The following policies and procedures have been developed to provide the requirements by Arizona's Department of Health Services under Article 8.

Facility: Nananom Assisted Living

Address: 210 E. Hunter Dr. Globe, AZ 85501

Phone: _____ Fax: _____

Facility ID: _____E-mail:_____

Provider Type: Assisted Living Comfort Care Home (Directed Care)

Contact Person: Nana Owusu Phone: 480-593-5860

Manager: _____ Phone: _____

Initial Review Date: March 13, 2024

These Policies will be reviewed by Manager/Designee every 3 years, or any changes are being made as necessary.

Approval of the Policies and Procedures Manuel

Licensee or Governing Authority: _____

Review Date: _____

Manager's Signature: _____

Review Date: _____

Reviewing Manager/Licensee: _____

Update: _____

Reviewing Manager/Licensee: _____

Update: _____

"The content of this manual are intellectual properties and are intended for the use of this facility only. Unauthorized duplication of its contents is prohibited."

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NANANOM ASSISTED LIVING

MISSION AND VALUES

MISSION STATEMENT:

Nananom Assisted Living is dedicated to the highest quality of safety, comfort, and engaging support, delivered with understanding, empathy, and trust.

SERVICES INCLUDE:

- 24 hour care for all levels provided by well-trained, certified staff
- Three nutritious meals and 2-3 healthy snacks
- Various activities of choice
- Pastoral visits (resident choice)
- Home health care as needed
- Hospice care/ Palliative care as needed
- TV in each room (optional)
- Grooming services
- PCP/NP visits as needed

VALUES STATEMENT:

Our core values include:

- *Respect for and upholding the dignity of everyone in the facility*
- Instilling *Confidence* in how we perform tasks by performing them with *Passion*
- Increasing K*nowledge* by not limiting what we can learn from one another
- *Compassion, Understanding* and *Kindness* in caring for those we serve
- *Honesty* and *Integrity* to earn *Trust* in every action we take

NANANOM ASSISTED LIVING

Organizational Structure
Policy and Procedure

Policy: Organizational structure

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: To ensure there are clear lines of authority, responsibility and accountability in the administration and delivery of services in **Nananom Assisted Living** and for all its employees.

Procedures:

A. During orientation and via ongoing, as-needed training, thorough explanations shall be given on:
   1. The facility's organizational structure.
   2. The roles and responsibilities of all its employees.
   3. The lines of communication.
   4. Whom to consult on specific issues.

B. Whenever there is a change in any reporting process or in the organizational structure, staff shall be informed of the change immediately.

C. The facility's Organizational Chart shall be used to define relationships and lines of authority within the facility.

D. Job descriptions shall be developed for all facility positions, which shall include an explanation of reporting relationships, authorities and accountabilities.

E. Contracted workers (if applicable) shall be informed of, and understand, the structure and reporting processes.

F. Specific positions, within the facility's organizational structure, have responsibility and accountability, which shall be clearly understood by all employees. These specific positions have responsibilities and accountabilities for:
   1. Governance and management of the facility.
   2. Development, implementation and review of policies and procedures.
   3. Hiring of staff and handling of all human resource issues.
   4. Supervision of staff.
   5. Financial management.
   6. Delivery of services, with specific explanation whenever particular skills and certification might be required.
   7. Administration and management of resident records, staff records, financial information, and other related operational activities.
   8. Collection and management of information for evaluation and reporting purposes, including resident and staff satisfaction.

NANANOM ASSISTED LIVING

Legal Structure
Policy and Procedure

Policy: Legal structure

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: To identify the legal structure and outline the roles and responsibilities of the governing body. _____ is the manager on record to assume full legal authority and responsibility for the operation of **Nananom Assisted Living**.

Definition: The Governing Body -The governing body is the person or group of persons having full legal authority for the operation of the facility. This would include Sole Proprietorships, Partnerships, Limited Liability Companies (LLCs), and Corporations. The governing body is our Board of Directors.

Procedures:

A. The Board of Directors shall assume responsibility for:

1. Complying with all applicable federal, state, county, and municipal regulations that govern the operation of the business and any applicable licensure or certification requirements.
2. Controlling and being responsible for all services provided, including those through a contractual agreement.
3. Serving as, or employing, a qualified manager, who shall be responsible for the overall management of the business including those services provided through contractual agreements.
4. Designating one or more employees to be in charge during those times when the manager is absent. The manager shall complete the Designee Form with consideration to the Board of Director's delegation.
5. Developing, revising, and implementing Policies and Procedures for the administration and operation of the facility and protection of Resident Rights.
6. Providing an environment, this is suitable and safe for staff and residents, in compliance with local zoning, building, health regulations and fire safety laws.
7. Understanding the Arizona Revised Statutes and Arizona Administrative Code regulations that govern the health care institution class or subclass for which licensing is requested and agree to comply with those regulations.

NANANOM ASSISTED LIVING

Immediate Access to the Facility
Policy and Procedure

Policy: Immediate access to the facility

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: To provide employees and residents information as to what agencies are granted immediate access to **Nananom Assisted Living** 24 hours a day, every day without exception includes representatives of The Arizona Department of Health Services, the County Health Department, Adult protective Services, the D.E.S. Long Term Care Ombudsman and the County or Municipal Fire Department. The following individuals will be granted immediate access to a resident 24 hours a day, every day without exception: the resident's representative, the resident's case manager or any individual assigned by a court of law to provide services to a resident.

Procedures:

A. No individual entering the facility will be allowed access to residents or resident records, unless they are the resident, resident's representative, case manager, individuals authorized by a court of law or an individual authorized by the resident to review the records, without proper identification identifying them as a representative of one of the agencies or persons listed in the policy statement.
B. During non-visiting hours, the caregiver or employee responding to the door will request appropriate identification before allowing any individual to enter the facility and/or to review resident records. The individual must be identified as a representative of one of the agencies listed in the purpose statement.
C. Immediately after confirming the individual is authorized to enter the facility, the caregiver will provide whatever assistance the individual requires and notify the manager of the agency's presence in the facility.
D. Other individuals authorized to enter the facility are:
    1. The resident's representative and/or family members of a dying resident.
    2. The resident's representative and/or family members who have made prior arrangements with the manager.
    3. Medical and nursing care providers involved in the care of the resident.
    4. The resident's clergy or spiritual leader when the resident is ill or dying.
E. Documentation of agency visits will be made in the resident's record and will include the date, time, individual visiting and the nature of the visit.
F. Documentation of visits by the resident's representative, family members, clergy, etc. will be made in the resident's chart on the Narrative Notes.

NANANOM Assisted Living

Display of Information
Policy and Procedure

Policy: Display of information

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: To establish guidelines with which **Nananom Assisted Living** ensures the required information is conspicuously posted so all personnel, visitors and residents have access to needed and required information.

Procedures:

A. A manager shall ensure that the following are conspicuously posted at the facility:
   1. A list of the Resident Rights.
   2. House Rules or Internal Facility Rules
   3. The assisted living facility's license, and any other city or county licenses facility is required to obtain.

B. Current phone numbers to include:
   1. The Arizona Department of Health Services' Assisted Living Licensing.
   2. Adult Protective Services in the Department of Economic Security.
   3. The Department of Economic Security Long Term Care Ombudsman.
   4. The Arizona Center for Disability Law.
   5. The Arizona Attorney General's Office.
   6. Arizona Advance Directive Registry.

C. The location at which a copy of the most recent Department inspection report and any plan of corrections resulting from the Department's inspection.

Compliance with Regulations
Policy and Procedure

Policy: Compliance with regulations

Responsible Person: Manager, Owner

Purpose: To ensure the building, or portions of the building, which is occupied by **Nananom Assisted Living**, follows applicable zoning, building, health and fire safety laws/regulations.

Procedures:

A. The owner shall be responsible for obtaining written evidence that the facility premises are following local zoning, building, health and fire safety laws/regulations.

B. Documentation about office suitability and compliance with the laws and regulations shall be maintained in the Facility and shall be made available upon request.

C. Fire Safety Inspections will be completed yearly by a certified fire safety inspector.The fire extinguishers will be maintained on the Facility premises and checked or updated yearly. Smoke alarms will be maintained on the premises and checked once a month to ensure the

NANANOM ASSISTED LIVING

batteries are in working order. Checking the smoke alarms will be completed by the manager or caregivers.

Facility License and all other Licenses Issued to this facility are posted by the entrance of the facility. If you have questions or concerns as to any Licenses, please inform the Manager or Manager Designee.

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Current Telephone Numbers

The Arizona Department of Health Services Bureau of Residential Facilities Licensing:
Phone: 602-364-2639
http://www.azdhs.gov/als/residential/index.htm

D.E.S. Adult Protective Services (APS):
1-877-SOS-ADULT (767-2385)
http://www.azdes.gov

The D.E.S. Long Term Care Ombudsman:
602-542-6454
http://www.azdes.gov

The Arizona Center for Disability Law:
602 -274-6287
http://www.acdl.com

Arizona Attorney General's Office
602-542-5025
www.azsos.gov

Arizona Advance Directive Registry
602-542-6187

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Location of Inspection Report

If you have any concerns, please ask the manager for the copy of the Survey or Inspection Report.

Statement of Deficiencies and Plan of Corrections will be available upon request.

They can be found in the office file cabinet, bottom drawer, in a manila folder. They can also be obtained from:

https://www.azdhs.gov/licensing/index.php#azcarecheck

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Resident Bill of Right's

A manager shall ensure:

A. A resident is treated with dignity, respect, and consideration.

B. A resident is not subjected to:
   1. Abuse ,neglect, exploitation, coercion, manipulation, sexual abuse, sexual assault, seclusion or restraint.
   2. Retaliation for submitting a complaint to the Department or another entity.
   3. Misappropriation of personal and private property by the assisted living facilities manager, caregivers, assistant caregivers, employees, or volunteers.

C. Except as otherwise permitted by law, provides written consent before the release of information in the resident's:
   1. Medical record.
   2. Financial records.

D. May:
   1. Request or consent to relocation within the assisted living facility.
   2. Except when relocation is necessary based on a change in the resident's condition As documented in the resident's Service Plan, refuse relocation within the assisted Living facility.

E. Has access to the resident's records during normal business hours or at a time agreed upon by the resident or resident's representative and the manager.

F. A resident or the resident's representative is informed of the following:
   1. The policy on Health Care Directives, and the resident complaint process.
   2. Consents to photographs of the resident before the resident is photographed, except that a resident may be photographed when admitted to an assisted living facility for identification and administrative purposes.

G. A resident or the resident's representative is informed of:
   1. The rates and charges for services before the services are initiated.
   2. A change in rates or charges at least 30 calendar days before the change is implemented unless the change in rates or charges results from a change in services.
   3. A change in services at least 30 calendar days before the change is implemented unless the resident's Service Plan changes.

A Resident has the following Rights:

A. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis.

B. To receive assisted living services that support and respect the resident's individuality, choices, strengths, and abilities.

C. To receive privacy in:
   1. Care for personal needs.
   2. Correspondence, communications, and visitation.
   3. Financial and personal affairs.

D. To maintain, use and display personal items unless the personal items constitute a hazard.

E. To choose to participate or refuse to participate in social, recreational, rehabilitative, religious, political, or community activities.

F. To review, upon written request, the resident's own medical record.

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G. To receive a referral to another health care institution if the assisted living facility is not authorized or not able to provide physical health services or assisted living services for the resident.
H. To choose to access services from a health care provider, health care institution, or pharmacy other than the assisted living facility where the resident is residing and receiving services or a health care provider, health care institution, or pharmacy recommended by the assisted living facility.
I. To participate or have the resident's representative participate in the development of, or decisions concerning the resident's Service Plan.
J. To receive assistance from a family member, resident's representative, or other individual in understanding, protecting or exercising the resident's rights.

Note: *A copy of the Resident Rights will be included in the Resident Admission Packet*

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NANANOM ASSISTED LIVING
210 E. HUNTER DR. GLOBE, AZ 85501

House Rules

1. **Nananom Assisted Living** has open visiting hours. The house doors are unlocked at 0800 and will be locked at 2000. Anyone visiting after the doors are locked should call or knock and the caregiver on duty will verify and authorize admittance.
2. The number of visitors is not generally restricted by staff. However, due to the resident's room size we ask you to limit the number of visitors to 3-4 visitors at one time. If you wish to bring a larger group, please notify the manager so arrangement can be made.
3. Visits may be held in the community areas or in the resident's room if the rights of other residents are not being violated.
4. There will be no smoking allowed in **Nananom Assisted Living**, either by residents, visitors or staff. This rule is per **ARS 36-610.01.** Please call1-877-297-8677 should you have question or concern. Nananom Assisted Living has a smoking area out back. Individualized Service Plans and resident requests will be on a case-by-case basis approved by **Nananom Assisted Living** manager/designee.
5. Meals are offered/served at the following times:
    - Breakfast: 0630 - 0800
    - Lunch: 1100 -1300
    - Dinner: 1630 - 1800
    - Snacks: In between meals and throughout the day.
6. Alcohol may be consumed by the resident in **Nananom Assisted Living** with expressed written consent from the resident's physician and/or the resident's representative. Alcohol will be kept in a locked cabinet by the manager or caregiver and can be released upon request.
7. Personal items and decorations are encouraged to make the resident's room more comfortable. Please discuss any items you would like to bring in with the staff so we can maintain your possessions on a Personal Possessions Form.
8. Cleaning Schedules may occur as follows:
    - Common areas: Daily
    - Bedrooms/Linen: 2x a week or as needed.
    - Laundry: Weekly or as needed.
9. We ask you not to share personal items such as clothing, brushes, combs, razors, toothbrushes, etc. among residents. If you need an item, please check with the caregiver on duty to see if can provide the item.
10. The resident and their visitors are expected to have respect for other residents in the home. This includes, but is not limited to the following:
    - Keeping noise levels to a minimum.
    - Observance of normal sleeping hours.
    - Respect for the personal belongings of others.
    - Alerting the staff of any emergency situations involving another resident.
    - Encouraging visitors to abide by the rules of the house.
    - Maintaining and respecting other's privacy.
11. Any illnesses, accidents, injuries or other incidents should be reported to the staff on duty or the manager immediately.
12. The resident is responsible for any cash and/or items of value that are brought into the house. The home will not accept responsibility for lost or stolen items.
13. Residents are allowed to leave the premises, if this is not contraindicated, and the staff is notified. A Release of Responsibility Form will be signed each time the resident leaves the facility.
14. A house phone is available for local calls. If a resident wishes to make a long-distance call, it is recommended that a personal cell phone be used.
15. To reduce the spread of infection, the resident and their visitors should avoid direct contact with another resident in the facility.
16. The resident or visitors are asked to alert the staff of any unsafe or unsanitary conditions in the home.

I hereby acknowledge that I have read (or have had them read to me) the following House Rules. I understand the rules of **Nananom Assisted Living** and agree to abide by them. I understand that failure to abide by the House Rules may result in termination of my Admission Agreement.

Resident/Representative Signature: _____ Date: _____

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Duty of Care
Policy and Procedure

Policy: Duty of care (SB 1373- CPR/First Aid)

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: Certified caregivers are often required to provide basic life-saving emergency measures like Cardiopulmonary Resuscitation (CPR) while awaiting the arrival of Emergency Medical Services and immediate care can triple a cardiac arrest victim's chance of survival. SB 1373 requires applicable health care institutions to provide Basic Life Support and First Aid before the arrival of Emergency Medical Services.

Procedure:

A. It is **Nananom Assisted Living** policy to provide CPR or First Aid support to someone if they are injured or become unwell in the facility, and to ensure that the facility complies with rules and regulations of the health and safety of the residents, the following shall be implemented:
   1. Duty of Care in CPR and First Aid is the legal responsibility to look after a person when they are injured or ill. This facility is required to have someone on staff who can provide first aid to anyone when needed on the premises.
   2. An employee who is CPR/First Aid certified shall initiate and provide immediate, lifesaving, medical care before the arrival of Emergency Medical Services.
   3. Staff shall check if a resident has a Do Not Resuscitate (DNR) on file. If a DNR is on file, CPR should not be performed but certified personnel in Cardiopulmonary Resuscitation shall be always available if needed.
   4. Employees who require CPR and First Aid as part of employment documentations have a Duty of Care to look after people in the facility workplace in the event they are sick or injured.
   5. Certified caregivers are required to have CPR and First Aid training certification to aid and perform Cardiopulmonary Resuscitation and/or First aid to a resident who is in distress, has cessation of normal respiration, or an injured resident who has fallen before the arrival of medical services.
   6. The person can render aid acting under the direction of the Emergency Dispatch Operator and if the fallen person appears to be uninjured and states they are not injured, but still requests assistance.
   7. Once you give CPR/First Aid to anyone, you have a duty to provide care to the best of your abilities until such a time as you endanger your own safety, the casualty no longer requires your assistance, or you have been relieved by a more qualified person.
   8. Legal protection for CPR or First Aid responder: First Aid responders are protected by vicarious liability when acting in good faith and discharging their responsibilities in accordance with their training. Vicarious liability means that employers are generally held responsible for the acts and omissions of their employees. *"Performing CPR or First Aid in a workplace is part of the job responsibility."*
   9. Good faith and common sense will protect you. CPR or First Aid providers are not to be held legally responsible for the death, disability, or disfigurement of the resident if they acted rationally, in good faith, and at their level of training.

10. Employees cannot receive payment for emergency help. Under The Good Samaritan protection laws, rescuers cannot receive payment or reward for the first aid they deliver. Medical professionals are usually not covered by Good Samaritan laws, unless they are acting on a volunteer basis.
11. This facility shall conduct a Pre-Assessment for Fall Prevention upon the resident admission in the facility. A quarterly Equipment Checklist, a biannual Environmental Safety Issue assessment and Post Fall Management strategies will also be implemented.
12. This facility has developed an initial training and conducted and administers continued competency training in the Fall Prevention and Fall Recovery Program.

B. CPR, First Aid, and Duty of Care:
   1. This facility, a licensed healthcare institution, has an affirmative Duty to Care. Caregiving staff on duty are required to respond to resident emergencies by notifying emergency services and initiating CPR and/or First Aid to a resident until first responders arrive and relieve them. In the event a resident in the facility is non-responsive or has a cessation of normal breathing, caregiving staff on duty are required to initiate responsive actions following instructions received in their validated CPR training and in accordance with the resident's Advanced Directives.
   2. Should a resident exhibit distress, caregiving staff on duty will provide a first aid response following instructions received in their validated first aid training and in accordance with the residents Advanced Directives.
   3. Should a resident experience a fall, appears to be uninjured, and is unable to reasonably recover independently, caregiving staff on duty will provide first aid following instructions received in their validated first aid training and in accordance with the residents Advanced Directives.
   4. Caregiving staff will be informed of Arizona Revised Statutes regarding Duty of Care and oriented to the facility's policy. The facility manager will obtain written acknowledgment of this law and requirement prior to allowing the caregiver to provide direct care services to residents of the facility.
   5. This facility will not have, establish, or implement Policies and Procedures that prevent employees from providing appropriate CPR or First Aid.

NANANOM ASSISTED LIVING

Fall Prevention and Fall Recovery
Policy and Procedure

Policy: Fall prevention and fall recovery - The facility management will incorporate safety preventions in the least restrictive environment and to help reduce the incident falls. An initial training and continued competency training in fall prevention and fall recovery will be offered to all employees and document the training.

Procedure: The facility will assess residents being admitted. All traumatic brain injury and spinal cord injury patients are considered high risk for falls secondary to their diagnosis and injury level.

Fall Prevention assessment:

- This facility shall conduct a pre assessment for fall prevention upon the resident admission in the facility. Screen residents for fall risk and assess modifiable risk factors.
- An employee who is doing the assessment may consider risk factors exhibited by patients may include: cognitive impairment including confusion/disorientation, impulsivity, and poor judgment, poor mobility/generalized weakness, medications, dizziness/vertigo, depression, and altered elimination.
- Facility manager or individual assigned to assess resident is completed within 24 hours of admission.

Fall Risk intervention:

- Educate staff, resident, and resident representative to increase awareness of resident's at risk for falling during hospitalization and provide possible strategies to minimize the risks.
- Manager, RN, and/or caregivers will include specific information regarding patient safety for mobility and transfers in shift to shift handoff communication.

1. Reduce environmental hazards.
    a. Beds shall be left in the low position, call light and bedside table within reach. Bed and wheel chairs locked, wet floor, appropriate lighting, and areas clear from clutter.

Post Fall

- After a fall, the manager/RN should assess the patient.
- If the fall was unwitnessed or patient hit their head, a scoop board and collar should be used to transfer the patient to a stretcher.
- A call to the MD should always be made, regardless of whether the RN feels as though an MD assessment is warranted. Or call 911 in the event of emergency.
- Documentation related to assessment and monitoring that occurs after the fall should be completed by the manager/RN.

Quality improvement

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- Falls and near falls are monitored on a continuous basis and tracked monthly as number of falls and shall include the fall data to quality management documentations.
- A quarterly equipment checklist, every 6 months environmental safety issue, and post fall management will be implemented on a regular basis.

Staff Training:

- This facility shall develop an initial training, conduct, and administer continued competency Training for all staff in Fall Prevention and Fall Recovery Program at least once every 12 months.
- If applicable, a third party training program will be hired to do the initial or annual training for fall prevention and fall recovery.
- The fall prevention and fall recovery Training will be documented and updated according to staff date of hire.

This Policy and Procedure is reviewed by: _____, Manager

Date: _____ Signature: _____

NANANOM ASSISTED LIVING

Fall Prevention and Fall Recovery Training
Policy and Procedure

Policy: Fall prevention and fall recovery training

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: Falls put individuals at risk of serious injury. Prevention of falls with these simple measures include, but are not limited to, reviewing the medications to hazard-proofing the facility and preventing falls in **Nananom Assisted Living**.

Procedures:

Upon admission of the resident, questions to ask for Pre-Assessment:

A. *What medications are you taking**?*** List prescription and over-the-counter medications and supplements. The PCP can review the medications for side effects and interactions that may increase the risk of falling. To help with fall prevention, the PCP may consider weaning off medications that increase fatigue or affect thought processes, such as sedatives and some types of antidepressants.

B. *Have you fallen before?* What are the details, including when, where and how the fall happened.Were there instances when a fall almost occurred but was stopped by someone or managed to grab hold of something just in time? Details such as these may help identify specific fall-prevention strategies.

C. *Could your health conditions cause a fall?* Certain eye and ear disorders may increase the risk of falls. How comfortable you are when you walk? For example, any dizziness, joint pain, shortness of breath, or numbness in feet and legs when ambulating? The PCP may evaluate muscle strength, balance and walking style (gait) for possible fall culprits.

The following are inthe Fall Prevention and Fall Recovery Policy, which includes:

- Definition of a Fall, Type of Falls, Severity of Injury
- Fall Risk Assessment for Inpatients
- Fall Risk Assessment for Outpatients
- Environmental Rounds
- Responsibilities of Staff
- Intervention Strategies
- Post Fall Procedures/Management

A. Definition of a Fall: Loss of upright position that results in landing on the floor, ground, or an object or furniture, or a sudden, uncontrolled, unintentional, non-purposeful, downward displacement of the body to the floor/ground or hitting another object like a chair or stair; excluding falls resulting from violent blows or other purposeful actions.

B. Types of Falls:

1. Accidental Falls: Falls associated with extrinsic environmental risk factors or hazards: spills on the floor, clutter, tubing / cords on the floor, etc., or errors in judgment, such as not paying attention.
2. Anticipated Physiological Falls: Falls associated with known fall risks, such as those indicated on the Morse Fall Scale or other screening scales, that are predictive of a fall occurring: Loss of balance, impaired gait or mobility, impaired cognition/confusion and impaired vision. Falls that we anticipate will occur to the patients' existing physiological status, history of falls, and decreased mobility upon assessment.

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3. Unanticipated Physiological Falls: Falls associated with unknown fall risks that were not predicted and cannot be predicted on a fall risk scale: syncope, extreme hypoglycemia, stroke, heart attack and seizure.

C. Injury Severity:

1. An injurious fall is any fall in which physical injury occurs, regardless of severity.
2. Any fall that sustains a fracture and/or trauma requiring emergency treatment.
3. Head trauma which includes the resident's head striking a surface or object and may include or result in any of the following: subdural hematoma, concussion, TBI or behavioral changes.
4. The major injury definition includes death. The resident died because of injuries sustained from the fall (not from physiologic events causing the fall).

D. Fall injury levels are defined as:

1. *None*- The resident had no injuries (no signs or symptoms) resulting from the fall or if an x-ray, CT scan or other post fall evaluation results in a finding of no injury.
2. *Minor*- Resulted in application of a dressing, ice, cleaning of a wound, limb elevation, topical medication, pain, bruise or abrasion.
3. *Moderate*- Resulted in suturing, application of steri-strips/skin glue, splinting, or muscle/joint strain.
4. *Major*- Resulted in surgery, casting, traction, required consultation for neurological (basilar skull fracture, small subdural hematoma) or internal injury (rib fracture, small liver laceration) or residents with coagulopathy who receive blood products because of a fall.
5. *Death*- The patient died because of injuries sustained from the fall (not from physiologic events causing the fall).

E. Fall Risk Screening using the Morse Fall Scale:

Residents should be screened for their Fall Risk using the guide"FACT":

- **F**ollowing a fall (F)
- **A**dmission to the facility (A)
- **C**hange of status (C)
- **T**ransfer from one unit to another within the facility or discharge (T)

Morse Fall Scale, Screening Tool: This is one of the most widely used fall risk screening tools available. It is a *reliable* and *valid* measure of fall risk.

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Sample of the Morse Fall Risk Assessment

Risk Factor	**Scale**	**Score**
History of Falls	Yes (25) No (0)	
Secondary Diagnosis	Yes (15) No (0)	
Ambulatory Aid	Furniture (30) Crutches / Cane / Walker (15) None/Bed Rest/ Wheelchair/Nurse (0)	
IV / Heparin Lock	Yes (20) No (0)	
Gait / Transferring	Impaired (20) Weak (10) Normal/Bed Rest/Immobile (0)	
Mental Status	Forgets Limitations (15) Oriented to Own Ability (0)	

To obtain the Morse Fall Score add the score from each category.

Morse Fall Score*	
High Risk	45 and higher
Moderate Risk	25 - 44
Low Risk	0 - 24

* Based on most common scores used

The scores enable the nurses/managers/caregivers to determine a patient's fall risk level for anticipated physiological falls. Based on the category of fall risk (low, moderate or high), the nurse selects universal fall precautions. For each positive variable on the Morse Fall Scale, the nurse and appropriate interdisciplinary team members must complete assessment, followed by differential diagnosis of fall risk factors. The differential fall risk factors are the basis for clinical interventions to mitigate or eliminate the fall risk factor if modifiable. Thus, the patient's fall prevention plan of care should include a combination of universal fall precautions but is individualized by interventions specific to fall risk factors.

The main advantages of this comprehensive, multifactorial assessment are:

1. Determination of modifiable and non-modifiable fall risk factors
2. Requires interdisciplinary involvement in fall risk factor analysis
3. Focuses interventions on specific risk factors rather than general risk score.
4. Does not rely on a score as a basis for patient care management

F. Fall Risk Assessment for outpatients. Outpatient fall risk assessments can be done on two levels:

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1. The primary care provider can do an initial screening of fall risk factors, gait and balance, then refer residents who are at risk to either physical therapy or kinesio therapy to perform a more in-depth balance and functional assessment, if the provider has ruled out causes of the fall that are unrelated to gait/balance/strength (e.g., syncope, brady/tachyarrhythmia, seizure).
2. The occupational therapist if available can evaluate fall risks associated with activities of daily living.
   a. Initial Screening for Fall Risk:
      i. Send the resident a Fall History Questionnaire and review at the PCP appointment. If the resident does not have a fall history questionnaire, then go over the questionnaire with them during the clinic visit (be sure to annotate this in the notes section of the appointment).
      ii. If several medications and supplements are listed, have a pharmacist review the medications and supplements for any drug interactions or side effects which could increase the likelihood of falls.
   b. Perform the 8 ft. Up & Go test:
      i. Place a chair against the wall or another sturdy object. Set up 8 feet away for the patient to walk around. Tell the resident to get up and walk as quickly as they can around the object and sit back down.
      ii. If the resident takes longer than 8.5 seconds, they should be considered high risk and be referred to PT/OT for further evaluation. ***Note:*** *Allow the patient to practice one time.*
   c. For residents 65 years old and older, determine if the resident has experienced more than one fall in the last year or an injurious fall. If yes, seek medical practitioner advice or order for fall risk assessment and interventions.

G. Environmental Checklist and Rounds:
1. The facility management and staff should perform a checklist to serve as a consistent format for this environmental safety check. Interdisciplinary environmental rounds are documented so that corrective actions are identified and should be monitored through resolution.
2. Facility management staff confirm:
   a. Hallways and patient areas are well lit.
   b. Hallways and patient areas are uncluttered and free of spills.
   c. Locked doors are kept locked when unattended.
   d. Handrails are secure, non-skid and unobstructed.
   e. Tables and chairs are sturdy.
   f. Chairs are at proper height with arm rests.
   g. Beds are height adjustable to raise the bed at the proper height for patient standing and lowering, transfers.
   h. Bathrooms have raised toilets .
   i. Bi-lateral wall mounted grab bars for toilet mobility are installed behind toilets.
   j. Furniture with sharp edges are padded.

H. Management and staff confirm:
1. All assistive devices are working properly by inspecting them on a regular basis.
2. Devices to secure cords off floors are operational.
3. Proper lighting, motion-sensor lighting works.

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4. Non-skid flooring or padded flooring in bathrooms.
5. Call lights are easily accessible while in bed, chair, and bathroom.

I. Nursing care staff confirm:

1. Locked doors are kept locked when unattended.
2. Resident rooms are set up in a way that minimizes the risk of falling and severity of injury.
3. A lower bed is available, and a mattress will be used for residents prone to falling.

J. Everyone confirms:

1. Unsafe situations are dealt with immediately either by dealing with the situation or notifying the appropriate staff and ensuring that they arrive and correct the situation.

K. Medical Director/manager is responsible for ensuring that falls and fall-related injury prevention is:

1. A high priority at the facility. Making fall and fall-related injury prevention a standard of care.
2. Implements fall and injury prevention specific to specialty residents' risk factors. Promoted across the facility through direct care, administrative and other health care staff.
3. Overseeing the policy, implementation, and evaluation of fall and injury prevention program within the facility.
4. Involve interdisciplinary staff in fall and injury prevention program and quality improvement.
5. Ensuring equipment on the unit is working properly and receiving scheduled maintenance.
6. Ensuring that all health care staff receive education about the falls and injury prevention program at the facility and understand the importance of complying with the interventions.

L. Manager/designee is responsible for:

1. Implement fall prevention programs that treat fall risk factors, not count them.
2. Establishing population-based fall and injury prevention programs at resident/unit/and service levels.
3. Deploying evidence-based standards of practice when possible.
4. Emphasizing importance of clinical expertise in determining and managing fall and injury risks.
5. Assures interdisciplinary involvement in all levels of fall and injury prevention programs.

M. Admissions:

1. The admissions staff are responsible to:
   a. Complete the fall-risk screening and assessment on admission.
   b. Notify the unit of any residents admitted due to a fall. This includes a fall in the ER, if they have a history of a recent fall (in the last 3 months), anticoagulation, fracture risk of history or head injury.
   c. Follow any procedure for residents admitted due to a fall or have fall injury history, such as a specific color armband, ensuring the bed assigned is close to the nursing station or monitoring area, ensuring there is a medical alert (bell, any type of monitoring system) in the resident's room or signage at the bedside, etc.
2. Staff including RNs, LPNs and caregivers are responsible for:
   a. Ensuring compliance of fall and fall-related injury interventions.

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b. Completing fall-risk screening on transfers, following a change in status, following a fall and at a regular interval and ensuring procedures for high fall-risk residents are in use.

c. Ensuring that rooms with vulnerable residents are assessed and corrected if necessary for slip and trip hazards.

3. Service Plan/RNs are responsible to:
   a. Assess factors that make residents at risk for falling.
   b. Develop an individualized fall and injury prevention plan of care.
   c. Collaborate with PCP for implementation and evaluation of the individualized plan of care.
   d. Communicate resident's fall and injury history, risk factors, treatment plan during hand off processes.
   e. Implement resident education based on health literacy to assure resident engagement as a partner in care, along with family/caregiver as appropriate.
   f. Assure a safe environment for the resident to protect from injury should a fall occur.
   g. Participate in post fall huddle should a resident fall.
   h. Participate in quality improvement to evaluate resident safety and quality of care.
4. Physicians, Physician Assistants and APNs are responsible for:
   a. Identifying and implementing medical interventions to reduce fall and fall-related injury risk.
   b. Taking into consideration the recommendations of pharmacists regarding medications that increase the likelihood of falls.
   c. Ensuring all residents are screened for risk factors for osteoporosis and tested if necessary.
   d. Screening patients for fall-risk using the patient's self-report and the Timed Up & Go test (Outpatient Areas).
   e. Referring residents, who were recently admitted to the hospital due to a fall, to a pharmacist to review the medication and to physical or occupational therapy to conduct a more thorough assessment of fall risk (Outpatient Areas).
5. Pharmacists are responsible for:
   a. Reviewing medications and supplements to ensure that the risk of falls is reduced.
   b. Notifying the physician and clearing medications with the physician if a drug interaction or medication level increases the likelihood of falls.
   c. Asking outpatients to list their medications and supplements again and verify the medications and supplements with the list provided by the physician and against the resident's record.
6. Physical and occupational therapists are responsible to:
   a. Conduct resident assessments of rehabilitation needs and falls risks.
   b. Evaluate resident mobility and safety in the resident's environment to ensure safe transfers, mobility, and activities of daily living.
   c. Develop, implement and evaluate an intervention program for residents to reduce their fall-risk and injury risk.
   d. Contribute to interdisciplinary care planning.
   e. Participate in clinical education of staff and program evaluation at the unit-service level.
   f. Conduct clinical cross-training with nursing staff for mobility and training.

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g. Examine and enhance tools and products at the unit for fall and injury prevention. (Roll seated walkers, w/c brake extenders, non-skid seating, etc.)

7. Quality Management: The manager is responsible for:
   a. Collecting data to ensure that fall and fall-related injury prevention strategies are effective.
   b. Conducting case-by-case reviews for all falls to ensure that medications are reviewed, and prevention measures are recommended.
   c. Helping the primary care physician when requested to recommend prevention strategies for a resident.
   d. Participating in the Quarterly Falls Aggregate Review.

