

# *Lifecare Center of Littleton*

Welcome to your clinicals. Please review all information provided. This document is a summary and quick reference guide. For more detailed information, please see the LCCL Student Orientation for more in-depth orientation.

Address is: 1500 West Mineral Avenue in Littleton, Colorado

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Nationwide there are 220 locations with 27 locations throughout Colorado. The company was founded in 1968.

Rehabilitation, long-term care, and memory care are offered at Lifecare Center of Littleton (LCCL). The facility can house up to 120 residents, to include rehab and memory care, as well as long-term care.

The skilled nursing unit has a current capacity of 40 residents. The long-term care unit has availability for 52 residents and the memory care unit has 24 beds.

LCCL is divided into East, West and South hallways.

# *Lifecare Center of Littleton*

EAST hallway is rehabilitation

WEST hallway is for long-term care residents

SOUTH hallways is the memory care unit.

Room layout:

There are single and double occupancy rooms. If it is a double room:

**Bed A** is by door (and resident's name will be listed at the top)

**Bed B** is by the window (and resident's name will be listed at the bottom).

On the name plate, there could be color coded stickers. These stickers will refer to transfer status of the resident.

- **Blue** – completely independent
- **Green** – stand-by assist
- **Orange** – one-person assist
- **Red** – two-person
- **Black** – Hoyer lift

If there is a sticker with a person running, that means the resident is encouraged to walk everywhere.

If a resident has number-inside-a-triangle sticker next to their name, it will refer to their liquid swallowing ability. **A cactus sticker is FLUID RESTRICTIONS.**

- **Level 2** – Nectar-thick/thickened liquids
- **Level 3** – Honey-thick

**ALWAYS** ask staff before giving a resident any liquids.

Codes for the doors are as follows:

- Employee entrance: 1436 (back part of building)
- Code for nutrition room: 1979

Wifi

- Network: LCCAGuest
- Username: lcguest
- Password: lccaguest1

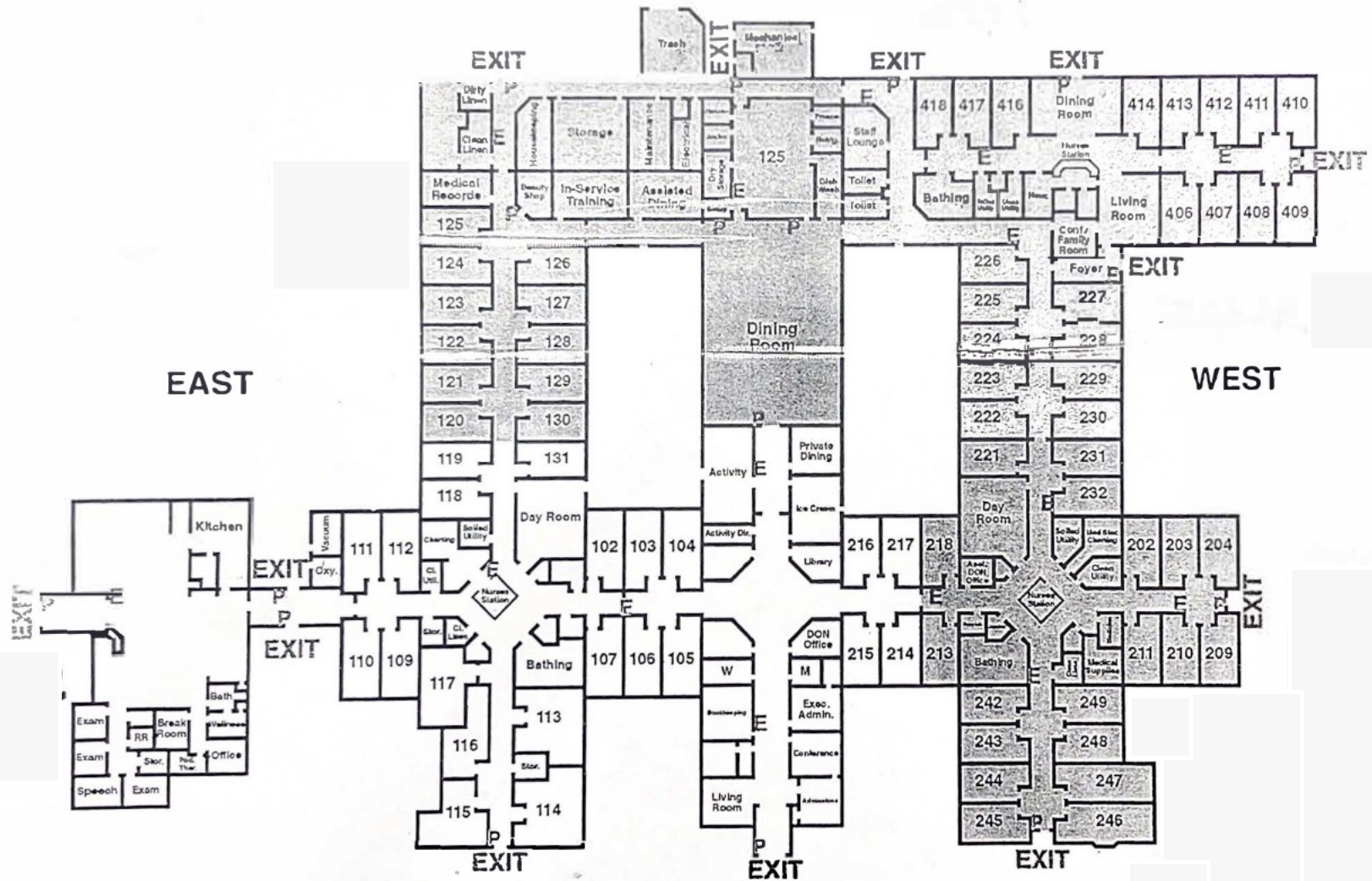
If you hear a **CODE BLUE**, that is a situation where the resident is not breathing and/or does not have a pulse. A code blue will only be called for a patient who is a **FULL CODE**.

**CODE PINK** is for a resident that is missing.

**CODE RED** is for fire. If smoke or heat is sensed by a fire/smoke detector, it will only activate the alarm in that particular room and sprinklers may go off. Facility wide alarm will be activated if someone pulls a fire alarm.

Please be familiar with the Elder Justice Act. <https://acl.gov/about-acl/elder-justice-act>

# Life Care Center of Littleton



# Student General Orientation

Issued: 05/18/2023

## Abuse/ Neglect/Misappropriation

- Residents must not be subjected to abuse by anyone. It is the policy and practice of every facility that all residents will be protected from all types of abuse, neglect, misappropriation of resident property, and exploitation.
- Charges of abuse and/or neglect are among the most serious allegations that can occur in a nursing home. Frail elderly and disabled residents are frequently powerless to protect themselves from physical or sexual assault and may be unable to communicate to family or HCP that they have suffered from abuse.
- To minimize the threat of abuse and/or neglect, nursing homes must incorporate clear-cut policies and practices that demonstrate a zero-tolerance approach to resident abuse.
- We are required by Federal and State laws and regulations to keep the resident free from abuse, neglect, and misappropriation of property.
- These laws and regulations outline our obligation to identify risks and put a plan in place to protect the residents.

## What is Abuse, Neglect, Exploitation and Misappropriation of Property?

**Abuse** is the deliberate infliction of injury, unreasonable confinement, intimidation, or punishment, which results in physical harm, pain, or mental anguish.

This includes verbal, sexual, physical, or mental abuse, as well as abuse enabled through the use of technology.

