



# May, 2017 Residential Assisted Living Newsletter

## Behavior Management Recap

I hope that everyone who attended the Behavior Management training enjoyed the information. Over the course of 5 meetings, roughly half of all Administrators statewide were able to attend. Those of you in Northern Idaho, fear not; Tom is planning a trip up that way in May (details to come).

A lot of you were able to find your CU certificates at the meeting, but a handful of you either left yours behind, or crashed the party and surprised me; thus I need to put yours together. No worries, Tom submitted your signature list and **I'll email those to you soon.**

*Aaron Herring*

## April Showers brought snow flowers...

- Introduction
- Awards and Announcements
- Proper Documentation
- Sprinkler System Inspection, Testing & Maintenance Residential Care or Assisted Living Facilities in Idaho
- Idaho Food Code

This month, I called around to identify which facilities are a true memory care (secured interior and exterior and none of the residents have the code), a few facilities mentioned that they thought they had to post the code. This is a good question, where the simple answer is; there is no requirement to post the code. I asked Nate Elkins our FLS program supervisor to fill in the details.

**Nate says that, "According to FLS standards, posting of the code is not required. Egress doors (if equipped with electronic devices) shall unlock upon loss of power, activation of fire alarm and activation of sprinkler. If equipped with a delayed egress (push on the door until the door releases after 15-30 seconds) it must have a sign posted stating this information but not **the code to exit the facility.**"**

Hope that this is helpful.

*Jamie Simpson*

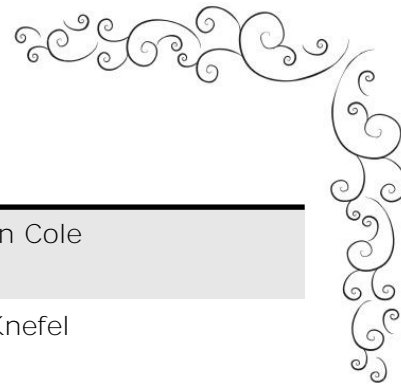
2017 is off to a fast  
start...



A huge  
congratulations  
to our winners!



## *Silver*



Trinity at 1 <sup>st</sup>	Daythun Cole
Edgewood Spring Creek Eagle	Randi Knefel
Ashley Manor Hill Road	Carla Schafer
Edgewood Fruitland	Karen Zaneli
Homestead Assisted Living Rexburg	Parker Thueson



## *Gold*



Basil Celany	Lisa Cahill
Oasis Shelter Home	Janet Wallace
Desano Place	Julie Pendleton
Maple Wood	Joann Isaksen



**Have you ever heard the saying, “If it is not documented, it did not happen”? What does this**

really mean? The phrase is often used in health care as a way of underlining the importance of documentation. In assisted living facilities, documentation is not only important, but necessary according to IDAPA 16.03.22., Rules for Residential Care or Assisted Living Facilities in Idaho. Documentation is integral to the quality and continuity of the **resident’s** care. It serves as a means of communication between everyone involved in that care. Accurate and effective documentation leads to better decision making.

It is the responsibility of the administrator to ensure staff received documentation training relevant to their positions. Documentation removes any doubt **about the facility’s response to situations affecting** resident care or services.

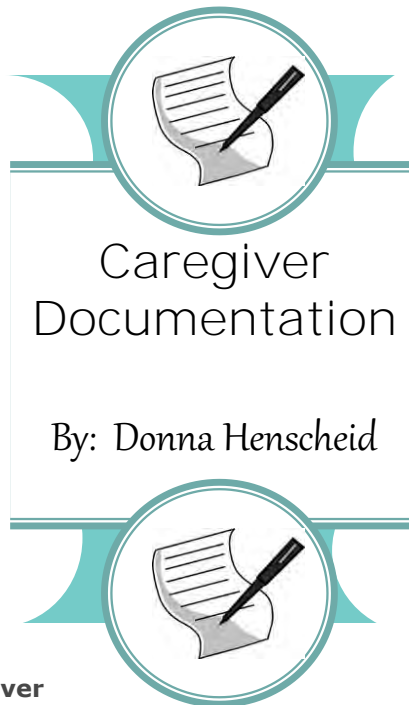
**Let’s take a look at the following rules pertaining to caregiver** documentation:

711. ONGOING RESIDENT CARE RECORDS

**The administrator must assure that the facility’s policies and** procedure for ongoing resident care records are implemented and meet the requirements described in Subsections 711.01 through 711.14 of these rules.

