



**OFFICE OF HEALTH FACILITY
LICENSURE AND CERTIFICATION**

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ASSISTED LIVING UPDATE

Activities: why are they important?

Chances are good that prior to entering the facility, most residents were active. Think about your life now: you are busy and do not have enough time to do everything that you want to do each day. Now, in your imagination, move ahead to when you are 80 or 85. Are you as active at that point as you are now? Would you be happy to sit in a chair and watch television all day or sit and stare at other residents sleeping? This is probably not what you had in mind. Odds are that if you enjoy doing things now, you will enjoy doing things when you are older, even if you are not as physically fit as you are now. Those activities you enjoy now may need to be modified to meet your limitations.

Surveyors have heard many providers say that residents do not want to participate in activities or are not interested in activities. They may say that they do not want to participate, but some residents just need to be motivated. Some residents may feel threatened in a group, so you may want to try to introduce the resident to a solitary creative activity first and let them gain some skill without group pressure. As they gain more confidence in their ability, they may be willing later to join the group.

The activity program at your facility can foster new relationships and encourage positive interaction between residents. It is these relationships that will help residents to enjoy their lives.

The key to motivating an individual differs depending on the emotional and physical state of the person. Some people can be motivated by the activity and some can be motivated by the activity leader. It is important to know your residents and their needs and interest. One way to do this is to assess each new admission and determine their interest and strengths and weaknesses. Using this assessment information, plan activities that meet your residents needs and preferences. It is important that staff are enthusiastic about the activity. When staff demonstrate lack of interest, residents will not be interested.

The following regulations address activities in Assisted Living:

8.1. The licensee shall provide an activity program designed to promote the highest level possible in all dimensions of life including physical, psychological, social, and spiritual, for each resident. (Class III)

8.2. The program shall: 8.2.a. Provide information and referral services and opportunities for using the social, recreational and vocational activities within the community; 8.2.b. Provide a minimum of seven (7) hours per week, one hour per day, unless the residents request more, of various types of scheduled activities, including activities appropriate for individuals with Alzheimer=s disease or a related dementia; and 8.2.c. Provide a monthly

calendar that lists the type, the time and duration of all social and recreational activities for the residents and documentation that the activities did or did not take place. (Class III)

There are several different types of activities to consider when planning a calendar for residents: Social activities promote socialization, self confidence and friendships. Social activities include parties, dances, banquets, coffee hours and games. There are many different types of games including board games, card games, puzzle games, word search and spell down games and number games such as Sudoku. Some of these can actually be played by individuals and then scores can be applied in various ways to promote competition. Diversional activities emphasize individual accomplishments and help to occupy the individual's mind. They also aid in adjustment to the facility. These activities include sewing, painting and craft oriented activities. Work type activities can be especially important to residents who grew up in an environment that emphasized a positive work ethic and looked down on play as something wasteful. Work type activities include such things as folding towels, sorting items like screws and bolts, setting tables or clearing tables, sweeping or vacuuming. Intellectual activities provide stimulation to the mind and include discussion groups, book reviews, fine arts and music appreciation. Spiritual and religious activities can be very meaningful as people age. These include for-

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* To submit a question for the newsletter, contact any listed staff member.

ADMINISTRATORS

The next RN AMAP class is scheduled for December 19, 2006. Contact the Nurse Aid Program at 558-0050 to register.



Activities (cont. from pg.1)

mal worship, singing hymns, Bible reading and study. Exercise and physical activities help to keep residents active and alert. There are four (4) types of physical activity: *Endurance activities* increase your breathing and heart rate. A moderate amount of this activity for 30 minutes makes you breath harder. If the resident cannot maintain the activity for 30 minutes, breaking it up in 10 minute blocks three (3) times a day is also effective. *Resistance/strength activities* keep you using your muscles. Lack of use lets muscle waste away. Do strengthening activities 2–4 times a week. *Balance activities* done regularly help to prevent falls and other accidents. *Flexibility activities* keep your body limber by stretching. These activities help keep joints healthy and help to maintain mobility. Physical activities include movement to music, like Dance, Dance Revolution (DDR), adapted sports for seniors, exercise groups and indoor and outdoor walks.

There are a variety of things that each facility can plan to engage the residents and promote health. Holiday theme parties, seasonal decorating, costume parties, new resident socials, walk-a-thons, bridge or pinochle clubs, recipe/baking contest and community groups visiting such as scout groups are just a few suggestions that will provide stimulation for your residents. It is important to involve residents in planning and development of the program for your facility. Talking with your residents will help you learn much about them, their knowledge, experience and interest. Once this is done, you are on your way toward providing activities that strengthen and challenge the residents in your facility.

Having a **DEFICIENCY FREE SURVEY** can be accomplished! Knowing and understanding the Assisted Living licensing regulations and being prepared for your survey will help you meet that objective.