Examples include:

- Hitting, pinching, shoving, force-feeding, scratching, slapping, and spitting;
- Scolding, ignoring, ridiculing, or cursing a resident;
- Threats of punishment or deprivation;
- Non-consensual sexual contact of any type including rape, improper touching or forcing a resident to perform sexual acts;
- Rough handling during caregiving or moving a resident;
- Taking, using, and/or sharing photographs or recordings of residents that would demean or humiliate them. Students are not permitted to photograph or record residents.

**Neglect** is the failure to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress. Neglect may or may not be intentional.

Examples include:

- Incorrect body positioning -- leads to limb contractures and skin breakdown;
- Lack of assistance with toileting or changing of disposable briefs, that results in the resident being incontinent and sitting in urine and feces, increased falls and agitation, indignity and/or skin breakdown;
- Lack of assistance with eating and drinking -- leads to malnutrition and dehydration;
- Lack of assistance with walking --leads to lack of mobility;
- Lack of bathing --leads to indignity, skin issues, and poor hygiene;



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- Lack of assistance with participating in activities of interest –leads to withdrawal and isolation;
- Ignoring call bells or cries for help – leads to increased falls and agitation/anxiety.

**Exploitation** means taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion. Misappropriation is the deliberate misplacement, misuse, or exploitation of a resident’s belongings or money without the resident’s consent.

Examples include:

- Not placing resident funds in separate interest-bearing accounts where required;
- Threatening or coercing a resident to give money in order to receive care or services;
- Stealing or embezzling a resident’s money or personal property, such as real estate, jewelry or clothing;
- Using a resident’s personal property such as a TV, phone, or clothing.

## Reporting Abuse, Neglect, Exploitation, and Misappropriation

It is a violation of State and Federal law for any person, including facility staff, volunteers, visitors, family members or guardians, or another resident, to neglect or abuse a resident.

Facilities, and most licensed professionals providing care and services, are required to report allegations of abuse, neglect, exploitation, and misappropriation.

- Anyone can and should report abuse! If you suspect neglect, abuse, or exploitation; if money or property has been stolen or misappropriated; or if a resident tells you they are experiencing these problems, it is important to believe the resident and report the allegation to the facility abuse coordinator or other facility supervisor immediately. This will help prevent further suffering by any resident.

## Residents Rights

- Residents’ Rights are guaranteed by the federal 1987 Nursing Home Reform Law. The law requires nursing homes to “promote and protect the rights of each resident” and places a strong emphasis on individual dignity and self-determination.
- Nursing homes must meet federal residents' rights requirements if they participate in Medicare or Medicaid.
- **A person living in a long-term care facility maintains the same civil and legal rights as an individual in the larger community plus a basic set of legally protected Resident Rights.**

These rights include:

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- Guaranteed Quality of Life.
- The Right to Be Fully Informed, make own decisions, and have personal information kept private.
- Right to Complain.
- Right to Participate in One's Own Care.
- Right to Privacy and Confidentiality.
- Rights During Transfers and Discharges.
- Right to Dignity, Respect, and Freedom.
- Right to Visits.

## Dignity, Respect and Customer Service

- No matter what our needs are, or how our abilities have diminished, we all want to live with dignity, be treated with respect and have control over our lives, even if our health necessitates limitations.
- The Centers for Medicare and Medicaid Services (CMS) indicates that **Dignity** means that in their interactions with residents, staff carries out activities that assist the resident to maintain and enhance his/her self-esteem and self-worth.
- We promote dignity and display respect through resident accommodation of needs and preferences, providing privacy during care, being aware of the impact of our actions, focusing on residents as individuals and respecting private space and property.
- Good **customer service** skills are foundational in team building and developing relationships with residents and families. **Everyone** we come in contact with is our customer and **everyone** should be treated with respect and dignity.

## Top 10 Tips for Communicating with Residents

1. **Be conscious of how you speaking with the residents**
  - Remember K.I.S.S. — Keep It Short and Simple, especially until you have a better sense of your friend's conversational abilities.
  - Speak slowly and clearly in a low tone of voice. With time, you will learn which residents are hard of hearing, but don't assume— no one likes being shouted at.
  - Use familiar language: if the resident's first language is not English, try to use a few words from their native language. Even a simple "Hola" or "Bonjour" may help them feel more at home.
  - Enunciate clearly; some residents may rely on reading lips to give form to the sounds they hear.
2. **Treat residents as peers; they can tell when someone is treating them like a child or as an inferior.**
  - Sit on the same level as them. Peers generally communicate on the same physical level. As an added benefit, pulling up a chair and sitting down is a simple nonverbal way you can convey that you are relaxed and happy to be visiting with them.
  - Remember to use a friendly conversational tone of voice in your interactions.

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3. **Do not interrupt the residents while they are speaking, they may lose their train of thought**
  - If they pause, it may be helpful to supply the word you think they're looking for.
  - Avoid distractions. Do not pull out your phone unless it is an emergency, or unless it is in order to facilitate something in the conversation, i.e. finding a song for them or looking something up for them.
4. **Avoid contradicting or arguing with the residents**
  - Remember to have patience and compassion: be empathetic with the possible challenges the resident must face.
5. **For residents whose ability to communicate is limited by cognition or speech impairments, yes or no questions, or questions to which answers are limited to two choices might help.**
  - Example: Do you like football or basketball better?
  - Example: Would you like to go outside, or stay here to visit?
6. **If the resident does not understand a question the first time, repeat the question exactly.**
  - You can try replacing a word if they don't seem to understand, but keep the same surrounding words, gestures, and tone of voice
  - Allow the resident time to respond.
7. **Use both verbal and nonverbal communication.**
  - Verbal communication can include storytelling, singing, or initiating conversation.
  - Nonverbal communication can include smiling, providing eye contact, and touching gestures (such as touching the arm to get their attention).
  - If you sense the resident would be comfortable, show simple expressions of caring: a hug, hold their hand, even a smile can help make the resident feel cared for and loved.
8. **Try to personalize your conversation with the resident.**
  - Identify yourself and call the resident by name—once you learn what name they prefer to be called. (Some residents may prefer first names; some may prefer being called "Mrs. Smith" or "Mr. Jones."). Do not use pet names such as "Honey" or "Sugar."
  - Show interest in what the resident has to say. It encourages them to communicate.
9. **Offer the resident choices rather than directing them to do things, to help them feel more in control.**
  - Example: instead of saying "it's time to go to lunch", say "we're going to the dining room for lunch, okay?" or, if possible, offer options "Would you like to have soup or salad for lunch today?"

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10. Remember that silence is a good thing; learn to become more comfortable with space in the conversation.

## Identification of Residents

- Residents are identified using 2 identifiers prior to administering medications and providing treatments or procedures. Room numbers are not to be used as 1 of the 2 identifiers. To prevent error, laboratory specimens are to be labeled in the presence of the resident.
- Acceptable identifiers include:
  - Resident verbalization of full name and compare to name and photo in PCC
  - If armband is in use, compare name on armband to name and photo in PCC
  - If no armband or photo, validate the identity of the resident with another associate and compare that to the resident's name in PCC

## Advance Directives

- All residents and/or representatives receive information regarding their rights to make decisions about their medical care, including to refuse medical care.
- This may include the desire to have CPR performed (FULL CODE), or to request it not be performed (DNR-Do Not Resuscitate)
- The advance directive can also include other treatment restrictions such as blood transfusions, tracheostomy, or respiratory intubation
- The facility will conduct an interview with the resident or representative upon admission related to advance directives
  - Upon admission the resident or representative will be asked if they have an advanced directive, if so, **a copy will be made and placed in the chart.**
- A resident may revise an advanced directive either in writing or orally. In either instance a physician must give an order to change an advance directive.
- If there is any concern or conflict arises during decision making, all medical care will be provided until resolved and the Life Care Center of America's corporate legal counsel is consulted.
- The resident's physician will be contacted of any change in condition regardless of DNR status

## Restraint Education

- What are Restraints? Any device, material or equipment attached to or near a person's body and which cannot be controlled or easily removed by the person and which deliberately prevents or is deliberately intended to prevent a person's free body movement to a position of choice and/or a person's normal access to their body.
- The intent is for each resident to attain and maintain his/her highest practicable well-being in an environment that prohibits the use of physical restraints for discipline or



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convenience, prohibits the use of physical restraints to unnecessarily inhibit a resident's freedom of movement or activity, and limits physical restraint use to circumstances in which the resident has medical symptoms that may warrant the use of restraints.

