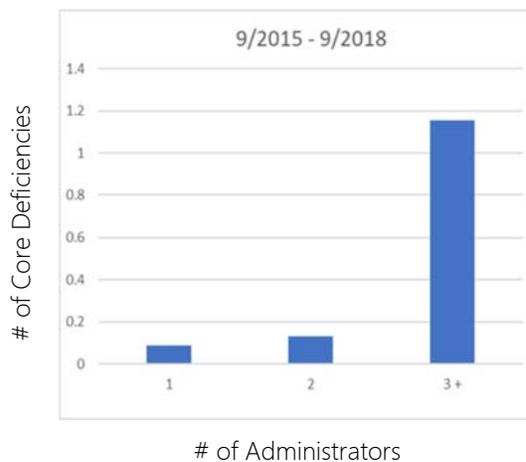
By: Tom Moss

Over the past three years the RALF Licensing and Certification team has been able to collect data utilizing the FLARES (Facility Licensing and Regulatory Enforcement System) program. This system has allowed the Department to gather the administrator history of each facility as well as survey outcomes related to non-core deficiencies, core deficiencies and complaint surveys. An interesting relationship was found between administrator turnover and survey outcomes; the data illustrates the importance of administrator longevity.

Facilities that had the same administrator over the past three years averaged just over one non-core deficiency per year. Facilities that had two administrators averaged just slightly higher. In comparison, facilities that had three or more administrators averaged over eight non-core deficiencies each year, an increase of 551%.



Facilities with the same administrator over the past three years received an average of just .08 core deficiencies during the three-year timeframe. Whereas facilities that had 2 administrators received an average of .12 core deficiencies for the same three-year period. Facilities that had three or more administrators received an average of 1.15 core deficiencies, an increase of 1337.5% compared to those with one administrator.



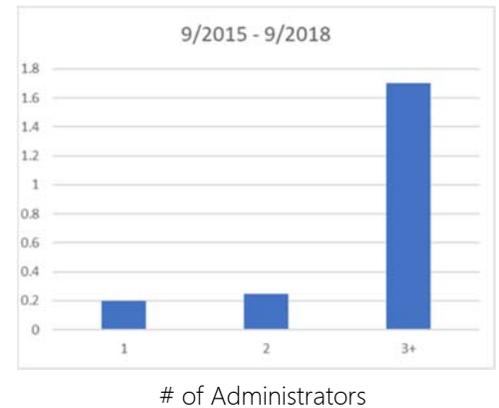
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# Effects of Administrator Turnover

By: Tom Moss (continued)

Only 20% of facilities with one administrator and 24% with two administrators had a complaint survey during the past three years. However, facilities with three or more administrators were almost certain to have a complaint survey during the same three-year period, and many had two or more complaint surveys.



How much does administrator turnover cost a facility? A 2010 article written by two staffing experts (Susan Glister and Jennifer Delassandro) suggested the cost is very high. Their article, "The High Cost of Administrator Turnover: A Snowball Effect," documented the cost was not only financial but concluded high administrator turnover could cause poor morale, poor staff productivity and had a negative impact on residents and their families. The article documented:



A review of the cost of turnover in the literature varies, but commonly estimated costs include a rate of 150% of an annual salary for professional/licensed staff, while ancillary staff costs range from \$3,000 to \$11,000 per employee. What does this, in combination with the turnover data, mean today in dollars and cents? For a facility with accommodations for 200 residents, it could cost in the neighborhood of \$807,500 to \$2,248,970 per year!



In summary, facilities that had only one or two administrators in a three-year period had significantly fewer complaint surveys, core level deficiencies and non-core deficiencies. These facilities would have also had less subsequent costs; both financial and otherwise. The challenge moving forward is to increase administrator longevity. Based on the data, the benefits for both residents' quality of life and the overall bottom line are worth putting in the work to understand what needs to be done to increase administrator longevity at your facility.