CONGRATULATIONS to:

Ann's Country Retreat	8/17/06
Arlington Personal Care	8/16/06
Love and Care	7/25/06
Rivendale Personal Care	9/20/06
Catholic Knights of America	8/28/06
Woodlands Retirement	9/27/06
Decker's Residential Board & Care	8/24/06

Deficiency Free

What does being "deficiency free" mean? This means that the facility did not receive any deficiencies during the initial or annual relicensure survey (health and environmental). It also means that the facility did not have any deficiencies during the year from complaint investigations. This is a testament to the hard work by the administration and the staff to meet the regulation requirements. To accomplish this, the facility must have policies and procedures and systems in place that are consistent with the Assisted Living Regulations. The facility must also monitor these systems to make sure that they continue to meet regulatory requirements and administration expectations. Facilities should routinely monitor their compliance with regulations and make the necessary corrections internally when they identify a problem. Don't wait for surveyors to tell you there is a problem!



Emergency Food Supply

Regulation 10.2.c. requires that each facility, as part of their emergency preparedness plan, maintain at a minimum, a three (3) day food and drinking water supply for all residents. Facilities that fail to maintain this minimum supply risk being cited a deficiency under this regulation. Additionally, if residents complain of inadequate food or there are instances of weight loss throughout the facility, there is a possibility of other deficiencies being cited under 9.1. Resident nutrition is very important. Residents must be provided freshly prepared meals that comply with the recommended dietary allowances of the Food and Nutrition Board of National Academy of Sciences, National Research Council or as ordered by the physician. Food and water supplies may be monitored during any survey.

Reflections

Do you wonder what I'm thinking in my reverie?
Sitting in my padded chair for all to come and see
Missing youth when I was attractive
And the use of muscles that made me active
Alone with my thoughts of memories past
And years that went by so very fast
What is left for me in this life?
But isolation, pain and unbearable strife
Now on strangers dependent for care
Wishing that someone would be there
To listen to my cares and woes
Just to feel that someone knows
How I am doing in my later years
Seeking compassion to ease my fears
A gentle hand and a moment to listen
For a smile on my face and my eyes to glisten
Close attention you should be paying
And understanding what I am saying
So you will know and understand
When you're time comes for a helping hand
'till then I'll set here for all to see
Alone in my thoughtful reverie

By Ernie Chafin

WHAT'S YOUR QUESTION

If a resident receives injections routinely in the physician office or at the Mental Health Center, does the facility RN have to see the resident weekly and document a progress note?

Regulation 7.6.h. * requires that the RN see all residents weekly who are receiving nursing care, including routine, scheduled injections given outside the facility or "off site." The RN must document a progress note in the resident's record reflecting the status of the resident and any changes in their condition. For example, residents routinely receiving Haldol D, Prolixin D or Risperdal Consta must be seen weekly by the facility RN. The RN must document a progress note addressing any psychotic symptoms, inappropriate behaviors and medication side effects. This requirement must be met the first week the resident receives the injection. You have failed to meet regulation requirements if you wait until you have submitted a waiver before you begin this documentation. (*Remember that this does not apply to Vitamin B 12 or Procrit injections)

Can family members fill pill minders for the resident's use to self administer their medications?

Regulation 7.4.a., 7.4.b. and 7.4.h. address medication administration, physician orders and storage of medications in assisted living. All medications managed in an assisted living facility must be maintained in their original legal container, legally dispensed and labeled in accordance with the rules of the West Virginia board of pharmacy. Families cannot remove pills from their pharmacy labeled container and place them in a pill minder for the resident to self administer.

Can facility staff increase the temperature on the hot water tank for resident baths?

Careful monitoring of hot water temperatures is very important for resident safety. Hot water temperatures must be maintained between one hundred five (105) degrees and one hundred fifteen (115) degrees. The temperature on the hot water heater can be adjusted by the administrator but staff must check the water temperature in each facility shower and sink to ensure that the temperature is maintained at the appropriate level and is not too hot or too cool. If the facility is trying to make temperature adjustments, the temperature of the water should be checked with each resident shower to ensure resident safety. Staff must conduct water temperature monitoring on a routine basis and document the water temperature checks.

Dietary needs of residents

Good nutrition is important throughout our lives. It is very important for all residents, especially those with Alzheimer's disease or other dementias. Good nutrition in later years can help lessen the effects of diseases prevalent among the elderly and improve the quality of life in residents with such diseases as osteoporosis, obesity, high blood pressure, diabetes, heart disease, certain cancers and gastrointestinal problems. Poor nutrition can worsen some symptoms of these diseases and dementia. Poor appetite may be a sign of different problems such as depression.