## Trauma-Informed Care

- This facility has policies and procedures in place establishing a trauma-informed approach as an essential part of the organizational mission. Trauma-informed care acknowledges that understanding a resident's life experiences is necessary to deliver effective care and has the potential to improve resident engagement, treatment adherence, and health outcomes. These policies include, but are not limited to, the following seven components of Trauma-Informed Care:
  1. Screening and assessment
  2. Implementing resident-driven care and services
  3. Appropriate staffing
  4. Associate training, skills and competencies
  5. Creating and maintaining a safe environment
  6. Community outreach and referrals
  7. Ongoing performance improvement and evaluation

## Dementia

Here are some important facts to consider when caring for someone with dementia:

### 1. **Accept support.**

Whether you provide care professionally or at home to a family member, never be afraid to ask for help. Caregiving for someone with dementia is not easy and there will certainly be moments when professional and at-home caregivers need a hand or someone to talk to.

### 2. **Actively empathize.**

Care starts with compassion and empathy. This holds true in all human relationships but may be especially important for dementia caregivers. People with dementia are prone to being confused about their whereabouts and even the time period in which they are living. For instance, imagine how you would feel and would want to be treated if you suddenly found yourself disoriented in an unfamiliar place, not even sure of the year or even your own identity.

### 3. **Be a realistic caregiver.**

Be realistic about what constitutes success during the progression of the disease. Success is helping to ensure that the person you are caring for is as comfortable, happy and safe as possible. Most experienced dementia caregivers will tell you that the person they care for has good days and bad days. Try your best to foster the good days and even the good moments for the person with dementia. Don't try to force them. Also, be realistic about the course of the disease. Remember that most types of dementia, including Alzheimer's, are irreversible and progressive. Dementia will tend to get worse over time and there is no known cure.

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## 4. Dementia is more than memory loss.

Memory loss is a classic dementia symptom. But some types of dementia, particularly frontotemporal dementia and Pick's disease, manifest themselves as personality changes rather than memory loss. The symptoms depend on the areas of the brain that is affected by the disease. Even when memory loss is the most apparent symptom, the person with dementia is experiencing a neurological decline that can lead to a host of other issues. A patient may develop difficult behaviors and moods.

## Elopement, Wandering

- Residents are assessed for unsafe wandering and elopement indicators upon admission, readmission, change in condition, quarterly and with any unsafe wandering or elopement.
- Students should not assist any resident outdoors without first checking with the supervisor on duty, and gaining a full understanding of the facility procedure and plans related to wandering and elopement.
- During the admission and readmission process, a care plan is initiated by the admitting nurse on any residents assessed with unsafe wandering or elopement behaviors.
- Upon completion of the interdisciplinary team's admission and readmission assessments, the interdisciplinary team will review any additional unsafe wandering and/or elopement risk indicators and revise the resident's care plan as indicated.
- Residents and/or family members receive education on signing the resident in and out when leaving facility at time of admission and as indicated thereafter.
- Residents and/or family members receive education on the resident's unsafe wandering and elopement management care plan and are provided opportunity for feedback.

### **A system of identification for Residents with potential for unsafe wandering and elopement will be in place, including but not limited to:**

- Identification bracelets on wrist or ankle
- Identification on or in the Residents' clothing
- Current photographs of residents
- Current responsible party contact information
- Residents that are identified as having potential unsafe wandering and elopement indicators may benefit from a secured (locked) unit. Prior to admission on the secure unit the facility will review the unsafe wandering and elopement indicators with the family and obtain consent for secure unit placement. This will be documented in the medical record.

## Documentation

- One of the most critical responsibilities of all health care professionals is producing proper documentation. Documentation, also called charting, is a clear and accurate method of keeping track of everything that happens to each patient. It is a way to communicate with other team members about the patient so the team can plan for and provide the best care.

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- Documentation has other important functions, as well:
  - It creates a permanent record of the patient's health care.
  - It serves as proof of care and services for billing the insurance company.
  - It can be used as evidence in a court of law.
  - All documentation should be done at the time care is delivered.
  - Documentation is done in the EHR (electronic health record) - PCC (Point Click Care).

## Point Click Care (PCC) and Point of Care (POC)

- PCC/POC is the documentation system LCCA utilizes for Nurses and CNAs.
- To access PCC/POC, use the icon on the desktop screen. You can also access by opening Google Chrome and selecting the PCC-production icon. Both icons will lead you to the log on screen.
- You will be supplied with a username and password.
- Do not share you username or password with others.
- Do not document under someone else's username.
- PCC/POC should only be accessed through an LCCA computer and never from a personal device.
- Quick Reference Cards (QRCs) can be found at facility nurses' stations or by going to Village Square and opening up Google Chrome. From there, click on "Quality-Clinical". Next click "PCC Toolkit" on the left side of the screen in the blue shaded area. From there, you will find QRC folders for both the nurses' platform (QRCs for PCC) as well as for the CNA (QRCs for POC).
- Many other resources that may be helpful when navigating through PCC/POC can be found here as well.

## Computer and Electronic Communication

Individuals should refer to the Computer Security Guide for detailed information regarding this topic.

### Accessing Information

Students are not permitted to use a password, access a file, or retrieve any stored communication unless authorized to do so. Furthermore, Students are prohibited from gaining, or attempting to gain, access to another associate's e-mail or computer files. Students must not share their username and password with anyone, including supervisors, other students, and family members. Consequently, students should only store computer files that are used by multiple associates or files that may need to be accessed in their absence (e.g., while on vacation) on a shared drive on the network used by students in their department. In the event that a shared computer file cannot be accessed, the student should make a facility associate aware, so that they can contact the IT department for assistance in obtaining access to the file.

### Facility Policies

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All facility policies are web-based on PolicyTech and can be accessed on Life Care Centers of America's intranet computer portal on Village Square.

## **Internet Use**

Life Care provides access to the Internet to conduct the business of the facility. The Internet represents a useful facility tool; and Life Care expects it to be used properly. Students are prohibited from accessing sexually explicit, obscene, or offensive sites. The company reserves the right to use software that blocks access to such sites or filters the receipt of offensive or disruptive electronic messages.

## **Downloading Information from the Internet and Installing Software**

Unless specifically authorized by Life Care's Customer Support Center, students are prohibited from downloading or installing software onto their company computers.

## **Electronic Transmission of Confidential Information**

Students are prohibited from electronically transmitting confidential business information, such as trade secrets and other proprietary information, as such transmissions could be intercepted or accessed and cause enormous damage to the company. If a situation arises in which it is necessary to electronically transmit confidential business information, the student seeking to do so must first obtain permission from their supervisor and contact the IT support center for assistance.

## **HIPAA and Confidentiality**

**HIPAA** is a law enacted by the U.S. Congress to protect residents' privacy. This law puts strict limits on who is allowed to use, access, acquire and disclose a resident's health information and who can't. HIPAA is a "RESIDENT'S RIGHTS" law. HIPAA sets national standards that all our long-term care facilities, hospitals, clinics, doctor's offices and insurance plans must follow.

