



Residential Assisted Living Facilities Program Newsletter

September 2020

Crush the Curve

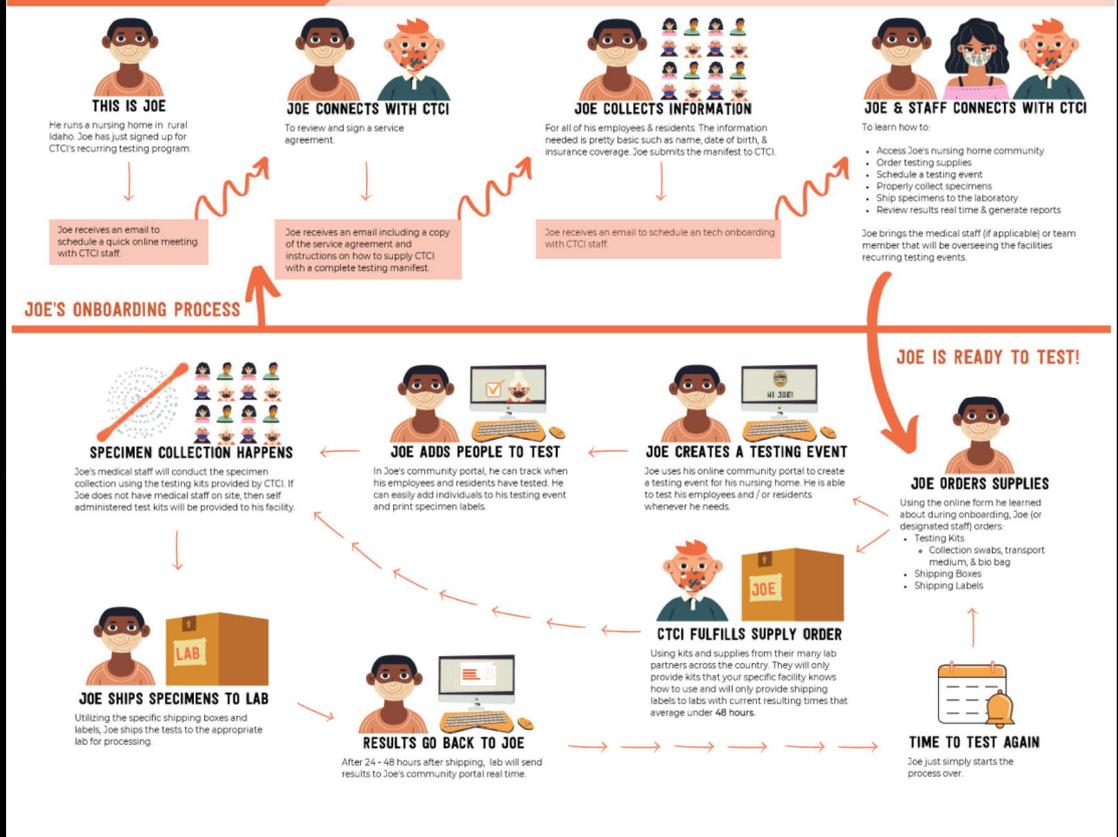
The State of Idaho has partnered with Crush the Curve Idaho to provide **free** and streamlined testing for long term care facilities in Idaho.



Inside This Issue

- 1 Crush the Curve
- 2 Featured FAQ: Healthcare
- 2 Nursing Notes
- 3 Facility Nurse Assessments
- 4 211 Information
- 5 COVID-19 Resources
- 6 Feature FAQ: Fire, Life, Safety
- 7 National Headlines
- 7 Local Headlines