N. Post Fall Procedures/Management. There are two key elements of the post fall procedures/management:
   1. Initial Post-Fall Assessment. Following the post-fall assessment and any immediate measure to protect the resident:
      a. An incident report should be completed. The priority is to assess the resident for any obvious injuries and find out what happened. Examples of the information needed is:
         i. Date/time of fall.
         ii. Patient's description of fall, if possible.
         iii. What was the resident trying to accomplish at the time of the fall?
         iv. Where was the resident at the time of the fall? (Resident's room, bathroom, common room, hallway etc.).
         v. Family/guardian and provider notification.
         vi. Vital signs (temperature, pulse, respiration, blood pressure, orthostatic pulse and blood pressure- lying, sitting and standing).
         vii. Current medications (were all medications given, was a medication given twice?).
      b. Resident assessment:
         i. Presence of injury and reassessment for delayed injury identification.
         ii. Immediate/root cause of the fall.
         iii. Comorbid conditions (e.g., Orthostasis, dementia, heart disease, neuropathy, etc.).
         iv. Intrinsic fall risk factors (e.g., incontinence, impaired vision, gait/balance disorders, weakness).
         v. Extrinsic fall risk factors (e.g., medications, clothing / shoes, proper and accessible mobility aid, eyeglasses on).
      c. Environmental factors:
         i. Bed in high or low position.
         ii. Bed wheels locked.
         iii. Wheelchair locked.
         iv. Floor wet.
         v. Lighting appropriate.
         vi. Call light within reach.
         vii. Bedside table within reach.
         viii. Area clear of clutter and other items.
         ix. Toilet environment. (Too low, no safety rails, slip hazards).
      d. Was a treatment intervention plan being followed? If not, why not?

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e. Was the manager and other medical team members on the unit notified?

O. Documentation and follow-up:

1. A detailed progress note should be entered into the resident's record including the results of the post-fall assessment.
2. Referring the resident for further evaluation by their physician to ensure other serious injuries have not occurred.
3. Referring to the primary care physician to review fall prevention interventions and modify care-plans as appropriate.
4. Communicate to all shifts that the resident has fallen and is at risk for recurrent falls.

The manager shall include the Fall Data on the Quality Management documentation.

NANANOM ASSISTED LIVING

Opioids
Policy and Procedure

Policy: Opioids

Responsible Persons: Managers, Certified Caregivers, Owner

Purpose: All prescriptions for opioid medications are prescribed through a medical practitioner. Only authorized personnel may re-order, receive, and provide resident assistance with help in self-administration for opioid medications.

Definitions:

Medication Administration-Restricting a resident's access to the resident's medication and providing the medication to the resident or applying the medication to the resident's body, as ordered by a medical practitioner.

Opioid Treatment-Providing medical services, nursing services, health-related services and ancillary services to a resident receiving an opioid agonist treatment medication for opiate addiction.

Procedures:

A. Opioid Administration:
   1. Who can administer an Opioid Medication?
      a. A manager and certified caregiver are authorized to administer Opioid. These opioid medications have been designated and are under the direction of a medical practitioner.
      b. Self Administration – The following individuals are authorized to Self-Administer opioid Medication: Manager and Certified Caregiver.
   2. When can a medication be administered?
      a. Before administering an Opioid medication, make sure to verify the resident's name and the level of their pain.
      b. Document the Five Medication Rights (Resident, Medication, Dosage, Route, Time).
      c. Log or chart the medication administration on the Narcotics Charting Form.
      d. Observe the effectiveness of the Opioid administered after 45 minutes.
      e. Verbal follow-up: See chart below.

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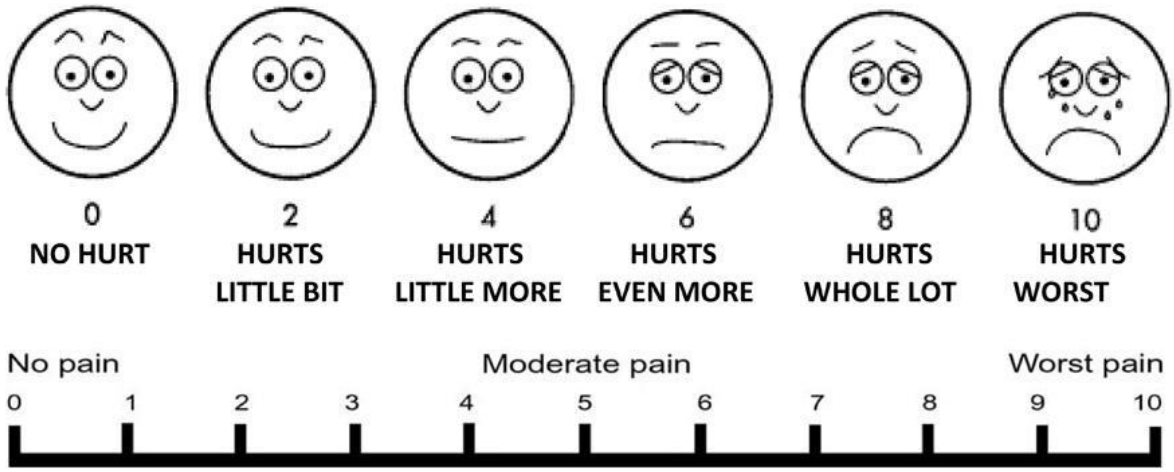

Non-Verbal: Method of identifying the following:

- 0 to minimal: Facial grimacing or frowning.
- 1 to 3: Writhing or constant shifting in bed.
- 4 to 6: Moaning/groaning and whimpering.
- 7 to 10:Restlessness and agitation.

B. How can a medication be administered? If the resident has difficulty taking her/his medications, Authorized CG should consider options that might make the medications easier to take by:

1. Alternative medication consideration
    a. Crushing the medication and mixing it with food.
    b. Cutting the tablet in half.
    c. Determine if there is another form that the medication comes in like a liquid form.
    d. Find a more acceptable time to take the medication.

Note: *Be sure that an order is obtained from the medical practitioner for how the medication may be given.*

C. By whom is a resident being monitored?

1. Once the pain medication is given, the individual providing the medication, or another individual authorized to administer medications will monitor the resident's response to the opioid medication to include how effective the opioid medication was to resolve the pain. This will be accomplished by re-assessing the pain level approximately 30-45 minutes but no more than one hour after the medication is delivered.
2. Each time the above pain level assessments are taken they will be recorded in the resident's medical record on the MAR, a PRN-MAR or an Opioid MAR.
3. The effectiveness of the opioid medication will be determined and documented on the Opioid PRN-MAR.
4. Opioid medications will be stored by the facility per the same process for controlled substances. (See Medication Policy and Procedure)
5. Once the Opioid medication has expired or is discontinued immediately dispose of the medication per the medication disposal process. (See Medications Policy and Procedure.)

Note: *Opioid medications are generally intended for short time use only.To reduce the burden on licensed HCIs, the Department exempted the prescription, ordering administration of Opioid as part of treatment for a patient with "terminal condition" as defined A.A.C R9-10-120(5).These guidelines are not intended to apply to hospice or palliative care residents and residents at the end of life or with a terminal condition or cancer-related pain.*

D. Quality Management for Opioid Medications
   1.It is the policy of this facility to review all opioid related adverse reactions, negative outcomes or opioid related deaths and to ensure that they are part of the quality management trackable items if they are found to exist.
   2. In addition to tracking these items (if they exist), but to also verify that a surveillance and monitoring of opioid usage for adherence to this facility's policies and procedures.
   3. In the event of a resident's death that may be related to an opioid prescription for treatment of pain, DHS Licensing will be notified within one day of the death.
   4. An assessment of a resident's pain will be identified prior to administering an opioid medication using the "0 to 10" scale where "0" is no pain at all and "10" is the worst pain the resident can imagine. For a resident that cannot verbalize a pain level, the following visual scale will be used. (See Opioid Initial Assessment)

E. At the beginning and end of each shift, an opioid medication count is performed using the Medication Tracking form.

F. Informed Consent for the use of psychoactive medication:
   1. It is the policy of this facility to require a signed consent form by the resident and witnessed by a facility staff member stating that the resident/representative either desires and consents or does not desire, nor consents to the use of a psychoactive medication.
   2. This documentation will be kept in the resident's medical record using the "Informed Consent for Use of Psychoactive Medication" form.

G.R9-10-803(K)
   1. If a resident is receiving either hospice or home health than the resident's medical record will contain:
      a. The name, address, and contact individual, including contact information, of the home health agency or hospice service agency.
      b. Any information provided by the home health agency or hospice service agency.
      c. A copy of resident follow-up instructions provided to the resident by the home health agency or hospice service agency.
      d. Any care instructions for a resident provided to the assisted living facility by the home health agency or hospice service agency are:

i. Within the assisted living facility's scope of services.
   ii. Communicated to a caregiver.
   iii. Documented in the resident's Service Plan.

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Informed Consent

Resident's Name: _____ Admission Date: _____

Please Initial:

_____My provider is prescribing an opioid pain medication for the following:

( ) Pain ( ) Anxiety ( ) Insomnia Other: _____

_____The possible effects, risk and benefits of taking opioid medications for my condition were discussed with my PCP.

_____ These medications are being prescribed to me because other treatments have not controlled my pain/anxiety/insomnia or other illness.

_____I have reviewed this Form with my provider and have had the chance to ask any questions.

_____ I understand each of the statements written here and I am signing to give my consent for treatment of my pain condition with opioid medications.

Resident/Representative Signature: _____

Print Name: _____ Date: _____

Manager Signature: _____ Date: _____

NANANOM ASSISTED LIVING

Infection Control
Policy and Procedure

Policy: Infection control

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: To ensure Nananom Assisted Living adheres to all safety guidelines for infection control.

Wherever patient care is provided, adherence to infection prevention guidelines is needed to ensure safety of the staff and residents of this facility. Hand washing must be done within two minutes and you must maintain the minimum standards of the facility.

Procedure:

A. Education: All employees at hire will receive training and education regarding infection control policies, including hand washing, universal precautions, blood borne pathogens, and taking personal responsibility for a healthy work environment and staying home if they are ill. Infection control is a topic at regular biannual team meetings.

B. Accountability: Team members who do not follow the infection control policies will receive documented coaching, and repeated violations of the infection control policies may result in disciplinary action up to and including termination.

C. The infection control guidelines and policies include:
   1. What to do when a team member has an infectious disease - Managing and reporting an infectious disease.
   2. How and when to notify the local public health office of a resident or team member who has a reportable disease or when there is an outbreak. Everyone in the facility shall follow recommended safety measures by the Health Department or CDC.
   3. Employee risk in their job class.
   4. Universal precautions (hand washing within 20 sec).
   5. Hand washing, gloving, social distancing and wearing a mask.
   6. Antiseptic, alcohol-based hand cleansers.
   7. Blood borne pathogens.
   8. Infectious waste disposal.
   9. Managing infectious outbreaks including norovirus/corona/Sars, etc.

D. Managing and reporting:
   1. Any employee and volunteer will be asked to avoid contact with residents when diagnosed with a communicable disease. Employee may be required to take a leave from work until a doctor's statement says the illness is no longer communicable is provided.
   2. Residents with communicable diseases will be asked to remain in their room during periods of illness. Complimentary tray service will be provided to the residence.
   3. Diseases classified as "reportable" according to the requirements of the County Health Department will be reported accordingly.

NANANOM ASSISTED LIVING

Prevention, Control, Isolation and Quarantine Guidance (COVID 19) Policy and Procedure

Policy: R9-10-121 Disease prevention and control

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: To provide employees, residents and the community with the requirements and guidelines designed to prevent the spread of COVID-19 and any other infectious diseases.

Procedures:

A. This facility requires screening and triage of employees, visitors and any other individuals entering this facility. Preventive measures, as recommended by health officials:
   1. Wash hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer with at least 60% alcohol.
   2. Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe. Facility will schedule disinfection once a week with an alcohol solution containing at least 70% alcohol, or 4 tsp of bleach per quart of water or any EPA-approved household disinfectant.
   3. Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
   4. Linens, dishes, and other utensils are to be washed separately, or disinfected or disposed of right away.
   5. Stay home when you are sick.
   6. Avoid touching your eyes, nose, and mouth.
   7. Social distancing at least 6 ft. apart.
   8. Provide require PPE for residents, employees and visitors such as masks and gloves.
   9. Check temperature of each person entering the facility.
   10. Stock up some supplies (food, water, disinfectant etc.).

B. If quarantined, the facility manager shall:
   1. Utilize an outside source to deliver groceries.
   2. Designate a person who will do the grocery shopping.
   3. Order non-perishable food items from an online source like Walmart, Amazon or other stores to be delivered and left outside the door to avoid contamination.
   4. At no time will the delivery person be allowed in the facility. The groceries shall be placed by the door and the facility staff will have no interaction with the delivery person.

C. **Nananom Assisted Living** shall monitor, screen and limit visitors.

1. What to do:

a. Post signage that everyone entering the building will be screened. Limit movement in the facility to those areas that are necessary for the purpose of the visit. Log all visitors. Designated staff members who will do the screening.

b. Symptoms that are consistent with COVID-19 include:

i.Fever (> 100.4 F)

ii. Cough (***Note:*** *A cough is defined as new onset of cough within the previous 14days*).

iii. Shortness of Breath

2. How should facilities monitor or restrict health care facility staff and visitors:

a. All should be educated on:

i. Hand hygiene (have visitors and staff demonstrate hand hygiene upon entry).

ii. Limit touching of surfaces.
iii. Limit movement to the area of business only.
iv. Limit physical contact, and clean hands before and after (hand sanitizer or hand washing) contact.
v. Contact the facility if they become ill with COVID within 14 days after visit.
3. What facilities can do to help:
a. While physical distancing is encouraged, social interactions are also still encouraged, including virtual interactions.
b. Think about designating a room close to the entrance for essential visits. This room would be disinfected after each meeting.
D. Insufficient Personnel
1. Manager shall meet the needs of all residents by locating an available qualified staff member or finding a safe facility for relocating a resident temporarily.
2. To implement Facility Disaster Plan Policy and Procedure.
3. Ask family or the resident's representative to keep the resident temporarily in their residence.
E. Assessment of a Resident:
1. If the resident has a fever or respiratory symptoms or communicable disease, it should be documented in the resident's medical record and follow safety measures.
2. Access to this facility is limited to staff and visitors that do not have signs and symptoms of possible Covid-19, which include:
a. Cough within 14 days.
b. Fever over 100.4 degrees F.
c. Shortness of breath.
d. Contact with suspected or confirmed COVID-19 within the past 14 days.
e. Household members with fever or respiratory symptoms.
3. To reduce the chance for infecting another individual, the resident will be kept a distance of at least 6 feet from other individuals. If that is not possible, the facility will provide and require the resident to wear a face mask.
4. Practice good hand hygiene, limit touching of surfaces and limit physical contact.
5. Wash hands all the time.
F. COVID 19 Isolation and Quarantine Guidance for Accepting Admission and Readmissions:
1. If a facility currently has COVID 19 positive residents.
a. Does the admission/readmission COVID-19 positive resident require ongoing isolation?
i. If Yes: Isolate to a private room for 14 days using COVID-19 isolation precautions.
ii. If Unknown: Quarantine to a private room for 14 days using COVID-19 isolation precautions.
2. Readmission.
a. Is the admission/readmission a COVID-19 positive resident that requires ongoing isolation?
i. If Yes: Group COVID-19 positive residents by room or isolate to a private room for 7 days from specimen collection or 72 hours until symptoms of acute infection resolve, whichever is longer.
ii. If Unknown: Quarantine to a private room for 14 days using COVID-19 isolation precautions.
G. Additional Factors for Consideration:
1. Residents may be released from quarantine and cared for within the general population once quarantine has been completed and no signs or symptoms of disease have developed.

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2. If a resident develops COVID-19 during the 14-day quarantine, care for the patient in isolation until 7 days from specimen collection or 72 hours until symptoms of acute infection resolve, whichever is longer.
3. If a COVID-19 positive resident started isolation in a higher acuity facility and was admitted/readmitted to the facility that currently has COVID-19 positive residents requiring isolation precautions, continue isolation precautions and do not have the resident start their isolation period from the beginning. For example, if a patient is transferred to your facility on their 4th day of isolation from specimen collection, have the resident complete the remaining 3 days (total of 7) OR 72 hours until symptoms of acute infection resolve, whichever is longer.

H. Release from Isolation and Quarantine Guidance.

1. COVID-19 positive residents or staff are considered infectious 48 hours prior to symptom onset and until seven days from specimen collection or until 3 days (72 hours) after fever is gone and symptoms of acute infection resolve, whichever is longer.
2. If tested positive for COVID-19, remain at home or under isolation precautions for 7 days from specimen collection or until 3 days (72 hours) after fever is gone (without the use of fever-reducing medication) and symptoms of acute infection resolve, whichever is longer.
3. If tested negative for COVID-19 and have compatible symptoms (fever, cough, shortness of breath), stay at home or under isolation precautions until 3 days (72 hours) after all symptoms of acute infection resolve.
4. If not tested for COVID-19 and have compatible symptoms (fever, cough, shortness of breath), stay at home or under isolation precautions until 3 days (72 hours) after all symptoms of acute infection resolve.
5. If not tested for COVID-19 and have other non-compatible symptoms, stay at home or under isolation precautions until 24 hours after all symptoms are gone without the use of medication.

NANANOM ASSISTED LIVING

Visitation Guidance (COVID 19)
Policy and Procedure

Policy: Visitation guidance for COVID 19

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: To establish and implement COVID 19 mitigation strategies. To adopt benchmarks for allowing progressive reopening of assisted living facilities.

Benchmarks:

- Minimal Community Spread: Evidence of isolated cases or limited community transmission, case investigations underway and no evidence of exposure in large communal setting.
- Moderate Community Spread: Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases.
- Substantial Community Spread: Large scale, controlled community transmission, including communal settings (e.g., schools, workplaces).

Procedures:

A. Pre-visit
   1. Visitors should call ahead to arrange or schedule a visit. Prior to arrival for the scheduled meeting, the visitor should be provided information on the terms of the visit through a means provided by the facility (web, email, text, etc.). The information must contain:
      a. Information on COVID-19 and how the spread of the virus is minimized.
      b. Instructions for self-screening on the day of the visit along with information as to when the results of the screening would require a cancellation of the visit.
      c. Instructions for social distancing and requirements for wearing a mask.
      d. Instructions on where to arrive and wait at the facility for staff accompaniment to the designated meeting area. This information must include a notice that the visitor will be restricted from entering the facility and may not leave the designated visiting area to interact with any other residents or staff.

B. **Nananom Assisted Living** may opt to allow visits under certain circumstances including the imminent death of a resident.

C. Facilities may NOT offer or allow visitation on the premises if:
   1. The resident has symptoms of COVID-19.
   2. The resident is in isolation or quarantine.
   3. The facility has an active outbreak.
   4. The facility with a history of a recent COVID-19 case or outbreak has not completed the required isolation period of 14 days.
   5. The county or the city where the facility is located is under the Stay-at-Home orders related to COVID-19.
   6. Statewide restrictions are implemented due to increased cases of COVID-19.

D.Upon arrival (Visitor Access to Resident Living Space)
   1. The visitor must be greeted at a designated area by facility staff, and the staff member will:

a. Perform temperature check and symptom screening in accordance with current CDC guidelines. Visitors with symptoms in the previous 14 days should not be allowed to visit.
b. Ensure and required hand washing, the visitor has a face mask or cloth covering, and is wearing it appropriately.
c. Collect and verify name and contact information of the visitor for the purposes of contact tracing.
d. Escort the visitor to the designated visiting area. Visitation is from 0800 to 2000. Visitors are only allowed in the living quarters for less than 15 minutes.
e. Total number of visits permitted each day is no more than 2 visitors. Appointment is encouraged.
f. Escort the visitor out of the designated visiting area at the conclusion of the visit through the same path they arrived.
g. The resident must have been screened on the day of the scheduled visit, prior to the visit occurring. ***Note:*** *Additional guidance on how to conduct a facility health screening is on page 3 of this Policy and Procedure.*

E. Designated outdoor/indoor area during visitation.
1. As a part of the facility's existing resident outdoor/indoor area, the separate designated meeting area should be isolated. The facility should ensure that residents not participating in visits, continue to have access to separate outdoor space.
2. The designated outdoor/indoor area must be monitored to ensure it remains separated from the facility population and from facility staff.
3. The number of visitors should be determined by implementing 6 feet social distancing. Any codes, regulations, or ordinances by Public Health must be followed. This number of maximum visitors allowed must be documented in the visitation plan.
4. Furniture used for external/internal visits should be appropriately disinfected between visits.
5. The visitor must wear a face mask or covering for the duration of the visit. All staff and the resident must wear face shield, a surgical or cloth mask unless medically contraindicated.
6. The facility must document the outdoor/indoor visitation daily.
7. The facility must also document evidence of staff training regarding the visitation policy.

These documents must be made available for review by Arizona Department of Health Services.

F. Additional Visitation Types:
1. The State of Arizona continues to monitor infection rates across the state and may further relax or restrict visitation policies as the COVID-19 emergency evolves. Furthermore, nothing in the guidance should be seen as limiting visitation that is already allowed including but not limited to: essential health care providers (e.g. Home Health, Hospice, etc.), compassionate care situations, essential vendors (entertainers, educators, volunteers, LTC Ombudsman, etc.) Therapy dogs should be permitted; however, any handler will adhere to visitation policy.

These rules are communicated to residents and families regarding the COVID 19 visitation Policy.

Manager Signature: _____ Date:_____

ADDENDUM:

A. How to conduct a facility health screening.

1. Equipment:
    a. Temple thermometers.
    b. Alcohol swabs (to clean thermometer heads).
    c. Bleach wipes (to clean thermometer bodies) and work surfaces.
    d. Hand sanitizer.
    e. Disposable medical gloves.
    f. Computer with network and Google access.
    g. Data entry form(electronic).
    h. Paper data entry forms (back-up).
    i. Room near the entrance with:
    i. Adequate space to establish a line with people spaced 6-feet apart.
    ii. 1 table for supplies and data entry.
2. Personnel:
    a. Manager.
    b. 1-2 temperature takers.
    c. 1-2 people to ask screening questions (Depending on the size of the facility, and the number of people needing to be screened, one person may be sufficient to take temperatures and ask about symptoms).
3. Set-up and Process:
    a. Set up equipment on the table so that the temperature takers screen first. The screening question person will be at the opposite end of the table (if using 2 personnel). Clean all surfaces and equipment with bleach wipes or disinfectant wipes.
    b. Line management will remind all people in line to stay 6 feet apart.
    c. Temperature screening:
        i. Temperature takers ensure that they put medical gloves on.
        ii. Using a temporal thermometer, take the person's temperature.
        iii. Log the temperature on the data entry form.
        iv. A fever is defined as a temperature of 100.4 or above. Ask people who have a fever to return home and notify their supervisor.
        v. If no fever is present, have the person proceed to screening questions.
4. Documentation:
    a. If a computer is not accessible, the manual paper form will be completed as data entry daily or weekly.
    b. A "COVID 19 Screening Form" will be used for record keeping.
    c. Enter name and other information, record temperature, and ask about symptoms.
5. Screening questions.
    a. Ask if the person has any of the following symptoms. If the person answers yes to any of the following, ask the person to return home and notify their supervisor.
        i. Fever or chills
        ii. Cough
        iii. Shortness of breath or difficulty breathing
        iv. Fatigue
        v. Muscle or body aches
        vi. Headache
        vii. New loss of taste or smell
        viii. Sore throat
        ix. Congestion or runny nose
        x. Nausea or vomiting
        xi. Diarrhea
    b. If no symptoms, record data, complete data entry, and allow the person to proceed.
6. Following Screening:
    a. Clean thermometers after each use.
    b. Maintain a clean workspace.
    c. Clean and disinfect all surface areas at the end of the day.
    d. Wash your hands frequently.

Scope of Services
Policy and Procedure

Policy: Scope of Services

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Owner

Purpose: To enumerate and provide information on the different levels of care **Nananom Assisted Living** is able and licensed to provide its residents. It is a residential short term care setting, helping with activities of daily living and comfort for the dying.

Procedure:

Services provided by this facility include the following:

A. Supervisory Care Services - General supervision, including daily awareness of resident functioning and continuing needs, the ability to intervene in a crisis and assistance in the self-administration of prescribed medications.

B. Personal Care Services - Assistance with activities of daily living that can be performed by persons without professional skills or professional training and includes coordination or provision of intermittent nursing services and the administration of medications and treatments by a licensed nurse.

C. **Directed Care Services** - Programs and services, including personal care services provided to persons who are incapable of recognizing danger, summoning assistance, expressing need or making basic decisions.

D. Hospice agency services, as ordered by a medical practitioner.

E. Medication management: To help individuals administer the medications according to doctor's orders. Trained caregivers are authorized to set up medication for delivery to resident's containers or organizers, may administer medications, and may perform treatment including, but not limited to, topical applications of ointment and creams as well as rectal suppositories.

F. The facility has established guidelines to ensure appropriate medication administration is being followed according to type and route of medication to be given.

1. Self-assistance of medication administration: No assistance, provide water or food as needed. Resident may store their medications in their room and provided a box that is lockable and have 2 keys available, one key stays with the resident and the other key is provided to the facility to be used in an emergency.
2. Assistance of self-administration of medication: storing, reminding, observing, reading the meds, and documentation. Manager or caregiver of the facility shall ensure to apply Five Rights of Medications (person, medications, dosage, route, and time).

G. Assisted living care services - Means limited assisted living health services, provided to a patient whose primary admitting diagnosis is related to the patient's need for physical health services. This may include direction provided by an assisted living health professional, and medication administration ordered by a medical practitioner or assisted living health professional.

H. Physical therapy, occupational therapy, as ordered by a medical practitioner.

I. Home Health Services including wound care, catheter care, etc. can be provided with a medical practitioner's written order and under the supervision of a registered nurse.

J. Annual influenza immunizations and tuberculosis testing.

K. This facility ***does not*** provide Behavioral Health Services.

NANANOM ASSISTED LIVING

Staff Scheduling and Back-up Employee Policy and Procedure

Policy: Staff scheduling and back-up employee

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Owner

Purpose: To establish guidelines **Nananom Assisted Living** will follow to ensure the assisted living facility is staffed appropriately.

Procedure:

A. This facility's work schedule will indicate the date, work hours and name of each person assigned to work. Caregivers will be working based on three 8-hour shifts in a 24-hour period. This is dependant on the resident acuity and census on any specific day or period.

B. This facility's work schedule will reflect any changes to actual staffing by:
   1. Drawing a line through any changes and writing in the correct changes on the schedule.
   2. The schedule will be posted conspicuously in an easily accessible location.
   3. The work schedule will be maintained in the facility for 12 months from the last date of the posted schedule.

C. Back-up Employee
   1. Emergency process pertaining to a staff member not appearing for an assigned shift is as follows:
   a. Employee who are unable to report for work for any reason must notify their immediate supervisor or manager within (1) hour of their regular starting time.
   b. Facility manager shall contact back up staff member to come in to cover the current shift.
   c. Manager facilitate different organization to acquire qualified, available certified caregiver if employee on duty is unable to work.
   d. Staff members are to remain at the facility until a replacement arrives. **AT NO TIME WILL THE RESIDENTS BE LEFT ALONE.**
   e. This facility must review completed personnel records prior to start working.

D. Upon being hired by this facility, employees will be given a Schedule Request Form to complete for any vacation or time off. This form will assist the facility in providing a more effective schedule for all employees of the assisted living facility.

NANANOM ASSISTED LIVING

Staffing and Record Keeping
Policy and Procedure

Policy: Staffing and record keeping

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: To establish guidelines Nananom Assisted Living will follow to ensure this assisted living facility describes general policies governing the creation, maintenance, and disposition of records used to document, verify, and validate the process either on paper or electronic format.

Procedures:

A. Personnel recordkeeping will state this facility will recognize the format of the official personnel folder as the official record. That format will be either paper or for those other companies that have converted to an electronic format and that format has gone through the appropriate verification and validation process, the record is recognized as the electronic official personnel folder.

B. Personnel recordkeeping establish policies and minimum requirements governing the creation, development, maintenance, processing, use, dissemination and safeguarding of the personnel records whether in paper or electronic format.

C. The policy is designed to support personnel operations, feed payroll systems, and meet managers' needs, personnel lists, and employees' needs for information necessary to manage day-to-day operations.

D. Safeguarding Personnel Records are adequately documented, protected against loss or unauthorized alteration. Access to personnel records subject to the Privacy Act should be limited to those whose official duties require such access. In addition, agencies must guard against disclosure of personally identifying information (PII) belonging to someone other than the subject of the personnel file that may occur when an individual request access to his/her personnel files.

E. Establishing Personnel Record filing for the Employee's File are the following:

1. Application Form.
2. Copy of current TB skin test that reads "negative result".
3. Fingerprint clearance card verification.
4. CPR and First Aid.
5. Verification of skills and Knowledge:

a. Caregiver Certification.
b. Continuing Education Credits.

6. Employee Orientation Form.
7. Personnel duties and responsibilities.
8. 2 References for both personal and professional.
9. Other: _____

F. This facility must review completed personnel records prior to start working.

G. Facility use of a camera: The owner of Nananom Assisted Living has:

( ) NOT installed cameras/monitors ( )Installed cameras within the facility.

H. It is the policy of this facility that former employees, regardless of the terms of their employment termination, are not allowed on the facility premises without prior permission from the facility manager.

I. Personnel files must be kept in the facility for at least two (2) years.

Employee Submitted Complaint
Policy and Procedure

Policy: Employee submitted complaint

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: To establish guidelines **Nananom Assisted Living** will follow to ensure that preventative measures are in place, appropriate procedures are followed ,and employee submitted complaints are properly prepared and handled by those responsible to act on them.

Procedure:

A. For any alleged or suspected resident care issue that occur on the premises or while the resident is receiving services from this assisted living facility, the person witnessing the improper conduct shall take immediate action to stop the alleged or suspected abuse, neglect or exploitation or any kind of suspicion that the resident health and safety is at risk.

B. A manager shall ensure that fact-finding means are established, the incident is documented, and resolutions and the course of remedial action to include on how an employee may submit a complaint related to resident care can be implemented or raised to the proper body or venue.

C. A manager, employee or volunteer shall immediately report to (APS) Adult Protective Service or local law enforcement of suspected or alleged abuse, neglect, or exploitation.

D. A manager or owner of the facility will:

1. Document the initial report and maintain documentation of the report on the premises for 12 months from the date of the report.
2. Investigate and develop a written report within 5 working days of the initial report of the suspected or alleged abuse, neglect or exploitation.
3. The manager and/or owner shall send the written report to the Arizona Department of Health Services (ADHS), Adult Protective Services (APS), and any local law enforcement agency previously notified within 10 days.
4. The manager and/or owner shall maintain a copy of the written report provided to ADHS, APS and any local law enforcement agencies on the premises for 12 months from the date of the report.

E. The written report shall contain:

1. Dates, times and description of the alleged or suspected abuse, neglect or exploitation.
2. Report must include A description of any injury to the resident.
3. Any changes to the resident's physical, cognitive, functional, or emotional condition.
4. The names of witnesses to the alleged or suspected abuse, neglect or exploitation.
5. Individuals and agencies notified by the staff, manager and/or owner.
6. Any action taken by the manager to prevent the alleged or suspected abuse, neglect or exploitation from occurring in the future.

NANANOM ASSISTED LIVING

Acceptance of Gifts, Gratuities and Business Courtesies
Policy and Procedure

Policy: Acceptance of gifts, gratuities and business courtesies

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: To provide guidelines for **Nananom Assisted Living** and/or our employees accepting gifts.

Nananom Assisted Living discourages the facility and its employees from accepting gifts, gratuities and business courtesies from residents and business associates but will, in some cases, permit the occasional acceptance if:

A. Rejecting the gift will negatively affect the giver.
B. Providing the gift**:**
   1. Is not made in cash.
   2. Does not exceed $20 in value.
   3. Is not given on a regular or frequent basis.
   4. Is not given to influence conduct or decision making.
   5. Does not compromise, or appear to compromise, in any way the integrity of the facility or the employees.

Procedures:

A. All gifts shall be considered on a case-by-case basis.
B. The *Acceptance of Gift* Policy shall be consistently applied.
C. Employees shall report any gift received to the manager/designee, who will:
   1. Assess the circumstances in which it was made.
   2. Determine whether it shall be accepted or whether it shall be politely refused.
D. Manager/designee shall record receipt of the gift in:
   1. A Log, if the gift is made to the facility.
   2. In the employee's personnel file, if the gift is made to an individual employee.
E. Documentation of gifts received shall include, but not be limited to, the following:
   1. Name, address and phone number of the resident giving the gift.
   2. Name of the employee, if the gift is given to an individual employee.
   3. Statement advising the gift was given to the facility if gift was given to the facility.
   4. Date the gift is given.
   5. Description of the gift.
   6. Value of the gift if known otherwise, assign an approximate value to the gift.
   7. Circumstances in which the gift was made.
   8. Whether the gift was accepted or returned to resident.

NANANOM ASSISTED LIVING

Manager Designee
Policy and Procedure

Policy Topic: Manager designee

Responsible Persons: Manager, Certified Caregivers, Owner

Purpose: To establish guidelines Nananom Assisted Living will follow to ensure there is a delegation of authority when the manager is away from the facility and the person delegated, the manager designee, complies with all requirements.

Procedure:

A. The Board of Directors shall:
   1. Consist of one or more individuals responsible for the organization, operation, and administration of an assisted living facility.

2. Establish an assisted living facility's scope of services.
3. Designate, in writing, a manager who:
   a. Is 21 years of age or older.
   b. Except for the manager of an adult foster care home, has either a:
      i. Certificate/license as an Assisted Living Facility Manager issued under the NCIA Board.
      ii. A temporary certificate as an Assisted Living Facility Manager issued by the NCIA Board, the actual License when available will be posted conspicuously.
4. Adopt and implement a Quality Management Program that complies with R9-10-804.
5. Designate an acting manager who meets the requirements:
   a. Manager designee must be 21 years of age or older, have at least have 3 years of experience in health care and be a certified caregiver.
   b. Expected to not be present in an assisted living facility's premises for more than 30 calendar days.
6. Manager designee must notify the licensee, DHS when there is a change in manager and provide the name of the new manager within 30 days.
7. Ensure that a manager, designee or caregiver can read, write, understand, and communicate in English to provide the services to a resident staying in the facility.

NANANOM ASSISTED LIVING

Delegation of Authority
Policy and Procedure

Policy: Delegation of authority

Responsible Persons: Managers, Certified Caregivers, Owner

Purpose: To establish guidelines **Nananom Assisted Living** will follow to ensure there is a delegation of authority when the manager is away from the facility.

Procedures:

A. The assisted living facility manager shall delegate in writing one or more individuals who are 21 years of age or older who meet the qualifications for a caregiver as the manager designee.
B. The manager designee shall be on the assisted living facility premises and available and accountable for services provided by the assisted living facility when the manager is not on the assisted living facility premises.
C. The manager designee will be able to read, write, understand and communicate in English.
D. The manager shall complete the delegation of authority form and shall post it for all to view at the facility.
E. If the manager is absent from the facility for more than 30 consecutive days, another manager must take his/her place and display his/her manager's license prominently within the facility. If the new manager is not already an employee of the facility, then personnel file will be created for the new manager that contains all ADHS mandated information. This file will be kept in the active personnel file area within the facility for the duration of the new manager's tenure.

