



POLICIES AND PROCEDURES

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Absent Without Leave (AWOL) Voluntary Discharge

Residents are required to check-in and check-out when they leave the assisted living residence.

When a resident is presumed missing from the Assisted Living Residence, appropriate actions are taken to locate the resident.

Any time that a resident of the facility cannot be located following a search of the facility, the facility grounds, and the area surrounding the facility and there are circumstances that place the resident's health, safety or welfare at risk, or regardless of whether such circumstances exist, the resident has been missing for eight hours, Assisted Living Residences are required to reported this occurrence to the resident's responsible party, to the police, to the facility administrator, to the resident's physician, to other health care professionals, if indicated, and to the Colorado Department of Public Health and Environment.

Residents who leave the assisted living residence without notifying facility personnel, or leave the facility against professional advice, are considered to be absent without leave (AWOL), missing persons, and/or voluntarily discharged.

Residents who are absent without leave (AWOL) and/or voluntarily discharged assume responsibility for their own actions, conduct, and safety.

[Also See "Missing Persons"]



POLICIES AND PROCEDURES

MISTREATMENT ABUSE NEGLECT EXPLOITATION

Prevention of Abuse / Investigation of Abuse/ Reporting of Abuse

This facility has a zero-tolerance policy regarding abuse, neglect, and/or mistreatment of any of our residents.

This facility screens potential employees carefully and conducts on-going inservice education to assure that employees can deal appropriately with difficult residents and difficult situations. All employees are instructed how to identify and report all allegations and suspicions of abuse.

Any actual or suspected acts of physical, verbal, financial, and/or other abuse will be reported to the appropriate authorities and a thorough investigation will take place.

Residents who physically or verbally abuse other residents are evaluated and appropriate actions are taken.

Allegations that family members, friends, acquaintances, or other individuals have abused a resident are investigated and appropriate actions are taken.

To prevent retaliation and/or other problems, needs, and/or concerns, the care and treatment of residents involved in and/or making allegations of abuse will be closely monitored by the facility administrator and/or his or her designee.

Investigation of allegations of abuse includes on-going observations of the resident and actions taken to address his or her concerns.

Allegations and/or incidents of abuse or neglect are reported to the Health Facilities Division of the Colorado Department of Health by the administrator or his or her designee, as indicated by regulations.

Procedure for Suspected or Verified Physical Abuse:

Physical and/or verbal abuse is defined as a threat or an actual assault upon a person. Physical abuse includes behaviors such as hitting, pushing, striking, and other forms of harmful (inappropriate) physical contact that serves no legitimate therapeutic purpose.

1. An emergency care assessment is made and appropriate emergency treatment is given. All observations and actions are recorded in the resident record and/or on other forms as indicated by facility policies and procedures.
2. The resident's physician is notified. Medical intervention is obtained, if necessary.



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3. The Administrator or his or her designee must be notified. An investigation will be carried out and will be documented according to regulations, requirements, and/or facility policy and procedures.

The resident (complainant) and any witnesses to the occurrence are interviewed. All findings are documented.

The Administrator will notify the following individuals as soon as possible within 24 hours of the occurrence.

- The Resident's Family (Responsible Party)
 - The Police Department
 - The Department Of Social Services
 - Adult Protective Services
 - The Occurrence Reporting Line
4. If an employee is involved, the suspected employee is suspended pending the outcome of the investigation. The employee is not allowed to return to the facility or to interact with the resident until the investigation is completed. If the allegation is substantiated, the employee is terminated and is not permitted to return to the facility.

If another resident is involved, the suspected resident's physician and his or her responsible party also must be notified. The actions and interactions of both residents involved in incidence must be closely monitored. Corrective actions are taken to prevent further altercations. All actions and interventions must be recorded in the appropriate resident records, in the appropriate care plan(s), and/or on other forms as indicated by facility policies and procedures.

If a family member, friend, acquaintance, or other individual is involved, the suspected individual's access to the resident is prohibited; monitored, supervised, and/or other actions are taken according to the instructions given by the resident and/or his or her responsible party. All actions and interventions must be recorded in the resident record, in the care plan, and/or on other forms as indicated by facility policies and procedures.

To prevent retaliation and/or other problems, needs, and/or concerns, the care and treatment of residents involved in and/or making allegations of abuse will be closely monitored by the facility administrator and/or his or her designee.

5. An incident (occurrence) report is completed and all findings are documented in the resident record.



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6. The occurrence report is submitted to the Health Facilities Division of the Colorado Department of Health by the administrator or his or her designee within 5 days.
7. Abuse investigation and follow-up includes on-going interaction with the resident. Observations of the resident must be made and actions taken to address the resident's concerns must be documented.

Physical Abuse – “Any occurrence involving physical abuse of a resident as described in section 18-3-202, 18-3-203, and 18-3-204 ... CRS, by another resident, an employee of the facility, or a visitor to the facility” . 25-124-(2)

(d), CRS

Elements needed: • intent • bodily injury • unreasonable confinement or restraint.

(See Occurrence Reporting Manual)



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Procedure for Suspected or Verified Verbal Abuse:

Verbal abuse is defined as a threat or verbal assault upon a person. Verbal abuse includes cursing, insulting, threatening, and other forms of harmful (inappropriate) verbal exchanges that serve no legitimate purpose.

1. The Administrator or his or her designee must be notified. An investigation will be carried out and will be documented according to regulations, requirements, and/or facility policy and procedures.

The resident (complainant) and any witnesses to the occurrence are interviewed. All findings are documented.

The Administrator will notify the following individuals as soon as possible within 24 hours of the occurrence.

- The Resident's Family (Responsible Party)
 - The Resident's Physician
 - The Police Department
 - The Department Of Social Services
 - Adult Protective Services
 - The Occurrence Reporting Line
2. If an employee is involved, the suspected employee is suspended pending the outcome of the investigation. The employee is not allowed to return to the facility or to interact with the resident until the investigation is completed. If the allegation is substantiated, the employee is terminated and is not permitted to return to the facility.

If another resident is involved, the suspected resident's physician and his or her responsible party also must be notified. The actions and interactions of both residents involved in incidence must be closely monitored. Corrective actions are taken to prevent further altercations. All actions and interventions must be recorded in the appropriate resident records, in the appropriate care plan(s), and/or on other forms as indicated by facility policies and procedures.

If a family member, friend, acquaintance, or other individual is involved, the suspected individual's access to the resident is prohibited; monitored, supervised, and/or other actions are taken according to the instructions given by the resident and/or his or her responsible party. All actions and interventions must be recorded in the resident record, in the care plan, and/or on other forms as indicated by facility policies and procedures.

To prevent retaliation and/or other problems, needs, and/or concerns, the care and treatment of residents involved in and/or making allegations of abuse will be closely monitored by the facility administrator and/or his or her designee.



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3. An incident (occurrence) report is completed and all findings are documented in the resident record.
4. The occurrence report is submitted to the Health Facilities Division of the Colorado Department of Health by the administrator or his or her designee within 5 days.
5. Abuse investigation and follow-up includes on-going interaction with the resident. Observations of the resident must be made and actions taken to address the resident's concerns must be documented.

Verbal Abuse – “A person commits the crime of menacing if, by any threat or physical action, he knowingly places or attempts to place another person in fear of imminent, serious bodily injury.” 18-3-206, CRS

Elements needed: • knowingly • threat • physical action • fear of imminent, serious bodily injury

(See Occurrence Reporting Manual)



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Investigation of Allegations of Abuse / Neglect:

Any actual or suspected acts of physical, verbal, financial, and/or other abuse will be reported to the appropriate authorities and a thorough investigation will take place.

A thorough investigation will be conducted by the Facility Administrator and/or his or her designee.

The investigation will include the following:

- The date and time allegation was received.
- Immediate actions taken to address the incident (occurrence).
- Actions taken to ensure that the resident is safe during the investigation.
- The date and times agencies and individuals were notified.
- All Interviews and all observations made during the investigation process.
- The outcome of the investigation and what corrective action was taken.
- On-going observations of the resident and actions taken to address his or her concerns.

A report will be kept on file within the facility and will be available for review.

An occurrence report is submitted to the Health Facilities Division of the Colorado Department of Health by the administrator or his or her designee within 5 days, as indicated by regulations (requirements).

8.495.6.B. Using the State approved Critical Incident Reporting Form, the facility will notify the client's Single Entry Point (SEP) case manager within 24 hours of any incident or situation that would be communicated to other interested parties.



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1.104 (5) Investigation of Abuse & Neglect Allegations

This facility has developed and implemented policies and procedures that address the investigation of allegations of abuse and neglect.

Written policies, which include but are not be limited to:

- reporting requirements to the appropriate agencies such as the adult protection services of the appropriate county Department of Social Services and to the facility administrator;
 - a requirement that the facility notify an emergency contact about the allegation within 24 hours of the facility becoming aware of the allegation;
 - the process for investigating such allegations;
 - how the facility will document the investigation process to evidence the required reporting and that a thorough investigation was conducted;
 - a requirement that the resident shall be protected from potential future abuse and neglect while the investigation is being conducted;
 - a requirement that if the alleged neglect or abuse is verified, the facility shall take appropriate corrective action;
- and
- a requirement that a report with the investigation findings will be available for review by the Department not later than five working days of the allegation being lodged with a staff member of the facility.



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ACCIDENT / INCIDENT PREVENTION

An accident is defined as an unintentional and undesirable happening.

An incident is defined as any happening which is not consistent with the routine operation of the assisted living residence or the routine care of a particular resident or individual.

Accident/incident prevention is an integral part of all of the assisted living residence's program and services.

Accident/incident prevention is an on-going process.

All employees are encouraged to participate in accident and incident programs and activities.

All new employees receive orientation regarding accident prevention.

Safety inservice education training presentations which address accident/incident prevention are scheduled throughout the year.

All employees are expected to attend in-services (training sessions) which include instructions and information regarding the prevention of accident and incidents.

If personnel have any suggestions regarding accident/incident programs, they are encouraged to discuss their suggestions with the owner/administrator.



POLICIES AND PROCEDURES

Accident / Incident Reporting (Occurrences)

An accident is defined as an unintentional and undesirable happening.

An incident is defined as any happening which is not consistent with the routine operation of the assisted living residence or the routine care of a particular resident or individual.

All occurrences (incidents or accidents) occurring on the premises, grounds, and/or on assisted living residence sponsored outings will be reported immediately and an incident report will be made out.

Accidents/incidents will be reported, in accordance with state and federal regulations, to the appropriate regulatory agencies by the administrator or his or her designee.

Procedure:

1. It is the responsibility of all personnel to report any incident constituting a threat to safety.
2. When an incident is of a serious or an urgent nature, it must be brought to the attention of the administrator.
3. When an accident/injury occurs, the following actions are taken:
 - a. The resident/employee/visitor is attended. Emergency care is administered.
 - b. If the injury sustained is serious enough to require medical attention, the victim is seen and treated by a physician.
 - c. Corrective action is taken to prevent immediate recurrence of the accident/incident.
 - d. The administrator is notified
 - e. The incident is thoroughly documented on an accident/incident report form and in the resident record as indicated.
 - f. The incident report must be reviewed by the administrator for content, completeness, accuracy, and clarity.
4. All accident/incident reports must be submitted to the administrator.
5. All incident/accidents involving residents must be reported to the resident's physician.



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6. All resident incidents/accidents must be reported to the resident's family/responsible party.
7. "Occurrences" will be reported, in accordance with state and federal regulations, to the appropriate regulatory agencies by the administrator or his or her designee.

8.495.6.B. Using the State approved Critical Incident Reporting Form, the facility will notify the client's Single Entry Point (SEP) case manager within 24 hours of any incident or situation that would be communicated to other interested parties.



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Occurrence Reporting Guidelines

See Occurrence Reporting Manual

All occurrences must be reported to HFEMSD (health facilities & Emergency Services Division) via the web portal (www.cohfportal-egov.com) within 24 hours.

The former Occurrence Reporting Line phone number, 303-692-2900, may be used in case of an emergency such as your Internet or computers are down. (See the Occurrence Reporting Manual for additional information and/or instructions)

Technical support for occurrence reporting can be reached via email at cdphehfmportalsupport@cdphe.state.co.us. You may also contact Sue Neff, 303-692-2826, or the Division front desk at 303-692-2800 if you continue to have problems submitting your occurrence.

Reportable Occurrences

- Deaths – “Any occurrence that results in the death of a resident of the facility and is required to be reported to the coroner pursuant to section 30-10-606, CRS, as arising from an unexplained cause of under suspicious circumstances, 25-1-124-(2)(a), CRS

- Brain Injury – “any occurrence that results in ... brain injury 25-1-124-(2)(b)(i) CRS

Elements needed: ● occurrence involving the head ● change of consciousness level
● loss of bodily function

- Spinal Cord Injury – “any occurrence that results in ... spinal cord injury” 25-1-124-(2)(b)(i) CRS

Elements needed: ● result of an occurrence ● functional loss consistent with spinal cord injury (permanent or temporary)

- Life-Threatening Complications of Anesthesia – “any occurrence that results in ... life-threatening complications of anesthesia” 25-1-124-(2)(b)(ii) CRS

- Life-Threatening Transfusion Errors Or Reactions – “Any occurrence that results in ... life-threatening transfusion errors or reactions” 25-1-124-(2)(b)(ii) CRS

- Burns – “Any occurrence that results in ... second or third degree burns involving twenty percent or more of the body surface area of an adult or fifteen percent or more of the body surface of a child” 25-1-124-(2)(b)(iii) CRS

- Missing Persons – “Any time that a resident of the facility cannot be located following a search of the facility, the facility grounds, and the area surrounding the facility and there are



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circumstances that place the resident's health, safety or welfare at risk, or regardless of whether such circumstances exist, the resident has been missing for eight hours. 25-124-(2)(c), CRS

- Physical Abuse – “Any occurrence involving physical abuse of a resident as described in section 18-3-202, 18-3-203, and 18-3-204 ... CRS, by another resident, an employee of the facility, or a visitor to the facility” . 25-124-(2)(d), CRS

Elements needed: • intent • bodily injury • unreasonable confinement or restraint.

- Sexual Abuse – “Any occurrence involving sexual abuse of a resident as described in section 18-3-402, 18-3-404, and 18-3-405 ... CRS, by another resident, an employee of the facility, or a visitor to the facility” . 25-124-(2)(d), CRS

Elements needed: • knowingly • sexual intrusion or penetration • touching intimate parts or the clothing covering intimate parts • examines or treats resident for other than bona fide medical purposes • observes or photographs another person's intimate parts • consent not given • physical force, threat

- Verbal Abuse – “A person commits the crime of menacing if, by any threat or physical action, he knowingly places or attempts to place another person in fear of imminent, serious bodily injury.” 18-3-206, CRS

Elements needed: • knowingly • threat • physical action • fear of imminent, serious bodily injury

- Neglect – “Any occurrence involving neglect of a resident as described in section 26-3,1-101(4)(b), CRS: [25-1-124(e) CRS].”

Elements needed: • at risk adult • occurrence reported to county department of social service • occurrence reported to law enforcement agency

- Misappropriation – “Any occurrence involving misappropriation of a resident's property. ... misappropriation of a resident property means a pattern of or deliberately misplacing, exploiting, or wrongfully using, either temporarily or permanently, resident's belongings or money without the resident's consent” 25-1-124-(2)(f), CRS

Elements needed: • pattern • deliberate misplacing • wrongful use • without consent

- Diverted Drugs – “Any occurrence in which drugs intended for use by residents are diverted to use by other persons 25-1-124-(2)(g), CRS

Elements needed: deliberate



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- Malfunction or Misuse of Equipment – “any occurrence involving the malfunction or misuse of resident care that occurs during treatment or diagnosis of a resident and that significantly adversely affects or if not averted would have significantly adversely affected a resident of the facility. 25-1-124-(2)(h), CRS



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OSHA Reporting Guidelines

This facility has addressed and abides by OSHA regulations and/or requirements that address recordkeeping guidelines for occupational injuries and illnesses.

Three Forms Are Used For OSHA Recordkeeping.

OSHA number 300 serves two purposes: (1) it serves as a log for occupational injuries and illnesses on which the occurrence, extent, and outcome of cases are recorded during the year and (2) it serves as the summary of occupational injuries and illnesses which is used to summarize the log at the end of the year to satisfy posting obligations.

The appropriate portion of the OSHA form will be posted in the facility for the entire month of February.

The supplementary record of occupational injuries and illnesses, OSHA 301, provides additional information on each case that has been recorded on the log.

The facility will report accidents resulting in one or more fatalities or the hospitalization of five or more employees to the regional OSHA office within 48 hours of occurrence.

If the facility receives an annual survey of occupational injuries and illnesses from the Bureau of Labor statistics, the form will promptly be completed in accordance with the instructions contained therein and will return it in accordance with the aforesaid instructions.

[Identify who will keep these records and where they will be kept]

Source: The U.S. Department of Labor Occupational
Safety and Health Administration

[You May Wish To Attach A Copy Of All Appropriate Forms Here]



POLICIES AND PROCEDURES

Activities of Daily Living (ADLs)

[Assisting Residents with ADLS)

Activities of daily living include but are not limited to the following:

Bathing	Getting In & Out Of Bed
Dental Hygiene	Hair Care
Dressing	Nail Care
Eating	Shaving
Grooming	Toileting

Arranging Appointments & Schedules
Cleaning Personal Areas
Laundry
Making Phone Calls
*Managing Money **
Recreation & Leisure Activities
Shopping
Writing Letters

The assisted living residence provides sufficient equipment, space, supplies, and staff to assist residents in carrying out their ADL's.

*This assisted living residence is not responsible for handling a resident's financial affairs and shall not be requested to hold or keep personal monies or valuables for a resident.



POLICIES AND PROCEDURES

ACTIVITIES PROGRAM

CO 1.107 (2) Social and Recreational Activities

This Assisted Living Facility, in consultation with the residents, provides opportunities for social and recreational activities both within and outside the facility and coordinates community resources and promotes resident participation in activities both in and away from the residence.

The facility encourages resident participation in planning, organizing, and conducting the residents' activity program, taking into consideration the individual interests and wishes of the residents.

In determining the types of activities offered, the facility takes into account the physical, social and mental stimulation needs of the residents as well as their personal and religious preferences.

Procedure:

1. Activities are conducted by staff members, volunteers, and/or residents according to guidelines outlined in the activity task file.
2. Residents are encouraged to participate in activities to increase socialization and to maximize their potentials.
3. Group activities are planned in advance and are listed on the activities calendar or they may occur spontaneously based on resident need or available resources.
4. Participation in activities is documented on the appropriate attendance form(s) and/or participation in activities is summarized in the resident record.



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Group Activities

Group activities provide opportunities for residents to engage in intellectual/educational, physical, social/emotional, recreational, vocational, spiritual, and creative continuing life experiences.

Group activities are designed to increase socialization and to create, support, develop, and/or restore the individual interests and/or activities of residents.

Procedure:

1. All residents are encouraged to participate in group activities to increase socialization and to maintain, increase, or to maximize their individual potentials.

The assisted living residence, in consultation with its residents, provides opportunities for social and recreational activities both within and outside the facility and coordinates community resources and promotes resident participation in activities both in and away from the residence.

The facility encourages resident participation in planning, organizing, and conducting the residents' activity program, taking into consideration the individual interests and wishes of the residents.

2. Group activities are conducted by staff members or volunteers according to guidelines outlined in the activities task file.

3. Group activities are planned in advance and are listed on the activities calendar or they may occur spontaneously based on resident need or available resources.

4. Attendance and participation in group activities is documented in the resident's record.

5. Activities participation is assessed at regular intervals and/or when there is a significant change in the resident's condition.



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Independent Activities

Independent activities provide opportunities for residents to engage in intellectual (educational), physical, social/emotional, recreational, vocational, spiritual, and creative continuing life experiences.

Independent activities are defined as those activities and/or projects that a resident carries out without the assistance of personnel or with minimum assistance of personnel.

Individual activities are designed to increase socialization and/or to create, support, develop, and/or restore the individual interests and/or activities of residents.

Independent activities are provided for residents who desire to participate in and carry out independent activities in addition to the group activities offered by the residence and/or for residents who choose to participate in independent activities in lieu of group activities.

Procedure:

1. All residents are encouraged to participate in independent activities to maintain, increase, or to maximize their individual potentials.
2. The assisted living residence, in consultation with its residents, provides opportunities for social and recreational activities both within and outside the facility and coordinates community resources and promotes resident participation in activities both in and away from the residence.
3. The facility encourages resident participation in planning, organizing, and conducting the residents' activity program, taking into consideration the individual interests and wishes of the residents.
4. Assisted living residence personnel will assist residents in planning and carrying out their independent activities.
5. Audio and video tapes, board games, books, cards, crafts, puzzles, and other materials are available for use by residents at all times.
6. Participation in independent activities is documented in the resident's record.
7. Activities participation is assessed at regular intervals and/or when there is a significant change in the resident's condition.



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Individual Activities

Individual activities provide opportunities for residents to engage in intellectual (educational), physical, social (emotional), recreational, vocational, spiritual, and creative continuing life experiences.

Individual activities are provided on a 1:1 basis by personnel.

Individual activities are designed to create, support, develop, and/or restore the individual interests and/or activities of residents.

Individual activities are provided for residents who have physical, cognitive, sensory, or other impairments which limit their participation in group activities and/or for residents who choose not to attend group activities.

Procedure:

1. Residents are encouraged to participate in individual activities to increase socialization and to maximize their individual potentials.

The assisted living residence, in consultation with its residents, provides opportunities for social and recreational activities both within and outside the residence and coordinates community resources and promotes resident participation in activities both in and away from the residence.

The assisted living residence encourages resident participation in planning, organizing, and conducting the residents' activity program, taking into consideration the individual interests and wishes of the residents.

2. Individual activities are conducted by staff members or volunteers according to guidelines outlined in the activities task file.

3. Individual activities are planned in advance and are scheduled with residents or they may occur spontaneously based on resident need or available resources.

4. Participation in individual activities is documented in the resident's record.

5. Activities participation is assessed at regular intervals and/or when there is a significant change in the resident's condition.



POLICIES AND PROCEDURES

Outings

This assisted living residence, in consultation with its residents, will provide opportunities for social and recreational activities both within and outside the residence and will coordinate community resources and promote resident participation in activities both in and away from the residence.

This assisted living residence will encourage resident participation in planning, organizing, and conducting the resident's activity program, taking into consideration the individual interests and wishes of the residents.

Residents are encouraged to participate in the programs and services offered in the community as indicated and appropriate.

Procedure:

1. Assisted living residence sponsored trips and outings are conducted and/or supervised by staff members or volunteers.
2. Residents are encouraged to participate in activities to increase socialization and to maximize their potentials.
3. Group outings are planned in advance and are listed on the activities calendar or they may occur spontaneously based on resident need or available resources.
4. Participation in assisted living residence sponsored outings is documented on the appropriate attendance form(s).

8.495.6.E The monthly schedule of daily recreational and social activities is posted in a conspicuous place at all times and is developed and implemented in accordance with Colorado regulations.

The daily schedule of recreational and social activities is implemented by staff and offered to all clients.

Appropriate reading material that reflects the residents' interests and hobbies is available in the common area(s).



POLICIES AND PROCEDURES

ADMISSION OF RESIDENTS

1.105. (1) (Retention of Residents)

Who May be Admitted to the Facility. Only residents whose needs can be met by the facility within its licensure category are admitted. The facility's ability to meet resident needs is based upon a comprehensive pre-admission assessment of the resident's physical, health and social needs; preferences; and capacity for self care.

Who May Not Be Admitted to the Facility. The facility will not admit or keep any resident requiring a level of care or type of service which the facility does not provide or is unable to provide. The facility will not admit or keep a resident who:

- Is consistently, uncontrollably incontinent unless the resident or staff is capable of preventing such incontinence from becoming a health hazard.
- Is totally bedridden with limited potential for improvement.
- A facility may keep a resident who becomes bedridden after admission if there is documented evidence of each of the following:
 - An order by a physician describing the services required to meet the health needs of the resident, including but not limited to:
 - The frequency of assessment and monitoring by the physician or by other licensed medical professionals.
 - Ongoing assessment and monitoring by a licensed or Medicare/Medicaid certified home health agency or hospice service.
 - The assessment and monitoring will help to ensure that a resident's physical, mental, and psychosocial needs are being met.
 - The frequency of the assessment and monitoring will be in accordance with resident needs, but must be conducted no less frequently than weekly.
- Adequate staffing, with staff who are trained in the provision of caring for bedridden residents, and provision of services to meet the needs of the resident.



POLICIES AND PROCEDURES

- Needs medical or nursing services on a twenty-four hour basis, except for care provided by a psychiatric nurse in those facilities which are licensed to provide services specifically for the mentally ill.
 - Needs restraints of any kind except as otherwise provided in 27-10-101, et seq. C.R.S. for those facilities which are licensed to provide services specifically for the mentally ill. The placement of residents in his or her room for the night and the use of time-out, as provided for in Section 26-20,102 (6), C.R.S., will be conducted only as part of a treatment plan developed in consultation with a physician board certified in psychiatry or an advance practice nurse with a specialty in psychiatry. The appropriateness of these provisions in the treatment plan must be reassessed by either one of these psychiatric clinicians every three months.
 - Has a communicable disease or infection that is: 1) reportable under 6 CCR 1009 Regulation 1 and 2) potentially transmissible in a facility, unless the resident is receiving medical or drug treatment for the condition and the admission is approved by a physician;
- or
- Has a substance abuse problem, unless the substance abuse is no longer acute and a physician determines it to be manageable.

The facility reserves the right to conduct criminal background checks on individuals applying for admission to the facility.



POLICIES AND PROCEDURES

8.495.6.1. Appropriateness of Medicaid Client Placement

An ACF shall not admit, or shall discharge within 30 days, any client, who:

Needs skilled services on more than an intermittent basis. Skilled services shall only be provided on an intermittent basis by a licensed and certified home health provider.

Is incapable of self-administration of medication, and the facility does not administer medications.

Is consistently unwilling to take medication prescribed by a physician.

Is diagnosed with substance abuse issue and refuses treatment by the appropriate mental health/medical professionals.

Has an acute physical illness which cannot be managed through medications or prescribed therapy.

Has a seizure disorder which is not adequately controlled.

Exhibits behavior that:

Disrupts the safety, health and social needs of the home.

Poses a physical threat to self or others, including but not limited to, violent and disruptive behavior and/or any behavior which involves physical, sexual, or psychological force or intimidation and fails to respond to interventions, as outlined in the client's care plan.

Indicates an unwillingness or inability to maintain appropriate personal hygiene under supervision or with assistance.

Is consistently disoriented to time, person and place to such a degree he/she poses a danger to self or others and the ACF does not provide a secured Environment.

Has physical limitations that:

Limit ambulation, unless compensated for by assistive device(s) or with assistance from staff.

Require tray food services on a continuous basis.

Clients admitted for respite care to the ACF must meet the same criteria as other clients for appropriate placement.



POLICIES AND PROCEDURES

The facility has developed the following admission criteria based upon the personal care the facility is capable of providing, the facility's physical plant, financial and other resources, and the availability of trained staff.

Individuals ____ years of age or older are eligible for admission to this facility.

Residents with medical diagnoses are eligible for admission if they agree to continue to receive health care services from the appropriate provider(s).

Individuals who need medical or nursing services, on a twenty-four hour basis, will not be admitted to this facility.

Individuals who have communicable diseases or infections may not be admitted to this facility unless they are receiving medical or drug therapy for the condition.

Persons who have an acute physical illness which cannot be managed through medications or prescribed therapy may not be permitted to reside in this Assisted Living Facility.

Individuals who are consistently unwilling to take medication prescribed by a physician may not be permitted to reside in this facility.

Persons who have a seizure disorder which is not adequately controlled may not be permitted to reside in this Assisted Living Facility.

Persons who are incontinent of bladder or bowel may be eligible for admission based upon facility staffing patterns and the availability of trained staff.

Persons who are incontinent of bladder or bowel may be eligible for admission if they are able to carry out self-care.

Persons who require the use of physical restraints are not eligible for admission to this facility.

Individuals who are known to "wander" and would not be able to find their way back to the facility may not be admitted to this assisted living residence.

Individuals who are consistently disoriented to time, person and place to such a degree that s/he poses a danger to self or others may not be admitted.

Persons who require the use of restrictive egress devices may not be admitted to the facility.

Persons that have physical limitations that limit ambulation may not be admitted, unless the limitation is compensated for by assistive device(s) or with assistance from staff.

All individuals admitted to this facility must be able to ambulate within the facility. If an individual requires the use of a wheelchair during outings and/or for long distances, his or her needs will be accommodated.



POLICIES AND PROCEDURES

Residents who use wheelchairs may be admitted to this facility.

Individuals who require assistance of facility personnel to transfer to and from the chair to the bed and/or to ambulate must demonstrate the ability to do so with the assistance of one caregiver.

Individuals who indicate an unwillingness or inability to maintain appropriate personal hygiene under supervision or with assistance may not be admitted or may not be allowed to remain in this Assisted Living Residence.

Persons that require tray food services on a continuous basis may not be admitted to this Assisted Living Residence.

Residents with mental health diagnoses are eligible for admission if the facility is able to meet his or her needs and the resident and/or his or her responsible party agrees that the resident will continue to receive mental health services from the appropriate provider(s).

Individuals who have an acute substance abuse problem are not eligible for admission to this facility.

Residents who are diagnosed with substance abuse issues and refuse treatment by the appropriate mental health/medical professionals may not reside at this Assisted Living Residence.

Persons that display behaviors that are harmful to themselves or others (or individuals who threaten to harm themselves or others) are not eligible for admission to this Assisted Living Residence.

Individuals that poses a physical threat to self or others, including but not limited to, violent and disruptive behavior and/or any behavior which involves physical, sexual, or psychological force or intimidation and fails to respond to interventions, as outlined in the client's care plan.

Persons that exhibit behaviors that disrupts the safety, health and social needs of the home may not reside in this Assisted Living Residence.

Clients admitted for respite care must meet the same admission criteria as all other clients.

There is a caregiver available in the facility throughout the night, however, the caregiver sleeps during this shift and must be awakened if a resident needs assistance.



POLICIES AND PROCEDURES

Procedure: Preadmission Assessment

1. A preadmission assessment is completed on all residents who apply for admission to this facility.
2. The facility administrator and/or his or her designee will complete an in-person, on-site evaluation of each new admission.
3. The facility administrator and/or his or her designee agrees to admit only those residents whose needs can be met by the programs offered at the facility and/or in conjunction with agencies, individuals, and others with which the facility has written contracts or agreements.
4. If an applicant is approved for admission and a vacancy exists, the applicant will be promptly admitted to the facility. (Room hold charges will begin to accrue according to established guidelines if the resident elects to delay his or her admission to the facility.)
5. If an applicant is approved for admission and no vacancies exist within the facility, the applicant's name will be placed on the waiting list.
6. If the facility administrator and/or his or her designee find that placement is not appropriate at this time, pertinent information is communicated to the resident, the responsible party, and/or to the referral source.
7. If the facility administrator and/or his or her designee feels an applicant could possibly be cared for at a later date or under different circumstances, the facility administrator and/or his or her designee may elect to re-appraise the applicant at that time.
8. Residents accepted for admission must have current physician's orders, an admission assessment, a care plan, and a signed & dated provider agreement, acknowledgement forms, and disclosure forms.
9. All medications must be available upon admission of the resident to the facility.

If family members or representatives have any discrepancies with the signed orders, they must contact the physician with their concerns. Facility personnel will follow only the orders signed by the resident's physician. No medications will be administered without physician approval.



POLICIES AND PROCEDURES

ACF 8.495.2.B. Potential clients are assessed by a team which includes the client and his/her family and/or guardian, the facility administrator or appointed representative, Single Entry Point (SEP) case manager, as appropriate case managers and other care givers, to determine that the Assisted Living Residence is an appropriate community setting that will meet the resident's choice and need for independence and community integration.

The assessment is conducted prior to admission, annually and whenever there is a significant change in physical, medical or mental condition or behavior. The assessment documents that the facility is able to support the client and their needs.

The assessment is used to document physical, cognitive, behavioral and social care needs.

Procedure: Preparing A Room/Unit for a New Resident

1. Check to see that the room, closet, and all furnishings are clean and ready for use.
2. Assure that lights, outlets, plumbing, and other equipment are in good working order.

Admission may be a very stressful time for residents. It is important that the admission process be well planned and resident focused. If admission procedures seem to cause the resident anxiety, slow the process and/or delay the activity. First impressions are often lasting impressions, so make the admission process as pleasant as possible for the resident, his or her family, and for yourself.

Procedure: Admitting a Resident to the Facility

1. Introduce yourself to the resident, giving your name, title, and a brief description of your role.
2. Introduce the new resident to his or her roommate and/or to other residents as indicated.
3. Help the resident to unpack and put his or her personal items away.
4. Complete the resident's care plan. Make modifications as necessary.



POLICIES AND PROCEDURES

ADVANCE DIRECTIVES

Federal law directs that residents must be told about their right to make health care decisions.

Colorado residents have a right to accept or refuse any medical care and treatment, unless care is ordered by a court. In an emergency, consent is assumed.

Current Colorado law allows residents, their guardians, and their agents under a medical durable power of attorney to legally make health care decisions.

Residents have a right to make medical care decisions, which includes giving written instructions concerning their wishes about medical treatment.

Advance directives recognized in Colorado are “guardianship” “living will”, “medical durable power of attorney”, “medical proxy”, and “do not resuscitate (DNR)”.

Unless specifically ordered otherwise in writing on the official Colorado form, cardio-pulmonary resuscitation (CPR) will be initiated should the need arise.

A medical proxy (family member or close friend) may be arranged for a resident if his or her physician determines that s/he can no longer make medical decisions. (This determination must be recorded in the resident’s record.)

If the resident does not have a family member or a close friend available, this will be recorded in the resident’s record and adult protective services and a representative from the ombudsman’s program will be notified. (Contacts with these agencies must be recorded in the resident’s record.)

If the resident is transferred to another facility, this information will be communicated to that facility. (A notation must be made in the resident’s record indicating that this information was communicated to the appropriate facility.)

This assisted living residence will provide its residents with information regarding advance directives upon admission and upon request.

Information regarding advanced directives will be reviewed with the resident when the resident is reassessed and the resident’s care plan is updated. Residents are reassessed at least yearly or more frequently, if necessary, to address significant changes in the resident’s condition.



POLICIES AND PROCEDURES

Personnel may **not** witness the signing of any legal document without the permission of the facility owner (administrator) or his or her designee.

Concerns regarding advance directives and/or concerns regarding the resident's ability to make his or her health care decisions will be noted on the resident's record and the appropriate persons (agencies) will be notified.



POLICIES AND PROCEDURES

AGGRESSIVE OR VIOLENT BEHAVIOR

[Dealing With Aggressive or Violent Behavior]

General Information: Violent and/or aggressive behavior is usually a means of expressing feelings of anger, confusion, disorientation, fear, hopelessness, pain, and/or stress.

The objectives of the treatment of aggressive and/or violent behavior are to protect the individual and others from harm and to control the violent/aggressive episode.

Procedure:

1. Summon help! (Do not attempt to de-escalate the individual without assistance.)
2. If possible, give the individual space. Do not make any sudden or threatening movements.
3. Adopt a calm, non-critical approach, and remain in control of yourself and the situation.
4. Don't argue with the individual. If possible, allow the individual to calm down and regain control on his or her own.
5. If indicated, give the individual the opportunity to ventilate his or her anger or other feelings verbally.
6. If the individual is a resident of the facility, follow any specific instructions listed in the resident's care plan.

If the situation is not or cannot be resolved, call 9-1-1 and allow the police to intervene. Follow the emergency instructions of the police officer(s).

Transfer the individual to a hospital for evaluation and treatment, if indicated.

Notify the resident's family (responsible party).

Notify the attending physician.

If the resident is being followed by a mental health center, psychiatrist, and/or psychologist, notify the appropriate provider(s).

Record observations and actions taken on an incident report, a behavior incident report, and/or in the resident's record.



POLICIES AND PROCEDURES

7. If the individual is not a resident of the facility, call 9-1-1 and allow the police to intervene.

Follow the emergency instructions of the police officer(s).

Transfer the individual to a hospital for evaluation and treatment, if indicated.

Record observations and actions taken on an incident report.

**An incident report must be filled out if
this type of emergency occurs in
the health care facility.**



POLICIES AND PROCEDURES

Ambulation / Assisting Residents with Ambulation

[Assisting Residents to Walk / Walking Residents]

Care of residents at this assisted living residence includes maintaining resident's self-esteem through promotion of independence and self-care activities designed to assist the resident in maintaining an optimal level of functioning. Every effort is made to keep residents active and out of bed for reasonable periods of time unless contraindicated by the resident's condition or physician's orders. Every effort is made to keep residents ambulatory.

Residents who require assistance and/or supervision to maintain ambulation skills will be evaluated and a plan will be provided which addresses ambulation skills.

Specialized therapies (PT and OT) may also be obtained in order to address each individual resident's unique needs. Recommendations regarding ambulation will be indicated on the resident's care plan and personnel will be instructed regarding all interventions and precautions.

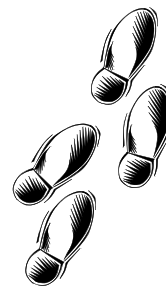
When braces, splints and other adaptive/assistive devices are indicated, specialized rehab services (PT and OT) will instruct personnel regarding their use and any precautions that must be taken.

POLICIES AND PROCEDURES

Guidelines For Ambulating Residents

- Assist resident to a sitting position. Allow sufficient time for the individual to establish his or her balance.
- It is helpful to watch the resident's face for facial expressions that indicate discomfort and/or other difficulties.
- Apply gait belt according to facility policy and procedure.
- Assure that the resident uses appropriate foot wear and assistive/adaptive devices.
- An additional caregiver must be used for support and/or assistance if indicated.
- Assist resident to a standing position. Allow sufficient time for the individual to establish his or her balance.
- Encourage the use of handrails and other safety devices if indicated and/or have another caregiver follow behind with a wheelchair if necessary.
- Encourage the individual to walk the distance indicated in his or her care plan. (Do not push the individual beyond his or her endurance or tolerance level)
- Assist the resident into a chair or back to bed.
- Ambulation programs and interventions must be recorded on the appropriate forms.