BENEFITS	<ul style="list-style-type: none"> Free Recurring Testing for Staff in Accordance with CMS Guidelines Test Kits Sent Directly to Facility for Self Collection to Reduce Exposure Real Time Results Sent Electronically & Directly to Facility from the Laboratory
COST	<ul style="list-style-type: none"> Surveillance / Screening Testing Cost is Covered by the State of Idaho Outbreak Testing (confirmed positives) Cost for Staff & Residents is Billed to Insurance. Uninsured Individuals Cost Will be Covered by Federal Cares Act
STREAMLINED TESTING	<p>Test Kits Are Shipped Directly to You → Test Staff & Residents → Send Directly to Lab → Receive Results Under 48 Hours Directly from the Lab through the CTCI Tech Interface</p>
HOW TO PARTICIPATE	<p>The State of Idaho will email a form out to all facilities shortly to fill out to participate. Crush the Curve Idaho will then contact you directly to start the testing program onboarding process. Keep an eye out for more information!</p>



Compiled and Edited By:
Ashley Henscheid



Featured FAQ: Healthcare

Q: Is it OK to go without an administrator as long as it does not exceed 30 days?

A: No. Facilities are required to have an administrator at all times. There is no grace period. The 30 days mentioned in IDAPA 16.03.22.010.20.e refer to the level of issue: one to 30 days without an administrator is a deficient practice that is a non-core issue and operating more than 30 days without an administrator is a core-level issue.

IDAPA 16.03.22.100.04 requires, "Each facility must have an administrator."

IDAPA 16.03.22.215 states, "Under Section 39-3321, Idaho Code, each facility must have one (1) licensed administrator assigned as the person responsible for the day-to-day operation of the facility."

IDAPA 16.03.22.215.02 requires, "The facility must continuously employ an administrator."

Also see IDAPA 16.03.22.215.01, 215.03, 215.05, 215.07 and 215.08.



Nursing Notes

Hello Assisted Living Nurses!

Did you know that the new rules have changes that directly affect nursing in assisted living facilities? Two of the biggest changes include: For all admissions (including both new and re-admissions), initial nursing assessments must be completed PRIOR to the day of the resident's move-in (IDAPA 16.03.22.319 and 319.03), and LPNs (not just RNs) can now respond to residents' changes of condition (300.02) - see the next page of the newsletter for more details. We also encourage you to review all of the new rules, which can be found on our website at assistedliving.dhw.idaho.gov, under the section entitled "Regulatory Requirements & Guidance". Also, the "Assisted Living Nurse Reference Guide", found under that same section of our website, has been updated with the new rules and is a valuable resource for nurses in assisted living facilities. Keep an eye on our website, as a new online course just for nurses is currently being developed as well.

As always, we are here to answer your questions, so please do not hesitate to contact us at 208-364-1962 or send us an email at RALF@dhw.idaho.gov.





Facility Nurse Assessments

By: Stacey Saenz

One of the main duties of a facility's Registered Nurse (RN) is assessment. The nurse must assess the resident prior to admission, every 90 days, and after each change of condition.

IDAPA 16.03.22.300.01 states, "A licensed registered nurse (RN) must visit the facility at least once every ninety (90) days to conduct initial and quarterly nursing assessments for each resident as described in Section 305 of these rules..." Rules 319 and 319.03 now require the initial assessment must be completed prior to admission, as part of the Comprehensive Assessment. Rule 305.03 states the RN must monitor each resident's health status, "by conducting a physical assessment and identifying symptoms of illness, or any changes in mental or physical health status."

It would be an incomplete assessment to monitor for changes in a resident's health only by reviewing the resident's record and not actually, physically examining the resident themselves.

It should be noted that rule 300.02 now states that a "licensed nurse" must be available to address changes in conditions. Therefore, a Licensed Practical Nurse (LPN) could respond to a resident's change of condition. Some examples of a change of condition would include: a fall or other unusual event involving a resident, blood glucose/blood pressure measuring outside given parameters, a physical altercation between residents, etc.

Also, it is important to remember that a facility nurse must perform their own assessment, even if a home health or hospice nurse does a quarterly assessment or an assessment following a change of condition.