## **THE PRIVACY RULE**

The Privacy Rule is all about who may use, access, acquire or disclose a resident's health information and who can't. The Privacy Rule means every resident has certain rights such as:

- The right to access, inspect, copy, and request changes to medical records;
- The right to say who sees medical records and who doesn't
- The right to request a list of exactly who has seen medical records;
- The right to confidential communication about health;
- The right to know how health information will be used and disclosed;

## **Protected Health Information (PHI)**

PHI is any information about a resident's condition, treatment and payment in a written, verbal, or electronic format. PHI includes, but is not limited to: Medical Records, Arm Bracelets, Pharmacy Orders, Conversations about a resident's health, Dietary Cards, IV



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Bags and Meds, Payment and Insurance Records. Under HIPAA, you may share PHI without authorization for three purposes:

- Treatment
- Payment
- Healthcare Operations

A “breach” is an impermissible use, access, acquisition, or disclosure of unsecure PHI. Examples of a breach include:

- Discussing a resident’s diagnosis, condition, or treatment in a public place or in a place where those not authorized may overhear; or to an individual that is not authorized to receive the information
- Sending a fax containing PHI to the wrong number
- Losing or leaving PHI in unsecure public areas
- Placing PHI in the trash instead of the shred bin
- Sending the wrong resident’s documents or medications with a resident upon discharge or to an appointment
- Posting a photograph of a resident on social media without authorization

Should a breach occur, it must be reported to facility administration immediately. A breach by an individual may result in disciplinary action up to and including termination of contract.

## Dietary

Dietary- textures, verifying before serving.

### Meal Textures

Regular\* - Easy to Chew – Mechanically Altered - Pureed

\*Hot Dogs must be sliced down the center

### Liquid Consistencies

Thin Liquids - Nectar thickened liquids (Mildly Thick) - Honey thickened liquids (Moderately Thick) - Pudding thick (Extremely Thick)

Diets should be verified prior to delivery of food or liquid delivery to a resident to ensure resident safety. Diets should be verified by comparing the order in PCC on the resident dashboard under “Diet” to the paper that accompanies the tray or “tray card.”

## Fall Management

- Residents are assessed for fall indicators upon admission, quarterly, change in condition, and following a fall utilizing the Fall Risk Assessment.
- During the admission and readmission process, a care plan will be developed and initiated by the admitting nurse

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- Care plan and Kardex should be reviewed to become familiar with specific fall interventions.
- The care plan will be revised with any additional fall risk indicators upon completion of the other interdisciplinary team members' assessments.
- The resident and/or representative will be provided education on the fall management care plan and allowed to provide feedback.
- Immediately after a fall, the nurse must assess the resident to determine if they can be moved and if any first aide care is needed. Once assessed and first aide performed, the physician is notified, the representative is notified, and a description of the event is entered into the medical record.
- After a fall, an intervention should be put into place that is appropriate for that resident's condition to try and prevent subsequent falls.
- A description of the intervention should be charted in the medical record.

## Transfer/ Lift

Always refer to resident care plan or Kardex for guidance on transfer/ lift instructions.

### Utilization of Mechanical lifts:

- Mechanical lifts allow residents to be lifted/transferred with minimal of physical effort but must be used safely to prevent falls and other injuries.
- A minimum of 2 HCPs members is required to assist with a mechanical lift.
- The patient's weight must be centered over the base legs at all times.
- Identify the correct lift and sling size for the resident.

### Inspect the Equipment Prior to Use:

- If you suspect any problem with the lift or the sling, DO NOT ATTEMPT TO TRANSFER THE RESIDENT. Report the concern to the nurse.
- Ensure the battery is charged and the hand control is functional.
- Check to make sure the lift can be locked in place.
- Follow manufacturer's recommendations on use of correct slings.
- Prepare the environment by minimizing the distance between the resident's point of origin and destination, when possible. Lessening the amount of time the resident is suspended by the lift decreases the risk of injury.
- Be certain to explain the lifting sequence to the resident before beginning the process.
- Ensure that the sling is correctly attached to the lift. Do not tie knots in the sling straps.
- Always keep the resident facing the HCP operating the lift and be aware of resident positioning.
- Use the hand control to slowly raise the patient, if there are any concerns, lower the resident and notify the nurse.

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## **Fire Safety and Emergency Preparedness**

### **The R.A.C.E. acronym and fire extinguisher use**

If you are involved in a fire, remember R.A.C.E. to help you respond safely and correctly:

**R = Remove/Rescue**

**A = Activate/Alarm**

**C = Close/Contain/Clear**

**E = Evacuate**

### **Proper use of fire extinguishers using the (P.A.S.S.) acronym**

To use fire extinguishers correctly:

**P = Pull** the pin on the fire extinguisher

**A = Aim** the extinguisher nozzle at the base of the fire

**S = Squeeze** or press the handle

**S = Sweep** from side to side until the fire appears to be out

## **Evacuations**

Each facility has a drawing of its building (floor plan) posted throughout the facility. This is an important drawing because it indicates the location of all exits, evacuation routes, assembly areas, and the location of fire alarm pull stations and fire extinguishers. It is essential that you know your facility's floor plan and the location of emergency equipment.

The facility in which you are working will provide you with an orientation of the facility and its emergency procedures. Become familiar with your facility's floor plan. It may save someone's life.

**If a facility should need to be evacuated, you will be directed by the Supervisor.**

## **Smoking Policy- Resident**

- Smoking is not allowed, at any time, inside the building by residents, HCP, or visitors.
- Check with supervisor prior to allowing any resident to smoke.
- E-cigarettes are considered a type of smoking tobacco and must be handled in accordance with the e-cigarette policy.
- For facilities that allow smoking- All residents who smoke will be supervised.
- Residents will not be allowed to keep lighters, matches, e-cigarettes, cigarettes, or other tobacco products on them or in their rooms.
- Oxygen use is prohibited in designated areas.
- Upon identification of smoking non-compliance by resident, family or visitors, HCP will intervene immediately, providing instruction on the facility's smoking policy, designated smoking area, times, etc. In the event of ongoing non-compliance by resident family or visitors, the facility will consider supervised visitation and/or revocation of visiting privileges.

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- In the event a resident continues to be non-compliant with smoking policies, the facility will notify the resident, family and/or responsible party of potential discharge, due to resident creating potential for harm of self and/or others.

### **Hazardous Communications**

- Chemicals pose a wide range of health hazards (such as irritation, sensitization, and carcinogenicity) and physical hazards (such as flammability, corrosion, and reactivity). OSHA's Hazard Communication Standard (HCS) is designed to ensure that information about these hazards and associated protective measures is disseminated.
- This is accomplished by requiring chemical manufacturers and importers to evaluate the hazards of the chemicals they produce or import, and to provide information about them through labels on shipped containers and more detailed information sheets called material safety data sheets (SDSs).
- All employers with hazardous chemicals in their workplaces must prepare and implement a written hazard communication program, and must ensure that all containers are labeled, students are provided access to SDSs, and an effective training program is conducted for all potentially exposed students.
- For SDS information related to chemicals that you may come in contact with at the facility- ask the Supervisor where you may access this information.