DELEGATION OF AUTHORITY

The Board of Directors of Nananom Assisted Living hereby delegates _____ as the manager in directing and supervising the operations of this facility and providing care to the residents. This letter certifies that the manager has received the necessary training and orientation to the facility's Policies and Procedures, guidelines and resident Service Plans, has access to resident records and knowledge of how to contact families and physicians in case of illness and emergencies.

The Board also certifies the manager is at least 21 years of age and can read, write, and understand English. Manager License # _____ is verified and in good standing.

_____ has agreed to accept this responsibility as evidence by his/her signing of this letter with the administrator.

Manager: _____ Date: _____

Board Delegate: _____ Date: _____

NANANOM ASSISTED LIVING

Reporting of Unsafe Practice and Non-Retaliation Policy and Procedure

Policy: Reporting of unsafe practice and non-retaliation

Responsible Persons: Manager, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: Nananom Assisted Living has adopted a procedure for reviewing reports made in good faith by a health professional/caregiver concerning an activity, policy or practice that the health professional reasonably believes both violates professional standards of practice or is against the law and poses a substantial risk to the health, safety or welfare of a resident.

Procedure:

A. The procedure includes reasonable measures to maintain the confidentiality of the identity of a health professional providing information to a health care institution.
B. It is expected that employees of this facility report to the manager any activity, policy, or practice that violates professional standards of practice, is against the law, or poses a substantial risk to the health, safety or welfare of a resident.
C. Good faith reporting of policy or practice concerns will be done by the healthcare professional without fear of retaliatory action. The manager will confidentially review the report with the reporting healthcare professional and will thoroughly investigate the concerns reported.
D. Utilize the complaint/grievance form to make a written report to manager.
E. The manager will be given reasonable time to respond. Measures will be taken to maintain confidentiality of the healthcare professional providing information to the manager in relevance to policy or practice concerns.
F. The manager shall report the issue to local government or DHS concerning the activity, policy or practice that was the subject of the report.
G. There will be no retaliatory action taken for reporting a concern. The rule does not prohibit this facility from acting against a health professional/caregiver for a purpose not related to filing a report.
H. The manager will make a good faith effort to prevent retaliatory actions towards the reporting healthcare professional. This does not prohibit healthcare such manager from acting against a professional for a purpose not related to filing such report.
I. There shall be a rebuttable presumption that any termination or other adverse action that occurs more than one hundred eighty days after the date of a report is not considered a retaliatory action.

Cardiopulmonary Resuscitation (CPR) and First Aid Policy and Procedure

Policy: CPR and First Aid

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Policy Statement: It is the policy of **Nananom Assisted Living** to ensure that all facility staff and volunteers are trained in CPR and First Aid and their certification is maintained and current if they are employed or volunteering with this facility.

Procedure:

A. To keep CPR and First Aid training and skills up to date, it is required that each employee and volunteer provide the following:
   1. Documentation that verifies the employee or volunteer has received CPR and First Aid training.
   2. Method and contents of CPR training which includes the ability to perform and demonstrate cardiopulmonary resuscitation.
   3. Time frame for renewal of training for CPR and First Aid.
   4. The hiring person is required, on the date of hire or start of work, to verify each new employee or volunteer's CPR training specific for adults.
   5. Each employee will demonstrate and perform CPR by going through the motions of performing cardiopulmonary resuscitation.
   6. The hiring person is required, on the date of hire or start of work, to verify each new employee or volunteer's First Aid training.
   7. Each employee or volunteer will present proof of training of CPR and First Aid. A copy of the front and back of the CPR and First Aid card shall be kept in the employee or volunteer's files.
   8. In the Application for Employment form, the hiring person will note the expiration date on the CPR and First Aid cards and set up a reminder for the expiration date of the card to ensure timely renewal or retraining prior to the expiration date.
   9. The time frame in retaining is determined by the training agency used or the expiration: date shown on the card. The individual who provides CPR and First Aid training must be certified by American Red Cross, American Heart Association or National Safety Council and have the instructor ID number on the card.
   10. Owner/manager may require a demonstration of the caregivers or volunteer's ability to perform CPR and First Aid to the residents.
   11. CPR certification needs to be done in a class with a hands-on demonstration. First Aid can be obtained from an online course.

NANANOM ASSISTED LIVING

Fingerprint
Policy and Procedure

Policy: Finger print verification
Responsible Persons: Managers, Certified Caregivers, Assistant Caregiver, Volunteers, Owner

Purpose: To establish guidelines Nananom Assisted Living will follow to ensure all employees and volunteers, must submit a fingerprint clearance card.The hiring individual will check and document fingerprinting requirements for each employee or volunteer to ensure they have a valid fingerprint card.

Procedures:

A. Verification of Fingerprint Status**:**
   1. Owner or manager of this assisted living facility must require prospective employees to obtain fingerprint clearance and must make efforts to verify with the Department of Public Safety (DPS) the status of prospective employee's fingerprint clearance card.
      a. For new employees, the hiring person will check online, call, fax, e-mail request for verification to DPS office. To check fingerprinting clearance status. Verification of Fingerprint can also be obtained online at:**http://www.azdps.gov/Services/Fingerprint/**

B. The manager shall obtain documentation of fingerprint clearance for every individual employee and volunteer who works in this facility.
   1. Shall ensure that upon hiring an employee or volunteer, a fingerprint card must be provided and available.
   2. Require employees to obtain fingerprint clearance before hiring or within 3 days after acceptance of employment and documentation will be recorded in the employee or volunteer personal record
   3. The Fingerprint Card must be current and valid.
   4. Must have a copy of Fingerprint Clearance Card filed on the employee's record.
   5. The timeframe for renewal of Fingerprint Cards shall be monitored.
   6. Manager shall verify the validity of the Fingerprint Clearance Card at least once a year if the employee is continuing employment with the facility.

C. Six-month lapse between jobs:
   1. An employee whose employment record has a six-month or more lapse between employment must submit a new application with a new set of fingerprints and the current fee to DPS. DPS will have thirty days to research disposition offenses. Fingerprint Clearance Cards are personal property of the person whose name appears on the card and are not to be kept by the employer. A copy of the clearance card must be filed, maintained and part of the employee's file.

D. Good Faith Reference
   1. Manager shall check the references in good faith before employees are starting to work.

Quality Management
Policy and Procedure

Policy: Quality management **Policy #:** 403

Responsible Persons: Managers, Certified Caregivers, Owner

Purpose: To establish guidelines to ensure Nananom Assisted Living has a specific plan to document and implement an ongoing Quality Management Program.

Procedure:

A. Rules a manager shall ensure:
   1. A method to identify, document, and evaluate incidents.
   2. A method to collect data to evaluate services provided to residents.
   3. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care.
   4. A method to make changes or act because of the identification of a concern about the delivery of services related to resident care, including:
      a. The frequency of submitting a documented report required to the manager.
      b. A documented report is submitted to the manager of this facility that includes:
         i. An identification of each concern about the delivery of services related to resident care.
         ii. Any change made, or action taken because of the identification of a concern about the delivery of services related to resident care.
   5. The report required and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the manager.

B. Quality Management Plan (QMP):
   1. The Quality Management Plan defines the acceptable level of care qualities, which is typically defined by the resident, and describes how the services are delivered, processed, followed and are effectively implemented.
   2. Who is involved?
      a. Care team (PCP)- Writes medication orders.
      b. Nurse-Reviews, updates and signs the Service Plan.
      c. Manager-Handles the resident's admission and administration.
      d. Caregiver- Patient care and ADL's.
      e. Resident-Most important person on the care team.
   3. Risk assessment for all reportable incidents occurring within the facility. Example: falls, medication errors, weight loss, pressure sore, MRSA, C-diff, EMS activation.
   4. Specified personnel responsible for implementing and reporting the QMP.
      a. Reports for all incidents include:
         i. Date, time, location, description of the incident, action taken, prevention, report to PCP, manager and family member or case manager.
   5. Investigation and analysis strategies for incident management.
      a. Manager will investigate and interview caregiver involved or any witnesses and the residents if they are able.
   6. Corrective action plans for preventing incident reoccurrence.

NANANOM ASSISTED LIVING

a. Make sure that employees will take an in-service training on a regular basis and implement a system according to any incident occurred.

7. Follow-up methods on implemented corrective actions.
   a. A method to make a change or act because of the identification of a concern about the delivery of services related to resident care. Example: Documentation of action taken to address the identified trend.
   b. Caregivers and others involved in providing services are notified of the action taken and their specific roles in implementing these actions.

C.A method to identify, document, and evaluate incidents.

1. All employees must immediately make an oral and/or written report to the manager/designee of any condition, situation, or incident which has, or has the potential to, adversely affect the health and safety of one or more residents .
2. The manager/designee shall document the condition, situation, or incident on an Incident Report Form. The manager/designee may delegate this documentation to one or more employees.

D. A method to collect data to evaluate services provided to residents.

1. The manager/designee shall document monthly:
   a. Number and type of incidents. Patterns across residents.
   b. Number of residents experiencing falls.
   c. Number of residents experiencing weight loss.
   d. Number of residents with decubitus ulcers.
   e. Number of residents with possible HCAIs (Health Care Associated infections).
   f. Number of residents reporting the loss of personal property/clothing.
   g. Number of errors in the documentation of medications (MARs), treatments, ADLs, etc. provided to residents.

E. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care.

1. Maintain a line graph for each of the above to identify trends form month to month.
2. Monthly meetings between the licensee or representative, the manager, any designees, the Service Plan nurse, caregivers, and others as needed, to discuss each month's findings and any identified trends.

F. A method to make changes or act because of the identification of a concern about the delivery of services related to resident care.

1. The Service Plan must be reviewed and updated, if necessary, to reflect the services/actions/ interventions needed to address the identified concerns.
2. Caregivers and others involved in providing services are notified of the changes to the Service Plan.

G. A method to make changes or act because of the identification of a concern about the delivery of services related to resident care.

1. Documentation of action(s) taken to address the identified trend(s).
2. Caregivers and others involved in providing services are notified of the action(s) taken and their specific role(s) in implementing these actions.

H. The frequency of submitting a documented report**.**

1. An Assurance Checklist will be performed by the manager/caregiver/designee on a regular basis and at least once every 3months.

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2. A ***quarterly report*** will be compiled for residents having falls, medication errors, calling 911(EMS activation), weight loss, pressure sores, and residents admitted with C-Diff or MRSA.
3. Documented report is submitted ***annually*** by the manager to the governing authority, unless they are the same individual. This report includes:
   a. An identification of each concern about the delivery of services related to resident care.
   b. Any change made, or action taken because of the identification of a concern about the delivery of services related to resident care.
   c. The report and the supporting documentation for the report are ***maintained for 12months after the date the report is submitted*** to the governing authority by the manager.

I. Quality Management for Opioid Medications
1. It is the policy of this facility to review all opioid related adverse reactions, negative outcomes or opioid related deaths and to ensure that they are part of the quality management trackable items if they are found to exist.
2. In addition to tracking these items (if they exist), but to also verify surveillance and monitoring of opioid usage for adherence to this facility's policies and procedures.
3. In the event of a resident's death that may be related to an opioid prescription for treatment of pain, DHS Licensing will be notified within one day of the death.

NANANOM ASSISTED LIVING

Contracted Services
Policy and Procedure

Policy: Contracted Services/Pest Control

Responsible Persons: Manager, Owner

Purpose: To establish guidelines to ensure resident safety in **Nananom Assisted Living** with contracted service workers who may have access to the facility.

Procedure: Contracted Services/Pest Control

A. With the approval of the manager, the resident or resident's representative may contract outside services.
B. Documentation will be completed by the manager or manager designee in the Contracted Services Form detailing the company providing the service, service type and description, date of service and the intervals between services if applicable.
C. Services provided will be listed on the Contracted Services Form and documented every time they occur. The records will be kept in the resident's file (for services provided to the residents) or in the business file (for services provided to the facility) for at least 3 years.
D. Manager will check if contracted services are provided according to the schedule and by contract stipulation.
E. This assisted living facility will maintain a list of all contracted services with their Name, Address, Phone Number and an explanation of what services are provided by each agency. Pest Control Company's hired by the facility shall maintain a safe and sustainable environment within and outside of the premises.

Name of the Pest Control Company: _____

Name of the Contact Person: _____

Phone # of the Pest Control Company:_____

F. A pest control routine will be performed on, or as needed basis and documented accordingly in the maintenance log. Manager shall designate an employee to coordinate with the Pest Control Company
G. The assisted living owner/manager shall ensure that contracted agencies which provide services at the facility are monitored while performing services within the facility to ensure the safety of the residents.
H. A monthly (or according to contract) receipts and signatures of contracted services provided to the facility will be attached.

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Applicant and Employee Requirements
Policy and Procedure

Policy: Staffing, hiring, orientation and in-service training
Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: To establish guidelines **Nananom Assisted Living** will follow to ensure that hiring and discipline of staff are followed for this facility.

Procedure:

A. Upon being hired by the facility the applicant must:
   1. Complete an application and application addendum 1 & 2 for employment to include the individual's name, date of birth, and contact telephone number.
   2. The starting date of employment or volunteer services and, if applicable the ending date.
   3. 2 personal and 2 professional/work references (references to be verified by the facility manager).
   4. Verification of three months of health-related experience,
   5. Verification of qualifications, knowledge, and skills to perform the duties of the job hired for.
   6. Verification of the individual's education and experience applicable to the individual's job duties.
   7. Be certified in the level of care services the assisted living facility is licensed to provide (Supervisory, Personal, Directed,) and provide original certificate for verification, Copies to be made by facility.
   8. Complete the caregiver pre-employment questionnaire to ensure knowledge of caregiver certification.
   9. Provide verification of age to ensure 18 years or older for caregivers and 21 years or older for manager, this verification can be provided by driver license or DPS Fingerprint Clearance Card.
   10. Provide documentation of freedom from pulmonary tuberculosis (Skin Test or Chest X-Ray). (Chest X-Ray must have a final impression that is written in layman's terms.)
   11. Comply with fingerprinting requirements in ARS 36-411 (A) & (C). (Copy of both sides of card required for employee file.)
   12. Provide verification of current training in First Aid. (Copy of both sides of card required for employee file.)
   13. Provide verification of current training in Cardiopulmonary resuscitation (CPR). Manager will ensure that CPR is valid, and the employee is knowledgeable either by demonstration, or test. (Copy of both sides of card required for employee file.)
   14. Verification of current training in food handling. (Copy of both sides of certificate/card required for employee file.)
   15. After the employee is hired by this facility, the employee shall ensure:
      a. That the new employee completes the New Employee Orientation on or before the employee's date of hire.

B. Orientation and in-service:
   1. It is required that each employee and volunteer receive orientation before providing

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assisted living services to a resident.

2. Annual training. In-service education after the first 12 months of employment will be required for all employees and volunteers that provide assisted living services to a resident.
3. Continuing education will be provided and documented to employees and volunteers providing assisted living services to a resident.

C. New employee orientation is required to be completed by all new employees and volunteers before starting to provide assisted living services to the residents. The orientation is completed within 48 hours from the employment start day. The orientation is to include but is not limited to:

1. The facilities philosophy and goals.
2. Facility rules and regulations.
3. Characteristics and needs of residents.
4. Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights.
5. The significance and location of resident service plans, how to read, interpret, and implement a Service Plan.
6. Facility Policies and Procedures Manual.
7. Confidentially of resident records and resident information.
8. Infection Control Practices/ Covid 19 Protocols.
9. Food preparation, storage, and food services.
10. Abuse, neglect, and exploitation prevention and reporting requirements.
11. Accident, incident and injury reporting.
12. Fire safety, emergency procedures and disaster relocation.
13. Procedures of assisting, administering, and documenting residents with medications.
14. Location and use of Drug Guide and First Aid kit.
15. Documentation of ADL's and obtaining and recording vital signs.
16. Medical emergencies and DNR status.
17. Training for Fall Prevention and Recovery.
18. TB Risk Assessment (Two-step tests)

D. That CEU's (ongoing training) are competed every 12 months from the starting date of employment for every employee and manager of the facility per ADHS mandates.

1. Basic caregiver skills.
2. Abuse, neglect, and exploitation.
3. Infection Control.
4. Nutrition and food preparation.
5. Communication and interpersonal skills.
6. Fire safety and emergency procedures,
7. Service Plans.
8. Medication management, administration and treatments.
9. Mental health and social services.
10. Care and cognitive impaired residents.

E. CEU's (ongoing training) for the facility manager are completed per NCIA guidelines at

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least 12 units a year. The manager/owner of the facility shall ensure that each caregiver and manager complete some topics according to resident's diagnosis, a minimum of 6 hours of Supervisory and Personal Care and/or another 6 hours of Directed/Behavioral Care related topics of ongoing training every 12 months after one year anniversary date from the starting date of employment to serve as a refresher course to benefit the residents staying in this facility.

F. After being hired by this facility the employee shall ensure:
   1. The employee must inform the facility owner and/or manager of any changes in their name, address, phone number, or other pertinent information as soon as possible.
   2. The employee shall ensure that all required TB, CPR, first aid, and fingerprint clearance documentation is kept current and not allowed to lapse. Copies of all new/up-dated mandated requirements will be given to the assisted living facility manager immediately.
   3. The employee shall ensure that they complete in service classes, starting months after the date of hire and each year thereafter if said employee is employed by this facility.
   4. That an employee file is maintained on the facility premises for each employee and that the file includes, but is not limited to:
      a. Application, with verified references.
      b. Employee's name.
      c. Date of hire.
      d. Employee's date of birth.
      e. Employee's home address.
      f. Employee's phone number.
      g. Current TB test.
      h. Current CPR Certification.
      i. Current First Aid Certification.
      j. Caregiver/manager certificate.
      k. New employee orientation .
      l. Fingerprint Clearance Card and manager verification, if hired with existing card.
      m. Verification of application submitted to DPS for Fingerprint Clearance Card. The manager is responsible to check status of the card two weeks after application is submitted to verify receipt of application and 30 days after application submission if the fingerprint card is not received.
      n. All records are maintained throughout the individual's period of employment and for at least 2 years from the individual's last date of employment or service.

G. This facility is **not** licensed to provide Behavioral Care Services.
   1. If the facility is offering assisted living Behavioral Care Services: Ongoing training must be met according to Assisted Living Behavioral Care guidelines. A.R.S. 36-422, R9-10-812, R9-10-813.
   2. The facility can apply for an additional Behavioral Care Services License to accept and admit residents in this category.

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Roles and Responsibilities of a Manager
Policy and Procedure

Policy: Roles and Responsibilities of a Manager

Responsible Persons: Managers, Manager Designees

Purpose: To outline the roles and responsibilities of the facility's manager. **Nananom Assisted Living** utilizes a manager, or designee, to be accountable and responsible for managing all the affairs of the facility and the services it provides, which shall be delivered in a safe and efficient manner, meets the legal requirements and standards of practice, and be consistent with the facility's Policies and Procedures.

Procedures:

A. Responsibilities and duties of the manager shall include, but not be limited to:
   1. Complying with all applicable federal, state and local laws, rules, statutes, regulations, licensure and safety requirements for the delivery of services.
   2. Maintaining certification, registration or licensure, as mandated by the Department of Health Services and the NCIA Board.
   3. Designate, in writing, a qualified individual to act as manager designee in the managers absence.
   4. The designated individual (manager designee) shall assume a supervisory role and be always accessible and available at the facility, if the manager is absent, to provide information and guidance to:
      a. Caregivers, residents, family and, outside agencies (Hospice, Home Health, visiting doctors, etc.)
   5. Developing, implementing and ensuring the adherence of facility policies and procedures, as well as monitoring, reviewing and updating them. Staff may be consulted in the review and revision process.
   6. Ensuring there is a signed Residency Agreement before a resident is admitted and services are delivered.
   7. Ensuring the facility has an adequate number of qualified staff members to provide the required services.
   8. Employing or contracting qualified personnel, in accordance with job descriptions.
   9. Ensuring the completeness and accuracy of all information provided to the public regarding the facility and its services.
   10. Ensuring that the facility only accepts and retains residents for whom it has the skills and competency required to meet their care needs.
   11. Recruiting, hiring and firing staff.
   12. Ensuring that staff have the necessary qualifications, skills, training and/or experience to deliver the services and care required by the residents it serves.
   13. Ensuring that pre-employment background checks are conducted before hiring, in accordance with the facility's policy on Pre-Employment Background Checks.
   14. Ensuring that caregivers, have Fingerprint Clearance Cards and required TB test.
   15. Ensuring that confidentiality of information, concerning residents and staff, is maintained.
   16. Developing written job description(s) for all positions offered and ensuring they are signed by the candidates and manager/designee, in accordance with the facility's Policy on Job Descriptions and Employment Types.
   17. Ensuring that training and development is provided to all staff, in accordance with the facility's training policies and that a Staff Record of Training is maintained.
   18. Ensuring the efficiency of staff performance are conducted and documented, in accordance with the facility's policies on Competency Evaluations and Employee Performance Appraisals.
   19. Ensuring that any employee, whose duties include transporting residents in private/personal vehicles have a valid driver's license and carry adequate liability automobile insurance coverage.
   20. Ensuring there is a written contract in effect, if contracting with individuals or other agencies.
   21. Maintaining appropriate financial records, personnel records, administrative records, client records, and all facility policies and procedures, including procedures for the safe keeping, storage and disposal of such documents.
   22. Regularly monitor the quality of services delivered to residents.

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Job Description: Manager

A. Facility manager assumes management responsibility for the fiscal and operational activities of the home care facility and is responsible for long-term planning, organizing, directing and staffing of the facility.
B. Facility manager plans and develops new programs, recruits and interviews management personnel and establishes procedures for measuring quality care and organizational performance.

Reporting Relationship

A. Reports to the Executive Director and the Board of Directors.

Responsibilities/Activities

A. Authorized to manage facility business affairs and general operations, such as to:
   1. Ensure the facility complies with all relevant federal, state and local laws.
   2. Supervise the development of agency policies and procedures that support its purpose and goals while adhering to industry standards and established regulations.
   3. Be familiar with, and maintain facility rules, policies and procedures.
   4. Familiarize all employees, including those on contract, with agency rules, policies and procedures.
   5. Maintain written service agreements, including financial arrangements, with other service providers for relevant services required to meet resident needs.
   6. Devise short-term and long-term program development and modification plans.
   7. Identify critical issues that may affect the facility.
   8. Delegate and organize facility functions and define employee accountability requirements.
   9. Maintain a current organizational chart to show lines of authority.
   10. Hold regular management and staff meetings to ensure efficient operations and communication to and from all levels of the facility.
   11. Ensure qualified employees are hired, in accordance with job descriptions.
   12. Oversee a continuous in-service training program and competent supervision to improve employee efficiency and client care.
   13. Submit an annual operating budget to the Board of Directors and monitor financial operations on an ongoing basis.
   14. Complete, maintain and submit reports and records to the Board of Directors on a regular and as-needed basis.
   15. Develop and maintain a capital expenditure plan.
   16. Conduct informal and formal performance appraisals on management personnel upon completion of probation, annually and on an as-needed basis.
   17. Perform other duties as requested by the Executive Director.
   18. Designate, in writing, a qualified employee to act in their absence.

Required Knowledge:

A. Knowledge of health care policies, medical ethics, quality assurance techniques, written and verbal communication techniques and knowledge of effective teamwork techniques.
B. Knowledge of personnel management techniques, leadership techniques, management planning techniques, problem solving techniques and decision-making techniques.
C. Knowledge of time management techniques, stress management techniques and prioritizing techniques.

Required Skills/Abilities:

A. Ability to budget, perform long-range planning, effectively communicate orally and in writing, gain respect and cooperation and the ability to inspire and motivate subordinates.
B. Ability to direct work groups toward a common goal, oversee the work of subordinates, plan and organize work, resolve conflict and provide opportunities/guidance for employee development.
C. Ability to administer policies and implement procedures, identify problems and determine effective solutions and to apply reason and logic to identify strengths and weaknesses and possible solutions.
D. Ability to work independently and in cooperation with others and provide advice and consultation to others.
E. Good physical and mental health and mental fortitude and stability to handle stress.

Qualifications/Education:

A. Current Manager Certificate and NCIA Manager License.
B. Fingerprint Clearance Card.
C. Current TB Test.
D. CPR and First Aid.
E. May require related experience.

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Job Description: Caregiver

A. Caregivers provide service to individuals in assisted living facilities, who need assistance caring for themselves because of old age, sickness, disability or other inflictions. Care giving may include assistance with the activities of daily living, housecleaning, laundry, meal preparation, transportation, companionship and respite.
B. Caregivers are responsible for ensuring that service is delivered in a caring and respectful manner, in accordance with relevant facility policies and healthcare standards.

Responsibilities/Activities:

A. Assist with the activities of daily living and personal care including:
- bathing - skin care- ambulation- vital signs and Blood Pressure
- mouth care - dressing - exercise - medication reminding
- hair care - shaving - toileting - positioning
- nail care - feeding - transferring

B. Ensure resident's safety and security by supervising the home environment.
C. Teach/perform meal planning and preparation, routine housekeeping activities such as making/changing beds, dusting, vacuuming, washing floors, cleaning kitchen and bathroom, and laundry.
D. Provide companionship including social interactions, conversations, emotional reassurance and encouragement of activities that stimulate the mind.
E. Provides respite care for families in accordance with care plans.
F. Perform/assist with essential shopping/errands, which may include handling the resident's money in accordance with the Service Plan and under the observation of the manager.
G. Assist residents with following a written, special diet plan and reinforcement of diet maintenance, which is provided under the direction of a physician and as identified on the service plan.
H. Escort residents to medical facilities, errands, shopping and outings as specified in the care plan.
I. Assist residents with communication by writing or typing correspondence for them or researching information for them.
J. Participate on the Service Plan team by providing input and making suggestions.
K. Ensure service is delivered in accordance with all relevant policies, procedures and practices.
L. Monitor supplies and resources.
M. Evaluate the program and make recommendations to it, as indicated.
N. Follow the written Service Plan.
O. Carry out duties as assigned by the manager.
P. Observe residents and their environments and reports unsafe conditions to manager.
Q. Observe residents and their environments and reports behavior, physical and/or cognitive changes and/or changes in living arrangements to manager.
R. Complete and maintain records of daily activities, observations, and direct hours of service.
S. Attend orientation, in-service training sessions and staff meetings.
T. Develop and maintain constructive and cooperative working relationships with others.
U. Make decisions and solve problems.
V. Communicate with the manager and co-workers.
W. Observe, receive and obtain information from relevant sources.
X. Performs other duties as required.

Required Knowledge:

A. Knowledge of personal care and home management skills.
B. Knowledge of principles and processes for providing client and personal care services, including needs determinants, meeting quality standards and evaluation of resident satisfaction.
C. Knowledge of the English language.
D. Knowledge of the information and techniques needed to diagnose and treat injuries including emergency First Aid and CPR.
E. Knowledge of clerical procedures such as maintaining records and completing forms.

Qualifications/Education:

A. Caregiver's Certificate (to be verified by calling the issuing institution for validity).
B. Fingerprint Clearance Card.
C. Current TB Test.
D. CPR and First Aid.
E. 2 Professional References and 2 Personal References.
F. Continuing Education Units or In-Service (if applicable)and continues with employment.

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Job Description: Assistant Caregiver

A. Is 16 years of age or older.
B. Interacts with residents under the supervision of a manager or certified caregiver.
C. Assistant caregiver must provide service to ensure clean, sanitary, orderly and satisfying surroundings for the residents, employees and the public.
D. Promotes sanitary conditions which prevents the spread of contamination and odors.
E. Assistant caregiver may be required to perform tasks, which involve exposure to visible blood contamination or reasonably anticipated blood contamination.
F. Assistant caregiver is responsible for ensuring that service is delivered in a caring and respectful manner, in accordance with relevant facility's policies and procedures.
G. Assistant caregiver cannot be left alone with residents.
H. Assistant caregiver will not and cannot administer medications to residents.

Responsibilities/Activities:

A. Maintain facility in a sanitary and infection-free condition through washing, cleaning and replacement of equipment and linens.
B. Assist caregiver with activities of daily living.
C. Must plan work schedule to complete major tasks.
D. Check all vacant rooms daily to keep them fresh.
E. Carry out duties as assigned by the manager/owner.
F. Communicate with manager and co-workers.
G. Attend orientation, in-service training sessions and staff meetings.

Required Knowledge:

A. Knowledge of general cleaning, meal preparation and knowledge of operating household electrical equipment such as a washer and dryer, vacuum, kitchen gadget, etc.
B. Knowledge of safety precautions.

Required Skills/Abilities:

A. The ability to identify problems and determine effective solutions.
B. The ability to understand written and oral instructions.
C. The ability to communicate information orally.
D. The ability to listen and understand the spoken word.

Qualifications/Education:

A. Current TB test, CPR and First Aid.
B. Fingerprint Clearance Card.
C. Completed application and verified references.
D. May require health related experience.

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Volunteers
Policy and Procedure

Policy: Volunteer services

Responsible Persons: Manager, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: To ensure a safe environment for the residents of Nananom Assisted Living, we encourage volunteers to participate with our residents to provide meaningful benefits.

Procedures:

A. All volunteers must fill out a Volunteer Information Form before beginning their volunteer service.
B. Volunteer's references will be verified by the facility manager.
C. Volunteers will be offered training on the residents and the facility.
D. Volunteers will be treated by the facility's employees in a respectful and helpful manner.
E. Volunteers may not go into the resident's bedrooms without permission from the resident, resident's representative or the facility manager.
F. Unbecoming, or inappropriate behavior by the volunteer will be reported immediately to the facility manager and this could be grounds to ask the volunteer not to return to the facility.
G. Volunteers may not take the residents off the facility premises without the permission from the resident, the resident's representative or the facility manager.
H. The following must be included in the Volunteer Information Form:
    1. Name, address, phone number and email address of the volunteer.
    2. Date of birth and social security number.
    3. Emergency contact details.
    4. Education level.
    5. Physical limitations.
    6. Other organizations where the volunteer has worked.
    7. Certification of CPR and First Aid.
    8. Verifying Fingerprint Clearance Card.
    9. One or more personal references of the volunteer who wants to join Nananom Assisted Living.
    10. Available hours of volunteer work.

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Tuberculosis (TB) Testing
Policy and Procedure

Policy: TB Testing and Risk assessment

PROCEDURE: Tuberculosis ("TB") Screening

1. All individuals including residents of this facility will be screened for infectious tuberculosis.
2. A manager, a caregiver, and an assistant caregiver, or an employee or a volunteer who has or is expected to have more than eight hours per week of direct interaction with resident.
3. An individual (12 years of age or older) residing in an assisted living home, who is not a resident, a manager, a caregiver, or an assistant caregiver.
    a. All employees and residents of this facility are required to provide one of the following on admission or starting employment **Baseline screening** that includes:
        i. Assessing risks of prior exposure to infectious tuberculosis,
        ii. Determining if the individual has signs or symptoms of tuberculosis
        iii. Obtaining documentation of the individual's freedom from infectious tuberculosis.
        iv. Pre-employment/Baseline Screening Documentation Form will be completed.
    b. Documentation of a negative Mantoux skin test or other tuberculosis screening test within 12 months of the date of employment or residence in the facility or
    c. A written physician's statement dated within 12 months of employment or residence in the facility indicating *freedom from pulmonary tuberculosis*, if the individual has a positive skin test for tuberculosis.
4. A Baseline TB screening includes a TB risk assessment and a symptom evaluation with blood test or **TST** (Tuberculin Skin Test) for those who do not have a prior history of TB infection.
    a. A two steps process will be required for the following reasons:
        i. *No previous TST result, previous undocumented or documented Negative TST result (12 mos. Before new employment), previous undocumented positive TST result, or previous **BCG** (Bacille Calmette-Guerin) vaccination.*
    b. Employment or admission will be contingent upon compliance with the screening parameters of the policy.
5. As part of annual assessment after the date of the individual's most recent tuberculosis screening test or written statement, one of the following as evidence of freedom from infectious tuberculosis must be presented:
    a. Annual screening for those individual with untreated LTBI.
    b. Documentation of a negative Mantoux skin test or written statement that the individual is free from infectious tuberculosis administered, signed and dated by PCP within 30 calendar days before or after the anniversary date of the most recent TB screening test.
6. The TB test/screening must be BOTH administered AND read prior to the individual being accepted as a resident or as an employee, providing services to residents, or moving into the facility. TB test/screening can be administered up to 7 days after admission.
7. The only communicable disease for which periodic screening is required for is tuberculosis. Periodic screening for signs or symptoms may be necessary at any time during employment or residency, given sufficient medical reason.
8. All documentations shall be maintained for tuberculosis risk assessment, tuberculosis screening test, signs or symptoms of an employee/volunteer and residents.
9. This facility provides in-service training and education related to recognizing and symptoms of tuberculosis yearly.

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Residency and Residency Agreement and Awake Staff Policy and Procedure

Policy: Residency and Residency Agreement

Responsible Persons: Manager, Certified Caregivers, Resident/Resident's Representative, Owner

Purpose: To establish guidelines for **Nananom Assisted Living** to ensure appropriate screening and admission of residents.

Procedure:

A. Screening
   1. Potential residents will be screened to determine their appropriateness for placement.
   2. This assisted living facility shall not accept or retain a resident who requires:
      a. Physical restraints, including bedrails.
      b. Chemical restraints.
      c. Services the facility is not licensed to provide.
      d. Medical services, Nursing Services (unless complies with ARS 36-401).
      e. Assisted living services unless licensed to provide.
      f. Services the facility is not able to provide and are not in the facility's scope of services.

B. Prior to Admission
   1. The manager shall ensure that the resident provides evidence of freedom from infectious tuberculosis, done within three months from the date of admission.
   2. The individual shall submit documentation dated within 90 calendar days before admission that indicates the type of services requested or is expected to receive (supervisory care and personal care only), and whether the individual requires continuous medical services, continuous or intermittent nursing services or restraints, this documentation must be signed and dated by a physician, registered nurse practitioner, registered nurse or physician's assistant.
   3. If the individual is requesting or is expected to request continuous care other than assisted living care provided, in addition to supervisory care and personal care from an assisted living facility, the documentation must also include whether the individual requires continuous assisted living and documentation must be signed and dated by an assisted living manager.

C. Before or at the time of Admission
   1. The manager shall ensure that the individual or the individual's representative signs and dates a written Residency Agreement with the assisted living facility, (see item D for requirements of the Residency Agreement)
   2. The manager shall provide the resident or the resident's representative with a copy of the completed and signed Residency Agreement.
   3. The manager shall provide the resident or the resident's representative with a copy of the Resident Rights.
   4. The manager shall provide the resident or the resident's representative with a copy of the Policy and Procedure on Health Care Directives.