Finally, it is vital that the facility RN understands all of the responsibilities their position entails, in addition to resident assessments. Additional responsibilities include ensuring residents' medications are available and all orders related to medications, diets and treatments are being followed, making recommendations to the administrator and residents' providers on behalf of the resident, educating staff, etc. We encourage all facility nurses to review rule 305, to ensure all of these duties are being completed.

One of the benefits for residents living in assisted living facilities in Idaho is having their health monitored by a nurse. A lack of nursing assessment after resident change of condition has been the single most common deficient healthcare practice in Idaho assisted living facilities for the past five years. Assessments are only one of the many nursing responsibilities, but they are critical to the residents' health and safety.





211 Information

By: Sherri Case

Sometimes it is overwhelming to remember phone numbers or web links to contact resources. Recently a resource for COVID frontline workers was created. I contacted 211 and was immediately given the phone number for the COVID hotline (1-866-536-0239). 211 could be a valuable resource for administrators, residents, families, and care providers. The number is easy to remember and 211 is available 8:00 a.m. to 5:00 p.m., Monday through Friday.



From the [Federal Communications Commission](#): In many states, dialing “211” provides individuals and families in need with a shortcut through what can be a bewildering maze of health and human service agency phone numbers. By simply dialing 211, those in need of assistance can be referred, and sometimes connected, to appropriate agencies and community organizations.

Dialing 211 helps direct callers to services for the elderly, the disabled, those who do not speak English, those with a personal crisis, those with limited reading skills, and those who are new to their communities.



How 211 Works

211 works a bit like 911. Calls to 211 are routed by the local telephone company to a local or regional calling center. The 211 center’s referral specialists receive requests from callers, access databases of resources available from private and public health and human service agencies, match the callers’ needs to available resources, and link or refer them directly to an agency or organization that can help.

Types of Referrals Offered by 211

- **Basic Human Needs Resources** – including food and clothing banks, shelters, rent assistance, and utility assistance.
- **Physical and Mental Health Resources** – including health insurance programs, Medicaid and Medicare, maternal health resources, health insurance programs for children, medical information lines, crisis intervention services, support groups, counseling, and drug and alcohol intervention and rehabilitation.
- **Access to Services in Non-English Languages** - including language translation and interpretation services to help non-English-speaking people find public resources (Foreign language services vary by location).
- **Support for Older Americans and Persons with Disabilities** – including adult day care, community meals, respite care, home health care, transportation, and homemaker services.



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211 Information

By: Sherri Case

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- **Work Support** – including financial assistance, job training, transportation assistance, and education programs.
- **Children, Youth, and Family Support** – including child care, after-school programs, educational programs for low-income families, family resource centers, summer camps and recreation programs, mentoring, tutoring, and protective services.
- **Suicide Prevention** – referrals to suicide prevention help organizations. Callers can also dial the following National Suicide Prevention Hotline numbers which are operated by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services:
 - 1-800-273-TALK (1-800-273-8255)
 - 1-800-SUICIDE (1-800-784-2433)
 - 1-888-SUICIDE (1-888-784-2433)
 - 1-877-SUICIDA (1-877-784-2432) (Spanish)



COVID-19 Resources

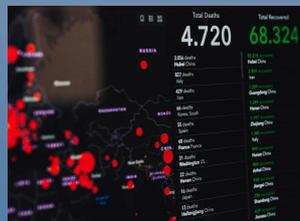
Here are some online COVID-19 resources that you might find helpful:

<https://coronavirus.idaho.gov> - This website is updated daily with the number of new cases, total cases and deaths in Idaho. The site also has all formal guidance and many resources, including contact information for all public health districts.

<https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html> - This website shares the latest national news, resources, recommendations and data.

<https://coronavirus.jhu.edu/map.html> - This website, maintained by Johns Hopkins University includes national and global data, including many specific aspects of data to look at - such as hospitalization and fatality rates.

As always, you can contact the RALF team using any of the methods listed on the last page of this newsletter, as well as contact your local public health district.





