

Happy New Year From The Ralf Program

Tips For Handling Emergency Situations

by: Aaron Herring

Winter can be chalk-full of fun in spite of the chilly temperatures; and for sure, Idaho weather gets cold. On January 18th, 1943 the temperature plunged to negative 60° near Island Park Dam.

Recently, the Department of Health and Welfare released a safety checklist. The approach was to make us aware of the importance of proper preparation in the event of an emergency. The CDC (Center for Disease Control and Prevention) lists 12 potential disasters we should be aware of - *if pertinent to your area*. Idaho is in the unique position to be subject to 10 out of 12 potential disasters as follows: Earthquakes, Extreme Heat, Floods, Landslides/Mudslides, Lightning, Tornadoes, Wildfires, Winter Weather, and volcanoes.

Taking a few easy precautionary steps can make all the difference. In the winter time, you could find yourself trapped in inclement weather. In the summer, you might be subjected to a speedy evacuation from fire. Either way, you might find the need to evacuate your current location, and in the event of an evacuation, the Red Cross has released *guidelines* regarding what they call a “go-bag”. This is simply a preassembled bag of essential items you could need in the event of an emergency. When you’re in a hurry, panicked, stressed, or just tired, it can be difficult to accurately remember the important things you need. On the following page is a chart to help you take stock of those items you might want to add to your “go-bag” in the event of an emergency.

Reference Links:

<http://www.redcross.org/prepare/location/home-family/seniors>

http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240199_A4497.pdf

<http://www.redcross.org/prepare/location/home-family/pets>

<https://www.cdc.gov/disasters/wildfires/index.html>

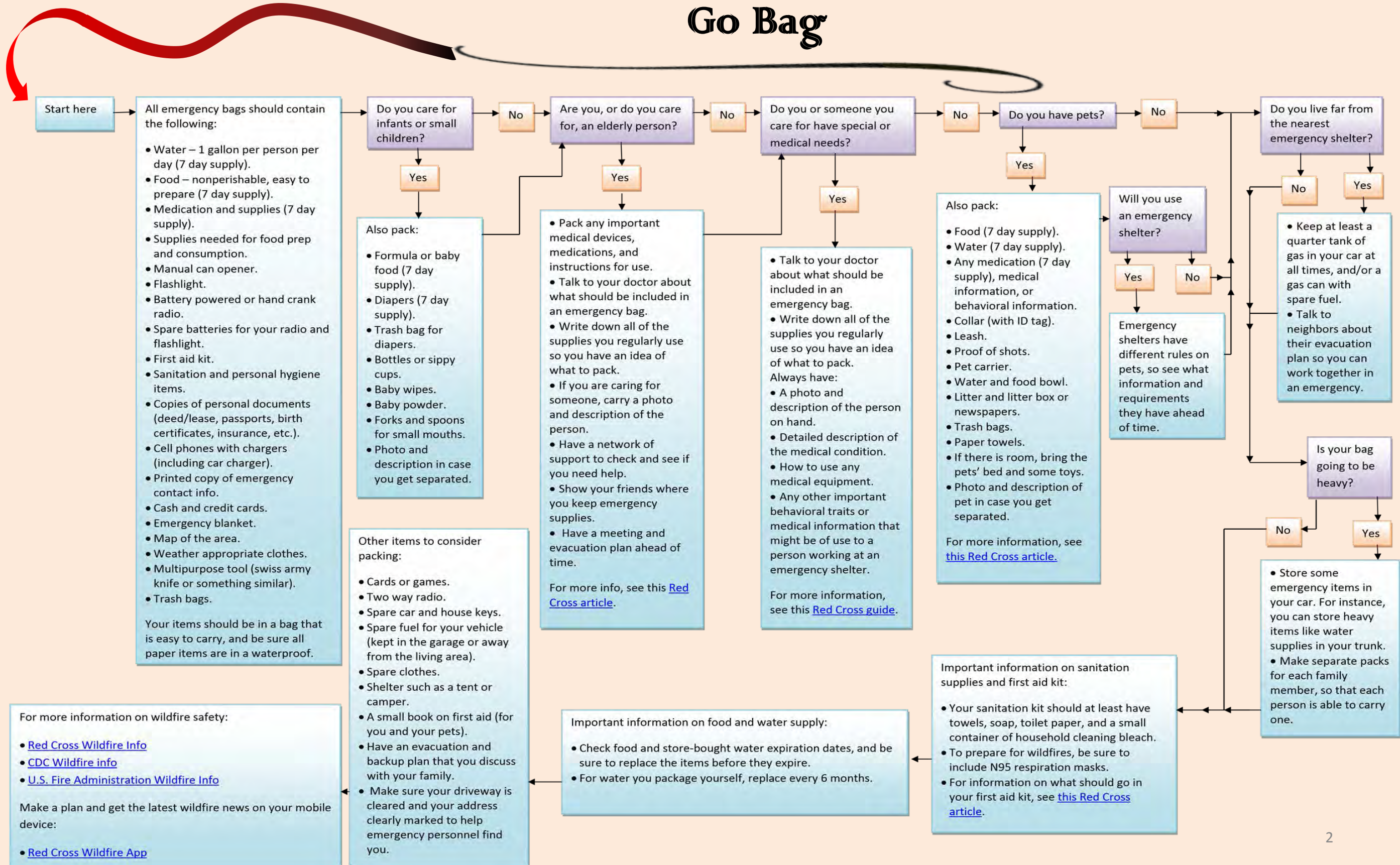
<https://emergency.cdc.gov/preparedness/index.asp>