### **Skin Care & Wound Management**

- All residents are considered at risk for pressure ulcer/injury development.
- Upon admission residents have a risk assessment completed - Braden or Norton (for Massachusetts) It is completed weekly x4 then monthly per PCC: Braden or Norton.
- All residents have preventative measures in place that include pressure redistribution mattresses on all beds, wheelchair cushion, heel boots or suspension, frequent repositioning per CNA and ADL care, incontinent care provided with skin cleansers/wipes and barrier cream application if needed.
- All residents have a head to toe skin inspection upon admission/readmission, then completed weekly, and as needed by nursing. It is documented in PCC: NRSRG: Weekly Skin.
- It is the responsibility of the CNAs and therapy department to notify nursing if a change of the resident's skin is identified. Notification may be entered into PCC via EInteract and will alert nurse on PCC Dashboard.
- If any new skin alteration/wound is identified, it is the responsibility of the nurse to preform and document an assessment/observation, obtain treatment orders, and notify MD and responsible party.
- Orders are required for skin and wound care. There are wound care protocol orders in PCC under Orders- TX Template.
- Assigned/due treatments are assigned in PCC under the ETAR tab.



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- Wound care products and treatment supplies are located on the treatment/med carts, in med rooms, and supply closets. Topical agents may be provided by pharmacy. Minimal supplies may be at bedside in safe location.
- Wound care is provided utilizing a clean technique. Procedure and competency are located on Village Square along with other wound care resources. (Village Square- Quality Clinical- Resources- Wound).
- Wound assessments/observation are required at a minimum of weekly and when there is a change. To view or update an assessment/observation access resident's PCC: Assessment- NRSW WOT. If a new one is needed, add 'New' and complete.
- Additional resident centered care interventions may be listed on the resident's care plan and care directives in PCC.

## General Infection Control Practices

The **first level** of control is administrative controls, which are measures taken to ensure that the entire system is working effectively.

These controls include:

- detecting infections early
- separating infectious patients from others
- educating the patients and HCPs on infection control practices.

The **second level** is "environmental and engineering controls", including cleaning of the environment, and equipment.

The **third level** of control to further decrease the risk of transmission is personal protection, which is the provision of the proper personal protective equipment (PPE) (e.g. gloves, gowns, masks, respirators).

## Glucometer Cleaning and Disinfecting

- Glucometers should be cleaned and disinfected before and after each use, to prevent the spread of infection, specifically blood borne pathogens.
- Only EPA registered disinfectants approved by the device manufacturer should be used to clean and disinfect the glucometer.
- When placing the glucometer down on a surface ensure the glucometer is placed on a barrier to prevent cross contamination.
- Each Med Cart should have 2 glucometers available.
- Quality controls must be performed each day and recorded.

## Bloodborne Pathogens

- Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). Needlesticks and other sharps-related injuries may expose workers to bloodborne pathogens. Workers in many occupations, including first responders, housekeeping personnel in some industries,

# Student General Orientation

nurses and other healthcare personnel, all may be at risk for exposure to bloodborne pathogens.

- ALL Sharps Related injuries/accidents must be reported immediately to Facility Leadership
- Students who are unsure how to use a “safety” sharp and how to activate the safety mechanism should ask for additional education.
- You may request a copy of the exposure control plan from the Director of Nursing or Executive Director.

## Handwashing/ Hand Hygiene

- Handwashing/hand hygiene is generally considered the most important single procedure for preventing nosocomial infections. Antiseptics control or kill microorganisms contaminating skin and other superficial tissues and are sometimes composed of the same chemicals that are used for disinfection of inanimate objects. Although antiseptics and other handwashing agents do not sterilize the skin, they can reduce microbial contamination depending on the type and the amount of contamination, the agent used, the presence of residual activity, and the handwashing technique followed.  
Perform proper hand hygiene with soap and water or alcohol-based hand rub (ABHR);
  - When coming on duty & prior to leaving for the day;
  - Before and after using the bathroom;
  - Before and after all resident contact;
  - After contact with potentially infectious material;
  - After contact with blood, body fluids, or visibly contaminated surfaces;
  - Before applying gloves;
  - After removal of gloves;
  - Prior to removal of faces shield/eye protection and/or respirator;
  - After touching or adjusting facemask or face covering;
  - Prior to eating or drinking;
  - Before performing a procedure such as an aseptic task;
  - Before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
- Always use soap and water if hands are visibly soiled or in the event of (ABHR) alcohol-based hand rub shortages.
- HCP should perform hand hygiene by using ABHR with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.

## Standard Precautions

Standard precautions represent the infection prevention measures that apply to all resident care, regardless of suspected or confirmed infection status of the resident, in any setting where healthcare is being delivered. These evidence-based practices are designed to protect healthcare personnel (HCP) and residents by preventing the spread of infections among residents and ensuring HCP do not carry infectious pathogens on their hands or via equipment during resident care.

# Student General Orientation

Standard precautions include:

- Hand hygiene
- Appropriate use of personal protective equipment (PPE) (e.g., gloves, gowns, facemasks)
- Respiratory hygiene and cough etiquette
- Safer sharps practices
- Safe handling of equipment or items that are likely contaminated with infectious body fluids
- Cleaning and disinfecting or sterilizing of potentially contaminated surfaces and equipment between resident use.
- Removal of blood and body fluid spills and the use of a blood spill kit to decontaminate the area
- Handling soiled linen as little as possible
- Bagging waste in leak-proof, puncture-resistant bags

Sequence for **Donning of PPE**

1. GOWN
  - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
  - Fasten in back of neck and waist
2. MASK OR RESPIRATOR
  - Secure ties or elastic bands at middle of head and neck
  - Fit flexible band to nose bridge
  - Fit snug to face and below chin
  - Fit-check respirator
3. GOGGLES OR FACE SHIELD
  - Place over face and eyes and adjust to fit
4. GLOVES
  - Extend to cover wrist of isolation gown

Sequence for **Doffing of PPE**

1. GOWN AND GLOVES
  - Gown front and sleeves and the outside of gloves are contaminated!
  - If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
  - Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
  - While removing the gown, fold or roll the gown inside-out into a bundle
  - As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container
2. GOGGLES OR FACE SHIELD
  - Outside of goggles or face shield are contaminated!
  - If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer

# Student General Orientation

- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container
- 3. MASK OR RESPIRATOR
  - Front of mask/respirator is contaminated — DO NOT TOUCH!
  - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
  - Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
  - Discard in a waste container
- 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

## Transmission Based Precautions

- Transmission-based precautions are implemented based upon the means of transmission of an infection (contact, droplet, or airborne) in addition to standard precautions in order to prevent or control infection.
- There are four categories of Transmission-Based Precautions:
  - Contact Precautions,
  - Droplet Precautions,
  - Airborne Precautions
  - Enhanced Barrier Precautions

### Contact Precautions

- Contact precautions are intended to prevent transmission of infections that are spread by direct (e.g., person-to-person) or indirect contact with the resident or environment, and require the use of appropriate PPE, including a gown and gloves upon entering (i.e., before making contact with the resident or resident's environment) the room or cubicle. Prior to leaving the resident's room or cubicle, the PPE is removed, and hand hygiene is performed.

### Droplet Precautions

- The use of droplet precautions applies when respiratory droplets contain viruses or bacteria particles which may be spread to another susceptible individual.
- Respiratory droplets are generated when an infected person coughs, sneezes, talks, or during procedures such as suctioning, endotracheal intubation, cough induction by chest physiotherapy, and cardiopulmonary resuscitation.
- Facemasks are to be used upon entry (i.e., within six feet of a resident) into a resident's room or cubicle with respiratory droplet precautions. If substantial spraying of respiratory secretions is anticipated, gloves and gown as well as goggles (or face shield in place of goggles) should be worn.

### Airborne Precautions



# Student General Orientation

- Airborne transmission occurs when pathogens are so small that they can be easily dispersed in the air, and because of this, there is a risk of transmitting the disease through inhalation.
- These small particles containing infectious agents may be dispersed over long distances by air currents and may be inhaled by individuals who have not had face-to-face contact with (or been in the same room with) the infectious individual.  
HCP's are to don N95 or higher respirator prior to room entry.

