Vendor Staff Reading Packet (Horsham)
Revised 11/2019

Abramson Senior Care
Mandatory Initial and Annual Enrichment In-services

HIPAA Privacy Regulations

What is HIPAA?

Health Insurance Portability and Accountability Act of 1996 (HIPAA) – Federal law that safeguards Protected Health Information and addresses resident privacy and records confidentiality.

Who is responsible? Staff, contractors & volunteers from ALL departments of Abramson Senior Care are responsible for safeguarding Protected Health Information (PHI)

Who has access?
Only the resident, an authorized family member or friend, or a health care provider (on a "need to know" basis) has access to PHI
Family members & friends must have the resident's authorization to access their PHI

PHI should be accessed following the "need to know" rule - - if you need to see resident information to perform your job, you are allowed to do so

BUT… you don't have the right to look at ALL information; for example, you have the right to look at the information for residents in your care, NOT residents who you are not caring for.

Before you look at resident information, ask yourself, "Do I need to know this to do my job?"
- If the answer is no, don't look
- If the answer is yes, look at only the information you need, and don't share it with anyone.

All information about our residents is considered "confidential" whether it is written, faxed, on a computer, or spoken such as:

- Name
- Address
- Age
- Social Security Number
- Information related to a person's LGBT+ Status
- Reason the resident is living at or receiving services from Abramson Senior Care
- Treatment and Medication Information
- Caregiver notes
- Illness information
- Information about past health conditions

If you reveal any PHI to someone who does not need to know it, you have violated a resident's confidentiality, and you have broken the law!
- Employees who violate a resident's confidentiality for financial gain can be fined as much as $250,000 or go to jail for up to 10 years!
- Even accidentally breaking the rules can result in penalties – and embarrassment – for you personally, as well as Abramson Senior Care

How do I protect PHI?

- Place chart information away in a locked cabinet or drawer when not in use.
- Shred all papers with PHI before discarding in trash.
    - Utilize locked shred boxes for disposing of confidential paperwork
- Do not discuss anything related to residents in hallways, elevators, cafeteria, or other public locations.
- Position computer screens away from public view and utilize screen saver or security protection when unattended.
- Do not share your computer password with anyone
- Ensure that the HIPAA Confidentiality Notice is on all forms of communication which contains PHI, i.e., fax cover sheets and e-mails.
- Place all resident medical information face down in a work area not accessible for public viewing.
- Be aware of where you are and who is around you when handling paperwork containing PHI - - position yourself and your papers so no one can look over your shoulder and read the information
- Do not post PHI on bulletin boards, i.e., it might be convenient to have lists of medications or health needs for residents hanging up, but this allows anyone who passes by to read the residents' confidential information
- Report questionable practices to Abramson's Privacy Officer/Chief Operating Officer

Revised 10/2016

HIPAA Confidentiality Notice: (must be printed on all forms of communication)

The documents accompanying this transmission may contain confidential protected health information that is legally privileged. This information is intended only for the use of the individual or entities named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on their contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or the destruction of these documents.

Electronic Charting System - Password Protection

All information stored on Abramson's Electronic Medical Record System (EMR) is confidential unless proper authorization is given for that information to be shared.

This confidentiality applies to all Abramson Senior Care medical record systems and databases.

Staff access is provided on a need-to-know basis only.
Staff is only authorized to access information for residents under their direct care.

An EMR password is used to authenticate and establish authorship for those who clinically document on the electronic medical record system.

Authentication is a critical component in maintaining the legal integrity of the health record. It establishes the identification of the user and assures that they are accurately identified.

Authorship of an entry into an EMR establishes that every entry has an author who is legally responsible for a specific entry.

EMR password protection is a security system that establishes authentication and authorship of all entries into the medical record.

Password Protection Guidelines:

1. Only use the password that you have been given to gain entry into that EMR.
2. Using your password is equal to signing your signature.
3. Never use another person's password.
4. Never allow someone else to use your password. You are responsible for all computer usage that occurs with your password.
5. All computer usage is recorded and periodically reviewed.
6. Log out the EMR when you are finished documenting in that EMR.

Everyone should follow these guidelines for protecting computer passwords for ALL computer programs, including all databases, record-keeping and charting systems.