# Jimmy Markham

By: Lisa Bennett

Jimmy Markham, a long-term assisted living administrator, is retiring. She was interviewed for this brief biography.

Jimmy was taught early on by her mother to care for the people who need the most help; that is just how she was raised. At age 16, Jimmy worked in a nursing home in Baker, Oregon. She said she did not like the way the residents were made to get up at four o'clock every morning to get ready for breakfast.



Jimmy was proud to say she was part of the 1st class to go through the Treasure Valley Nursing School. She was married and had five children to care for when she attended nursing school.

On January 1, 1984, Jimmy and her husband acquired a building in Star, Idaho and Markham Residential Care Inc. was born. It is easy to say Jimmy was one of the first assisted living administrators, as she was issued license #18. When Jimmy first became the administrator of Markham, there were only four ladies living in the eight-bed facility. She was very attached to her elderly residents and found it quite difficult when one would pass away.

It was sometime between 1996 and 1998 when Markham transitioned from caring for elderly residents to caring for the mentally ill. It was a natural transition for Jimmy; she had over 15 years of experience working with people with mental illness. She realized there was a need for a facility for that population-type. She said people with mental illness are a forgotten population and are still dealing with the stigma of their diagnosis.



Jimmy always told her residents' family members to not call ahead of time to visit the facility; just drop in. She said that's when you see how things are really running.

Jimmy was very active and proactive in her duties as an administrator. She worked with a college to develop 13 core classes regarding various aspects of residential care and administration.

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## Jimmy Markham

By: Lisa Bennett (continued)

Jimmy joined with other administrators to start a Residential Administrators Association. The Association would take turns meeting at each other's facilities. Jimmy found this to be a very beneficial way to share information with other administrators. In reality, Jimmy was ahead of her time developing the idea of networking before it became the popular buzzword of today. "When we started, we were small and we all knew each other," recalled Jimmy.

Some of Jimmy's fondest memories were the holidays spent with her residents. One resident, who had been with Jimmy for 13 years, played the part of Santa Claus for the shelter home. "Christmas, we went all out! We got gifts for the residents. We would get them something they really wanted and some clothing items and new linens or a comforter. We had fun!" She also recalled fun times with the residents on Easter egg hunts with kids as well as camping and fishing trips. Jimmy said she once took her residents to the Ice Capades!

Caring for others runs deep in the Markham family. Jimmy's daughter-in-law, Melissa, worked with Jimmy for 13 years. Her daughter, Tina, runs Jefferson House and her daughters, Penny and Angie, have run Country Inn for over 29 years.

Jimmy said that all her residents were in her heart and she enjoyed working with "many fine people." Jimmy's advice for current and future administrators is to always try your best.

As this chapter of Jimmy Markham's career closes, we would like to thank her deeply for her hard work and dedication to the most vulnerable of resident populations. Thank you, Jimmy. You will be greatly missed!





## Featured FAQ

In this newsletter, we would like to highlight an FAQ related to outside service involvement and the role of facility nursing. The following can be found in the FAQ section, "Admissions, Retention, Discharge:"



**Question:** A home health agency says they treat Stage III pressure ulcers in other RALFs "all the time." Is it OK to retain someone with a Stage III pressure ulcer as long as the wound is being treated by home health or hospice?

**Answer:** No. IDAPA 16.03.22.152.05.b.ix states no resident can be admitted or retained with a Stage III or IV pressure ulcer. Also, the facility nurse needs to monitor the skin condition (physically assess it) to assure the outside agency is providing appropriate care and to make certain the resident is still appropriate for retention.

Regardless of the outside service type (home health, hospice, wound clinic, etc.), the "nurse needs to monitor...to assure the outside agency is providing appropriate care..."



The FAQs are available on our website ([http://healthandwelfare.idaho.gov/Portals/0/Medical/LicensingCertification/RALF\\_FAQs.pdf?ver=2016-08-04-102842-090](http://healthandwelfare.idaho.gov/Portals/0/Medical/LicensingCertification/RALF_FAQs.pdf?ver=2016-08-04-102842-090)).