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Go Bag



Congratulations To These Award Winning Communities

2016 Ralf Awards

Gold Excellence in Care Award: No deficiencies were cited during the survey.

Silver excellence in Care Award: No core deficiencies were found and there were three or fewer non-core deficiencies cited during the survey.

Gold Award Winners

05/26/2016 - Cedar Crest Residential Care - **Tami Nichols**
06/09/2016 - Teton Valley Residential Care Homes, Inc - **Clint Calderwood**
06/21/2016 - Sunset Home Assisted Living, Inc - **Duane Holderman**
07/27/2016 - Lily and Syringa Assisted Living - **Mary White**
08/24/2016 - Ashley Manor - Cedar, Ashley Manor LLC - **Teresa Kuder**
08/25/2016 - Cedar Living Center - **Jana Hebdon**
09/16/2016 - Community Restorium - **Karlene Magee**
10/27/2016 - Meadow Lake Village Retirement Resort - Owyhee Bldg - **Cristy Wells**
11/17/2016 - Desano Place Village Memory Care - **Julie Pendleton**
11/30/2016 - Living Springs - **Alice Thibault**

Silver Award Winners

02/05/2016 - Ashley Manor - Storybook Way #1 - **Brianna Lynne Smith**
03/16/2016 - Pattie House, LLC - **Sunny Grow**
04/06/2016 - Rosetta Assisted Living - Eastridge - **Lisa Junod**
04/08/2016 - Ashley Manor - Lincoln - **Paula Morgan**
04/19/2016 - Country Time Assisted Living - MMT Operations LLC - **Rhonda Gray-Foldesi**
04/21/2016 - Curtis House, LLC - **Vickie McCuiston**

05/05/2016 - Grace Assisted Living - **Ryan Jenkins**
06/07/2016 - Homestead Assisted Living at Carriage Cove - **Garren Shakespear**
06/21/2016 - Country Comfort Residential Care - **George Ciccone**
06/30/2016 - Clement Home Assisted Living - **Adi Mihalache**
07/14/2016 - Unique Senior Care - Assisted Living - **Amy Knapp**
07/27/2016 - Spaulding House - **Adriana Datcu**
08/5/2016 - Cottage Investors, LLC dba The Cottages of Middleton - **Nicole Ellis**
08/23/2016 - Carefix - Safe Haven Homes of Blackfoot - **Wendy Webb**
08/24/2016 - Carefix - Safe Haven Homes of Chubbuck - **Wendy Webb**
08/24/2016 - Caring Hearts Assisted Living - **Linda Eggiman**
09/14/2016 - North Star Retirement Community - **Tambra Maple**
09/29/2016 - Ivy Place Residence - Ivy Place Inc - **Kim Taylor**
10/04/2016 - Safe Haven Homes of Challis - **Lisa Stucker**
10/05/2016 - Golden Pines-Rural Assisted Living Facilities LLC - **Amber Robison**
10/05/2016 - Advanced Assisted Living - **Viorel Boeru**
10/05/2016 - Discovery Care Center - **Steve Lish**
10/18/2016 - Carefix - Safe Haven Homes of Lava Hot Springs - **Tara Stills**
10/19/2016 - Malad Living Center/RCF - **Gincer Price**
10/20/2016 - Whispering Pines Assisted Living Downey - **Shelly Jones**
11/03/2016 - Hettinger Living Center - **Nicole Lang**
11/29/2016 - Lodge at Riverside Harbor - **Denise Sowell**

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A Quick Introduction To The Community Care Advisory Council

CCAC – Community Care Advisory Council

The Council is a forum for stakeholders in Residential Care or Assisted Living Facilities (RALF's) and Certified Family Homes (CFH's). It was formed by statutes (Idaho Code §39-3330, §39-3331, §39-3332, §39-3333 and §39-3511) passed in the 2005 legislative session. The statutes combine the former Board and Care Advisory Council and the Residential Care Council for the Elderly into a single entity of 20 members appointed by the organizations and/or agencies represented on the Council.