If a resident refuses to participate in his or her program, this refusal and the reason the resident refused must be documented on the appropriate flow sheet.



POLICIES AND PROCEDURES

Guidelines For The Use Of Ambulation Devices

When **braces**, splints and other adaptive/assistive devices are indicated, specialized rehab services (PT and OT) will instruct ALR staff regarding their use and any precautions that must be taken.

When using a **cane**, the cane should be held on the resident's strongest side. The cane should be moved first and then the resident moves the weaker side.

Crutches are used to decrease the weight placed on one to both of the individual's feet and/or legs. Specific instructions for the use of crutches will be identified by a therapist and/or by a nurse.

When using a **walker**, the resident lifts the walker frame up moving the walker forward and setting it down. S/he then "walks" forward into the walker leaning on the walker frame for support.

- When using any ambulation device, it is helpful to watch the resident's face for facial expressions that indicate discomfort and/or other difficulties.
- It is also important to assure that the resident uses appropriate foot wear.
- Gait belts must be used according to facility policy and procedure.
- An additional caregiver must be used for support and/or assistance if indicated.
- The use of assistive/adaptive equipment must be recorded on the appropriate forms.
- If the resident refuses to use the appropriate devices, this refusal must be recorded and must also be reported to the resident's physician.



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Margaret Ray, RN

POLICIES AND PROCEDURES

Guidelines For The Use Of Gait Belts

The use of gait belts provide increased security for both residents and caregivers. They protect the skin by providing a grasping and stabilizing mechanism for the caregiver. Gait belts also provide a means by which the individual can be safely lowered to the floor if necessary.

- The use of the gait belt must be explained to the resident.
- Assist resident to a sitting position. Allow sufficient time for the individual to establish his or her balance.
- It is helpful to watch the resident's face for facial expressions that indicate discomfort and/or other difficulties.
- Apply gait belt snugly over the resident's clothing around his or her waist.
- Assure that the resident uses appropriate foot wear and assistive/adaptive devices if indicated.
- Assist resident to a standing position by standing directly in front of the resident and grasping the gait belt at each side of the resident's waist.

Ask the resident to stand on the count of three.

Allow sufficient standing time for the individual to establish his or her balance.

- Pivot the resident into the chair using good body mechanics or encourage the individual to walk the distance indicated in his or her care plan.

When ambulating a resident, stand behind the resident grasping the gait belt with an underhand grip from the back.

- If the resident refuses to use the gait belt, this refusal must be recorded and must also be reported to the resident's physician.



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POLICIES AND PROCEDURES

ANTI-DISCRIMINATION / EQUAL RIGHTS

An individual's sex, race, creed, or national origin will not be considered in placement or employment at this assisted living residence.

Care and services such as dietary services, housekeeping services, laundry services, personal care services, and volunteer services are provided on a non-discriminatory basis.

Room assignments are made without regard to age, race, creed, or national origin.

Staff assignments are not governed by the race, creed, or national origin of either the resident or the staff.

When appropriate, the facility provides residents, employees, attending physicians, consultants, and others with a copy of written statements which set forth the facilities non-discrimination policies and procedures.

The assisted living residence effectively conveys to the community, to hospitals, and to other referral services, its non-discriminatory policy.

All employees and residents are expected to respect the individual rights of others and to treat others equally without regard to age, color, physical or mental challenge, race, religion, sex, sexual orientation, or veteran status.

Intimidating, harassing, or abusing others will not be tolerated.

Any actual or suspected discrimination must be reported to the administrator and a thorough investigation will take place.

Discrimination Against and/or Discrimination by Non-Employees

This assisted living residence will also take all reasonable steps to prevent or eliminate discrimination of and/or by non-employees including consultants, residents, suppliers, and others who are likely to have workplace contact with facility employees.



POLICIES AND PROCEDURES

MONITORING

All complaints of discrimination must be in writing and must be reported immediately to the employee's supervisor or the facility administrator.

Based upon the information received from the involved parties, a determination will be made for regarding the appropriate disciplinary action.

The assisted living residence will take all reasonable steps to see that this policy is followed by all employees, supervisors, and others who have contact with our employees. This prevention plan includes training sessions, on-going monitoring of the worksite, and a confidential employee survey to be conducted and evaluated at regular intervals.

DISCIPLINE

Any employee found to be in violation of this policy is subject to appropriate disciplinary action, including warnings, reprimand, suspension, and/or discharge.

If an investigation reveals that discrimination has occurred, the perpetrator may also be held legally liable for his or her actions under state and federal anti-discrimination laws or in separate legal actions.

RETALIATION

Any employee bringing a discrimination complaint or assisting in investigating such a complaint will not be adversely affected in terms and conditions of employment, or discriminated against or discharged because of the complaint; complaints of such retaliation will be promptly investigated and dealt with.

Complaint Procedure and Investigation

All complaints of discrimination or retaliation will be promptly investigated and sanctions will be imposed against violators.

All complaints will be handled as confidentially as possible.



POLICIES AND PROCEDURES

TRAINING

This assisted living residence will offer training for all employees upon employment and at least annually thereafter concerning their rights to be free from discrimination in the work place and the legal options available if they are discriminated against.

In addition, training sessions will be held for supervisors and administrators, educating them in how to keep the workplace as free from discrimination as possible and in handling discrimination complaints.

**A copy of this policy is distributed to all employees
and is posted in areas where all employees have
an opportunity to freely review it.**

This facility welcomes suggestions for
improvements to this policy.



POLICIES AND PROCEDURES

ASSESSMENT

1.102 (5)

According to Colorado regulations, "Assess or assessment" means recognizing a significant change in the resident's condition. It does not mean making clinical judgments unless the person conducting such assessment is licensed to make such judgments.

Preadmission Assessments: Only residents whose needs can be met by the facility within its licensure category will be admitted to this facility. The facility's ability to meet resident needs is based upon a comprehensive pre-admission assessment of the resident's physical, health and social needs; preferences; and capacity for self care.

A written care plan for each resident is completed at the time of admission and includes at least the following:

- a comprehensive assessment of the resident's physical health, behavioral, and social needs; preferences; and capacity for self care. The assessment includes, but is not limited to:
 - whether medication is self-administered or whether assistance is required from staff;
 - special dietary instructions, if any;
 - and;
 - any physical or mental limitations.
- a description of the services which the facility will provide to meet the needs identified in the comprehensive assessment.

Reassessments: Residents are reassessed yearly or more frequently, if necessary, to address significant changes in the resident's physical, behavioral, cognitive and functional condition and identify the services that the facility shall provide to address the resident's changing needs. The care plan is updated to reflect the results of the reassessment.

Special Assessments: Special assessments are required to evaluate whether or not residents can safely use cooking appliances, rewarming devices and/or other personal devices.

On the facility's assessment form it indicates whether or not a resident is interested in cooking. If a resident wishes to cook independently, his or her cooking skills will be evaluated on an individual basis by the facility administrator and/or her designee.

Other special assessments are required when residents reside in "Secured Environments" or when "Restrictive Egress Devices" are used.



POLICIES AND PROCEDURES

Documentation: All assessments are documented in the resident records.

ACF 8.495.2.B. Potential clients are assessed by a team which includes the client and his/her family and/or guardian, the facility administrator or appointed representative, Single Entry Point (SEP) case manager, as appropriate case managers and other care givers, to determine that the Assisted Living Residence is an appropriate community setting that will meet the resident's choice and need for independence and community integration.

The assessment is conducted prior to admission, annually and whenever there is a significant change in physical, medical or mental condition or behavior. The assessment documents that the facility is able to support the client and their needs.

The assessment is used to document physical, cognitive, behavioral and social care needs.

Procedure:

1. The facility manager and/or his or her designee conducts an in person assessment of all potential residents.

Potential ACF clients are assessed by a team according with all necessary requirements. Contacts and/or comments are recorded on the appropriate form(s).

2. Residents are reassessed at least annually or they are reassessed whenever there is a significant change in physical, medical or mental condition or behavior.

Potential ACF clients are assessed by a team according with all necessary requirements. Contacts and/or comments are recorded on the appropriate form(s).

3. All assessment Information is recorded on the proper forms and is filed in the resident record.



POLICIES AND PROCEDURES

Assignment of Personnel

Duties and assignments are based on the job description for each member of the staff. The individual staff members are responsible for performing their assigned duties; it is also the responsibility of the individual to know the limitations of his or her position and not to perform tasks beyond those limitations.

The individual staff members are accountable to the administrator and/or to their supervisor for performing those duties defined by their job descriptions and are responsible for knowing and using proper procedures or requesting instructions if the technique is unknown.



POLICIES AND PROCEDURES

BACK RUB / MASSAGE

Massage stimulates circulation, tones muscles, and helps promote relaxation.

General Guidelines for Massage:

Avoid working on skin surfaces where there is bruising, irritations, scars, open areas, rashes, or signs of infection (redness, swelling, drainage).

Always stop treatment if symptoms are aggravated or the resident appears uncomfortable.

Relax your hands. Yet, apply pressure when you do massage. Mold your hands to fit the contours over which they are passing. Maintain an evenness of speed and pressure.

Once you have contact with the resident's skin, try not to break this contact until the back rub is completely finished.

Procedure:

1. Warm lotion or oil in your hands before placing it on the resident's skin.
2. Place your hands with palms down on the middle of the back with your fingers pointing toward the head. Glide both hands slowly forward, pressing firmly on the back. Keep your hands together until you reach the shoulders; then separate them, moving both hands over and straight to the sides. Bring your hands back to their starting position. Repeat this stroke at least three times.
3. With one hand on the resident's spine and the other hand on the top of and across your other hand, glide both hands straight up the spine. Keep the pressure moderate and steady. As soon as you reach the top of the spine, start down again at the same speed. Repeat this movement at least three times.
4. Using the fingertips of both hands progress up the back using circular swirling strokes. As soon as you reach the top of the spine, reverse the stroke and start down the back. Repeat this motion at least three times.
5. With the heel of one hand, knead the back using small circular motions. Move up the entire length of the spine in one continuous spiral. Repeat this maneuver at least three times.



POLICIES AND PROCEDURES

6. Knead the muscles curving from the neck onto the shoulders with your fingertips using small circular motions. Continue this stroke until the neck and shoulders are covered. Repeat this motion at least three times.
7. Repeat the stroke that you used to begin the procedure. With palms down and fingers pointing toward the head, glide both hands slowly forward, pressing firmly on the back. Keep your hands together until you reach the shoulders, and then separate them, moving both hands over and straight to the sides. Bring your hands back to their starting position. Repeat this maneuver at least three times.



POLICIES AND PROCEDURES

BACKGROUND CHECKS

CO 1.104 (3) Criminal Background Checks

The owner and administrator of a facility, employees who have direct personal contact with the residents of this facility, and any volunteer performing personal services or protective oversight, under the auspices of the facility shall be of good, moral and responsible character.

In making such a determination, the facility obtains, prior to staff or volunteers performing duties, any criminal history record information from a criminal agency, subject to any restrictions imposed by such agency, for any person responsible for the care and welfare of residents of the facility.

If the individual is contract staff, the facility ensures that a background check has been conducted on such individual within 12 months prior to the date of hire by the facility. The facility shall have documentation of such background checks.

The facility ascertains whether prospective staff or volunteers have been convicted of a felony or a misdemeanor that could pose a risk to the health, safety, and welfare of the residents, when making employment decisions.

This facility does not hire individuals and/or retain employees who have any drug-related offenses revealed by the background check.



POLICIES AND PROCEDURES

Bathing, Grooming, & Hygiene

[Assisting Residents with Bathing, Grooming & Hygiene]

Residents are required to take a bath or shower at least weekly or as indicated on their care plan. Refusal to bathe may be grounds for eviction.

Residents who require assistance are routinely bathed at least twice a week according to the bath schedule.

Residents who refuse to take their bath or residents who require or request more frequent bathing, are bathed according to their individual needs.

Residents must be neatly dressed in appropriate clothing when they are in the common areas which are shared with other residents and guests.

Resident clothing and personal bed linens must be marked with indelible ink or in another permanent manner so that it is easily identifiable.

Residents are required to provide their own toiletry items (such as toothpaste, shampoo, tissues, etc.) at their own expense. Residents may not share toiletry items with other residents.

If concerns regarding a resident's bathing, grooming or hygiene practices seem to pose a health care problem for the resident or others, administrator (or his or her designee) may consult with health care professional to determine whether or not a change in the resident's care plan is warranted or whether or not the resident has developed physical or mental health problems requiring professional care and supervision not available at the assisted living residence.

The resident (responsible party) must agree to assist the administrator (manager) and/or owner in verifying the need for a change in the care plan, or the existence of physical or mental health problems which might preclude residency at the facility, in a timely manner, and will authorize others to provide information as the administrator deems reasonably necessary to make such a determination.



POLICIES AND PROCEDURES

Bed Bath Procedure:

1. Assemble all necessary equipment.
2. Assist the resident with oral care and toileting as indicated.
3. Position the resident comfortably in bed.
4. Place a bath blanket over the resident. Remove the top linen and the resident's clothing.
5. Make a mit with the wash cloth and wash the resident's face. Rinse and pat dry.
6. Wash the resident's hands, arms, under arms, trunk, and abdomen exposing only small areas and rinsing and drying well.
7. Wash, rinse, and dry the lower extremities.
8. Offer the resident a wash cloth so that s/he can wash and rinse the genitalia. If the resident is unable to do his or her own peri-care, peri-care should be done for the resident at this time.
9. Wash, rinse, and dry the back.
10. Give the resident a back rub.
11. Help the resident to put on clean clothing. Assist with hair care. Do nail care as indicated.
12. Clean equipment and put it into its proper place.



POLICIES AND PROCEDURES

Partial Bath Procedure:

1. Assemble all necessary equipment.
2. Assist the resident with oral care and toileting as indicated.
3. Position the resident comfortably in bed or if the resident chooses and is able to do so, a basin of warm water may be used at the bedside.
4. Place a bath blanket over the resident. Remove the top linen and the resident's clothing.
5. If the resident is bathing using a basin of water at the bedside, a bath blanket or a robe may be used to avoid undue exposure.
6. Ask the resident to wash his or her face and hands.
7. Assist the resident with areas of his or her body that s/he cannot reach.
8. Help the resident to put on clean clothing. Assist with hair care. Do nail care as indicated.
9. Clean equipment and put it into its proper place.



POLICIES AND PROCEDURES

Shower:

1. Assemble all necessary equipment.
2. Assist the resident with oral care and toileting as indicated.
3. Clean the floor of the shower with disinfectant solution.
4. Help the resident to the shower room.
5. Turn on the shower and adjust water temperature.
6. Assist the resident into the shower.
7. Assist the resident to wash him or herself as indicated.
8. Turn off the water.
9. Help the resident to towel dry and dress.
10. Help the resident back to his or her room. Assist with hair care. Do nail care as indicated.
11. Return to the shower room. Remove all soiled linen and clothing and clean the floor of the shower with disinfectant solution.
12. If a shower or transport chair was used for the procedure, it must also be cleaned with disinfectant solution.



POLICIES AND PROCEDURES

Sitz Bath:

The warm moist heat of a sitz bath increases circulation, promotes healing, reduces congestion and inflammation, and helps to relieve discomfort in the perineal and rectal areas.

1. Assemble all necessary equipment.
2. Clean the bath tub with disinfectant solution.
3. Help the resident to the tub room.
4. Fill the tub with enough warm water (110 degrees -115 degrees) to cover the genitals and lower abdomen.
5. Place a bath towel over the air ring or on a suspended seat.
6. Assist the resident to undress and get into the tub. Assist the resident to position him or herself onto the air ring or on the suspended seat.
7. The sitz bath should last 15-20 minutes. Maintain the therapeutic temperature of the water during the procedure by adding warm water at intervals.
8. Help the resident out of the tub.
9. Help the resident to towel dry and dress.
10. Help the resident back to his or her room.
12. Return to the tub room. Remove all soiled linen and clothing and clean the tub with disinfectant solution.
13. If a transport chair or bath chair was used for the procedure, it must also be cleaned with disinfectant solution.
14. Record the treatment. Report and record any pertinent observations.



POLICIES AND PROCEDURES

Spa Bath:

Insert The Appropriate Information Here



POLICIES AND PROCEDURES

Tepid (Cool) Sponge Bath Procedure:

A tepid sponge bath cools the body and helps to lower the resident's body temperature.

If the resident becomes chilled and begins to shiver it will be necessary to stop the procedure. Shivering causes increased cell and muscle activity and causes the body temperature to rise.

1. Assemble all necessary equipment.
2. Take and record the resident's temperature.
3. Position the resident comfortably in bed.
4. Place a bath blanket over the resident. Remove the top linen and the resident's clothing.
5. Prepare a basin of tepid (cool) water.
6. Proceed as if giving a bed bath. Instead of washing the skin, wring a washcloth so that it is not dripping and open it up and lay it on the exposed surfaces of the skin for a few minutes. Blot each area dry.

Note: You may be asked to put ice caps on areas where blood vessels are close to the surface of the body (the under arms and groin area)

7. Help the resident to put on dry clothing.
8. Clean equipment and put it into its proper place.
9. Return in 30 minutes and retake and record the resident's temperature.
10. Record the treatment. Report and record any pertinent observations.



POLICIES AND PROCEDURES

Tub Bath:

1. Assemble all necessary equipment.
2. Assist the resident with oral care and toileting as indicated.
3. Clean the bath tub with disinfectant solution.
4. Help the resident to the tub room.
5. Fill the tub one-half full of water at approximately 105 degrees. (Test the temperature.)
6. Assist the resident to undress and get into the tub.
7. Assist the resident to wash him or herself as indicated.
8. Help the resident out of the tub.
9. Help the resident to towel dry and dress.
10. Help the resident back to his or her room. Assist with hair care. Do nail care as indicated.
11. Return to the tub room. Remove all soiled linen and clothing and clean the tub with disinfectant solution.
12. If a transport chair or bath chair was used for the procedure, it must also be cleaned with disinfectant solution.



POLICIES AND PROCEDURES

Bed Holding / Room Holding

Residents may be charged a bed holding / room holding fee when they are absent from the assisted living residence.

The assisted living residence charges the daily rate for all room holds. If a resident does not want his or her room held while s/he is absent from the residence, the resident or his or her designated representative must call the residence within twenty-four (24) hours and written notice must be received by the facility within seventy-two (72) hours. If the resident does not want his or her room held, all articles of personal property must be removed from the premises within seventy-two (72) hours. If the resident's personal property is not removed within seventy-two (72) hours, the administrator may have the resident's personal property placed in storage at the resident's / responsible party's expense.

Residents and their responsible party are notified regarding this policy upon admission to the assisted living residence.



POLICIES AND PROCEDURES

Behavior Contracts / Memorandums of Understanding

Behavior contracts (Memorandums of Understanding) provide residents with a consistent environment with known expectations.

Behavior management contracts must be approved by the resident or his or her responsible party. These agreements must be reviewed with the attending physician, the resident's case manager(s), and/or the resident's mental health care professional(s) prior to implementation.

Procedure:

1. Upon admission to the facility, residents agree to faithfully comply with the rules and regulations that govern the operation of residential care facilities in the state of Colorado.

Residents also agree to comply with house rules and they agree to actively participate in and abide by their care plans in order to take maximum advantage of the program(s) offered by the facility.

2. A resident may be discharged from the facility only for one or more of the following reasons:

- When the facility cannot protect the resident from harming him or herself or others.
- When the facility is no longer able to meet the resident's identified needs, based on the facility's discharge policy.
- Nonpayment for basic services, including rent, in accordance with the resident agreement;

-or-

- Failure of the resident to comply with the resident agreement which contains notice that discharge may result from violation of the agreement.
- If the resident develops a condition that would preclude admission to the facility. (See Attached List)

3. If a resident (1) is having difficulty complying with necessary rules and regulations, (2) is having difficulty carrying out his or her care plan, and/or (3) displays behaviors that would preclude admission to the facility, the facility administrator may elect to serve the resident with an eviction notice.

-or-



POLICIES AND PROCEDURES

If a resident (1) is having difficulty complying with necessary rules and regulations, (2) is having difficulty carrying out his or her care plan, and/or (3) displays behaviors that would preclude admission to the facility, the facility administrator may elect to enter into a “behavior contract” with the resident.

4. The resident, the resident’s legal representative, and/or other appropriate health care professionals must indicate their approval of the behavior contract.
5. The behavior that needs to be changed or extinguished must be observable and measurable.

The behavior contract / memorandum of agreement must clearly describe the behavior.

The agreement must be consistent with logical and natural consequences for inappropriate behavior.

The document must include the date it was initiated, the date that it will be reviewed, and the date it will be discontinued or renewed.

Behavior contracts / memorandums of agreement must be documented on the appropriate form(s) and are kept on file in the resident’s record.

Failure to comply with items outlined in a behavior contract may lead to eviction of the resident from the residential care facility.

If a resident disagrees with a behavior contract and/or the eviction procedure she or he may notify any or all of the agencies listed in the grievance procedure.



POLICIES AND PROCEDURES

BLOOD GLUCOSE MONITORING

Blood glucose monitoring is a way of testing how much glucose is in the blood (glycemia).

Blood glucose monitoring is important in the care of diabetes mellitus. Most people with Type 2 diabetes need to test at least once or twice per day (usually before breakfast and at bedtime) to assess the effectiveness of their diet and exercise for controlling their blood glucose levels.

Most people who need to inject insulin, both for Type 1 diabetes and Type 2, need also to test their blood sugar more often (3 to 10 times per day) to assess the effectiveness of their prior insulin dose and to calculate their next insulin dose.

Personnel at this facility do not carry out blood glucose monitoring. However, personnel will assist residents in carrying out this procedure. Staff will remind residents that the testing needs to be carried out and staff may assist residents to assemble all necessary equipment. In some cases, blood glucose monitoring may be recorded in the resident record.

Residents are responsible for obtaining and maintaining their own blood glucose monitoring equipment.



POLICIES AND PROCEDURES

BLOOD GLUCOSE METER

The traditional method of testing blood glucose involves pricking the finger with a lancet (a small, sharp needle), putting a drop of blood on a test strip, and then placing the strip into a meter that displays the blood sugar (glucose) level. Meters vary in features, readability (with larger displays or spoken instructions for the visually impaired), portability, speed, size and cost. Current devices provide results in less than 15 seconds and can store this information for future use. These meters can also calculate the average blood glucose level over a period of time. Some meters also feature software kits that retrieve information from the meter and display graphs and charts of past test results. Blood glucose meters and strips are available at any local pharmacy.

A recent and welcome advance is the use of small blood drops for blood glucose testing from other places than the finger tips. This alternate site testing uses the same test strips and meter, is practically pain free, and gives the finger tips a needed break if they become sore.

Newer meters allow for the use of test sites other than the fingertips; these alternative testing sites include upper arm, forearm, base of the thumb and thigh. However, testing at alternative sites may give results that are different from the blood glucose levels obtained from the fingertip. Blood glucose levels in the fingertips show changes more quickly than those in alternative testing sites. This is especially true when the blood glucose level is rapidly changing, like after a meal or after exercise. It is also important to know that if blood sugars are checked at an alternative site while an individual is experiencing symptoms of hypoglycemia, these results may not be reliable.



POLICIES AND PROCEDURES

Body Alignment / Positioning Residents

[Assisting Residents with Positioning]

Care of residents at this residence includes maintaining resident's self-esteem through promotion of independence and self-care activities designed to assist the resident in maintaining an optimal level of functioning.

Body alignment and body positioning are essential techniques that must be carried out in administering care for residents.

Residents who are "at risk" for skin breakdown, who are immobile, who have decreased mobility, who are confined to bed, who are confined to a chair, and/or who have positioning problems, must have weight shifts and/or position changes at least every 2 hours.

Specialized therapies (PT and OT) may also be obtained in order to address each individual resident's unique needs.

Recommendations regarding positioning programs will be indicated on the resident's care plan and personnel will be instructed regarding all interventions and precautions.

POLICIES AND PROCEDURES

General Guidelines To Follow When Positioning Clients/Residents

All employees are encouraged to practice good body mechanics as they carry out positioning and body alignment procedures.

When lifting and moving residents, always explain to them exactly what you are going to do and how s/he can help.

General guidelines to follow:

- The resident's body must be as close as possible to the body alignment as it is naturally in a standing or sitting position.
- The muscles must not be strained or tense.
- The position of the hands must be similar to that used to grip a soft ball.
- The position of the feet must be in a position normally assumed when standing.
- The pressure points of the body must have the same color as the rest of the body.
- The joints must be able to move through their normal range of motion.
- The resident must appear comfortable.





POLICIES AND PROCEDURES

Body Mechanics

The use of good body mechanics will conserve energy, promote the efficient use of muscles, prevent back strain and fatigue, and will promote safety for both residents and staff.

All employees are encouraged to practice good body mechanics as they carry out their assigned duties.

Safety inservice education training presentations which address body mechanics are scheduled throughout the year.

All employees are expected to attend in-services (training sessions) which include instructions and information regarding the use of good body mechanics.

Back Support Devices / Back Support Braces

The use of good body mechanics will conserve energy, promote the efficient use of muscles, prevent back strain and fatigue, and will promote safety for both residents and staff.

All employees are encouraged to practice good body mechanics as they carry out their assigned duties.

Employees who have had previous back injuries and/or employees who elect to do so, may use back support devices (back braces).

It is important to note that back support devices (back braces) should not routinely be worn or an individual may actually weaken abdominal and/or back muscles.

Back braces (back support devices) should only be utilized (tightened snugly around the abdomen) when the employee is lifting and/or moving an object or a resident.

All employees are expected to attend in-services which include instructions and information regarding the use of good body mechanics.



POLICIES AND PROCEDURES

LIFTING

1. ALWAYS LOOK OVER THE OBJECT TO BE LIFTED. MAKE SURE IT IS NOT TOO HEAVY OR CLUMSY.
2. GET HELP WHEN NEEDED. USE MECHANICAL AIDS WHEN NECESSARY.
3. BEFORE YOU EVEN THINK ABOUT LIFTING, BE SURE YOUR BACK IS STRAIGHT.
[IF INDICATED, BACK BRACES (BACK SUPPORT DEVICES) SHOULD BE UTILIZED (TIGHTENED SNUGLY AROUND THE ABDOMEN) AT THIS TIME.]
4. STAND CLOSE TO THE ITEM WITH FEET APART FOR BALANCE. MAKE SURE YOUR FOOTING IS SECURE.
5. BEND YOUR KNEES. KEEP YOUR BACK AS STRAIGHT AS POSSIBLE. GET A GOOD GRIP AND KEEP THE WEIGHT CLOSE TO YOUR BODY.
6. LIFT GRADUALLY. STRAIGHTEN KNEES SLOWLY AND RISE TO A STANDING POSITION USE YOUR LEG MUSCLES!

[THE VELCRO CLOSURE OF THE BACK BRACE (BACK SUPPORT DEVICE) SHOULD BE RELEASED AT THIS TIME.]

PUSHING

[IF INDICATED, BACK BRACES (BACK SUPPORT DEVICES) SHOULD BE UTILIZED (TIGHTENED SNUGLY AROUND THE ABDOMEN) AT THIS TIME.]

1. GET A GOOD GRIP ON THE OBJECT.
2. KEEP YOUR BACK AS STRAIGHT AS POSSIBLE.
3. PUSH VEHICLES FROM THE END TO AVOID INJURING YOUR HANDS.
4. PUSH SLOWLY. BE SURE YOU CAN SEE AHEAD OF YOU.
5. BEND YOUR KNEES AND USE MAXIMUM LEG POWER.

[THE VELCRO CLOSURE OF THE BACK BRACE (BACK SUPPORT DEVICE) SHOULD BE RELEASED AT THIS TIME.]

CARRYING

[IF INDICATED, BACK BRACES (BACK SUPPORT DEVICES) SHOULD BE UTILIZED (TIGHTENED SNUGLY AROUND THE ABDOMEN) AT THIS TIME.]

1. GET A GOOD GRIP AND KEEP THE WEIGHT CLOSE TO YOUR BODY.
2. AVOID TWISTING AND TURNING YOUR BODY. CHANGE DIRECTION BY MOVING YOUR FEET.
3. FACE THE SPOT ON WHICH THE LOAD WILL REST. BEND YOUR KNEES AND SLOWLY PUT THE OBJECT DOWN IN PLACE.

[THE VELCRO CLOSURE OF THE BACK BRACE (BACK SUPPORT DEVICE) SHOULD BE RELEASED AT THIS TIME.]



POLICIES AND PROCEDURES

Gait Belt / Transfer Belt

The use of gait belts provide increased security for both residents and caregivers. They protect the skin by providing a grasping and stabilizing mechanism for the caregiver. Gait belts also provide a means by which the individual can be safely lowered to the floor if necessary.

Guidelines for the Use of Gait Belts

1. The use of the gait belt must be explained to the resident.
2. Assist resident to a sitting position. Allow sufficient time for the individual to establish his or her balance.
3. It is helpful to watch the resident's face for facial expressions that indicate discomfort and/or other difficulties.
4. Apply gait belt snugly over the resident's clothing around his or her waist.
5. Assure that the resident uses appropriate foot wear and assistive/adaptive devices if indicated.
6. Assist resident to a standing position by standing directly in front of the resident and grasping the gait belt at each side of the resident's waist. Ask the resident to stand on the count of three.

Allow sufficient standing time for the individual to establish his or her balance.

7. Pivot the resident into the chair using good body mechanics or encourage the individual to walk the distance indicated in his or her care plan.

When ambulating a resident, stand behind the resident grasping the gait belt with an underhand grip from the back.

8. If the resident refuses to use the gait belt, this refusal must be recorded in the resident record.



POLICIES AND PROCEDURES

Because residents of this facility are often confused and disoriented they may not, at times, cooperate with the routine use of a gait belt.

Staff must evaluate residents regarding behavioral changes and other subtle changes that may indicate that the use of the gait belt has created increased confusion, anxiety, or other disturbances.

If a resident has difficulty using a gait belt, the administrator (manager) or his or her designee must be notified.



POLICIES AND PROCEDURES

CARE PLAN / CARE PLANNING

CO 1.107 (3)

A written care plan will be developed and implemented for each resident in order to monitor and oversee the resident's care needs.

The care plan for each resident will be completed upon admission to the facility.

The care plan includes but is not limited to the following --- A comprehensive assessment of the resident's physical health, behavioral, and social needs; preferences, and capacity for self care.

The assessment shall include, but not be limited to ---

- Whether medication is self-administered or whether assistance, if any, is required from staff

- Dietary restriction or special dietary instructions, if any

- Any physical or mental limitations or restrictions on activity

- A description of the services which the facility will provide to meet the needs identified in the comprehensive assessment.

Resident's may request additional services or request a modification of the care plan at any time.

Residents are reassessed at least yearly or more frequently, if necessary, to address significant changes in the resident's physical, behavioral, cognitive and functional condition and identify the services that the assisted living residence will provide to address the resident's changing needs. The care plan will be updated to reflect the results of the reassessment.

If the resident is receiving personal care and protective over-sight services from external services provider(s), the assisted living residence will document in the care plan the services that are to be provided by the external services provider(s) as well as the services to be provided by the facility to ensure that the resident needs are met.



POLICIES AND PROCEDURES

Information regarding advanced directives will be reviewed with the resident and/or the resident's responsible party when the resident is reassessed and the resident's care plan is updated. Residents are reassessed at least annually or more frequently, if necessary, to address significant changes in the resident's condition.

Procedure:

1. An admission assessment is completed on all residents who are admitted to the assisted living residence.
2. Using the information identified in the admission assessment as a guideline, an individualized care plan is developed for all residents.
3. The care plan will be reviewed with the resident and/or his or her responsible party and an acknowledgment form will be signed by the resident and/or his or her responsible party and by the administrator.
4. Resident's may request additional services or request a modification of the care plan at any time.
5. The care plan will be reviewed and updated at least yearly or more frequently, if necessary, to note significant changes in the resident's condition or needs.



POLICIES AND PROCEDURES

Certification / Licensure and/or Registration of Personnel

Certified, licensed, and/or registered personnel are required to provide a copy of their licensure, certificate, and/or registration upon application for employment and upon registration, license, and/or certificate renewal.

At the discretion of the administrator, certification, licensure, and/or registration will be verified with the appropriate agency.



POLICIES AND PROCEDURES

Change of Shift Report

Concise and pertinent information will be given at the change of shift.

The off-going caregiver will give report to the on-coming caregiver.

Resident care plans and the (24 hour report sheet); will be used as a guide when giving and receiving change of shift report.

This form is not a part of the medical record. It is discarded at regular intervals.



POLICIES AND PROCEDURES

Changes in Resident Status / Condition Change

[Recognition Of and Reporting Of Condition Changes]

The resident's family/responsible party will be notified regarding any significant change in resident status.

The resident's physician will also be notified regarding any significant change in the resident's condition.

If a resident has a consultant psychiatrist, a consultant psychologist, or is being followed by a community mental health center, the appropriate individual(s) will also be notified regarding any significant change in his or her condition.

All incidents/accidents that cause harm or injury to a resident will be reported to the resident's family/responsible party, to the attending physician, and to the appropriate health care consultants.

*Residents and their responsible party are notified
regarding this policy upon admission
to the residence.*



POLICIES AND PROCEDURES

Changes in Work Status

Employee requests for increased or reduced working hours will be determined based upon the budget. There must be a vacant budgeted position available before a request will be granted.

Employees will be considered for a different position within the ASSISTED living residence based upon past and present performance, education and employment background, and interest and potential as these factors relate to qualifications outlined in the job description. Length of service may be a factor if two or more applicants possess equal qualifications.

The facility reserves the right to select the best qualified applicant for any and all positions.

All transfers or promotions will be subject to a three month probationary period which may be extended an additional 30 days for documented reasons.



POLICIES AND PROCEDURES

Cleaning Of Equipment

All equipment will be cleaned and decontaminated with an appropriate disinfectant after completion of procedures and/or as soon as possible when surfaces are overtly contaminated with blood or other potentially infectious materials.

Equipment which may become contaminated with blood or other potentially infectious materials will be examined prior to servicing or shipping and will be decontaminated as necessary, unless it can be demonstrated that is not feasible.

If decontamination is not feasible, a readily observable label will be attached to the equipment stating which portions remain contaminated.

The assisted living residence will ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that the appropriate precautions can be taken.



POLICIES AND PROCEDURES

Cleaning Practices / Housekeeping Practices

[Cleaning and Sanitation Practices]

All resident rooms and common areas are kept clean.

All floors are kept clean and dry.

Smooth floors are dusted and wet mopped at least weekly.

Floors are stripped, waxed, and buffed as needed. (Only non-slip polish is used on floors.)

Carpets are vacuumed at least weekly and are deep cleaned at regular intervals.

The dining room is cleaned after every meal.

The kitchen and dietary store rooms are cleaned at regular intervals.

Resident beds are sanitized monthly and/or when a resident is hospitalized.

Deep cleaning/terminal cleaning of resident rooms is done at least annually or when a resident is discharged from the assisted living residence.

Walls, ceiling, light fixtures, and vents are cleaned at regular intervals.

Trash is removed from all areas of the building as needed.

Drapes, windows, and privacy curtains are cleaned as indicated.

Housekeeping equipment is cleaned and maintained according to the manufacturer's recommendations.

The laundry room is cleaned at regular intervals.

All utility rooms and storage areas are kept clean and free from accumulation of extraneous materials.

A regular check is made of the building to check for sanitation, safety, and infections control hazards.

All work areas are kept clean and free from accumulation of extraneous materials.



POLICIES AND PROCEDURES

Work surfaces will be cleaned and decontaminated with an appropriate disinfectant after completion of procedures and/or as soon as possible when surfaces are overtly contaminated with blood or other potentially infectious materials. All surfaces contaminated with blood or body fluids are cleaned with a disinfectant.

Employees must refrain from eating, drinking, smoking, applying cosmetics, and handling contact lenses in areas where they may be exposed to blood or other potentially infectious materials.



POLICIES AND PROCEDURES

Confidentiality of Personnel Records

The assisted living residence is responsible for and maintains all personnel and employment records of employees.

Personnel files with pertinent employment information will be kept on all employees. Only administrator will have access to personnel files.

Employees may request to review their personnel files by contacting the administrator.

Procedure:

1. The assisted living residence is responsible for maintaining all personnel and employment records of employees.
2. Personnel files with pertinent employment information will be kept on all employees.
3. Only the administrator will have access to personnel files.
4. All information is kept in a locked file cabinet or cupboard to assure that access to these records is restricted.
5. During state and/or county health department surveys, information found in personnel files may be reviewed by state and/or county health department surveyors as prescribed by regulations, requirements, and applicable legal standards.
6. Employees may request to review their personnel files by contacting the administrator.
7. Under no circumstances are employees allowed to remove information from their personnel files nor may they review the personnel files of other employees.
8. Violation of confidentiality of personnel information by an employee may result in disciplinary action(s) or dismissal.



POLICIES AND PROCEDURES

Confidentiality of Resident Information

The assisted living residence is responsible for maintaining strictly confidential all personal and medical information concerning residents.

Confidential information will not be given out without authorization from the resident and/or his or her designee.

All new employees of this residence receive orientation regarding confidentiality of resident information. All employees are expected to attend training programs which include instructions and information regarding confidentiality.

It is the duty of all personnel to maintain strictly confidential all personal and medical information concerning residents.