1. Behavior Management Records. The facility must have behavior management records for residents when applicable. These records must document requirements specified in Section 225 and Subsection 320.02 of these rules. The records must also include the following:
  - a. The date and time a specific behavior was observed.
  - b. What interventions were used; and
  - c. The effectiveness of the interventions.

Every staff member should know the process for documenting **behaviors. The rules do not dictate where in the resident’s chart** behaviors have to be documented. As long as the documentation includes a, b and c (above), it is fine to have staff document **behaviors in the resident’s daily progress notes on an incident report** or on a behavior data sheet.



**Accurate documentation of each resident’s behaviors** enables the person responsible for behavior management to determine whether there is a pattern of behavior and if the interventions used are working.

2. Refusal of Care Consequences. Documented evidence that if the resident refused care or services, the resident has been informed of the consequences of the refusal and a record of the **resident’s physician or authorized provider** being notified.

All residents have a right to refuse cares or services. **There are circumstances where the residents’** choices may be detrimental to their overall well-being. Documentation provides written proof the facility has provided the resident or their responsible party with information necessary for them to make an informed decision about their healthcare.

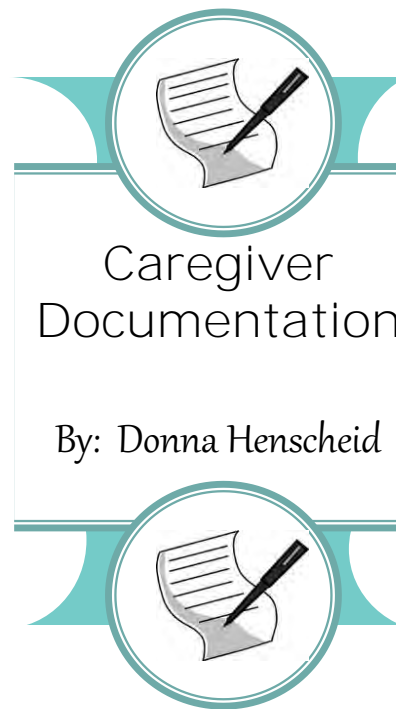
**Some facilities have told surveyors, “We don’t allow our caregivers to document” or “Caregivers document in shift change reports and these are for ‘in house’ use only. We shred them each month.” This is not an acceptable practice.** The RALF rules specifically require caregivers to document their own observations and the care they provided. See IDAPA **16.03.711.08...“Care notes that are signed and dated by the person providing the care and services” which includes:**

- a. When the NSA is not followed, such as resident refusal and the **facility’s response;**
- b. Delegated nursing tasks, such as treatments, wound care and assistance with medications;
- c. Unusual events such as incidents, reportable incidents, **accidents, altercations the facility’s response;**
- d. Calls to the physician or authorized provider, reason for the call and the outcome of the call;
- e. Notification of the licensed professional nurse of a change in **the resident’s physical or mental condition.**

## Did you know?

### Interesting Documentation Tidbit

The lost art of documentation...or the art of lost documentation? The oldest known message in a bottle was sent by Chunosuke Matsuyama, who supposedly sent out a message in 1784, asking for rescue after he became shipwrecked. The message washed up on a beach in 1935, a little too late.



### Oldest Marriage Certificate Documentation

The Elephantine Papyri are a collection of documents dated to the 5<sup>th</sup> century BC found on the island of Elephantine in the River Nile. At the time a Jewish settlement called Yeb was located there as an Egyptian garrison. Among the various letters and contracts were three marriage certificates, the oldest known to survive.

The contracts appear to have been drawn up in unusual situations. The brides were a slave, a former slave, and a divorcee. The purpose of the documents was to record the economics of the wedding, including the dowry. If the marriage was later dissolved, the wife got to take this along with the possessions she brought with her. One lucky groom was named Ananiah ben Azariah and his bride was a handmaiden called Tamut. The certificate contains sections that have been erased or added to, suggesting last-minute negotiations.