Revised 09/18

Human Resources

Standards of Conduct

Abramson Senior Care and its employees are subject to and governed by a code of conduct which requires strict compliance with all legal requirements and the operation of its activities with the highest level of integrity.

Who is subject to these standards?... EVERYONE!

- All employees
- All contractors providing services to Abramson

Standards of Conduct apply to all aspects of the agency's operations, including:

- Resident Care
- Delivery of health care and administrative services
- Documentation
- Data collection
- Billing
- Reporting of information
- Business conduct

Our Responsibilities:

- Maintain ethical standards of care
- Maintain ethical practices in marketing
- Avoid conflicts of interest
    - Employees may never accept gifts or tips from residents, families or vendors. You must inform your immediate supervisor of any gifts or attempts to give gifts.
    - Protect employees, who in good faith, report incidents involving possible violations of ethical or proper behavior

Follow our Standards of Behavior:

- **Attitude**: Provide courteous, friendly and helpful attention to our residents, visitors and co-workers. Be approachable and welcoming to all.
- **Commitment to Co-workers**: Treat one another with courtesy, honor and respect.
- **Communication**: Deliver messages to everyone with thought and clarity. Close attention should be given to both verbal and non-verbal messages.
- **First Impressions**: First impressions help us create lasting impressions. We want residents, visitors and co-workers to know that we take pride in the work we perform.
- **Lasting Impressions**: Strive to provide outstanding service to all of our residents/ consumers, visitors and co-workers. Creating lasting impressions is essential to our success.
- **Privacy**: Uphold our residents' right to privacy, dignity and modesty. All information pertaining to our residents and co-workers is kept confidential.
- **Sense of Ownership**: Feel a sense of ownership for Abramson and for the jobs we perform. Think safe, act safe and be safe.
- **Transportation**: Provide comfort and safety for our residents as we transport them. Offer assistance as indicated or requested.

If you witness any activities that you believe may be in violation of our Standards of Conduct, report to your direct supervisor, the supervisor on duty or the Human Resources Department right away.

To provide an alternative, easy and confidential way of reporting concerns, Abramson has made available for you a **Compliance Hotline #800-708-8598**

- Calls are handled by Complianceline, an independent company
- Toll-Free Hotline operating 24 hours a day, 7 days a week
- All calls are anonymous
- Calls are confidential and not recorded
- Your concerns are sent to the CEO within 24 hours on weekdays
- You will receive a report number that will allow you to call back in 2 to 21 days for a response

Creating a safe, healthy and ethical work environment is everyone's concern. We encourage you to report concerns without fear of retaliation. The Compliance Hotline is another way to help you feel comfortable raising concerns about important workplace issues.

	DIVERSITY… we are all UNIQUE! *Each one of us thinks, works, and acts in different ways when presented with the same set of circumstances.*	

The workplace, like the nation and wider world, is made up of men and women of diverse racial, religious, and ethnic backgrounds, with varied lifestyles and approaches to life. Instead of trying to make everyone fit one mold, diversity acknowledges people's differences and works with those differences to create a fairer and more productive workplace. The notion of diversity integrates awareness of, and respect for, differences into the way people communicate and interact.

Examples of our differences include:

Age
Gender
Race
Ethnic heritage
National origin
Skin color
Family status
Mental or physical abilities
Religion
Sexual orientation
Regional origin
Generation
Socioeconomic status
Education
Occupation
Work experience
Work style

How we respond to these differences can have either a NEGATIVE or POSITIVE impact on the work environment.

We must embrace our differences!

Here are some ways to embrace diversity:

- Be aware of and try to correct personal biases.
- Remember that "different" is a neutral term--it doesn't mean better or worse.
- Respectfully let co-workers know how you feel if they joke about or make negative comments about others.
- Reach out and invite people to join you.
- Get to know people from other cultures and share stories about your heritage and theirs (you may be surprised to find many common interests in addition to the differences).
- Be flexible and willing to try different, perhaps unfamiliar, approaches to situations, tasks and projects.
- Deal with conflicts right away instead of carrying grudges.
- Recognize each person as an individual with something important to offer the organization.