CCAC's purpose is to:

- 1) To make policy recommendations regarding the coordination of licensing, certifying, and enforcement standards in residential care or assisted living facilities and certified family homes and the provision of services to residents of residential care or assisted living facilities and certified family homes.
- 2) To advise the Department during development and revision of rules.
- 3) To review and comment upon proposed rules; and
- 4) To submit an annual report to the Legislature stating opinions and recommendations which would further the state's capability in addressing residential care or assisted living facility and certified family home issues.

“As a member of the Council I learn so much being at the meetings. I also get to help Council members understand the perspective of the resident's experience.” James Steed, Advocate for people with Developmental Disabilities who also experience a mental health diagnosis.

For more information, visit our website and navigate through CCAC's schedule, reports, agenda, meeting minutes and notices:

<http://healthandwelfare.idaho.gov/Providers/ProvidersFacilities/StateonlyPrograms/ResidentialCareorAssistedLiving/tabid/361/Default.aspx>

Additionally, if any pertinent announcements are necessary, we will add them to our announcements section of our website.

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Secret To Success: Living Springs Assisted Living

Recently, we contacted Alice Thibault at Living Spring, Assisted Living. Her facility has received 3 Gold Awards in a row and we wanted to hear from her about what she is doing, and how her facility achieved something so amazing.

Alice became a CNA when she was 15, working nights at a Skilled Nursing Home in Ontario, Oregon. She entered the field because of the close relationship she had with her Grandparents; describing them as 'her world'. Later, she attended Boise State University and obtained her LPN Certificate before moving to Post Falls in August of 1980. Fully determined to continue her career with the elderly she obtained a job at Sacred Heart Hospital. During that time (11 years), she cared for her Father-in-Law who was a quadriplegic. This taught her to understand how worn out a family can get when caring for a loved one.

Later, she worked as the nurse at an Assisted Living in Hayden, Idaho. They struggled to keep an administrator, so she ended up working as both nurse and administrator. She found that the larger 'corporately owned' places were not personable for her, reflecting "...they kept cutting back on staff hours while expecting more." That is when she started searching for a place of her own. While working as the nurse/house manager at Living Springs in May of 2003, she (along with business partners Gary and Jennifer Trefz) obtained a Small Business Loan and by October, they were good to go!

Alice believes that starting young as a CNA benefited her staff through the relationships they now have. She understands what they go through and she NEVER asks them to do what she would not do herself. If it gets busy or someone calls in, she works right next to them, respects them, is conscious of their work load and is always thanking them! "You really need to trust and respect the caregivers, because no matter how big your dreams or desires for your residents, it is the caregivers that help you to attain them", Alice says. She says that, "God blessed them with great staff...for which she is grateful. Caring for the elderly is what they do well." One of her staff, Nellie, has worked at Living Springs since before Alice arrived! Now 72, she works alongside two of her daughters. She believes their long-term staff is what sets them apart from other facilities. They treat them well, and the mutual respect they have for each other goes a long way. That respect then gets passed on to the Residents.

Their Motto? Come, feel the Difference!

Alice wants to give the persons 'under her watch' (staff and residents) quality...quality in life, quality in work, quality in care. "There is no greater compliment than when someone expresses how nice our facility 'feels' to them when they walk in. I believe the number one contributing factor to our success is hard work. This is not an easy job, and it requires dedication and commitment. We always do our best to do what is right; My biggest challenge was learning that not everyone does things like I do. My staff were so gracious with me while I learned this..." she says.

She also learned that she needs a variety of personalities to make it feel like home. "I seek task-oriented and people-oriented staff in equal parts. If they were one-sided either way, it would not work. It's good to remember that we are all human; we live in an imperfect world! We try to always do our best, but some days that best is 'better' than other days", she says.

Her Grandma was her Guardian Angel...she taught Alice about God through how she lived. Alice says, "It is in her honor that I do what I do... it's what motivates me." She also taught Alice to see things from the other person's view, and that has stuck with her. "I guess it's a 'trick' I'll pass along...trying to see things from the residents' view, the families' view, the staff's view...walking in their shoes", Alice says.