D. Residency Agreement
   1. Each resident will have a Residency Agreement completed before or at time of acceptance into the facility. The Residency Agreement will include the following:
      a. The individual's name.
      b. Terms of occupancy, including:

i. Date of occupancy or expected date of occupancy.
   ii. Resident's responsibilities.
   iii. Responsibilities of the assisted living facility.

      c. A list of the services to be provided by the assisted living facility to the resident.

d. A list of the services available from the assisted living facility at an additional fee or charge.
e. For an assisted living home, whether the manager or a caregiver is awake during nighttime hours.
f. The policy for refunding fees, charges, or deposits.
g. The Policy and Procedure for a resident to terminate residency, including terminating residency because services were not provided to the resident according to the resident's Service Plan.
h. The Policy and Procedure for an assisted living facility to terminate residency.
i. The complaint processes.
j. The manager's signature and date signed.

2. A Residency Agreement will be signed and dated by the manager/owner/designee and the resident/resident's representative before or at the time of the resident's acceptance into the facility.
3. A copy of the Residency Agreement will be provided to the resident/resident's representative at the time of acceptance into the facility
4. The manager shall maintain the original Residency Agreement in the Resident's Record.

E. Resident Records

1. Each resident will have a record including, but not limited to, the following information:
   a. The resident's name and social security number,
   b. Date of the resident's acceptance into the facility, source of referral to the facility, and last address of the resident.
   c. Names, addresses and phone numbers of the following:

i. Resident's representative, if applicable.
ii. Primary care provider.
iii. Case manager, if applicable.
iv. Each medical practitioner providing services to the resident.
v. Any individual to be contacted in the event of an emergency, significant change in the resident's condition, or termination of service.

   d. Residency Agreement and any amendments, documentation of the receipt of Resident Rights, internal facility requirements and community phone numbers.
   e. Orientation to the facilities evacuation plan.
2. The facility manager/owner will complete a resident Medication Administration Record with accompanying physician's orders.
3. Ensure that written physician orders follow verbal orders within 14 days of admission,
4. The facility manager/owner shall ensure that each new resident will provide documentation of freedom from pulmonary tuberculosis upon admission and at least every twelve months thereafter.
5. Initiate the resident's Service Plan the day of admission into the facility, completing it within 14 days of admission.
6. Identify and document the resident's preferences for social, recreational or rehabilitative activities and food preferences in the Resident's Record or ServicePlan.
7. Document admission in the Resident Record progress notes.

F. Awake Staff: *R9-10-806(B.4)* states:

1. At least the manager or a caregiver is present at an assisted living home when a resident is present in the assisted living home and:
   a. Except for nighttime hours, the manager or caregiver is awake.
   b. If the manager or caregiver is not awake during nighttime hours.
      i. The manager or caregiver can hear and respond to a resident needing assistance.

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ii. The caregivers should recognize residents suffering from sleep disturbance or having problematic symptoms of dementia and the purpose as to why a night-time awake caregiver should be readily available at night.
iii. The caregivers is to check if the bells provided for each resident are working and placed in a location that can be easily reached by the resident.
iv. The caregivers should do routine checks every 15-30 minutes for health and safety of the residents.
v. The caregivers as needed should provide the following services to the residents during the shift:
   aa. Companionship and conversation.
   bb. Night snack preparations and fluids.
   cc. Toileting and incontinence care.
vi. The caregivers should respond promptly to overnight bedtime requests for:
   aa. Re-positioning of the body.
   bb. Re-positioning of the blanket/pillows.
   cc. Administering medication.
   dd. Adjusting ventilation.
   ee. Occasional use of a lift for toilet.
vii. The caregivers will take turns on the night-time schedules prepared by the manager to ensure each caregiver will have enough sleep to help them deliver the expected quality of service for the residents for each shift.

Awake Staff:

A. This Assisted Living Home has staff awake at night.
B. The caregiver will respond to resident needs at night and will check on the resident at least every 2 hours and continue during the day all the time.
C. The residents of this facility are provided with different types of alarms such as bells, body alarms, baby monitors, or cameras (if available) to ensure the caregiver on duty will be available during rest periods when needed.
D. This assisted living shall provide a Monitoring Form to be filled out by the caregiver on duty every time the resident is being checked during nighttime hours.

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Termination of Residency
Policy and Procedure

Policy: Termination of Residency

Responsible Persons: Manager, Resident/Representative, Owner

Purpose: To establish guidelines to ensure the residents know their rights and the rights of the facility in terminating the residency agreement.

Procedures:
This information is to provide you, the resident and/or representative, with the guidelines for termination. Please be advised the timeframes and reasons for termination.

A.A manager may terminate residency of a resident as follows:

1. The management will provide the resident/resident's representative 30 days written notice before terminating the resident's Residency Agreement *except* in the following circumstances:
   a. The management will terminate the resident's Residency Agreement without notice if:

i. The resident exhibits behavior that is an immediate threat to the health and safety of the resident or other individuals in the facility.

   b. The management will terminate a resident's Residency Agreement after providing 14 days written notice to a resident or the resident's representative for one of the following reasons:
      i. Documented failure to pay fees, charges or deposits after discussion with the manager.
      ii. The individual requires continuous medical services, nursing services (unless the facility complies with Behavioral Health Services).
      iii. The assisted living services needed by the individual are not within the facility's Scope of Services.
      iv. The facility does not have the ability to provide the assisted living services needed by the individual.
      v. The individual requires restraints, including the use of bedrails.

B. The resident/representative may terminate the resident's Residency Agreement without notice due to neglect, abuse, exploitation or if conditions exist which places the resident in imminent danger to life, health or safety, if substantiated by a governmental agency.

C. The resident/resident's representative may terminate the resident's Residency Agreement after providing 14 days written notice to the management for documentation of the facility's failure to comply with the resident's Service Plan.

D. In any other circumstances, the resident/resident's representative may terminate the Residency Agreement with 30 days written notice.

E. The management will include with any written notice of termination of the resident's Residency Agreement the following information:
   1. The reason for termination.
   2. The effective date of the termination of the resident's residency.
   3. The policy for refunding fees, charges or deposits.

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4. The deposition of a resident's fees, charges, and deposits.
5. Contact information for the Department of Economic Security Long-Term Care Ombudsman.

F. The management will include with any written notice of termination of the resident's Residency Agreement the following items:

1. A copy of the resident's Service Plan.
2. A copy of the resident's most recent documentation of freedom from active pulmonary disease (TB).

G. The facility shall not request or retain fees as follows:

1. If a resident dies or the resident/representative terminates residency immediately, without notice due to permitted reasons, a facility shall not request or retain fees after the date of death or date of residency termination.
2. If termination is immediate without notice by the facility or 14 calendar day written notice either by the facility or resident/representative, a facility shall not request or retain fees for more than 14 calendar days from the date written notice was received. With a 30-calendar day written notice, the facility shall not request or retain fees for more than 30 calendar days after the residency termination.
   a. The facility shall provide the following information to a resident or representative upon issuing a written notice of termination of residency:
      i. A copy of the resident's current Service Plan
      ii. Documentation that the resident is free from pulmonary tuberculosis.
   b. Within 30 days after the date of residency termination, a facility shall provide to the resident, representative, or the individual to be contacted in the event of a significant change in the resident's condition a written statement that includes:
      i. The disposition of the resident's personal property.
      ii. An accounting of all fees, personal funds or deposits owed to the resident.
      iii. An accounting of any deductions from fees or deposits.
      iv. An accounting of all fees or deposits made to the facility and personal fund.

H. A facility must keep a copy of resident's file for 6 years, to include:

1. Copy of the termination of residency notice.
2. New address and phone number of the resident.
3. Statement of disposition of personal property, fees, deposits and deductions.

NANANOM ASSISTED LIVING

Health Care Directives
Policy and Procedure

Policy: Health Care Directives
Persons Responsible: Managers, Certified Caregivers, Residents/Resident's Representatives, Owner

Purpose: Upon move in to **Nananom Assisted Living**, all residents are given a Health Care Directives document and they are provided with information indicating their Advance Directives instructions. Adults who can make health care decisions generally have the right to say "yes" or "no" to medical treatment. They also have the right to prepare a document known as an "Advance Directive". This document tells what medical treatment the individual would want in the event they are unable to communicate that decision due to illness or injury.

Procedures:

A. Nananom Assisted Living shall provide residents with information about advance directives, in accordance with Arizona Department of Health Services (ADHS) rules and regulations.
B. If an Advance Directives exists, the manager/designee shall request a copy from the resident/representative and ensure it is placed in the resident's records. The original Advance Directives shall be kept with the resident/representative.
C. The manager/designee shall ask the resident/representative for a copy of any revisions or revocations made to the Advance Directives during admittance to Nananom Assisted Living.
D. When individuals are incapacitated and unable to receive information due to a mental disorder or an incapacitating condition, or if they are unable to articulate whether they have an Advance Directive, information may be given to the family or surrogate instead. However, the information must be given to the individual directly once he/she is no longer incapacitated.
E. Whenever family wishes vary from those expressed by the resident in a valid Advance Directive, the wishes of the resident will be followed.
F. As prohibited by federal and state law, Nananom Assisted Living shall not require residents to complete any Advance Directive forms, as a prerequisite for service. This does not mean the facility is required to provide care that conflicts with an existing Advance Directive.
G. Nananom Assisted Living recognizes that when the resident is not legally responsible, the surrogate decision maker has the right to refuse care, treatment and services on the resident's behalf.
H. Nananom Assisted Living recognizes the importance of residents participating in planning their care and their right to accept or refuse services, care or treatment.
I. Nananom Assisted Living shall provide care according to the Service Plan established by the physician and in consultation with the resident/representative when an Advance Directive does not exist.
J. Nananom Assisted Living recognizes the resident has the right to revoke or change an Advance Directive at any time.
K. Nananom Assisted Living shall document any changes in Advance Directives in the resident's record and communicate such changes to relevant caregivers and staff.
L. Nananom Assisted Living staff shall not act as a witness for any Advance Directive(s).
M. Nananom Assisted Living shall advise its staff to initiate CPR only if the resident does not have a legally signed order should a Cardiopulmonary Arrest occur. Nananom Assisted Living is a non-medical facility, which provides care for individuals. Our staff shall initiate CPR and notify 911 only if the resident/representative have made it known CPR is their preference. If CPR is started, the resident's PCP will be notified of the situation and that emergency services have been activated.

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Health Care Directives

There are two common types of Advance Directives:

- A Living Will states the kind of medical care the individual wants or does not want if they become unable to make their own decisions.
- A Power of Attorney for Health Care Decisions names someone else to make those decisions if they become unable to make their own decisions.

An Advance Directive generally takes effect only after the individual is no longer able to make decisions. If the individual can make personal decisions, the health care provider will rely on him/her, not the Advance Directive. The document can be changed or canceled at any time. An Advance Directive is not required for admission to this facility. The facility does, however request to be informed about any directives that do exist. Please check one of the following:

- ☐ I do have an Advance Directive. A copy is filed with:_____
- ☐ I do not have an Advance Directive and would like more information.
- ☐ I do not have an Advance Directive and do not want one.

Related Issues:
What would you want us to do in the event facility staff find you without a heartbeat and/or not breathing?

- ☐ YES,I want CPR. I want the facility to call 911 and to direct paramedics to begin CPR.
- ☐ NO,I DO NOT want CPR. I do not want the facility staff to initiate CPR.

Note*: Resuscitation constitutes an extraordinary measure and can be lifesaving, but it should be remembered that the outcome may not be successful and may result in various forms of brain damage and the possibility of damage to* internal *organs.*

NANANOM ASSISTED LIVING

Deposits and Refunds
Policy and Procedure

Policy: Deposits and Refunds
Responsible Persons: Manager, Owner

Purpose: To establish guidelines that this facility will follow to ensure that deposits, refunds, fees and charges are handled in compliance with Arizona Department of Health Services requirements.

Procedure:

A. In addition to the monthly cost of room and board, a security deposit in the amount of no more than one month's room and board is due at the time that the room is held for the resident.
B. The facilities aggress to hold the bed for a prospective resident up to one week for the amount specified in the Hold Bed Agreement. If the prospective resident fails to move in on or before the day specified, the full amount of the deposit will be forfeited, unless other arrangements are made by the facility manager and the responsible party.
C. A deposit will be maintained in a bank account separate from the Assisted Livings Facilities operating expenses.
D. The deposit or portion of a deposit is not to be used for any other purpose other than as explained in the resident's residency agreement, and
E. Only the following are allowed to be deducted from the deposit:
    1. Damages to property caused by the resident excluding normal wear and tear
    2. A fee or charge incurred by the resident
    3. The residents documented non-compliance with the residency agreement.
F. If the resident chooses to leave the facility, the resident and/or representative must provide the facility with a 30-day written notice prior to the intended move out date, or the remainder of the month's room and board and the security deposit will be forfeited. The facility will retain these fees based upon the resident's non-compliance with residency agreement if no 30-day notice is given.
G. In the event of the resident's death, change in health that requires immediate relocation, or in the event of abuse, neglect, exploitation or conditions of imminent danger to the life, health, and safety of the resident by the Assisted Living Facility. The requirement of a 30-day notice will be suspended.
H. In the event the allegation is unsubstantiated, the deposit and remainder of the months' rent will not be refunded to the resident or representative.
I. If an allegation of abuse, neglect, exploitation, or conditions of imminent danger to the life, health, and safety of any resident by the Assisted Living Facility, Adult Protective Services, Arizona Department of Health Services and any other applicable resources will be notified of the allegation, so an investigation may be initiated, if applicable. If an allegation is substantiated by one of the preceding agencies, the deposit and remainder of the month's room and board will be refunded to the resident and/or representative, within 30 days.
J. The facility shall not request or retain fees after the date of the resident's death or termination from the facility if:
    1. If termination of resident occurs because facility has requested immediate termination without notice for reasons of:
        a. Resident exhibits behaviors that are an immediate threat to the health and safety of the resident or other individuals in this assisted living facility.
K. Facility provided a 14-day notice of termination to resident and/or representative for the following reasons:
    1. Documentation of nonpayment of fees, charges, or deposits
    2. The individual resident requires continuous medical services, nursing services (unless the facility complies with A.R.S.36-401(C)) or Assisted Living Health Services.
    3. The assisted living services needed by the individual resident are not within this assisted living facility's Scope of Services.
L. This assisted living facility does not have the ability to provide the assisted living services needed by the individual resident.
M. Facility provided a 30-Day Notice of termination to the resident and/or representative for any other reason. Licensee shall not request or retain fees for more than 30 days after termination of residency.

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210 E. HUNTER DR. GLOBE, AZ 85501

PRE-ADMISSION DETERMINATION FORM

Resident's Name: _____ Diagnosis: _____

Is the individual requesting or is expecting to receive assisted living services:
( ) Supervisory Care Services
( ) Personal Care Services
( ) Directed Care Services

Does the individual require the following:

Continuous medical services, hospital/skilled nursing facility	( ) Yes ( ) No
Continuous nursing services, hospital/skilled nursing facility	( ) Yes ( ) No
Restraints(including bedrails)	( ) Yes ( ) No
Intermittent nursing services (hospice, home health, PT, etc.).	( ) Yes ( ) No

If yes, explain:
_____

Continuous Behavioral Health Services ( ) Yes ( ) No

if yes, explain: _____

PCP/RN Signature: _____ Date: _____

Determination of Continued Residency

Resident's Name: _____Admission Date: _____
Licensee shall ensure that before or at the time of acceptance of an individual, the individual submits documentation that is dated within **30 calendar days** before the individual is accepted by this facility and at least once every 6 months throughout the duration of the resident's condition.

A manager of an assisted living facility authorized to provide personal/directed care services may accept or retain a resident because of the following.

A. Is unable to direct self-care.	( ) Yes ( ) No
B. Is confined to a bed or chair because of an inability to ambulate even with assistance.	( ) Yes ( ) No
C. Has a stage 3 or stage 4 pressure sore, as determined by the a registered nurse or medical practitioner.	( ) Yes ( ) No

I have examined the above resident on _____(Examination date) and reviewed the facility Scope of Services.

Based upon this examination and determination of the facility Scope of Services (check one that applies).
( )The resident will remain in the facility.
( )The resident will not remain in the facility for inability to provide and not within the Assisted Living Home facility's scope of services.

PCP Name: _____ Signature: _____ Date: _____

The resident/resident representative requests the resident be accepted or remain in this facility.

Resident/Representative Signature: _____ Date: _____

NANANOM ASSISTED LIVING

Assessing Resident Needs
Policy and Procedure

Policy: Assessing resident needs

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: Assess residents to determine their service needs, wishes and preferences and to determine if **Nananom Assisted Living** has the skills and competence required to meet their needs. **Nananom Assisted Living** shall, in consultation with the resident/resident's representative and their PCP to determine the resident's unique service requirements prior to implementing any services.

Procedures:

A. The person requesting the service shall be contacted to arrange a suitable time for a visit to the facility, if unable to come to the facility, other arrangements may be made to meet to determine if the facility meets the needs of the potential resident.
B. At the beginning of the discussions, the following should be explained:
   1. The purpose of the visit.
   2. That written notations will be made during the visit.
   3. That the resident/resident's representative is encouraged to ask questions at any time.
   4. That any information collected will be handled as private and confidential.
   5. That they have the right to refuse any questions.
   6. That the Service Plan will be developed and agreed upon.
C. With the resident/resident's representative's input, a registered nurse shall develop a Service Plan by identifying:
   1. Activities of daily living needs.
   2. Instrumental activities of daily living needs.
D. Should the owner, manager/designee determine that the client's needs appear to be complex and/or beyond the scope of the facility's non-medical services, the owner, manager/designee shall with the resident/representative's consent, refer the resident to either:
   1. Back to the agency that referred them to the facility.
   2. Another facility that might be able to meet their needs.
   3. Explain to the resident/resident's representative that due to the complex needs of the potential resident the facility will not be able to provide services and that you are unaware of potential agencies to direct them to.
E. Residents may have a family member or a friend present during the visit to provide support and assistance, if they choose.
   1. A good rapport should be developed early in the process to express a sense of caring, trust, support, professionalism, respect and understanding.
   2. Language easily understood should be used, avoiding, where possible, any medical jargon (various diseases and conditions).

NANANOM ASSISTED LIVING

Admittance and Readmittance of Residents
Policy and Procedure

Policy: Admittance &re-admittance of residents

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: To ensure **Nananom Assisted Living** only admits residents whose care needs can be met safely and according to **Nananom Assisted Living** mission, as determined primarily through an assessment. Also, to outline the conditions and process for admitting individuals, as residents to the facility and to delineate conditions and criteria for re-admitting residents who have been discharged or transferred from the facility.

Procedure:

A. **Nananom Assisted Living** utilizes the following standards for accepting individuals as residents:

1. The facility shall accept referrals from almost any source including, but not limited to hospice agencies, individuals, families, neighbors, hospitals, community organizations, home health agencies, physicians, and third-party payers.
2. Referral sources shall provide the following information when making a referral to this facility:
   a. Potential resident's name, address and telephone number.
   b. Physician's name and address.
   c. Medical diagnosis.
   d. Type and level of service needed.
   e. Referral source's name, title and phone number.
   f. Hospice agency or PCP the resident has signed with for medical care.
3. The facility shall conduct an assessment before accepting individuals as residents.
4. The facility shall not discriminate based on religion, race, color, creed, sex, age, handicap, sexual orientation, communicable disease or place of national origin, in its admittance of individuals as residents.
5. The facility shall be qualified and licensed to provide the services required in a safe, efficient and responsible manner.
6. The facility shall have enough qualified personnel and resources to meet a potential residents requested and needed service.
7. The services requested and needed fall within the facility's scope of services.
8. The facility may contract services out to qualified individuals or other agencies.
9. Potential residents with medical problems shall be under the care of a physician or shall be willing to seek care from a physician for medical supervision purposes.
10. Individuals should have a negative test of pulmonary tuberculosis (TB). If TB skin test is positive the resident shall be evaluated for admittance only if the following conditions are met prior to the assessment:
    a. The infected individual has been on an anti-tuberculin regime for at least 2 weeks.
    b. The infected individual shows clinical improvement.
    c. The infected individual has had 3 consecutive samples that are AFB negative.
    d. The infected individual has an X-Ray, and it is confirmed by a physician that the resident is no longer positive, and the lungs are clear of pulmonary tuberculosis.

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11. The potential resident shall have the financial means to try to pay for services or other arrangements have been made with the owner.
12. The facility shall reserve the right to refuse service to anyone who does not meet the admittance criteria.
13. The potential resident/resident's representative shall be given the opportunity to either accept or refuse services.
14. The potential resident/resident's representative shall sign the required forms indicating acceptance of services.
15. Refusal of any or all identified service needs shall be documented on the assessment form and recorded in a Service Refusal Log.
16. If a potential resident is accepted for service, a Service Plan shall be developed with the potential resident/representative and a written Service Agreement shall be signed by the potential resident/representative and the manager.
17. A copy of the Service Plan and the Service Agreement shall be given to the resident/ resident representative and the originals shall be placed in the resident's record.

B. Readmitting:

1. It is the policy of **Nananom Assisted Living** to determine if an individual may be re-admitted as a facility resident and if service to them may be reinstated by conducting one or more of the following:
   a. The completion of another assessment.
   b. A review of the Progress Summary Notes.
   c. An updated Service Plan which shall:
      i. Show new or revised goals and interventions.
      ii. Specify a timeline for follow-up and evaluation.
2. Manager/designee shall review the reasons the resident was discharged or transferred initially and determine what changes have occurred, which may justify re-admittance.
3. Manager/designee determines if the facility can meet their current needs.
4. Manager/designee shall develop the start of the Service Plan with input from the resident/resident's representative.
5. Manager/designee shall ensure that the resident has a current TB test that is negative.

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Resident Notification of Change in Services
Policy and Procedure

Policy: Resident notification of change in services

Responsible Persons: Managers, Certified Caregivers, Owner

Purpose: To outline **Nananom Assisted Living** requirements for changes in service to the residents. Nananom Assisted Living requires the resident/resident representative be given notice of any significant changes in the Service Plan and a 30-day notice for any changes in the fees.

Procedures:

A. Changes to the Service Plan
   1. When changes are to be made to the Service Plan, clients shall be notified about the changes at the time of the visit.
   2. When changes are made, details shall be documented and shall include, but not be limited to, the following:
      a. Specific changes in the Service Plan.
      b. Resident's response and acceptance to the changes.
      c. Date and time notifications were given.

B. Changes to charges/fees
   1. Changes in the Service Plan can mean a change in the fees paid to this facility, If the resident changes their level of care the fees will be adjusted to cover the amount of care the resident requires, unless other arrangements have been made with the owner.
   2. The resident will be informed of the changes in the Service Plan and the change in the fees. The fees adjustment will not go into effect for 30 days from the date of the change in fees notice, if necessary. The notice will be given to the resident and sent to the resident's representative via mail.

NANANOM ASSISTED LIVING

Coordinating the Provisions of Assisted Living and Death Reporting Policy and Procedure

Policy: Coordinating the provisions of assisted living and death reporting
Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Owner

Purpose: To provide all employees of **Nananom Assisted Living**, with coordinating of the provisions that are provided by this assisted living facility. All facility employees will be trained using basic common sense to observation of the residents and their behavior.

Procedures:

A. Caregivers, assistant caregivers and volunteers will report to the manager any incidents that occur while assisting residents with their ADL's or providing residents with activities or performing assigned duties.
B. Caregivers will provide adequate care to the resident, including First Aid or CPR if needed. Common sense, consideration and respect will be used in evaluating all incidents.
C. The individual reporting an incident will initiate an Incident Report and follow all instructions and corrective actions specified in the report.
D. The manager/designee will immediately report the incident to the facility owner and will notify the resident's representative, primary care provider if needed, emergency personnel if necessary and case manager if applicable.
E. The Incident Report will be reviewed and signed by the manager. Further instructions and corrective criticism will be given to the employee handling the incident, if needed.
F. The facility manager will review residents records daily to ensure that the residents are provided necessary assisted living services including medication services according to the resident's Service Plan and the safety of the residents is always assured.
G. All incident reports will be reviewed by the manager immediately and followed up on as the manager considers relating factors.
H. Complaints received from the residents, resident's representatives, health care professionals, employees or anybody having a concern regarding the resident's care will be addressed by the manager as specified in the appropriate policy and procedure.
I. When changes or corrective actions are needed to provide proper care to the resident, the manager will consult any responsible parties in providing care to the resident (including caregivers, assistant caregivers, hospice, contracted health care services or other services, primary care provider if needed and case managers, if applicable) and the resident and resident's representative to make the best decision and the most appropriate change will be made. The Service Plan of the resident will be updated if necessary.
J. Once a month the manager will report to the Board of Directors all the concerns about the delivery of services related to the resident's care and any change made or action taken because of the identification of a concern about the delivery of services related to resident's care.
K. A resident has the right to make choices and receive services in a way that will promote the resident’s dignity, autonomy, independence, and quality of life. These services are disclosed and agreed to in the Residency Agreement, between the provider and resident/representative. The assisted living home does not generally provide ongoing, 24-

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hour skilled nursing care, however a home health agency or hospice can provide services to the resident within the assisted living facility. All bedrooms in this assisted living are private occupancy and shared only by the choice of residents (e.g., by spouses, partners or friends).

L. The manager is responsible to maintain and store the reports related to the Board of Directors for a least 12 months from the reporting date.

M. An annual review and evaluation for the effectiveness of the Quality Management Program will be done at least once every 12 months.

Death Reporting

A. The facility manager shall provide written notification to the Department:
   1. If a resident's death is required to be reported accordingly to A.RS. § 11-593, It needs to be reported within one working day after the resident's death.
   2. Within two working days after a resident inflicts a self-injury that requires immediate intervention by an emergency service provider.

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Provision of Respite Services
Policy and Procedure

Policy: Provision of respite services
Purpose: Decision on respite services requirements.

This facility: ( ) Accepts Respite Resident ( ) Does not accept Respite Residents

Procedures:

A. The following procedures will be followed if residents will be accepted for Respite Services:
   1. On or before the day of admission the resident/representative will be interviewed to determine the resident's preference for food, social, recreational and rehabilitative activities. Coordination of assisted living service will be determined to provide the proper provision of such services. Resident's choice in influenza vaccination will be followed.
   2. A resident or the representative has the right to make choices and receive services in a way that will promote the resident's dignity, autonomy, independence, and quality of life. These services are disclosed and agreed to in the residency agreement and the Service Plan.
   3. For a resident receiving respite care services, the manager shall ensure that there is Residency Agreement, and a written service plan is based on a determination of the resident's current needs and:
      a. Is completed no later than three working days after the resident's date of acceptance.
      b. If the resident has a Service Plan in the resident's record that was developed within the previous 12 months, is reviewed and updated based within three working days after the resident's date of acceptance.
      c. If a significant change in the resident's physical, cognitive or functional condition occurs while the resident is receiving respite care services, the Service Plan is updated within three working days after the significant change occurs.
      d. If the resident is not expected to be present in the facility for more than seven calendar days, the resident is not required to comply with the Residency and Residency Agreements requirements in R9 - 10-807(A) requiring a tuberculosis clearance.
   4. The certified caregiver is only assigned to provide the assisted living services that includes assistance with activities of daily living, supervises or directs a resident's personal hygiene according to the resident's Service Plan. The caregiver offers and encourages a resident to participate in activities planned according to the Residency Agreement and documents the services provided in the resident's medical record. Assistance in the self-administration of medication and medication administration.

B. A volunteer or an assistant caregiver who is 16 or 17 years of age **MAY NOT** provide assistance to a resident for bathing, toileting, or moving the resident's body from one surface to another surface without a certified caregiver on duty.

This facility provides all levels of care and licensed for Directed Care Services.

NANANOM ASSISTED LIVING

Influenza and Pneumonia Vaccine
Policy and Procedure

Policy: Influenza and pneumonia vaccine

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Owner

Purpose: To establish guidelines and appropriate procedures to follow in **Nananom Assisted Living** to assure all concerned that the flu or pneumonia vaccine will be available to a resident. The resident shall be notified of the availability of the flu and pneumonia vaccine. Due to the communal setting, viruses can spread quickly, and it is highly recommended that all residents be vaccinated annually.

CDC recommends that the flu and pneumonia vaccine are important for those over the age of 65, those living with certain chronic health conditions, residents living in Long Term Care Facilities, and Healthcare Professionals.

Procedures:

A. Upon admission for each resident of this home, an assessment for the requirement of the current influenza vaccine, pneumonia vaccine and PPD TEST shall be determined. This requirement shall be done every 12 months and all residents requesting the flu and pneumonia vaccines must obtain an order from their primary care provider prior to the vaccine being administered to the resident. Vaccinations for influenza and pneumonia are offered on site through the hospice agencies RN, the resident's PCP office or pharmacy if available per CDC Official Immunization Guidelines.

B. This requirement shall be properly documented on a proper form entitled "Influenza/Pneumonia Vaccine Permission Slip and PPD Test Vaccine Permission Slip", which is provided by the facility where the resident is admitted and duly signed by the resident/representative and the manager or owner of the facility upon their admission.

C. Manager and caregivers are expected to become familiar with this requirement for the residents of the facility and to follow the requirement for each resident admitted. The Manager of this facility shall:
   1. Upon admission, resident shall be asked to provide a copy of the flu and/or pneumonia shot and will be kept on resident's file.
   2. Make vaccination for influenza and/or pneumonia available to residents according to A.R.S. § 36-406(1)(d).
   3. Documentation (refusal form) shall be available for residents who refuse to be vaccinated and must be signed by resident/resident representative or PCP.
   4. Resident will be updated and provided or offered the flu or pneumonia vaccine yearly for flu and every three years for pneumonia.

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Influenza/Pneumonia Vaccine Permission Slip

Resident's Name: _____

ARS 36-406(1) states:

Require as a condition of licensure that nursing care institutions and assisted living facilities make vaccinations for influenza and pneumonia available to residents on site on a yearly basis. The department shall prescribe the manner by which the institutions and facilities shall document compliance with this subdivision, including documenting residents who refuse to be immunized.

The department shall not impose a violation on a licensee for not making a vaccination available if there is a shortage of that vaccination in this state as determined by the Director.

Influenza (flu):

The resident or POA/representative acknowledges receipt of the Centers for Disease Control and Prevention Vaccine Information Sheet on Influenza vaccination.

( ) I have had an influenza vaccination on (Date): _____
(Proof of vaccination attached)
( ) I have refused an influenza vaccination until further notice:_____
(Initial if applicable)

Pneumococcal (pneumonia):

The resident or POA/representative acknowledges receipt of the Centers for Disease Control and Prevention Vaccine Information Sheet on Pneumococcal vaccination.

( ) I have had a pneumococcal vaccination on (Date): _____
(Proof of vaccination attached)
( ) I have refused a pneumococcal vaccination until further notice: _____
(Initial if applicable)

Health Technician: _____Date:_____

Resident /Representative: _____ Date: _____

Facility Representative: _____ Date: _____

NANANOM ASSISTED LIVING

Obtaining Information on Resident's Preferences
Policy and Procedure

Policy: Obtaining information on the resident's preferences

Responsible Persons: Managers, Certified Caregivers, Owner

Purpose: To establish guidelines **Nananom Assisted Living** will follow to ensure that resident's preferences are documented and considered.

Procedure:

A. The assisted living facility owner/manager will ensure that upon initial admit into the facility, residents will be questioned as to their preferences in activities, food and daily activities. Preferences will be documented on the Preference Intake Form.

B. As resident's Service Plans are updated and residents needs change resident's preferences may also need to be updated. **Nananom Assisted Living** will update preferences accordingly.

C. Resident preferences will be considered by manager and/or owner when developing the menu and activities calendars. Even though resident 's preferences are considered, not all activities or menu items will be as resident wishes as there are several residents to consider and accommodate. There are also limitations that the facility may have to adhere to that will not allow some activities to be scheduled. This facility will however do their best to plan menus and activity calendars that are acceptable to all.

D. If there is a problem with the menu or activity calendar, **Nananom Assisted Living** requests that you discuss any issues with the manager and/or owner so that all issues can be corrected, or an agreement can be reached.

NANANOM ASSISTED LIVING

Program/Activity Calendar
Policy and Procedure

Policy: Program/activity calendar

Responsible Persons: Manager**,** Certified Caregiver**,** Assistant Caregiver, Owner

Purpose: To establish guidelines **Nananom Assisted Living** will follow to ensure activities are scheduled and provided for the residents of this facility per Department of Health Service requirements.

Procedure:

A. The manager/owner of the facility shall ensure that daily social, recreational or rehabilitative activities are provided as follows:

1. Activities are planned according to resident's preferences, needs and abilities.
   a. Activities will be planned according to resident's initial intake and subsequent service plans.
   b. All residents will be considered when the monthly activity calendar is created.
   c. Residents requiring rehabilitation will need to discuss these plans with their PCP or OT as to what activities they are able to participate in within the facility.
   d. Residents may leave the facility to partake in local Senior Center or Adult Day Care activities if the activities are arranged for by the resident, the resident's family/ representative, or case manager, if applicable. These recreational activities will be noted in the resident's Service Plan.

2. A calendar of activities will:
   a. Be prepared at least one week in advance from the date the activity is provided.
   b. Be conspicuously posted.
   c. Shall reflect all substitutions in activities provided.
   d. Shall be maintained on the premises for 12 months after the last scheduled activity.

3. Equipment and supplies shall be available and assessable to accommodate each resident who chooses to participate in activities.
   a. The manager/owner shall ensure that daily newspapers, current magazines, and a variety of reading materials are available and accessible to all residents at this assisted living facility.

NANANOM ASSISTED LIVING

Awareness to Locate Resident
Policy and Procedure

Policy: Missing Residents

Responsible Persons: Manager, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: It is the policy of **Nananom Assisted Living** to reasonably protect the residents from harm through the prevention of elopement. A missing resident is one that cannot be located within the facility and has not been signed out.

Procedure:

A. If there is evidence of a missing resident, the person in charge will check the resident's progress notes and the facility sign out log to determine if the resident was signed out.
B. If it is determined that the resident was not signed out, the person in charge will immediately announce to the other staff that there is a missing resident.
C. After hearing a missing resident announced, all staff on duty are to report to the person in charge to receive the name of the missing resident.
D. One staff shall remain with the residents of the facility while the other staff searches for the missing resident.
E. All staff and volunteers will begin a search of the grounds and facility to locate the resident.
F. If staff or volunteer locate the missing resident, they will report this to the person in charge.
G. The person in charge/caregiver will perform a thorough assessment of the resident's condition and act accordingly to treat as needed.
H. The Management team (Owner and Manager) will review the situation to determine causative factors and develop preventive actions for prompt implementation.
I. If the resident has not been located within 10 minutes, the local authorities will be notified by calling 9-1-1.
J. The person in charge shall notify the Owner and the Manager that the resident has not been located.
K. The resident's emergency contact shall be notified of the elopement and that the resident has not been located.
L. Once the resident is located, a full assessment of the resident shall be conducted, the resident's emergency contact shall be notified, and the resident's doctor will be contacted.
M. If the resident needs medical attention 9-1-1 shall be called so that the resident can be transported to the hospital.
N. The person in charge shall complete an incident report and the report shall be faxed to the Department of Health Services at 602-324-5872.
O. The owner and manager shall review the incident report and determine accountability and improvement measures so that this does not occur again.