...continued

Documentation is a great communication tool between caregivers, nursing and administration. It allows the administrator and/or nurse to monitor what is going on with the residents. Documentation should tell a story from the beginning to the end. For example: If a caregiver documented a resident complained of abdominal pain, the facility nurse would assess the resident and document his/her assessment and instructions to the caregivers. The caregivers would follow-up with documentation of their observations after implementing what the nurse instructed.

Documentation should be specific, factual, observable and written in plain language. Leave out personal feelings, opinions, **assumptions, interpretations and beliefs.** For example: **"The resident stated she had abdominal pain. She was crying and holding on to her stomach."** Instead of: **"The resident is having a bad day and I think it's because she ate cabbage for lunch."** Documenting the resident is "having a bad day" is an assumption based on a personal opinion. If the resident stated, **"I'm having a bad day,"** that is based on the facts the resident provided to you. Another example is **"the resident has a one quarter inch round, red spot on the inside of his right elbow"** instead of **"the resident has a tiny mark on his right arm."**

Whether handwriting or typing on the computer, documentation must be signed, dated and all entries must be legible. To enhance legibility and accuracy, it is a best practice to limit the use of abbreviations and if used, there should be a written abbreviation standard for all staff to use.

With practice, training and guidance all staff can become competent at documentation. Remember, documentation is evidence you did your job.

# Sprinkler System Inspection, Testing & Maintenance Residential Care or Assisted Living Facilities in Idaho

**Introduction:** When properly installed and maintained, automatic fire sprinkler systems have proven to be the most effective means for protecting life and property against fire. In recognition of their excellent track record in controlling the spread of fire, both state codes and national standards offer fire sprinklers as a cost-effective alternative to meeting many of their base code requirements.

**System Types:** The requirements contained in NFPA 25 are based on the type of sprinkler system installed. The two types most commonly found in healthcare occupancies are wet pipe and dry pipe sprinkler systems. Some buildings contain both types of systems – a wet pipe system in heated areas and a dry-pipe system in unheated areas. Simply put, a wet pipe sprinkler system is a piping system containing water so arranged that water discharges immediately from sprinklers activated by heat from a fire. A dry pipe sprinkler system is a piping system containing air or nitrogen under pressure so arranged that upon activation of a sprinkler, the water pressure opens a valve allowing water to flow into the pipe and out the opened sprinkler.

**System history:** A number of requirements applied to **a healthcare facility's fire protection systems are based** on the age and date of installation of those systems. Without an accurate written history of the fire protection system(s) in your facility, it can be difficult to prove to a life safety surveyor that those systems are being maintained in accordance with applicable state and federal standards. This can result in fire/life safety deficiencies being cited. Turnover of administrative and/or maintenance personnel only **serve to compound the problem. It's important to note** that certain changes made to your building could necessitate modifications to your fire protection system. Things to watch for include: construction or removal of walls and installation of such things as drop-in ceilings, new suspended light fixtures, tracks for lift systems and new cubicle curtains.

By: **Nate Elkins**



**Definitions:** In order to follow the requirements of the standard, **it's** important to have a good understanding of **what's** meant by **"inspection", "testing"** and **"maintenance"**.

- **Inspection** - A visual examination of a system or portion thereof to verify that it appears to be in operating condition and is free of physical damage.
- **Testing** - A procedure used to determine the status of a system as intended by conducting periodic physical checks such as water flow tests, fire pump tests, alarm tests, and trip tests of dry-pipe valves. These tests follow up on the original acceptance test at intervals specified in the appropriate chapter of NFPA 25.
- **Maintenance** - Work performed to keep equipment operable or to make repairs.

### *Personnel qualifications*

It is the **facility's** responsibility to ensure that only properly trained and competent persons perform inspections, testing and maintenance on its fire sprinkler system. The State of Idaho has restrictive requirements that apply to persons who perform work on fire sprinkler systems. Such persons must meet certain license and certification requirements.

### *Specific Requirements*

The inspection, testing and maintenance requirements that apply to your **building's** fire sprinkler system start from the date of initial installation and continue on at specific intervals throughout the life of the system.

### *Sprinkler Requirements*

NFPA 13- This NFPA Standard provides the minimum requirements for the design and installation of automatic fire sprinkler systems. This is what the sprinkler company/contractor refers to when designing the system

NFPA 13D - Type of Sprinkler Systems in One-and Two-Family Dwellings and Manufactured Homes.

NFPA 13R – Type of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height.