Featured FAQ: Fire, Life, Safety

Q: What type of locks are allowed to be used on exit doors?

A: NFPA 101 Chapter 7.2.1.5.1 requires locks, if provided, shall NOT require a use of a key, a tool, or special knowledge or effort for operation from the egress side.

If the facility elects to install Special Locking Arrangements .

- Delayed-egress electrical locking systems complying with 7.2.1.6.1 shall be permitted on exterior doors only. (These locks can be applied to secure and non-secure facilities/units as they still allow free egress, even though it is delayed) *See Attachment D of Fire, Life, Safety (FLS) FAQs
- Sensor-release of electrical locking systems complying with 7.2.1.6.2 shall be permitted. (These locks can be applied to secure and non-secure facilities/units) *See Attachment D of FLS FAQs
- Door-locking arrangements shall be permitted where the clinical needs of residents require specialized security measures or where residents pose a security threat, provided all of the following conditions are met:
 - (1) Staff can readily unlock doors at all times
 - (2) The building is protected by an approved automatic sprinkler system

Doors that are located in the means of egress and are permitted to be locked shall comply with ALL of the following:

Provisions shall be made for the rapid removal of occupants by means of one of the following:

- (a) Remote control of locks from within the locked building
- (b) Keying of all locks to keys carried by staff at all times
- (c) Other such reliable means available to staff at all times

Only one locking device shall be permitted on each door.

If the facility is licensed as a secured unit/building; that unit or building may have electronic locks if they choose, that operate with a key pad. These locks must drop upon power loss, fire alarm activation, and/or sprinkler activation.

*Reminder these types of locks are only allowed if the facility is licensed for secure beds and only can be placed where secure beds are present, see examples below.

Example #1: Licensed beds = 100; Secure Beds = 25
These types of locks are only allowed in the secured 25 bed unit.

Example #2: Licensed beds = 16; Secure Beds = 16
Electronic locks may be placed at all exit doors.





National Headlines

- 8/20/20 [Woman Takes Job at Dad's Assisted Living Facility So She Can See Him](#)
- 8/28/20 [COVID-19 Reinfection Reported In Nevada Patient, Researchers Say](#)
- 9/1/20 [Feds To Ship Fast COVID-19 Tests to Assisted Living Sites](#)
- 9/2/20 [Common Drugs Tied to Increased Risk of Cognitive Decline](#)
- 9/14/20 [National Assisted Living Week Honors Essential Caregivers](#)
- 9/15/20 [How Oregon Assisted Living Facility Residents and Staff Find Support Amid Mass Evacuations](#)
- 9/16/20 [Brookridge Heights Assisted Living and Memory Care Provides 200 Free Lunches for Essential Workers Throughout Marquette Community](#)

RALF Program Contact Information

- Phone:
(208) 364-1962
- Email:
RALF@dhw.idaho.gov
- Websites:



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



www.flareslive.com/portal/ProviderLogin.aspx

Images from Pexels and Pixabay

Local Headlines

- 7/27/20 [Idaho Supreme Court Pushes Back Trials Further, Allows Older People to Opt Out of Jury Duty](#)
- 8/4/20 [Over Half of Idaho COVID-19 Deaths Linked to Long-Term Care Facilities](#)
- 8/8/20 [Long-Term Care Facilities Account For Nearly 55% of Idaho's Coronavirus Deaths](#)
- 8/9/20 [Over 1,000 Cases of COVID Reported at Idaho Nursing Homes. 'More Needs to Be Done.'](#)
- 8/11/20 [State Launches Helpline For Those Struggling with Effects of COVID-19](#)
- 8/13/20 [Idaho Long-Term Care Facilities Face Severe Labor Shortage, Some on Brink of Closure](#)
- 8/14/20 [Idaho Adds 11 More Coronavirus Deaths - Including Three More In People Under 60](#)
- 8/28/20 [Regional COVID Update: Long-Term Care Cases Spike In Eastern Idaho](#)