PROCEDURE:

1. The assisted living residence is responsible for and maintains all personal and medical information concerning residents.
2. Confidential information will not be given out without authorization from the resident and/or his or her designee.
3. It is the duty of all personnel to maintain strictly confidential all personal and medical information concerning residents.
4. All new employees of this assisted living residence receive orientation regarding confidentiality of resident information.
5. All employees are required to sign a confidentiality statement upon employment.
6. All employees are expected to attend training programs which include instructions and information regarding confidentiality.
7. Violation of confidentiality of resident information by an employee may result in disciplinary action(s) or dismissal.
8. All resident records must be stored in the proper storage area in a manner which safeguards its information content.



POLICIES AND PROCEDURES

9. Under no circumstances may information be given out to others without the appropriate authorization.
10. During state and/or county health department surveys, information found in resident records may be reviewed by state and/or county health department surveyors as prescribed by regulations, requirements, and applicable legal standards.
11. Residents may request to review their resident record by contacting the assisted living residence administrator.
12. In the event that environmental conditions threaten the facility's structure, residents will be transferred (evacuated) to a designated facility where they may be safely and temporarily housed. To assure continuity of care, information will be shared about the resident with the facility caring for the resident.
13. In the event that an individual resident experiences a medical or psychiatric emergency, emergency care will be provided and the resident will be transferred to the appropriate hospital or health care facility for care and treatment. To assure continuity of care, information will be shared about the resident with the facility caring for the resident.



POLICIES AND PROCEDURES

Consents and Releases

The resident's implied and/or written consent for routine care and treatment is obtained on admission to the assisted living residence.

When a resident refuses to consent to a routine procedure, all pertinent information must be recorded in the resident's record.

If refusal to consent to a procedure could interfere with the resident's health or could potentially be a risk to the resident's safety, a release form must be completed.

Procedure:

1. All consents and releases must be read by or read to the residents.
2. Residents are then instructed to sign the form.
3. If a resident is unable to sign consent or release form, the reason the resident is unable to sign must be recorded in the resident record.
4. The resident's physician, responsible party, and/or the appropriate consultants must be notified.
5. If a resident refuses to sign consent or release form, all pertinent information and observations must be recorded in the resident record.
6. The resident's physician, responsible party, and/or the appropriate consultants must be notified.
7. If questions arise regarding consents and releases, they must be directed to the administrator of the assisted living residence



POLICIES AND PROCEDURES

Construction, Remodeling, and/or Changes to the Structure of the Residence

CO 1.103 Building Plan Review

Building plans subject to plan review under Chapter VII and must be submitted in accordance with 6 CCR 1011, Chapter II, Part 1, Review of Building Plans and Specifications, Sections 1.1.1, 1.1.4, and 1.3.

Application for an initial license, when such initial license is not a change of ownership. This includes new facility construction and existing structures;

Remodeling, commencing on or after which includes, but is not limited to:

- Additions to the facility of any size, where such additions are to be used for the delivery of services to residents.
- Creation or structural alteration of resident sleeping area.
- Alteration of an existing area of the facility into space for a secured environment.
- Any structural alteration that affects 25% or more of the square footage of the existing habitable floor space, as determined by the Department.
- Conversion of existing space not previously used for providing resident services, including storage space, to space used for the delivery of services to residents.
- Any change that alters the path of ingress or egress and impacts the residents' ability to exit the building.
- Installation or renovation of fire alarms, sprinkler systems, and kitchen hood systems. Plan review regarding sprinkler systems shall be limited to the extent of sprinkler coverage and the water supply.



POLICIES AND PROCEDURES

COOKING

Resident Use of the Kitchen & Kitchen Appliances

Special assessments are required to evaluate whether or not residents can safely use cooking appliances, rewarming devices and/or other personal devices.

On the facility's assessment form it indicates whether or not a resident is interested in cooking. If a resident wishes to cook independently, his or her cooking skills will be evaluated on an individual basis using a special assessment form as a guideline.



POLICIES AND PROCEDURES

(CPR) Cardiopulmonary Resuscitation

All residents in cardiac and/or respiratory arrest will be resuscitated with the following exceptions:

- Those residents who have “do not resuscitate” orders in their resident records.
- Those individuals who have had un-witnessed arrests and are obviously dead and beyond any chance of resuscitation.

[i.e., those who have rigor mortis (the stiffness that occurs in the body after death), hypostasis (the pooling and congestion that occurs in the lowest part of the body after death), and an absence of corneal reflexes (loss of the automatic protective blink reflex).]

The facility recognizes that residents of residential care facilities require special attention, care, and understanding.

Some individuals may wish to have cardiopulmonary resuscitation in the event of a cardiac and/or pulmonary arrest. Others may not wish to have CPR.

Residents have a right to make medical decisions which include giving written instructions concerning their wishes about cardiopulmonary resuscitation.

This facility would like to provide the appropriate care, if and when it must be necessary.

We request that residents, in concert with their families and their attending physician, provide the facility with instructions regarding CPR.



POLICIES AND PROCEDURES

CPR Directive

Resident's Advance Directive Concerning (CPR) Cardiopulmonary Resuscitation

Unless specifically ordered otherwise in writing (CPR) cardiopulmonary resuscitation will be initiated should the need arise.

We request that residents, in concert with their families and their attending physician, provide the facility with instructions regarding CPR.

Personnel at this assisted living facility [Do] [Do Not] initiate CPR.

9-1-1 is called, emergency medical services personnel make an assessment, and the individual is transferred to a hospital for evaluation and treatment.

At the time of admission, the facility will inform residents or their legal representatives regarding the resident's right to receive CPR or have a written CPR directive refusing CPR.

At least annually or upon a significant change in health condition, the facility will review the CPR options with each resident or that resident's legal representative.

Upon admission and at each subsequent assessment and/or care plan review, the facility and the resident or the resident's legal representative will sign and date documentation acknowledging that the resident's CPR options were reviewed and understood. Such documentation will be maintained in each resident's record.

The facility will ensure that staff are aware of or know where to immediately locate each resident's CPR directive.



POLICIES AND PROCEDURES

Death of a Resident

The facility conforms to all rules and regulations which regulate the handling and/or release of a resident who has died in an assisted living residence.

Appropriate notification is made in accordance with established procedures.

Personnel will respect and cooperate with the wishes of both the resident and the resident's family when these wishes have been made known to the assisted living residence.

Residents are encouraged to submit their individual instructions to the assisted living residence in writing so they can be incorporated into the resident's record.

If the resident has not made prior arrangements with the assisted living residence, his or her designated representative will be notified. If the resident does not have a designated representative, the county department of social services will be notified.

The family or responsible party and the attending physician must be notified.

If the resident is being followed by a psychiatrist, psychologist, and/or a mental health center, the appropriate individual or agency must be notified.

All pertinent information concerning the resident's death must be documented in the resident record.

The assisted living residence will comply with the county coroner's policy concerning residents who expire in convalescent homes and health care centers.

Reportable Occurrences

- **Deaths** – “Any occurrence that results in the death of a resident of the facility and is required to be reported to the coroner pursuant to section 30-10-606, CRS, as arising from an unexplained cause of under suspicious circumstances, 25-1-124-(2)(a), CRS



POLICIES AND PROCEDURES

*Insert The County Corner's
Policy Here*



POLICIES AND PROCEDURES

Dental Care

Residents may receive dental care upon a dentist's order.

The resident and/or her family must make arrangements for the resident to receive dental care and are responsible for all fees for services.

The assisted living residence will assist the resident and/or his or her family in obtaining the services of a dentist upon request.

In the event that a resident has a dental emergency, his or her personal dentist will be contacted. If the resident does not have a dentist, or his or her dentist cannot be reached, facility personnel will assist the residents in obtaining a dentist -or- the resident will be sent to an emergency room for evaluation and/or treatment.



POLICIES AND PROCEDURES

CO 1.107 (9)

Dietary and Dining Services

Food Service Sanitation

Facilities with Less than 20 Beds --- Food must be prepared, handled and stored in a sanitary manner, so that it is free from spoilage, filth, or other contamination, and will be safe for human consumption. Hazardous materials are not stored with food supplies.

Facilities with 20 Beds or More --- Facilities licensed for 20 beds or more must comply with "Colorado Retail Food Establishment Rules and Regulations" Colorado Department of Public Health and Environment, 1999.

Meals and Snacks

Meals --- At least three nutritionally balanced meals in adequate portions, using a variety of foods are made available, either directly or indirectly through the resident agreement, at regular times daily. In the event the meal provided is unpalatable, a substitute will be provided.

Snacks --- Between meal snacks of nourishing quality are available.

8.495.6.E. Facilities provides nutritious food and beverage that clients have access to at all times. Access to food and cooking of food is in accordance with Colorado Regulations

The access to food is provided in the following ways:

- ☐ Access to the ACF kitchen.
- ☐ Access to an area separate from the ACF kitchen stocked with nutritious food and beverage.
- ☐ A kitchenette with a refrigerator, sink, and stove or microwave, separate from the client's bedroom.
- ☐ A safe, sanitary way to store food in the client's room.

8.495.4.H. Clients have unscheduled access to food and food preparation areas if determined capable to appropriately handle cooking activities.



POLICIES AND PROCEDURES

Menus

Menus vary daily and are adjusted for seasonal changes and holidays.

Weekly menus are available for review by residents in advance of the day of preparation.

Residents are encouraged to participate in planning and in making suggestions as to menus and the facility makes reasonable efforts to accommodate such suggestions.

Food Supply

There is enough food on hand to prepare three nutritionally balanced meals for three days.

Therapeutic Diets. A facility may provide therapeutic diets to residents. However, there is no requirement that facilities provide this service. If the facility provides therapeutic diets, the following requirements apply. Therapeutic diets must be prescribed by a physician. If the facility provides therapeutic diets, the facility must implement a system in order to ensure that the proper diet is provided.

Dining Area/Services

Dining Area --- A designated dining area accessible by all residents is provided in a separate area or areas capable of comfortably seating all residents.

Exclusion from Dining Area --- No resident or group of residents may be excluded from the designated dining area during meal time unless otherwise indicated in the resident's care plan.

Meals are not routinely served in resident rooms unless otherwise indicated in the resident's care plan.

Dishwashing

Dishwashing is conducted in a safe and sanitary manner. A two-compartment sink or a single-compartment sink used in conjunction with a domestic dishwashing machine is required. Dishwashing machines are used in accordance with manufacturer's instructions .



POLICIES AND PROCEDURES

Food Preparation

- Written instructions for food preparation must be maintained in the assisted living residence.
- Food must be prepared in a manner to conserve nutrients, to assure taste, and to be attractive in appearance.
- Food must be maintained at the proper temperature during food preparation and food service.
- Hot food must be maintained and served at 140 degrees, cold food must be maintained and served at 45 degrees or less.
- Gloves, tongs, spoons, or other utensils must be used to minimize the handling of food during both food preparation and food service.
- Working surfaces must be cleaned and sanitized before and after use.
- Salad, puddings, filled pastries, and other foods which are potentially hazardous must be prepared quickly and must be refrigerated promptly or they must be held on ice during meal service. (These foods must be prepared with minimal contact with other surfaces and without contact with other ingredients.
- Juices must be mixed and stored in containers with covered lids. Juice containers must be refrigerated after opening or mixing.
- Fresh fruits and vegetables are washed thoroughly in running water before food preparation or before food service.
- All frozen foods must be retained in their original wrapping or container while being thawed.
- Frozen foods may not be thawed at room temperature.
- Frozen foods must be thawed in the refrigerator at 45 degrees or less.



POLICIES AND PROCEDURES

Food Storage

- Adequate refrigeration is provided for foods on hand.
- All food supplies must be maintained at the proper temperature during food storage.
- Milk must be maintained at 45 degrees in its original container.
- Refrigeration temperatures are maintained at 45 degrees or lower.
- Freezer temperatures are maintained at 0 degrees or lower.
- The temperature of dry storage areas are maintained at 40-70 degrees.
- All perishable foods are refrigerated immediately after use as ingredients, after preparation, and after meal service.
- Insecticides, cleaning supplies, sanitizers, and other toxic substances are stored in an area away from the food storage and food preparation area.

Meal Service

- Standardized portions are used for food service.
- All food is served at the proper temperature.
- Hot food must be maintained and served at 140 degrees, cold food must be maintained and served at 45 degrees or less.
- Gloves, tongs, spoons, or other utensils must be used to minimize the handling of food during both food preparation and food service.



POLICIES AND PROCEDURES

Directives and Notices

When new policies and procedures are introduced or when current policies and procedures are revised, directives and notices will be posted on the appropriate bulletin boards.

All employees will be held responsible for current directives and notices.



POLICIES AND PROCEDURES

Discharge Of A Resident

1.105 (6)

A resident may be discharged from the facility only for one or more of the following reasons:

- When the facility cannot protect the resident from harming him or herself or others.
- When the facility is no longer able to meet the resident's identified needs, based on the facility's discharge policy.
- Nonpayment for basic services, including rent, in accordance with the resident agreement;

-or-

- Failure of the resident to comply with the resident agreement which contains notice that discharge may result from violation of the agreement.
- *If the resident develops a condition that would preclude admission to the facility.
(See Attached List)*

Written notice of discharge will be provided to the resident or resident's legal representative as follows:

- thirty (30) days in advance of discharge for discharge in accordance with Sections 1.105 (6)(a)(ii), 1.105 (6)(b)(i) and 1.105 (6)(b)(ii);
- in cases of medical emergency, or in accordance with Section 1.105 (6)(a)(i), the responsible party shall be notified as soon as possible.

A copy of the 30 day written notice shall be sent to the state or local ombudsman, within 5 calendar days of the date that it is provided to the resident or the resident's legal representative.

Discharge shall be coordinated with the resident, the resident's family or the resident's legal representative, or the appropriate agency or agencies. A list of Assisted Living Facilities and/or Nursing Care Facilities in the area will be given to the resident or responsible party upon request.



POLICIES AND PROCEDURES

If a resident has been asked to leave the facility and has been given a 30 day notice, s/he and/or his or her responsible party may challenge the discharge by using the grievance procedure.

If a resident disagrees with the eviction procedure she or he may notify any or all of the agencies listed in the grievance procedure.



POLICIES AND PROCEDURES

1.105 (1)

Admissions

Who May be Admitted to the Facility. Only residents whose needs can be met by the facility within its licensure category are admitted. The facility's ability to meet resident needs is based upon a comprehensive pre-admission assessment of the resident's physical, health and social needs; preferences; and capacity for self care.

Who May Not be Admitted to the Facility. The facility will not admit or keep any resident requiring a level of care or type of service which the facility does not provide or is unable to provide, and in no event shall a facility admit or keep a resident who:

- Is consistently, uncontrollably incontinent unless the resident or staff is capable of preventing such incontinence from becoming a health hazard.
- Is totally bedridden with limited potential for improvement.
 - A facility may keep a resident who becomes bedridden after admission if there is documented evidence of each of the following:
 - an order by a physician describing the services required to meet the health needs of the resident, including but not limited to,
 - the frequency of assessment and monitoring by the physician or by other licensed medical professionals.
 - ongoing assessment and monitoring by a licensed or Medicare/Medicaid certified home health agency or hospice service.
 - The assessment and monitoring shall ensure that the resident's physical, mental, and psychosocial needs are being met.
 - The frequency of the assessment and monitoring shall be in accordance with resident needs, but shall be conducted no less frequently than weekly.
 - adequate staffing, with staff that are trained in the provision of caring for bedridden residents, and provision of services to meet the needs of the resident.
- Needs medical or nursing services on a twenty-four hour basis, except for care provided by a psychiatric nurse in those facilities which are licensed to provide services specifically for the mentally ill.
- Needs restraints of any kind except as otherwise provided in 27-10-101, et seq.C.R.S. for those facilities which are licensed to provide services specifically for the mentally ill.
- Has a communicable disease or infection that is: 1) reportable under 6 CCR 1009 Regulation 1 and 2) potentially transmissible in a facility, unless the resident is receiving medical or drug treatment for the condition and the admission is approved by a physician;
or
- Has a substance abuse problem, unless the substance abuse is no longer acute and a physician determines it to be manageable.



POLICIES AND PROCEDURES

8.495.6.1. Appropriateness of Medicaid Client Placement

An ACF shall not admit, or shall discharge within 30 days, any client, who:

Needs skilled services on more than an intermittent basis. Skilled services shall only be provided on an intermittent basis by a licensed and certified home health provider.

Is incapable of self-administration of medication, and the facility does not administer medications.

Is consistently unwilling to take medication prescribed by a physician.

Is diagnosed with substance abuse issue and refuses treatment by the appropriate mental health/medical professionals.

Has an acute physical illness which cannot be managed through medications or prescribed therapy.

Has a seizure disorder which is not adequately controlled.

Exhibits behavior that:

Disrupts the safety, health and social needs of the home.

Poses a physical threat to self or others, including but not limited to, violent and disruptive behavior and/or any behavior which involves physical, sexual, or psychological force or intimidation and fails to respond to interventions, as outlined in the client's care plan.

Indicates an unwillingness or inability to maintain appropriate personal hygiene under supervision or with assistance.

Is consistently disoriented to time, person and place to such a degree he/she poses a danger to self or others and the ACF does not provide a secured Environment.

Has physical limitations that:

Limit ambulation, unless compensated for by assistive device(s) or with assistance from staff.

Require tray food services on a continuous basis.

Clients admitted for respite care to the ACF must meet the same criteria as other clients for appropriate placement.



POLICIES AND PROCEDURES

The facility has developed the following admission criteria based upon the personal care the facility is capable of providing, the facility's physical plant, financial and other resources, and the availability of trained staff.

Individuals ____ years of age or older are eligible for admission to this facility.

Residents with medical diagnoses are eligible for admission if they agree to continue to receive health care services from the appropriate provider(s).

Individuals who need medical or nursing services, on a twenty-four hour basis, will not be admitted to this facility.

Individuals who have communicable diseases or infections may not be admitted to this facility unless they are receiving medical or drug therapy for the condition.

Persons who have an acute physical illness which cannot be managed through medications or prescribed therapy may not be permitted to reside in this Assisted Living Facility.

Individuals who are consistently unwilling to take medication prescribed by a physician may not be permitted to reside in this facility.

Persons who have a seizure disorder which is not adequately controlled may not be permitted to reside in this Assisted Living Facility.

Persons who are incontinent of bladder or bowel may be eligible for admission based upon facility staffing patterns and the availability of trained staff.

Persons who are incontinent of bladder or bowel may be eligible for admission if they are able to carry out self-care.

Persons who require the use of physical restraints are not eligible for admission to this facility.

Individuals who are known to "wander" and would not be able to find their way back to the facility may not be admitted to this assisted living residence.

Individuals who are consistently disoriented to time, person and place to such a degree that s/he poses a danger to self or others may not be admitted.

Persons who require the use of restrictive egress devices may not be admitted to the facility.

Persons that have physical limitations that limit ambulation may not be admitted, unless the limitation is compensated for by assistive device(s) or with assistance from staff.

All individuals admitted to this facility must be able to ambulate within the facility. If an individual requires the use of a wheelchair during outings and/or for long distances, his or her needs will be accommodated.



POLICIES AND PROCEDURES

Residents who use wheelchairs may be admitted to this facility.

Individuals who require assistance of facility personnel to transfer to and from the chair to the bed and/or to ambulate must demonstrate the ability to do so with the assistance of one caregiver.

Individuals who indicate an unwillingness or inability to maintain appropriate personal hygiene under supervision or with assistance may not be admitted or may not be allowed to remain in this Assisted Living Residence.

Persons that require tray food services on a continuous basis may not be admitted to this Assisted Living Residence.

Residents with mental health diagnoses are eligible for admission if the facility is able to meet his or her needs and the resident and/or his or her responsible party agrees that the resident will continue to receive mental health services from the appropriate provider(s).

Individuals who have an acute substance abuse problem are not eligible for admission to this facility.

Residents who are diagnosed with substance abuse issues and refuse treatment by the appropriate mental health/medical professionals may not reside at this Assisted Living Residence.

Persons that display behaviors that are harmful to themselves or others (or individuals who threaten to harm themselves or others) are not eligible for admission to this Assisted Living Residence.

Individuals that poses a physical threat to self or others, including but not limited to, violent and disruptive behavior and/or any behavior which involves physical, sexual, or psychological force or intimidation and fails to respond to interventions, as outlined in the client's care plan.

Persons that exhibit behaviors that disrupts the safety, health and social needs of the home may not reside in this Assisted Living Residence.

Clients admitted for respite care must meet the same admission criteria as all other clients.

There is a caregiver available in the facility throughout the night, however, the caregiver sleeps during this shift and must be awakened if a resident needs assistance.



POLICIES AND PROCEDURES

Procedure:

1. The discharge process and all discharge plans are explained to the resident prior to discharge.
2. Except in an emergency, the resident's family or responsible party is included in the transfer or discharge process as indicated.
3. The resident's physician is notified regarding the resident's discharge.
4. Discharge instructions include but are not limited to the following:

Activity	Medical equipment
Diet	Medications
Follow-up with physician	Personal care
Health care supplies	Treatments
5. The resident's clothing and other personal belongings are sent with the resident at the time of discharge.
6. All medications, health care supplies, and medical equipment owned or leased by the resident are released to the resident at the time of discharge.
7. When a resident is discharged to another health care facility, medical, and/or social information will be provided to the facility to assure continuity of care.
8. If a resident wishes to be discharged from the assisted living residence against medical advice, the appropriate form must be completed and the resident's responsible party, the resident's physician, and the administrator must be notified.
9. The discharge process and all other pertinent information is recorded in the resident's record.



POLICIES AND PROCEDURES

Documentation / Charting

Resident records are maintained to provide accurate and complete information about the care and treatment of residents.

Charting is a method of communication in all matters related to resident care.

Assessments, plans, interventions, and evaluations will be documented for each resident from admission through discharge.

A pre-admission assessment and a care plan are completed on all residents who are admitted to this assisted living residence.

The assessment and the care plan will include a description (in lay terminology) of the functional capabilities of an individual, the individual's need for personal assistance, and the services to be provided by the assisted living residence in order to meet the individual's needs.

The care plan shall be reviewed and updated at least yearly or more frequently, if necessary, to note significant changes in the resident's physical, mental, or social condition or needs.

The resident may request additional services or request a modification of the care plan any time.

The confidential resident record must also include anecdotal notes regarding any accidents, injuries, illnesses or incidents of violent behavior towards self or others occurring after admission to the assisted living residence and current physician's orders.



POLICIES AND PROCEDURES

ACF 8.495.2.B. Potential residents are assessed by a team which includes the client and his/her family and/or guardian, the facility administrator or appointed representative, Single Entry Point (SEP) case manager, as appropriate case managers and other care givers, to determine that the Assisted Living Residence is an appropriate community setting that will meet the resident's choice and need for independence and community integration.

The assessment is conducted prior to admission, annually and whenever there is a significant change in physical, medical or mental condition or behavior. The assessment documents that the facility is able to support the client and their needs.

The assessment documents physical, cognitive, behavioral and social care needs.

Also See Resident Records Policies And Procedures

General Charting (Documentation) Guidelines

All entries must be neat, legible, and in black ink.

No erasing will be allowed in charts. Errors must be corrected by drawing a single line through the mistake, writing the word "error", "delete", or "omit" above it and recording the date and initials of the person correcting the error.

Only facility approved abbreviations and symbols will be used.

Lines will not be skipped and blank spaces will not be left in charts. A line will be drawn through the empty space at the end of an entry.

All entries will include date and time. AM or PM must be indicated.

All entries must include the signature and title of the individual making the entry.

The residents name and number (record number) must appear on every page.

Late entries must be recorded with the current date and time; "late entry for"; (date and time of occurrence); the appropriate documentation; and the signature and title of the individual making the entry.



POLICIES AND PROCEDURES

Also see resident records policies and procedures.

Donated Medications

This facility does not participate in the program that involves the donation of medications from one resident to another.



POLICIES AND PROCEDURES

Dress Code

This assisted living center expects all employees to maintain a professional image consistent with the quality of service we provide our residents.

Specific dress guidelines for individual work areas have been established and may vary according to what is considered both safe and appropriate for the assigned work area.

All employees receive a copy of the dress code for their respective work areas.

All employees must dress in a neat, clean, appropriate manner.

All employees must follow the dress code for their individual work areas.



POLICIES AND PROCEDURES

Dressing Residents

[Assisting Residents to Dress Themselves]

Care of residents at this assisted living residence includes maintaining resident's self-esteem through promotion of independence and self-care activities designed to assist the resident in maintaining an optimal level of functioning.

Dressing, grooming, and hygiene problems, needs, and/or concerns must be addressed on the resident's care plan.

Residents who temporarily require assistance dressing themselves, and residents who require self-help devices to remain independent will receive assistance as indicated.

General Guidelines for Dressing Residents:

1. All residents should be supervised and assisted to assure that they are dressed appropriately for the time of day, environment, and/or season.
2. Supervise and/or assist residents, as needed, providing verbal cues, physical cues, and/or physical assistance with:
 - Underwear
 - Outer Garments
 - Stockings and Appropriate Foot Wear
 - Sweater and/or Jackets, As Indicated
3. Supervise and/or assist with:
 - Hair Care
 - Nail Care
 - Oral Care
 - Makeup and Toiletries
 - Other Hygiene Procedures
4. If a resident refuses assistance, this refusal must be recorded in the resident's record and/or reported to the manager (administrator).



POLICIES AND PROCEDURES

Drugs / Alcohol Testing

This Assisted Living Residence strives to provide a safe and drug-free work and living environment for residents, employees, volunteers, and others.

This Assisted Living Residence prohibits:

- The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication (without a prescription) on the premises, or while on assignment, or while performing company business.
- Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from the facility. This includes any illegal activity which adversely affects the facility and/or puts the facility's reputation at risk.
- The presence of any detectable amount of prohibited substances in the employee's (volunteer's) system while at work, while on the premises, or while on facility business. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee (volunteer).

This Assisted Living Residence will conduct drug testing under one or another of the following circumstances:

- **RANDOM TESTING:** Employees may be selected at random for drug testing at any interval determined by the facility.
- **FOR CAUSE TESTING:** The facility may ask an employee (volunteer) to submit to a drug test at any time that the administrator and/or his or her designee feels that the employee may be under the influence of drugs or alcohol, including, but not limited to, the following circumstances: (1) evidence of drugs or alcohol on or about the employee's (volunteer's) person or in the employee's (volunteer's) vicinity, (2) unusual conduct on the employee's (volunteer's) part that suggests impairment or influence of drugs or alcohol, (3) negative performance patterns, (4) missing resident medications (suspected diversion of resident medications), or (5) excessive and/or unexplained absenteeism or tardiness.



POLICIES AND PROCEDURES

- **POST-ACCIDENT TESTING:** Any employee (volunteer) involved in any work-related accident, injury, or illness may be asked to submit to a drug and/or alcohol test. This also includes any employees who may have potentially contributed to a work-related accident or injury event in any way.

Attach the facility's Drug Testing Procedure here.



POLICIES AND PROCEDURES

Education and Training 1.104 (3)

This Assisted Living Residence documents the evaluation of previous related experience for volunteers, as applicable, and for staff. The facility assures that all personnel have all required training .

On-the-job training/Evaluation of experience. All staff and all volunteers are given on-the-job training or have related experience in the job assigned to them. All staff and all volunteers are supervised until they have completed on-the-job training appropriate to their duties and responsibilities or had previous related experience evaluated.

Training requirements. Staff receives the following training, as appropriate. Volunteers providing direct care shall receive training appropriate to their duties and responsibilities.

Prior to providing direct care, the facility shall provide an orientation of the physical plant and adequate training on each of the following topics:

- Training specific to the particular needs of the populations served (e.g., residents in secured environments, mentally ill, frail elderly, AIDS, Alzheimer's, diabetics, dietary restrictions and bedfast);
- Resident Rights;
- First aid and injury response; (CPR Directives) (Lift Assist)
- The care and services for the current residents; and
- The facility's medication administration program.
- Emergency and Fire Escape Plan

Within three (3) days of date of hire or commencement of volunteer service, the facility shall provide adequate training in emergency and fire escape plan procedures.

Every two (2) months, there shall be a review of all components of the emergency plan, including each individual employee's responsibilities under the plan, with the staff of each shift.

Within one month of the date of hire, the facility shall provide adequate training for staff on each of the following topics:

- assessment skills;
- infection control;
- identifying and dealing with difficult situations and behaviors;
- residents rights, unless previously covered through other training; and



POLICIES AND PROCEDURES

• health emergency response, unless previously covered through other training.
All training/education activities are documented in each staff member's permanent personnel file.

When personnel are required to attend and participate in an education or training program, the activity is considered "mandatory". When a program is scheduled and/or posted as "mandatory", all employees are held responsible for the information presented in the program. Pay will be granted for attendance at "mandatory" in-services.

Attendance at "mandatory" programs is not a consideration of employment but individual evaluations will reflect poor attendance.

All staff is encouraged to attend in-services and continuing education programs related to their work areas and/or those of interest to them. Attendance at programs offered by the facility will be evaluated during the personnel evaluation process.

ALR / ASSISTED LIVING RESIDENCE	
EDUCATION / TRAINING REQUIREMENTS	
MANDATORY TRAINING REQUIRED TO MEET STATE AND FEDERAL GUIDELINES	
<p><u>THE FOLLOWING TRAINING MUST TAKE PLACE UPON EMPLOYMENT PRIOR TO RESIDENT CONTACT:</u></p> <ul style="list-style-type: none"> • CARE / SERVICES PROVIDED FOR CURRENT RESIDENTS • FIRST AID AND INJURY RESPONSE (CPR DIRECTIVES) (LIFT ASSISTANCE) • MEDICATION ADMINISTRATION PROGRAM (FOR ALL QMAPS) • ORIENTATION TO THE RESIDENCE (PHYSICAL PLANT) • RESIDENT RIGHTS • TRAINING TO MEET THE NEEDS OF THE POPULATION SERVED 	<p><u>OSHA TRAINING REQUIREMENTS:</u></p> <ul style="list-style-type: none"> • OVERVIEW OF OSHA • ACCIDENT PREVENTION • BLOODBORNE PATHOGENS • BACK CARE / BODY MECHANICS • EMERGENCY CARE • EMERGENCY PLANS • ERGONOMICS • HAZARD COMMUNICATION • TB • UNIVERSAL PRECAUTIONS • VIOLENCE IN THE WORK PLACE
<p><u>THE FOLLOWING TRAINING IS REQUIRED WITHIN THREE DAYS OF HIRE:</u></p> <ul style="list-style-type: none"> • EMERGENCY PLANS • FIRE ESCAPE PLAN 	<p><u>Recommendations / Suggestions</u></p> <ul style="list-style-type: none"> • Aging Process • Care Planning • Death & Dying • Documentation • Elopement • Infection Control / Universal Precautions • QA / QM
<p><u>THE FOLLOWING TRAINING IS REQUIRED WITHIN ONE MONTH OF HIRE DATE:</u></p> <ul style="list-style-type: none"> • ASSESSMENT SKILLS • DEALING WITH DIFFICULT BEHAVIORS / SITUATIONS • HEALTH EMERGENCY RESPONSE (UNLESS PREVIOUSLY COVERED) 	



POLICIES AND PROCEDURES

<ul style="list-style-type: none">• INFECTION PREVENTION / INFECTION CONTROL• RESIDENT RIGHTS (UNLESS PREVIOUSLY COVERED)	<ul style="list-style-type: none">• Resident Abuse / Prevention of Resident Abuse• Special Needs• Survey Process• Training As Necessary to Perform Job Duties• Updates in Policies, Procedures, & Practices• Additional Topics Required By Each Unique Residence	
<p><u>EMERGENCY PLANS MUST BE REVIEWED EVERY (2) TWO MONTHS.</u></p> <p>THE REVIEW MUST INCLUDE ALL COMPONENTS OF THE EMERGENCY PLAN AND STAFF RESPONSE</p> <p>There will be at least one staff person onsite at all times who has current certification in first aid specific to adults.</p>		
<p>(ACF) The facility ensures that its staff has a clear understanding of all regulations pertaining to the facility's licensure and certification by the State of Colorado.</p>		
<p>Address training needs identified on the facility's deficiency list and plan of correction</p>		
<p>CEU / Consulting & Education Unlimited, LLC 7/04 1/14</p>		



POLICIES AND PROCEDURES

Electrical Equipment

1.104

Extension cords: Extension cords and multiple use electrical sockets are not permitted in the facility.

Power strips: Power strips are permitted throughout the facility with the following limitations:

- The power strip must be provided with over current protection in the form of a circuit breaker or fuse.
- The power strip must have a UL (underwriter's laboratories) label.
- The power strips cannot be linked together when used.
- Extension cords cannot be plugged into the power strip.
- Power strips can have no more than six receptacles.
- The use will be restricted to one power strip per resident per bedroom.

Personal appliances: Personal appliances shall be allowed in resident bedrooms only under the following circumstances:

- Such appliances are not used for cooking;
- Such appliances do not require use of an extension cord or multiple use electrical sockets;
- Such appliance is in good repair as evaluated by the administrator or his or her designee. (Appliances may need to be evaluated by maintenance personnel and/or a qualified electrical or mechanical service technician. Written documentation of the evaluation must be submitted to the administrator before the appliance is used in the facility.)
- Such appliance is used by a resident who the administrator and/or his or her designee believe to be capable of appropriate and safe use. The facility will document the assessment in the resident record.

Electric blanket/Heating pad: In no event shall a heating pad or electric blanket be used in the facility.



POLICIES AND PROCEDURES

Emergency Care / First Aid

This assisted living residence has written emergency care policies and procedures which include specific procedures to be followed in the event of medical or psychiatric emergencies.

Emergency policies and procedures are developed by the facility administrator and the appropriate local authorities.

It is the duty of every staff member to know and follow the emergency care policies and procedures.

All new employees receive orientation regarding emergency care.

There will be at least one staff person onsite at all times who has a current certification in first aid specific to adults (standard first aid) that meets the standards of either the American Red Cross or the American Heart Association. This training will be documented in the staff record.

Safety inservice education presentations which address emergency care are scheduled throughout the year.

All employees are expected to attend inservice education programs which include instructions and information regarding emergency care and first aid.

Flyers and program notices are posted in advance and employees are encouraged to arrange their schedules so that they can attend these activities.

If facility personnel have any suggestions regarding emergency care, they are encouraged to discuss their suggestions with the facility administrator.

[See Emergency Care Manual]



POLICIES AND PROCEDURES

Medical Emergencies

When medical emergencies occur, appropriate actions are taken to preserve life, to promote comfort, and to prevent deterioration until more definitive treatment can be done.

Guidelines for All Medical Emergencies

When medical emergencies occur, emergency measures must be taken to sustain life and to promote comfort.

If possible, vital signs should be taken.

#911 must be used to summon help.

The family or responsible party and the attending physician will be notified as soon as possible after the resident had been transported to a hospital.

All pertinent information concerning the medical emergency will be documented in the resident's record.

[See Emergency Care Manual]



POLICIES AND PROCEDURES

Emergency Care for On-The-Job Injuries

All accidents occurring on the premises, grounds, and/or on facility sponsored outings must be reported and an accident (incident) report must be made out.

If there is no visible injury or it is a minor injury that does not require treatment, an incident report must still be filled out.

If first aid can be given by facility personnel immediately after the incident occurs, an incident report is completed concerning the accident (injury) and the measures taken.

Minor wounds are cleansed with water and antiseptic solution, and are covered with a sterile dressing.

In the event that an employee is punctured with a contaminated needle, the wound is cleansed with soap and water. An incident report is completed. the employee must report for medical treatment, counseling, and follow-up.

If an on-the-job injury is of a serious nature. The employee will be transported to the hospital for evaluation and treatment.

The employee's family or responsible party must be notified and all pertinent information regarding the accident/injury must be recorded on an incident report.

[See Emergency Care Manual]



POLICIES AND PROCEDURES

Guidelines for All Psychiatric Emergencies

When psychiatric emergencies occur, measures must be taken to prevent harm to residents, staff, and others.

The resident's attending physician should be notified immediately for treatment, consultation, and/or transfer orders. If the attending physician can not be notified within an appropriate amount of time (depending on the urgency of the situation) dial #9-1-1 and the police must be used to summon help.

The family or responsible party and the attending physician will be notified.

All pertinent information concerning the emergency must be documented in the resident's record.

[See Emergency Care Manual]

Emergency Equipment and Supplies

The assisted living residence has a first aid kit available for use at all times.

The facility has at least one telephone which may be used by staff, volunteers, residents, and visitors at all times for use in emergencies. The police, fire, ambulance, and poison control center numbers are posted at this telephone.

The assisted living residence has portable fire extinguishers of the ABC type located in the kitchen area, common areas, and at least one fire extinguisher is located on each floor of the facility.



POLICIES AND PROCEDURES

Emergency Plans and Procedures **[Environmental Emergencies]**

The facility has written emergency plans which include specific procedures to be followed in the event of natural and manmade disasters and emergencies.

Emergency plans are developed by the facility owner and/or the facility administrator with the assistance of state and local authorities.

It is the duty of every staff member to know and follow the emergency plans and procedures.

All new employees receive orientation regarding emergency plans.

All residents and/or his or her responsible party receive a copy of these plans upon admission to the facility.

Safety inservice education training presentations which address environmental emergencies are scheduled throughout the year.

All employees are expected to attend in-services (training sessions) which include instructions and information regarding emergency actions to be taken in environmental emergencies.

If facility personnel have any suggestions regarding emergency plans and procedures, they are encouraged to discuss their suggestions with facility administrator.

[See Emergency Plans and Procedures Manual]



POLICIES AND PROCEDURES

Equal Opportunity Employment

[Selection of Employees]

This assisted living residence is an equal opportunity employer. It is the policy of this facility to employ individuals on a full time, part time, or temporary basis that are best qualified to meet the needs of the residents and the assisted living residence.

Selections are made as a result of personal interviews, reference checks, and the ability of the applicant to fill the requirements of the job description based on past experiences, job capabilities, education, and personal qualifications. Employment of applicants may be contingent upon satisfactory results of a medical examination.

This facility does not discriminate on the basis of age, sex, race, creed, national origin, or handicap.