NANANOM ASSISTED LIVING

Whereabouts of a Resident and Steps to Locate a Wandering Resident Policy and Procedure

Policy: Wandering resident

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Volunteers,

Purpose: To establish guidelines and protocol to locate wandering residents who have left **Nananom Assisted Living** without required supervision, and to ensure the continued safety of a resident who may wander.

Procedures:

A. Assess the resident for their potential to wander and other difficulty to-manage behaviors prior to move-in and on an ongoing basis while residing at the facility. Staff should be proactive in attempts to prevent wandering episodes and should follow established procedures if a resident should wander from the facility.
B. Caregivers on duty will verify the presence of confused residents in the facility every 2hours or more.
C. Caregivers will not support delusions of resident returning home, going on trips or any other story which might foster the resident's idea of leaving the facility.
D. Use electronic equipment such as bed and door alarms, video cameras and resident tracking devices to help prevent wandering and elopement. Caregivers will attempt to engage residents who are talking of leaving in diversional activities within the facility.
E. If there is a history of wandering, it is therefore advisable to place new residents in rooms away from exits and closer to common areas, providing them with less opportunity to elope. Caregivers will maintain security of locks on the front door, yards and hazardous areas at all times.
F. If alarms are being used on doors and windows, the caregiver will check them daily for operation and security.
    1. Alarms that are triggered will be investigated immediately by the caregiver on duty.
G. Purses, luggage and other items, that trigger the "leaving response" in residents will be returned to the family or secured in an area out of reach by the resident.
H. Residents who cannot be safely secured within the facility will be referred to another facility of higher care to provide for their personal health and safety.
I. A recent photograph of the resident will be maintained in the facility to aid caregivers and police in locating missing individuals.
J. If a resident does wander from the facility and is not located immediately by the caregiver on duty, then the following measures will be implemented:
    1. The manager and licensee will be notified immediately.
    2. The resident's representative will be contacted as soon as possible.
    3. The local law enforcement agency will be notified of the lost resident.
    4. The management will provide personnel for checking the neighborhood door to door.
    5. An Incident Report will be completed describing the incident and outcome.
K. If a resident exhibits a repeated pattern of wandering (or attempting to wander) from the facility, they may no longer be appropriate for residency at the facility.

NANANOM ASSISTED LIVING

L. **Steps to locate a wandering or missing resident.**

1. Facilities with wandering or eloping residents who have leave the facility without required supervision should do the following to ensure the continued safety of a resident who may wander:
   a. The resident who wanders must always have access to an outside area that is secure and allows the resident to be at least 30 feet away from the facility.
   b. The facility staff and/or manager shall ensure that proper actions are taken to locate the resident who wanders and to make proper notifications.
   c. The facility shall conduct a search of the immediate area.
   d. Notify the manager or equivalent to assist with the search if the resident is not located within 15 minutes.
   e. Notify law enforcement agencies in both the immediate and surrounding communities and the representative or emergency contact for the resident if the individual is not found within thirty minutes.
   f. Contact hospitals, shelters, jails and bus stations during the search to assist in locating the resident.
   g. Notify any other agencies involved with the resident (such as hospice, churches, etc.) if the resident is not located within 30 minutes.
2. Follow these steps when deciding to contact the media for assistance in locating a resident:
   a. Collaborate with law enforcement officials, and the representative or emergency contact for the resident, if applicable.
   b. Obtain verbal and/or written authorization from the resident's representative or the emergency contact for this resident.
   c. Document the approval in the resident's record/file.
   d. Work directly with law enforcement officials by providing essential information about the resident.
   e. Defer to law enforcement to make the request for release of the vulnerable resident information to the media.
   f. Complete a written Incident Report within 24 hours and include the following at a minimum:

i. Age of the resident, general description of the resident, time and location of the disappearance, efforts to locate the resident, vulnerability, means of communication, medical or special needs of the resident, precursors to the disappearance, time the police and representative or emergency contact for the resident were notified and other entities contacted.

M. Notify the representative or emergency contact for the resident immediately when the resident is located.

NANANOM ASSISTED LIVING

Service Plan
Policy and Procedure

Policy Topic: Service Plan
Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Owner

Purpose: To develop a Service Plan based on the resident's identified needs and to outline each task/activity to be performed by the caregivers. **Nananom Assisted Living** develops a written Service Plan for each resident based on an assessment of their needs. The Service Plan is initiated before providing service in cooperation and agreement with the resident/resident's representative.

The Service Plan will be completed within 14 days of the residents admit by a registered nurse and updated at least every 12 months for a resident receiving supervisory care services, 6 months for a resident receiving personal care services, 3 months for a resident receiving directed care services. Service Plans may be updated more often if the resident's condition significantly changes.

Procedures:

A. Manager/designee shall use the facility's assessment to assist in the development of a Service Plan in conjunction with the resident/representative, which best meets the needs, wishes and preferences of the resident/representative.

1. The Service Plan shall:
    a. Identify the resident's functional limitations.
    b. Determine any needs the resident may have with his/her Activities of Daily Living.
    c. Provide verbally and/or in writing, information including but not limited to the following:
        i. Information for the individual completing the Service Plan, including name and contact information.
        ii. Roles and responsibilities of the resident and facility staff.
        iii. Confidentiality of resident information.
        iv. Days and times of service.
        v. Medications and medication administration.

B. The goals of the Service Plan should reflect the resident/resident's representative's desires and preferences.

C. The Service Plan expectations should be clearly spelled out to the resident/representative and the caregivers (facility staff).

D. Manager shall ensure that the Service Plan for a resident receiving personal care services includes:
    1. Skin maintenance to prevent and treat bruises, injuries, pressure sores and infections.
    2. Offering sufficient fluids to maintain hydration.
    3. Incontinence care that ensures that a resident maintains the highest practicable level of independence when toileting.

E. A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who is confined to a bed or chair because of an inability to ambulate even with assistance if:

1. The condition is a result of a short-term illness or injury.
2. The following requirements are met at the onset of the condition or when the resident is accepted by the assisted living facility:
    a. The resident/representative requests that the resident be accepted by or remain in the assisted living facility.

NANANOM ASSISTED LIVING

b. The resident's primary care provider or other medical practitioner:
   i. Examines the resident at the onset of the condition, or within 30 calendar days before acceptance, and at least once every six months throughout the duration of the resident's condition.
   ii. Reviews the assisted living facility's Scope of Services.
   iii. Signs and dates a determination stating that the resident's needs can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident whose needs are being met by the assisted living facility.

c. The resident's Service Plan includes the resident's increased need for personal care services.

F. A manager shall ensure that the Service Plan for a resident receiving directed care services includes:
1. Cognitive stimulation and activities to maximize functioning.
2. Strategies to ensure a resident's personal safety.
3. Encouragement to eat meals and snacks. A resident is provided a diet that meets the resident's nutritional needs as specified in the resident's Service Plan.
4. Documentation of the resident's weight, or documentation from a medical practitioner stating that weighing the resident is contraindicated.
5. Coordination of communications with the resident's representative, family members, and, if applicable, other individuals identified in the resident's Service Plan.

G. A manager of an assisted living facility authorized to provide directed care services may accept or retain a resident who is confined to a bed or chair because of an inability to ambulate even with assistance if the following requirements are met at the onset of the condition or when the resident is accepted by the assisted living facility:
1. The resident's primary care provider or other medical practitioner:
   a. Examines the resident at the onset of the condition, or within 30 calendar days before acceptance, and at least once every six months throughout the duration of the resident's condition.
   b. Reviews the assisted living facility's Scope of Services.
   c. Signs and dates a determination stating that the resident's needs can be met by the assisted living facility, within the assisted living facility's Scope of Services and for retention of a resident, whose current needs are being met by the assisted living facility.

H. A copy of the Service Plan shall be given to the resident/representative.

I. The Service Plan shall be reviewed with the designated caregiver(s) prior to service being delivered so that they are aware of any special needs, the activities/tasks they are required to perform and the outcomes that are to be achieved.

J. Written notations of the Service Plan reviews with caregiver(s) shall be made and shall include:
1. The date of the review.
2. The signature of the manager/designee giving the review.
3. The signature of the resident/representative.
4. The signature of the manager or registered nurse completing the Service Plan.

K. The Service Plan shall be reviewed and updated on an ongoing basis to reflect changing needs/wants.

L. All changes to the Service Plan shall be made in writing and signed and dated by the registered nurse or individual designated making the change, the resident/representative and the manager/designee.

M. The facility shall maintain the original Service Plan and all updated Service Plans in each resident's record.

N. Completed and legible copies of the original Service Plan and subsequent revised Service Plans shall be given to the resident/representative.

O. The Service Plan should maximize the functional capabilities of the resident and the support system and facilitate the effective delivery of a range of services.

Transport and Transfer
Policy and Procedure

Policy: Transport and transfer

Responsible Persons: Manager, Certified Caregiver, Owner

Purpose: To establish guidelines **Nananom Assisted Living** utilizes to ensure resident safety in an assisted living facility when the facility transports the resident.

Procedure:

A. Except for a transport of a resident due to emergency, a manager shall ensure that:
   1. A caregiver coordinates with the PCP the transport and services provided to the resident according to the resident's Service Plan and arrangements made with the resident/representative.

B. Upon transporting the resident the caregiver shall:
   1. Do an evaluation of the resident before and after transport and document any concerns and changes to the resident in the resident's chart.
   2. Ensure that medical records are provided to a receiving health care institution and that the care giver brings back any inform, documentations provide from health care institution.
   3. The caregiver will explain to the resident/representative the reason for the transport, the risk, and benefits of the transport.

C. Documentation in the resident's chart should include:
   1. Communication with an individual at a receiving health care institution.
   2. The date and time of the transport.
   3. The mode of transportation.
   4. If applicable, the name of the caregiver accompanying the resident during a transport.

D. If the resident is being transported by the resident's representative, the caregiver shall:
   1. Ensure that the representative has all needed information to provide to the health care institution.
   2. Get copies of all documentations brought back from the health care institution.

E. Except for a transfer of a resident due to an emergency, a manager shall ensure that:
   1. A caregiver coordinates the transfer with the hospice agency and the services provided to the resident to and from.
   2. List of places where the resident is being transferred.
   3. An evaluation of the resident is conducted before the transfer.
   4. Medical records including orders that are in effect at the time of the transfer are provided to the receiving health care institution.
   5. A caregiver explains risks and benefits of the transfer to the resident or the resident's representative.

F. Documentation in the resident's medical record includes:
   1. Communication with an individual at a receiving health care institution.
   2. The date and time of the transfer.
   3. The mode of transportation.
   4. If applicable, the name of the caregiver accompanying the resident during the transfer.

NANANOM ASSISTED LIVING

Discharge and Transfers of Residents
Policy and Procedure

Policy: Discharge and transfers of residents

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Owners

Purpose: To outline the conditions and procedures for discharging and transferring residents from **Nananom Assisted Living.**

Procedures:

A. **Nananom Assisted Living** shall discharge or transfer residents when residents:
   1. Are no longer able to have their needs met by the facility.
   2. Are no longer safe or healthy in this home environments.
   3. No longer require **Nananom Assisted Living** services.
   4. Are admitted to a hospital, nursing facility or a hospice in-house facility.
   5. Do not comply with the Service Agreement.
   6. Fail to pay for services, after reasonable and appropriate notice is given.
   7. Request termination of services, in accordance with the Service Agreement.
      a. Threaten or abuse of an employee(s) by the resident and/or their family, or representative.
      b. Die.
      c. Other relevant reasons.

B. Residents will be discharged or transferred if the facility surrenders its license because it:
   1. Voluntarily decided to terminate business operations.
   2. Receives an order of denial, revocation or suspension by the Department of Health Services.

C. Procedures for Discharge or Transfer of Clients**:**
   1. The facility shall give residents/representatives 14-day or 30-day notice of intended discharge or transfer, depending on the type of discharge and unless an emergency arises.
   2. The notice of intended discharge or transfer shall be given orally and in writing. Resident/ representatives shall be provided with:
      a. The reason(s) for the discharge or transfer.
      b. Their right to request an informal meeting with facility management to determine if a satisfactory resolution(s) can be reached.
      c. Their right to report concerns and issues to the D.E.S. Long Term Care Ombudsman and/or the local Area Agency on Aging.
   3. The facility manager shall follow Policy & Procedures to ensure a successful and smooth transfer of resident.
   4. Residents/representatives shall be given the opportunity to participate in planning for discharge or transfer.
   5. Transferred and discharged residents shall be given assistance in locating another suitable facility if consent is given.
   6. The facility shall complete the Facility's Discharge/Transfer Summary Form for all discharged and transferred residents and shall issue a copy to the resident.
   7. Residents/representatives shall be kept updated on discharge and transfer plans.
   8. All interventions to facilitate discharge and/or transfer shall be non-discriminatory.
   9. Copies of the following forms shall be provided to the resident upon discharge or transfer:
      a. Copy of last Service Plan
      b. Copy of TB Test
      c. Inventory Statement
      d. Copy of all Physician Orders
      e. Copy of current MAR

NANANOM ASSISTED LIVING

Resident Rights
Policy and Procedure

Policy: Resident Rights

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: To ensure residents are aware of their rights. To remain compliant with applicable laws and to ensure that staff is educated about respect of resident's rights when delivering services. **Nananom Assisted Living** requires that every resident be advised of their Resident Rights. *Please refer to page 14-15 for a copy of Resident Rights.*

Procedures:

A. Resident's rights shall be reviewed with the resident/representative during the first visit, before the implementation of service.

B. Manager/designee shall distribute a copy of the Resident's Rights Acknowledgement Form during the initial assessment to the resident/representative.

C.A copy of the signed Resident's Rights Form shall be given to the resident to be kept where it is easily accessible, and the original shall be placed in the resident's file.

D. Manager/designee shall make a notation in the client's record that:
1. The Resident's Rights Form was reviewed with the resident/representative.
2. Required signatures were obtained.
3. A copy of the Resident's Rights Form was provided to the resident/representative.

E. Should the resident not understand his/her "Rights", the Manager/designee shall document such in the resident's record and give the reason why it was not understood. If the resident's representative can comprehend the details, the Manager/designee shall document this information.

Requirements: A manager shall ensure at the time of admission, a resident/representative receives a written copy of the requirements in subsection Band the resident rights in subsection C.

Note: *A copy of the Resident Rights is included in the Resident Admission packet. It must be signed by the resident/representative.*

NANANOM ASSISTED LIVING

Resident Medical Records Including Electronic Records Policy and Procedure

Policy: Resident medical records including electronic records.

Responsible Person: Manager, Certified Caregiver, Assistant Caregiver, Volunteer, Owner

Purpose: A medical record is established and maintained for each resident in **Nananom Assisted Living.**

Procedures:

A. The manager shall ensure that:
   1. An entry in a resident's medical record is:
      a. Only recorded by an individual authorized by policies and procedures to make the entry.
      b. Dated, legible, and authenticated.
      c. Not changed to make the initial entry illegible.
   2. If a rubber-stamp signature or electric signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or electronic code.
   3. A resident's medical record is available to individuals authorized and permitted by policies and procedures or State Law.
   4. Information in a resident's medical record is disclosed to an individual not authorized under policy and procedures, only disclosure of medical records will be provided with written consent of a resident/representative or State Law.
   5. A resident's medical record is protected from loss, damage, or unauthorized use.
   6. If an assisted living facility maintains a resident's medical record electronically, a manager shall ensure that safeguards exist to prevent unauthorized access and the date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
   7. A back up copy such as on a CD, USB or cloud file will be available.
   8. Outside agencies who provide services to the resident shall document services provided and additional information if needed on the resident progress notes if they do not maintain their own agency notes. A copy of those files will be included on the resident records.
   9. All medical records shall include resident's information such as full name, date of birth, POA or other representatives to be contacted in the event of emergency, PCP, guardian, and other agencies involved in the care of the residents.

NANANOM ASSISTED LIVING

Authorized to Access Medical Records
Policy and Procedure

Policy: Authorized to access and make medical records entries.

Responsible Persons: Manager, Certified Caregiver, Assistant Caregiver, Volunteer, Owner

Purpose: To establish guidelines to ensure residents' records are maintained accordingly for each resident in **Nananom Assisted Living**.

Procedure:

A. An entry or charting in a resident's medical record is:
   1. Accessible to responsible employees.
   2. To be completed by certified caregiver, manager/designee, volunteers and hospice staff.
   3. The date of the entry is current.
   4. Complete the entry as soon as possible.

B. The entry must be legible and cannot be erased. Never write over an original entry or make it unreadable. Instead, if there's an error in a chart, draw a single line through the portion correcting, keeping the original entry legible. Person made a mistake should sign and date the error.

C. When correcting electronic records, follow the same principles. Track both the original entry and the correction with the current date, time and reason for the change. Any corrected record submit must make clear the specific change made, the date of the change and the identity of the person making the entry.

D. Electronic medical record for signatures can be done by using email, fax or text.

E. When medical record is requested, disclosure of medical records will be with written consent of a resident/representative.

F. Entry pertaining to resident medical records and all other services provided to residents will be documented after each service.

G. A manager shall ensure that a resident's medical record contains resident information that includes, but is not limited to:
   1. The resident's name and date of birth.
   2. The name and contact information of the resident's representative, if applicable.
   3. Name, address and telephone number of the resident's primary care provider.
   4. Names, addresses and telephone numbers of other persons, such as a home health agency or hospice service agency, involved in the care of the resident.
   5. Names, addresses and telephone numbers of individuals to be contacted in the event of emergency, significant changes in the resident's condition, or termination of residency.
   6. Date the resident was accepted by the assisted living facility.
   7. Documentation of the resident's needs.
   8. Documentation of general consent and informed consent, if applicable.
   9. Documentation of freedom from infectious tuberculosis.
   10. A copy of a resident's Health Care Directives.
   11. Resident's Agreement and any amendments.
   12. Resident's Service Plan and updates.
   13. Documentation of assisted living services provided to the resident.
   14. A medication order from a medical practitioner for each medication that is administered to the resident or for which the resident receives assistance in the self-administration of medication.

15. Documentation of medication administration to the resident or for which the resident receives assistance in the self-administration of the medication.
16. Documentation of the resident's refusal of a medication.
17. Documentation of notification to the resident of the availability of vaccination for influenza and pneumonia.
18. Documentation of the resident's orientation to exit from the assisted living facility in emergency.
19. If a resident is receiving assisted living health services other that assisted living behavioral care, documentation of the determination.
20. If a resident is receiving assisted living care documentation of the determination.
21. If applicable, documentation that evacuation from the assisted living facility during a drill may cause physical harm to the resident.
22. If applicable, information required for residents unable to direct self-care.
23. Documentation of any significant changes in a resident's behavior, physical, cognitive, or functional condition and the action taken by a manager or caregiver to address the resident's changing needs.
24. Documentation of the notification if the resident is incapable of handling financial affairs.
25. If a resident no longer resides and receives assisted living services from this assisted living facility, a written notice of Termination of Residency.

B. Individuals authorized to access medical records:
   1. Resident/representative/POA or Guardian appointed by the court.
   2. DPS, Ombudsman or APS.
   3. AZDHS compliance officers, Managers, caregivers and the resident's medical practitioner.
   4. Other: _____

Medical Provider Authorization (PCP must sign the order)

The following caregiver/s may administer the medication and set up the med organizers and have access to medical records: (Note: this form must be update from time to time and keep in the resident'sfile)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

PCP Signature: _____ Date: _____

NANANOM ASSISTED LIVING

Resident Funds
Policy and Procedure

Policy: Resident funds

Responsible Persons: Managers, Certified Caregivers, Owner

Purpose: To establish guidelines to ensure that resident funds are handled properly within **Nananom Assisted Living**.

Procedure:

A. At this time **Nananom Assisted Living** does NOT handle any resident funds, however if the need arises, the funds will be handled as such, and a new policy will be written.
   1. If the assisted living facility administers personal fund accounts for residents, there must be a written authorization from the resident, the resident's representative, the resident's family or the POA.
   2. The facility shall ensure that they hold no more than $2000, in the resident's personal fund account.
   3. The facility will maintain a separate record for each resident's personal funds account.
   4. The facility will maintain the resident's personal fund account separate from any accounts of the assisted living facility.
   5. The facility will provide a copy of the record of the personal fund account to the resident, or their representative at least once every three months or as requested by the resident or resident's representative.

NANANOM ASSISTED LIVING

Complaint Filing and Response
Policy and Procedure

Policy: Complaint filing and response

Responsible Persons: Manager, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: It is the intention of **Nananom Assisted Living** to fairly administer its policies, procedures, and Home Rules. **Nananom Assisted Living** does recognize, however, that residents may at times feel these policies or rules are misapplied or misinterpreted and as a result, would like a formal review of any controversy, dispute or misunderstanding. The guidelines that follow outline this formal complaint filing and response process.

Procedure:

A. The manager will ensure specific steps and deadlines to follow for a resident complaint:
   1. Any complaints received regarding resident's care or against staff members, should be referred immediately to the facility manager. The facility manager/designee will ask the complainant if they wish to make the complaint in writing.
   2. The resident/representative should be made aware of their right to make a formal complaint regarding services provided if they have any concerns. The complaint verbal or in writing is to be addressed only to the facility manager/designee. The facility manager or the facility owner will respond to the resident/representative complaint.
   3. They will be reassured that any complaint, however small will be dealt with immediately and confidentially.
   4. Any complaint made to any member of the staff will be brought to the attention of the facility manager immediately.
   5. If the facility manager is unable to deal with the complaint to the complainant satisfaction, then the facility owner must be informed immediately. The facility owner will then deal with the matter directly.
   6. Any complaints however small and even if dealt with satisfactorily must be documented and placed in the resident's records and kept with the resident's records for at least 12 months.
   7. Management will review periodically all complaints to prevent similar situations occurring again.
   8. If the complaint is not resolved at the meeting with the facility manager or owner, the resident/representative may report concerns and issues to the D.E.S. Long Term Care Ombudsman and/or the local Area Agency on Aging at 602-542-6564.
   9. The facility manager/designee or owner shall document all concern, complaint or grievance issues in the residents file and the outcome of any discussions or meetings.

NANANOM ASSISTED LIVING

Medical Record Entries
Policy and Procedure

Policy: Medical record entries

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Owner

Purpose: To provide all employees, with procedures for making entries in the resident's medical record, MAR, Progress Notes or any other document in the resident's file that requires entries be documented. It is **Nananom Assisted Living** policy to document consistently and adequately on each resident.

Procedures:

A. Progress Notes and other documentations.
   1. This facility makes entries in the resident's records daily. An entry in a resident's medical record shall:
      a. Only certified caregivers, owner, manager and volunteer caregivers if instructed to by owner, manager or certified caregiver overseeing the volunteer caregiver have authority to make the entry.
      b. Shall ensure to make the initial entry illegible and correct to avoid corrections.
      c. Staff shall not make changes to the entries, there shall be no white out or any other correction tape used on the documents. If there are any corrections that need to be made the staff shall place a single line through the item to be corrected, write error and sign your name and date it.
      d. All files and documentation shall be kept in a secure place within the facility.
      e. All entries must be dated, legible, and authenticated. Employees shall only write details.

B. The following documentation rules always apply:
   1. Put the date, time and signature on each entry.
   2. Indicate whether you are doing monthly or alert charting.
   3. Write legibly in the progress notes. The progress note is to be clear and as easy to read as possible.
   4. Document completely. Each entry must tell a story with a beginning, a middle and an end. If you do not document to the end, it appears as though the problem still exists.
   5. Do not leave blank lines between notes. If a note is finished before the end of a line, draw a line in the middle of the writing space to the signature column.
   6. Do not use slang or abbreviations when making entries.
   7. Do not make a diagnosis or give opinions. Report only what you observe and what steps were taken.
   8. Do not use other residents' or care team members' names. Instead, write, "another resident," or "a care team member."
   9. Do not scribble out entries. If an error is made, simply draw a single line through the entry, write error and sign your name and date it.

NANANOM ASSISTED LIVING

Records Management
Policy and Procedure

Policy: Records management of residents, facility, employees and volunteers

Responsible Persons: Manager, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: To ensure **Nananom Assisted Living** records, including legal and financial documents, resident, staff and volunteer information are confidentially maintained, stored and secured. **Nananom Assisted Living** has a record management system that protects facility, resident and employee information, assists quality monitoring activities and conforms to relevant local, state and federal legislation/regulations.

Procedures:

A. All records, including legal documents, resident information, employee information, contracted services and financial information shall be maintained in locked cabinets and/or in a locked room in the facility.
B. All records shall be kept for the mandated period of time.
C. Electronic documents shall be protected through the application of passwords.
D. Access to records shall be restricted to authorized personnel, including owner, manager and caregiver only.
E. Records that shall be maintained include, but are not limited to:
    1. Resident Service Records, including:
        a. Resident assessments and/or resident Service Plans:
            i. Resident Residency Agreements.
            ii. Case management files (if applicable).
            iii. Ongoing resident information and notes written by staff providing direct services, which may be kept in the home and/or in the facility office.
            iv. Records of complaints and compliments and action(s) taken.
            v. Record of incidents and actions taken.
        b. Financial Records, including:
            i. Income and expense records.
            ii. Data pertaining to annual reporting.
            iii. All business transactions.
        c. Human resource records, including:
            i. Payroll records.
            ii. Records of grievance and disciplinary procedures.
            iii. Employee files, including active, inactive and terminated.
    2. Quality Management records
        a. Resident satisfaction surveys/data, occurrence/incidents, accidents, reporting and tracking records including Workers' Compensation claims.
            i. Other legal documents including contracts, business license(s), facility license(s), insurances policies, minutes of meetings, etc.
F. Personnel shall be educated in the responsibilities of their positions, as they pertain to record management.
G. Personnel shall be educated in the:
    1. Procedures regarding the release of information and usage of the facility's Release of Information form.
    2. Storage of files.
    3. Destruction of files.
    4. Use of quality monitoring data.
H. Legislative requirements for records management shall be monitored to determine the need for changes in policy and/or direction.
I. Inappropriate use/release/destruction/loss of records shall be documented for quality monitoring purposes.

NANANOM ASSISTED LIVING

Safeguarding Residents' Records
Policy and Procedure

Policy: Safeguarding residents' records

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: Nananom Assisted Living has established protocols for safeguarding resident records against loss and/or unauthorized use.

Procedures:

A. Resident files shall be kept in locked cabinets and/or in a locked room in the facility.

B. All files shall be returned to the locked cabinet and/or locked file room in the facility before the end of the day.

C. No resident documentation shall be left on desks overnight.

D. Original resident records shall be always kept in the facility.

E. Parts of the resident records, which may be copied, include:
1. Service Plan.
2. Treatment plan.
3. Medication list.
4. Notations made within the previous 10 days.
5. Resident assessments.

F. Copies of records, which are taken out of the facility shall be protected by:
1. Covering them to protect confidentiality.
2. Placing them on a vehicle's back seat floor or in its trunk.
3. Keeping the vehicle always locked.
4. Returning them to the facility by the end of the day.

G. Removal of resident records from the facility, or any variation to the "removal of resident records from the facility" regulations require authorization from the manager/designee.

H. After 6 years, all copies of resident records shall be shredded when they are no longer needed for confidentiality purposes.

NANANOM ASSISTED LIVING

Limitations on Level of Service and Use of Restraints Policy and Procedure

Policy: Limitations on the level of service and use of restraints

Responsible Persons: Manager, Certified Caregiver, Assistant Caregiver, Owner

Purpose: To establish guidelines and procedures followed in **Nananom Assisted Living** to ensure that limitations on level of service and no restraints are adhered to by the staff, manager and owner of the facility.

Procedure:

A. The assisted living facility manager and/or owner shall ensure the assisted living facility does not accept or retain a resident who requires:
   1. Physical restraints.
   2. Chemical restraints.
   3. Assisted living residential services.
   4. Services the assisted living facility is not licensed to provide.
   5. Services the assisted living facility is not able to provide.

B. Staff, manager and owner shall ensure that NO restraints are used in the assisted living facility.
   1. Staff, manager and owner shall ensure bed rails are never used in the facility. Bed canes can be used however must be documented on the resident's Service Plan and must not restrict movement of the resident.
   2. Recliners can be used in the facility if residents can put footrest up and down on their own, because this could be considered a restraint.
   3. The staff, manager and owner shall not use hand mitts, ties or gate belts to bind any resident, as this could be considered a restraint.
   4. The staff, manager and owner shall ensure that residents are not placed at a table, in a Geri chair with a lap tray, a wheelchair with a lap tray or with the chair break on because residents cannot move away from or remove themselves and this could be considered a restraint.
   5. The staff, manager and owner shall ensure that residents are not given any chemicals/medications for the purpose of discipline or convenience and is not required to treat a resident's medical symptoms.
   6. The staff, manager and owner shall ensure that residents are free of all restraints in the assisted living facility with NO exceptions.

C. Personal Care Services: A manager of an assisted living facility authorized to provide personal care services shall not accept or retain a resident who:
   1. Is unable to direct self-care.
   2. Except as specified in subsection (B), is confined to a bed or chair because of an inability to ambulate even with assistance.
   3. Except as specified in subsection (C), has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.

D. Directed Care Services: A manager shall ensure that a resident's representative is designated for a resident who is unable to direct self-care.
   1. A manager of an assisted living facility authorized to provide directed care services shall not accept or retain a resident who, except as provided in R9-10-814(B)(2):
      a. Is confined to a bed or chair because of an inability to ambulate even with assistance.
      b. Has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.

NANANOM ASSISTED LIVING

Difficult Behavior in a Resident
Policy and Procedure

Policy: Handling difficult behaviors in a resident.

Responsible Persons: Managers, Trained Caregivers, Assistant Caregivers, Owner

Purpose: To provide all employees of **Nananom Assisted Living**, with procedures for handling difficult behaviors in residents.

Procedures:

A. **Nananom Assisted Living** deals with residents of all abilities and behaviors at the end of life. Elderly residents may have behaviors for several different reasons. The staff of this facility shall do the following to help to deescalate behaviors and assist the resident in becoming calm. Staff should always remember that residents have the right to be upset, however the resident cannot harm themselves, others or do damage to property.

1. If the staff feels that the resident is in danger of harming themselves, others or doing damage to property, the staff shall notify the owner or manager immediately.
   a. Staff shall ensure that any objects that can cause harm to be removed for the area where the resident is at.
   b. Staff shall remove all residents out of harm's way.
   c. Staff shall follow the directions of the owner or manager, 911 shall be notified if the resident cannot be calmed down.
2. The staff should follow these guidelines when dealing when coping with a difficult behavior:
   a. You can't always control the other person's behavior, but you can control your response to it.
   b. Focus your response on the behavior, avoid blaming it on their personality or condemning them as a "bad" person.
   c. Don't take the angry behavior personally.
   d. You're doing the best that you can do in a difficult situation. Blaming yourself won't help solve the problem.
3. When a resident has excessive complaints and angry behavior, staff should follow these guidelines when someone acts unreasonable or makes angry demands on the staff:
   a. Don't downplay their feelings.
   b. Saying "It's no big deal" won't help and it may even make them angrier. Instead, try saying something like, "You seem really frustrated. What can we do next time to make it better?"
   c. Let them talk about their anger. "What's making you feel so bad?" "You seem upset, can I help?"
   d. Make an effort to respect demands that may seem petty to you but seem very important to them. Remember, if they could change the volume on the radio themselves, they would.
   e. Find something to agree about. "Yes, the mail carrier hasn't been coming as early as he used to." "You're right, these sheets are all wrinkled up."
4. Staff should always give the residents a chance to make decisions and be in control by:
   a. "What should we have for breakfast today, oatmeal or eggs?"

b."Would you like your bath before breakfast or after?"

5. Staff should also do the following to help determine behaviors, stressors and how to change or deal with behaviors.
   a. Look for patterns to the angry behavior. Maybe the outbursts always come in the late afternoon when they are more irritable or on days when you're in a hurry or stressed.
   b. Try to break the pattern. If you can avoid the triggers that lead up to an angry outburst you can reduce frustration for both of you.
   c. Choose your battles. If you're making a lot of demands on them about eating, moving, or resting, they may become resentful. Choose what's important and let some things go. Anybody could get angry if told to eat everything on their plate.
   d. Take A breather. If either of you is losing control of the situation, walk away. Take several deep breaths, count to 10, or give a silent scream while both of you cool off. Anxiety or demanding behavior, chronic illness or disability may make the ill person more anxious than usual. They may worry about small details of their medications, their blood pressure or their blood sugar levels. They may make constant or unreasonable demands and they may refuse to allow anyone but you to straighten their bed sheets.
6. Caring for a resident who is overly anxious staff shall try the following.
   a. Try to identify the environment that could make someone anxious (e.g., too much caffeine, watching crime shows on television, etc.) and decrease those things.
   b. Look for the feelings behind the demands. A person with breathing problems may demand that windows are open on a cold day because they feel they can't get enough air.
   c. Use gentle touch to calm them. Reassuring them that things are under control while stroking their hand or the back of their neck may help ease the anxious feelings.
   d. Accept their need for control. They may insist that things are kept in a certain place on their bedside table because they don't have the energy to get up and get them.
   e. Offer reassurances such as "We have enough time" not "Everything will be okay".
   f. Give them privacy and personal space.
7. Staff shall always contact the manager/owner if there is a behavior or situation with the residents. If the resident causes harm to themself, others, or property, staff shall complete an incident report.

NANANOM ASSISTED LIVING

Resident out of Control Behavior
Policy and Procedure

Policy: Assisted living situations for residents with out-of-control behavior

Responsible Persons: Manager, Certified Caregiver, Assistant Caregiver, Owner

Purpose: To ensure the safety of the resident, other residents, staff and the healthcare team in **Nananom Assisted Living**.

Procedure:

A. When a resident's mood, thoughts, or behavior is highly unusual or disorganized, assessment must first determine whether the resident is a:
   1. Threat to themselves.
      a. Inability to care for self.
      b. Suicidal.
   2. Threat to others.
      a. Actively violent.
      b. Belligerent and hostile.
      c. Expresses intent to harm others.

B. Potentially violent residents require measures to defuse the situation. Measures that may help reduce agitation and aggressiveness include:
   1. Moving resident to a calm, quiet environment.
   2. Removing objects that could be used to inflict harm to self or others.
   3. Expressing sympathetic concern for residents and their complaints.
   4. Responding in a confident yet supportive manner.
   5. Inquiring what can be done to resolve the cause of the anger.

C. Speaking directly, mentioning the resident seems angry or upset and asking them if they intend to hurt someone will acknowledge their feelings and may elicit information. It doesn't make them more likely to act out.

D. Residents who are hostile but not yet violent typically do not assault staff members randomly. Rather, they assault staff members who anger or appear threatening to them.
   1. Doors to rooms should be left open.
   2. Avoid appearing threatening by sitting on the same level as the resident.
   3. Avoid responding to their hostility with loud, angry remarks or arguing
   4. Ask for assistance if the resident becomes increasingly agitated and violence appears impending.
   5. Notify the doctor, family members, Power of Attorney and other individual related to the resident if level of care exceeds scope of services provided by the facility.

