

Nananom Assisted Living

Memory Care Services Policy and Procedure

Purpose: To define the additional provisions that an assisted living facility providing services for a resident who is unable to direct self-care. In addition to complying with memory care services, the health, safety, or welfare of a resident is not placed at risk of harm.

Policy: It is the responsibility of *this facility* to create an Individual Service Plan (ISP) determining what additional services and memory care service requirements are relevant to the residents staying in this facility.

Procedures: *This facility* will ensure the coordination of care shall be established, have documented evidence and implemented per R9-10-821.

A. The Facility policies and procedures to memory care services include to care, treatment modalities, admission and discharge criteria, basic services, our restraint policy, egress control, medication management and family participation activities. We also review common behavior problems and behavior management. The diagnosis, the evaluation, and the Individual Service Plan shall be used to document and set goals for the residents.

B. The following shall be implemented

- a. Skills and knowledge are necessary for the personnel member to provide the expected memory care services.
- b. Interventions used for behavior management.
- c. Systems to accommodate visitors, staff, and residents who do not need controlled egress
- d. Prevention of unsafe wandering or exit seeking, which may include the use of alarms or tracking systems
- e. Promotion of nutrition and hydration care.
- f. Evacuation and emergency procedures specific to memory care residents.
- g. Prevention of elopement and responding to elopement incidents promptly and effectively; and
- h. Monitoring memory care residents in outdoor areas on the premises.

C. This facility implements activities that match the resident's cognitive ability, memory, attention span, language, reasoning ability, and physical function.

D. The Medical Practitioner shall evaluate the resident within **30 calendar days** before acceptance and at **least once every six months** throughout the duration of the resident's need for residents receive memory care services according to assisted living facility scope of services.

- a. The PCP signature and dates must be accompanied by a determination stating that the resident's needs can be met and for retention of a resident, are being met by the assisted living facility scope of services

E. Employee Training: A manager shall ensure that staff receives at least eight hours of training specific to memory care **within the first 30 days of hire**. If a staff member or contractor does not work at an assisted living facility that is licensed to provide directed care services for a period of 12 months, the staff member or contractor must complete the initial **8-hour training within 30 days after the date of hire**, rehire, or returning to work. An additional 4 hrs training will be implemented for the manager and an annual **4 hours Training for employees will be done for** Memory Care services and Cognitive Impairment related to Alzheimer/Dementia

F. The facility shall provide clear, easy-to-understand signage (e.g arrows or pictures) and visual cues to be used throughout the memory care unit/area to assist residents in navigating their environment. It shall minimize loud noises and bright lights environmental factors that may confuse or distress.

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G. Individual Service Plan (ISP): *This facility* admits memory care residents, and creates a Growth & Wellness Plan in coordination with the resident's primary care practitioner, in compliance with the requirements outlined in "Service Plans R9-10-815(C) and which ensures the following criteria:

1. A description of the resident's medical or health problems, including physical, behavioral, cognitive, or functional conditions or impairments, and
 2. The level of service the resident is expected to receive, and
 3. The amount, type, and frequency of assisted living services being provided to the resident, including medication administration.
 4. For a resident who requires behavioral care:
 - Any necessary to provide assistance with the resident's psychosocial interactions to manage the resident's behavior;
 - The psychosocial interactions or behaviors for which the resident requires assistance,
 - Psychotropic medications ordered for the resident,
 - Planned strategies and actions for changing the resident's psychosocial interactions or behaviors goals.
 - Review by a medical practitioner or behavioral health professional, and
 5. For a resident who will be storing medication in their residential unit, how the medication will be stored and controlled.
 6. It is to be reviewed and updated based on changes to resident's needs:
 - No later than 14 days after a significant change in the resident's physical, cognitive, or functional condition, and as follows:
 - At least once a quarter for residents receiving directed care
5. When initially developed and updated, the Service Plan is to be signed and dated by:
- (a) The resident or resident's representative and The Manager or Designee.

H. ELOPEMENT DRILL: Conduct an elopement drill **every six months** with participation from all staff and the manager/administrator. Document the date, time, and description of each elopement drill and investigate any elopement and notify the designated family member(s), legal guardian or other responsible person within 24 hours.

This policy and procedure will be reviewed and updated at least once every three years.

Manager: _____

Date: _____