All employees and residents are expected to respect the individual rights of others and to treat others equally without regard to age, color, physical or mental challenge, race, religion, sex, sexual orientation, or veteran status.

Intimidating, harassing, or abusing others will not be tolerated.

Any actual or suspected discrimination must be reported to the facility administrator and a thorough investigation will take place.



POLICIES AND PROCEDURES

Equipment and Supplies

The facility provides sufficient space, equipment, and supplies to enable staff to provide residents with needed programs and services as required by state and federal regulations, the resident's care plan, and the current standards of practice.

All essential mechanical, electrical, and other equipment is maintained in safe operating conditions.



POLICIES AND PROCEDURES

Evaluations / Performance Appraisals **[Performance Evaluations]**

Performance appraisals and performance evaluations give employees and supervisors an opportunity to review and discuss job performance and to plan future objectives.

Employees are evaluated at regularly scheduled intervals using a criteria based evaluation which reflects performance of tasks and responsibilities outlined in each unique job description.

Performance evaluation scheduling varies according to job classifications and responsibilities. All employees receive an evaluation 120 days after employment and at least annually thereafter.

Employees must function at expected levels in order to be released from probation or to qualify for promotions and/or merit increases.



POLICIES AND PROCEDURES

Eviction / Transfer of A Resident

1.105 (6) Involuntary Discharge of a Resident

A resident may be discharged from the facility only for one or more of the following reasons:

- When the facility cannot protect the resident from harming him or herself or others.
- When the facility is no longer able to meet the resident's identified needs, based on the facility's discharge policy.
- Nonpayment for basic services, including rent, in accordance with the resident agreement;
- or-
- Failure of the resident to comply with the resident agreement which contains notice that discharge may result from violation of the agreement.
- *IF THE RESIDENT DEVELOPS A CONDITION THAT WOULD PRECLUDE ADMISSION TO THE FACILITY. (SEE ATTACHED LIST)*

Written notice of discharge will be provided to the resident or resident's legal representative as follows:

- thirty (30) days in advance of discharge for discharge in accordance with Sections 1.105 (6)(a)(ii), 1.105 (6)(b)(i) and 1.105 (6)(b)(ii);
- in cases of medical emergency, or in accordance with Section 1.105 (6)(a)(i), the responsible party shall be notified as soon as possible.

A copy of the 30 day written notice shall be sent to the state or local ombudsman, within 5 calendar days of the date that it is provided to the resident or the resident's legal representative.

Discharge will be coordinated with the resident, the resident's family or the resident's legal representative, or the appropriate agency or agencies.

The facility gives at least 30 days written notice to the resident and the resident's legal representative when moving a resident out of a secured environment, unless the move is made at the request of, or voluntarily by, the person who is legally responsible for the resident or in accordance with the requirements of Section 1.105(6)(b) of these regulations



POLICIES AND PROCEDURES

PROCEDURE:

10. The discharge process and all discharge plans are explained to the resident prior to discharge.
11. Except in an emergency, the resident's family or responsible party is included in the transfer or discharge process as indicated.
12. The resident's physician is notified regarding the resident's discharge.
13. Discharge instructions include but are not limited to the following:

Activity	Medical Equipment
Diet	Medications
Follow-Up with Physician	Personal Care
Health Care Supplies	Treatments
14. The resident's clothing and other personal belongings are sent with the resident at the time of discharge.
15. All medications, health care supplies, and medical equipment owned or leased by the resident are released to the resident at the time of discharge.
16. When a resident is discharged to another health care facility, medical and/or social information will be provided to the facility to assure continuity of care.
17. If a resident wishes to be discharged from the assisted living residence against medical advice, the appropriate form must be completed and the resident's responsible party, the resident's physician, and the administrator must be notified.
18. The discharge process and all other pertinent information is recorded in the resident's record.



POLICIES AND PROCEDURES

1.105 (1)

ADMISSIONS

Who May be Admitted to the Facility. Only residents whose needs can be met by the facility within its licensure category are admitted. The facility's ability to meet resident needs is based upon a comprehensive pre-admission assessment of the resident's physical, health and social needs; preferences; and capacity for self care.

Who May Not be Admitted to the Facility. The facility will not admit or keep any resident requiring a level of care or type of service which the facility does not provide or is unable to provide, and in no event shall a facility admit or keep a resident who:

- Is consistently, uncontrollably incontinent unless the resident or staff is capable of preventing such incontinence from becoming a health hazard.
- Is totally bedridden with limited potential for improvement.
 - A facility may keep a resident who becomes bedridden after admission if there is documented evidence of each of the following:
 - an order by a physician describing the services required to meet the health needs of the resident, including but not limited to,
 - the frequency of assessment and monitoring by the physician or by other licensed medical professionals.
 - ongoing assessment and monitoring by a licensed or Medicare/Medicaid certified home health agency or hospice service.
 - The assessment and monitoring shall ensure that the resident's physical, mental, and psychosocial needs are being met.
 - The frequency of the assessment and monitoring shall be in accordance with resident needs, but shall be conducted no less frequently than weekly.
 - adequate staffing, with staff who are trained in the provision of caring for bedridden residents, and provision of services to meet the needs of the resident.
- Needs medical or nursing services on a twenty-four hour basis, except for care provided by a psychiatric nurse in those facilities which are licensed to provide services specifically for the mentally ill.
- Needs restraints of any kind except as otherwise provided in 27-10-101, et seq.C.R.S. for those facilities which are licensed to provide services specifically for the mentally ill.
- Has a communicable disease or infection that is: 1) reportable under 6 CCR 1009 Regulation 1 and 2) potentially transmissible in a facility, unless the resident is receiving medical or drug treatment for the condition and the admission is approved by a physician;
or
- Has a substance abuse problem, unless the substance abuse is no longer acute and a physician determines it to be manageable.



POLICIES AND PROCEDURES

Falls / Lift Assist Policy & Procedure

General Information: When a witnessed or an un-witnessed fall occurs, do not attempt to change the victim's position or assist the resident up off the floor until the nature of the victim's injuries have been assessed.

Ask the resident (individual) to remain on the floor while you complete an assessment.

- If the resident is unconscious or unresponsive (unable to see, hear, or otherwise sense what is going on), DO NOT MOVE THE RESIDENT, call 9-1-1 and request that Emergency Medical Services Personnel make an assessment and/or transfer the resident to a hospital for a medical evaluation.
- If the resident (individual) is not breathing and/or s/he does not have a pulse, DO NOT MOVE THE RESIDENT, call 9-1-1 and request that Emergency Medical Services Personnel make an assessment and/or transfer the resident to a hospital for a medical evaluation. Initiate CPR according to facility policies and procedures.
- If the resident is bleeding, control the bleeding by applying pressure to the area. Assess the wound. If signs and symptoms of hemorrhage (profuse bleeding) or fracture (a break in the bone) are present, carry out the appropriate emergency care procedures, DO NOT MOVE THE RESIDENT, call 9-1-1 and request that Emergency Medical Services Personnel make an assessment and/or transfer the resident to a hospital for a medical evaluation.
- If signs and symptoms of shock (physiological collapse marked by a weak pulse, coldness, sweating, and irregular breathing, and resulting from a situation such as blood loss, heart failure, allergic reaction, or emotional trauma) are present, carry out the appropriate emergency care procedures, DO NOT MOVE THE RESIDENT, call 9-1-1 and request that Emergency Medical Services Personnel make an assessment and/or transfer the resident to a hospital for a medical evaluation.
- Ask the resident (individual) if s/he hit his or her head. Assess the resident for signs and symptoms of a head injury. If a victim is dazed or confused or has memory loss; has a rapid but weak pulse; has bleeding from the mouth, nose, or ears; has pupils that are unequal in size; has headache or dizziness; has double vision; has vomiting; has pallor (paleness); or has paralysis (loss of movement) in one or more extremities, there is a possibility of head injury. If signs and symptoms of a head injury are present, DO NOT MOVE THE RESIDENT, call 9-1-1 and request that Emergency Medical Services Personnel make an assessment and/or transfer the resident to a hospital for an evaluation.



POLICIES AND PROCEDURES

- If the resident is alert, oriented, responding well, and using good judgment, ask the resident what happened. If the resident states, “I felt a pop and then I fell” or “I heard a pop and then I fell” or “My hip gave out” or “My leg gave out” or s/he makes a similar statement, DO NOT MOVE THE RESIDENT. Call 9-1-1 and request that Emergency Medical Services Personnel make an assessment and/or transfer the resident to a hospital for an evaluation.

If none of the findings listed above are present, continue the assessment process:

- Ask the resident (individual) to put all of his or her joints through gentle range of motion. Ask the individual to wiggle his or her toes, flex his or her ankles, move the knees, wiggle his or her fingers, move the wrists, bend the elbow, raise his or her arms up, bend at the waist etc. if at any time, the resident experiences pain or is unable to move, DO NOT MOVE THE RESIDENT. Call 9-1-1 and request that Emergency Medical Services Personnel make an assessment and/or transfer the resident to a hospital for an evaluation.
- If the resident is able to move all extremities without pain, ask the resident if s/he thinks s/he can get up off the floor.
- If it is determined that the resident does not display signs and symptoms of injury, the individual may begin to move his or her self with the assistance of the caregiver.

Bring a chair near the resident. Ask the resident to turn over with his or her hands and knees on the floor. Ask him or her to rise into a kneeling position. Bring the chair close. Ask the resident to place his or her hands firmly on the seat of the chair. Ask him or her to push down and stand up using his or her arms and legs to assist him or her into a standing position. Assist the resident as indicated.

Procedure:

1. Record observations in the resident’s record if the individual is a resident or on an incident report if the individual is not a resident.
2. Notify the resident’s physician. Follow his or her instructions. Notify the resident’s family (responsible party).
3. Continue to monitor the resident’s condition for 72 hours or longer if necessary.
4. If adverse signs and symptoms occur, send the resident to his or physician to be evaluated or use 9-1-1 to summon help if needed.
5. Record observations and actions taken on an incident report and/or in the resident’s record if the victim is a resident.

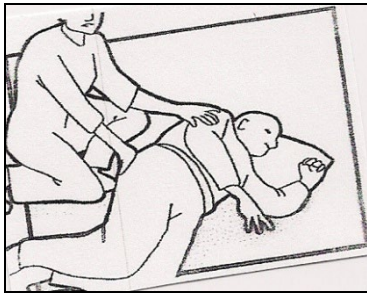
POLICIES AND PROCEDURES

Guidelines for Safely Helping Someone To Get Up Off the Floor after a Fall

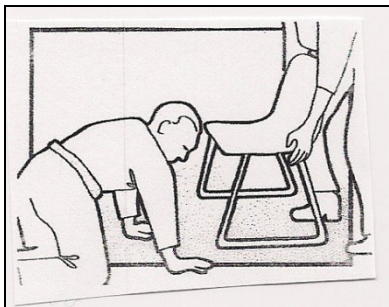
If you are a caregiver or family member or a friend, it is important to know how to help so you can avoid injury to the person who has fallen and to yourself.

Do not hurry. Let them rest as often as they need to. If they get stuck at any time, make them comfortable and call the ambulance.

1. Do NOT try to get the person up right away!
2. Calm the person and yourself. Get them to take deep slow breaths.
3. Check for injuries. If they are badly injured, such as with a broken bone, they need to stay where they are. Make them as comfortable as possible and call an ambulance. Keep them warm while you wait for the ambulance.
4. If they are not badly injured and feel they could get up, get two sturdy chairs. Place one near the person's head and one near their feet.
5. It is important that the fallen person does the work. The helper should only guide lightly, helping the person to roll onto their side.

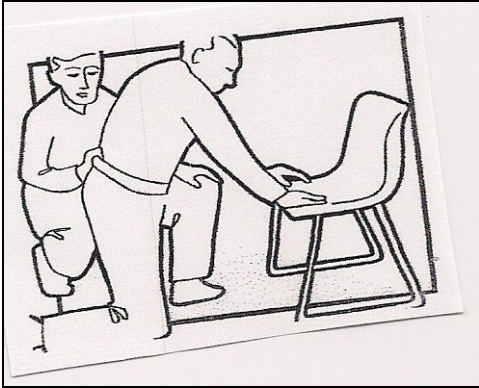


6. Help the person to kneel. If they have sore knees, place a towel underneath as cushioning.

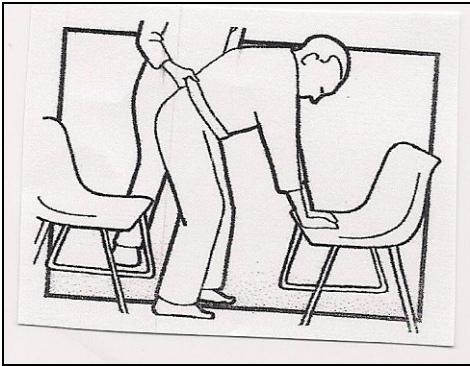


7. Place one chair in front of the kneeling person.

POLICIES AND PROCEDURES



8. Ask the person to lean on the seat of the chair and bring one leg forward and put that foot on the floor.



9. Place the second chair behind the person. Ask them to push up with their arms and legs and then sit back in the chair behind them. Guide them up and back into the seat, remembering not to lift them - they should be doing the work. Keep your back upright.

Let the person's family and/or doctor know that they have had a fall.



POLICIES AND PROCEDURES

Feeding Residents

[Assisting Residents to Eat]

The care of residents at this assisted living residence includes maintaining resident's self-esteem through promotion of independence and self-care activities designed to assist the resident in maintaining an optimal level of functioning.

Hydration and/or nutritional problems, needs, and/or concerns must be addressed on the resident's care plan.

Residents who temporarily require assistance feeding themselves, and residents who require self-help devices to remain independent will receive assistance as indicated.

Guidelines For Feeding Residents

1. Make a preliminary assessment regarding the resident's individual problem. Determine what needs to be done to cope with this problem.
2. Encourage the resident to feed his or herself as much as his or her condition and/or energy level permits.
3. Prepare the environment so that it will be well ventilated, uncluttered, cheerful, and without distractions.
4. Assist the resident into a comfortable position.
5. Explain what you plan to do.
6. Sit rather than stand and encourage conversation. Face the resident and proceed in an unhurried manner.
7. Serve manageable amounts of food; allowing time for chewing and swallowing.
8. Serve both food and fluids in the order of the resident's preference.
9. Encourage the resident but never force the resident to ingest food and fluids.
10. Record the procedure, the results of the procedure, and/or any pertinent observations in the resident's record.

POLICIES AND PROCEDURES

Special Food Considerations **Associated With Swallowing** **Difficulties**

- ▶ Avoid milk and milk products since they stimulate the production of thick saliva which is difficult to swallow.
- ▶ Serve liquids that are close to room temperature rather than hot or cold.
- ▶ Dilute fruit juices so that they are more palatable.
- ▶ When possible, provide textured foods rather than foods that are too smooth. (Chopped cooked vegetables rather than pureed vegetables. Baked instead of mashed potatoes.)
- ▶ Avoid strong flavored foods. Avoid acid or bitter tasting foods.



POLICIES AND PROCEDURES

Guidelines For Feeding Residents Who Have Difficulty Swallowing

1. Make a preliminary assessment regarding the resident's individual problem. determine what s/he has done to cope with this problem.
2. Prepare the environment so that it will be well ventilated, uncluttered, cheerful, and without distractions.
3. Place the individual in an upright position (90 degrees) for about 20 minutes before and after feeding. Provide adequate support and comfort.
4. Explain what you plan to do.
5. Sit rather than stand and encourage conversation. Face the client and proceed in an unhurried manner.
6. Encourage eating; allowing time for chewing and swallowing.
7. Begin with liquids or solids, whichever is easier for the individual.
8. Encourage the client to close his or her mouth and keep it closed until swallowing occurs.
9. If the individual does not swallow and appears to retain food in his or her mouth, place your thumb on his or her chin and press downward toward his or her chest.





POLICIES AND PROCEDURES

Fire Drills / Fire Safety

To protect the health and safety of resident's, staff, and others, this assisted living residence complies with all applicable federal, state, and local fire regulations and with the fire safety evaluation system standard.

All personnel receive training regarding the emergency plans upon employment. Emergency plans and procedures are then reviewed every two months thereafter.

All fire detection equipment meets, federal, state, and local fire codes and is fully operational and functional.

The facility has portable fire extinguishers of the ABC type located in the kitchen area, common areas, and at least one fire extinguisher is located on each floor of the facility.

The facility conducts regularly scheduled fire drills. Fire drills are critiqued and evaluated and the results of the drill must be reviewed by the facility administrator.

Fire exit drills will be conducted at least six (6) times per year; at least twice per year on each shift. Twelve (12) drills shall be conducted during the first year of operating.

There will be at least two (2) fire drills between 10 pm and 6 am annually.

All residents must agree to participate in fire drills. Residents are rated regarding their ability to evacuate the facility according to the fire safety evaluation system standard.

See Emergency Plans Manual



POLICIES AND PROCEDURES

Fire Evacuation Resident Rating Worksheets

If required by regulation, all facility residents are rated using the “worksheet for rating residents”.

Results are available for review.

See Emergency Plans Manual.



POLICIES AND PROCEDURES

Fire Extinguisher / Use of A Portable Fire Extinguisher

113 (4) (c)

General Information: Fire needs fuel, oxygen and heat in order to burn. Fire extinguishers remove one of these elements by applying an agent that either cools the burning fuel, or removes or displaces the surrounding oxygen. Colorado regulations require that assisted living facilities have a portable fire extinguisher of the ABC type of at least 3 pound capacity located in the kitchen area, common area, and at least one on each floor of the facility. All fires can be very dangerous and life-threatening. Your safety should always be your primary concern when attempting to fight a fire.

Before deciding to fight a fire, be certain that:

All residents, visitors, and staff are safe.

- The fire department is on the way to the facility.
- The fire is small and not spreading. A fire can double in size within two or three minutes.
- You have the proper fire extinguisher for what is burning.
- The fire won't block your exit if you can't control it. A good way to ensure this is to keep the exit at your back.
- You know your fire extinguisher works. Inspect extinguishers once a month for dents, leaks or other signs of damage. Assure the pressure is at the recommended level. On extinguishers equipped with a gauge, the needle should be in the green zone - not too high and not too low.
- You know how to use your fire extinguisher. There's not enough time to read instructions when a fire occurs.

How to Fight a Fire Safely:

- Always stand with an exit at your back.
- Stand several feet away from the fire, moving closer once the fire starts to diminish.
- Use a sweeping motion and aim at the base of the fire.
- If possible, use a "buddy system" to have someone back you up or call for help if something goes wrong.
- Be sure to watch the area for awhile to ensure it doesn't re-ignite.



POLICIES AND PROCEDURES

P A S S

P Pull the Pin at the top of the extinguisher. The pin releases a locking mechanism and will allow you to discharge the extinguisher.

A Aim at the base of the fire, not the flames. This is important - in order to put out the fire, you must extinguish the fuel.

S Squeeze the lever slowly. This will release the extinguishing agent in the extinguisher. If the handle is released, the discharge will stop.

S Sweep from side to side. Using a sweeping motion, move the fire extinguisher back and forth until the fire is completely out. Operate the extinguisher from a safe distance, several feet away, and then move towards the fire once it starts to diminish. Be sure to read the instructions on your fire extinguisher - different fire extinguishers recommend operating them from different distances. Remember: Aim at the base of the fire, not at the flames!!!!

A typical fire extinguisher contains 10 seconds of extinguishing power. Always read the instructions that come with the fire extinguisher beforehand and become familiarized with its parts. It is highly recommended by fire prevention experts that you get hands-on training before operating a fire extinguisher. Most local fire departments offer this service.

Once the fire is out, don't walk away! Watch the area for a few minutes in case it re-ignites. Recharge the extinguisher immediately after use.



POLICIES AND PROCEDURES

Never Fight A Fire If:

- The fire is spreading rapidly. Only use a fire extinguisher when the fire is in its early stages. If the fire is already spreading quickly, evacuate and call the fire department.
- You don't know what is burning. Unless you know what is burning, you won't know what type of fire extinguisher to use. Even if you have an ABC extinguisher, there could be something that will explode or produce highly toxic smoke.
- You don't have the proper fire extinguisher. The wrong type of extinguisher can be dangerous or life-threatening.
- There is too much smoke or you are at risk of inhaling smoke. Seven out of ten fire-related deaths occur from breathing poisonous gases produced by the fire.
- Any sort of fire will produce some amount of carbon monoxide, the most deadly gas produced by a fire. Materials such as wool, silk, nylon and some plastics can produce other highly toxic gases such as carbon dioxide, hydrogen cyanide, or hydrogen chloride. Beware - all of these can be fatal.



POLICIES AND PROCEDURES

Fire Extinguisher Maintenance

113 (4) © Maintenance of Portable Fire Extinguishers

General Information: Colorado regulations require that assisted living facilities have fire suppression and fire detection equipment.

Any fire suppression or detection equipment must be fully operational and functional. All inspections for fire alarm and smoke detection systems, automatic fire sprinkler systems, fixed kitchen systems, and portable fire extinguishers must be fully documented with written records maintained on premises for review.

Portable fire extinguisher must be checked monthly, by staff, to ensure that they are mounted in a location that is easily accessible and that the pressure gauge is within the safe zone.

Portable fire extinguishers must be inspected annually and tagged by a qualified fire extinguisher maintenance contractor.

Monthly Fire Extinguisher Inspections Is Important For Everyone's Safety. You Must Ensure That:

- The extinguisher is not blocked by equipment, coats or other objects that could interfere with access in an emergency.
- The pressure is at the recommended level. On extinguishers equipped with a gauge (such as that shown on the right), the needle should be in the green zone - not too high and not too low.
- The nozzle or other parts are not hindered in any way.
- The pin and tamper seal (if it has one) are intact.
- There are no dents, leaks, rust, chemical deposits and/or other signs of abuse/wear. Wipe off any corrosive chemicals, oil, gunk etc. that may have deposited on the extinguisher.
- Some manufacturers recommend shaking your dry chemical extinguishers once a month to prevent the powder from settling/packing.

If the extinguisher is damaged or needs recharging, replace it immediately!



POLICIES AND PROCEDURES

IMPORTANT: Recharge all extinguishers immediately after use regardless of how much they were used.

What is the difference between a fire extinguisher inspection and fire extinguisher maintenance?

INSPECTION

An inspection is a “quick check” to give reasonable assurance that a fire extinguisher is available, fully charged and operable. The value of an inspection lies in the frequency, regularity, and thoroughness with which it is conducted. The frequency will vary from hourly to monthly, based on the needs of the situation. Inspections should always be conducted when extinguishers are initially placed in service and thereafter at approximately 30-day intervals.

MAINTENANCE

Fire extinguishers should be maintained at regular intervals (at least once a year), or when specifically indicated by an inspection. Maintenance is a “thorough check” of the extinguisher. It is intended to give maximum assurance that an extinguisher will operate effectively and safely. It includes a thorough examination and any necessary repair, recharging or replacement. It will normally reveal the need for hydrostatic testing of an extinguisher.



POLICIES AND PROCEDURES

Fire Safety Equipment

113 (4) (c) Inspection of Fire Safety Equipment

General Information: Colorado regulations require that all assisted living facilities have fire suppression and fire detection equipment.

Any fire suppression or detection equipment must be fully operational and functional. All inspections for fire alarm and smoke detection systems, automatic fire sprinkler systems, fixed kitchen systems, and portable fire extinguishers must be fully documented with written records maintained on premises for review.

Portable fire extinguisher must be checked monthly, by staff, to ensure that they are mounted in a location that is easily accessible and that the pressure gauge is within the safe zone. Portable fire extinguishers must be inspected annually and tagged by a qualified fire extinguisher maintenance contractor.

Any fire alarm or supervised smoke detection system, installed for life safety purposes, must be inspected by trained and qualified personnel at least annually.

Inspection and personnel requirements are defined in NFPA Standard 72, National Fire Alarm Code.

Automatic fire sprinkler systems must be inspected annually by a sprinkler contractor that is currently registered to perform inspection and maintenance services with the State of Colorado – Division of Fire Safety.

Fixed kitchen extinguishing systems must be inspected by trained and qualified personnel on a semi-annual basis in accordance with NFPA Standard 96, Ventilation Control and Fire Protection of Commercial Cooking Operations.



POLICIES AND PROCEDURES

Fire Sprinkler System

This facility is equipped with a fire sprinkler system.

Fire suppression and fire detection equipment is fully operational and functional.

All inspections for fire alarm and smoke detection systems, automatic fire sprinkler systems and fixed kitchen systems is fully documented with written records maintained on premises for review.

Automatic fire sprinkler systems are inspected annually by a sprinkler contractor that is currently registered to perform inspection and maintenance services with the State of Colorado - Division of Fire Safety.



POLICIES AND PROCEDURES

Foot Care

Foot care is done to cleanse the feet, to relieve pain and discomfort, and/or to increase circulation to the lower extremities.

Procedure:

1. Assemble all necessary equipment.
2. Position the resident comfortably in bed or in a chair.
3. Prepare a basin of warm water or other solution as prescribed by the physician.
4. Position the basin so that the resident's foot can be positioned comfortably in the basin.
5. Put the resident's feet into the solution slowly.
6. Change the solution or add warm solution, as necessary, to keep it warm.
7. Foot soaks is usually last for 15-20 minutes.
8. After the foot soak is completed, wash the feet and gently pat them dry.
9. Trim the nails, if indicated.
10. Massage the feet with lotion, unless contraindicated.
11. Assist the resident to apply clean foot wear.
12. Avoid elastic top stockings, garters, and tight shoes.
13. Caution resident not to walk bare foot and to avoid extremes of cold and heat.
14. Encourage ambulation or passive exercises as indicated on the resident's care plan.
15. Record the procedure. Report and record any pertinent observations.

POLICIES AND PROCEDURES

Guidelines For Foot Care For Older Adults

[Foot Care For Those Who Use, Abuse, Respect, and/or Love Their Feet]

1. Inspect the feet carefully and routinely for blisters, bunions, calluses, corns, ingrown nails, inflammation, redness, and other abnormalities. (If problems, needs, and/or concerns are noted a physician or podiatrist should be notified.)
2. Bathe the feet daily in warm (not hot) water. Do not soak the feet for prolonged periods. Dry feet carefully, especially between the toes.
3. Massage the feet with a non-irritating agent. (alcohol free, dye free, fragrance free lotion or cream.)
4. Toe nails should always be cut “straight across” to prevent ingrown toe nails.
5. Shoes should be well-fitted, non-compressive, and low healed. The inside of shoes should be inspected at regular intervals for signs of wear and/or for the presence of foreign objects.



6. Heat, chemicals, and injuries should be avoided. (do not go barefoot or expose feet to injury.) (avoid tobacco --- nicotine constricts blood vessels, causing reduction in blood flow to the feet.)
7. If a foot injury occurs, wash the area with soap and water. Cover the area with a dry dressing (without adhesive), wear white socks, and notify the physician or podiatrist.

POLICIES AND PROCEDURES



Guidelines For Trimming Toenails

The nails of elderly persons usually grow very slowly. Nails of older adults tend to become much thicker. Older adults often experience decreased circulation due to the aging process.

1. Soak the feet in tepid water for 10-15 minutes. (an antibacterial skin cleaner may be added to the foot soak.)
2. Dry the feet by blotting them instead of wiping them. (wiping may injure tissues that have become more delicate due to decreased circulation.)
3. Sit facing the resident. Place his or her feet on a foot rest.
4. Observe the feet and nails. Note skin temperature, texture, and color. Look for breaks in the skin, evidence of infection, redness, and/or swelling.
5. Locate the nail and differentiate the nail from the nail bed using an orange stick (curette). This is done by gently cleaning (debriding) around the nail plate, the nail bed, and around the edges of the nail plate.
6. An antiseptic may be applied to areas around the toenails, if indicated, before cutting the nail plates.
7. Thin the nail plate by rubbing an emery board across the nail surface, if necessary.
8. Using only the tip of a nail clipper, start at one corner of the nail and take small bites across the entire nail plate. Following the contour of the nail plate. Little or no force should be necessary. (Repeat this step in the procedure until the nail plate is trimmed.)
9. Smooth the nail edges with an emery board.
10. Use an orange stick to carefully clean around and under the nail plate.
11. Apply an antiseptic to the nail plates, if indicated.
12. Report and/or record the procedure and any and all pertinent observations.



POLICIES AND PROCEDURES

Grievances / Grievance Procedure

Residents and/or any concerned individuals may formally complain about any conditions, treatment, or violations of rights by the facility or its staff.

If at any time any individual feels his or her rights have not been respected, or that an unfair condition or practice has occurred, s/he is encouraged to express this concern to the proper person as soon as possible.

Facility personnel will provide assistance as indicated to any individual who wishes to implement the grievance procedure.

Copies of the grievance procedure are posted in various locations throughout the facility.

Each resident and/or his or her guardian is given a copy of the procedure upon admission to the facility.

Resident rights and the grievance procedure are reviewed with all new employees during the orientation period.

Employees are required to attend inservice education programs which include instruction and information regarding resident rights, resident responsibilities, and the grievance procedure.

It is the responsibility of every staff member to uphold the rights of each resident in this facility and to encourage residents to exercise their rights.



POLICIES AND PROCEDURES

***Insert The Facility's Grievance
Procedure Here.***

Aging Services Division
Denver Regional Council of Governments
2480 West 26th Avenue, Suite 200B
Denver, Colorado 80211
(303) 455-1000

Colorado Department of Health
Health Facilities Division
4300 Cherry Creek Drive South
Denver, CO 80246
303-692-2800

Long Term Care Ombudsman
455 Sherman St. Suite 130
Denver, Colorado 80203
(303) 722-0300

Jefferson County Adult Protective Services
900 Jefferson County Parkway
Golden, CO 80401
303-271-1388

Jefferson County Health & Environment
Consumer Protective Division
Health Facilities
260 So. Kipling St.
Lakewood, CO 80226
303-232-6301



POLICIES AND PROCEDURES

Hair Care / Assisting Residents with Hair Care

Combing and brushing the hair improves the resident's appearance, stimulates the scalp circulation, and distributes oil along the hair shaft.

All residents are encouraged to shampoo their hair or have their hair shampooed at least weekly.

Procedure:

1. Brush the hair slowly and carefully to avoid damaging the hair follicles.
2. Use a comb for arranging the hair. A large-toothed comb is recommended for very curly hair. A small toothed comb is recommended for thin, straight hair.
3. Brushes and combs should be washed each time the hair is shampooed.
4. Oil or a conditioner should be used if hair is dry. Frequent shampooing is required if the hair is oily.



POLICIES AND PROCEDURES

Hand Washing

Proper hand washing with soap, water and friction is absolutely essential in preventing the spread of infection.

If soap and water is not immediately available, other hand washing materials will be provided.

Hand washing is required between contact between each resident, after removing gloves, and before going on to another procedure or situation.

Hands must be washed before and after touching residents; before and after procedures; before and after eating, drinking and smoking; before and after using the bathroom; and immediately after touching potentially infectious materials.

Hands must always be washed after removing personal protective equipment.

If an employee's skin or mucous membranes come into contact with blood, s/he is to wash with soap and water or flush mucous membranes with water as soon as feasible.

Procedure:

1. Standing well away from the sink turn on the water and adjust the water to the desired temperature.
2. Wet hands and wrists thoroughly, holding them downward over the sink to enable the water to run toward the fingertips.
3. Using generous amounts of soap, scrub each hand with the other creating as much friction as possible by interlacing the fingers and moving the hands back and forth. Continue the scrubbing action until all areas between the fingers, the backs of the hand, the palms, and the areas around the fingernails are cleaned. Nails are cleaned by working them against the palms of the hands.
4. Rinse the hands thoroughly by holding them under the running water with elbows higher than the hands. This allows the water to flow downward to the finger tips.
5. Dry the hands and wrists with paper towels, working from the finger tips to the wrists.



POLICIES AND PROCEDURES

6. Since the faucets are considered contaminated, turn off the water by using a dry paper towel to cover the faucet handles.



POLICIES AND PROCEDURES

Hazardous Materials

To protect the health and safety of residents, staff, and others, potentially hazardous materials are handled and stored in a safe manner.

All containers of potentially hazardous substances are distinctively labeled for easy identification.

When not in use, potentially hazardous materials are stored in locked cabinets and on shelves which are used for no other purpose.

Germicides, insecticides, cleaning compounds, and other chemicals are not used in such a manner as to leave a toxic residue on surfaces which may constitute a hazard.

Potentially hazardous substances are not used in any manner which could contaminate air, food, equipment, or utensils, or could in anyway constitute other hazards.

Hazard Communication Program

To assure safe and healthful working conditions for facility personnel, this facility has addressed and abides by OSHA regulations and/or requirements that address hazard communication, if applicable.

Under the hazard communication program at this facility, employees will be informed of the contents of that hazard communication standard, the hazardous properties of the chemicals with which they work, safe handling procedures, and measures to take to protect themselves from these chemicals. Employees will also be informed of the hazards associated with non-routine tasks assigned in the workplace.

Components of the hazard communication program include but are not limited to the following:

- *List Of Hazardous Chemicals*
- *Material Safety Data Sheets*
- *Labels And Other Forms Of Warning*
- *Non-Routine Tasks*
- *Contractor Employees*
- *Information And Training*



POLICIES AND PROCEDURES

Storage and Use Of Potentially Hazardous Materials

To protect the health and safety of residents, staff, and others, potentially hazardous materials are handled in a safe manner.

Procedure:

1. All containers of potentially hazardous substances are distinctively labeled for easy identification.
2. When not in use, potentially hazardous materials are stored in locked cabinets and on shelves which are used for no other purpose.
3. Germicides, insecticides, cleaning compounds, and other chemicals are not used in such a manner as to leave a toxic residue on surfaces which may constitute a hazard.
4. Potentially hazardous substances are not used in any manner which could contaminate air, food, equipment, or utensils, or could in any way constitute other hazards.



POLICIES AND PROCEDURES

Health Care & Other Services Not Provided By the Facility

When a resident wishes to receive services not available at the facility, s/he may (with the approval of the administrator) make arrangements to receive these additional services.

When a resident must receive medical or health care services not available at the facility, s/he may receive these additional services from an outside agent or agency or s/he may be transported to or transferred to the appropriate health care provider.

The resident and/or his or her family must make arrangements for the resident to receive home health care or other necessary services and are responsible for all fees for services.

To assure continuity of care, medical and social emotional information will be provided to the appropriate health care provider.

To avoid confusion and to maintain continuity of care, the resident's attending physician will be notified regarding all health care, hospital, clinic visits, and/or transfers.

All orders received from outside providers must be reviewed and approved by the resident's attending physician.

All orders received from outside providers must be reviewed with the facility administrator and all appropriate facility personnel.

In medical or psychiatric emergencies, residents may be transferred to the emergency room, if indicated, for evaluation and/or treatment.

If the facility is no longer able to meet the resident's identifiable needs;

-or-

If a resident poses a danger to self or other residents;

S/he may be transferred to another health care setting designed to meet his or her unique needs.



POLICIES AND PROCEDURES

Home Health Services

(Nursing care, therapies, and/or other health care services are not provided by the facility)

Upon physician's orders, residents may receive home health care services.

Residents may obtain these services from the appropriate health care agency (provider).

The resident and/or his or her family must make arrangements for the resident to receive home health care services and are responsible for all fees for services.

The facility will assist the resident and/or his or her family in obtaining home health care services, upon request.

To assure continuity of care, medical and social emotional information will be provided to the appropriate health care provider.

To maintain continuity of care, the resident's attending physician will be notified regarding all health care, hospital, clinic visits, and/or transfers.

All orders received from outside providers must be reviewed and approved by the resident's attending physician.

All orders received from outside providers must be reviewed with the facility administrator and all appropriate facility personnel.

Home health care services must be provided by properly licensed, registered, and/or certified personnel.



POLICIES AND PROCEDURES

Hospice Care / Terminal Care

This assisted living residence believes that dying and death are as much a reality as birth, growth, maturity, and aging.

Death and dying are natural processes which can be both painful and loving experiences for residents, families, facility personnel and others.

The dying resident, family members and others have a right to their feelings regarding the dying and death processes.

Physical and emotional comfort, support, and care will be provided for residents and their families.

If indicated, the facility will contract with a hospice agency in order to provide care and services for residents who choose to remain in the health care facility as death approaches.

Physicians, families, and hospice personnel will be kept informed of any and all changes in the resident's status.

Personal care and other therapeutic interventions will be carried out based on the changes that occur as death approaches and based on the resident request.

Guidelines For Hospice Care Are As Follows:

1. Support and help the resident through the stages of dying so that s/he can proceed to a point of acceptance of death.
2. Provide a non-judgmental atmosphere in which the resident can freely express his or her feelings.
3. Support and help the resident through the "business of dying" (settling affairs, making arrangements, etc.).
4. Utilize the services of a chaplain, legal counselor, social worker, mental health worker, etc. as indicated and as requested.
5. Support and encourage religious and/or spiritual growth and experiences whatever these may be.
6. Encourage the resident to participate in purposeful activities as long as possible.
7. Promote an esthetically comfortable environment.



POLICIES AND PROCEDURES

8. Encourage the resident to participate in decisions concerning his or her care.
9. Maintain the optimum physical level the resident is capable of.
10. Recognize the wide variety of symptoms that occur, try to alleviate/lessen these symptoms.
11. Administer analgesics and/or carry out comfort measures to keep the resident free of pain and discomfort.
12. Assist the resident with bathing, personal hygiene, moving, turning, positioning, and other personal comfort measures.
13. Maintain skin integrity and prevent tissue breakdown.
14. Encourage adequate fluid intake and adequate nutrition. Cater to personal likes and preferences. Tempt the resident with small, frequent servings.
15. Promote physical activity as tolerated; encourage rest periods. Maintain an exercise program utilizing range of motion as indicated.
16. Assist in overcoming/coping with bowel and bladder disturbances as indicated.
17. Protect the resident from injury and infection.
18. Provide continuing personal and caring contact between the resident and his or her family members.
19. Support the resident's loved ones through anticipatory grief and bereavement.
20. Recognize and accept your own feelings concerning death. Talk about your feelings with a trusted friend or co-worker.
21. Demonstrate concern for other staff members who may be experiencing feelings of loss, bereavement, and confusion surrounding the dying and death processes.