## Enhanced Barrier Precautions

- Enhanced Barrier Precautions expand the use of PPE beyond situations in which exposure to blood and body fluids is anticipated and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of Multi-drug Resistant Organism (MDRO) to HCP hands and clothing.  
Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include:

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
- Wound care: any skin opening requiring a dressing

**Follow any additional specific infection prevention and control guidelines issued by your local and state authorities.**

## Respiratory Protection and Fit Testing

- Prior to using an N95 or other type of respiratory protection device the student should;
  - Complete medical questionnaire.
  - Participate in fit testing.
  - Wear their respirators when and where required and in the manner in which they were trained for donning and doffing.
  - Care for and maintain their respirators as instructed, and store them in a clean, sanitary location when reuse protocols are in effect.
  - Inform their supervisor if the respirator no longer fits and request a new one.
  - Inform their supervisor or the Program Administrator of any respiratory hazards they feel are not adequately addressed in the workplace and of any other concerns that they have regarding the Program.
  - Inform their supervisor of need for a medical re-evaluation.
- The purpose of this Respiratory Protection Program (RPP) is to ensure that HCPs are protected from exposure to airborne transmissible diseases through appropriate use of respiratory protection. Engineering and administrative controls are also used to protect

# Student General Orientation

HCPs; however, these controls are not always feasible. In these situations, respirator use may be needed.

## COVID-19 Education

- It is important for HCPs to report any signs and symptoms of respiratory illness, including COVID-19, to their immediate supervisor or charge nurse immediately. These signs and symptoms include but are not limited to the following:
  - Fever or chills
  - Cough
  - Shortness of breath or difficulty breathing
  - Fatigue
  - Muscle or body aches
  - New loss of taste or smell
  - Sore throat
  - Congestion or runny nose
  - Nausea/vomiting/diarrhea
  
- HCPs will be educated on new or revised policies related to COVID-19. This education may be in the form of verbal education, handouts, video instruction or any combination. This education will be provided by the charge nurse, immediate supervisor, staff development coordinator or other designee.
- If a HCP has any signs or symptoms of a respiratory illness, including COVID-19, please contact your immediate supervisor immediately. Do not come to your scheduled shift if you believe you may be ill. Your immediate supervisor or designee will provide you with instruction on what to do next in the event you are ill.
- The use of routine and periodic COVID-19 testing in accordance with current local, state, CMS and CDC guidelines to assist in leading Infection Prevention and Control actions.
- HCPs should be educated to regularly monitor themselves for fever and respiratory symptoms and symptoms indicative of COVID-19 and to contact their supervisor ahead of reporting to work. If they have any signs and symptoms as defined above, HCPs should not report to work.
- Perform proper hand hygiene with soap and water or alcohol-based hand rub (ABHR). Refer to the handwashing/hand Hygiene section for more information.
- EPA-registered hospital grade disinfectants with an emerging viral pathogens claims should be used for routine cleaning of the facility and resident equipment.

## QAPI

**QAPI** is the coordinated application of two mutually reinforcing aspects of a quality management system: Quality Assurance (QA) and Performance Improvement (PI).

1. The QAPI committee must:
  - a. Meet at least quarterly and as needed to coordinate and evaluate activities under the QAPI program, such as identifying issues with respect to which quality assessment and assurance activities, including performance improvement projects are necessary

## **Student General Orientation**

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- b. Identify gaps and opportunities for improvement.
- c. Use the Plan- Do- Study Act
  - i. In the PLAN stage, the team learns more about the problem, plans for how improvement would be measured, and plans for any changes that might be implemented.
  - ii. In the DO stage, the plan is carried out, including the measures that are selected.
  - iii. In the STUDY phase, the team summarizes what was learned.
  - iv. In the ACT phase, the team and leadership determine what should be done next. The change can be adapted (and re-studied), adopted (perhaps expanded to other areas), or abandoned. That decision determines the next steps in the cycle.
- d. Identify the Root Cause of the issue.
- e. Identifying the root cause may be done using a number of methods including:
  - i. Five-Whys,
  - ii. Fishbone Diagram.
- f. Take Systemic Action to correct identified issues.



WELCOME STUDENTS!

Orientation



# Overview of Life Care Centers of America

- ▶ Founded in 1968 by Forrest Preston who had a dream of changing skilled nursing to be more resident-centered in a home-like environment
- ▶ First Facility opened in 1970 in Cleveland, TN
- ▶ Currently, over 200 Life Care Facilities in 27 states, 24 facilities in Colorado





# Our Mission

Life Care is committed to being a premier provider of long-term health care in America. It is our desire to be the facility of choice in each community in which we operate. Our programs, services, and facilities are designed and operated with superior quality in order to satisfy the needs of our residents.



# Life Care Center Of Littleton

- ▶ Almost 20 years serving the Littleton community
- ▶ Living life well is our passion and passing this on to all the residents we care for
- ▶ We care for long term, skilled and acute care residents
- ▶ Focus on inpatient and outpatient rehab
- ▶ 120 beds split into 3 units
- ▶ Executive Director: Sara Dent
- ▶ Director of nursing: Stephanie Campbell



# 4 Star Quality rating



- ▶ 5 star quality rating is a system put in place to rate long-term care facilities created by the Centers of Medicare and Medicaid
  - ▶ 1-5 stars
  - ▶ 5 way above average quality
  - ▶ 1 is way below average quality
- ▶ Rating based on:
  - ▶ 3 years of health inspections
  - ▶ Staffing ratios
  - ▶ 11 different quality measures determined by annual state survey
    - ▶ Examples: facility acquired pressure ulcers, urinary tract infections, resident falls, antipsychotic medication usage, resident reported severe to moderate pain, worsening ability to perform activities of daily living etc.





# Fire Procedures

If you Discover a Fire

- ▶ Rescue/ Remove
- ▶ Alarm/ Activate
- ▶ Contain/ Close doors
- ▶ Evacuate



Extinguish

- ▶ Fire Extinguisher locations: in each hallway, the kitchen, Medical records, activity room, laundry, maintenance shop
- ▶ Pull pin
- ▶ Aim
- ▶ Squeeze
- ▶ Swipe





# Fire Procedures

## Fire Alarm System

- ▶ Pull alarms located near main entrance and end of each hallway
- ▶ Smoke detectors are heat or smoke activated and alarm independently
- ▶ Sprinklers heat activated and activate individually
- ▶ Call light will be green if fire detected in room, but will not activate the alarm
- ▶ Fire doors located on each hall

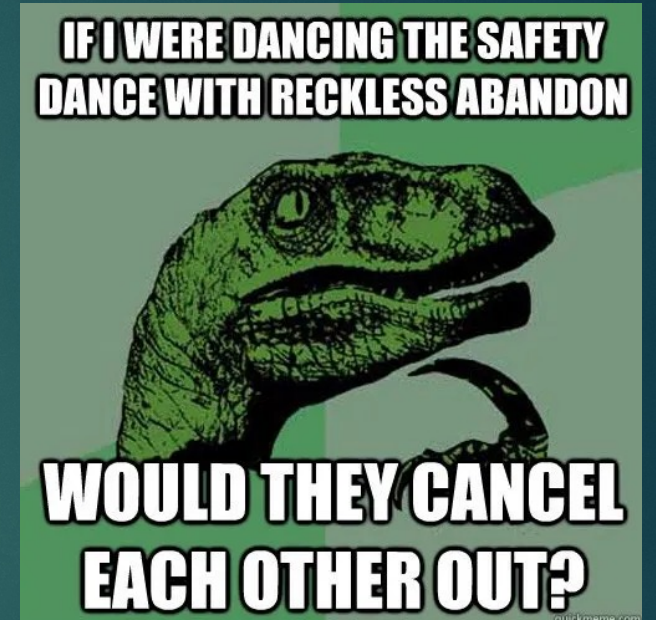
## Response to Fire

- ▶ Initial responder alerts other in area of a **CODE RED**
- ▶ Alarm pulled and over head page of location. Back up call to 911
- ▶ Assist with evacuation of fire room and close door to contain
- ▶ Close doors and windows in other rooms
- ▶ Move residents to their rooms or other safe room with a door
- ▶ Move everything out of hallways
- ▶ Member of management will set up a control station and provide direction to staff
- ▶ Verify headcount of residents and staff
- ▶ 1 person wait outside, greet fire department and bring them to area