Alice leaves us with a final thought, "Remember, we all started out without knowing what this path called life looks like. Everyone struggles, but through compassion, you may find yourself in those shoes. But for the Grace of God I."



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POTENTIALLY INAPPROPRIATE MEDICATIONS - BEERS CRITERIA

By: Raj Sandou - BSN, RN-BC, CARN, COS-C, CPFM

Assisted living community residents generally suffer from long-term health conditions and are frequently being treated with multiple medications. However, these residents are more sensitive to certain medications than the general population and have a greater chance of experiencing unwanted drug side effects. Hence, potentially inappropriate medications should be avoided in the elderly to decrease the risk of adverse events from medications. The Beers Criteria is a standard reference to use in identifying such potentially inappropriate medications (PIMs). We encourage assisted living providers to educate themselves about the Beers Criteria to promote medication safety in their residents.

The Beers list was first introduced in 1991. Since 2012, the American Geriatric Society (AGS) has been charged with the responsibility of regularly revising this list based on scientific evidence. The latest update was published in 2015 (American Geriatric Society, 2015). According to a study conducted using medication data between 2006 and 2010, "30.9% of community-dwelling older adults were prescribed PIMs, some of which are known to be associated with falls, delirium, declines in cognitive and physical functioning, and other potentially serious health outcomes" (Davidoff et al., 2015).

Nurses can play an important role in identifying and reducing potentially inappropriate medications in assisted living community residents. Nurses can identify such medications during medication reviews (i) on admissions, (ii) during 90-day nursing assessments, (iii) assessments during change of condition, and (iv) re-assessments after a short-stay acute care hospitalization. Below are some of the common examples of Beers Criteria medications:

Hydroxyzine	Clonidine	Amiodarone	Secobarbital
Meclizine	Guanfacine	Meprobamate	Phenobarbital
Promethazine	Methyldopa	Eszopiclone (Lunesta)	Androgens
Diphenhydramine (oral)	Digoxin	Zolpidem (Ambien)	Estrogens
Atropine	Nifedipine, immediate release	Zaleplon	Progestins
Belladonna alkaloids	Imipramine	Alprazolam	Growth Hormone
Dicyclomine	Nortriptyline	Estazolam	Insulin, sliding scale
Scopolamine	Paroxetine	Lorazepam	Megestrol
Nitrofurantoin (Macrobid)	Amobarbital	Oxazepam	Sulfonylureas
Chlordiazepoxide	Pentobarbital	Temazepam	Glyburide
Clonazepam	Ibuprofen	Triazolam	Metoclopramide
Diazepam	Meloxicam	Amitriptyline	Mineral Oil (oral)
Doxazosin	Naproxen	Clomipramine	Proton-pump inhibitors
Prazosin	Methocarbamol	Desipramine	Meperidine (Demerol)
Terazosin	Nabumetone	Doxepin	Aspirin

Visit: <http://geriatricscareonline.org/toc/american-geriatrics-society-updated-beers-criteria-for-potentially-inappropriate-medication-use-in-older-adults/CL001/> to learn more.

References

- American Geriatrics Society. (2015). American Geriatrics Society 2015 updated Beers Criteria for potentially inappropriate medication use in older adults. *Journal of the American Geriatrics Society*, 63(11), 2227-2246.
- Davidoff, A.J., Miller, G.E., Sarpong, E.M., Yang, E., Brandt, N., & Fick, D.M. (2015). Prevalence of potentially inappropriate medication use in older adults using the 2012 Beers Criteria. *Journal of the American Geriatrics Society*, 63(3), 486-500.

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Overuse Of Antipsychotic medication In The Elderly

By: Rebecca Thomas, R.N.

The misuse and overuse of antipsychotic drugs has been recognized as a serious problem for many years and has been characterized by some as “Prescription Abuse.”

The American Psychiatric Association (APA) has launched an avalanche of public campaigning against the overuse of antipsychotics for treating everything from dementia to insomnia to pediatric behavioral problems, joined thus far by more than 50 medical groups. The APA published a new list of questionable uses for such medications as part of its “[Choosing Wisely](#)” campaign criticizing overuse of treatments, such as antibiotics for cold viruses and other inappropriate scenarios, contributing to the development of drug-resistant bacteria known as “superbugs.”

The APA says doctors frequently misuse older antipsychotic medications intended for conditions such as schizophrenia and bipolar disorder, as well as newer antipsychotics prescribed more frequently for behavioral problems in the elderly. Behavioral and psychological symptoms of dementia are defined as the non-cognitive symptoms and behaviors, including agitation or aggression, anxiety, irritability, depression, apathy and psychosis.