**Wet System** - A sprinkler system employing automatic sprinklers attached to a piping system containing water and connected to a water supply so that water discharges immediately from sprinklers.

**Antifreeze System** - A wet pipe system employing automatic sprinklers attached to a piping system containing an antifreeze solution and connected to a water supply.

**Dry Pipe System** - A system employing automatic sprinklers attached to a piping system containing air or nitrogen under pressure.

### *Responsibility*

The responsibility for properly maintaining a water-based fire protection system shall be that of the owner(s) or designee of the property. By means of periodic inspections, tests, and maintenance, the equipment shall be shown to be in good operating condition, or any defects or impairments shall be revealed.

The owner or designee is responsible to correct or repair deficiencies found during the monthly, quarterly, or annual inspection.

A qualified maintenance personnel or a qualified contractor is required to test the system annually.

# Sprinkler System Inspection, Testing & Maintenance Residential Care or Assisted Living Facilities in Idaho

Annually, prior to the onset of freezing weather, buildings with wet pipe systems shall be inspected to verify that windows, skylights, doors, ventilators, other openings and closures, blind spaces, unused attics, stair towers, roof houses, and low spaces under buildings do not expose water-filled sprinkler piping to freezing and to verify that adequate heat [minimum 40°F (4.4°C)] is available.

## Annual Inspections:

Sprinklers shall be inspected from the floor level annually. Sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., upright, pendent, or sidewall).

Any sprinkler that shows signs of any of the following shall be replaced immediately:

- (1) Leakage
- (2) Corrosion
- (3) Physical damage
- (4) Loss of fluid in the glass bulb heat responsive element
- (5) \*Loading
- (6) Painting unless painted by the sprinkler manufacturer

By: Nate Elkins



## Antifreeze Systems

The freezing point of solutions in antifreeze shall be tested annually by measuring the specific gravity with a hydrometer or refractometer and adjusting the solutions if necessary.

(Ref: NFPA 25, 2011 Edition)

The supply of spare sprinklers shall be inspected annually for the following:

- (1) At least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided
- (2) A special sprinkler wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers. One sprinkler wrench shall be provided for each type of sprinkler installed.

The stock of spare sprinklers shall be as follows:

- (a) For protected facilities having under 300 sprinklers —no fewer than 6 sprinklers
- (b) For protected facilities having 300 to 1000 sprinklers —no fewer than 12 sprinklers
- (c) For protected facilities having over 1000 sprinklers —no fewer than 24 sprinklers

### Glycerin

Solution (by volume)	Specific Gravity @ 60°F (15.6°C)	Freezing Point	
		(°F)	(°C)
50% water	1.145	-20.9	-29.4
40% water	1.171	-47.3	-44.1
30% water	1.197	-22.2	-30.1
Hydrometer scale 1.000 to 1.200			

If your system has listed CPVC sprinkler pipe and fittings it shall be protected from freezing with Glycerin only

### Propylene Glycol

Solution (by volume)	Specific Gravity at 60°F (15.6°C)	Freezing Point	
		(°F)	(°C)
70% water	1.027	+9	-12.8
60% water	1.034	-6	-21.2
50% water	1.041	-26	-32.2
40% water	1.045	-60	-51.1
Hydrometer scale 1.000 to 1.200			

\*Not for CPVC sprinkler piping\*

## Internal Inspection:

An internal inspection of piping and branch line conditions shall be conducted every 5 years. The purpose of this inspection is to check for the presence of sufficient corrosion or foreign material capable of obstructing sprinklers and rendering the system ineffective in the event of a fire. Internal inspections are important if there is reason to believe that foreign material exists in the water supply or if the supply is from a stored or raw water source. These internal inspections are especially critical for dry-pipe and pre-action sprinkler systems.

The internal pipe inspections and obstruction investigations are two separate tasks. The internal inspection of piping has a frequency of every 5 years.

The type of obstruction investigation should be appropriately selected based on the observed condition.

This is not intended to place an additional burden on the property owner by requiring an additional inspection every 5 years. Fire protection contractors and business owners should consider having the internal pipe assessment or inspection conducted at the same time as the annual inspection or when the fire sprinkler system is undergoing any alterations, additions, renovations, or repairs to save the cost of separate inspections.