# Safety Codes

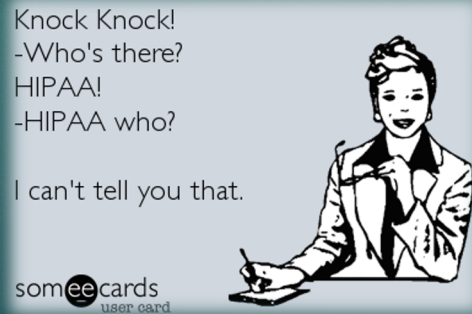
- ▶ Code **PINK**: Missing resident/ Elopement
- ▶ Code **RED**: Fire
- ▶ Code **BLUE**: Cardiac arrest
- ▶ Code **GREY**: Tornado/ Weather
- ▶ Code **BLACK**: Security/ External threat



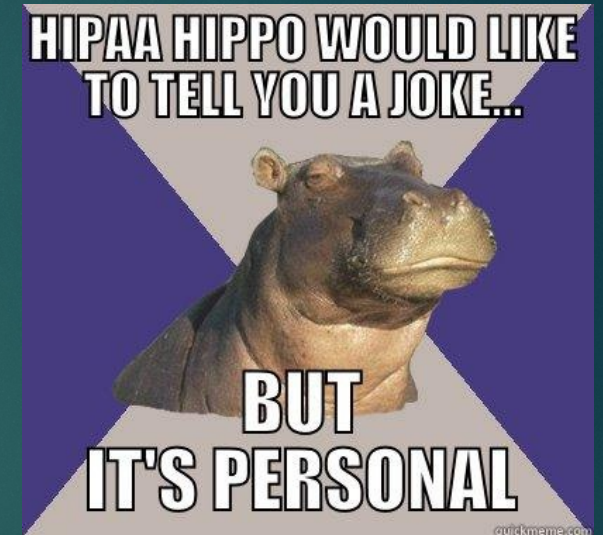


# HIPAA

- ▶ **H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct of 1996
  - ▶ Ensures that residents have a right to protection of their personal health information
  - ▶ Residents have the right to control who will see their protected, identifiable health information (PHI)
  - ▶ Only the residents and those individuals authorized by the resident may have access to that information
  - ▶ Penalties for violating HIPAA can include civil and criminal penalties with fines up to \$250,000 per incident



- ▶ Protected health information (PHI) includes any information that can be used to identify an individual
- ▶ PHI includes and is not limited to:
  - ▶ Name
  - ▶ Address
  - ▶ Social Security Number
  - ▶ Employer
  - ▶ Relative's names
  - ▶ Date of birth
  - ▶ Phone number
  - ▶ E-mail address
  - ▶ Medical record number
  - ▶ Fingerprints
  - ▶ Photographs
  - ▶ Medical diagnosis
  - ▶ Anything else that may identify the individual





# HIPAA Privacy Rules

## ▶ All associates:

- ▶ Never post PHI on social media
- ▶ Do not take photos or videos while on property
- ▶ Do not text PHI on personal cell phone
- ▶ Do not discuss residents in public area. If you must se quiet voice or move somewhere private
- ▶ Check pockets for any PHI before leaving facility and place all items in shred bin
- ▶ When sharing info limit it to only what is necessary for associate to complete their job
- ▶ All requests for release of information needs to be routed through the HIM department
- ▶ Any known or suspected violation of HIPAA needs to be reported to HIM department immediately
- ▶ All paper with PHI must be placed in shred bins. If in doubt, shred it

## ▶ Dietary:

- ▶ Diet slips must go in shred bins
- ▶ Bins are located in Kitchen or at nurses' stations

## ▶ Nursing:

- ▶ Always hide screen on med cart, click on lock icon, when walking away, even if only for a few seconds
- ▶ Tear off the top of medication bubble packs and shred
- ▶ Remove resident labels on medications and shred before disposal
- ▶ Verify that the correct resident records are being sent with a resident when resident goes to an appointment
- ▶ Send PHI to the closest printer and remove immediately. If sent to wrong printer go to the other printer and retrieve
- ▶ Verify resident is discharging with the correct discharge information and medications





# Associate Conduct and Work Rules

- ▶ To provide the best possible work environment for our associates and to ensure orderly operation of our facility we have rules of conduct that apply to every associate.
- ▶ Conduct that is against these set rules, that interferes with operation of the facility or that is offensive to others is not tolerated
- ▶ The following are examples of conduct that could be grounds for corrective action or even termination:
- ▶ Failing to maintain personal health information in a confidential manner
- ▶ Violating a resident's rights
- ▶ Stealing company property or that of another person
- ▶ Gambling on property
- ▶ Reporting to work under the influence or violating companies' drug and alcohol policy
- ▶ Engaging in any action that endangers the life or safety of another person or yourself
- ▶ Recording any conversation with others
- ▶ Violating equal employment opportunity, harassment, retaliation or discrimination policies
- ▶ Threatening, intimidating or coercing fellow associates or residents
- ▶ Violating Life Care's Code of conduct
- ▶ Failure to follow the attendance policy
- ▶ Clocking in or out for someone else
- ▶ Sleeping on duty
- ▶ Providing unsatisfactory work
- ▶ Using obscene or abusive language or engaging in malicious gossip or rumors
- ▶ Refusing to cooperate on an investigation
- ▶ Insubordination
- ▶ Working unauthorized hours
- ▶ Refusing to help others
- ▶ Falsifying resident's records



# Identifying resident transfer status

- ▶ If unsure of resident transfer status always check with the nurse before transferring
- ▶ We use a color-coded dot system found by name outside door
  - ▶ Blue- Independent
  - ▶ Green- Contact guard or stand by assist
  - ▶ Orange- Hands on/ One person assist
  - ▶ Red- 2 person assist
  - ▶ Black- Hoyer/Vera/Slide board
- ▶ Students are not able to assist with life equipment





# Residents' Rights

- ▶ Our residents are our highest priority and all associates will treat them with kindness, respect and dignity
- ▶ Federal and state laws guarantee certain rights to all residents
- ▶ Residents are entitled to exercise their rights
- ▶ Copies of residents' rights are posted in the facility and can be found with policies
- ▶ Violations of any resident rights may result in disciplinary action
- ▶ At admission, residents are fully informed of their rights and all rules and regulations governing their rights and conduct
- ▶ Residents are fully informed of services available and cost of those services
- ▶ A resident may participate in social, religious and community group activities
- ▶ A resident may retain their own personal belongings and clothing
- ▶ A resident has the right to dignity and self-determination
- ▶ Residents are fully informed of their medical condition and any treatment plans, and are given the opportunity to participate in or refuse care
- ▶ Residents are encouraged to exercise their rights during their stay as well as voice any grievances they may have
- ▶ A resident may manage their own personal finances
- ▶ A resident is free from mental and physical abuse including the use of physical or chemical restraints
- ▶ A resident is assured confidential treatment of personal and medical information
- ▶ Residents have the right to privacy during treatments and cares
- ▶ Residents may communicate with whomever they chose, and may send and receive their own mail
- ▶ If married, residents are assured privacy for spousal visits, or may share a room