It is the responsibility of the facility to make sure that each resident receives meals that meet their choices and needs. Try to get the resident to eat more protein and fat and less simple sugars. Offer small, frequent meals and snacks. Encourage activities such as walking or participation in other types of light activity to stimulate appetite. Consider serving finger foods that are easy for the person to handle and eat. You should not try to force feed a resident. Try to encourage the person to eat, and try to find out why they don't want to eat. Avoid serving non-nutritious beverages such as black coffee and tea.

Serve beverages during a meal so that the resident doesn't feel full before beginning to eat. Plan meals to include favorite foods. This information should be obtained through interviews with the resident and family. It is also important to talk with the resident's physician to ensure you can and are meeting the resident's dietary needs. Written instructions for therapeutic diets must be obtained and followed to ensure that the resident's nutritional needs are met.

Remember to treat the person as an adult, not a child. Make eating a pleasurable experience for the resident, especially those with Alzheimer's. Try using colorful place settings and/or play background music during meals.

In-services provided to employees who prepare meals should include preparing an appetizing meal and ensure the employees understand the written instructions for therapeutic diets.

Managing Resident Funds

Several Assisted Living homes have residents who receive Social Security or SSI and a supplemental check from DHHR each month. If the facility is payee for the resident, they are responsible for ensuring that each of these residents receives the monthly personal spending allowance of \$96.00. This allowance is to be paid to the resident from their social security or SSI check and cannot be held by the provider for money owed for room and board.

This personal allowance is to be used by the resident for such things as: tobacco products, extra clothing, jewelry, radio or television, games, books or other recreational items of interest to the resident, postage and stationary, cosmetics, pre-need burial trust fund, hair styling/permanents, cologne/aftershave or hair care beyond the basic care. These funds are not to be used for personal hygiene items, regular hair cuts, basic clothing, basic recreational needs or medications.

The facility must maintain documentation and obtain the resident's dated signature for the receipt of the personal spending allowance each month.

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We're on the Web!
wvdhhr.org/ohflac

Visit our website. You will find useful information. The revised ALR rule (May 1, 2006) is available. Several forms are also available including the revised Pre-admission Screening form (PAS) which is now called the "Resident Assessment". This form is not required, but contains all the necessary admission and annual health assessment information. Those who use the old "PAS" form may want to use this shorter form. The revised waiver form is also available online.

MOST FREQUENTLY CITED DEFICIENCIES

Third Quarter 2006

5.5.b. - This requirement for training applies to tenured employees who have not received their annual training update. Again, review of training content reveals that many of the facilities have failed to include specific training information or other state requirements and staff are often unable to recall how to respond to specific questions or situations.

7.3.d. - When any significant change in a resident's condition occurs, the service plan must be updated to reflect this change or the service plan must be updated at least annually. The provider can avoid a deficiency for this regulation by having an appropriate system in place to assure that the RN is notified when changes in the resident's health status have occurred and the RN comes to the facility to assess and document these changes in the record and on the service plan if needed.

5.5.c. - This is the new regulation requiring training to all **new** employees and **annually** thereafter on Alzheimer's disease and related dementias. The training must be two (2) hours in duration and cover the following topics: basic understanding of Alzheimer's disease or related dementias; communication approaches and techniques; prevention and management of behavior problems; and activities and programming appropriate for these individuals. This regulation went into effect May 1, 2006. Facilities were given ninety (90) days to provide the training. The regulation was added to the survey process and was cited as a deficiency beginning August 1, 2006.

7.4.a. - This regulation requires compliance with medication administration and often occurs due to RN's failure to monitor and document that AMAP staff have been appropriately trained and/or retrained to administer medications. Quarterly monitoring and two year retraining of unlicensed staff must be completed by the RN for compliance with the medication administration rule. If the RN is appropriately monitoring these unlicensed staff, deficiencies should not occur. If the facility is continuing to have deficiencies related to medication administration, the facility RN should review the medication rule and develop a system to assure compliance.

9.1.d. - The regulation requires that each resident be provided with the amount of food and fluid on a daily basis necessary to maintain their appropriate minimum weight. Residents are to be weighed upon admission and monthly thereafter and weights are to be documented. If an unplanned weight loss or gain of five (5) pounds is noted at the monthly weight, the resident's physician is to be notified. Documentation of the physician notification must be available for review.

3rd Quarter: 1) 7.4.a. 2) 7.4.b. 3) 7.3.d. 4) 11.1.d. 5) 11.6.c. (2005)

4th Quarter: 1) 5.5.a. 2) 7.4.a. 3) 5.5.b. 4) 7.3.d. 5) 7.4.b. (2005)

1st Quarter: 1) 7.4.a. 2) 11.1.b. 3) 7.4.b. 4) 11.6.c. 5) 5.1.g. (2006)

2nd Quarter: 1) 7.4.a. 2) 5.5.b. 3) 11.1.d. 4) 5.1.a. 5) 11.1.b. (2006)