POLICIES AND PROCEDURES

House Meetings / Resident Council

House meetings/resident council meetings are conducted in order to give residents and other interested parties the opportunity to voice grievances and make recommendations concerning facility policies.

Notice of such meetings shall be at least fourteen days prior to the meeting unless meetings are held on a regular basis.

At every meeting the residents will be given an opportunity to meet both with and without the presence of staff.

Written minutes of such meetings are maintained for review by residents at any time.

In facilities with seventeen (17) or more beds, a residents' council shall be established. Such council shall consist of at least (3) members from the facility's residents. The residents' council shall be elected and conducted by the residents and shall have full opportunity to meet without the presence of staff. The council shall meet at least monthly with the administrator and a staff representative who make recommendations concerning facility policies, grievances, incidents, and other matters of concern to the residents. Staff shall respond to these suggestions in writing prior to the next regularly scheduled meeting. Minutes of council meetings must be maintained and will be posted or be otherwise available to residents upon request.



POLICIES AND PROCEDURES

House Rules / Resident Rules

To assure that the assisted living residence complies with codes, regulations, and other requirements, the health care facility has identified a number of resident rules and responsibilities.

Copies of the house rules / resident rules are posted in the facility.

Each resident and his or her responsible party is given a copy of the house rules upon admission to the facility.

When the house rules / resident rules are revised and/or updated, they are reviewed and approved by residents in a house meeting, each resident is given a copy of the revised rules, and they are then posted within the facility.

***Insert A Copy Of The Facility's
House Rules Here.***



POLICIES AND PROCEDURES

Hydration of Residents

Facility personnel may monitor the intake of all residents.

Fresh water is available to residents at all times.

In addition to fluids given at meal times, juice and other fluids are offered at scheduled times during waking hours.



POLICIES AND PROCEDURES

Incontinence Care / Toileting Residents

Personal care of residents at this facility includes maintaining resident's self-esteem through promotion of independence and self-care activities designed to assist the resident in maintaining an optimal level of functioning.

While it may not be possible to cure all of the incontinence found in the elderly population, scheduled toileting and habit training is found to produce results by reducing the number of incontinence episodes.

Residents who may benefit from a toileting program will be toileted every 2 hours as indicated.

Residents who have episodes of incontinence will be closely monitored and will receive clothing changes and skin care after each episode of incontinence.

Procedure:

1. Residents who may benefit from a toileting program will be toileted every 2 hours.
2. Residents who have episodes of incontinence will be closely monitored, will be checked at least every two hours, and will receive clothing changes and skin care after each episode of incontinence.
 - Assemble all necessary equipment.
 - Remove soiled garments.
 - Administer peri-care and/or skin care, as indicated.
 - Assist resident to put on clean, dry garments or re-dress resident, as indicated.
 - Episodes of incontinence must be documented in the resident record at intervals. It is important to report and/or record pertinent observations associated with incontinence.



POLICIES AND PROCEDURES

Infection Control / Infection Prevention

Cleanliness & Sanitation

This assisted living residence provides personal care for residents in compliance with federal, state, and county regulations and with the current standards of practice.

All facility personnel must support and adhere to practices and procedures which prevent and/or control the spread of infection.

Guidelines for infection control have been developed for the purpose of educating personnel in the proper procedures to be followed in order to prevent the spread of infection.

Guidelines for Infection Control In The Residential Care Setting

I. Personnel policies relating to infection control

A. All personnel involved directly or indirectly with resident care must:

1. Be free of communicable disease
2. Observe the employee health program
3. Follow sanitary practices
4. Accept personal responsibility for infection control and adhere to all infection control policies and procedures
5. Adhere to universal precautions, carry out proper work practice controls, and follow precautions for safe handling and use of personal protective equipment

B. All employees must participate in the employee health program

1. All employees are required to complete a health history and/or to have a physical examination during the application process
2. All employees will have a tuberculin (TB) skin test upon employment or they will have a chest x-ray if they have a history of positive skin reaction



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3. If applicable, the facility makes Hepatitis B vaccine available to all employees. The vaccine and all evaluations and follow-up are available at no cost to employees. (Employees who decline the vaccination must sign a declination form. The employee may request and obtain the vaccination at a later date if s/he continues to have exposure to blood and other potentially infectious materials)

C. Employees must report the following conditions and/or exposure to the following conditions to their supervisor:

- Diarrheal illness (gastroenteritis) lasting longer than 24 hours
- Herpes simplex virus (HSV)
- Hepatitis
- HIV
- Measles / Rubella (If the employee is not immune)
- Meningitis
- Mumps (If the employee is not immune)
- Scabies
- Skin lesions that are infected (especially on exposed surfaces)
- Streptococcal (Group A) sore throat
- Tuberculosis (TB)
- Upper respiratory infection (URI) influenza
- Varicella (chickenpox) (If the employee is not immune)
- Varicella zoster (shingles)
- *Needle sticks / sharp accident*
- *Other accidental exposure to blood and/or body fluids*

Employees who feel ill while on duty must report to the facility administrator

Employees with skin infections, upper respiratory infections, or enteric infections, may be referred to their personal physician or to the appropriate health care provider for clearance for work.

D. All employees must attend infection control inservice education



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programs

Inservice education classes will be held routinely in order to educate personnel regarding infection control practices.

Personnel are required to attend all mandatory inservice education programs

II. Hand washing

Proper hand washing with soap, water, and friction is absolutely essential in preventing the spread of infection.

If soap and water is not immediately available, other hand washing materials will be provided.

Hand washing is required between contact between each resident, after removing gloves, and before going on to another procedure or situation. Hands must be washed before and after touching residents; before and after procedures; before and after eating, drinking and smoking; before and after using the bathroom; and immediately after touching potentially infectious materials.

Hands must always be washed after removing personal protective equipment.

If an employee's skin or mucous membranes come into contact with blood, s/he is to wash with soap and water or flush mucous membranes with water as soon as feasible.

Procedure:

1. Standing well away from the sink, turn on the water and adjust the water to the desired temperature.
2. Wet hands and wrists thoroughly, holding them downward over the sink to enable the water to run toward the fingertips.
3. Using generous amounts of soap, scrub each hand with the other creating as much friction as possible by interlacing the fingers and moving the hands back and forth. Continue the scrubbing action until all areas between the fingers, the backs of the hand, the palms, and the areas around the fingernails are cleaned. Nails are cleaned by working them against the palms of the hands.
4. Rinse the hands thoroughly by holding them under the running water with



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elbows higher than the hands. This allows the water to flow downward to the finger tips.

5. Dry the hands and wrists with paper towels, working from the fingertips to the wrists.
6. Since the faucets are considered contaminated, turn off the water by using a dry paper towel to cover the faucet handles.

III. Policies, procedures, and practices

A. Care of the environment, housekeeping, and sanitation

1. Written policies and procedures for infection control and sanitation must be followed by all personnel
2. All personnel must monitor the general condition of the facility and must report problem areas to the appropriate department head(s)
3. All personnel must keep their individual work areas neat, clean, and free of hazards

B. Proper use of chemicals

1. It is very important that all chemicals and solutions are used properly
2. All chemicals must be diluted, handled, and stored according to the manufacturer's recommendations and other established guidelines
3. The facility provides a list of all hazardous chemicals and related work practices used in the facility. This list is updated as necessary.
4. Material safety data sheets are available regarding chemicals and materials identified on the hazardous chemicals list.
5. All employees who work with or are potentially exposed to hazardous chemicals will receive initial training regarding the safe use of these hazardous chemicals.
6. Whenever a new hazard is introduced in the workplace, additional training will be provided.



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7. All toxic chemicals and cleaning compounds will be carefully labeled and must be stored in a secure storage area

C. Personal protective equipment

1. Wearing gloves, gowns, and eye protection can significantly reduce health risks for workers exposed to blood and other potentially infectious materials.
2. This facility provides the appropriate personal protective equipment for employees.
- 3.. Personal protective equipment must be used whenever the risk of occupational exposure to infectious materials is present after instituting engineering and other work practice controls.
4. All employees are required to follow the precautions for safe handling and use of personal protective equipment.

The Precautions For Safe Handling Of Personal Protective Equipment Are As Follows:

- Gloves must be worn when it can be reasonably anticipated that contact with contaminated material could occur.
- Gloves must be replaced if they are torn, punctured, contaminated, or their ability to function as a barrier is compromised.
- Masks and/or appropriate face and eye protection must be worn if potentially infectious materials pose a hazard to eyes, nose, and mouth.
- Protective equipment must be removed before leaving the work area and after garment becomes contaminated.
- Protective equipment must be placed in appropriately designated area or containers when being stored, washed, decontaminated, or discarded.



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IV. Universal precautions for health care workers

- A. Staff must wash their hands before and after working with residents and before and after disposable gloves are removed.
- B. Staff must be extremely cautious when handling sharp objects such as needles. Sharp objects should be placed in puncture resistant containers located as close as possible to the area where they are used, needles must not be recapped, broken off, removed from disposable syringes, or otherwise manipulated by hand.
- C. Linen and clothing of residents suffering from communicable diseases must be washed in water of 140 degree temperature.
- D. Disposable gloves must be worn when handling items soiled with blood or body fluids, mucous membranes, or non-intact skin of all residents, or handling items or surfaces soiled with blood or body fluids and for performing venipuncture and other vascular access procedures.

Gloves should be changed after contact with each resident. Gowns, masks, protective eye or face shields are not necessary except during procedures that are likely to generate droplets or splashes of blood and other body fluids, hands should be washed thoroughly and immediately if they accidentally become contaminated with blood or other body fluids

- E. If it appears that resuscitation may be indicated, mouth pieces, resuscitation bags or ventilation tubes should be readily at hand in the area so that mouth-to-mouth resuscitation is minimized or eliminated.
- F. Spills of blood or body fluids should be cleaned up immediately using an appropriate concentration of a disinfectant certified by the manufacturer to be effective as used. Appropriate concentrations either of a phenol disinfectant or chlorine bleach may be used. The person cleaning the spill should wear gloves.
- G. All disposable equipment that has been contaminated with blood, body fluids or other infective waste should be disposed of in the room in sturdy plastic bags or rebagged outside the room. It should either be autoclaved or incinerated prior to disposal in a sanitary land fill.



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- H. Soiled linen should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen. All soiled linen should be bagged at the location where it is used, linen soiled with blood or body fluids should be placed and transported in bags to prevent leakage.
- I. Blood, suctioned fluids, excretions, and secretions may be carefully poured down a drain connected to a sanitary sewer.
- J. A private room is indicated if a resident, who has a communicable disease, has poor hygiene (e.g., the resident does not wash his hands after touching infective material or contaminates the environment with infective material) or if isolation is necessary for associated conditions such as infections, diarrhea or tuberculosis. In general, residents should be permitted to eat with other residents and be encouraged to participate in activities inside and outside the health center.
- K. Health care workers with colds, exudate, lesions, weeping dermatitis or communicable diseases should not be assigned to direct patient care for residents who are immunocompromised because of certain disease processes, treatment with chemotherapy, prolonged use of antibiotics etc., since these residents are highly vulnerable to infection, nor should they handle any patient care equipment until the condition resolves. Health care workers with HIV infection or other immunosuppressive disorders will not be permitted to work with residents with communicable diseases.

Source: Guidelines Published By the Center for Disease Control, OSHA and State Regulations

Additional infection control policies and procedures associated with specific work practices carried out by facility personnel have been incorporated into the appropriate procedure manuals.



POLICIES AND PROCEDURES

Influenza Vaccination Program

Influenza is an infection that threatens assisted living residents. It has been demonstrated that when influenza is introduced into an Assisted Living Residence the disease is likely to spread among residents.

To protect both residents and staff, this facility encourages participation in an annual influenza vaccination program.

Colorado Regulations require that an assisted living residence perform an assessment of its workforce and residents and develop an influenza vaccination policy regarding the vaccination or masking of its employees based upon that assessment.

The facility is not required to vaccinate all their employees, but may implement any type of infection control approach that fits with its assessment. It may accept any type of employee exception or declination to vaccination, as long as it is consistent with the written policy.

The facility or agency must, however, make sure its employees are offered an opportunity to receive annual influenza immunization if the employee desires it. The facility or agency is not required to provide the vaccination, but must offer the employee options for obtaining the vaccination such as allowing the employee time to be vaccinated elsewhere or providing directions to a location where the vaccination is being offered.

The facility or agency must provide its employees with information regarding influenza immunization, availability of influenza immunization, and the importance of adhering to standard precautions.

Procedure:

1. This assisted living residence encourages employees and volunteers to participate in the annual influenza vaccination program. Participation is voluntary.
2. Employees are given information regarding Influenza vaccinations. (See attached forms.)
3. If an individual does not want to participate in a vaccination program, s/he is asked to complete a declination form. (See attached form.) Declination forms are filed in the employee's file.
4. This assisted living residence has an agreement with an outside agency (or agencies) that provide influenza vaccinations for residents and/or facility personnel.
5. Physician's orders and/or consent forms are obtained for all residents by the agency (vender) providing the influenza vaccine. All record keeping is completed and stored by the outside agency providing the service. Vaccination records may also be stored by the Assisted Living Residence.



POLICIES AND PROCEDURES

6. Consent forms are obtained for all employees by the agency (vender) providing the influenza vaccine. All record keeping is completed and stored by the outside agency providing the service. Vaccination records may also be stored by the Assisted Living Residence.
7. Healthcare workers who receive their influenza vaccine at a facility outside of this ALR may receive credit for that vaccination if they provide written documentation from the facility (vendor) where they were vaccinated.
8. During the time period of October 1 through March 31 of each winter, employees and volunteers who experience influenza-like symptoms must report their symptoms to their supervisor and/or to the Facility Administrator.
9. Employees and volunteers who are symptomatic with influenza-like illness must be excluded from the facility because such persons may contribute to the transmission of influenza during an outbreak. Exclusion must continue until 48 hours after symptoms have subsided.
10. By declining the immunization, employees and volunteers agree that if a physician, a nurse practitioner, a physician's assistant and/or representatives from the Department of Health determine that there is an influenza outbreak in the facility, they may be required to wear a surgical mask while working with residents.
11. This assisted living residence may require that a resident or employee or volunteer see and be treated by his or her physician when one or more of the following changes or concerns have occurred:
 - If the resident or staff member has developed or been exposed to a communicable disease (infectious disease).
 - When there is evidence of possible infection (open sores, fever, chills, etc.)

In accordance with CDPH&E guidelines, if this Assisted Living Facility meets the targeted vaccination percentages listed below in the given year, then the ALR shall be exempt from the requirements set forth in the rule for the following year as long as it continues to use the same or more stringent methods.

The targets required for this exemption are as follows:

- 60 percent of all healthcare workers vaccinated by December 31, 2012.
- 75 percent of all healthcare workers vaccinated by December 31, 2013.
- 90 percent of all healthcare workers vaccinated by December 31, 2014 and every year thereafter.



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Exemption status for an entity shall be determined by the Department on an annual basis based on the entity's prior year's influenza vaccination rate, as described above.

An entity that has been granted exemption from the rule for a given year it is still required to submit influenza vaccination rates to the Department, according to the reporting requirements described below.

Requirements for ALRs and Other Licensed Healthcare Entities (See §§10.10-10.12)

- All Assisted Living Residences must perform an assessment of its workforce and residents/patients and develop a policy regarding the vaccination or masking of its employees based upon that assessment.
- ALRs must also make sure their employees are offered an opportunity to receive annual influenza immunization if the employee desires it, but the entity is not required to provide it.
- Assisted Living Residences must maintain records of each employee's annual influenza immunization, declination, or exemption from immunization.
- ALRs must provide their employees with information regarding influenza immunization, availability of influenza immunization, and the importance of adhering to standard precautions.
- Assisted Living Residences must report their employee vaccination rate to the Department on an annual basis. (See Web Portal Information.)

POLICIES AND PROCEDURES

Influenza Vaccination Fact Sheet for Health Care Professionals¹

Did You Know?

- CDC and ACIP recommend that all health care workers get an annual flu vaccine.
- Nationally, fewer than half of health care workers report getting an annual flu vaccine.
 - **Influenza outbreaks in hospitals and long-term care facilities have been attributed to low vaccination rates among health care professionals.**
- As a health care worker, by getting vaccinated, you can help protect your family at home as well as your patients at work from getting sick.
- Getting a yearly flu vaccine can help ensure your time off is spent doing what you want to do, not staying at home sick.

Influenza (Flu) Facts

- The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to hospitalizations and death.
- The main way that influenza viruses are thought to spread is from person to person in respiratory droplets of coughs and sneezes. Influenza viruses may also be spread when a person touches respiratory droplets on another person or an object and then touches their own mouth or nose (or someone else's mouth or nose) before washing their hands.
- Most healthy adults may be able to infect others beginning 1 day **before** symptoms develop and up to 5-7 days **after** becoming sick. Children may pass the virus for longer than seven days.
- Some people, such as older adults, pregnant women, and very young children as well as people with certain long-term medical conditions are at high risk of serious complications from the flu. These medical conditions include chronic lung diseases, such as asthma and chronic obstructive pulmonary disease (COPD), diabetes, heart disease, neurologic conditions and pregnancy.

Health Care Workers and Influenza Vaccination

- Health care workers have a special role in the fight against influenza.
 - By getting vaccinated themselves, health care workers can protect their health, their families' health and the health of their patients.
 - Encouraging vaccination of vulnerable patients can protect them from the flu.
 - High rates of vaccination among nurses and health care workers have been linked to improved patient outcomes and reduced absenteeism and influenza infection among staff.
- Annual vaccination is important because **influenza is unpredictable and flu viruses are constantly changing**. Even if you've been vaccinated before, the flu vaccine from a previous season may not protect against current flu viruses.

Flu Vaccine Facts

- Flu vaccines **CANNOT** cause the flu. The viruses in flu vaccines are either killed (the flu shot) or weakened (the nasal-spray vaccine). The flu vaccines work by priming your body's defenses in case you are exposed to an actual flu virus.
- Flu vaccines are safe. Serious problems from the flu vaccine are very rare. The most common side effect that a person is likely to experience is soreness where the injection was given. This is generally mild and usually goes away after a day or two.

Protect yourself, your family, and your patients by getting a flu vaccine.

¹Adapted from "Influenza Vaccination Information for Health Care Workers", www.flu.gov

POLICIES AND PROCEDURES

No More Excuses You Need a Flu Vaccine

“Oh, the flu isn’t so bad... right?”

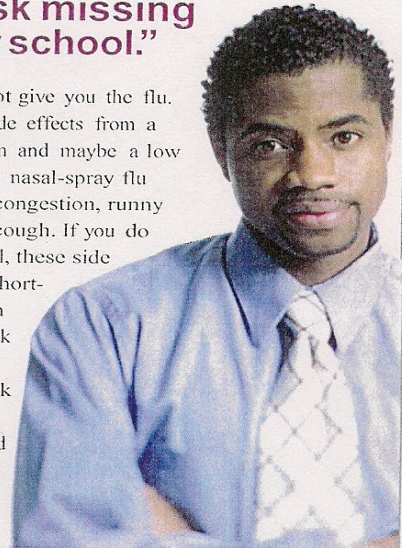


Wrong The flu (influenza) is a contagious disease which affects the lungs and can lead to serious illness, including pneumonia. While pregnant women, young children, older people, and people with certain chronic medical conditions like asthma, diabetes and heart disease are at increased risk of serious flu-related complications, *even healthy people* can get sick enough to miss work or school for a significant amount of time or even be hospitalized.

“But what if the flu vaccine makes me sick?”

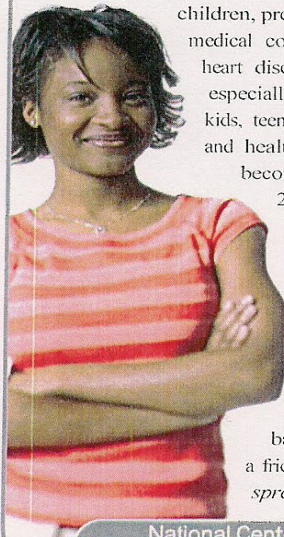
I can’t risk missing work or school.”

The flu vaccine cannot give you the flu. The most common side effects from a flu shot are a sore arm and maybe a low fever or achiness. The nasal-spray flu vaccine might cause congestion, runny nose, sore throat, or cough. If you do experience them at all, these side effects are mild and short-lived. And that’s much better than getting sick and missing several days of school or work or possibly getting a very severe illness and needing to be in the hospital.



“I’m Healthy I don’t need a flu vaccine.”

Anyone can become sick with the flu and experience serious complications. Older people, young children, pregnant women and people with medical conditions like asthma, diabetes, heart disease, or kidney disease are at especially high risk from the flu, but kids, teens and adults who are active and healthy also can get the flu and become very ill from it. During the 2009 H1N1 pandemic, many healthy people—including healthy young adults—became seriously ill from this virus.

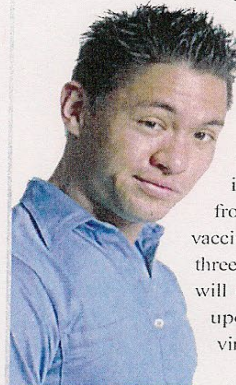


Flu viruses are unpredictable, and every season puts you at risk. Besides, you might be around someone who’s at high risk from the flu...a baby...your grandparents, or even a friend. *You don’t want to be the one spreading flu, do you?*

“Wait a minute I got a flu vaccine once and still got sick.”

Even if you got a flu vaccine, there are still reasons why you might have felt flu-like symptoms:

- You may have been exposed to a *non-flu virus* before or after you got vaccinated. The flu vaccine can only prevent illnesses caused by flu viruses. It cannot protect against non-flu viruses.
- Or you might have been exposed to flu after you got vaccinated but *before the vaccine took effect*. It takes about two weeks after you receive the vaccine for your body to build protection against the flu.
- Or you may have been exposed to an influenza virus that was very different from the viruses included in that year’s vaccine. The flu vaccine protects against the three influenza viruses that research indicates will cause the most disease during the upcoming season, but there can be other flu viruses circulating.



National Center for Immunization and Respiratory Diseases



CS216572A



POLICIES AND PROCEDURES

INFLUENZA IMMUNIZATION DECLINATION FORM

I understand that the Center for Disease Control and the Colorado Department of Public Health & Environment recommend that all healthcare workers get annual flu vaccine.

I have been provided information regarding influenza immunizations for healthcare workers.

I have been informed that as a health care worker, by getting vaccinated, it may protect me, my family, and my residents from getting sick.

However, **I decline the Influenza Immunization at this time.**

I agree that if I experience influenza-like symptoms, I will report this to my supervisor and/or to the Facility Administrator.

Note: Employees and volunteers who are symptomatic with influenza-like illness must be excluded from the facility because such persons may contribute to the transmission of influenza during an outbreak. Exclusion must continue until 48 hours after symptoms have subsided.

By declining the immunization, I understand that if representatives from the Department of Health determine that there is an influenza outbreak in the facility, I may be required to wear a surgical mask while working with residents.

Employee's Signature

Date

Witness



POLICIES AND PROCEDURES

COLORADO HEALTH FACILITIES (HFD) WEB PORTAL INFORMATION:

Healthcare worker vaccination data is submitted to CDPHE via the Colorado Health Facilities Web Portal (state portal). The state portal is a web application available to all licensed health facilities in Colorado, and is the location for official CDPHE communication regarding licensing. A hyperlink on the main page will link directly to a form for reporting vaccination data. This report will be available to all individuals with a user account to the state portal. To access the state portal, go to this website: cohportal-egov.com.

Colorado Health Facilities Web Portal - Technical Support
TRAINING FACILITY 101
TEST FACILITY - NURSING HOME
Tuesday, May 29, 2012 10:45 AM

"Warning do not use the browser's back button. Use the links below on the left or the buttons below on this screen to avoid losing your work."

Message Center
My Account Setup
User Account Setup
Documentation
Electronic Letter of Intent
Electronic Plan of Correction
Facility Contact Information
Influenza Vaccination Reporting
Licensing
Nursing Home Quarterly Census
Occurrence Reporting
Technical Support
Sign Out

Message Center Technical Support
Facility Contact Information Technical Support
Occurrence Reporting Content/Technical Support
Electronic Plan of Correction Technical Support
Application Content/Technical Support
Census Technical Support
Medication Administration Content/Technical Support
Request for Information (LOI) Technical Support
Influenza Vaccination Reporting Content/Technical Support

Email: CDPHE.FluVacReport@state.co.us

Close and Return to the Message Center

POLICIES AND PROCEDURES

http://localhost:50088/FluVacMain.aspx - Windows Internet Explorer

http://localhost:50088/FluVacMain.aspx

http://localhost:50088/FluVacMain.aspx

Personnel Influenza Vaccinations for:
TRAINING FACILITY 101
TEST FACILITY - NURSING HOME
Wednesday, May 16, 2012 3:13 PM

"Warning do not use the browser's back button. Use the buttons below on this screen to avoid losing your work."

	Employees	Licensed independent practitioners: MD/DO, NP, PA	Adult students & trainees	Row Totals
1. Number of HCP who worked at this healthcare facility for at least 30 days between October 1 and December 31.				
2. Number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season.				
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season.				
4. Number of HCP who have a medical contraindication to the influenza vaccine.				
5. Number of HCP who declined to receive the influenza vaccine.				
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-6 above)				
Rows 2-6 Totals				
Comments				

Save

Question 1 (Denominator) Notes:

Include all HCP who have worked at the facility for at least 30 working days during the reporting period, regardless of clinical responsibility or patient contact. This includes HCP who joined after October 1 or left before December 31, or who were on extended leave during part of the reporting period. Working for any number of hours a day counts as one working day. Include both full-time and part-time persons. If an HCW works in two or more facilities, each facility should include the HCW in their denominator. Count HCP as individuals rather than full-time equivalents. Licensed practitioners who receive a direct paycheck from the reporting facility, or who are owners of the reporting facility, should be counted as employees. The HCP categories are mutually exclusive. Each HCP should be counted only once in the denominator (question 1).

Questions 2-6 (Numerator) Notes:

Questions 2-6 are mutually exclusive. The sum of the HCP in questions 2-6 should equal the number of HCP in question 1 for each HCP category. Questions 2-6 are to be reported separately for each of the three HCP categories. Only the following HCP should be counted in question 4: HCP with (1) a severe allergic reaction to eggs or other vaccine component(s) or (2) a history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination. The following should be counted in question 5 (declined to receive influenza vaccine):

- HCP who declined vaccination because of conditions other than those included in question 4.
- HCP who declined vaccination and did not provide any other information.
- HCP who did not receive vaccination because of religious exemptions.
- HCP who deferred vaccination for the entire influenza season (i.e. from October 1 to December 31).



POLICIES AND PROCEDURES

Job Descriptions

All personnel are responsible for performing those duties, tasks, and responsibilities defined in their respective job descriptions.

Individual staff members must also know the limitations of his or her position and must not perform duties or tasks beyond these limitations.

You may want to insert the facility's
Job descriptions here.



POLICIES AND PROCEDURES

Keys / Key Control

All appropriate staff members will be expected to accept responsibility for facility keys. All staff members must accept accountability and responsibility for key control and must use common sense and good judgment when handling keys.

Keys may not be given to residents.

In the event that a staff member misplaces a set of keys, a search must be made in an attempt to find the lost keys. If the keys are not found, an incident report must be completed and disciplinary action may be taken.

Keys used to lock medication storage areas and hazardous material storage areas may not be taken out of the building. In the event that keys are accidentally removed from the facility, they must be returned to the facility immediately and an incident report must be completed.

In the event that employees need to gain access to locked areas in the facility and keys are not readily available, they may gain access by contacting the administrator.



POLICIES AND PROCEDURES

Laundry Services **1.110**

This facility makes laundry services available in one of the following ways, and in accordance with these regulations:

- providing laundry service for the residents;
 - providing access to laundry equipment so that the residents may do their own laundry;
- or
- by making arrangements with a commercial laundry.

Separate storage for soiled linen and clothing is provided.

If residents request that the facility provide bed and bath linens, clean bed and bath linens are provided at least weekly or more frequently as indicated by residents' needs.

Clean blankets are also provided as necessary.



POLICIES AND PROCEDURES

Laundry Practices

The assisted living residence provides laundry service for residents.

Separate storage for soiled linen and clothing is provided.

The facility provides at least two clean sheets, one clean pillow case, two clean bath towels, and three clean washcloths at least weekly or more frequently if needed. Clean blankets are provided as necessary.

Linen and clothing of residents suffering from communicable diseases must be washed in water of 140 degree temperature.

Soiled linen must be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen.

All soiled linen must be bagged (contained) at the location where it is used, linen soiled with blood or body fluids must be placed and transported in bags (containers) to prevent leakage.

Gloves and other appropriate protective apparel must be worn by laundry personnel while sorting soiled linen.

Employees must refrain from eating, drinking, smoking, applying cosmetics, and handling contact lenses in areas where they may be exposed to blood or other potentially infectious materials.



POLICIES AND PROCEDURES

Leave Of Absence / Leave Days / Non-Medical Leave Days Medical Leave Days / or Therapeutic Leave Days

Residents are required to check-in and check-out when they temporarily leave the assisted living residence.

If a resident is temporarily absent from the Assisted Living Residence on a leave of absence for non-medical or medical or therapeutic reasons as approved by a physician, the Assisted Living Residence will hold the bed (room) (apartment) for a resident.

Residents will be charged a bed holding / room holding fee when they are on a leave of absence from the assisted living residence.

The assisted living residence charges the daily rate for all room holds. If a resident does not want his or her room held while s/he is absent from the residence, the resident or his or her designated representative must call the residence within twenty-four (24) hours and written notice must be received by the facility within seventy-two (72) hours. If the resident does not want his or her room held, all articles of personal property must be removed from the premises within seventy-two (72) hours. If the resident's personal property is not removed within seventy-two (72) hours, the administrator may have the resident's personal property placed in storage at the resident's / responsible party's expense.

If a resident does not notify personnel that s/he will be absent from the facility, the resident will be considered to be a missing person and the required actions will be taken.

Any time that a resident of the facility cannot be located following a search of the facility, the facility grounds, and the area surrounding the facility and there are circumstances that place the resident's health, safety or welfare at risk, or regardless of whether such circumstances exist, the resident has been missing for eight hours, Assisted Living Residences are required to reported this occurrence to the resident's responsible party, to the police, to the facility administrator, to the resident's physician, to other health care professionals, if indicated, and to the Colorado Department of Public Health and Environment.

*Residents and their responsible party are notified
regarding this policy upon admission
to the assisted living residence.*



POLICIES AND PROCEDURES

8.495.6.C. The facility will notify the client's SEP case manager of any client planned or un-planned nonmedical and/or programmatic leave for greater than 24 hours.

The therapeutic and/or rehabilitative purpose of leave is documented as part of the client's care plan.



POLICIES AND PROCEDURES

Locking Facility Doors

In order to provide a safe and secure atmosphere for residents, staff and visitors, the facility will lock all doors at _____ and will unlock all facility doors at _____ .



POLICIES AND PROCEDURES

Medicaid

This facility has met the qualifications for certification as an alternative care facility by the Colorado Department of Public Health & Environment (CDPH&E) Health Facilities Division (HFD) and the Colorado Department of Health Care Policy & Financing (HCP&F) Health Care Benefits Section.

CO. Dept. of Public Health
& Environment
Health Facilities Division
4300 Cherry Creek Drive South
Denver, CO 80246-1530
303-692-2800

CO. Dept. of Health Care
Policy & Financing
Health Care Benefits Section
1575 Sherman Street, 5th Floor
Denver, CO 80203-1714
303-866-5902

The facility receives referrals of HCBS-EBD clients from options for long-term care (OLTC) agencies and referrals from HCBS-MI clients through the community mental health centers (CMHCS). All ACF services must be prior authorized by the OLTC or CMHC.

Medicaid claims are submitted electronically using software provided by an affiliated computer service.

In the event of change of ownership and/or federal tax id number, a new medicaid provider number must be assigned. To obtain a new provider number, the new owner must submit a new application.



POLICIES AND PROCEDURES

Medical Services / Physician Services

The health care of all residents who choose to reside at this facility must be supervised by an attending physician.

Attending physicians must agree to comply with state and federal regulations and with policies and procedures established by the assisted living residence (residential care facility).

Residents and their attending physician's must agree to provide the assisted living residence with written orders regarding each resident's health care needs including medications, treatments, and other instructions.

This assisted living residence may require that a resident see his or her physician when one or more of the following changes or concerns have occurred:

- Prior to admission to alleviate concerns or doubts regarding whether or not a resident has one or more conditions that would preclude his or her admission to the assisted living residence.
- When the resident has had an accident/injury that could adversely effect his or her health status.
- When there has been a significant change in an individual resident's condition.
- If the resident has developed or been exposed to a communicable disease (infectious disease).
- When there is evidence of possible infection (open sores, etc.)
- When there is concern that a resident has developed a condition or conditions that would preclude admission to the assisted living residence.
- When there is concern that the assisted living residence can no longer meet the resident's identifiable needs.



POLICIES AND PROCEDURES

Medication Administration CO Chapter 24

General Provisions

This Assisted Living Residence ensures that there is a qualified medication administration staff member onsite any time medication is administered, including when medication is administered “as needed” or “PRN.”

The facility maintains payment or other documentation verifying the employment status of each qualified medication administration staff member.

If the qualified medication administration staff member is a contract employee, documentation shall consist of the employment contract and include the following:

- (1) The name of the specific person who is trained in medication administration and will be providing those services;
- (2) Verification that the person’s direct care and medication administration services will only be provided to the residents of the licensed facility;
- and
- (3) Verification that the facility is paying for this person's services.

The Colorado Department of Public Health & Environment shall maintain a list on its web site of all qualified medication administration staff members who have passed the competency evaluation.

Every unlicensed person who is a “qualified manager” must pass the competency evaluation approved by the Colorado Department of Public Health & Environment pertaining to the administration of medications at least once every four years.

The facility will report to the Colorado Department of Public Health & Environment if a QMAP or qualified manager engages in a pattern of deficient medication administration practice or administers medication contrary to a physician’s order or these rules that either causes or has the potential to cause harm to the recipient. Such report shall be made no later than the next business day after the occurrence or no later than the next business day after the facility becomes aware of the occurrence.



POLICIES AND PROCEDURES

Policies & Procedures

This Assisted Living Residence maintains and follows written policies and procedures for the administration of medication that are consistent with the regimen taught in the medication administration course.

The facility conducts a drug-related criminal background check on each person prior to employment.

The facility has established, follows and maintains a written policy and procedure concerning drug-related criminal background checks.

Any drug-related offenses revealed by the background check; will be thoroughly Investigated. If an individual hired has prior drug-related offenses, a criteria for monitoring the individual's performance will be documented in his or her personnel file.

The facility requires that each unlicensed person who administers medication in the facility must pass the competency evaluation developed or approved by the Colorado Department of Public Health & Environment as a condition of employment in the facility at least once every five years.

The facility documents each unlicensed person's satisfactory completion of on-the-job training and passage of the competency evaluation in his or her permanent personnel file.

If an existing QMAP does not successfully complete the competency evaluation within the time limits established, the facility shall immediately cancel that individual's medication administration responsibility and so notify the Colorado Department of Public Health & Environment.

Administration Of Medication

The term "administration" of medication does not include judgment, evaluation, assessment or monitoring of medication.

Prescription and non-prescription medications are administered only by qualified medication administration staff members and only upon written order of a licensed physician or other licensed authorized practitioner. Such orders must be current for all medications.

New orders from a physician, physician's assistant or advance practice nurse with prescriptive authority must be obtained and followed whenever a patient or resident returns to the facility after an inpatient hospitalization.



POLICIES AND PROCEDURES

Non-prescription medications are labeled with resident's full name.

Residents are not allowed to take another's medication(s). Residents are not allowed to give their medications to another resident.

Unless otherwise authorized by statute, qualified medication administration staff members shall not:

- (A) Administer medication through a gastrostomy tube, or
- (B) Prepare, draw up or administer medication in a syringe for injection into the bloodstream or skin, including insulin pens.

The contents of any medication container having no label or with an illegible label will be destroyed immediately.

Medication that has a specific expiration date will not be administered after that date.

This Assisted Living Residence documents the disposal of discontinued, out-dated, or expired medications.

Medication Reminder Boxes or Systems

This facility does not use medication reminder boxes.

Storage of Medications

All medications are stored on-site.

All controlled substances are stored under double lock, counted and signed for at the end of every shift in the presence of either two (2) QMAPS or a QMAP and a qualified manager.

If the above procedure is not possible, the QMAP going off-duty shall count and sign for the controlled substances and the next on-duty QMAP shall verify the count and sign. If the count cannot be verified, the discrepancy shall be immediately reported to the facility administrator.

All prescription and non-prescription medication are maintained and stored in a manner that ensures the safety of all residents.

Medications are not stored with disinfectants, insecticides, bleaches, household cleaning solutions, or poisons.



POLICIES AND PROCEDURES

Colorado Department of Public Health & Environment Oversight

The facility ascertains whether prospective staff or volunteers have been convicted of a felony or a misdemeanor and/or “drug-related offenses” that could pose a risk to the health, safety, and welfare of the residents, when making employment decisions.

Individuals who have had any drug-related offenses revealed by the background check will be evaluated on an individual basis. The circumstances will be investigated and documented. The individual’s behaviors and job performance will be closely monitored. The individual must agree to participate in random drug screening. Failure to participate in the drug screening program will result in immediate termination.

Each QMAP and qualified manager must sign a disclosure statement under penalty of perjury stating that he or she has never had a professional license to practice nursing, medicine, or pharmacy revoked in Colorado or any other state for reasons directly related to the administration of medications.