# Elder Justice Act (EJA)

- ▶ A federal law designed to detect, prevent, and prosecute elder abuse, neglect, and exploitation
- ▶ Requires all persons who work in a long-term care facility to report all cases of reasonable suspicion of any possible crime committed against a resident receiving care at the facility
- ▶ Reports must be made to at least 1 law enforcement agency and the state agency that has jurisdiction over the facility
- ▶ The report must be made no later than 2 hours after reasonable suspicion is determined
- ▶ You must report your suspicion to a member of leadership immediately so the proper authorities may be contacted





# Key abuse terms definitions

- ▶ **Abuse:** A willful action that causes harm or injury to another
- ▶ **Verbal Abuse:** The use of verbal, written or gestured language that willfully includes disparaging and derogatory terms
- ▶ **Sexual Abuse:** non-consensual sexual contact of any kind
- ▶ **Physical abuse:** violent or aggressive behaviors by one person towards another that could result in injury
- ▶ **Mental Abuse:** May occur through verbal or non-verbal conduct and causes another to feel humiliated, intimidated, fearful, shameful, agitated or degraded
- ▶ **Mistreatment:** Inappropriate treatment or exploitation of a resident
- ▶ **Involuntary Seclusion:** Separation of resident from others or confining them to a location alone against their will
- ▶ **Neglect:** Failure to provide goods and services needed to avoid physical harm, mental anguish or emotional distress
- ▶ **Misappropriation of residents property:** Deliberate misplacement, exploitation, or wrongful use of a resident's belongings or money
- ▶ **Exploitation:** To take advantage of a resident for personal gain through the use of manipulation, intimidation, threats or coercion



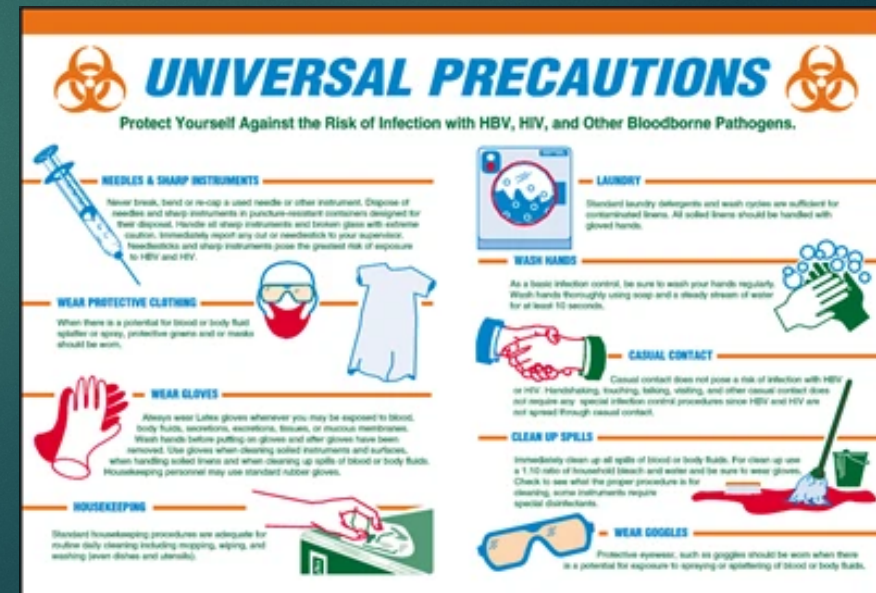
# What to do if a resident is missing

- ▶ Alert management
- ▶ Time and location of when resident was seen is determined
- ▶ Staff members will be assigned directions to begin searching in and around facility
- ▶ If resident is not located, law enforcement will be notified and given all pertinent information about resident and ED will be notified if not already involved
- ▶ The responsible party will be notified of the situation
- ▶ The physician will be notified
- ▶ The charge nurse will open up an incident report
- ▶ When resident is found, the charge nurse will assess the resident for any injuries, will notify responsible party and physician and report findings and condition of resident
- ▶ Management will investigate the elopement and determine how the elopement occurred and if it is reportable to state



# Standard Precautions

- ▶ Measures put in place to prevent infection from one person to the next
- ▶ Based on the principle that all blood, body fluids, secretions, non-intact skin, and mucus membranes may contain transmissible infectious agents
- ▶ Include:
  - ▶ Hand hygiene
  - ▶ Use of PPE when needed
  - ▶ Respiratory hygiene
  - ▶ Properly cleaning and disinfecting resident care equipment and their environment
  - ▶ Safe linen handling
  - ▶ Safe injection practices
  - ▶ And safe sharps handling and disposing
- ▶ Transmission based precautions are used in addition





# Six Principles of Body Mechanics

The following are the 6 principles of body mechanics for safe lifting

1. Arch or curve your back slightly inwards. Keep the pelvis in a slight tilt
2. Keep your legs apart with one foot forward when possible
3. Bend at the knees and hips. Do not bend with the back. Lift with your legs
4. Lift objects close to your body
5. Turn by moving your feet. Do not twist your back
6. Wear flat-heeled shoes and loose fitting clothes for freedom of movement



# Meal Tickets

- ▶ All trays will have a meal ticket on it
- ▶ The meal ticket contains:
  - ▶ Resident's name
  - ▶ Room number
  - ▶ Prescribed diet
  - ▶ Food allergies or intolerances
  - ▶ Food/ beverage likes and dislikes
  - ▶ Special requests or notes
  - ▶ Adaptive equipment requirements
- ▶ When passing trays, verbally confirm resident's name and that the order is what they requested
- ▶ When taking resident's order do not assume what they want ask them and document their desires



# Our Diet Textures and Liquid Consistencies

- ▶ Regular
- ▶ Easy to chew (Soft & Bite-Sized)
- ▶ Mechanically altered (Minced & Moist)
- ▶ Pureed
- ▶ Honey Thick (Moderately Thick)
- ▶ Nectar Thick (Mildly Thick)





# Modified Liquids

- ▶ We must offer residents often, but it is important to know if residents have any special fluid needs
- ▶ Signs will be placed outside resident's door by their name
- ▶ Nectar thick
- ▶ Honey thick
- ▶ Fluid Restriction





## Student/Instructor General Orientation Checklist

Issued: 05/18/2023

Each student and instructor should receive an orientation packet that contains the following information. After reviewing each of the following items, please initial beside the topic indicating understanding.

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Name of Student or Instructor

Topic	Initials	Topic	Initials
Abuse, Neglect, Misappropriation		Dietary and Nutrition	
Elder Justice Act Fact Sheet & Acknowledgement		Fall Management	
Compliance Program and Code of Conduct Brochure		Transfer/Lifts	
Resident Rights		Fire Safety and Emergency Procedures	
Dignity, Respect, and Customer Service		Evacuations	
Communicating with Residents		Smoking Policy	
Identification of Residents		Hazardous Communications	
Advanced Directives		Skin & Wound Management	
Restraint Education		General Infection Control Practices	
Trauma Informed Care		Glucometer Cleaning and Disinfecting	
Dementia		Bloodborne Pathogens	
Elopement and Wandering		Handwashing/Hand Hygiene	
Documentation		Standard Precautions	
Point Click Care (PCC)		Transmission Based Precautions	
Computer and Electronic Communications		Respiratory Protection and Fit Testing	
HIPAA and Confidentiality		COVID-19	
HIPAA Acknowledgement Form		QAPI (Quality Assurance/Performance Improvement)	

By signing below, I have received and understand the information provided to me on the above topics.

\_\_\_\_\_  
Student or Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility Representative Signature

\_\_\_\_\_  
Date