On November 4, 2013, the U.S. Department of Justice announced that Johnson & Johnson had agreed to pay more than \$2.2 billion dollars to resolve criminal and civil charges involving the misuse of antipsychotic drugs. Johnson & Johnson was alleged to have engaged in off-label marketing of the atypical antipsychotic drug Risperdal for patients who had dementia, but no diagnosis of psychosis, and to have paid kickbacks to physicians and pharmacists who prescribed Risperdal. The Food and Drug Administration (FDA) approved Risperdal solely for patients with a diagnosis of schizophrenia and the FDA’s Black Box warnings for both atypical and conventional antipsychotic drugs (warning that antipsychotic drugs may cause the death of older people with dementia). A related civil complaint charged the company with providing false and misleading information about Risperdal, and kickbacks paid to physicians who prescribed the drug. Additionally, other drug companies have settled similar cases with the Federal Government for marketing antipsychotic drugs to the elderly – Eli Lilly (Zyprexa) and AstraZeneca (Seroquel).

A report by the U.S. Government Accountability Office (GAO) reported that none of the antipsychotics had been approved by the FDA for the behavior symptoms of dementia. In addition, the drugs carried the FDA mandated warning of the increased risk for death in adults with dementia. According to the FDA these deaths usually seem to be related to heart problems or infections such as pneumonia. The GAO did report, in some circumstances, prescribing antipsychotics might be warranted – in particular when patients posed a risk to themselves or others.



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Overuse Of Antipsychotic medication In The Elderly -Continued

There is appropriate use of antipsychotics according to Constantine G. Lyketsos, MD, director of the Johns Hopkins Memory and Alzheimer's Treatment Center. The extreme behavioral symptoms can be hard to manage, "and the most effective treatment we have for them right now is antipsychotics." He stated the medications should not be used in all cases, but "in a small subgroup of people with very severe symptoms the use of antipsychotics is unavoidable." However, he reported "the bottom line is we need better alternatives."

Unfortunately, antipsychotic drugs are used to treat behavioral and psychological symptoms in dementia, which are a core part of the syndrome of dementia. Antipsychotics are mainly approved for – schizophrenia or bipolar disorders with psychotic symptoms. Behavioral and psychological symptoms in dementia include agitation, aggression, wandering, shouting, repeated questioning, sleep disturbance, depression and psychosis. These symptoms reduce patients' quality of life, cause great distress to caregivers and are the most common reason for institutionalization. However, clinical studies have shown antipsychotic medications appear to have only a limited positive effect in treating behavioral and psychological symptoms in dementia and can cause significant harm to people with dementia. Antipsychotics should not be a first-line treatment. Common side effects of antipsychotics may include confusion, sedation, and early death. Antipsychotic drugs should be considered a second line of treatment when other non-pharmacological approaches have failed, and not as a first line response to behavioral difficulty in dementia.

Patient advocates assert that before an antipsychotic is used, less intrusive treatments for dementia symptoms should be tried like behavioral therapy, redirection and anti-stress techniques. People with dementia face frightening loss of memory and inability to communicate their needs and feelings, to say nothing of finding themselves institutionalized with unfamiliar people. Therapeutic, nonchemical ways to help them transition may lessen symptoms without powerful medications with dangerous side effects. Consider what may be causing the behavior – environment, care routines or changes in staff. Additionally, medical symptoms such as physical illness, side effects of other drugs or drug withdrawal may be causing behavior symptoms.

Patients have the legal right to refuse treatment and physicians have the duty to tell patients of significant or dangerous side effects of prescribed medication so that patients can make informed consent. Patients also have the right to be free of chemical restraint, meaning that powerful drugs should not be prescribed to sedate patients for the convenience of staff or because understaffing makes less restrictive alternatives impossible.

In conclusion, the use of antipsychotic medications should be limited to cases where non-pharmacologic measures have failed and the patients' symptoms may create a threat to themselves or others.

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News From The Criminal History Unit

This comes from Fernando A Castro. He's the Program Supervisor of the Criminal History Unit. Some of the highlights that you can find in his newsletter are

- Invoice Authorization Letters
- Behavior Health Background Check Waiver
- Background Check Rules Changes to be Reviewed by the State Legislature.

You can find the full newsletter by visiting their Website.

<https://chu.dhw.idaho.gov/>

Click on the Newsletter tab, and then scroll down to Volume 4, Issue 2. You may need to turn your pop-up blocker off to get it to pull up.

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