Any misrepresentation or falsification of an individual’s disclosure will constitute good cause for the Colorado Department of Public Health & Environment to rescind that individual’s medication administration authority.

Each QMAP and qualified manager must notify the Colorado Department of Public Health & Environment within ten (10) days of any change in the information previously disclosed.

the Colorado Department of Public Health & Environment determines, after an investigation, that a QMAP or qualified manager has engaged in a pattern of deficient medication administration practice or has administered medication contrary to a physician’s order or these rules that either causes or has the potential to cause harm to the recipient, the Colorado Department of Public Health & Environment shall rescind that individual’s medication administration authority until the individual undergoes retraining, retesting, and successfully passes the competency examination.

Compliance with this Chapter XXIV is a condition of licensure for any facility licensed by the Colorado Department of Public Health & Environment that administers medications to persons under its care. Failure to comply may result in the Colorado Department of Public Health & Environment taking action against the facility’s license pursuant to 6 CCR 1011-1, Chapter II and section 24-4-104, C.R.S.



POLICIES AND PROCEDURES

Medication Administration Co 1.107 (4) (5)

Personal Medication --- All personal medication is the property of the resident. Residents are not required to surrender the right to possess or self-administer any personal medication, except as otherwise specified in the care plan of a resident of a facility which is licensed to provide services specifically for the mentally ill or if a physician or other authorized medical practitioner has determined that the resident lacks the decisional capacity to possess or administer such medication safely.

Personal medication is returned to the resident or resident's legal representative, upon discharge or death, except that return of medication to the resident may be withheld if specified in the care plan of a resident of a facility which is licensed to provide services specifically for the mentally ill or if a physician or other authorized medical practitioner has determined that the resident lacks the decisional capacity to possess or administer such medication safely.

The return of medication must be documented by the facility.

Misuse of Medication --- Misuse or inappropriate use of known medications for persons who are self-administering must be reported to the resident's physician or other authorized practitioner.

No resident will be allowed to take another's medication nor will staff be allowed to give one resident's medication to another resident.

Medication which has a specific expiration date may not be administered after that date and will be disposed of appropriately.

Labeling --- Medications must be labeled with the resident's full name and pursuant to Article 22 of Title 12. This does not apply to medications that are self-administered by and in the possession of the resident.

Any medication container which has a detached, excessively soiled or damaged label, must be returned to the issuing pharmacy for relabeling or disposed of appropriately.

Storage --- All medications are stored in a manner that ensures the safety of the residents.

Central location. Medication which is kept in a central location, including refrigerators, is kept under lock and is stored in separate or compartmentalized packages, containers, or shelves, for each resident in order to prevent intermingling of medication. Residents do not have access to medication which is kept in a central location.



POLICIES AND PROCEDURES

Refrigeration. Medications which require refrigeration are stored separately in locked containers in the refrigerator. If medication is stored in a refrigerator dedicated to that purpose, and the refrigerator is in a locked room, then the medications do not need to be stored in locked containers.

Bulk Quantities. Prescription and over-the-counter medication will not be kept in stock or bulk quantities, unless such medication is administered by a licensed medical practitioner.

Administration of Medications and Treatment

Qualified Medication Administration Staff. Qualified medication administration staff members may administer or assist the resident in administration of medication.

Medication Administration Record --- For residents whose medications are monitored or administered by the facility staff, a current record will be maintained of the resident's medications including name of drug, dosage, route of administration of medication and directions for administration of medication.

The administration of medication must be documented at the time of administration.

The administration of controlled medications must be recorded on the resident's MAR (medication administration record) and on the appropriate narcotic count sheet.

Written Orders --- The facility will only administer medications upon the written order of a licensed physician or other authorized practitioner.

If the facility assists the resident with the administration of one or more medications and the resident also self-administers the same or other medication, the written order must specify that such self-administration is authorized.

Telephone Orders --- Only a licensed nurse may accept telephone orders for medication from a physician or other authorized practitioner. All telephone orders must be evidenced by a written and signed order within fourteen (14) days and documented in resident's record and the facility's medical administration record.

Compliance with Physician Orders --- This applies to medications and treatment which do not conflict with state law and regulations pertaining to assisted living residences and which are within the scope of services provided by the facility, as outlined in the resident agreement or the house rules.



POLICIES AND PROCEDURES

The facility is responsible for complying with physician orders, associated with the administration of medication or treatment, unless the resident self-administers such medication or treatment.

The facility has implemented a system that:

- Obtains clarification from the physician, as necessary and documents that the physician: has been asked whether refusal of the medication or treatment should result in physician notification.
 - Has been notified, where such notification is appropriate.
 - Documentation of such notification must be made in the medication administration record or in the progress notes.
- Coordinates care with external providers or accepts responsibility to perform the care using facility staff.
- Trains staff regarding the parameters of the ordered care as appropriate. Documents delivery of the care, including refusal by the resident of the medication or treatment.

Drugs Used to Affect or Modify Behavior

Any drugs used to affect or modify behavior, including psychotropic drugs may not be administered by unlicensed persons as a "PRN" or "as needed" medication, except: in those residential treatment facilities which are licensed to provide services for the mentally ill, or where a resident understands the purpose of the medication, is capable of requesting the drug of his or her own volition and the facility has documentation from a licensed medical professional that the use of such drug in this manner is appropriate.

Donated Medications

This facility does not participate in the program that involves the donation of medications from one resident to another.



POLICIES AND PROCEDURES

Medications / Medication Administration

Residents are not required to surrender their right to possess or self-administer their personal medication except as otherwise specified in the care plan.

Residents are required to take their medications as prescribed.

Residents are required to provide their own medications in the proper containers at their own expense.

The assisted living residence does not stock prescription or non-prescription medications.

Upon discharge, transfer, or death of a resident, personal medications are released to the resident or to a responsible party indicated by the resident. When medications are released to the responsible party, the responsible party and the resident must sign the appropriate release form.

Medications that can no longer be used because they are older than the expiration date and prescription and over the counter medications that no longer have a current physician's order may be destroyed or disposed of if the resident and/or his or her responsible party consent to this procedure and sign the necessary consent form.

Residents are not allowed to take another resident's medication nor are they allowed to give their medication to another resident.

Both prescription and non-prescription (over-the-counter), must be administered only by qualified medication administration staff members and only on written order of a licensed physician or other authorized practitioner.

Medication administration orders must be kept current.

The facility will only administer medications upon the written order of a licensed physician or other authorized practitioner.

If the facility assists the resident with the administration of one or more medications and the resident also self-administers the same or other medication, the written order must specify that such self-administration is authorized.

Only authorized personnel are permitted access to medication storage areas.



POLICIES AND PROCEDURES

Personnel assist the resident in administration only if they are qualified by education and training to do so.

Facility personnel that are assigned medication administration tasks must successfully complete a state approved medication administration class and must pass the required competency test. A copy of the certificate of completion of this training is maintained in the qualified medication administration staff member's personnel file at all times.

All QMAPS (Qualified Medication Administration Personnel) must sign a disclosure statement stating that s/he has never had a professional license to practice, nursing, pharmacy or medicine revoked in any state for reasons related to administration of medications. This disclosure statement is maintained in the employee's personnel file at all times.

All newly hired qualified medication administration staff persons (QMAPS) receive on-the-job training and supervision related to assisted living residence policies, procedures, and practices until the Administrator (The Director of Resident Services) or his or her designee is assured that they can accurately and safely carry out medication administration responsibilities.

All training is documented, written policies and procedures are available, and the QMAPS are to be closely supervised by the Facility Administrator (The Resident Services Director) or his or her designee. Initial and on-going supervision is documented in personnel files according to facility policies.

All (QMAPS) who are assigned to assist in medication administration must agree to follow all necessary guidelines as required by federal and state regulations.

A copy of the assisted living residence's medication policies is available at all times for review by all on-duty personnel.

Medication errors and untoward drug reactions must be immediately reported to the attending physician and to the Administrator (The Director of Resident Services) or his or her designee. The error or untoward reaction must be charted in detail in the resident record and on an incident report.

If a staff member is unfamiliar with the pharmacology of a drug, a PDR "physician's desk reference" (or its equivalent) is available for convenient drug reference. The pharmacist may also be contacted to provide additional drug information as needed.

Problems, needs, and/or concerns facility personnel have regarding resident medications must be referred to and/or discussed with the Facility Administrator (The Resident Services Director) or his or her designee and with the resident's physician.



POLICIES AND PROCEDURES

Guidelines for Administration of Medications:

- Upon admission to the assisted living residence, each resident acknowledges that s/he is required to take their medications as prescribed.

All medications are supervised and must be locked within approved medication cabinet(s). (*See House Rules.*)

- Both prescription and non-prescription (over-the-counter) medications must be administered only by qualified medication administration staff (QMAPS) members and only on written order of a licensed physician or other authorized practitioner.

Personnel assist the resident in administration only if they are qualified by education and training to do so.

A copy of certification/licensure is maintained in the individual's personnel file and is available for review at all times.

- Medication administration orders must be kept current.

Medication orders are summarized monthly.

All medication orders must be submitted to the assisted living residence by fax, mail, or hand carried to the appropriate individual(s).

Order changes are transcribed to the "summary of current medications form" and/or to the "medication administration form" by personnel as indicated.

Only licensed nurses may accept telephone orders for medication from a physician or other authorized practitioner.

All telephone orders for medications received from a physician or other authorized practitioner must be evidenced by a written signed order within 14 days and documented in the resident's record.

- Prescription medications must be labeled, according to regulations, by registered pharmacists.

Non-prescription medications must be labeled with the resident's full name by personnel.

Medications with specific expiration dates may not be administered after that date.

Prescription medications may not be transferred from one labeled container to another labeled container by assisted living residence personnel. According to regulations, only registered pharmacists may transfer prescription medications



POLICIES AND PROCEDURES

from one bottle to another bottle.

- Medications are kept in a central location.

Residents and others do not have access to medications.

Medications which require refrigeration are stored separately in locked containers in the refrigerator. If medication is stored in a refrigerator dedicated to that purpose, and the refrigerator is in a locked room, then the medications do not need to be stored in locked containers.

The assisted living residence does not stock prescription or non-prescription medications.

When Administering Medication to Residents, The Following Procedures Must Be Followed:

- The resident's name and (1) the medication name, (2) the dosage, (3) the amount, (4) route, and (5) time (interval) must be read from the medication administration record and/or the current physician's orders.
- The label on each medication bottle must be read no less than three times.
 - When the bottle is taken from the container (cupboard).
 - Before "pouring" the medication.
 - When the bottle is put back into the container in the cupboard.

If the medication is marked with a "signal" label, reference is made to the medication administration record (most recent physician's order) and the medication is given according to the instructions on the medication administration record.

Medication labels may only be changed by a pharmacist.

To Assure Accuracy, the Qualified Medication Administration Staff Member Must Cross Check The Following Reference Points:

- The physician's order/medication administration record
- The medication administration record/the label on the drug container.
- The label on the drug container/physician's order



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- Medications must be given at the time ordered.

As an additional courtesy (reminder) for residents, residents who were not present during the scheduled medication administration times will be reminded that they need to take their medications.

Medication at routine times during the day or at the time ordered (or within 30 minutes before or after) the time designated by the physician or practitioner.

Medications are routinely given at the following times:			
Time	Time	Time	Time
Morning	Afternoon	Evening	Bedtime
Breakfast	Lunch	Supper	Bedtime
<i>7 am – 9 am</i>	<i>11 am – 1 pm</i>	<i>4 pm – 6 pm</i>	<i>9 pm – 11 pm</i>

- The individual administering the medication to the resident must remain with the resident until the medication is taken by the resident.
- Medications “poured” or “put up” by one individual may not be administered by another individual.
- Medication must be charted according to facility policy.

When the medication is placed in the med cup, a very small dot or x is made in the appropriate dated section.

Immediately after the medication has been administered, the appropriate dated section must be initialed.

If a resident refuses to take a medication, the QMAPS initials must be circled, the reason for the refusal must be indicated, and the physician must be notified.

- When charting the administration of prn medications, the QMAP must record the details of administration including the resident’s symptoms, drug, method, route, time, and effect of the medication.



POLICIES AND PROCEDURES

- If a resident has a physician's order stating that s/he may take his or her medications with him or her when s/he is "out on pass", personnel will place the meds in the appropriate labeled container(s). The resident must sign to indicate that (1) s/he is taking all necessary medications with him or her and that (2) s/he takes responsibility for the medications that s/he has taken with him or her.
- Residents who choose to routinely administer their own medications must demonstrate that they understand the reasons for taking each of their medications, that they are familiar with the most common side effects, and that they understand how and when to take them.

They must agree to keep their medications in the appropriate locked storage container and they must agree not to give their medications to other residents.

Residents who choose to administer their own medications agree that facility personnel may monitor their self-administration practices and will, if necessary, bring concerns regarding misuse or inappropriate use to the attention of the responsible party indicated by the resident, the attending physician, the registered pharmacist, and/or other outside agents or agencies.

- Psychotropic drugs may not be administered by unlicensed persons as a "prn" or "as needed" medication. Psychotropic medications may be administered as needed upon the specific request of a resident. The resident must know what the medication is used for and must be able to request it.
- Qualified medication administration staff members (QMAPS) may assist residents with administration of oxygen if trained in such administration. (Only licensed nurses may accept telephone orders for this therapy from a physician or other authorized practitioner.)
- If medication administration errors or discrepancies occur, the error or discrepancy (occurrence) must be described in detail in the resident record and on an incident report.

Appropriate action must be taken to correct the error and this action must also be recorded on the incident report.

Medication errors must be immediately brought to the attention of the Facility Administrator (The Director of Resident Services) and/or his or her designee.

The error/incident must be reported to the resident's family (responsible party) and the attending physician. Notification must be documented on the report and in the resident record.



POLICIES AND PROCEDURES

This assisted living residence has also developed the following policies, procedures, and practices that address medication administration:

Controlled Medications / Narcotics

Schedule II medications and narcotics (controlled medications) must be kept in a separate locked box within the medication cart (medication storage area).

An inventory of all controlled medications must be completed at the end / beginning of every shift. The on-coming shift must count with the off-going shift.

Every dose of controlled medications administered to residents must be signed out on the controlled drug record for that medication for that resident. Every dose of controlled medications administered to residents must be documented on the Medication Administration Record (MAR).

Extra controlled medications, discontinued controlled drugs, and controlled drugs for residents who no longer reside in the facility must be kept in the designated locked storage area.

Receiving Controlled Medications:

- The medication package must be inspected. The medication must be counted. Discrepancies must be reported to the Facility Administrator (The Resident Services Director) and/or his or her designee.
- The appropriate form(s) must be completed. (See attached)
- The controlled medication must be placed in the locked storage area.

Change of Shift Narcotic Count:

- The inventory must be completed with the on-coming and the off-going shift jointly.
- The on-coming shift inspects each package and determines the amount of medications remaining in the container.
- The off-going shift verifies the number of medications remaining as listed on the controlled drug record.
- Discrepancies must be reported to the Facility Administrator (The Director of Resident Services) and/or his or her designee.



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If discrepancies are noted the off-going staff member must ---

- Check the controlled drug record for entries of all medications administered.
- Check the MAR for documentation that the medication was given.
- Search the med cart and the surrounding area for any missing medications,
- Call the Administrator (The Resident Services Director) and/or his or her designee and report the discrepancy.
- The narcotic count sheet may not be signed and the med cart keys may not be transferred until the discrepancy is resolved.



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Drug Destruction / Disposal of Medications

The federal government has issued guidelines for properly disposing of unused, unneeded, or expired drugs.

The Department of Health and Human Services and the Environmental Protection Agency jointly released guidelines which are designed to reduce the diversion of prescription drugs while also protecting the environment.

The appropriate form(s) must be completed. (See attached)

Procedure:

1. Take unused, unneeded, or expired drugs out of their original container.

Remove, alter, or obliterate information on prescription labels so that the information cannot be read.

Place the pills or liquid in impermeable nondescript containers, such as empty cans, plastic containers (milk, soda, or water bottles, or sealable bags.

Mix liquid medications with an undesirable substance, such as coffee grounds or kitty litter.

Add rubbing alcohol and kitty litter or coffee grounds to pills and tablets.

Place inhalers intact into a plastic beverage container with other medications, rubbing alcohol, and kitty litter or coffee grounds. (Attempting to discharge the medication can result in inadvertent exposure.)

Wearing gloves cut up transdermal patches before placing them into a plastic container with rubbing alcohol and kitty litter or coffee grounds.

Melt suppositories in a microwave oven on low before mixing with kitty litter or coffee grounds.

2. Dispose of the altered medication with household garbage or biomedical waste.
3. Drugs may only be flushed down the toilet if accompanying patient information specifically instructs that it is safe to do so.
4. Unused, unneeded, or expired drugs may also be taken to "Pharmaceutical



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take-back locations” that allow the public to bring unused drugs to a central location for safe disposal.

Medical Marijuana Registry Program

This facility does not admit or retain residents that participate in the Medical Marijuana Registry Program.

If you choose to participate in the Medical Marijuana Registry Program insert your policies & procedures here.



POLICIES AND PROCEDURES

Ordering Medications

The facility receives routine medication refills from the pharmacy on a regularly schedule basis every month.

Routine medications for residents who do not choose to use this pharmacy will be reordered when deleted to a supple of two weeks. A notation must be made on the appropriate form indicating that medications were ordered.

Medications not received after one week after the order was placed must be followed up by a call to the pharmacy or family. A notation must be made indicating who was notified and his or her response.

If medications are not received within 2 days after the pharmacy or family was notified, the Facility Administrator (The Director of Resident Services) or his or her designee must be notified.

Reorder of Routine Medications	
Pharmacy	Instructions

New medication orders received by fax, brought to the facility by a resident after a visit to a physician, or ordered by a physician or authorized practitioner following an on-site visit in the facility will be faxed to the pharmacy or given to the family to have filled at the pharmacy of their choice.

The new order must be transcribed to the MAR according to facility policies and procedures.



POLICIES AND PROCEDURES

Self-Administration of Medications

The facility will only administer medications upon the written order of a licensed physician or other authorized practitioner. If a resident chooses to administer his or her medications, an assessment must be completed and a physician's order is required.

Residents who choose to administer their own medications to keep their medications in the appropriate locked storage container and they must agree not to give their medications to other residents.

Residents who choose to administer their own medications agree that facility personnel may monitor their self-administration practices and will, if necessary, bring concerns regarding misuse or inappropriate use to the attention of the responsible party indicated by the resident, the attending physician, the registered pharmacist, and/or other outside agents or agencies.

Residents have a right to self administer their own medication unless it has been determined that based on an individual resident's cognitive, physical, and/or visual status, it would be unsafe for the resident to do so.

The specific program, actions, interventions, recommendations, and progress are recorded in the resident's record.

If the facility assists the resident with the administration of one or more medications and the resident also self-administers the same or other medication, the written order must specify that such self-administration is authorized.

If the resident self-administers controlled medications, s/he must agree to keep the controlled medications stored under double lock.

Procedure:

1. On admission each resident is asked whether s/he wishes to have facility personnel administer his or her medications.

If the resident chooses to have assistance, facility personnel will assume the responsibility of administering medications per facility policy.

2. If the resident chooses to self-administer his or her medications, the resident's cognitive, physical, and visual abilities to safely self-administer his/her own medications is assessed using an assessment tool.

A physician's (practitioners) order must be obtained



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Residents who have indicated a desire to self-administer medications will be reviewed at least annually and/or when a significant change in the resident's condition has been noted.

All of the resident's medications must be stored in the appropriate locked storage container(s).

The specific program, actions, interventions, recommendations, and progress must be recorded in the resident's record.



POLICIES AND PROCEDURES

Transcription Of Monthly Medication & Treatment Orders

All medication administration records, treatment administration records, and care plans must be cross checked by a caregiver to determine whether or not they are accurate and complete. Current orders must then be recorded on the appropriate “summary form”.

To assure accuracy, the caregiver must cross check the following reference points:

- The physician’s order(s) which include the previous month’s physician’s orders and all telephone orders received this month.
- The medication administration record, the treatment administration record, and the care plan.

If discrepancies are noted the order(s) must be clarified with the Administrator (The Resident Services Director) and/or his or her designee, the pharmacist, the physician, and/or other appropriate service providers as indicated.



POLICIES AND PROCEDURES

Transcription Of Physician's Orders

1. All orders must be transcribed (recorded) on all necessary forms, requisitions, etc.

(Example: diet, activity, and other orders or order changes are recorded on the care plan. The order change must also be recorded on other appropriate forms.)

(Example: the prescription order must be faxed (delivered) to the pharmacy, the new order or a copy of the order must be placed in the resident record, the new order must be recorded on the current med sheet (MAR), the order change must be recorded on the change of shift report log, if indicated, etc.)

Medication labels may only be changed by a pharmacist.

If the newest physician's order does not match the current medication label on medication the bottle (container), a "signal" must be made on the label. This serves to alert QMAPS that reference should be made to the medication administration record (most recent physician's order) and the med is administered according to the instructions on the medication administration record (MAR).

2. As each order is transcribed, a check mark is made next to it to indicate that transcription is complete.

The new order is written on the next available box area on the MAR

A line is drawn to the start date. The date squares that the medication has not been given are "yellowed out" with a highlighter.

3. When the caregiver is sure that all orders have been transcribed properly, the orders are bracketed and signed by the caregiver. The date and the time of the transcription is also recorded.
4. If questions or concerns arise regarding physician's orders, they must be directed to the Administrator (The Director of Resident Services) and/or his or her designee, to the pharmacist, to the physician, and/or other appropriate service providers as indicated.
5. When a physician or authorized practitioner discontinues a medication, this order is transcribed onto the medication administration Record.

D/C, the date, and the initials of the individual transcribing the order are noted on the MAR. The discontinued medication and the instructions are yellowed out using a



POLICIES AND PROCEDURES

highlighter and the remaining empty date squares are yellowed out for the month. The initialed squares are NOT highlighted or yellowed out.



POLICIES AND PROCEDURES

Meetings

Regularly scheduled meetings are held for the purposes of discussing ways to improve care and services for residents and to discuss resident and staff problems, needs, and/or concerns.

When personnel are required to attend and participate in a mandatory meeting, the meeting is posted as “mandatory”. All employees are held responsible for the information presented in the meeting. Employees will be paid for attending “mandatory” meetings.

Attendance at “mandatory” programs is not a consideration of employment but individual evaluations will reflect poor attendance.

It is the responsibility of the administrator to coordinate, conduct, and/or participate in all meetings.

Minutes and attendance records of all meetings are kept by the administrator.



POLICIES AND PROCEDURES

Menu Planning

At least three nutritionally balanced meals in adequate portions, using a variety of foods from the basic four food groups will be made available, either directly or indirectly through provider agreement, at regular times daily.

In the event the meal provided is unpalatable, a substitute will be provided.

Between meal snacks of nourishing quality will be available.

Menus will vary daily and will be adjusted for seasonal changes and holidays.

Weekly menus will be available for review by residents in advance of the day of preparation.

Residents will be encouraged to participate in planning of meals and in making suggestions as to menus and the assisted living residence will make reasonable efforts to accommodate such suggestions.

You may wish to insert
Your menu plans here.



POLICIES AND PROCEDURES

Microwave Ovens

Microwave ovens are considered “warming devices”. Microwave ovens are used in the assisted living residence as follows:

PAY SOURCE	ACF	PRIVATE PAY ONLY
HCBS MEDICAID	Studio & One Bedroom: Microwave Only No Other Small Appliances	N/A
PRIVATE PAY	Studio: Microwave One Bedroom: Microwave Small Appliances	Studio: Microwave One Bedroom: Microwave Small Appliances

CDPH&E and HCP&F 9/30/01

This assisted living residence assesses the ability of residents to safely use a microwave oven at the time of admission and every 6 months thereafter and/or when there is a significant change in the resident's condition.



POLICIES AND PROCEDURES

Mileage Reimbursement

An employee may claim reimbursement for authorized business travel in excess of his/her normal commuting distance to and from the assisted living residence.



POLICIES AND PROCEDURES

Missing Persons

Residents are required to check-in and check-out when they temporarily leave the assisted living residence.

When a resident is presumed missing from the assisted living residence, appropriate actions are taken to locate the resident.

Any time that a resident of the facility cannot be located following a search of the facility, the facility grounds, and the area surrounding the facility and there are circumstances that place the resident's health, safety or welfare at risk, or regardless of whether such circumstances exist, the resident has been missing for eight hours, Assisted Living Residences are required to reported this occurrence to the resident's responsible party, to the police, to the facility administrator, to the resident's physician, to other health care professionals, if indicated, and to the Colorado Department of Public Health and Environment.

Procedure:

1. All on-duty personnel must be notified.
2. All rooms, common areas, bathrooms, the grounds, and the immediate neighborhood must be searched.
3. If the resident is not found, the following actions must be taken.
 - The police (911) must be called and a report must be filed.
A picture of the resident may be given to the police officer, if indicated.
 - The administrator must be notified.
 - The resident's family/responsible party must be notified.
 - The attending physician / practitioner must be notified.
 - The resident's case manager(s) must be notified.
 - If the resident is being followed by a psychiatrist, psychologist, and/or a mental health center, the appropriate individual or agency must also be notified.
 - An incident report must be filed out.



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- The incident must be documented in the resident's record.
- The administrator and/or his or her designee will report the occurrence to CDPH&E / HFEMSD via web portal.

All occurrences must to be reported to HFEMSD by the next business day.

[See Occurrence Reporting Manual]



POLICIES AND PROCEDURES

Nail Care / Assisting The Resident With Nail Care

Residents who require assistance and/or supervision to maintain ADL and grooming skills will be evaluated and a plan will be provided which addresses these skills.

Procedure: Care Of The Finger Nails

1. Finger nails should be groomed by filing.
2. The cuticle should be gently pushed back after washing the hands.
3. A blunt instrument should be used to clean under the nails.
4. Hands should be moisturized with cream or lotion to prevent drying and cracking.

The hands should be massaged in the direction of venous return (toward the heart).

Procedure: Care Of The Toe Nails

1. Toe nails should be groomed by filing.
2. A blunt instrument should be used to clean under the nails.
3. The feet should be moisturized with cream or lotion to prevent drying and cracking.

The feet should be massaged in the direction of venous return (toward the heart).



POLICIES AND PROCEDURES

Nursing Care / Nursing Services

This assisted living residence provides, either directly or indirectly through a provider agreement, the following: a physically safe and sanitary environment; room and board; personal services; protective oversight; and social care, sufficient to meet the needs of the residents it serves.

Individuals who need medical or nursing services, on a twenty-four hour basis will not be admitted to this facility

The facility agrees to admit and provide services to those persons whose needs can be met by the programs within the facility or in conjunction with agencies, individuals, and others with which the facility has written contracts and/or agreements.

When a resident must receive nursing services not available at the facility, s/he may receive these additional services from an outside agent or agency or s/he may be transported to or transferred to the appropriate health care provider.

Residents may receive nursing services upon physician's order.

The resident and/or his or her family must make arrangements for the resident to receive home health care or other necessary services and are responsible for all fees for services.

To assure continuity of care, medical and social-emotional information will be provided to the appropriate health care provider. Medical and social-emotional information must also be provided to the facility by the health care provider.



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Occupational Therapy

(Nursing care, therapies, and/or other health care services are not provided by the assisted living residence)

Residents may receive occupational therapy upon physician's order.

The resident and/or his or her family must make arrangements for the resident to receive occupational therapy and are responsible for all fees for services.

The assisted living residence will assist the resident and/or his or her family in obtaining the services of an occupational therapist upon request.

To assure continuity of care, medical and social emotional information will be provided to the appropriate health care provider.

To maintain continuity of care, the resident's attending physician will be notified regarding all health care treatments provided.

All orders received from outside providers must be reviewed and approved by the resident's attending physician.

All orders received from outside providers must be reviewed with the administrator and all appropriate personnel.

Occupational therapy must be provided by a
Licensed Occupational Therapist.



POLICIES AND PROCEDURES

Oral Care / Oral Hygiene

[Assisting Residents with Oral Care]

Oral care is given before breakfast and at bed time and at other times as desired by a resident.

When a resident is ill, oral care should be done every 2 hours to refresh the resident and to maintain moist mucous membranes.

Procedure:

1. When a resident is able to do his or her own oral care, place all necessary articles where they can be conveniently used.
2. When a resident requires assistance, carefully brush the teeth with a tooth brush and dentifrice. Apply lubricant to the lips as necessary.



POLICIES AND PROCEDURES

Organizational Chart

The above chart indicates the lines of responsibility to be followed within the assisted living residence.



POLICIES AND PROCEDURES

Orientation Of New Employees/Volunteers

All new employees/volunteers are required to participate in the orientation process.

All new employees/volunteers must be supervised and assisted until they can safely assume the responsibilities defined in their job descriptions.

Written materials, skill inventories, and evaluations are provided to assure a smooth transition and maximum understanding of each employee's/volunteer's responsibilities.

Job specific orientation is coordinated and/or conducted by the administrator and/or his or her designee.

The administrator is responsible for completion of the skill inventory of each new employee.

The orientation process and all orientation materials must be completed by the end of the orientation period.



POLICIES AND PROCEDURES

OSHA Regulations / Requirements

To assure safe and healthful working conditions for assisted living residence personnel, this facility has addressed and abides by OSHA regulations and/or requirements.

The job safety and health protection poster is posted in a conspicuous place where notices to employees are customarily posted.

Personnel receive instruction and training regarding occupational safety and health standards.

The assisted living residence has developed and implemented policies, procedures and practices which address the following OSHA standards:

- [1] Recordkeeping guidelines for occupational injuries & illnesses
 - Employee exposure & medical record standard
- [2] Accident prevention
 - Electrical wiring design & protection
 - Lock out / tag out
- [3] Exposure to bloodborne pathogens
- [4] Emergency action plans (emergency response) (emergency care/first aid) (emergency plans and procedures) (safety and risk management)
- [5] Ergonomics (resident care)
- [6] Hazard communication
 - Asbestos containing materials (ACM)
- [7] Tuberculosis (TB)
- [8] Violence in the workplace



POLICIES AND PROCEDURES

Oxygen CO 1.107 (5)

Residents may administer oxygen and staff members who are trained to do so may assist with the administration as needed, when prescribed by a physician.

Only licensed nurses may accept telephone orders for this therapy from a physician or other authorized practitioner.

General information:

Oxygen tanks are secured upright at all times to prevent falling over and secured in a manner to prevent tanks from being dropped or from striking violently against each other.

Tank valves are closed except when in use.

Transferring oxygen from one container to another is conducted in a well-ventilated room with the door shut.

Transfer is conducted by a trained staff member or by the resident for whom the oxygen is being transferred, if the resident is capable of performing this task safely.

When the transfer is being conducted, no resident, except for a resident conducting such transfer, will be present in the room.

Tanks and other oxygen containers are not exposed to electrical sparks, cigarettes or open flames.

Tanks are not placed against electrical panels or live electrical cords where the cylinder can become part of an electric circuit.

Handling:

Tanks are not be rolled on their side or dragged.

Smoking is prohibited in rooms where oxygen is used. Rooms in which oxygen is used are posted with a conspicuous "No Smoking" sign.



POLICIES AND PROCEDURES

Storage:

Smoking is prohibited in rooms where oxygen is stored and such rooms are posted with a conspicuous "No Smoking" sign.

Tanks are not stored near radiators or other heat sources.

If stored outdoors, tanks are protected from weather extremes and damp ground to prevent corrosion.



POLICIES AND PROCEDURES

Pain Management

Personal care of residents at this facility includes pain management.

Pain is defined as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

Pain may also be defined as an individual’s unpleasant sensory or emotional experience.

Acute pain involves abrupt onset or escalation. Chronic pain is persistent or recurrent. Pain is a highly subjective, personal experience for which there are no consistent objective biological markers.

Despite the best efforts of facility staff, pain is common in the assisted living setting.

Although disorders that can cause chronic pain are more common with increasing age, pain itself is not a normal part of aging.

Pain Management includes “the assessment of pain and the treatment of pain in order to assure the needs of residents who experience problems with pain are met”.

Pain Rating Scales may be used to assess and measure the intensity of pain.

Based on information gathered during the assessment process, resident's needs are identified and specific interventions to alleviate (lessen) pain are identified and implemented.

Treatment of pain may include but are not limited to the following:

Physical Therapies

- Chiropractic treatments
- Cutaneous stimulation (eg, superficial heat or cold, massage therapy, etc)
- Exercise
- Magnet therapy
- Neurostimulation (eg, acupuncture, transcutaneous electrical nerve stimulation)
- Physical and occupational therapy
- Positioning (eg, braces, splints, wedges)



POLICIES AND PROCEDURES

Nonphysical Therapies

- Alternative medicine (eg, herbal therapy, naturopathic & homeopathic remedies)
- Aromatherapy
- Biofeedback
- Cognitive/behavioral therapy
- Hypnosis
- Meditation, other relaxation techniques
- Music, art, drama therapy
- Peer support groups
- Psychological counseling
- Spiritual counseling

Medications

Around-the-clock doses of medication (Tylenol®, for example) may be more effective than waiting for pain to return and then taking another dose of the medication to control it.

Other medications are more appropriately taken “as needed” when pain returns.

Older persons are more sensitive to medications, both the helpful effects and the side effects.

An important principle of prescribing pain medication for older persons is to “start low and go slow.” This means health care providers will usually start residents on a lower dose and proceed to a higher dose as needed to control pain.

Sometimes, combining low doses of more than one medication will be more helpful than a higher dose of just one medication. It may help to avoid side effects associated with higher doses.

The resident’s health care provider depends on the resident and facility personnel to tell him or her whether the resident’s pain is controlled. If pain is not controlled, the health care provider will be able to make the appropriate adjustments. Even if pain cannot be eliminated, it can be controlled. No one should be expected to live with uncontrolled pain.

Source: AMDA / American Medical Director’s Association, Pain Management in ALFs, 6/2005

Examples of commonly prescribed pain medications are as follows:

- Acetaminophen (Tylenol®)
- Antidepressants (nortriptyline [Pamelor®], desipramine [Norpramin®])
- Antiarrhythmics (mexiletine [Mexitil®])
- COX-2 inhibitors (celecoxib [Celebrex®])



POLICIES AND PROCEDURES

- Corticosteroids (prednisone)
- Neuropathic Pain agents (previously called “adjuvants” or classified as “anti-convulsants” and “SNRIs”) carbamazepine [Tegretol®], gabapentin [Neurontin®], pregabalin [Lyrica®], duloxetine [Cymbalta®])
- Nonsteroidal anti-inflammatory drugs (NSAIDs) (ibuprofen Motrin®), naproxen (Naprosyn®)
- Opioids (also known as narcotics – hydrocodone plus acetaminophen [Vicodin®], oxycodone plus acetaminophen [Percocet®])
- Others (local anesthetics – lidocaine [Lidoderm®], topical agents such as capsaicin [Zostrix®]), muscle relaxants – baclofen [Lioresal®])

Source: The AGS Foundation for Health in Aging, An Older Adult's Guide to Safe Use of Pain Medications, 7/2011



POLICIES AND PROCEDURES

Pass Orders / Pass Privileges / Out On Pass

Residents are required to check-in and check-out when they leave the assisted living residence on pass.

Any time that a resident of the facility cannot be located following a search of the facility, the facility grounds, and the area surrounding the facility and there are circumstances that place the resident's health, safety or welfare at risk, or regardless of whether such circumstances exist, the resident has been missing for eight hours, Assisted Living Residences are required to reported this occurrence to the resident's responsible party, to the police, to the facility administrator, to the resident's physician, to other health care professionals, if indicated, and to the Colorado Department of Public Health and Environment.

In some cases, residents must have a physician's order for pass privileges and/or for pass privileges with medications. (See the resident's individualized care plan and/or physician's / practitioner's orders for instructions.)

Residents who are out on pass assume responsibility for their own actions, conduct, and safety.

Any changes in health care status and/or other concerns regarding pass privileges must be documented in the resident's record.

If a resident has a physician's order stating that s/he may take his or her medications with him or her when s/he is "out on pass", personnel will place the meds in the appropriate labeled container(s). The resident must sign to indicate that (1) s/he is taking all necessary medications with him or her and that (2) s/he takes responsibility for the medications that s/he has taken with him or her.

Residents who leave the assisted living residence without notifying facility personnel, or leave the facility against professional advice, are considered to be absent without leave (AWOL) and/or voluntarily discharged.

Residents who are absent without leave (AWOL) and/or voluntarily discharged assume responsibility for their own actions, conduct, and safety.

[Also See "Missing Persons"]



POLICIES AND PROCEDURES

You may want to insert a copy
of your forms here.



POLICIES AND PROCEDURES

Personal Appliances

1.104

Personal appliances shall be allowed in resident bedrooms only under the following circumstances:

- Such appliances are not used for cooking;
- Such appliances do not require use of an extension cord or multiple use electrical sockets;
- Such appliance is in good repair as evaluated by the administrator or his or her designee.

Appliances may need to be evaluated by maintenance personnel and/or a qualified electrical or mechanical service technician.

Written documentation of the evaluation must be submitted to the administrator before the appliance is used in the facility.

- Such appliance is used by a resident who the administrator believes to be capable of appropriate and safe use. The facility will document the assessment in the resident record.

Electric blanket/Heating pad: In no event shall a heating pad or electric blankets be used in a resident room.



POLICIES AND PROCEDURES

Personal Care / Resident Care

[Ability To Meet The Needs Of Residents]
[Services Provided]

This assisted living residence provides, either directly or indirectly through a provider agreement, the following:

A physically safe and sanitary environment; room and board; personal services; protective oversight; social care, and regular supervision sufficient to meet the needs of the residents it serves.

"Personal services" means those services which the administrator and employees of an assisted living residence provide for each resident, including, but not limited to:

- an environment that is sanitary and safe from physical harm;
- individualized social supervision;
- assistance with transportation whether by providing transportation or assisting in making arrangements for the resident to obtain transportation;
and
- assistance with activities of daily living.