LGBT+

The LGBT community uses a variety of acronyms, such as LGBTQIA (Lesbian, Gay, Bisexual, Transgender, and Queer, Questioning, Intersex, Ally, Asexual) to self-identify. In our organization, we use LGBT+ as an inclusive term to refer to the community as a whole and to people who do not identify as heterosexual and/or cisgender (see below for definitions).

Note: Labels and terms change over time and resonate differently for people. ***Be sensitive and open to the language and labels individuals use for themselves. Pay attention and use the terms individuals use to self-identify.***

Terminology

- **ALLY**. A person who supports and stand up for the rights, dignity and well-being of LGBT+ people and their families.
- **SEXUAL ORIENTATION (SO)**. Describes who one is attracted to emotionally, romantically and/or sexually. It encompasses attraction, behavior and identity.
    - **Heterosexual (straight).** A sexual orientation that refers to individuals whose sexual and/or romantic and/or emotional attractions and behaviors focus exclusively or mainly on members of the opposite sex or gender identity.
    - **Lesbian.** A sexual orientation that describes a woman who is emotionally, romantically and/or sexually attracted primarily to other women.
    - **Gay**. A sexual orientation that describes a person who is emotionally, romantically and/or sexually attracted primarily to people of their own gender. It can be used regardless of gender identity, but is more commonly used to describe men.
    - **Bisexual**. A sexual orientation that describes a person who is emotionally, romantically and/or sexually attracted to people of their own gender and people of other genders.
    - **Asexual**. A sexual orientation characterized by a persistent lack of sexual attraction toward and gender.

- **GENDER IDENTITY (GI)**. A person's innermost concept of being a boy, man, girl, woman, or another gender. One's gender may not correspond with one's physical anatomy.GI does not determine SO and vice versa.
- **GENDER EXPRESSION.** How gender is conveyed externally, through physical appearance, voice, movement. Clothing, hair styles, makeup, voice, use of body such as posture and gait, are often means for expressing gender**.**
    - **Cisgender (cis)** Describes a person whose gender identity matches their gender/sex assigned at birth. A person who is not transgender.
    - **Transgender (Trans)**. Describes a person whose gender identity and assigned sex at birth do not correspond. Also used as an umbrella term to include gender identities outside of male and female.
- **Intersex.** A term used for a person born with reproductive or sexual anatomy that do not fit the typical definitions of female or male.
- **Questioning.** A term used to refer to people exploring their gender identity and/or sexual orientation.
- ***Queer.** Queer is a term whose connotation changed over time. In the past the term queer was used as a slur, a derogatory label used to hurt LGBT+ people or people perceived to be LGBT+. In recent years, people, mostly young people, have reclaimed the term as a label of pride. Some now use queer to refer to their sexual orientation and/or gender identity. Many use the term Queer interchangeably with LGBT+.

  ***Important:** Because historically, the label queer has been so hurtful, **please do not use the term Queer when talking to seniors unless they use this term for themselves and ask you to do so as well.**

Keep In Mind…

"The vast majority of LGBT+ older adults have lived through discrimination, social stigma, and the effects of prejudice both past and present, including a history of being labeled as criminals, sinners and mentally ill." (National Resource Center on LGBT Aging and SAGE, Inclusive Services for LGBT Older Adults, p.4)

We are proud of our Patient Non-Discrimination policy which includes sexual orientation and gender identity: *"Abramson Senior Care is a nonprofit organization and does not discriminate on the basis of race, color, national origin, religious creed, disability, ancestry, age, gender, gender identity, sexual orientation or genetic information in admissions, referrals, or the provision of care or serve."*