E. Caregivers should be close to the resident's door for easy access out in the event of uncontrollable behavior.

NANANOM ASSISTED LIVING

Abuse, Neglect, and Exploitation Policy and Procedure

Policy: Abuse, neglect and exploitation

Responsible Persons: Manager, Certified Caregiver, Assistant Caregiver, Volunteer, Owner

Purpose: To establish guidelines to ensure that preventive measures are taken, appropriate procedures are followed, and proper documentation and reporting are implemented on alleged or suspected abuse, neglect and exploitation of residents in **Nananom Assisted Living**.

Procedure:

A. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was accepted or while the resident is not on the premises and not receiving services from an assisted living facility's manager, caregiver, or assistant caregiver, the manager shall report the alleged or suspected abuse, neglect, or exploitation.

B. The written report shall contain:
   1. Dates, times and description of the alleged or suspected abuse, neglect or exploitation.
   2. Report must include a description of any injury to the resident.
   3. Any changes to the resident's physical, cognitive, functional, or emotional condition.
   4. The names of witnesses to the alleged or suspected abuse, neglect or exploitation
   5. Individuals and agencies notified by the staff, manager and/or owner.
   6. Any actions taken by the manager to prevent the alleged or suspected abuse, neglect or exploitation from occurring in the future.
   7. Document the initial report and maintain documentation of the report on the premises for 12 months from the date of the report

C. If a manager has a reasonable basis to believe abuse, neglect or exploitation has occurred on the premises or while a resident is receiving services from the assisted living facility's manager, caregiver, or assistant caregiver, the manager shall:
   1. Document suspected abuse, neglect, or exploitation.
   2. Take immediate action to stop the suspected abuse, neglect, or exploitation.
   3. Initiate an investigation of the suspected or alleged abuse, neglect, or exploitation and document a written report within 5 working days of the initial report of the suspected or alleged abuse, neglect or exploitation.
   4. Shall immediately report to Adult Protective Service(APS) or local law enforcement of suspected or alleged abuse, neglect, or exploitation as required by ARS 46-454.
   5. Record dates, times, and description of the suspected abuse, neglect, or exploitation.
   6. The manager or owner shall send the written report to the Department of Health Services, Adult Protective Services (APS), and any local law enforcement agency previously notified within 10 working days.
   7. The manager or owner shall maintain a copy of the written report provided to the Department, APS and any local law enforcement agencies on the premises for 12 months from the date of the report.

D. A written notification shall be provided to the Department of Health Services within 1 working day after a resident's death and within 2 working days after a resident inflicts a self-injury.

E. A resident who is receiving services from home health or hospice service agency, shall have a written documentation of medical records, which contains the name, address, and contact information in the report.

F. A copy of the resident follow-up instructions or any care instructions provided to the resident by these agencies within the assisted living facility's scope of services shall be communicate to caregivers and documented in the resident's Service Plan.

NANANOM ASSISTED LIVING

Accident, Incident or Injury Affecting a Resident
Policy and Procedure

Policy: Accident, incident or injury that affects the resident's health and safety

Responsible Persons: Manager, Certified Caregivers, Owner

Purpose: Specific actions to take, whom to notify and documents to prepare whenever there is an accident, incident or injury that affects the resident's health and safety that happens in **Nananom Assisted Living**.

Procedure:

A. Manager/designee/caregiver or nurse (staff on duty) immediately notifies the representative, and if applicable:
   1. The primary care provider (PCP).
   2. An emergency response team.
   3. The resident's case manager.
   4. The resident's emergency contact.

B. The manager or nurse documents the following:
   1. Date and time of the accident, incident or injury.
   2. Description of the accident, incident or injury.
   3. Names of the individuals who observed the accident, incident or injury.
   4. Actions taken by employees, support staff or volunteers.
   5. Individuals notified by employees, support staff, or volunteers.
   6. Action taken to prevent the accident, incident or injury from occurring in the future.

C. Manager or hospice nurse checks and documents vital signs.

D. If applicable, manager and hospice nurse provide, and documents first aid given.

By signing below, I indicate that I have read, received training and understand my responsibilities regarding this policy. I understand that failure to follow **Nananom Assisted Living** Policies and Procedures will be cause for progressive disciplinary action up to and including termination of employment.

Signature: _____ Date: _____

NANANOM ASSISTED LIVING

Resident Emergency Call System
Policy and Procedure

Policy: Resident emergencies call system

Responsible Persons: Manager, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: It is the policy of **Nananom Assisted Living** to promote the safety of our residents with a functional call system.

Procedure:

A. A call bell shall be placed at the bed side of the residents, for the residents to summon assistance from the caregiver.
B. If the residents are unable to alert the caregiver to their needs, a monitor may be used with the written permission of the resident's doctor and the resident's representative.
C. The facility will determine the type of emergency call system depending on the resident's ability and capability. (e.g., body alarm, baby monitor, etc.)
D. If a resident requests a monitoring system, **Nananom Assisted Living** will make an effort to provide it.
E. If the resident is unable to summon assistance, this will be documented in the resident's Service Plan.
F. Residents who are unable to summon assistance shall be monitored closely by the caregivers and checked on often. Each check shall be documented in the resident's progress notes.

NANANOM ASSISTED LIVING

MEDICATION ADMINISTRATON

NANANOM ASSISTED LIVING

Medication Statement
Policy and Procedure

Policy: Medication statement

Responsible Persons: Manager, Certified Caregivers, Owner

Policy Statement: To establish guidelines to ensure the staff of **Nananom Assisted Living** administer medications and understand they cannot make judgment calls and must follow the physician's orders. Any questions, the caregivers should call the primary care physician.

Procedure:

A. Upon hire into the facility, the staff must read and understand the medication statement.
B. The Medication Statement is to be followed by trained and certified caregivers,who administers medication in the facility.
C. If the staff believes that medication or treatments are harmful to the resident, they are to follow procedures and contact the manager or the owner so the appropriate contacts can be made to have the resident evaluated.

Authorization to Administer Medication

A. Trained and certified caregivers must have an authorization signed by a medical provider to administer medication and set up medication organizers for the residents.
B. Trained and certified caregivers may set up medication for delivery to resident's containers and other equipment necessary for medication delivery as per Policy and Procedures.
C. Trained and certified caregivers may administer medications from medication organizers, medication containers as per facilities Policies and Procedures.
D. Trained and certified caregivers may perform treatments including topical applications of ointments and creams as well as rectal suppository.
E. Trained and certified caregivers will be updated on the manager designee form for their signatures and approval.

NANANOM ASSISTED LIVING

Medication Management
Policy and Procedure

Policy: Medication management

Responsible Persons: Manager, Certified Caregivers

Purpose: All residents' medications will be handled according to the procedures outlined.

Procedures:

A. Determining whether a resident needs assistance with medication administration and if so, nature of the assistance.
B. Assisting a resident with self-administration of medication.
C. Observing, documenting, and reporting changes in the resident condition before and after medication is administered.
D. Knowing the five rights of a resident in medication administration.
E. Knowing classifications of and responses to medication.
F. Taking, reading and implementing physician medication and treatment orders.
G. Storing medications properly and securely.
H. Documenting medication and treatment services.
I. Maintaining records of medication and treatment services.
J. Using medication organizers properly.
K. Storing and documenting use of narcotic drugs and controlled substances.
L. Understanding how metabolism and physical conditions affect medication absorption.
M. Knowing the proper administration of all forms of medications.
N. Using drug-reference guides.
O. Preventing, identifying, documenting, reporting and responding to medication errors.

NANANOM ASSISTED LIVING

Medication Services
Policy and Procedure

Policy: Medication services

Responsible Person: Manager, Certified Caregivers, Contract RN,

Purpose: The policy is about residents' medications and how they will be handled in **Nananom Assisted Living**.

Procedures:

A. The resident/representative, and/or primary care physician must arrange for timely delivery of medications to the home. The manager may assist the resident's representative in making those arrangements. No person shall bring medication into this home for a resident that is not prescribed by the physician -including prescription and non-prescription drugs.

B. Medications must be obtained from reliable legal sources such as, a pharmacy or primary care provider. It must also be in the original labeled bottle with legible instructions printed the label. It can be delivered to the facility by courier, family or resident's representative, caregiver, Hospice personnel or mail order.

C. Whenever possible, written medication orders will be obtained prior to admission or by verbal order the day of admission.

1. If orders are not obtained prior to admission, after contacting the doctor and verifying the medications to be taken, the home and the caregiver will list the medications including strength, route, and dosage and time on a Verbal Order Form.
2. The verbal order shall be dated and signed by the person receiving the order by filling out the Verbal Order Form, as well as the name and phone number of the physician.
3. Within 24 hours the Admission Order Form will be marked as 'Noted' with the current date and signature of the manager or caregiver and entered in the resident's MAR and places in the resident's record
4. A duplicate copy shall be obtained by the manager and placed in the resident record.
5. The manager will obtain the physician signature on the Admission Order Form (by fax or mail) within 14 days.
6. The Admission Order Form, signed by the physician, will contain a statement identifying an individual or individuals designated by the physician to administer medication as directed.
7. The signed copy of the Admission Order Form will be placed in the resident record, replacing the unsigned copy.
8. If a verbal medication or treatment order for a resident's medication is received from a medical practitioner by the assisted living facility, the manager or caregiver taking the order will complete the Verbal Order Form.
9. Within 24 hours, the Verbal Order Form will be marked as "Noted" with the current date and signature of the manager or caregiver and entered in the resident's MAR and placed in the resident's record
10. The manager will obtain the physician signature (by mail or fax) on the Verbal Order Form to substantiate the verbal orders within 14 days. The signed copy will replace the unsigned copy of the verbal order.

D. To ensure that the medication regimen meets the resident's needs, the resident's medication regimen and method of administration is reviewed by the medical practitioner at least every six months or more often if needed.

NANANOM ASSISTED LIVING

E. All residents' medications brought to the facility will be received by the caregiver on duty. Medications will be locked in the medication storage area. As soon as possible, medication will be inventoried and placed in the resident's box and removed from the short supply list if applicable.

F. All resident medications must be secured in a locked storage area. Only the manager and trained caregivers shall be in possession of the keys to the facility's medication storage area.

G. Residents that self-administer medication may keep medications in their bedroom. The medications are stored accordingly to the resident's Service Plan. The medications are kept in a secure locked place and the personnel have a key to access. The resident will understand the use of medications and their side effects. To self-administer medication and keep in their room, the resident is required to obtain a doctor's order stating that the resident may self-administer medications and is allowed to keep them in the room.

H. A nurse, manager or a certified caregiver, who has been designated and is under the direction of a medical practitioner, the resident/representative or a family member will set up the medication organizers in advance for a 1 to 4-week period and sign and date the medication record at the time the medication organizer is prepared. The manager or individual setting up the medication organizer will notify the resident/representative or a family member at least seven days prior to running out of the medication to allow enough time to refill. Pharmacies may prepare medications in unit dose, bubble packs, etc.
   1. Changes tothe medication organizer will be made by one of those individuals listed above.
   2. Changes in pharmacy packs will be made by the pharmacy representative.

I. For residents with assistance in self-administration and medication administration, the assistance will be provided by an individual designated by a physician to administer medication under the direction of a physician. Such authorization will be obtained as soon as the resident is accepted in the facility by having the physician sign the Admission Order Form.

J. Assistance to a resident in the self-administration of medication is provided as follows:
   1. Storing the medication for the resident.
   2. A reminder when it's time to take the medication.
   3. Opening the medication container or medication organizer for the resident.
   4. Observing the resident while the resident removes the medication from the container or medication organizer.
   5. Verify that the medication is taken as ordered by the resident's medical practitioner by confirming that:
      a. The resident taking the medication is the individual stated on the medication container label or if a medication organizer is used, on the medical practitioner's order.
      b. The dosage of the medication is the same as stated on the medication container label or if a medication organizer is used, on the medical practitioner's order.
      c. The medication is being taken by the resident at the time stated on the medication container label or if a medication organizer is used, on the medical practitioner's order.
      d. Observing the resident while taking the medications.

K. A nurse, the manager, a certified caregiver, the resident's representative, or a family member will administer medications from the medication organizer to the resident by placing the medication in the resident's hand, transferring the medications to a medicine cup and handing the cup to the resident or by placing the medications directly in the resident's mouth. Assistance with self-administration of medication provided to a resident is in compliance with an order and is documented in the resident's medical record.
   1. Medication administration is not documented until the resident is seen taking the medication.
   2. Medications are administered to one resident at a time.

L. The caregiver will initial in the MAR for the date and time the medication was given to the resident and the medications taken. If a resident has an unexpected reaction to the medication, it will be reported to the medical practitioner who ordered the medication, or if is not available, to another

medical practitioner. The manager will be notified immediately and documented in the resident record.

M. A resident refusing medication will be marked in the MAR, as refused. The physician prescribing the medication will be notified and documented in the resident record. If such refusal occurs more than 10% of the time, alternate methods will be considered to administer such medication or a new doctor order to reflect the change in directions.

N. The following procedures apply to administering all other medications.

1. Liquid internal medications:
   a. Measure accurately (1 teaspoon = 5 ml/cc) (1 tablespoon = 15 ml/cc).
   b. Suspensions need to be shaken well for 30 seconds before giving.
   c. Medications needing refrigeration will be stored in a lock box in the refrigerator.
2. Oral (PO) capsules and tablets:
   a. If a resident has trouble swallowing PO medications, have the resident take a sip of water before attempting to swallow them.
   b. Large tablets may need to be cut in half if the resident has a hard time swallowing. A physician's order should be obtained before crushing, cutting or mixing it with other substances (e.g., food).
3. Sublingual medications:
   a. Place tablet under the tongue and close the mouth.
   b. Instruct to hold the saliva in the mouth as long as can be tolerated.
   c. Wait at least five minutes before drinking any liquid.
   d. Do not smoke, eat or chew gum while medication is dissolving.
4. Eye drops or ointment:
   a. Wash your hands before administering these medications.
   b. Resident should be sitting or lying down with their head tilted back.
   c. Using your thumb and forefinger, gently and carefully pull the lower eyelid down to form a pouch.
   d. Hold the dropper or tube close to the eye without touching it.
   e. Drop the prescribed amount into the pouch formed by the lower lid.
   f. Have the resident close their eye for at least 15 seconds.
5. Ear drops or ointments:
   a. Warm medication by holding in hands for 5 minutes before using.
   b. Have the resident lay on the side opposite the ear needing the drops or tilt their head to side.
   c. Grasp the earlobe and pull upward and back to straighten the ear canal.
   d. Fill the dropper with medication and instill the ordered number of drops.
   e. Have resident continue to lie on their side or keep head tilted for 2-3 minutes.
   f. Place small wad of cotton in ear to help retain medication.
6. Rectal suppositories:
   a. Store in the refrigerator to keep firm. They soften at room temperature.
   b. Wear gloves when inserting a suppository.
   c. Have resident lay on their left side with knees bent.
   d. Lubricate the suppository and insert into the rectum pointed end first.
   e. Instruct resident to fight the urge to defecate for at least 1 hour.
7. Topical ointments and creams:
   a. Moisten skin with water and pat dry.
   b. Apply a thin layer of the medication.
   c. Do not cover with a bandage or dressing unless ordered by the doctor.
8. Transdermal patches:
   a. Remove old patch before applying a new one.
   b. Residents may shower or bathe with patch on.

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c. Apply new patch to areas with little hair and joint movement.
d. Do not apply to the same site where the old patch was removed.

9. Fleet-type enemas:
   a. Warm by setting tube in warm water for 3 to 5 minutes.
   b. Wear gloves when inserting the enema.
   c. Have the resident lay on their left side with knees bent.
   d. Remove cap and lubricate the tip of the enema tube.
   e. Gently insert the enema tip into the rectum.
   f. Instill the fluid by gently rolling the tube up (like toothpaste tube).
   g. Instruct the resident to fight the urge to defecate for at least 10-15 minutes.
10. Puff inhalers:
   a. Have resident exhale as deeply as possible.
   b. Puff inhaler as resident begins to breathe in. Instruct resident to breathe deeply.
   c. As the resident breathes out have them blow through their mouth with pursed lips.
11. Oxygen:
   a.Oxygen therapy is used generally to relieve hypoxia, a condition in which the body is not receiving adequate oxygen due to an insufficiency of oxygen in the blood. Common illnesses which require oxygen therapy include pneumonia, chronic bronchitis, and other COPD's. The oxygen system must be set up by a trained professional. However, the caregiver should be familiar with problems which may occur, as well as how to replace a nasal cannula (nose piece) for a resident. Problems which should be immediately reported to the physician or hospice agency include the following: *a rapid, irregular heart rate, changes in blood pressure, tachypnea, dyspnea, drowsiness, headaches, disorientation, nausea, anxiety.*
   b. To replace a nasal cannula for a resident:
      i. Wash hands before and after.
      ii. Make sure there is water in the oxygen units humidification bottle.
      iii. Place the cannula in the nostrils and adjust the head band securely around the ears.
      iv. Make sure there is plenty of slack and no kinks in the tubing.
      v. Check the oxygen system every 8 hours.
   c. Never change the oxygen dosage unless the dosage changes per PCP orders.

M. Medication delivery not described in this policy will be taught to the certified caregivers by the RN and recorded into their personnel files.

N. All facility caregivers who successfully completed the Caregiver Certification and Continuing Education as required by Arizona Department of Health Services and NCIA are authorized and designated, according to the definition of "administer" in A.RS. § 32-1901, by a medical practitioner to fill medication organizer and administer medication under the direction of the medical practitioner

O. If the resident can self-administer injectable medications, the trained caregiver may inject the medication only after adequate training and documentation by an RN or DHS approved trainer as well as prescribing physician approval.

P. PRN medications are administered only on the request of the resident, or if symptoms or medical condition requires it.

Q. The physician will be notified whenever a resident is taking a PRN (as needed) medication a regular basis and the contact noted in the resident's record.

R. Any resident's medication discontinued by the physician, expired medication, including deceased resident's medications shall be offered back to the resident's representative, returned

to the pharmacy or disposed of by mixing the pill with hot water, dirt/kitty litter or vinegar in a closed container and shaken until all medications are dissolved or absorbed. Then pour the amount of liquid/dirt onto old newspaper to let it soak and dry off and toss in the trash.

S. Documentation and proof of return or destruction of medications including narcotics will be maintained. Any prepackaged and sample medications will be discarded or returned to the manufacturer if the manufacturer requests the discard or return of the medication. A medication recall will be disposed of as in this procedure and the resident will be notified of such recall.

T. The certified caregiver will sign off the medication with the date and time the medicine was given to the resident and the medications taken by initialing the Medication Administration Record or completing the PRN flow sheet. If the resident is going out and the medications are schedule to be given while they are away from the facility, the caregiver on duty will give the medications to the family (or person logging the resident out) and document it on the sign-out sheet.

U. The medication record (and PRN flow sheet) will be initiated by the manager monthly and will serve as the proof of transcription of the physician's order for medications.

V. All medication administration errors will be reported to the resident's physician's, reported to the resident's responsible party and recorded on an incident report. If a prescription medication is administered in error to another resident, poison control is to be called immediately to advise for course of action.

W. Any suspected errors in the medication organizers must be reported to the manager immediately, who will validate the error and make any corrections.

X. All medication organizer accidents resulting in the spilling, mixing or loss of medications will be reported to the manager immediately for correction.

Y. Medication Administration Records will be filled by the authorized personnel that are doing medication administration and/or assisting in self-administration only after observing the resident take the medication. Time and date will be recorded as well as the initials of the person that administered the medication or assisted in the self-administration of medication. Those records should be maintained and kept in the facility for at least 6 years.

NANANOM ASSISTED LIVING

Storing, Inventorying and Dispensing of Controlled Substances/Medications Policy and Procedure

Policy: Storing, inventorying and dispensing of controlled substances/medications

Responsible Person: Manager, Certified Caregiver, Owner

Purpose: To follow established procedures in **Nananom Assisted Living** for the storage, inventorying and dispensing or assistance with controlled medications.

Procedures:

A. Medication containers for all narcotics or controlled medications must be marked with a 'C' on the label to indicate that the medication is a "controlled substance" These medications are differentiated in this manner with special procedures and must be followed for controlled substances.
B. For every medication marked with a "C", a Narcotic Inventory Sheet should be maintained.
C. When a controlled medication is received from the pharmacy, the primary care physician representative or the resident at the time of move-in, the RN or other designated staff person should count the number of tablets/capsules or mls, and this number is entered on the Narcotic Inventory Sheet in the "Amount Received" column. The date, time, and signature of the person should also be entered on this form.
D. Maintain Narcotic Inventory Sheets with the resident's current medication record.
E. When assisting a resident in taking a controlled medication, a staff member should:
    1. Turn to the Narcotic Inventory Sheet with identifying information that corresponds to the label on the medication container. Write in the date, time and signature on the next blank line on the Narcotic Inventory Sheet. NEVER leave a blank line on the form.
    2. Count the number of tablets/capsules or mls available (e.g., in a bubble-packed card) and enter that number in the "Amount on Hand" column on the form.
    3. Draw a line through the "Amount Received" column.
    4. Write the number of tablets/capsules or mls to be given at the designated time in the "Amount Given" column. Subtract the number of tablets/capsules or mls written in the "Amount Given" column from the number in the "Amount on Hand" column. Write the resulting number in the "Amount Remaining" column. This should be the number of tablets/capsules or mls left after the current dose is taken.
F. On a regularly scheduled basis, the number of each controlled medication on hand must be counted by two staff members together, with this number compared to the last number in the "Amount Remaining" column on the Narcotic Inventory Sheet.
G. If a discrepancy is discovered between the "Amount Remaining" number on a Narcotic Inventory Sheet and the number of tablets/capsules or mls on hand, staff should:
    1. Re-count the number of tablets/capsules or mls on hand, and again compare this number to the "Amount Remaining" on the Narcotic Inventory Sheet.
    2. Determine from the appropriate medication record when the medication was last given and if documentation was made on the Narcotic Inventory Sheet.
H. If these measures do not resolve the discrepancy, notify the manager.
I. If the count is not resolved (e.g., the missing narcotics have not been accounted for):
    1. The manager should conduct another count of all controlled substances, comparing this count with the "Amount Remaining" number on each Narcotic Inventory Sheet.

2. If the repeat count verifies that the medications are missing, the police, pharmacy, and/or Department of Licensing and Protection may need to be called.
3. Complete a Medication Error Incident Report form.
4. The manager should investigate by interviewing all staff who may have had access to the narcotics after the last correct count was taken. These employees may either give a written or verbal statement regarding their knowledge of the incident.
5. The manager should maintain a record of all steps taken to account for the missing narcotic. Keep this record, along with all verbal and written statements obtained, in an investigation file in a locked file cabinet in the manager's office.
6. If the reason for the missing narcotics is determined, take appropriate disciplinary action. Any resident's medication discontinued by the physician, expired medication, including deceased resident's medications shall be offered back to the resident's representative, returned to the pharmacy or disposed of by mixing the medication with hot water dirt/kitty litter or vinegar, securing the container's lid and shaken until all medications are dissolved. Then pour the amount of liquid or dirt on old newspaper and let it soak and dry off and toss in the trash. Documentation and proof of return or destruction of medications including narcotics will be maintained. Any prepackaged and sample medications will be returned to the manufacturer if the manufacturer requests the return of the medication. A medication recall will be disposed of as in this procedure and the resident will be notified of such recall.

J. If a resident who has narcotic medications plans to be away from the facility during a period when they would be assisted with the medication, staff must follow special procedures in releasing the medication to the resident. In such a situation the resident or the person who will be responsible for the resident's medications while they are away from the facility must sign for the release of the medications on the Narcotic Inventory Sheet, for each medication.

NANANOM ASSISTED LIVING

Assisting with Controlled Medications
Policy and Procedure

Policy: Assisting with controlled medications

Responsible Persons: Manager, Certified Caregiver, Owner

Purpose: To develop procedures for **Nananom Assisted Living** to assist resident's with taking controlled substances.

Procedures:

A. For residents who use a pill organizer managed under subsection (B), the facility shall keep either the original labeled medication container or a medication listing with the prescription number, name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, name and strength of the drug, and the directions for use.

B. The facility shall maintain a daily Medication Administration Record (MAR) for each resident who receives assistance with self-administration of medications or medication administration.

1. A MAR must include the name of the resident and any known allergies the resident may have, the name of the resident's health care provider, the health care provider's telephone number, the name, strength, and directions for use of each medication, a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MAR must be immediately updated each time the medication is offered or administered.

NANANOM ASSISTED LIVING

Reporting an Adverse Reaction to a Medication
Policy and Procedure

Policy: Reporting an adverse reaction to a medication

Responsible Persons: Manager, Certified Caregiver

Purpose: For everyone **Nananom Assisted Living** supports, staff should know the intended and unintended effects of each medication they take. This policy is to provide procedures to monitor individuals closely for adverse reactions to a medication, either a new medication or a dosage increase.

Procedures:

A. When you suspect the resident is having an adverse reaction to a medication, urgent medical care may be needed. Report the suspected reaction to the medical practitioner, who ordered the medication or, if not available, to another medical practitioner.

B. When you talk to the doctor or hospice, be prepared to give the following information:
   1. A list of current medications.
   2. Description of how the individual looks (pale, flushed, tearful, strange facial expression, covered in red spots).
   3. Description of any changes in individual's behavior or level of activity.
   4. Description of what the individual says is wrong or is hurting.
   5. When the symptoms first started.

C. Description of any changes in bodily function: R9-10-816.A.1.b
   1. Are they eating or drinking?
   2. Do they have a good appetite or no appetite?
   3. Any nausea, vomiting, loose stool, constipation or problems urinating?
   4. Describe any recent history of similar symptoms, any recent injury or illness, or any chronic health problem.
   5. Describe any known allergies to food or medication.

NANANOM ASSISTED LIVING

Responding to an Adverse Reaction to a Medication
Policy and Procedure

Policy: Responding to an adverse reaction to a medication

Responsible Persons: Manager, Trained Caregiver

Purpose: Medicines can help you get well, avoid disease, or feel better. However, all medicines, both prescription and over the counter, have benefits and risks. Benefits are helpful effects, such as reducing pain, shrinking a tumor, or lower blood cholesterol. Risks are the possibilities that a medicine could cause an unwanted or unexpected negative effect. Most of these effects are minor, such as temporary dry mouth or sleepiness, but some can be serious, such as an increased risk of bleeding or heart attack. A problem known to be associated with a particular medicine is often called an “adverse effect" or an "adverse reaction” by those who specialize in medicine safety. The common tern for such problems is “side effects", and they are a key concern for residents and physicians. Any medicine, no matter how safe and effective, has the potential to cause side effects. The benefits of any medicine must be weighed against its possible risks. All medicine has the potential to produce effects beside their intended ones. This policy describes actions **Nananom Assisted Living** will use for adverse reactions to medications.

Procedures:

A. Start by asking the resident's physician or pharmacist about the potential side effects with any new medicine, whether prescription or non-prescription.
B. Keep an up-to-date list of all the resident's medications (prescription, nonprescription, dietary and herbal supplements) including dosage, and bring it to all medical appointments.
C. Check if the medicine label has some warning about rare or uncommon but serious adverse events. Note and follow any warnings on the label or packaging about interactions, and ask the doctor or pharmacist what else the resident should know (such as whether it is safe to take it with other medicines he already takes)
D. Keep track of a medicine's effects on the body and mind. Ask the resident’s doctor what to expect from the medicine, such a show soon should the resident experience improvement, what side effects may occur, and if the resident will need any follow-up testing or monitoring? If in doubt about whether to alert the doctor, it is better to alert them.

E. Not every change the resident experiences when taking a medicine is necessarily a side effect from that medicine, but it is still important to contact their health care professional. Sensations or symptoms may result from an underlying health problem or an interaction between two medicines they are taking. The doctor will consider when the problem started, other possible causes for it, and the known side effects profile of the medicine itself. The doctor's recommendations might include discontinuing the medicine for the resident's condition, changing to another medicine, or changing the dosage.

NANANOM ASSISTED LIVING

Medication Recall
Policy and Procedure

Policy: Medication recall
Responsible Persons: Manager, Certified Caregiver

Purpose: To identify and provide guidelines for ensuring that staff of **Nananom Assisted Living** understand the importance of medication recalls and the guidelines to follow when medication is recalled.

Procedures:

A. In the event of a medication recall, the manager will immediately notify the resident's prescribing physician of the medication being recalled and request the prescribing physician replace the recalled medication to ensure uninterrupted treatment for resident.
B. Prescribing physician will provide to the facility staff any other instructions and guidelines to monitor the resident for any medication reaction and/or side effects that the recalled medication might have affected the resident.
C. The recalled medication will be returned to the pharmacy or to the resident's representative. If the recall involves a prescription drug, call their doctor or pharmacist as soon as possible to find out what replacement is needed.
D. Tips to keep in mind when a drug is recalled:
    1. *Don't panic*. Remember that most drug recalls are for minor issues.
    2. *Get educated.* To find out more about drug recalls, visit the FDA web site. The owner and or manager shall sign up to receive alerts on product recalls and market withdrawals.
    3. *Play it safe.* If you notice anything unusual with a medication or medicine bottle or wrapper, such as tampering, odd smelling, or contamination, notify your pharmacist before providing it to the residents, regardless of whether the drug has been recalled. Adverse reactions or quality issues can also be reported to the FDA's MedWatch Adverse Event Reporting program.
    4. *Call the doctor***.** Once a medication has been determined to have a recall the resident's physician will be notified and instructions for resident care obtained from the doctor If a drug that has been recalled and the resident has any unusual symptoms that you suspect may be linked to the medicine, call their doctor immediately.
    5. *Safely discard recalled drugs.* The medication will be offered back to the pharmacy the filled the prescription, given to the resident's representative or will be disposed of per facility policy and procedures.

Monitoring and Observation by Staff of Adverse Reaction of Medications Policy and Procedure

Policy: Monitoring and observation by staff of adverse reaction of medications **Policy #:** 710

Responsible Persons: Manager, Certified Caregivers

Purpose: **Nananom Assisted Living** staff shall monitor for changes in resident status, report any changes observed to the RN and provide appropriate documentation in a timely manner according to established procedures.

Procedure:

A. All employees should, on an ongoing basis, observe for changes in the status of residents. Train staff on the types of changes to look for and reinforce that monitoring is the responsibility of all employees, not just those providing personal care or health-related services.

B. The manager or RN should provide specific direction to staff as to the signs and symptoms they are to observe and report. Examples of resident changes that staff may observe include:
   1. Increased swelling in the ankles, fingers, feet and/ or hands.
   2. Rashes, bruising, skin tears, or a change in the condition or color of the skin.
   3. A change in appetite, fluid intake, or weight loss/ gain.
   4. A change in mood, emotion, or daily habits.
   5. A change in sleeping patterns.
   6. A change in the color, odor, and/or consistency of urine or bowel movements.
   7. A change in the resident's normal temperature, pulse or blood pressure.

C. Staff should report any changes to the manager or RN and document the changes in the resident's Service Notes. When staff report changes in a resident's condition to the manager or RN, they must determine what action should be taken. Interventions that might be appropriate include:
   1. Assisting the resident with administration of a PRN medication.
   2. Continued observation and monitoring by staff.
   3. Additional evaluation by the RN and/or other health care professional.
   4. Informing the resident's physician of the concern and following any instructions provided by them.
   5. Scheduling an appointment for the resident with their physician.
   6. Calling 911 for emergency assistance.

D. Document any intervention taken in the resident's Service Notes. Along with any follow-up action taken. Continue documentation until resolution of the concern is noted.

NANANOM ASSISTED LIVING

Medication Errors
Policy and Procedure

Policy: Medication errors

Responsible Persons: Manager, Certified Caregiver

Purpose: Procedures for **Nananom Assisted Living** to report any medication error to the manager (and other parties as appropriate), with appropriate follow-up action taken and documentation made.

Procedures:

A. Medication errors:
   1. All medication prescriptions will be checked against the doctors' orders prior to administration. The MAR will also be checked to ensure that it matches both the order and the prescription.
   2. If a medication error has occurred, the person finding the error will document the error on an Incident Report Form and in the resident's Progress Notes.
   3. The manager of the facility shall be notified immediately upon the discovery of a medication error.
   4. The resident's physician and the representative will be notified of the error and the caregiver or manager shall take instructions for care from the resident's physician.
   5. The resident will be monitored for any effects from the medication error or911 will be notified to transport the resident to the Emergency Room.

B. Type of medication errors:
   1. Wrong dose- Any medication given at a dose not ordered by the physician.
   2. Missed dose- Any dose of medication that is not administered.
   3. Extra dose- Any dose of medication given more than the number of daily doses ordered by the physician.
   4. Wrong route- Any dose of medication administered by a different route than that ordered by the physician.
   5. Wrong resident- Any dose of medication administered to the wrong resident.
   6. Wrong time- Any dose of medication administered more than one hour before or after the designated time of administration as ordered by the physician (e.g., as written in the medication book).
   7. Missing medication- Any medication that cannot be accounted for.
   8. Given after the D/C date- Any medication given after it has been discontinued by the physician.
   9. Given with no order - Any medication given without a physician's order.

C. Document the error on the appropriate resident's medication record. The staff member who made the medication error should fill out the Medication Error form and report immediately to the medical practitioner who ordered the medication or if the medical practitioner who placed the ordered is not available, another medical practitioner.

D. If a medication is given to the wrong resident, the staff member who made the error should document the error on the medication record for the resident to whom the wrong medication was given. The information recorded should include the date, time, medication given, "Med Error" and a description of the error, any action taken and any additional comments. The

staff person should then initial on the back of the record and consult with the RN and manager immediately.

E. The staff member involved in the medication error should also complete a Medication Error Report.
   1. On a Medication Error Form, describe the incident, note all action taken, and sign the form. Under the "Action Taken" part of the form, document all individuals contacted regarding the incident (e.g., physician, family, licensing agency, etc.).
   2. The RN and manager should note any additional action needed. Develop a plan to prevent recurrence of the incident. Both the RN and manager should review and sign the Medication Error Form.

F. Document the original incident and all follow- up action taken in the resident's Service Notes This can be a summary of the incident with a reference to the Medication Error Form.

G. Provide appropriate follow-up and training to the staff person who made the medication error, with disciplinary action taken if needed. Document all action taken.

H. Violation can also be caused by:
   1. Lack of concentration.
   2. Lack of knowledge.
   3. Failure to follow correct procedure.
   4. Poor communication.
   5. Performing a job beyond your scope of duty.

I. Responsibilities regarding medication errors:
   1. Truthfully reporting an error is better legally than trying to cover it up.
   2. Resident can be protected from harmful effects by immediate action.
   3. Situation can be reviewed, and similar errors avoided in the future.

NANANOM ASSISTED LIVING

Disposal of Medical Sharps
Policy and Procedure

Policy: Disposal of medical sharps

Responsible Person: Manager, Certified Caregivers

Purpose: To provide guidance for **Nananom Assisted Living** staff in proper disposal of medical sharps.