"Protective oversight" means guidance of a resident as required by the needs of the resident or as reasonably requested by the resident including the following:

- being aware of a resident's general whereabouts, although the resident may travel independently in the community; and
- monitoring the activities of the resident while on the premises to ensure the resident's health, safety, and well-being, including monitoring the resident's needs and ensuring that the resident receives the services and care necessary to protect the resident's health, safety, and well-being.

"Social care" means the organization, planning, coordination, and conducting of a resident's activity program in conjunction with the resident's care plan.

Provision of care is documented in the resident record.

This assisted living residence agrees to admit and provide services to those persons whose needs can be met by the programs within the assisted living residence or in conjunction with agencies, individuals, and others with which the assisted living residence has written contracts and/or agreements.



POLICIES AND PROCEDURES

Personal Property

Personal property belonging to residents is protected to the greatest extent possible.

All clothing and other personal items must be clearly labeled with the resident's name.

The assisted living residence is not responsible for money, jewelry, and other items of value kept in resident rooms. The assisted living residence recommends that valuable items be sent home with family members for safe keeping.

Residents are permitted to have their own radios and televisions. However, the assisted living residence reserves the right to prohibit the use of any electrical equipment that is determined to be a safety hazard. All radios, televisions, and stereos must be turned down by 9:00 p.m. Residents are asked to be considerate of others at all times as to volume level and program selection.

*Residents and their responsible party are notified
regarding this policy upon admission
to the assisted living residence.*



POLICIES AND PROCEDURES

Personal Protective Equipment

Wearing gloves, gowns, and eye protections can significantly reduce health risks for workers exposed to blood and other potentially infectious materials.

This assisted living residence provides the appropriate personal protective equipment for employees.

Personal protective equipment must be used whenever the risk of occupational exposure to infectious materials is present after instituting engineering and other work practice controls.

Personal protective clothing and equipment must be suitable. This means the level of protection must fit the expected exposure.

Staff must wash their hands before and after working with residents and before and after using personal protective equipment.

Disposable gloves must be worn when handling items soiled with blood or body fluids, mucous membranes, or non-intact skin of all residents, or handling items or surfaces soiled with blood or body fluids and for performing venipuncture and other vascular access procedures.

Gloves must be changed after contact with each resident.

Gowns, masks, protective eyewear or face shields are not necessary except during procedures that are likely to generate droplets or splashes of blood and other body fluids. Hands must be washed thoroughly and immediately if they accidentally become contaminated with blood or other body fluids.

If it appears that resuscitation may be indicated, mouth pieces, resuscitation bags or ventilation tubes must be readily at hand in the area so that mouth-to-mouth resuscitation is minimized or eliminated.

Employees must remove personal protective clothing and equipment before leaving the work area or when the personal protective equipment becomes contaminated.

Used personal protective clothing and equipment must be placed in designated containers for storage, decontamination, or disposal.



POLICIES AND PROCEDURES

Hands must always be washed after removing personal protective equipment. If soap and water is not immediately available, other handwashing materials must be provided.

If an employee's skin or mucous membranes come into contact with blood, s/he is to wash with soap and water or flush mucous membranes with water as soon as feasible after removing protective equipment.

Employees must refrain from eating, drinking, smoking, applying cosmetics, and handling contact lenses in areas where they may be exposed to blood or other potentially infectious materials.



POLICIES AND PROCEDURES

Personal Services

This assisted living residence provides, either directly or indirectly through a provider agreement, the following:

A physically safe and sanitary environment; room and board; personal services; protective oversight; and social care, sufficient to meet the needs of the residents it serves.

"Personal services" means those services which the administrator and employees of an assisted living residence provide for each resident, including, but not limited to:

- an environment that is sanitary and safe from physical harm;
- individualized social supervision;
- assistance with transportation whether by providing transportation or
- assisting in making arrangements for the resident to obtain transportation;
- and
- assistance with activities of daily living.

"Activities of daily living" include but are not limited to the following:

- Assisting resident or providing reminders for the following:
 - bathing, shaving, dental hygiene, caring for hair;
 - dressing;
 - eating;
 - getting in or out of bed.
- Making available, either directly or indirectly through the resident agreement, at least the following:
 - meals;
 - laundry;
 - cleaning of all common areas, bedrooms, and bathrooms;

 - managing money, as necessary and by agreement;
 - making telephone calls;
 - arranging appointments and schedules;
 - shopping;
 - writing letters;
 - recreational and leisure activities.



POLICIES AND PROCEDURES

Personnel / Employee Health

1.104 (3) [Employee Health Program]

To promote the health and safety of all employees and to safeguard the health and safety of residents, this facility has implemented an employee health program.

Physical/mental impairment: Any person who is physically or mentally unable to adequately and safely perform duties that are essential functions, may not be approved as a licensee, or employed as staff member, or used as a volunteer.

Alcohol or substance abuse: The facility MAY NOT employ any person or use a volunteer who is under the influence of a controlled substance, as defined in C.R.S. Sections 18-18-203, 18-18-204, 18-18-205, 18-18-206, and 18-18-207, or who is under the influence of alcohol in the worksite. This does not apply to employees or volunteers using controlled substances under the direction of a physician, and in accordance with their health care provider's instructions.

Communicable diseases: All staff and volunteers shall be free of communicable disease that can be readily transmitted in the workplace. (See Attached List)

All employees and volunteers who have direct personal contact with residents are required to complete a health history and/or to have a physical examination during the application process.

All employees and volunteers who have direct personal contact with residents must have a tuberculin (TB) skin test prior to contact with residents, if the employee has a history of a positive skin reaction, evidence of a chest x-ray and other appropriate follow-up shall be required in accordance with community standards of practice.

The facility makes Hepatitis B Vaccine available for staff that has direct personal contact with resident. The vaccine and all evaluations and follow-up are available at no cost to employees.

Employees and volunteers who decline the vaccination, must sign a declination form. The employee may request and obtain the vaccination at a later date if s/he continues to have exposure to blood and other potentially infectious materials.



POLICIES AND PROCEDURES

Employees and volunteers who feel ill while on duty must report to the facility administrator.

Employees with skin infections, upper respiratory infections, or other infections may be referred to their personal physician to the appropriate health care provider for clearance for work.



POLICIES AND PROCEDURES

To Report a case please contact:

Colorado Department of Public Health & Environment
4300 Cherry Creek Drive South
Denver, CO 80246
Phone: 303-692-2700
Toll Free Phone: 1-800-866-2759
Confidential Fax: 303-782-0338
Toll Free Fax: 1-800-811-7263
Evening/weekend hours: 303-370-9395



Colorado Department
of Public Health
and Environment

Effective April 2010

COLORADO BOARD OF HEALTH CONDITIONS REPORTABLE BY ALL PHYSICIANS AND HEALTH CARE PROVIDERS IN COLORADO

(Infection in Colorado residents ascertained out-of-state should also be reported.)
The list below applies to physicians and health care providers. Laboratories have separate reporting requirements. A case must be reported to the state or local health department following diagnosis within the timeframe indicated.

The State Health Department recommends reporting all suspected cases, whether or not supporting laboratory data are available.

24-Hour Reportables		
Animal Bites by dogs, cats, bats, skunks or other wild carnivores	Haemophilus influenzae (invasive disease)	SARS (Coronavirus)
Anthrax (Bacillus anthracis)	Hepatitis A (Anti-HAV IGM)	Smallpox
Botulism (Clostridium botulinum)	Human Rabies - suspected	Syphilis, early (1°, 2°, early latent) (Treponema pallidum)
Cholera (Vibrio cholerae)	Measles (Rubeola)	Tuberculosis (active disease)
Diphtheria (Corynebacterium diphtheriae)	Neisseria meningitidis (invasive disease)	Typhoid Fever (Salmonella typhi)
Group Outbreaks – known or suspected of all types including foodborne, waterborne or other illness	Pertussis (Bordetella pertussis)	
	Plague (Yersinia pestis)	
	Poliomyelitis	
	Rubella	

7-Day Reportables		
AIDS and HIV infection	Hemolytic uremic syndrome if ≤ 18 yrs	Q Fever (Coxiella burnetii)
Aseptic / viral meningitis	Hepatitis B	Relapsing Fever (Borrelia sp.)
Brucellosis	Hepatitis C	Rocky Mountain Spotted Fever
Campylobacteriosis	Hepatitis, other viral	Rubella, congenital
Chancroid (Haemophilus ducreyi)	Influenza – associated hospitalization	Salmonellosis
Chlamydia trachomatis	Influenza – associated death ≤ 18 yrs	Shigellosis
Cryptosporidiosis	Kawasaki Syndrome	+TB skin test in workers exposed to active disease
Cyclospora	Legionellosis	Tetanus
Escherichia coli 0157:H7 & shiga toxin-producing E.coli	Leprosy (Hansen's Disease)	Toxic Shock syndrome
Encephalitis	Listeriosis	Trichinosis
Giardiasis	Lyme Disease (Borelia burgdorferi)	Transmissible spongiform encephalopathy
Gonorrhea, any site	Lymphogranuloma venereum	Tularemia (Francisella tularensis)
Hantavirus	Malaria (Plasmodium species)	Varicella (Chicken pox)
	Mumps	
	Psittacosis (Chlamydia psittaci)	

Immediate reporting by phone is required of any illness suspected to be caused by Biological, Chemical, or Radiologic Terrorism

All reports should include:

1. Name of disease or condition
2. Patient's name
3. Patient's date of birth, sex, race and ethnicity
4. Patient's home address and phone
5. Physician's name, address and phone
6. Lab info – test name, collection date and specimen type

Disease Report Forms can be downloaded from:

<http://10.1.0.60/dc/reportable.html>

Please fax completed Disease Report Form to 303-782-0338



POLICIES AND PROCEDURES

Personnel Files CO 1.104 (3)

This Assisted Living Facility maintains personnel files for staff members as well as for volunteers performing personal services and protective oversight under the auspices of the facility. Personnel files are available onsite.

Personnel Files include the following documentation required in Chapter VII:

- Training;
- TB testing, if applicable;
- Background checks;
- Date of hire;
- If a Qualified Medication Administration Person (QMAP), also:
 - A copy of the certificate of completion of the medication training course required by these regulations for QMAPs,
and
 - For those QMAPs filling medication reminder boxes, a signed disclosure that they have not had a professional medical, nursing, or pharmacy license revoked.

Only the administrator and/or his or her designee may have access to personnel files.

Employees may request to review their personnel files by contacting the administrator.

Personnel files contain the following information:



POLICIES AND PROCEDURES

Employee / Personnel **Forms**

- Cover Sheet
- Application
- Criminal Background Check
- Health Information Questionnaire
Or Physical Exam If Indicated
- Interview / Phone Reference Check
- Reference Request Form
- Reference From Previous Employee
Or Character Reference
- TB Testing Record Prior To Resident
Contact
- HBV Vaccination Information
- Orientation Anecdotal Note
- Orientation & Skill Inventory Check Lists
- Payroll Forms
- Anecdotal Notes
- Counseling Forms
- Education / Training Attendance Forms
- Evaluation Forms
- TB Testing Records (Annual Testing)
- Resignation Form
- Summary Evaluation



POLICIES AND PROCEDURES

8.495.6.F. In compliance with ACF regulation the facility maintains the personnel records/files:

Personnel files for all staff and volunteers include:

Name, home address, phone number and date of hire.

The job description, chain of supervision and performance evaluation(s)

For staff with direct resident contact, including food handlers, evidence of pre-hire and annual tuberculin (TB) testing or chest x-ray, where appropriate.

The facility ensures that its staff has a clear understanding of all regulations pertaining to the facility's licensure and certification by the State of Colorado.



POLICIES AND PROCEDURES

Personnel Policies

The assisted living residence has written personnel policies, job descriptions, and rules that prescribe the conditions of employment, management of employees, and the quality and quantity of resident care to be given.

Personnel policies are reviewed with new employees during the orientation process and employees are required to sign a form indicating that they have reviewed this material.

[See Personnel Handbook]



POLICIES AND PROCEDURES

Pets / Pet Visits / Pet Therapy

At the discretion of the administrator, personal pets are permitted in the assisted living residence.

All residents who have personal pets must follow all health department requests concerning their pets.

Residents, who wish to have their pets visit them, may make arrangements with the administrator and these scheduled visits will become part of their care plan.

Visits by pets owned by residents or family members will be considered on an individual basis.

Residents who have scheduled pet visits must provide evidence that the animal is fully immunized and under the care of a licensed veterinarian.

Animal visitation services (pet therapy programs) are scheduled at intervals. The organization / individual sponsoring the visit must provide evidence that the animals are fully immunized and under the care of a licensed veterinarian.

Animals will not be allowed in treatment areas, in food preparation areas, or in the dining room during meal service.

All animal bites must be reported to the local health department.



POLICIES AND PROCEDURES

Philosophy And Objectives

[Services Provided]

This assisted living residence has been constructed and staffed to provide services beyond that which is available to individuals in their own homes.

This assisted living residence provides, either directly or indirectly through provider agreements, the following: a physically safe and sanitary environment; room and board; personal services; protective oversight; and social care to meet the needs of residents.

This facility meets the standards outlined in federal state, county and local regulations and is licensed as a residential care facility.

This assisted living facility strives to provide personal care for residents and to provide residents with opportunities for continuing life experiences.

Objectives:

1. To provide an integrated model of care which includes a physically safe and sanitary environment; room and board; personal services; protective oversight; and social care to meet the needs of the residents we serve.
2. To develop and implement creative and innovative programs which provide residents with opportunities for continuing life experiences.
3. To coordinate the programs, services, and activities of the assisted living residence in order to meet each resident's physical, emotional, social, and spiritual needs.
4. To motivate personnel to upgrade their knowledge and skills through the process of continuing education.
5. To maintain high standards through meetings, conferences, audits, monitors, and other quality assurance (quality management) activities.



POLICIES AND PROCEDURES

Physical Plant, Furnishings, Equipment and Supplies

CO 1.112

Compliance with State and Local Laws/Codes. Facilities shall be in compliance with all applicable: Local zoning, housing, fire and sanitary codes and ordinances of the city or county where the facility is situated to the extent that such codes are consistent with the federal "Fair Housing Amendment Act of 1988", as amended, 42 U.S.C., sec. 3601, et seq.

State and local plumbing laws and regulations. Plumbing shall be maintained in good repair, free of the possibility of backflow and backsiphonage, through the use of vacuum breakers and fixed air gaps, in accordance with state and local codes.

Sewage disposal requirements. Sewage shall be discharged into a public sewer system or disposed of in a manner approved by the local health department, or local laws if no local health department exists, and the Colorado Water Quality Control Commission.

Common Areas

Common areas sufficient to reasonably accommodate all residents shall be provided.

All common areas and dining areas shall be accessible to residents utilizing an auxiliary aid without requiring transfer from a wheelchair to walker or from a wheelchair to a regular chair for use in dining area. All doors to those rooms requiring access be at least 32 inches wide.

A minimum of two entryways shall be provided for access and egress from the building by residents utilizing a wheelchair if the facility is occupied by one or more residents utilizing a wheelchair.

Bedrooms and Occupancy Ratios

Bedroom Assignment. No resident shall be assigned to any room other than a regularly designated bedroom.

Occupancy Ratios. No more than two (2) residents shall occupy a bedroom.

Square Footage Requirements. Bedrooms have at least 100 square feet for single occupancy and 60 square feet per person for double occupancy bedrooms. Bathroom areas and closets are not included in the determination of square footage.

Storage Space. Each resident shall have storage facilities adequate for clothing and personal articles such as a closet.

Windows. Each bedroom has at least one window of eight (8) square feet. The window is maintained in good working order.



POLICIES AND PROCEDURES

Furnishings and Supplies. Bedrooms include but are not limited to the following:

- a comfortable, standard-sized bed equipped with a comfortable, clean mattress, mattress protector and pad, and pillow.
- a standard-sized chair in good condition.
- a towel rack.

Bathrooms

The facility provides at least one full bathroom for every six (6) residents. (A full bathroom shall consist of at least the following fixtures: toilet, handwashing sink, toilet paper dispenser, mirror, tub or shower, and towel rack.)

Bathroom Accessibility. There is a bathroom on each floor having resident bedrooms. This bathroom is accessible without requiring access through an adjacent bedroom.

Residents using auxiliary aids. In any facility which is occupied by one or more residents utilizing an auxiliary aid, the facility shall provide at least one full bathroom as defined herein with fixtures positioned so as to be fully accessible to any resident utilizing an auxiliary aid.
Fixtures

Non-skid surfaces. Bathtubs and shower floors have non-skid surfaces.

Grab bars. Grab bars are properly installed at each tub and shower, and adjacent to each toilet as indicated by the needs of the resident population.

Toilet seats. Toilet seats are constructed of non-absorbent material and are free of cracks.

Supplies. The use of common personal care articles, including soap and towels, is prohibited.

Toilet paper. Toilet paper in a dispenser is available at all times in each bathroom of the facility.

Liquid soap and paper towels. Liquid soap and paper towels are available at all times in the common bathrooms of the facility.



POLICIES AND PROCEDURES

Physical Therapy

(Nursing care, therapies, and/or other health care services are not provided by the assisted living residence)

Residents may receive physical therapy upon physician's order.

The resident and/or his or her family must make arrangements for the resident to receive physical therapy and are responsible for all fees for services.

The assisted living residence will assist the resident and/or his or her family in obtaining the services of a physical therapist upon request.

To assure continuity of care, medical and social emotional information will be provided to the appropriate health care provider.

To maintain continuity of care, the resident's attending physician will be notified regarding all health care treatments provided.

All orders received from outside providers must be reviewed and approved by the resident's attending physician.

All orders received from outside providers must be reviewed with the administrator and all appropriate personnel.

Physical therapy must be provided by qualified registered/certified personnel.



POLICIES AND PROCEDURES

Physician's Assessment

This assisted living residence may require that a resident see his or her physician when one or more of the following changes or concerns have occurred:

- Prior to admission to alleviate concerns or doubts regarding whether or not a resident has one or more conditions that would preclude his or her admission to the assisted living residence
- When the resident has had an accident/injury that could adversely affect his or her health status.
- When there has been a significant change in an individual resident's condition.
- If the resident has developed or been exposed to a communicable disease (infectious disease).
- When there is evidence of possible infection (open sores, etc.)
- When there is concern that a resident has developed a condition or conditions that would preclude admission to the assisted living residence.
- When there is concern that the facility can no longer meet the resident's identifiable needs.

Procedure:

1. An appointment will be made by the resident and/or his or her responsible party with the appropriate health care provider. (The assisted living residence will help with this process as indicated.)
2. A physician's office/health care contact form will be initiated and will be placed in the front of the resident's record.
3. Arrangements for transportation will be made by the resident and/or his or her responsible party and will be recorded on the form where indicated. (The assisted living residence will help with this process as indicated.)



POLICIES AND PROCEDURES

4. When the resident is transported for the health care appointment, the physician's office/health care contact form and a physician's order and progress form will be sent in a sealed envelope with the resident.

Podiatry Care

(Nursing care, therapies, and/or other health care services are not provided by the assisted living residence)

Residents may receive podiatry care upon physician's order.

The resident and/or his or her family must make arrangements for the resident to receive podiatry care and are responsible for all fees for services.

The assisted living residence will assist the resident and/or his or her family in obtaining the services of a podiatrist upon request.

To assure continuity of care, medical and social emotional information will be provided to the appropriate health care provider.

To maintain continuity of care, the resident's attending physician will be notified regarding all health care treatments provided.

All orders received from outside providers must be reviewed and approved by the resident's attending physician.

All orders received from outside providers must be reviewed with the administrator and all appropriate assisted living residence personnel.

Podiatry Care Must Be Provided By A Licensed Podiatrist.



POLICIES AND PROCEDURES

Policy And Procedure Manuals

The assisted living residence has written policies and procedures that govern resident care and services.

All policies and procedures are approved by the governing board and the administrator.

All policies and procedures are revised and updated as needed and are reviewed at least annually.

*[Attach A List Of Assisted Living Residence's
Policy And Procedure Manuals Here]*



POLICIES AND PROCEDURES

Pool And Private Duty Personnel

The assisted living residence is ultimately responsible for the care and treatment of all residents who are assigned to pool and private duty personnel.

Pool and private duty personnel are required to follow all assisted living residence policies and procedures.

The administrator will coordinate, supervise, and evaluate the activities of pool and private duty personnel.



POLICIES AND PROCEDURES

Probation

All employees are considered to be in a probationary status for their first four months of employment/reemployment.

An employee, who transfers from one department or area to a position in another department or area within the assisted living residence, is also considered as probationary for three months.



POLICIES AND PROCEDURES

Protective Oversight

This assisted living residence provides, either directly or indirectly through a provider agreement, the following:

A physically safe and sanitary environment; room and board; personal services; protective oversight; and social care, sufficient to meet the needs of the residents it serves.

“Protective oversight” means guidance of a resident as required by the needs of the resident or as reasonably requested by the resident including the following:

- being aware of a resident's general whereabouts, although the resident may travel independently in the community; and
- monitoring the activities of the resident while on the premises to ensure the resident's health, safety, and well-being, including monitoring the resident's needs and ensuring that the resident receives the services and care necessary to protect the resident's health, safety, and well-being.

Provision of care is documented in the resident record.



POLICIES AND PROCEDURES

Quality Assurance / Quality Improvement Quality Management

To assure that a safe, sanitary, healthy environment is provided for residents, staff, and others and to assure that resident care is delivered in a safe, efficient, cost effective manner, this assisted living residence has developed and implemented a quality assurance program.

The quality assurance program is designed to identify, document, evaluate, monitor, and correct problems and/or potential problems.

The program is designed to comply with state and federal quality management regulations.



POLICIES AND PROCEDURES

Quality Assurance Studies

(QA, QI, QM Audits, Assessments, Evaluations, Monitors, and/or Studies)

Each work area within the assisted living residence is responsible for evaluating the quality of care rendered within the assisted living residence.

Audits, checklists, studies, and other self-appraisals at intervals to assure that standards are achieved and/or maintained.

When problems, needs, and/or concerns are identified, corrective action(s) are designed and implemented to correct these problems, needs, and/or concerns.

Once corrective action(s) have been implemented, re-evaluation and follow-up must be done to determine whether or not the problems, needs, and/or concerns have been alleviated.

All quality assurance studies conducted within the assisted living residence are submitted to the administrator.

Copies of all reports, work sheets, and other data are kept in a manner ensuring strict confidentiality.



POLICIES AND PROCEDURES

Reality Orientation

When a resident has difficulty and becomes confused about time, place, and/or person, s/he may require assistance orienting him or herself to situations and tasks.

Guidelines For Orienting Confused Residents:

- Approach the confused person calmly in a manner which conveys acceptance, respect, and understanding.
- Touch with your eyes. Maintain direct eye contact.
- Speak in a clear, low, warm, calm voice.
- Gently orient the resident to person, place, and time.

“Good morning, Mrs. Jones, it’s me Nancy”

“I’m going to help you get up now.”

“It’s 7 o’clock and you need to be in the dining room for breakfast by 7:45.”

“Here’s your walker, let me help you to the bathroom.”

“It’s a beautiful Tuesday morning.”

“When i came to work this morning it was snowing.”

“We are having beautiful winter weather this December.”

- Encourage the resident to keep as active and as self-sufficient as possible. Avoid doing those things that the resident can do independently.

Assist the resident with activities of daily living as needed. Anticipate when help will be needed but at the same time encourage self care.



POLICIES AND PROCEDURES

Records, Reports, And Statistical Information

All forms and operational documents must be approved by the administrator and/or his or her designee.

Operational documents and records are maintained by the administrator within the assisted living residence according to established guidelines.



POLICIES AND PROCEDURES

Reference Materials

The assisted living residence provides current reference materials related to the care that is provided by the assisted living residence.

This material is made available to all personnel.



POLICIES AND PROCEDURES

Religion

The assisted living residence imposes no religious restrictions upon its residents.

Residents who wish to do so may attend religious services of their choice.

Personnel will comply with the resident's request to see their clergyman and privacy will be provided during visits.



POLICIES AND PROCEDURES

Resident Agreement(s)

1.105 (2)

A written agreement is executed between the facility and the resident or the resident's legal representative at the time of admission. The parties may amend the agreement provided such amendment is evidenced by the written consent of both parties. No agreement shall be construed to relieve the facility of any requirement or obligation imposed by law or regulation.

Content The written agreement shall specify the understanding between the parties regarding, at a minimum the following:

- charges, refunds and deposit policies;
- services included in the rates and charges, including optional services for which there will be an additional, specified charge;
- types of services provided by the facility, those services which are not provided, and those which the facility will assist the resident in obtaining;
- the amount of any fee to hold a place for the resident in the facility while the resident is absent from the facility and the circumstances under which it will be charged;
- transportation services; .
- therapeutic diets;
- whether the facility or the resident will be responsible for providing bed and bath linens, as outlined in Section 110 (3)(a) or furnishings and supplies, as outlined in Section 112(3)(f); and
- a provision that if the facility closes without giving residents thirty days notice of such closure, that security deposits shall be reimbursed.



POLICIES AND PROCEDURES

Addenda (Acknowledgements) The written agreement shall have as addenda:

- the care plan outlining functional capability and needs
- house rules

Disclosures There is written evidence that the following have been disclosed, upon admission unless otherwise specified, to the resident or the resident's legal representative, as appropriate: the facility policies and procedures listed under Section 1.104

- the method for determining staffing levels based on resident needs; and the extent to which certified or licensed health care professionals are available onsite.
- types of daily activities, including examples of such activities, that will be provided for the residents.
- whether or not the facility has automatic fire sprinkler systems.
- if the facility uses restrictive egress alert devices, the types of individuals exhibited by persons that need such devices.



POLICIES AND PROCEDURES

Resident Funds / Properties

1.105 (3) Management Of Resident Funds / Properties

The assisted living residence is not responsible for handling a resident's financial affairs and shall not be requested to hold or keep personal monies or valuables for a resident.

1.105 (3) Management Of Resident Funds / Property

Management of Resident Funds/Property. An Assisted Living Residence may enter into a written agreement with the resident or resident's legal representative for the management of a resident's funds or property. However, there is no requirement for the facility to handle resident funds or property.

Written Agreement. A resident or the resident's legal representative may authorize the owner to handle the resident's personal funds or property. Such authorization must be in writing and witnessed. The agreement must specify the financial management services to be performed.

Fiduciary Responsibility. In the event that a written agreement for financial management services is entered into, the facility must exercise fiduciary responsibility for these funds and property, including, but not limited to, maintaining any funds over the amount of five hundred dollars (\$500) in an interest bearing account, separate from the general operating fund of the facility, which interest must accrue to the resident.

Surety Bond. Facilities which accept responsibility for residents' personal funds must post a surety bond in an amount sufficient to protect the residents' personal funds.

Accounting A running account, dated and in ink, must be maintained of all financial transactions. There must be at least a quarterly accounting provided to the resident or legal representative itemizing in writing all transactions including at least the following: the date on which any money was received from or disbursed to the resident; any and all deductions for room and board and other expenses; any advancements to the resident; and the balance. An account must begin with the date of the first handling of the personal funds of the resident and must be kept on file for at least three years following termination of the resident's stay in the facility. Such record must be available for inspection by the appropriate agencies and/or individuals.

Receipts. Residents must receive a receipt for and sign to acknowledge disbursed funds.



POLICIES AND PROCEDURES

Resident Record

1.105 (5)

A confidential record is maintained for each resident. Records are dated and legibly recorded in ink or in electronic format.

Resident records contain demographical and medical information. The record contains at least, but is not limited to, the following:

- Face sheet. The face sheet contains the following information
 - resident's full name, including maiden name if applicable; resident's sex, date of birth, marital status and social security number, where needed for medicaid or employment purposes;
 - date of admission;
 - name, address and telephone number of relatives or legal representative(s) , or other person to be notified in an emergency;
 - name, address and telephone number of resident's primary physician, and case manager if applicable;
 - an indication of religious preference, if any, for use in emergency;
 - resident's diagnoses, at the time of admission;
 - current record of the resident's allergies.
- Progress notes of any significant change in physical, behavioral, cognitive and functional condition and action taken by staff to address the resident's changing needs;
- Medication administration record (MAR);
- Documentation of on-going services provided by external services providers, such as physical therapy and home health services;
- Advance directives, if applicable;
- Physician's orders;
- The resident agreement;
- The care plan, as that term is defined herein;
- Resident's most recent former address of residence.



POLICIES AND PROCEDURES

Who May Access Resident Records. Records must be available for inspection by and release to:

- the resident or the resident's legal representative, if so authorized ,
- the resident's attorney of record;
- the state or local Long Term Care ombudsman with the permission of the resident and in accordance with Section 25-1-801, C.R.S.;
- the Colorado Department of Health and
- those otherwise authorized by law.

Resident Record Storage and Retention Records are maintained and stored in such a manner as to be protected from loss, damage or unauthorized use.

Records are maintained in the facility or in a central administrative location readily available to facility staff and the department. Records necessary to respond to the current care needs of the resident are maintained onsite at the facility.

Records for discharged residents must be complete and must be maintained for a period of three years following the termination of the resident's stay in the facility.

Confidentiality. The confidentiality of the resident record including all medical, psychological and sociological information is protected at all times, in accordance with all applicable state and federal laws and regulations.

*Resident Records Are Maintained
In The Following Order.*



POLICIES AND PROCEDURES

ACF / ASSISTED LIVING RESIDENCE

Resident Record Forms

CHART ORDER

- Information / Face Sheet

Advance Directives

Agreements & Acknowledgements

- Provider Agreement
- Right To Formulate Advance Directives
- *CPR Directive*
- Fire Plan / Evacuation Plan
- Grievance Procedure
- House Rules
- Medication Administration Agreement
- Resident Rights
- Roommate Agreement Form
- Continuity Of Care Agreement
- Out On Pass Or Leaving Against Advice
- Confidentiality Of Information (Release Of Information)
- Disclosure Forms

Assessments

- Admission/Preadmission Assessment
- Update Of Original Assessment
- Hearing Handicap Index
- Medication Self-Administration
- Microwave Users Checklist
- Mini-Mental Exam

Care Plan

Orders

- Admission Orders
- Drs. Office Visit / Health Care Contacts
- Summary Of Current Orders
- *Medical Evaluation*

Medication Records

- Medication Administration Agreement(s)
- Summary Of Current Medications Form
- Medication Administration Records
- Disposal / Release Of Medications Form
- Medication Pass Release Form
- Counted / Controlled Drug Form(s)
- Medication Incident Report Form(s)
- Medication Order Form(s)

Progress Notes

- Progress / Anecdotal Notes
- Accident / Incident Report
- Activities Attendance Record
- Complaint Form
- Leaving (Going Out On Pass) Against Professional Advice
- Personal Care Flow Sheet
- Transfer Form

Miscellaneous

- (Lab Data)
- Pre-Admission Check List

External Services (Optional)



POLICIES AND PROCEDURES

Documentation / Charting Guidelines

Resident records are maintained to provide accurate and complete information about the care and treatment of residents.

Charting is a method of communication in all matters related to resident care.

Assessments, plans, interventions, and evaluations will be documented for each resident from admission through discharge.

An admission assessment and a care plan are completed on all residents who are admitted to this assisted living residence.

The assessment and the care plan will include a description (in lay terminology) of the functional capabilities of an individual, the individual's need for personal assistance, and the services to be provided by the assisted living residence in order to meet the individual's needs.

The care plan shall be reviewed and updated at least yearly or more frequently, if necessary, to note significant changes in the resident's physical, mental, or social condition or needs.

The resident may request additional services or request a modification of the care plan any time.

The confidential resident record must also include anecdotal notes regarding any accidents, injuries, illnesses or incidents of violent behavior towards self or others occurring after admission to the assisted living residence and current physician's orders.

ACF 8.495.2.B. Potential clients are assessed by a team which includes the client and his/her family and/or guardian, the facility administrator or appointed representative, Single Entry Point (SEP) case manager, as appropriate case managers and other care givers, to determine that the Assisted Living Residence is an appropriate community setting that will meet the resident's choice and need for independence and community integration.

The assessment is conducted prior to admission, annually and whenever there is a significant change in physical, medical or mental condition or behavior. The assessment documents that the facility is able to support the client and their needs.

The assessment documents physical, cognitive, behavioral and social care needs.

8.495.6.F. In compliance with ACF regulations the facility maintains resident records/files.

Client/resident records/files include all requirements identified in Colorado regulations.



POLICIES AND PROCEDURES

General Charting Guidelines

All entries must be neat, legible, and in black ink.

No erasing will be allowed in charts. Errors must be corrected by a single line through the mistake, writing the word “error”, ‘delete’, or “omit” above it and recording the date and initials of the person correcting the error. Only approved abbreviations and symbols will be used.

Lines will not be skipped and blank spaces will not be left in charts. A line will be drawn through the empty space at the end of an entry.

All entries will include date and time. AM or PM must be indicated.

All entries must include the signature and title of the individual making the entry.

The residents’ name and number (record number) must appear on every page.

Late entries must be recorded with the current date and time; “late entry for”; (date and time of occurrence); the appropriate documentation; and the signature and title of the individual making the entry.



POLICIES AND PROCEDURES

Transcription Of Physician's Orders

1. All orders must be transcribed (recorded) on all necessary forms, requisitions, etc.

(example: the prescription order must be faxed (delivered) to the pharmacy, the new order or a copy of the order must be placed in the resident record, the new order must be recorded on the current med sheet (MAR), the order change must be recorded on the communication log, if indicated, etc.)

2. As each order is transcribed, a check mark is made next to it to indicate that transcription is complete.
3. When the caregiver is sure that all orders have been transcribed properly, the orders are bracketed and signed by the caregiver. The date and the time of the transcription is also recorded.
4. If questions or concerns arise regarding physician's orders, they must be directed to the administrator, to the pharmacist, to the physician, and/or other appropriate service providers as indicated.



POLICIES AND PROCEDURES

Transcription Of Monthly Medication And Treatment Orders

All medication administration records, treatment administration records, and care plans must be cross checked by a caregiver to determine whether or not they are accurate and complete. Current orders must then be recorded on the appropriate “summary form”.

To assure accuracy, the caregiver must cross check the following reference points:

- The physician’s order(s) which include the previous month’s physician’s orders and all telephone orders received this month
- The medication administration record, the treatment administration record, and the care plan

If discrepancies are noted the order(s) must be clarified with the administrator, the pharmacist, the physician, and/or other appropriate service providers as indicated.



POLICIES AND PROCEDURES

Medication Administration Record

For residents whose medications are monitored or administered by the facility staff, a current record must be maintained of the resident's medications including name of drug, dosage, route of administration of medication and directions for administration of medication.

The administration of medication must be documented at the time of administration.

Written Orders

The facility will only administer medications upon the written order of a licensed physician or other authorized practitioner.

If the facility assists the resident with the administration of one or more medications and the resident also self-administers the same or other medication, the written order must specify that such self-administration is authorized.

Compliance With Physician Orders

The facility is responsible for complying with physician orders, associated with the administration of medication or treatment, unless the resident self-administers such medication or treatment.

This facility (1) obtains clarification from the physician as necessary and documents that the physician: has been asked whether refusal of the medication or treatment should result in physician notification. (2) where such notification is appropriate, documentation of such notification is made in the medication administration record or in the progress notes.

This facility coordinates care with external providers or accepts responsibility to perform all necessary care using facility staff.

This facility trains staff regarding the parameters of the ordered care as appropriate.

Facility personnel document delivery of the care, including refusal by the resident of the medication or treatment.



POLICIES AND PROCEDURES

Transcription Of Monthly Medication And Treatment Orders

All medication administration records, treatment administration records, and care plans must be cross checked by a caregiver to determine whether or not they are accurate and complete. Current orders must then be recorded on the appropriate “summary form”.

To Assure Accuracy, The Caregiver Must Cross
Check The Following Reference Points:

- the physician’s order(s) which include the previous month’s physician’s orders and all telephone orders received this month
- the medication administration record, the treatment administration record, and the care plan

If discrepancies are noted the order(s) must be clarified with the administrator, the pharmacist, the physician, and/or other appropriate service providers as indicated.



POLICIES AND PROCEDURES

Resident Rights

CO 1.106 (1)

This assisted living residence observes resident rights in the care, treatment, and supervision of the residents it serves.

Copies of resident rights are posted in various locations throughout the residence.

Each resident and/or guardian is given a copy of these rights upon admission to the assisted living residence.

Resident rights are reviewed with all new employees during the orientation period. A statement acknowledging that new employees will abide by and adhere to resident rights is signed by all personnel during the orientation process.

Employees are required to attend in-service education programs which include instruction and information regarding resident rights, resident responsibilities, and the grievance procedures.

It is the responsibility of every new staff member to uphold the rights of each resident in this assisted living residence and to encourage residents to exercise their rights.



POLICIES AND PROCEDURES

Resident Rights CO 1.106

- A. The right to be treated with respect and dignity.
- B. The right to privacy.
- C. The right not to be isolated or kept apart from other residents.
- D. The right not to be sexually, verbally, physically or emotionally abused, humiliated, intimidated, or punished.
- E. The right to be free from neglect.
- F. The right to live free from involuntary confinement, or financial exploitation and to be free from physical or chemical restraints as defined within these regulations except as other-wise provided in Section 27-10-101, et seq. C.R.S. for those facilities which are licensed to provide services specifically for the mentally ill.
- G. The right to full use of the facility common areas, in compliance with the documented house rules.
- H. The right to voice grievances and recommend changes in policies and services.
- I. The right to communicate privately including but not limited to communicating by mail or telephone with anyone.
- J. The right to reasonable use of the telephone, in accordance with house rules, which includes access to operator assistance for placing collect telephone calls. at least one telephone accessible to residents utilizing an auxiliary aid shall be available if the facility is occupied by one or more residents utilizing such an aid.
- K. The right to have visitors, in accordance with house rules, including the right to privacy during such visits.
- L. The right to make visits outside the facility in which case the administrator and the resident shall share responsibility for communicating with respect to scheduling.
- M. The right to make decisions and choices regarding their care and treatment, in the management of personal affairs, funds, and property in accordance with their abilities.