## Families Making Medical Decisions

By: Lisa Bennett



As we all know, assisted living facilities are responsible for the health and safety of the residents in their care. What happens when residents experience an injury or illness? The facility nurse steps into action and assesses the resident. At this time, the facility nurse may determine the resident needs further medical care or treatment. The nurse may recommend the resident be sent out to a hospital or other medical facility to receive proper care.

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# Families Making Medical Decisions

By: Lisa Bennett (continued)



Lately, there has been some discussion as to what to do if the resident's family member(s) do not want their loved one sent for outside treatment. Sometimes family members may want to override the facility nurse, the wishes of the resident and/or make decisions which do not appear to be in the best interest of the resident or the resident's health. Before honoring such wishes, it is essential to verify the family has the legal right to make medical decisions for the resident. This can be done by reviewing POA or guardianship papers to verify the family has the explicit legal authority to make such decisions. This should all be determined at the time of the resident's admission to the assisted living facility. The facility's policies and procedures regarding how, when and why a resident would be sent out for further evaluation should be covered with family members at the time of the resident's admission to the facility as well. This ensures all parties are on the same page should an emergency arise.



The facility is ultimately responsible for the resident's safety, for ensuring physician orders are followed, for ensuring the resident is provided needed care and services and for obtaining emergency medical services. Unless they have the legal authority to do so, the family must not be allowed to make decisions about the resident's care and services.

The facility must obtain emergency medical services when a resident needs them. If a resident requires emergency medical treatment, failure to obtain such treatment would constitute neglect.

A resident's refusal of medications or services must be evaluated to ensure that such refusal is not placing the resident's health and safety in imminent danger, in which case, they would not be appropriate to live in an assisted living facility.



If the refusal is not placing the resident's health or safety in imminent danger, then be sure the nurse explains the potential health consequences of the refusal with the resident, notifies the physician of the refusal and documents all of this.

We hope this clears up any confusion about the issue. We are all working together to achieve the same goal for our residents in assisted living, and that is to provide safe, quality care for our loved ones.



## Generator Assessments

After the tragedies in assisted living facilities in 2017 (during Hurricane Irma in Florida and Harvey in Texas), there has been heightened interest about which facilities have generators. As part of our effort to provide better information for consumers and facilities, we will now be listing on the public portal which facilities have generators.

If you have not already done so, please complete a Generator Assessment for your facility. To complete the assessment, logon to your FLARES portal and navigate to "Forms and Applications." Select "Generator Assessment" from the forms drop-down list and then select start.

## Website Updates

The following information has been recently added to our website:

- Under "**Training Resources - Other Agencies**" - "**Incedo Dementia Training**:" Multiple trainings related to residents with dementia, offered by the University of North Texas Health Science Center. The courses provide free CEUs and are available until 2019/2020.
- Under "**Training Resources - Other Agencies**" - "**CMS Hand in Hand Training**:" A CMS training focused on caring for residents with dementia and preventing abuse. Supporting materials can also be found on the website.
- Under "**Forms**:" There is now a "**Behavior Management**" section, which includes Behavior Plan and Data Sheet template examples.
- On the right, under "**Resources Links**" - "**Alzheimer's/Dementia**:" A seven-minute video, "***Unforgettable - NYU assembles a choral group composed of persons with dementia and their caregivers,***" highlights a group which unites residents and caregivers through music, providing key support to all of the members.
- Under "**Best Practices**" - "**Additional Resources on Best Practices**:" Newly added is "***Caregiver Code of Ethics-Submitted by Jan Young Ombudsman.***" A caregiver code of ethics can be a useful tool in assisted living facilities. Providing information like this to employees early on, such as in orientation, can be helpful in establishing clear expectations related to conduct.

### Licensing and Certification Contact Information

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[www.flareslive.com/portal/ProviderLogin.aspx](http://www.flareslive.com/portal/ProviderLogin.aspx)