Procedure:

A. Medical sharps should be placed in either a purchased medical sharps container (from a pharmacy or health care provider) or a heavy-plastic or metal container. The containers should be puncture-proof with a tight-fitting lid. Household containers such as plastic detergent bottles can be used if the following precautions are observed:
   1. Use heavy-duty tape such as electrical. or duct tape to secure the lid to the container.
   2. Write the words "Not Recyclable" on the container with a black indelible marker. This helps to ensure the container will not be inadvertently mingled with recyclable materials.
   3. Do not use a clear or glass container.
   4. Do not over-stuff the containers with medical sharps (fill only to approximately half full). This can increase pressure on the lid and cause a release of the medical sharps. While waiting for a full container, keep out of reach of children and pets.
   5. Always wash your hands after handling or touching medical sharps. Once you have followed these precautions, the container may be placed in your regular trash for disposal.

B. Sharps containers should be used for the disposal of sharp objects that have encounter residents. or other individuals, including but not limited to lancets (used to obtain blood sugar readings), syringes and needles.

C. Never bend, shear, remove, or recap contaminated needles and other contaminated sharps (e.g., syringes).

D. Place contaminated sharps, as soon as possible after use, in containers designated for the storage of sharps. These containers must be closeable, puncture-resistant, leak proof on the sides and bottom, labeled and color coded. In addition, a sharps container must have a lid, and must be maintained in an upright position to keep liquids and the sharps inside.

E. Staff must never reach into a sharp's container. In addition, staff should never open, empty. or clean sharps containers.

F. Keep sharps containers in the apartment or room of the residents who use sharps on a regular basis if it is safe to do so. Maintain sharps containers in an upright position throughout use and replace the containers on a regular basis to ensure they are not overfilled.

G. When a sharps container is 3/4 full, have it disposed of by a waste management company. The lid on the container should be closed immediately prior to removal or replacement to prevent spillage or the protrusion of contents during handling, storage, transport, or shipping.

H. If any chance of leakage from the sharp's container exists, place it in a secondary container that is closable, labeled or color-coded, and leak resistant.

NANANOM ASSISTED LIVING

Coordinating Laboratory Services
Policy and Procedure

Policy: Coordinating laboratory services

Responsible Person: Manager, Certified Caregiver

Purpose: **Nananom Assisted Living** facility staff shall provide any assistance needed or preferred by residents in the coordination and implementation of laboratory procedures.

Procedures:

A. When a physician orders lab work for a resident, the caregiver should determine who is coordinating implementation of the order (e.g., the physician's office, the resident, legal representative or family).

B. If this coordination has not been planned, the caregiver should ensure that any necessary steps to facilitate the lab work are taken with notification made to the resident/family member(s) and the primary care physician with documentation made in the resident's Service Notes.

C. If any special procedures are required prior to and/or after the lab tests, the caregiver should be provided specific instructions, as needed, for staff and/or the resident (e.g., fasting before a procedure or special care needed after a test, etc.) that may be asked to collect a specimen, or sample, from the resident in the facility. Different types of specimens are used for different tests.

NANANOM ASSISTED LIVING

Medication Administration Outside of Facility
Policy and Procedure

Policy: Medication administration outside of the facility

Responsible Persons: Manager, Certified Caregivers

Purpose: The policy will provide direction on how medication is administered for **Nananom Assisted Living** residents who are off the facility property.

Procedures:

A. Providing medication off site:
   1. If the resident will be going home or on an extended visit the resident's medication must accompany the resident. If bubble packs are utilized by the facility the entire card can be sent with the resident, it mediset are utilized then the mediset should be set up for every day the resident will be away from the facility.
   2. The family member or resident representative who picks up the resident must sign that they are taking the medication for the resident.
   3. The original MAR must remain at the facility, but a photocopy should be given to the individual signing for the mediation, so that they can initial when medication is given.
   4. The facility will document that the MARs went with the resident while they are away from the facility.
   5. The facility must ensure that the resident has enough medication for the duration of the visit.
   6. The facility should provide the individual who is picking up and signing for the medication with instructions on medication administration and answer any questions that they might have.

B. Day visits:
   1. If the resident will be going on a day visit the resident's medications for that day will be placed in a mediset for the doses that the resident will need for that day.
   2. The individual taking the resident shall sign that they have taken the medication for that day.
   3. The individual taking the resident will be given a copy of the MARs so that they can initial when the medication is given.
   4. The facility will document the MARs are with the resident while away from the facility.
   5. The facility should provide the individual who is picking up and signing for the medication with instructions on medication administration and answer any questions that they might have.

NANANOM ASSISTED LIVING

Preventing Diversion of Controlled Medications
Policy and Procedure

Policy: Preventing diversion of controlled medications

Responsible Persons: Manager, Certified Caregiver

Purpose: Diversion of medication is the use of prescription drugs for recreational purposes, and to divert a prescription drug for other that its intended purpose. This policy is to help prevent addiction to continue use despite the harm.

Procedures:

A. This facility will report theft of medication, falsification of records or tampering to manager, PCP, law enforcement, Department of Health Services or Pharmacy Board, resident family member.

B. Abuses and losses of controlled substances must be reported in accordance with applicable Federal and State laws.

C. Developed a Controlled Substance Medication Form.

D. Scheduled drugs to prevent diversion-controlled medications by following these steps:

1. No accepted medical use, high potential for abuse (e.g., heroin, ecstasy).
2. Accepted medical use with severe restriction with high potential for abuse (e.g., cocaine, morphine).
3. Accepted medical use with moderate to low potential for abuse (e.g.,codeine, Vicodin).
4. Accepted medical use with potential for abuse, but less than #3 (e.g., valium, Ambien).
5. Accepted medical use with low potential for abuse (e.g., Robitussin AC).

E. All medication must be accompanied by a PCPorder.

F. Certified Caregivers will administer a diversion of schedule (non-PRN) doses.

G. All drugs must be kept locked, and in a secured area.

H. Documentation of pain at the time medication is diverted.

I. Staff will record all scheduled drugs on the Narcotic Inventory Sheet, which must be maintained and any discrepancies in count reconciled promptly.

J. PCP will be notified for any changes of level of care of the resident.

NANANOM ASSISTED LIVING

Treatment Plan
Policy and Procedure

Policy: Treatment plan

Responsible Persons: Manager, Certified Caregivers, Owner (Licensee)

Purpose: To establish guidelines to ensure appropriate treatment plan for each resident at **Nananom Assisted Living** is based on the medical history and physical examination performed by a nurse or assisted living health professional.

Procedures:

A. A treatment is administered according to a written order from assisted living health professional, PCP or other physician providing services.

B. A completed physical or assisted living health services assessment must be done within 48 hours before the admission of the resident in the facility.

C. The certified caregiver will document the treatment on the Medication Record or wound Record including the following information:
   1. The name of the resident.
   2. The resident's presenting issue.
   3. The physical health services or assisted living health services to be provided to the resident.
   4. The signature of the resident/resident's representative, date signed, or documentation of the refusal to sign.
   5. The date when the resident's treatment plan will be reviewed.
   6. The signature of the personnel member who developed the treatment plan and the date signed.

D. The treatment plan is complete and accurate and meets the resident's treatment needs within 24 hours. If treatment plan was completed by an assisted living health technician, is reviewed, updated on an on-going basis, and signed by an assisted living health professional.
   1. According to the review date specified in the treatment plan.
   2. When a treatment goal is accomplished or changed.
   3. When additional information that affects the resident's assisted living health assessment is identified.
   4. When a resident has a significant change in condition or experiences an event that affects treatment.

E. The certified caregiver will notify the resident's physician of any changes in the resident requiring routine treatment.

F. If a licensed nurse is required to perform the treatment, the manager/designee will plan for a nurse either through a private contract, home health agency or hospice service to perform the treatment.

G. The manager will monitor all treatments being completed and report any changes in the resident's condition as it pertains to the treatment to the attending physician.

H. A manager shall ensure:

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1. A request for participation in developing a resident's treatment plan is made to the resident/representative.
2. An opportunity for participation in developing the resident's treatment plan is provided to the resident/representative.
3. The request in subsection (H)(1) and the opportunity in subsection (H)(2) are documented in the resident's medical record.

I. Treatment/procedures requiring Informed Consent. Treatments and procedures requiring informed consent include, but are not limited to, the following:
1. Emergency or non-routine medical and dental procedures such as surgery, transfusions, and tooth extraction.
2.Elective or therapeutic surgery.
3.Any procedure requiring sedation and/or a general anesthetic.
4.Medications having potential side effects that could create significant health risks.
5.Cosmetic procedures involving invasive techniques, such as piercing of ear lobes.
6.Non-skilled treatments or the application of medicated ointments and creams can be performed by the resident with the supervision of a trained caregiver to allow for proper documentation.

J. Treatment/procedures not requiring Informed Consent. A patient's legal representative(s) or family members should be consulted regarding routine medical procedures, illness, or injury. The following procedures generally do not require a client's formal consent:
1.The delivery of routine programs and services.
2.Emergency procedures necessary to address a significant threat to the client's health when timely consent is not possible.
3.Routine medical procedures such as, but not limited to, injections, blood draws, sutures for lacerations, insertion of a heparin lock, and administration of medications that do not have potential life-threatening side effects.

K. Reference guide: This facility will continue to use *Davis's Drug Guide for Nurses* as a reference guide.
1. An on-site *Davis's Drug Guide for Nurses*(drug reference guide), current from the copyright date, and/or a current toxicology reference at www.toxnet.nlm.nih.gov, shall be available and accessible for use by all staff.
2. This medication policy must be reviewed and approved by a physician, pharmacist, or nurse practitioner, or assisted living health professional.
3. A nurse, pharmacist, primary care physician or other physician providing services to the member reviews the medication and medication record of each resident receiving medication administration or nursing services at least every 90 days and after a significant change in the resident's condition.
4. When a PRN medication is administered to a resident on a regular basis, the resident's primary care physician or other physician providing services will be notified and a written order will be obtained within 14 days.
5. A manager shall ensure that the manager or a caregiver does not fill a resident's medication organizer unless the manager or caregiver has been designated and is under the direction of a physician.

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This Medication Management/Administration Policies and Procedures are reviewed and approved by a Medical Practitioner, Registered Nurse or Pharmacist.

I affix my signature on this document to signify my approval to the Medication Management and Administration Policies, conditions, regulations, and procedures set forth by Nananom Assisted Living.

Name: _____ Title: _____

Physician, RN or Pharmacist Signature: _____

Date: _____

Owner Signature:_____Date: _____

Manager's Signature: _____ Date: _____

NANANOM ASSISTED LIVING

Food Services, Preparation, and Storage
Policy and Procedure

Policy: Food service, preparation and storage

Responsible Persons: Manager, Certified Caregiver, Assistant Caregiver, Volunteer, Owner

Purpose: Each resident of **Nananom Assisted Living** must be provided with three meals plus snacks daily, (unless otherwise prescribed by a therapeutic diet) which are designed and prepared to meet each resident's nutritional and health needs.

Procedures:

A. The manager shall ensure a food menu:

1. Is prepared at least one week in advance.
2. Includes the foods to be served each day.
3. Is conspicuously posted at least one day before the first meal on the food menu is served.
4. Includes a food substitution no later than the morning of the day of meal service that includes the food substitution.
5. Is maintained for at least 60 calendar days after the last day included in the food menu.
6. Meals and snacks provided by the assisted living facility are served according to posted menus.
7. If the assisted living facility contracts with a food establishment, to prepare and deliver food to the assisted living facility, a copy of the food establishment's license is maintained by the assisted living facility (write N/A if not applicable).

   Name of contracted food establishment:
   _____

   Number of contracted food establishment:
   _____

   License Number of contracted food establishment:
   _____

8. The assisted living facility can store, refrigerate, and reheat food to meet the dietary needs of a resident.
9. Meals for each day are planned according to the applicable meal planning guides based on the "Food Pyramid Guide". Refer to *www.myplate.com* for more information.
10. A resident is provided a diet that meets the resident's nutritional needs as specified in the resident's service plan.
11. Water is always available and accessible to residents, unless otherwise stated in a medical practitioner's order.
12. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the provision of adaptive eating equipment or utensils, such as a plate guard, rocking fork, or assistive hand device, if not provided by the resident.

B. If the assisted living facility offers therapeutic diets, a manager shall ensure that:

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1. A current therapeutic diet manual is available for use by employees.
2. The therapeutic diet is provided to a resident according to a written order from the resident's PCP or a medical practitioner.

C. Staff of this group home must ensure that food is obtained, prepared, served, and stored as follows:

1. Food is free from spoilage, filth, or other contamination and is safe for human consumption.
2. Food is protected from potential contamination.
3. Food is prepared:
   a. Using methods that conserve nutritional value, flavor and appearance.
   b. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened.
4. Potentially hazardous food is maintained as follows:
   a. Foods requiring refrigeration are maintained at 41° F or below.
   b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F.
      ii. Poultry, poultry stuffing, stuffed meats and stuffing containing meat are cooked to heat all parts of the food to at least 165° F.
      iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F.
      iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155 °F.
      v. Roast beef and beef steak are cooked to an internal temperature of at least 155°F.
      vi. Leftovers are reheated to a temperature of at least 165° F.
5. A refrigerator used by an assisted living facility to store food or medication contains a thermometer, accurate to plus or minus 3° F or 41°or below, placed at the warmest part of the refrigerator.
6. Frozen foods are stored at a temperature of 0° F or below.
7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

NANANOM ASSISTED LIVING

Emergency and Safety Preparedness and Evacuation Plan
Policy and Procedure

Policy: Emergency preparedness and relocation plan

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: The purpose of this plan is to educate **Nananom Assisted Living** team members of their duties and responsibilities in the event of an internal or external disaster.

Procedures:

A. Residents will be oriented to the emergency procedures of this facility within *twenty-four hours* of their admission. Employees will review the emergency procedures before leaving orientation. Each individual will review the emergency procedures before leaving orientation. Everyone will be oriented to the following by explanation and/or demonstration:

a. Entry/exit doors. b. How to open and close windows. c. Location and use of fire extinguishers. d. Smoke alarms and their location.	e. Assembly areas during drill or emergencies. f. Location and operation of phones. g. The Evacuation Plan. h. Location of emergency phone numbers. i. Drills for evacuation.

B. An evacuation drill for employees and residents includes all individuals on the premises except for:
   1. A resident whose medical record contains documentation that evacuation from the assisted living facility would cause harm to the resident.
   2. Sufficient caregivers to ensure the health and safety of residents not evacuated according to the above listed requirement.

C. Staff evacuation drills will be conducted at least every three months on each shift.
   1. Residents are not expected to participate in staff evacuation drills.
   2. The evacuation drill will begin by making a general announcement throughout the facility that an evacuation drill is being conducted.
   3. The employees on duty will go through the motions of securing residents and records without involving the residents or visitors.

D. Resident evacuation drills will be conducted at least every six months.
   1. All residents, visitors, employees and anyone else who resides in the facility is expected to participate, except for a resident whose service plan contains documentation that evacuating the assisted living facility would cause harm to the resident. (R9-10-818-A.5.b)
   2. The evacuation drill will begin by making a general announcement throughout the facility that an evacuation drill is being conducted.
   3. Actual evacuation of residents and records will be completed per the evacuation plan.

E. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
   1. The date and time of the evacuation drill.

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2. The amount of time taken for employees and residents to evacuate the assisted living facility.

3. If applicable:
   a. An identification of residents needing assistance for evacuation.
   b. An identification of residents who were not evacuated.
4. Any problems encountered in conducting the evacuation drill.
5. Recommendations for improvement, if applicable.

F. An evacuation path is conspicuously posted in each hallway of each floor of the assisted living facility.

Evacuation Plan: When a decision to evacuate the facility is made, do not panic. Exit in a controlled and calm manner through the exit closest to the resident you are evacuating. The exiting plan is based upon the labeled floor plan of the home.

A. In the event of a natural disaster, hazardous weather conditions, fire, flooding or any other disaster that affects the residents, this facility (and its oriented personnel), upon the instruction of the manager will arrange for evacuation, with provision of three-day water and food supply, as well as, lodging and care (medication administration, included), if necessary.

B. The water and food will be bought at Fry's, Walmart or a nearby store. These items will be checked and rotated every 6 months to make sure they are still consumable.

C. A grab box containing the canned goods, First Aid kit, flashlight, whistle, personal belongings, blanket and other necessities shall be made available and conveniently accessible for each resident in the pantry by the front door.

D. Pre-planning of resident's medications in the event of disaster shall be available to administer:
   1. Keep a current list of medications on hand, including dose and indication.
   2. Keep a log of how much medication they have.
   3. Receive early refills in the event of limited pharmacy access.
   4. Place medication in water-tight containers to prevent exposure to floodwater.
   5. Have ice handy for refrigerated medications.

E. Whenever possible, residents will be placed with their families and/or responsible party until this facility is safe for return or another facility is found. If this is not possible, residents shall be transported to the following location where provision of water and food, as well as, lodging and care (including medication administration and record keeping),if necessary, had been previously arranged.

F. The residents will be transported according to their level of care.
   1. **First option:** Family members or resident representatives will be contacted if they are available to pick up the residents and stay with them temporarily.
   2. **Second Option:** Manager/caregiver will arrange transportation by calling a taxi, medical transport, Uber, Lift or family members.
   3. **Third Option:** Residents will be relocated to the licensed facility. If this facility is not available, A "Plan B" will be activated by taking the residents to a nearby hotel or church.

G. The facility manager/owner shall ensure that a written evacuation plan showing all exits and avenues of exit from the facility is developed, maintained and posted at the facility for all

residents, visitors and staff to review as needed. This evacuation plan will be updated, as changes are made. (A copy of relocation instructions is attached to Policy and Procedures)

H. Annually, a review of the facility's disaster and evacuation plan will be completed. Documentation of this review will be accomplished and maintained in the facility file that includes the following:
   1. Date and Time of disaster/evacuation plan review.
   2. Name(s) of each employee or volunteer participating in the disaster plan review.
   3. A critique of the disaster/evacuation plan review.
   4. If applicable, recommendations for improvement.

I. This disaster plan is to be reviewed at least once every 12 months and documentation will include the date and time of review, the name of each team member or volunteer participating in the review, a critique of the disaster plan review, and if necessary, recommendations for improvement.

Emergency and Safety "Plan B"

A. Accessing resident's medical records and administering medications in an emergency. If for any reason the facility is deemed uninhabitable, the residents must be immediately protected from the environmental elements by moving them and their records to the following location: (Must be filled out and posted in conspicuous area)

Location: _____

Address: _____

Contact Person: _____ Phone: _____

1. If the facility is not deemed safe to return to or if the facility is destroyed and the manager is unable to obtain the residents' files or medication, the manager shall work with the residents' family, doctors (PCP) to obtain new orders for medication and new documentation of required information for transfer of resident to a new facility.
2. Resident's medical records shall be stored digitally on a CD, USB, or CLOUD system online in the event the manager cannot obtain the medical records prior to being damaged.
3. A contact number list of the pharmacy, PCP and other health care providers will be stored on the cell phone or device to be accessible by the manager.
4. After acquiring PCP orders for each resident's medications, the manager will instruct the pharmacy to deliver to the location where the residents are staying temporarily.

B. Department of Health Services and the Bureau of Residential Facilities Licensing will be notified immediately in the event of a disaster or evacuation.

C. The manager will be responsible for reviewing the copies of the resident's medical records in the facility's Emergency Kit every 3 months to be included in the personnel disaster drill, ensuring that they are complete and up to date to facilitate continuity of care in case of an emergency and evacuation from the facility.
   1. If the residents are unable to be returned to the facility due to the disaster, the facility staff, manager and owner will assist the residents and/or representative in finding temporary placement to shelter the residents for the duration of the disaster/situation.
   2. The manager will contact each resident's representative to determine if continued placement in one of these facilities is acceptable until it is safe to return.

NANANOM ASSISTED LIVING

Evacuation Drills, Disaster Relocation and Planning for a Disaster Policy and Procedure

Policy: Evacuation drills, disaster relocation and planning for a disaster.

Responsible Persons: Manager, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: It is the policy of **Nananom Assisted Living** to assure the proper training of the staff in fire safety preparation through fire drills. Because of the varied degree of the physical disabilities and illness of the residents, some residents may not participate in the actual drills, however if there is an actual fire the staff and volunteers shall take all means necessary to ensure the removal of all the residents.

Procedures:

A. Resident/Employee Evacuation Drills:

1. One Evacuation Drill will be conducted at least once every *six months* with the residents and the staff.
2. Except for a resident whose file contains written documentation by a doctor that an evacuation from this facility would be harmful, and this is documented in their Service Plan, all residents will be required to participate in the Evacuation Drills.
3. Evacuation Drills shall be conducted at various times on various shifts.
4. The staff shall sound an alarm. The alarm can be as simple as the staff ringing a bell or yelling fire.
5. Evacuation Drills shall be documented on the Evacuation Drill Form.
6. The Evacuation Drill Form shall include the following information:
   a. Type of Evacuation drill.
   b. Date of drill.
   c. Time of drill and the shift the drill was completed on.
   d. How the alarm was sounded.
   e. Names of the residents who participated in the drill and if they required any assistance.
   f. Names of residents who did not participate in the drill and if they have documentation that the drill would be harmful.
   g. Names of staff who participated in drill.
   h. Amount of time the drill took.
   i. Location of fire scenario.
   j. Evacuation plans posted and their location.
   k. Documented issues and recommendations for improvement.
7. Resident/employee Evacuation Drills shall be maintained in the Disaster Plan Manual for at least 12 months after the date of the Evacuation Drill.
8. Within 24 hours of move in, residents are evaluated to determine the type of assistance needed for evacuation.

B. Employee Disaster Drills:

1. A disaster may be classified as a fire, flood, electrical power outage, or any other situation that would warrant evacuation of the facility. To protect the lives and safety of residents and staff, Disaster Drills shall be conducted once on each shift at least every three months for staff members.

C. Disaster Relocation:

1. In the event relocation is necessary, the resident's family members and any agencies that care for and are directly affiliated with the resident will be notified of the situation. This includes the owner/licensee/manager.
2. If the residents are unable to be returned to the facility due to the disaster, the facility staff and manager/owner will assist the resident/representative in finding temporary placement for the resident for the duration of the disaster.

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3. The facility manager/owner shall ensure that a written Evacuation Plan showing all exits and avenues of exit from the facility is developed, maintained, and posted at the facility for all residents, visitors and staff to review as needed. This Evacuation Plan will be updated, as changes are made. (A copy of relocation instructions attached to policy and procedures).
4. The facility manager/owner and staff will ensure that all residents receive orientation to the evacuation plan:
    a. Within 24 hours of the resident's acceptance into the assisted living facility.
    b. That documentation of the orientation is signed and dated by the resident/ representative.
    c. That the documentation is placed in the resident's file.
5. The facility manager/owner shall ensure that all exits are marked with an exit sign to ensure that exits stand out to residents, visitors and staff.
6. The facility manager/owner shall ensure that all staff are fully orientated to the evacuation plan and any changes in the evacuation plan. The staff are an integral part in ensuring that residents are evacuated from the facility in a safe and timely manner.
7. Manager/designee shall maintain and update the emergency procedures every 6 months.

D. Planning for a Disaster:

1. The facility should stock supplies to have ready-to-eat food and water to last three days, First Aid supplies, candles and matches, batteries for flashlights, radios and a waterproof container for essential documents.
2. In addition to a basic emergency supply kit, a list of where they are going in an emergency and what they should bring with them (such as medications, eyeglasses, hearing aids with extra batteries, oxygen or assistive technologies) should be included. The manager should keep a list of the residents' medications, PCP's and pharmacies in a waterproof bag. The manager will also include a photocopy of PCP prescriptions to make it easier to get refills in another location.
3. It will be the responsibility of the manager/designee or caregiver on duty if the resident is outside of this facility when the emergency occurs, to declare a situation a disaster and activate the Disaster and Evacuation Policy and Procedure.
4. Staff will speak in a calm, low-pitched voice and explain what is going on before suddenly moving someone for evacuation.
5. In addition to the resident/employee evacuation drills conducted at least every 6 months. Employees shall also conduct an evacuation drill *on each shift at least every 3 months*.

Nananom Assisted Living runs three shifts: 1st = 0600-1400 2nd = 1400-2200 3rd = 2200-0600

6. Disaster Drills shall be documented and filed on the Evacuation/Disaster Drill Form. The Evacuation/Disaster Drill Form shall include the following information:
    a. Type of disaster drill.
    b. Date and time of the drill.
    c. Shift the drill was completed on.
    d. How the alarm was sounded.
    e. Names of residents who participated in the drill and if they required any assistance.
    f. Names of residents who did not participate in the drill and if they have documentation that drill would be harmful.
    g. Names of staff who participated in drill.
    h. Amount of time the drill took.
    i. Location of fire scenario.
    j. Evacuation plan posted and its location.
    k. Documented issues and recommendations for improvement.

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7. Resident/employee Evacuation/Disaster Drills shall be maintained in the Disaster Plan Manual for at least 12 months after the date of the Evacuation Drill and reviewed and signed by the manager.

Examples of different types of Disasters:

A. **Severe weather**. In the case of severe weather these procedures will be followed:
   1. All residents will be moved to an interior location of the building not readily accessible to windows and halls when all bedroom doors are closed.
   2. A battery-operated flashlight will be available along with a weather radio for information and safety.

B. **Storm watch**
   1. Close all windows and draw the shades.
   2. Have weather on the radio. Turn the TV to the local weather channel.
   3. Make sure all office doors are closed.
   4. Do not allow residents to go outside.
   5. Make sure outdoor furniture is secure. Move chairs and tables near the building.

C. **Storm Warning**
   1. Follow Storm Watch procedure.
   2. No team member may leave shift in a Storm Warning.
   3. The care team will direct all residents to safe zones marked on the floor plan in the emergency binder.
   4. The care team will give every resident a blanket.
   5. Med carts will be moved into safe zones halls.
   6. If residents refuse to evacuate their rooms, staff will need to make sure the window shades are drawn, and the resident has extra blankets.
   7. Caregiver will make sure refusals are documented.
   8. Encourage visitors not to leave building until after the warning has been cancelled.
   9. Once an 'all clear' is announced, assist with bringing residents back to their rooms so they may continue their regular schedule.

D. **Flood**
   1. In the case of a flood these procedures will be followed:
      a. All residents will be evacuated and moved to _____.

E. **Fire**
   1. Team Lead on duty will direct the following:
   2. Fire Response= **RACE**

R- Rescue
- The First Priority is to protect the Safety of Residents, Employees, & Visitors
- Help Escort People away from Danger and move them to the closest fire door, and out of building to the safe meeting place.

A-Alarm
- Pull the Nearest Fire Alarm to Sound the alarm to alert co-workers to the fire emergency. Call the fire department.

C- Continue
- Close All Doors and Windows to confine the Fire and Limit its expansion.

E- Extinguish
- Extinguish the fire if small enough to be done so with a fire extinguisher using the **PASS** method:
  P-Pull the pin, unlocking the control lever.
  A-Aim low and point the nozzle or hose at the base of the fire.
  S-Squeeze the handle, which starts the discharge.
  S- Sweep from side to side, continuing until all the flames are out.

NANANOM ASSISTED LIVING

Emergency Dietary
Policy and Procedure

Policy: Emergency dietary change

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: To provide **Nananom Assisted Living** owner, manager, employees, residents and their representatives with the guidelines for the dietary needs of the residents and staff in case of an emergency.

Procedures:

A. This facility shall follow the following procedure to ensure the residents and staff have emergency access to food and supplies.
   1. A significant amount of can goods and nonperishable food shall always be maintained at the facility to ensure there is enough food at the facility to sustain the residents and staff for 2 weeks in case the facility becomes quarantined or needs to become self-contained.
   2. Staff shall inventory all food and water supplies available at the facility when the disaster becomes apparent, if the disaster requires the facility to be self-contained, staff shall ensure that the food is not being used in a wasteful manner by the staff or residents.
   3. If the facility becomes quarantined, the facility owner or manager shall designate someone from the outside to provide groceries to the facility or they shall contact a delivery service to deliver groceries. At no time will the delivery person for the groceries be allowed in the facility. The groceries shall be placed by the door for the facility staff to obtain with no interaction with the person who delivered the groceries.
   4. If the disaster requires evacuation of the facility, then an emergency supply bag with non-perishable food and water shall be utilizes and taken with staff upon exit of the facility.
   5. The facility shall maintain a list of back up food services and emergency phone numbers. This should include all grocery stores in the area with their phone numbers, and if they deliver and the cost associated with the delivery.
   6. Maintain food services at the facility to include all meals and snacks when possible.
   7. Create a substitute menu if needed.
   8. Maintain stock of paper goods in the event of loss of utilities or other emergency.

Reference: R.818.A.1.a-d

NANANOM ASSISTED LIVING

Medical Emergency and DNR Status
Policy and Procedure

Policy: Medical emergency and DNR status

Responsible Persons: Manager**,** Certified Caregivers, Volunteers, and Owner

Purpose: To help **Nananom Assisted Living** staff determines and documents a resident's preference for resuscitation in case of an emergency and should follow established procedures should an emergency occur.

Procedure:

A. The owner, manager, or facility staff on duty shall determine the seriousness of the emergency. The type of emergency shall determine the action to be taken by the owner, manager or facility staff.
   1. In a life-threatening emergency such as cardiac arrest, choking, or profuse bleeding, the owner, manager or caregiver shall notify Emergency Personal by calling 911. Once Emergency Personal have been notified the facility staff shall start emergency procedures such as First Aid and/or CPR if documented in the residents Service Plan.
   2. With non-life-threatening emergencies such as minor cuts or burns, the owner, manager or caregiver shall give common First Aid procedures to the resident and notify the resident's primary care physician.
   3. The facility staff shall notify the owner/manager for directions on the next action to take if the owner or manager is not present at the facility.
   4. The owner, manager or facility staff shall complete an Incident Report, providing all details of what happened, how the resident was treated, who was notified, and the time of the notification, there shall also be a documented suggestion as to how this type of incident could have been prevented and actions to be taken to assist in this not happening again.
   5. The owner or manager shall notify the resident's representative, family, and resident's physician of the incident and actions taken.
   6. The owner or the manager shall notify the AZ Department of Health Services of any incidents that effect the health, safety, welfare and deliverance of services to the resident, the documentation provided to AZDHS shall include but is not limited to the incident report, any written notes and any supporting documents.

DNR Status

A. All staff members who provide direct care to residents must be CPR certified prior to beginning employment at the facility and must maintain current CPR certification throughout the duration of their employment at the facility.
B. Prior to move-in, all residents/representatives are provided with a DNR Status Form and information regarding Advanced Directives.
C. The resident's DNR preference should also be noted in their file by placing a red circle sticker (DNR designation) on the resident's record file if they do not want CPR initiated, or by placing a green circle sticker on the resident's record file if they would like CPR initiated in the case of medical emergency. The designated place where these stickers are placed should be out of sight to protect the resident's privacy, but in a location that is easily

accessible by staff (e.g., on the inside cover of the Resident Records binder). This location should be the same for all residents so the sticker can be easily located by staff in the case of an emergency.

D. When a resident experiences a medical emergency, staff should:
   1. Immediately telephone 9-1-1 to summon assistance.
      a. Verify the resident's DNR preference (e.g., whether they wish to have CPR initiated) by checking either their DNR Status Form in the Resident Records or by checking to see whether there is a green or red circle in the designated area on their file.
      b. If the resident wants to have CPR initiated (as indicated on their CPR Status Form or by a green circle sticker placed in the designated location), follow the procedures taught in the CPR certification course.
      c. If more than one staff member is present, the second staff member should direct emergency medical personnel to the resident when they arrive at the facility, providing them with a copy of the resident's medication record and Resident Information Form. If the resident's preference on the DNR Status Form is to not have CPR initiated, a copy of this form should also be given to the medical emergency personnel.

E. If a resident has indicated on their DNR Status Form that they do not want to have CPR initiated, staff should stay with the resident until emergency personnel arrive.

F. Staff should notify the manager of the emergency as soon as possible (e.g., after the resident's emergency medical needs have been addressed). The manager should then inform the resident's legal representative of the resident's status and document the notification in the resident's Service Notes.

G. Staff should take care to calm other residents who may have become aware of the situation. Provide them with basic information about the resident's condition without violating the resident's confidentiality.

NANANOM ASSISTED LIVING

Fire Plan

Policy and Procedure

Policy: Fire plan

Responsible Persons: Manager**,** Certified Caregiver, Assistant Caregiver, Volunteer, Owner

Policy Statement: It is the policy of **Nananom Assisted Living** to reasonably protect the health and safety of our residents, personnel, and visitors through the development and implementation of this fire plan, in accordance with the applicable local, state and department of Health Services regulations. The fire procedure outlined below contains the basic elements that every employee will need to know and keep in mind if a fire should strike this facility.

- The facility is protected by smoke detectors and a sprinkler system. (check if applicable)

Procedure:

A. Fire detection and safety equipment
   1. Smoke and fire alarms will be maintained according to manufacturers' guidelines.
   2. Smoke and fire alarms will be tested monthly to assure continued functioning.
   3. Fire extinguishers will be maintained in locations according to the regulations, certified annually or replaced annually and checked for charge monthly.
   4. Staff will be educated on fire detection and safety equipment at time of hire and at least annually.

B. Response to Detected Fire/Smoke – R.A.C.E.
   1. The presence of smoke is assumed to accompany fire and will be responded to in the same manner as fire. Follow the procedure outlined below if detected in a resident's room.
      a. **R**escue: Rescue residents from danger in the following order:
         i. Residents in immediate danger.
         ii. First: Ambulatory residents.
         iii. Second: Residents who need some assistance.
         iv. Third: All other residents (Directed Care Level).
      b. **A**larm: Sound some type of alarm even if this means yelling or ringing a bell.
      c. **C**ontain: Contain the fire. Keep doors and windows to the room closed.
      d. **E**xtinguish/Evacuate: To extinguish, move the extinguisher nozzle from side to side. When the caregiver is dealing with the extinguishing the fire, the other caregiver shall be evacuating the residents to a safe spot away from the facility. This spot shall be across the street from the facility. The facility staff member who is attempting to extinguish the fire should not put themselves in harm's way and join the other facility staff and the residents in the safe spot.

C. What you should do when the fire alarm sounds (regardless of the type of alarm).
   1. Remove the residents from the room and close the door behind you.
   2. Call 9-1-1 and report the name of the facility, location of the facility, and the location of the fire within the facility.
   3. Evacuate the facility (residential home).
   4. Notify the owner and/or manager.

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5. Ensure that the medication and the files that are in the office area are also evacuated, if possible.
6. The emergency kit that is kept in the closet by the front door shall be evacuated with the residents to ensure that the residents have water and needed supplies.List of supplies to be kept in the emergency bag are attached to this policy.