POLICIES AND PROCEDURES

- N. The right to expect the cooperation of the facility in achieving the maximum degree of benefit from those services which are made available by the facility.
- O. The right to exercise choice in attending and participating in religious activities.
- P. The right to be reimbursed at an appropriate rate for work performed on the premises for the benefit of the administrator, staff, or other residents, in accordance with the resident's care plan.
- Q. The right to 30 days written notice of changes in services provided by the facility, including but not limited to changes in charges for any or all services. Exceptions to this notice are:
 - 1. changes in the resident's medical acuity that result in a documented decline in condition and that constitute an increase in care necessary to protect the health and safety of the resident; and
 - 2. requests by the resident or the family for additional services to be added to the care plan.
- R. The right to have advocates, including members of community organizations whose purposes include rendering assistance to the residents.
- S. The right to wear clothing of choice unless otherwise indicated in the resident's care plan and in accordance with reasonable house rules.
- T. The right to choose to participate in social activities, in accordance with the care plan.
- U. The right to receive services in accordance with the resident agreement and the care plan.



POLICIES AND PROCEDURES

Resident Rooms / Resident Roommates

8.495.4 Residents are allowed to decorate and use personal furnishings in their bedrooms in accordance with house rules while maintaining a safe and sanitary environment at all times.

If requested by the client, the facility will provide bedroom furnishings, including but not limited to a bed, bed and bath linens, a lamp, chair and dresser and a way to secure personal articles.

As documented in the admission assessment, the facility will accommodate roommate choices within reason.

Residents and their roommates determined capable to control access to private personal quarters, shall be allowed to lock their doors and control access to their quarters.

8495.6 The facility is maintained in a home-like quality and feel for all residents at all times.

The facility provides a private area where clients in shared bedrooms may have visitors.

**If Indicated, Describe The Arrangements Necessary
To Provide A “Private Area” Here.**



POLICIES AND PROCEDURES

Restraints

It is the policy of this assisted living residence to allow the greatest freedom of movement and the least restrictive environment while providing both safety and security for residents.

Restraints will not be used in this assisted living residence.

Persons who require the use of physical restraints are not eligible for admission to this assisted living residence.



POLICIES AND PROCEDURES

Restrictive Egress Alert Devices / Alert Devices

At this time, this Assisted Living Residence does not use alert devices.

If it is necessary to use these devices, the facility will develop and implement policies and procedures that address state and federal regulations and the standard of practice.

POLICIES AND PROCEDURES

1.104(5) **Restrictive Egress Alert Devices**

If restrictive egress alert devices are being used within the facility the following policies will be implemented:

- How the device will be used to protect the resident from elopement, including but not limited to, which door alarms will be triggered by the device.
- Evidence in the resident's record that the facility has:
 - Established the legal authority by guardianship, court order, medical durable power of attorney, health care proxy, or other means allowed by Colorado law, for the use of such device;
 - Conducted an assessment, prior to use, that evaluates the appropriateness of the device and reassessment(s) within 3 calendar days of a significant change in the resident's condition that warrants intervention or different care needs.

The assessment and reassessment shall include written findings and their basis. The assessment and reassessment(s) shall be completed by a qualified professional, such as the resident's physician, a social worker, physician's assistant or nurse practitioner. If the qualified professional is a member of the facility staff or has been hired by the facility to conduct the evaluation, the qualified professional shall consult with the resident's physician or other independent person qualified to review the care needs of the resident.

- How the facility will respond to prevent elopement when an alarm is triggered, including but not limited to:
 - The system that will be used to alert staff regarding which door(s) have been breached;
 - The staff member(s) responsible for responding to the alarm and for conducting the behavior management intervention; and
- How staff will continue providing protective oversight for other residents while the behavior management intervention, such as redirection, is taking place.
- How the facility will provide access to a secure outdoor area, consistent with Section 108 (9)(c) (i) and (ii).
- Monthly testing to ensure that the devices are functioning properly and written evidence of such testing.



POLICIES AND PROCEDURES

Room Search / Possessions Search

To protect the health, safety, and well-being of residents, staff and others, the assisted living residence may conduct room and/or possession searches.

Room / possession searches may be conducted by personnel only for the following reasons:

- When there is reason to believe that a resident has illegal drugs in his or her possession.
- When there is reason to believe that the resident has illegal/harmful items or substances in his or her possession, (i.e., weapons, illegal drugs, and/or other contraband.)
- When there is reason to believe that a resident has the missing or stolen belongings of others in his or her possession.
- For other reasons, as deemed appropriate by the resident's physician and/or guardian.

Procedure:

1. All events leading up to and including the room/possessions search must be documented in the resident's record and on an incident report.
2. Whenever possible, the administrator, the on-duty caregiver, the resident, and/or the resident's guardian (responsible party) must agree to the search.
3. Residents must be instructed regarding the need for the search and s/he must be informed that s/he may be present during the search procedure.

The resident's guardian/responsible party may also elect to be present for the search procedure.

If a resident chooses not to be present or his or her behavior interferes with the orderly implementation of this procedure, this must be recorded on the incident report and in the resident record.



POLICIES AND PROCEDURES

4. The search procedure must be carried out in an efficient, respectful, professional manner. Care must be taken not to damage, harm, or disturb the resident's personal property.
5. The search procedure must be recorded in the resident record, on the incident report, and on the 24 hour report form.
6. If the resident/guardian refuses to consent to the search, the appropriate agency, agencies, and/or the police department must be notified and a complaint must be filed so that they can take further action.



POLICIES AND PROCEDURES

Safety And Risk Management Program

To assure that a safe environment is provided for residents, staff, and others and to assure that resident care is delivered in a safe manner, this assisted living residence has developed and implemented a safety and risk management program.

The scope of the program includes all disciplines rendering direct/indirect resident care.

Each area within the assisted living residence is responsible for safety and risk management within their respective areas/departments.

Safety and risk management manuals are available to all on-duty personnel. Safety manuals are reviewed periodically and are revised and updated as necessary.

The administrator of this assisted living residence is charged with the responsibility of monitoring the facility-wide safety program.



POLICIES AND PROCEDURES

Safety And Risk Management Guidelines For All Personnel

All personnel are required to actively participate in the facility-wide safety and risk management program.

All personnel must support and adhere to safety and risk management policies, procedures, and practices.

A comprehensive safety and risk management manual is available for all on-duty personnel. This manual is reviewed/revised annually.

Additional guidelines for safety and risk management have been developed for the purpose of educating personnel in the proper procedures to be followed in their unique work area(s).

I. Personnel policies relating to safety and risk management

A. All personnel involved directly or indirectly with resident care must:

1. Accept personal responsibility for safety and risk management and must adhere to all safety and risk management policies, procedures and practices.
2. Adhere to all safety precautions and carry out proper work practice controls
3. Actively participate in the assisted living residence's accident/incident prevention program and the assisted living residence's accident/incident reporting procedures.
4. Know and follow all emergency plans and procedures
5. Carry out sound infection control practices
6. Attend safety and risk management in-service education programs
7. Know and follow the general safety rules



POLICIES AND PROCEDURES

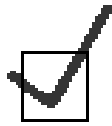
General Safety Rules **For All Personnel** **And Residents**



BE AWARE ... Know The Risks Involved In Your Activities!
Know And Follow The Safety Rules.



BE ALERT ... Report Any Unsafe Conditions So That Corrective
Action(S) Can Be Taken!



KNOW WHAT ... To Do In An Emergency.



KNOW HOW ... To Prevent Accidents.



EXPLAIN THE SAFETY RULES TO OTHERS.



SET AN EXAMPLE SO THAT OTHERS CAN FOLLOW.



POLICIES AND PROCEDURES

II. Departmental (area) policies, procedures, and practices

A. Proper use of chemicals

1. It is very important that all chemicals and solutions are used properly
2. All chemicals must be diluted, handled, and stored according to the manufacturer's recommendations and other established guidelines
3. The assisted living residence provides a list of all hazardous chemicals and related work practices used in the residence. This list is updated as necessary.
4. Material safety data sheets are available regarding chemicals and materials identified on the hazardous chemicals list.
5. All employees who work with or are potentially exposed to hazardous chemicals will receive initial training regarding the safe use of these hazardous chemicals.
6. Whenever a new hazard is introduced in the workplace, additional training will be provided.
7. All toxic chemicals and cleaning compounds will be carefully labeled and must be stored in a secure storage area

B. Emergency plans

1. The assisted living residence has written emergency care policies and procedures which include specific procedures to be followed in the event of medical or psychiatric emergencies.

It is the duty of every staff member to know and follow the emergency care policies and procedures.

2. The assisted living residence has written emergency plans which include specific procedures to be followed in the event of natural and man made disasters and emergencies.

It is the duty of every staff member to know and follow the emergency plans and procedures.



POLICIES AND PROCEDURES

C. Care of the environment, housekeeping, and sanitation

1. Written policies and procedures for safety and risk management and sanitation must be followed by all personnel
2. All personnel must monitor the general condition of the assisted living residence and must report problem areas to the appropriate department head(s)
3. All personnel must keep their individual work areas neat, clean, and free of hazards
 - The area must be clean and orderly
 - All pathways (walkways) must be free of clutter and other slip and/or trip hazards
 - All file drawers must be closed when not in use
 - All cabinet doors must be closed when not in use
 - All equipment is clean and must be good working condition
 - Drapes and other window treatments must be clean and in good repair
 - Furniture must be clean and in good condition
 - Floors must be in good condition
 - Walls must be in good condition
 - There must be adequate lighting in the office area and in all work areas
 - All electrical cords must be in good condition
 - Electrical outlets, switches, and plates must be in good condition
 - Light fixtures and light bulbs must be in good condition
 - All garbage and refuse must be collected in impervious



POLICIES AND PROCEDURES

containers in such a manner as not to become a nuisance or a health hazard

- All garbage and refuse must be removed from the office to an approved storage area at least once per day
- Storage areas must be kept clean and free of extraneous materials
- Common (public) areas must be free of hazardous chemicals or hazardous chemicals must be locked and stored in the approved manner
- All hazardous chemicals and materials must be labeled in the approved manner

D. Safe work practices

1. To assure that a safe environment is provided for residents, staff, and others and to assure that resident care is delivered in a safe manner, this assisted living residence has developed and implemented both general safety and departmental (area) safety and risk management practices.
2. Each department within the assisted living residence has also developed and implemented safety and risk management practices that must be followed within their respective departments.
3. Both general and more specific safety and risk management practices have been integrated into the residence's policies, procedures, and practices.



POLICIES AND PROCEDURES

Safety Education And Training Programs

Safety education is an on-going process. All employees are encouraged to participate in safety inservice education programs and activities.

Flyers and program notices are posted in advance and employees are encouraged to arrange their schedules so that they can attend these activities.

The following safety in-services are routinely scheduled throughout the year.

Accident Prevention	Hazard Communication
Body Mechanics	Infection Control
Emergency Care / First Aid	TB
Lift Assist	Universal Precautions
Emergency Plans	Violence In The Workplace
Fire Prevention / Fire Plan	
*Fire Drills	

Other safety activities and programs are scheduled as needed.

If personnel have any suggestions regarding safety and risk management inservice education programs, they are encouraged to discuss their suggestions with the administrator.



POLICIES AND PROCEDURES

Security

In order to provide a safe and secure atmosphere for residents, staff, and visitors, the assisted living residence (in conjunction with the management company and local authorities) has implemented guidelines regarding emergencies and the routine operation of the facility.

***Insert Facility Security
Practices Here.***

[Additional policies and procedures which address security
have also been incorporated into the residence's
policy and procedure manuals.]



POLICIES AND PROCEDURES

Serious Illness, Serious Injury, or Death of the Resident **CO 1.104 (5)**

In the event that an individual resident experiences a medical or psychiatric emergency, emergency care will be provided and the resident will be transferred to the appropriate hospital or health care facility for care and treatment. To assure continuity of care, information will be shared about the resident with the facility caring for the resident.

The facility conforms to all rules and regulations which regulate the handling and/or release of a resident who has died in the facility. Facility personnel will respect and cooperate with the wishes of both the resident and the resident's family when these wishes have been made known to the facility. Residents are encouraged to submit their individual instructions to the facility in writing so they can be incorporated into the resident's record. If the resident has not made prior arrangements with the facility and the resident does not have a designated representative, the county department of social services will be notified.

This facility notifies a resident's emergency contact person when a serious illness, serious injury, or death occurs.

In the case of an emergency room visit or unscheduled hospitalization, the facility notifies the resident's emergency contact immediately, or as soon as practicable.



POLICIES AND PROCEDURES

Services Provided

[Ability To Meet The Needs Of Residents]
[Personal Care / Resident Care]

This assisted living residence provides, either directly or indirectly through a provider agreement, the following:

A physically safe and sanitary environment; room and board; personal services; protective oversight; social care, and regular supervision sufficient to meet the needs of the residents it serves.

"Personal services" means those services which the administrator and employees of an assisted living residence provide for each resident, including, but not limited to:

- an environment that is sanitary and safe from physical harm;
- individualized social supervision;
- assistance with transportation whether by providing transportation or assisting in making arrangements for the resident to obtain transportation; and
- assistance with activities of daily living.

"Protective oversight" means guidance of a resident as required by the needs of the resident or as reasonably requested by the resident including the following:

- being aware of a resident's general whereabouts, although the resident may travel independently in the community; and
- monitoring the activities of the resident while on the premises to ensure the resident's health, safety, and well-being, including monitoring the resident's needs and ensuring that the resident receives the services and care necessary to protect the resident's health, safety, and well-being.

"Social care" means the organization, planning, coordination, and conducting of a resident's activity program in conjunction with the resident's care plan.

Provision of care is documented in the resident record.

This assisted living residence agrees to admit and provide services to those persons whose needs can be met by the programs within the assisted living residence or in conjunction with agencies, individuals, and others with which the assisted living residence has written contracts and/or agreements.



POLICIES AND PROCEDURES

Sexual Expression

It is the policy of this assisted living residence to protect residents' rights to sexual expression.

Auto-eroticism and sexual contact between consenting adults, in the privacy of their own rooms, is considered a personal and private decision.

Sexual activity is not discouraged or encouraged by the assisted living residence or by personnel.

The assisted living residence offers information and counseling for residents who are sexually active. Condoms and "safer sex" literature and information are available to all residents upon request.

If assisted living residence personnel are concerned that a resident is not a "consenting adult", the administrator must be notified.

Concerns regarding the "sexual expression" of individual residents may also be referred to the police, to adult protective services, to the ombudsman, and/or to the Department of Health.

If a resident has a legal guardian, duly appointed by a court of law, the legal guardian must be notified if personnel have reason to believe that the resident is engaging in sexual activity.

If the resident is being followed by a psychiatrist, psychologist, and/or a mental health center, the appropriate individual or agency must also be notified.

This assisted living residence will take all reasonable steps to prevent or eliminate unsolicited and unwelcome sexual contact.

Such behavior is illegal under both state and federal law and it will not be tolerated in this assisted living residence.

Any actual or suspected acts of sexual abuse will be reported to the appropriate authorities and a thorough investigation will take place.



POLICIES AND PROCEDURES

Sexual Harassment / Anti-Sexual Harassment

This assisted living residence is committed to providing a work environment where men and women can work together comfortably and productively, free from sexual harassment.

Such behavior is illegal under both state and federal law and it will not be tolerated in the workplace.

This policy applies to all phases of employment including recruiting, hiring, promotion or demotion, transfer, layoff, termination, rates of pay, benefits, selection for training, and assisted living residence sponsored social events.

Prohibited Behavior

Prohibited sexual harassment includes unsolicited and unwelcome contact that has sexual overtones.

This includes:

- written contact, such as sexually suggestive or obscene letters, notes, and/or invitations
- verbal contact, such as sexually suggestive or obscene comments, threats, slurs, jokes about gender-specific traits, and/or sexual propositions
- physical contact, such as intentional touching, pinching, brushing against another's body, impeding or blocking movement, assault, and/or coercing sexual intercourse
- visual contact, such as leering or staring at another's body, gesturing, and/or displaying sexually suggestive objects or pictures, cartoons, posters, or magazines

Sexual harassment also includes continuing to express sexual or social interest after being informed directly that the interest is unwelcome and using sexual behavior to control, influence or affect the career, salary, or work environment of another employee.



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It is impermissible to suggest, threaten, or imply that failing to accept a request for a date or sexual intimacy will affect an employee's job prospects.

Harassment Of and/or Harassment by Non-Employees

This assisted living residence will also take all reasonable steps to prevent or eliminate sexual harassment of and/or by non-employees including consultants, residents, suppliers, and others who are likely to have workplace contact with employees.

Monitoring

All complaints of sexual harassment must be in writing and must be reported immediately to the employee's supervisor. The supervisor will consult with the administrator, or his or her designee, regarding the accusation.

Based upon the information received from the involved parties, a determination will be made regarding the appropriate disciplinary action.

The assisted living residence will take all reasonable steps to see that this policy is followed by all employees, supervisors, and others who have contact with our employees. This prevention plan includes training sessions, on-going monitoring of the worksite, and a confidential employee survey to be conducted and evaluated at regular intervals.

Discipline

Any employee found to be in violation of this policy is subject to appropriate disciplinary action, including warnings, reprimand, suspension, and/or discharge.

If an investigation reveals that sexual harassment has occurred, the harasser may also be held legally liable for his or her actions under state and federal anti-discrimination laws or in separate legal actions.

Retaliation

Any employee bringing a sexual harassment complaint or assisting in investigating such a complaint will not be adversely affected in terms and conditions of employment, or



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discriminated against or discharged because of the complaint, complaints of such retaliation will be promptly investigated and dealt with.

Complaint Procedure And Investigation

All complaints of sexual harassment or retaliation will be promptly investigated and sanctions will be imposed against violators.

All complaints will be handled as confidentially as possible.

Training

This assisted living residence will offer training for all employees upon employment and at least annually thereafter concerning their rights to be free from sexual harassment and the legal options available if they are harassed.

In addition, training sessions will be held for supervisors and administrators, educating them in how to keep the workplace as free from harassment as possible and in handling sexual harassment complaints.

A copy of this policy is distributed to all employees
and is posted in areas where all employees have
an opportunity to freely review it.

This assisted living residence welcomes your
suggestions for improvements to this policy.

Adapted from Sexual Harassment in the Workplace, Creative Solutions, Inc., 1992
And Sexual Harassment on the Job, Nolo Press, 1992



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Shaving A Resident's Face

[Assisting A Resident With Shaving]

Shaving is done as part of the routine, daily, grooming and hygiene practices of most male residents.

Shaving is done to assist in the appropriate grooming of the resident and to add to their feeling of self-worth.

Note: although shaving of facial hair is generally considered appropriate for men only, many women also have facial hair and wish to have it removed.

When it is necessary for personnel to assist in shaving practices, an electric razor will be used.



POLICIES AND PROCEDURES

Side Rails

It is the policy of this assisted living residence to allow the greatest freedom of movement and the least restrictive environment while providing both safety and security for residents.

***Side rails are considered to be a restraint.
-and-
Restraints are not permitted in
residential care facilities.***

Side rails may not be used in this assisted living residence.



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Skill Inventories

Skill inventories have been designed to identify the skills necessary in performance of the various job descriptions within the assisted living residence.

All new employees are given a copy of their respective skill inventories and these check lists must be completed and returned upon completion of the orientation process.



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Sleep / Rest

Care of residents at this assisted living residence includes maintaining resident's self-esteem through promotion of independence and self-care activities designed to assist the resident in maintaining an optimal level of functioning.

Care includes promotion of normal sleep patterns without the aid of sleep inducing medications.

Residents who are experiencing sleep/rest pattern disturbances and/or require assistance and/or supervision to maintain normal sleep/rest patterns, will be evaluated and a plan will be provided which address these concerns.

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Guidelines For Promoting Sleep/Rest

It is impossible to make oneself or resident's "fall asleep" or "go back to sleep", however, there are things that help to make people sleepy.

Review the list below with the individual who is having sleep pattern disturbance in order to determine what might work for him or her.

- Don't force the individual to go back to bed. It is both frustrating and stressful to "struggle to fall asleep" or "fight to go back to sleep". The more one struggles or fights, the wider awake one gets. *(Provide reading materials, television, or another type of quieting, distracting activity)*
- Exercise is said to have a stress reducing effect on some individuals. *(Encourage the individual to take a walk or do stretching exercises.)*
- Remember music is said to "soothe the savage beast". *(Try soothing music to induce sleep and relaxation.)*
- Tryptophen is a natural sedative. Milk is said to contain tryptophan. However, in order for this chemical to cross the blood-brain barrier, it must be served with a carbohydrate. *(Try milk and toast, milk and cookies, or cereal and milk to provide a calming sedative snack)*
- Many herbal teas are said to provide a soothing effect on many individuals. *(Try "sleepy time tea" or other products found to induce sleep and relaxation.)*
- Insomnia is a common problem in the United States today, many rest/sleep inducing and/or stress management audio and video tapes are available for use. *(Give some of these products a try.)*

If an individual is having trouble sleeping at night, it is important that s/he stays active during the day. Don't try to treat sleep pattern disturbances by taking naps. This practice leads to "having one's days and nights mixed up"!



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POLICIES AND PROCEDURES

Smoking

Smoking is not permitted in resident rooms.

All smoking on the premises must be supervised.

Smoking is allowed only in designated areas.

Residents who display unsafe smoking habits, will smoke only under supervision and their smoking materials will be kept by personnel.

Residents who do not agree to and/or comply with smoking regulations will not be permitted to reside at this assisted living residence.



POLICIES AND PROCEDURES

Social Care

This assisted living residence provides, either directly or indirectly through a provider agreement, the following:

A physically safe and sanitary environment; room and board; personal services; protective oversight; and social care, sufficient to meet the needs of the residents it serves.

"Social care" means the organization, planning, coordination, and conducting of a resident's activity program in conjunction with the resident's care plan.

Provision of care is documented in the resident record.



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Speech Therapy

(Nursing care, therapies, and/or other health care services are not provided by the assisted living residence)

Residents may receive speech therapy upon physician's order.

The resident and/or his or her family must make arrangements for the resident to receive speech therapy and are responsible for all fees for services.

The assisted living residence will assist the resident and/or her family in obtaining the services of a speech therapist upon request.

To assure continuity of care, medical and social emotional information will be provided to the appropriate health care provider.

To maintain continuity of care, the resident's attending physician will be notified regarding all health care treatments provided.

All orders received from outside providers must be reviewed and approved by the resident's attending physician.

All orders received from outside providers must be reviewed with the administrator and all appropriate personnel.

Speech therapy must be provided by a licensed speech therapist.



POLICIES AND PROCEDURES

Staffing / Staffing Requirements

O 1.104 (4c) [Master Staffing Plan]

This Assisted Living Facility employs sufficient staff to ensure the provision of services necessary to meet the needs of the residents.

Staffing levels. In determining staffing, the facility gives consideration to factors including but not limited to:

- services to meet the residents' needs,
- services to be provided under the care plan, and
- services to be provided under the resident agreement.

Minimum Staffing. The facility ensures that at least one staff member who has the qualifications and training listed under Sections 1.104 (3)(e) and (f), and is at least 18 years of age, is present in the facility when one or more residents are present.

There will be at least one staff person onsite at all times who has a current certification in first aid specific to adults (standard first aid) that meets the standards of either the American Red Cross or the American Heart Association. This training will be documented in the staff record.

Use of Residents. Residents may participate voluntarily in performing housekeeping duties and other tasks suited to the resident's needs and abilities. However, residents who provide services for the facility on a regular basis, or on an exchange or fee-for-service basis may not be included in the facility's staffing plan in lieu of facility employees except for trained, tested, and supervised residents in those facilities which are licensed to provide services specifically for the mentally ill.

Use of Volunteers. Volunteers may be utilized in the facility but may not be included in the facility's staffing plan in lieu of facility employees.

Master Staffing Plan

The assisted living residence is staffed with qualified personnel who are familiar with the residents and their needs in a number sufficient to meet resident functional and personal care needs.

At least one trained staff (18 years of age or older) is on duty if one or more residents are present in the facility.

Staffing patterns are sufficient in number to provide prompt resident assistance/service, considering the individual needs such as the risk of accidents, hazards, and/or other untoward events.



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Staffing is sufficient to meet the total needs of all residents. Resident needs (conditions) determine the specific qualifications of the staff.

The assisted living residence has developed and implemented a master staffing plan which includes full-time, part-time, temporary, and/or intermittent staff, such as “pools” and other temporary employment agencies.

Master staffing plans include plans for providing staffing in compliance with state and federal regulations, distribution of personnel, replacement of personnel, and a forecast of future personnel needs.

The assisted living residence maintains a list of commercial personnel pools. These staffing agencies will be utilized as indicated to maintain safe, effective staffing patterns. The facility ensures that a background check and a TB test have been conducted on all contract employees within 12 months prior to the date of hire by the facility. The facility maintains documentation of such background checks and testing.



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8.495.6.G. The facility has divide and document the 24-hour day into two 12 hour blocks which will be considered daytime and nighttime. The designation of daytime and nighttime hours is permanently documented in facility policy and disclosed in the written resident agreements. The facility complies with the following staffing standards:

A minimum of 1 staff to 10 residents during the daytime.

A minimum of 1 staff to 16 residents during the nighttime.

A minimum of 1 staff to 6 residents in a Secured Environment at all times.

There shall be a minimum of one awake staff that is on duty during all hours of operation in a secured environment.

OR

The facility must apply for and receive a staffing waiver.

The staffing pattern at this facility has been divided into two 12 hour blocks.

Daytime hours are _____ AM to _____ PM

Nighttime hours are _____ PM to _____ AM



POLICIES AND PROCEDURES

Theft of Property / Alleged Theft Of Property

Theft is defined as the act of stealing property from the assisted living residence, its residents, personnel, and others.

It is the responsibility of all personnel to report any complaints, allegations, and/or incidents of theft to the administrator immediately.

It is the responsibility of the administrator or supervisor to initiate an incident report.

The supervisor or administrator will inform the person who is reporting the loss of property that s/he may request that the police department be called. The administrator or supervisor will assist individuals in placing the call to the local police department.

The administrator and/or his or her designee will investigate all incidents of alleged theft.



POLICIES AND PROCEDURES

Transfer of A Resident

Residents may be transferred, discharged, or evicted only for one or more of the following reasons:

- When the assisted living residence is no longer able to meet the resident's identified needs
- Nonpayment for basic services, in accordance with the resident agreement.
- Failure of the resident to comply with written policies or rules of the residence which contain notice that discharge may result from violation of such policy or rule
- When a resident poses a danger to self or other residents

The resident or resident's legal representative shall have thirty (30) days advance written notice of discharge except in cases of medical emergency or for the physical safety of the resident or others.

The transfer shall be coordinated with the resident, the resident's family, the resident's legal representative, or the appropriate agency (agencies).

Residents who wish to oppose the transfer, discharge, and/or eviction procedures are encouraged to appeal to personnel, to the department of health, to the local ombudsman, and/or to local social services agencies as identified in the assisted living residence's grievance procedure.

Upon admission to the residence, the resident, the resident's family, and/or the resident's legal representative are given copies of the assisted living residence's discharge procedure(s).

Resident records for all discharged residents are maintained for at least three (3) years following termination of the resident's stay in the facility.

Procedure:

1. The discharge process and discharge plans are explained to the resident prior to discharge.
2. Except in an emergency, the resident's family or responsible party is included in the transfer or discharge process as indicated.



POLICIES AND PROCEDURES

3. The resident's physician is notified regarding the resident's discharge.
4. Discharge instructions include but are not limited to the following:

Activity	Medications
Diet	Personal Care
Follow-Up	Treatments

5. The resident's clothing and other belongings are sent with the resident at the time of the transfer.
6. All medications, supplies, and medical equipment owned or leased by the resident is released to the resident at the time of discharge.
7. When a resident is discharged to another health care facility, medical and/or social information will be provided to the facility to assure continuity of care.
8. If a resident wishes to be discharged from the assisted living residence against medical advice, the appropriate form must be completed and the resident's responsible party, the resident's physician, and the administrator of the assisted living residence must be notified.
9. The transfer process and all other pertinent information is recorded in the resident's record.

Transfer Of Residents To Another Facility

When a resident chooses to transfer to another facility or when a resident is in need of services which cannot be provided by the assisted living residence programs and/or supplemental support services, the resident will be transferred to an appropriate placement agency.

Family members (responsible persons) will be notified prior to transfer, except in the case of emergency.

When a resident is transferred to another health care facility, all necessary medical/social information will be provided to the facility to assure continuity of care.

In the event that environmental conditions threaten the assisted living residence's structure, residents will be transferred (evacuated) to a designated facility where they may be safely and temporarily housed. To assure continuity of care, information will be shared about the resident with the facility caring for the resident.



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The assisted living residence has agreements with other facilities to assure shelter and care in the event of environmental emergencies.

In the event that an individual resident experiences a medical or psychiatric emergency, emergency care will be provided and the resident will be transferred to the appropriate hospital or health care facility for care and treatment. To assure continuity of care, information will be shared about the resident with the facility caring for the resident.



POLICIES AND PROCEDURES

Tuberculosis (TB) Surveillance & Screening Program

Tuberculosis (TB) is a nosocomial infection that threatens aged residents. It has been demonstrated that when an active case is introduced into a home or a health care facility, the disease is likely to spread among residents.

All personnel will be tested for tuberculosis (TB) according to established guidelines.

All cases of active TB will be reported to the state health department and the assisted living residence will comply with their recommendations regarding the management of active cases and the screening of the remainder of the residence's population.



POLICIES AND PROCEDURES

Universal Precautions / Standard Precautions

This assisted living residence has adopted universal precautions for all health care workers and will treat all body fluids as if infectious.

UNIVERSAL PRECAUTIONS FOR ALL HEALTH CARE WORKERS:

1. Staff must wash their hands before and after working with residents and before and after disposable gloves are removed.
2. Staff must be extremely cautious when handling sharp objects such as needles. Sharp objects should be placed in puncture resistant containers located as close as possible to the area where they are used, needles must not be recapped, broken off, removed from disposable syringes, or otherwise manipulated by hand.
3. Linen and clothing of residents suffering from communicable diseases must be washed in water of 140 degree temperature.
4. Disposable gloves must be worn when handling items soiled with blood or body fluids, mucous membranes, or non-intact skin of all residents, or handling items or surfaces soiled with blood or body fluids and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each resident. Gowns, masks, protective eyewear or face shields are not necessary except during procedures that are likely to generate droplets or splashes of blood and other body fluids, hands should be washed thoroughly and immediately if they accidentally become contaminated with blood or other body fluids.
5. If it appears that resuscitation may be indicated, mouth pieces, resuscitation bags or ventilation tubes should be readily at hand in the area so that mouth-to-mouth resuscitation is minimized or eliminated.
6. Spills of blood or body fluids should be cleaned up immediately using an appropriate concentration of a disinfectant certified by the manufacturer to be effective as used. Appropriate concentrations either of a phenol disinfectant or chlorine bleach may be used. The person cleaning the spill should wear gloves.
7. All disposable equipment that has been contaminated with blood, body fluids or other infective waste should be disposed of in the room in sturdy plastic bags or rebagged outside the room. It should either be autoclaved or incinerated prior to disposal in a sanitary land fill.
8. Soiled linen should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen. All soiled linen



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should be bagged at the location where it is used, linen soiled with blood or body fluids should be placed and transported in bags to prevent leakage.

9. Blood, suctioned fluids, excretions, and secretions may be carefully poured down a drain connected to a sanitary sewer.

10. A private room is indicated if a resident, who has a communicable disease, has poor hygiene (e.g., the resident does not wash his hands after touching infective material or contaminates the environment with infective material) or if isolation is necessary for associated conditions such as infections, diarrhea or tuberculosis. In general, residents should be permitted to eat with other residents and be encouraged to participate in activities inside and outside the health center.

11. Health care workers with colds, exudate, lesions, weeping dermatitis or communicable diseases should not be assigned to direct patient care for residents who are immuno-compromised because of certain disease processes, treatment with chemotherapy, prolonged use of antibiotics, etc., since these residents are highly vulnerable to infection, nor should they handle any patient care equipment until the condition resolves. Health care workers with HIV infection or other immunosuppressive disorders will not be permitted to work with residents with communicable diseases.

*Source: Guidelines published by the Center For
Disease Control and State Regulations.

Additional infection control policies and procedures associated with
specific work practices carried out by personnel have been
incorporated into the appropriate procedure manuals.



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Validation Therapy

For many old-old confused people the present has lost its meaning and they have a need to restore the past. When these individuals are allowed to work through past experiences, this reduces stress and restores comfort and dignity.

Procedure:

- Approach the confused person calmly in a manner which conveys acceptance, respect, and understanding.
- Touch with your eyes. Maintain direct eye contact.
- Speak in a clear, low, warm, calm voice.
- Recognize and acknowledge feelings. Link the feelings and the behaviors.
- Validate the feelings and their relationship to behaviors with the resident.

Example:

The resident is rocking, crying, moving, and holding her arms as if she is holding a baby.

“You look and sound sad.”

“You look as if you are caring for a baby.”

“Do you miss your baby?”

“Why don’t you tell me about your baby (babies)”

- Remember to always encourage the resident to keep as active and as self-sufficient as possible. Avoid doing those things that the resident can do independently.

Assist the resident with activities of daily living as needed. Anticipate when help will be needed but at the same time encourage self care.



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Violence In The Workplace

To assure that a safe environment is provided for residents, staff, and others, this assisted living residence has developed and implemented a “violence in the workplace” program.

The scope of the program includes all disciplines rendering direct/indirect resident care.

All employees are responsible for implementing and monitoring this program.

The administrator of this assisted living residence is charged with the responsibility of monitoring the facility-wide program.

The “Violence In The Workplace Program” At This Residence Includes But Is Not Limited To The Following:

- Accident / incident reporting and recording (the accident & incident prevention program)

all incident reports are tracked and monitored (single incidents and/or patterns and trends trigger further investigation and corrective measures.)

- The parking area is well lit, entrances and exits are well lit, and entrance doors are secured (alarmed?), telephones are readily available for staff use, and other engineering controls or devices have been implemented to isolate or remove hazards from the worker.

- Policies and procedures regarding “aggressive behavior”, “behavior management”, “robbery” and other work practice controls have been implemented to reduce the risk of employee injury.

- “Mandatory” in-services (such as “behavior management”, “dealing with difficult situations”, “violence in the workplace” etc) are conducted at intervals to assure that the risk of discomfort or injury is reduced.

Additional policies and procedures which address “violence in the workplace” have been incorporated into the safety and risk management program and in the assisted living residence’s policy and procedure manuals.



POLICIES AND PROCEDURES

Visitors / Visiting Hours

This assisted living residence encourages families, friends, and others to visit at any time.

However, the assisted living residence reserves the right to monitor and/or prohibit visits and/or visitors that interfere with the rights of others.

Visitors who create a disturbance, are abusive, display inappropriate behaviors, and/or interfere with resident care activities will be asked to leave the premises.

Objectionable, threatening, or disorderly conduct by visitors will not be tolerated anywhere in the residence or on the premises.

*Residents and their responsible party are notified
regarding this policy upon admission
to the assisted living residence.*



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Volunteers

Volunteers work in the assisted living residence in a variety of positions.

The facility administrator coordinates and supervises the volunteer program.

Volunteers are required to follow all assisted living residence policies and procedures.

The administrator is responsible for supervising and evaluating the activities of volunteers.



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Waste Management

Non-infectious waste is defined as waste material not considered as being at risk or capable of producing an infectious disease.

Infectious waste is defined as waste capable of producing infectious disease. (This definition requires consideration of the factors necessary for induction of disease which include: dose, resistance of the host, port of entry, presence of a pathogen, and virulence, therefore, for a waste to be infectious, it must contain pathogens with sufficient virulence and quantity so that exposure to the waste by a susceptible host could result in an infectious disease.

Management Of Non-Infectious Waste:

1. Non-infectious waste must be disposed of in the appropriate trash containers.
2. Non-infectious waste is picked up at designated intervals. The bags are securely closed and are transported to trash bins to be transported to landfills by a contracted company.

Management Of Infectious Waste:

1. The following materials are designated as infectious waste.
 - Blood, blood products, and articles heavily contaminated with blood.
 - All isolation trash.
 - Sharps (needles and syringes)
2. All disposable equipment that has been contaminated with blood, body fluids or other infective waste must be disposed of in the room in sturdy plastic bags and rebagged outside the room.
3. Special labeled trash containers are provided when appropriate. Trash is transported in these containers and is removed by a contracted company for sterilization prior to being discarded in a landfill.
4. Containers for used sharps must be puncture resistant. The sides and the bottom must be leak-proof. They must be labeled or color coded red to ensure that everyone knows the contents are hazardous. Containers for disposable sharps must have a lid, and they must be maintained upright to keep liquids and sharps inside. [Employees must never reach by hand into containers of contaminated sharps.]



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5. Sharp containers must be replaced routinely and not be overfilled, which can increase the risk of needlesticks or cuts.
6. When employees are ready to discard sharp containers, they must first close the lids. If there is a chance of leakage from the primary container, a secondary leak resistant container must also be used. They are then sealed shut and they are transported in these containers and are removed from the residence by a contracting company for disposal.
7. Blood, suctioned fluids, excretions, and secretions may be carefully poured down a drain connected to a sanitary sewer.

Source: Guidelines Published By The Center For Disease Control,
The Colorado State Health Department, And The U.S. Dept
Of Labor Occupational Safety And Health Administration



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Water Temperatures

This assisted living residence maintains hot water temperatures no higher than 120 degrees at all tap which are accessible by residents.

Water temperatures are routinely monitored by the administrator or his or her designee.

Documentation is maintained in the facility for review.