Guidance is explicitly indicated in NFPA 25, 1998 edition Chapter 10 that an inspection of piping is completed by opening a flushing connection at the end of one main (most likely the cross main) and by removing a sprinkler toward the end of one branch line to look for any type of foreign material.

By: Nate Elkins



# Sprinkler System Inspection, Testing & Maintenance Residential Care or Assisted Living Facilities in Idaho

## Obstruction Investigation:

The obstruction investigation has no time limit and is initiated when any of the below conditions are present.

- (a) Defective intake for fire pumps taking suction from open bodies of water
- (b) The discharge of obstructive material during routine water tests
- (c) Foreign materials in fire pumps, in dry pipe valves, or in check valves
- (d) Foreign material in water during **drain tests or plugging of inspector's test connection(s)**
- (e) Plugged sprinklers
- (f) Plugged piping in sprinkler systems dismantled during building alterations
- (g) Failure to flush yard piping or surrounding public mains following new installations or repairs
- (h) A record of broken public mains in the vicinity
- (i) Abnormally frequent false tripping of a dry pipe valve(s)
- (j) A system that is returned to service after an extended shutdown (greater than 1 year)
- (k) There is reason to believe that the sprinkler system contains sodium silicate or highly corrosive fluxes in copper systems
- (l) A system has been supplied with raw water via the fire department connection.

These conditions can show up at any time. When a system does not exhibit any of the conditions listed in NFPA 25, 1998 edition Chapter 10, then only the internal inspection of **piping or "visual" inspection discussed earlier** shall be completed every 5 years.

By: Nate Elkins



## Sprinkler System Inspection, Testing & Maintenance

## Residential Care or Assisted Living Facilities in Idaho

Item	Activity	Frequency
Gauges (dry, pre-action deluge systems)	Inspection	Quarterly
Control valves	Inspection	Annually (prior to freezing weather)
Alarm devices Gauges (wet pipe systems)	Inspection	Annually
Hydraulic nameplate	Inspection	Annually
Pipe and fittings	Inspection	Annually
Sprinklers	Inspection	Annually
Spare sprinklers	Inspection	Annually
Fire department connections	Inspection	
Valves (all types)	Inspection	
Alarm devices	Test	Quarterly
Main drain	Test	Annually
Antifreeze solution	Test	Annually
Gauges	Test	5 Years
Sprinklers — extra-high temp	Test	5 Years
Sprinklers — Fast/Quick response	Test	At 20 Years and every 10 years thereafter
Sprinklers	Test	At 50 Years and every 10 years thereafter
Valves (all types)	Maintenance	Annually or as needed
Obstruction Investigation	Maintenance	5 years or as needed



# Idaho Food Code



As you all know, there were changes to the Idaho Food Code. Some of the areas of change that will impact assisted living facilities are summarized on this page.

By: Lisa Bennett

## To assist you with this transition, please keep in mind your facility's Food Protection Manager must:

1. Have supervisory authority to direct and control food preparation activities.
2. Have supervisory authority to correct food safety violations.
3. Have successfully completed one of the nationally accredited food safety examinations.
4. Be available to kitchen staff, but does not have to be physically present at all times.

## As of the date of this newsletter, examinations that are nationally accredited for a Certified Food Protection Manager include:

1. ServSafe (National Restaurant Association)
2. National Registry of Food Safety Professionals
3. 360 Training
4. Prometric (please note: This is a test only site. One needs to have previously obtained and studied the educational materials materials for this course.)

### IDAPA 16.02.19.2-102.12

Beginning July 1, 2018, at least one employee, that has supervisory and management responsibility and the authority to direct and control food preparation and service, shall be a certified Food Protection Manager. This person will have shown proficiency of required information through the successful completion of a Conference for Food Protection accredited program.

### IDAPA 16.02.19.2-501.11

Clean-Up Of Vomiting And Diarrheal Events: A food establishment shall have procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food and surfaces to vomit or fecal matter.

There are other changes in the Idaho Food Code addressing various subjects including: hot holding, cold holding, duties of the person in charge, etc.

Each assisted living facility should obtain a copy of the revised Idaho Food Code at:

[HTTP://ADMINRULES.IDAHO.GOV/RULES/CURRENT/16?0219.PDF](http://ADMINRULES.IDAHO.GOV/RULES/CURRENT/16?0219.PDF)