D. Departmental instructions:
1. The owner and manager shall report directly to the fire scene if possible. The owner and manager shall ensure the resident's emergency contacts and primary care physician is called and the situation reported to them.
2. All personal on duty at the time of the evacuation shall stay with the residents to ensure their safety.
3. If the facility is unable to return to the owner and manager, they shall follow relocation procedures and move the residents to the designated facility or location. If the emergency contacts for the residents' request to take the residents with them, the owner and/or manager shall get a statement written and signed by the emergency contact/representative as to the location of the resident whereabouts and a phone number for the owner/manager to follow up on the whereabouts of the resident.
4. The staff that is on duty shall complete a written incident report and a written statement as to the cause of the fire and the events that happened before, during and after the evacuation of the facility.
5. The incident report and all documentation on the actual fire shall be forwarded to the Department of Health Services.
6. If the medication, and records were unable to be removed from the facility due to the severity of the fire, the owner and manager shall work with the resident's representatives, hospice agencies (if involved), doctors and pharmacy to obtain the needed scripts, medications and required paperwork for the resident to be relocated to another facility. The owner and manager shall also assist in locating facilities that will accept the residents and that are able to provide the required care to the resident.

Note: *Only the Fire Department can deem the facility safe to return.*

NANANOM ASSISTED LIVING

Fire Extinguisher Use
Policy and Procedures

Policy: Fire extinguisher use

Responsible Persons: Manager**,** Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Policy Statement: It is the policy of **Nananom Assisted Living** to promote the optimal safety and security of our residents, staff, and visitors through the encouragement of proper fire extinguisher use.

Procedure:

A. The fire extinguisher at this facility is labeled as and rated at least 2A-10-BC by the Underwriters' Laboratories.
B. The fire extinguisher in this facility is mounted in the following location: In the kitchen.
C. If a disposable fire extinguisher is purchased for this facility, it shall be replaced when the indicator reaches the red zone or if the fire extinguisher has an expiration date, upon that date it shall be replaced.
D. If a rechargeable fire extinguisher is utilized in this facility, it shall be serviced at least once every 12 months, and have a tag attached to the fire extinguisher that specifies the date of the last servicing and the identification of the person who serviced the fire extinguisher.
E. There are several types of fire extinguishers to use based on the source of the fire, the Arizona Department of Health Services states that the fire extinguisher must be labeled and rated at least 2A-10-BC by the Underwriter' Laboratories.
F. Employees and volunteers should use acronym P.A.S.S. to remember how to use the fire extinguisher:
    1. **P**ull the pin.
    2. **A**im at the base of the fire
    3. **S**queeze the handles together.
    4. **S**weep back and forth.
G. Once the fire extinguisher is used, initiate a work order for service.
H. The owner or manager is responsible for replacing the spent extinguisher with a freshly charged one.

NANANOM ASSISTED LIVING

Severe Weather
Policy and Procedure

Policy: Severe weather

Responsible Person: Manager, Certified Caregiver, Assistant Caregiver, Volunteer, Owner

Purpose: A severe weather forecast is an indication that weather conditions are favorable for severe thunderstorms, heavy rain, flooding, high winds, hail, lighting strikes, blowing dust and possible microbursts. The procedures are set forth for **Nananom Assisted Living** to always maintain a safe environment for staff and residents.

Procedure:

A. The presence of a storm warning will be announced to the employees and residents, by the person in charge. Storm warnings would most likely be heard from the TV or Radio.
B. Upon hearing the announcement, all staff on duty will initiate precautionary measures.
C. Staff and residents shall stay indoors and away from the windows.
D. All windows and doors shall be closed.
E. Staff will maintain an environment of calm and reassurance for the residents and visitors.
F. The TV and/or radio shall be tuned in to the local news or weather channel for the area for updated information.
G. When the storm warning has been lifted, the staff shall reassure the residents that they are secure and may return to normal activities.

NANANOM ASSISTED LIVING

Utility Emergency
Policy and Procedure

Policy: Utility emergency

Responsible Person: Manager, Certified Caregiver, Assistant Caregiver, Volunteer, Owner

Purpose: Utility emergencies may be caused by a disaster inside **Nananom Assisted Living** or adjacent to it. They can be a planned or unplanned interruptions by the organization providing the service.

Procedure:

A. The facility owner or manager will advise the staff on the procedures that must be taken during a planned service outage.

B. The facility owner or manager will keep an up-to-date list of the following:
   1. List of the utility companies servicing the facility.
   2. Names and phone numbers of the utility companies.
   3. Back-up support to these companies.

C. If the facility knows of the outage prior to it happening, the owner/manager shall investigate renting a generator, to ensure the safety of the residents.

D. If the outage is natural gas and it will be out for a longer period, it may be necessary to evacuate the resident's depending on the weather condition. Follow this evacuation procedure:
   1. If the utility emergency is going to last for more than four hours, the owner/manager shall report this to the Department of Health Services on an Incident Report.
   2. Caregivers need to remember to stay calm and reassure the resident's safety.

NANANOM ASSISTED LIVING

Water Emergency
Policy and Procedure

Policy: Water emergency

Responsible Person: Manager, Certified Caregiver, Assistant Caregiver, Volunteer, Owner

Policy Statement: A water emergency is any condition that causes **Nananom Assisted Living** to lose its domestic water supply. Upon notification of a water emergency, the following procedure will be followed.

Procedure:

A. If there is a situation with the water and there has been no prior notice from the water company, the staff in charge shall notify the owner or manager of the water emergency.
B. If the problem is due to an internal malfunction, the owner shall arrange for the facility water to be shut down and the maintenance person to be contacted to take appropriate corrective action.
C. The owner or manager shall purchase portable water (gallon jugs) at a local store such as Wal-Mart, for a short-term interruption of the water services.
D. If the water emergency is to last for a longer period, the owner or manager will determine if the residents need to be relocated to the relocation facility at the _____ until the water emergency can be corrected.
E. If the water emergency influences the local water supply intake due to contamination, the owner and/or manager will purchase uncontaminated water from an outside source.
F. If the water emergency last more than 12 hours or if the effect on the resident's is determined to be a safety issue, the residents shall be relocated to the relocation facility at _____
G. If the residents are relocated from the facility, the owner or manager shall notify the Department of Health Services.

NANANOM ASSISTED LIVING

Confidentiality

Policy and Procedure

Policy: Confidentiality

Responsible Persons: Manager, Residents/Representatives, Family, Guests, all Facility Personnel, Volunteers, Owner

Purpose: To establish guidelines **Nananom Assisted Living** will follow to ensure the confidentiality of all resident and facility information.

Procedures:

A. The assisted living facility manager will ensure the confidentiality of resident records and other information. The privilege of confidentiality belongs to the resident, and the facility has an obligation to safeguard this privilege on behalf of the resident. Resident records/information may not be released without the resident's written consent unless a specific statutory exception applies. Some exceptions which may apply within Arizona are:
   1. Arizona Department of Health Services
   2. Adult Protective Services
   3. AHCCCS related to Medicaid members
   4. Law Enforcement Agencies
   5. Communicable Disease Reporting
   6. Agencies with contractual agreements

B. Resident records are maintained in a locked area, which is secure from the general house hold.

C. Routine access to resident records is limited to the facility staff and the resident's primary care physician staff only.

D. Discussion of resident information, conditions, and issues will not be discussed or disclosed with any party, except for above specific statutory exceptions.

E. Compliance will be maintained with regards to HIPAA laws and regulations.

NANANOM ASSISTED LIVING

Safe Food Handling and Preparation
Policy and Procedure

Policy: Safe food handling and preparation

Responsible Persons: All facility employees and volunteers involved in food service.

Purpose: Nananom Assisted Living requires all facility staff and volunteers involved in food service, under the new rules, to have a current food handler's card available upon start of employment

Procedures:

A. Wash hands frequently.
B. Keep hair tied back or covered.
C. Wear clean clothes or clean apron.
D. Wear gloves when you have a cut on your hands.
E. Keep countertops and surfaces clean/disinfected.
F. Wash fruits and vegetables thoroughly.
G. Do not use cracked eggs or serve raw eggs.
H. Handle raw meat, poultry, and fish carefully.
I. Thaw frozen foods in the refrigerator.
J. Do not use cutting boards or knives used to cut meat until they have been washed in hot, soapy water. Use separate cutting boards for (1) produce, (2) bread, (3) raw meat, poultry, and seafood.
K. Cook meats, poultry and fish thoroughly.
L. Do not taste and stir with the same utensil.
M. Use hot, soapy water to wash utensils.
N. Change dishcloths, sponges, and towels often.
O. Cover your mouth when coughing or sneezing, and wash hands immediately after you cough or sneeze.

Cleaning and Disinfecting:

A. The procedures consist of:
1. Isolating the area.
2. Covering the incident residue to prevent aerosolization.
3. Suiting up with Personal Protective Equipment (PPE).
4. Mixing the disinfectant then disinfecting the contaminated area.
5. Cleaning the contaminated area.
6. Doing the necessary documenting paperwork.

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Disposal of Hazardous Waste
Policy and Procedure

Policy: Disposal of hazardous waste

Responsible Person: Manager, Certified Caregiver, Assistant Caregiver, Volunteer, Owner

Purpose: It is the responsibility of all personnel at **Nananom Assisted Living** to provide appropriate safeguards for employees and residents to prevent exposure to hazardous wastes. The goal is to minimize contact with hazardous wastes by employees and residents. Also, to provide consistent principles of handling hazardous wastes and minimize exposure to it. This will increase safety and standards of disposing hazardous wastes while avoiding contact of with the employees and the resident.

Procedures:

A. If possible hazardous waste shall not be kept on the premises of the care facility.
B. If hazardous waste is detected, the employees are to call a hazardous waste professional to dispose of immediately.
C. If an employee must handle hazardous wastes, gloves and protective goggles must be worn.
D. Gloves must be immediately discarded after hazardous waste procedures have occurred.
E. Face mask and goggles must be worn where hazardous wastes are present.
F. Facility cleaning needs to occur regularly to ensure that no hazardous wastes are on the premises.
G. Any employee who has been directly exposed to hazardous wastes shall refrain from all direct contact with the residents and other employees until it is determined that their exposure is not harmful.

Exposure and Treatment:

A. Immediately following contamination or exposure to hazardous wastes, residents will be observed for any signs of irregularity if the amount of exposure is minimal.
B. If the resident or the employee comes in contact directly with any hazardous waste materials, the manager must be contacted, an incident report must be completed, and a decision must be made whether further medical treatment needs to occur. The primary care provided for the resident will made determinations on any further action. The employee shall contact their primary care provider for determination on any further action.
C. All employees must review the Disposable of Hazardous Wastes Policy at time of hire, upon implementation of the policy, and at every annual review.

Sharps Disposal:

A. All sharps such as syringes, etc. will be disposed properly by providing a sealed container that can be bought from the store.
B. All used sharps will be put inside the sealed container and put a masking tape around it and throw container in the trash barrel or receptacle.
C. The facility will check the regulations and requirements with the City of Globe on sharps disposal.

NANANOM ASSISTED LIVING

Equipment Disinfecting
Policy and Procedure

Policy: Equipment disinfecting

Responsible Persons: Manager, Certified Caregivers, Assistant Caregivers, Volunteers, Owner

Purpose: To ensure **Nananom Assisted Living** follows proper disinfecting of the premises and equipment used at the assisted living facility and they are cleaned and disinfected to prevent, minimize, and control illness or infection.

Procedure:

A. This facility shall maintain all equipment, appliance, and other items used the in operating the facility to be cleaned and disinfected on a regular basis.
B. Employees must wash their hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer with at least 60% alcohol.
C. Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
D. Employees shall apply the COVID standard precaution protocol, if necessary.
E. To reduce the chance for infecting another individual, the resident will be kept at a distance of at least 6 feet from another individual. If not possible to keep resident at 6 feet, the facility will provide and require the resident to wear a face mask.
F. Practice good hand hygiene, limit touching of surfaces and limit physical contact.
G. The facility schedules a thorough cleaning of all surfaces in the facility at least once a week.

NANANOM ASSISTED LIVING

Equipment Inspection and Maintenance
Policy and Procedure

Policy: Equipment inspection and maintenance

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Owner

Purpose: To establish guidelines to ensure appropriate procedures are followed in maintaining and inspecting equipment or any durable medical equipment (DME) used by **Nananom Assisted Living**.

Procedure:

A. Equipment that requires regular inspection and maintenance will be identified and listed in the Equipment Inspection and Maintenance Form and/or Maintenance Log and placed in the facility business folder.
B. New equipment or existing equipment will be checked monthly, or per manufacturer's recommendations.
C. Maintenance will be performed by facility personnel or qualified personnel. The facility manager will appoint the responsible employee that will do the required maintenance.
D. Documentation will be completed and recorded in the maintenance record of the facility.
E. Such inspections and maintenance may include refrigerators and freezer temperature check, HVAC filter replacement, fire extinguishers inspection, smoke detectors inspections, room temperature, 02 concentrators, Hoyer lifts, shower chairs, walkers, wheelchairs, etc.
F. Any malfunctioning will be immediately reported to the manager. The malfunctioning device will not be used for the residents' care until the needed repair is performed or the device replaced.
G. Manager or caregiver will be assigned to inspect the equipment by doing the following:
    1. Hoyer lift, wheelchair, walker, cane, gait belt, etc.
        a. Inspect the unit and observe all bolts are tight and unit is sturdy.
        b. Proper function of unit, lift swivels, pumps, and moves appropriately.
        c. Lubrication and cleaning is done regularly to prevent malfunctioning parts.
    2. Glucometer, sphygmomanometer, oxygen tank, respirator etc.
        a. Inspect or replace the battery on a regular basis.
        b. Make sure the unit is counting accurately with close observance of product use.
        c. Regular cleaning of units must be maintained to prevent contamination, malfunctions, and infection.
H. A manager shall ensure that residents will be provided the following:
    1. Sufficient light for reading.
    2. Storage space for clothing.
    3. Individual storage space for personal effects.
    4. Adjustable window covers that provide resident privacy.

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Facility Grounds
Policy and Procedure

Policy: Facility grounds safe and free of hazards

Responsible Persons: Manager, Certified Caregiver, Assistant Caregiver, Volunteer, Owner

Purpose: To establish guidelines **Nananom Assisted Living** will follow to ensure that the facility grounds are maintained, safe and free of hazards per Arizona Department of Health Services.

Procedures:

A. The assisted living facility owner/manager will ensure that the facility and the facility grounds are:
   1. In good repair.
   2. Clean.
   3. Free of odors.
   4. Free of any object, material or condition that may be hazard based on the physical, cognitive, and functional condition of the residents.
   5. Free from all insects and rodents.

B. The assisted living facility owner/manager will ensure that all garbage and refuse are:
   1. Stored in covered containers, lined with plastic bags, (this includes all garbage cans located throughout the house, kitchen, bathrooms, bedrooms, laundry rooms, garage and outside garbage cans).
   2. That all garbage will be removed from the facility at least once or more often if needed.

C. The assisted living facility owner/manager will ensure that the heating and cooling systems are:
   1. Maintained at the facility and that the temperature will always remain between 70 F degrees to 84 F degrees.
   2. A resident with an individual temperature-controlled unit or room may heat and cool to provide for individual comfort.

D. The facility manager and/or owner will ensure common areas and dining areas are:
   1. Well lighted to ensure safety of the residents.
   2. Are not converted, partitioned, or otherwise used as a sleeping area.
   3. Contains furniture to accommodate the recreational and socialization needs of the residents and other individuals in this facility.

E. The facility manager and/or owner shall ensure that facility has water that:
   1. Hot water temperature is maintained between 95º F and 120º F in all areas of the facility used by residents.
   2. There is a sufficient supply of hot and cold water to meet all hygiene needs of the residents and the staff.

F. The facility manager and/or owner and staff shall ensure that the bathrooms of the facility are:
   1. Always well stocked with toilet paper, soap, or paper towels to ensure that residents bathroom needs are being met.
   2. Has a flushable toilet and working sink; and

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3. Is accessible from a common area in the facility.
4. A residents bathroom provides privacy when in use and contains
   a. A mirror, soap accessible from each sink, a window that opens or another means of ventilation.
   b. Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety.
   c. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers.

G. All soiled linen and soiled clothing stored by the facility will be stored in closed containers away from food storage, kitchen and dining areas. Staff will ensure that all soiled laundry will be washed daily to ensure that odor and germs are not spread throughout the facility.

H. All oxygen containers will be kept in an upright position in the resident's closets, away from all heating and cooling elements. Staff will be instructed to monitor this daily to avoid any issues.

I. The facility manager/owner and staff will ensure that all poisonous or toxic materials (this is including all cleaning supplies) will be stored and maintained in labeled containers in a locked area separate from food preparation and storage, dining areas and medications.

J. The facility manager/owner and staff will ensure that all combustible or flammable liquids and hazardous materials are stored by the facility in the original labeled containers or a safety container outside the facility or in the garage locked and inaccessible to residents.

K. The facility manager/owner will ensure a resident's sleeping area is in a bedroom and the bedroom has:
   1. For a private bedroom, at least 80 square feet of floor space, not including a closet or bathroom.
   2. For a shared bedroom, at least 60 square feet of floor space for each individual occupying the shared bedroom. This does not include a closet or bathroom.
   3. A door that opens into a hallway, common area, or outdoors and is well lit to ensure safety.
   4. A window for natural light or glass door to the outside.
   5. A bed, at least 36 inches in width and 72 inches in length, consisting of at least a frame and mattress that is clean and in good repair.
   6. Clean linen, including a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, a bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for the resident.

L. The facility manager/owner and staff will ensure that there is a hazard-free outside area with shaded protection where residents may walk or sit so that they may enjoy the outdoors. Residents who partake of this recreation will be monitored when they are outside to ensure that they are safe from cold and heat.

M. The facility manager/owner will ensure that there are ramps or other accesses from the facility for the residents needing wheelchairs or other assistive devices.

N. The facility manager/owner will ensure that the facility complies with all local building codes, ordinances, fire codes, zoning requirements and/or applicable codes and standards incorporated by reference A.A.C. R9-1-412.

References: R9-10-820

Pool or Water Feature
Policy and Procedure

POLICY: Water/ Pool Safety

PURPOSE: To establish guideline to ensure resident safety in Behavioral Health Services with a swimming pool, spa, or other contained bodies of water on the premises.

PROCEDURE:

At this time this facility **DOES NOT** have a swimming pool, spa or other contained body of water.

In the event this facility will have a Pool in the future

1. A licensee shall ensure that swimming pool must comply with all applicable laws and rules for swimming pool construction and safety.

    a) Pool locks must enclosed by a 5' solid wall-fence with an open spaces that do not exceed 4"

    b) Has self-closing latches gates that are kept locked when the swimming pool is not in use.

    c) Keys to the gate shall be hidden in a place where no one shall have access to it except the administrator or administrator designee.

2. It shall be the duty and responsibility of the administrator or administrator designee to see to it that nobody, residents or non- residents have access to the pool without supervision
3. No bedroom or another facility access directly into the pool.
4. Cannot pass through pool area to exit resident door area.
5. A **"No Swimming For Residents Staff and Family Members are allowed"** shall be conspicuously posted in the swimming pool area.

REFERENCES:R9-10-703.B.h.

_____

Signature Title Date

This Policy will be reviewed by Administrator/ Designee every 3 years or if changes are being made as necessary.

Review Date: _____ **By:** _____

Title: _____

NANANOM ASSISTED LIVING

Pet Safety
Policy and Procedure

Policy: Pet safety

Responsible Persons: Manager, Certified Caregivers, Assistant Caregiver, Volunteers, Owner

Purpose: To establish guidelines **Nananom Assisted Living** will follow to ensure residents and visitors remain safe in reference to pets residing in and visiting this facility.

Procedure:

A. This facility accepts pets to live with their resident owners if the following criteria are met:
   1. The manager/owner must have a written agreement signed by both parties (resident/resident representative)
   2. Dogs must weigh less than 75 pounds, unless previously approved by the manager.
   3. All resident/representatives must be able to care for and clean up after their pets unless other arrangements have been made with the facility manager.
   4. All animals will undergo a 30-day trial to ensure they will fit in and get along with the other residents of the home and the resident can care for their pet appropriately.
   5. If the animal does not appear to be fitting in at the end of the 30-day trial, a meeting for all interested parties will be held to try to resolve problems and issues. If resolution cannot be reached, the animal will be required to move out of the facility.
   6. All cats will have a covered litter box in the resident owner's room. The litter box will be maintained daily and will be cleaned/changed at least weekly to avoid odors, mess and the potential for disease.
   7. All birds will be in a secure cage in the resident owner's room unless other arrangements have been made with the facility manager. The cage will be cleaned at least once a week.
   8. All pet food and accompanying pet supplies will be purchased by the resident owner or their representative.
   9. In order for pets of any kind to reside within this facility, clearance must be attained from the assisted living facility manager.
   10. No pets will be allowed within this facility until the manager has given approval.

Dogs:

A. Must maintain current vaccination against rabies.
B. Must maintain current license in the County of the facility.
C. Must be house broken.
   1. Dog feces will be policed daily to ensure cleanliness and promote an odor free environment.
D. Either the resident owning the dog, or an assigned facility employee will groom the dog to maintain a clean and neat appearance.
   1. Dogs owned by the facility will be groomed at the facility's expense.
   2. Dogs owned by a resident will be groomed at the owner's expense.
E. The dog must not be aggressive. Dogs with poor temperament will not be allowed to remain on the premises.

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Cats:

A. Must maintain current vaccination against rabies.
   1. Cats which are energetic and active will need to be declawed on the front paws to protect the residents from scratches unless approved by the manager.
B. Must be liter trained.
   1. Litter boxes will be policed daily by scooping out urine and feces. Litter boxes will be changed weekly by either the resident owning the cat or an assigned facility employee.
   2. Litter boxes are to have a plastic liner under the litter.
C. Cats unable or unwilling to self-groom must be groomed at the owner's expense.

Birds:

A. Must be confined to cages.
B. Cages must be kept clean and free of odor by the owner of the bird.
C. Birds must not be aggressive, nipping or biting people.

Fish:

A. Aquariums must be kept clean and odor free by either the resident owning the fish or an assigned facility employee.
B. Fish must be cared for by established fish care protocols as spelled out in a pet care manual.
C. Expense for cleaning the aquarium and maintaining its upkeep will be done by the owner.

All Animals:

A. Will be kept out of the kitchen and dining areas when food is being prepared and served.
B. Must never present a threat to the health or safety of any individual in the facility.
C. The resident owning a pet assumes responsibility for any damage the animal does to the facility or its furnishings.

NANANOM ASSISTED LIVING

Smoking
Policy and Procedure

Policy: Smoking

Responsible Persons: Managers, Certified Caregivers, Assistant Caregiver, Owner, Residents, Resident's Representative, Families and Guests

Purpose: Smoke Free Arizona Law took effect on May 1, 2007. A statewide law policy that affects all facilities under Arizona Department of Health Services.

Procedures:

A. A "No Smoking" sign or decal posted in front of the home and has **ARS 36-601.01** printed on it.
B. Phone number to call 1-877-297-8677 and website www.smokefreearizona.org will be on the sign.
C. This facility prohibits employees, residents, visitors, and other guests from smoking inside the facility and within 20 feet of all entrances.
D. A "No Smoking" sign must be able to be read from 20 feet.
E. The facility manager or staff member will politely inform violators smoking inside or within 20 feet of an entrance are to extinguish their lit tobacco product or to go outside and at least 20 feet away from the entrance to smoke.
F. There will be no smoking within 20 feet of the front and back of the facility.
G. Ashtrays or other smoking receptacles should never be inside a facility.
H. Current and future residents and employees are required to sign the policy and procedure of acknowledgement.
I. Vaping is not permitted in this facility.

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Monitoring and Follow-up
Policy and Procedure

Policy: Monitoring and follow-up

Responsible Persons: Manager, Certified Caregivers, Assistant Caregivers, Owner

Purpose: To outline the requirements and timeframes for monitoring and follow-up on the Service Plan once home care services have been implemented. **Nananom Assisted Living** requires all residents who receive services from this facility, receive ongoing monitoring and regular follow-up on the Service Plan to ensure that implemented services are effective and efficient and to determine if revisions are required.

Procedures:

A. Manager/designees shall conduct regular monitoring and follow-up on the Service Plan to:
   1. Ensure the interventions are in place and are working as desired or expected.
   2. To anticipate or respond to any new problems, which may develop.

B. Manager/designees shall ensure revisions to the Service Plan are made after monitoring and follow-up evaluations to indicate:
   1. Interventions in place are not getting the job done.
   2. The resident has developed additional problems.
   3. The resident no longer needs the service.

C. Major changes to the Service Plan shall only be made after a careful evaluation of the need for change is undertaken.

D. When changes are made to the Service Plan, because of monitoring and follow-up, manager/designee shall contact the Registered Nurse to come and complete a new or to review the Service Plan and have the resident/representative initial and sign the changes.

E. Manager/designee shall document all monitoring and follow-up activities in the resident's file.

F. Manager/designee shall be aware of the facility's limits of expertise and shall not attempt to do anything, which the facility is not qualified to do.

G. Once the Service Plan has been revised to reflect changes, the manager/designee shall continue with the monitoring and follow-up, as an on-going process.

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Death at the Facility
Policy and Procedure

Policy: Death at the facility

Responsible Persons: Manager, Certified Caregivers, Owner

Purpose: To establish policies and procedures for staff at **Nananom Assisted Living** to follow when a resident dies at the home either expectedly or unexpectedly.

Procedures:

A. The facility shall become knowledgeable about, and comply with, state and community regulations related to deaths occurring in the home.
B. Facility staff shall apply the procedures specified in this policy for deaths occurring in the home unless state/community regulations differ, in which case the latter shall take precedence over those in this Policy.
C. Managers shall ensure caregivers know the wishes of all the residents regarding advance directives as well as the existence and location of any Do Not Resuscitate (DNR) Orders and/or Living Wills.
D. Managers shall ensure the caregivers are instructed on what procedures to follow, depending on the presenting scenario, as outlined in this Policy.

Scenario #1: *There Is No DNR Order*

A. Call 911 and start CPR.
B. Unlock the door to the house.
C. Assist the Emergency Medical Service (EMS) responders, as directed.
D. Contact the resident's PCP.
E. Contact the facility's manager.
    1. Assist family, as required or requested, with follow-up measures such as notifying other family members/friends, contacting the funeral home, contacting priest/rabbi/pastor/other religious personnel and other activities.
    2. Document the following in the client's record and Incident Report:
        a. The events surrounding the death.
        b. The date and time of death.
        c. The identity of those present.
        d. Actions taken by others and facility staff.

Scenario #2: *There is a DNR Order*

A. Call 911.
B. Unlock the door to the house.
C. Obtain or direct another individual to obtain the DNR Order so it is "in-hand" when the EMS arrives.
    1. Assist the EMS as directed.
    2. Contact the Facility's Manager
    3. Assist family, as required, or requested with follow-up measures such as notifying other family members/friends, contacting the funeral home, contacting priest/rabbi/pastor, or other religious personnel.

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4. Document the following in the client's record and Incident Report:
    a. The events surrounding the death.
    b. The date and time of death.
    c. The identity of those present.
    d. Actions taken by others and facility staff.

Scenario #3: *Death is Unexpected/Self Inflicted*

A. Call 911.
B. Unlock the door.
C. If the deceased's wishes for CPR are not known, begin CPR immediately and continue until instructed to stop by EMS.
D. If the deceased has a DNR Order and the documents are on the premises:
    1. Direct a family member or another person to retrieve the documents to have "in-hand" for EMS.
    2. If no other person is present, and the location of the DNR documents is known, retrieve them to have ready for EMS.
E. Be prepared for possible questioning by the police.
F. If the unexpected death has been sudden, uncertain or because ofan injury, avoid disrupting the environment around the deceased as the Police may call in the coroner.
G. Document the following in the client's record and Incident Report:
    1. The events surrounding the death.
    2. The date and time of death.
    3. The identity of those present.
    4. Actions taken by others and facility staff.
    5. Call ADHS as soon as possible if it's an unexpected death or self-inflicted.

***Scenario #4:** *Hospice is involved*

A. If a hospice worker is not in the home at the time of death, contact the hospice agency.
B. A hospice nurse will come to the home and:
    1. Pronounce the death.
    2. May arrange for pickup of the body by a funeral home.
    3. May assist the family with other post death activities.
C. EMS is not usually contacted when Hospice is involved.
D. Caregivers shall:
    1. Assist hospice nurse and/or family, as requested, with follow-up measures such as notifying other family members, friends, contacting priest/rabbi/pastor, or other religious personnel, and/or other tasks, which do not fall outside a caregiver's allowable duties.
    2. Contact the facility manager to advise them of the death.
    3. Document the following in the client's record and Incident Report:
        a. The events surrounding the death.
        b. The date and time of death.
        c. The identity of those present.
        d. Actions taken by others and agency staff.

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After-Death Body Care

A. Manager shall be responsible for:

1. Being familiar with the existence and content of any regulations about after-death body care, applicable in the area.
2. Determining the family's wishes about after-death body care.
3. Determining if any legal, religious, or other considerations exist, which could impact the caregiver's participation with after-death body care.
4. Ensuring caregivers who provide after-death body care are properly trained and competent to perform after-death body care.
5. Are emotionally capable to perform after-death body care.
6. When indicated, either assist the caregiver to perform this care, assign another competent staff member to assist the caregiver or provide the after-death body care.

B. If the death is expected, the manager and caregiver shall discuss, in advance, the caregiver's role in providing after-death body care.

C. If the death is unexpected and/or if the Manager and Caregiver have not previously discussed the Caregiver's role in providing after-death body care, the Caregiver shall contact the Manager prior to providing any after-death body care.

Guidelines:

A. Caregivers may be of help to the bereaved by:

1. Ensuring all activities leading up to, at the time of and following death are conducted with sensitivity, dignity, and respect.
2. Ensuring they observe any expressed needs, wishes or desires.
3. Being supportive to their colleagues and to families, as they individually attempt to deal with the event.
4. Attempting to understand what they are going through.
5. Helping to identify their needs.
6. Assisting them to obtain information and direction for dealing with post death issues.
7. Acknowledging their loss.
8. Affirming the importance of the deceased.
9. Expressing condolences with gentleness and sincerity.
10. Communicating simply, clearly, and truthfully.
11. Respecting their right to privacy.
12. Permitting them to be involved, to the extent that they choose to be involved and/or are capable of being involved. Participating in goings-on before, during and after death.
13. Enabling them to participate in rituals surrounding death, to the extent they choose to be involved.
14. Helping any confused individual(s) to understand what is going on by trying alternative methods of communication (e.g., story books, artwork, photographs, etc.).
15. Encouraging them to express their feeling and emotions through whatever means appeals to them (e.g., drawing, painting, talking, etc.).
16. Being available when they need or want company.

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Skin Maintenance, Hydration and Incontinence Policy and Procedure

Policy: Skin maintenance, hydration and incontinence

Responsible Persons: Managers, Certified Caregivers, Assistant Caregivers, Owner

Purpose: To establish guidelines for **Nananom Assisted Living** to ensure the level of service the resident is expected to receive including skin maintenance, hydration and incontinence will be provided.

Procedure:

A. Maintaining hydration is a good habit to sustain life and good health especially to the aging population and to reduce the risk of malnutrition and dehydration while they receive care and treatment as appropriate to their Service Plan.

B. Skin maintenance is very important to maintain the integrity of the resident staying in the facility to prevent skin tears, breakage, pressure sores, and various skin conditions. The following shall be performed:

1. Daily inspections, cleansing, and moisture management as needed.
2. Patient movement and activity focused on pressure redistribution of bony prominences that may result in skin breakdown.
3. Recognition of early signs of skin breakdown with prompt interventions to minimize tissue damage.

C. Incontinence is the loss of bladder or bowel control, and it is common in the aging process. Bladder training, scheduled toilet trips, fluid and diet management are just some examples of techniques to be offered in this facility.

   1. The manager or designee shall ensure that each resident admitted in this facility shall follow the Service Plan provided it includes the following:
      a. Skin maintenance to prevent and treat bruises, injuries, pressure sores and infections.
      b. Offering sufficient fluids to maintain hydration.
      c. Incontinence care that ensures the resident maintains the highest practicable level of independence when toileting.

D. Manager shall maintain a log on the ADL sheet for any activities performed daily, if applicable.

Manager/Designee: _____Date: _____

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SB1157 Emergency Responder
Policy and Procedure

Policy: Emergency Responder in the Assisted Living Facility

Procedure: Assisted living facilities and hospitals are requiring to provide written discharge plans to each other when discharging and transferring a patient. The bill outlines the specific information that must be included in these discharge plans.

1. A risk assessment is the first tool to process and identify what type of emergency that needs the attention of the first responder. Address life-threatening issues such as first aid, resident emergency safety, and any physical surroundings that need immediate attention.

2. Provide "status" information of the individual and assess the capabilities and availabilities of the people around (staff, family members, healthcare employees, etc) to determine the emergency response time in the facility.

3. Coordinate with public emergency services like fire, police, and emergency medical services by having the contact numbers at hand and available to stabilize an emergency at the facility.

4. Follow emergency procedures by calling 911 and wait for further instructions.

5. A Form will be used for a written document to emergency responders that includes the reason for the emergency response.

6. Include all medication information, allergies, contact information for the resident's primary care physician and power of attorney, and other relevant medical information.

7. Maintain a standardized form for each resident that includes the required information and notify a resident's authorized representative when the resident is transported to a hospital.

8. A copy of the Emergency Responder Form will be kept in the resident medical records.

Reviewed and Approved by: _____ Date: _____
(Manager or Manager Designee)

Policies and Procedures will be Reviewed by the Owner/Licensee/Manager/Designee/Board Representative once every 3 Years and updated As Needed.

I affix my signature on this document to signify my approval to the policies, conditions, regulations, and procedures set forth in this Policy and Procedures Manual for **Nananom Assisted Living**. All policies and procedures set forth are to be followed by all **Nananom Assisted Living** staff, volunteers, residents/representatives and family members.

If a provision of this Policy and Procedure is or becomes illegal, invalid or unenforceable in any jurisdiction, that shall not affect the validity or enforceability in that jurisdiction or any other provision of this Policy and Procedure, nor the validity or enforceability in other jurisdictions of that or any other provision of this Policy and Procedure."

Owner/Licensee: _____ Date: _____

Manager: _____ Date: _____

Board Representative: _____ Date: _____

Title: _____

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Addendums and Updates

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Policy and Procedures Review and Update Record

A.A Governing Authority (The Board of Directors) shall:
1. Review policies and procedures for behavioral health services and physical health services and have established, documented, and implemented policies to protect the health and safety of a resident.
2. Policies and Procedures are reviewed at least once every three years and updated as needed

This document is the record of the required review/update as needed. Initial completion involving the current Policies and Procedures are done on this date: _____

Detailed Description of Review/Update:

Policy Name: _____ Page: _____ Review date: _____
Summary change: _____
_____
_____
_____

Signature of individual responsible for review/update: _____

Policy Name: _____ Page: _____ Review date: _____
Summary change: _____
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Signature of individual responsible for review/update: _____

Policy Name: _____ Page: _____ Review date: _____
Summary change: _____
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Signature of individual responsible for review/update: _____

Policy Name: _____ Page: _____ Review date: _____
Summary change: _____
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Signature of individual responsible for review/update: _____

***Note**: Any addendum or documentations updated are added to this Manual.*

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