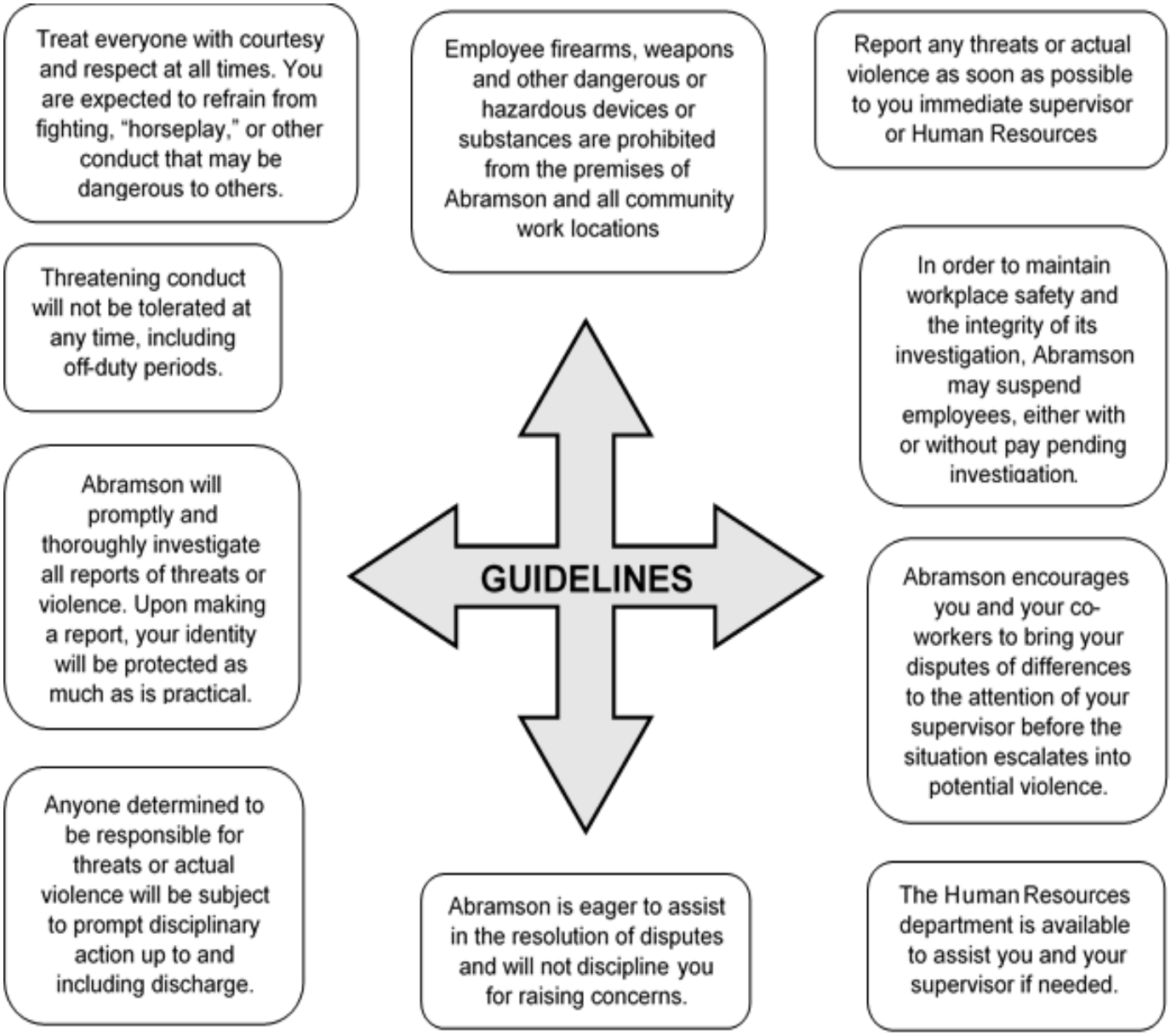
Sexual orientation and gender identity affect individuals in many ways throughout one's life. They influence a person's sense of self, social connections, interests, goals, losses, hopes, fears, health and well-being.

LGBT+ people are diverse as humanly possible. There are LGBT+ of all races, religion, nationalities, ethnicities and so on. Sexual orientation and gender identity are core aspects of each person, but not the only aspects. Get to know the whole person for people are multidimensional with rich histories and life stories.

- Respect how people self-identify and refer to themselves.
- During an individual's life time, their sexual orientation and/or gender identity may change.
- No one should be forced to disclose their sexual orientation and/or gender identity. It is a privilege to have someone feel comfortable and safe enough to come out to you. But they may not want that information shared with others. ***Respect and honor confidentiality and know that a person's LGBT+ status is protected health information. It is protected under HIPAA.***
- Some people only come out to a few individuals in their life time.
- ***It is up to each individual to decide whether and how to discuss and reveal their sexual identity and gender orientation, respect this decision.***

Violence in the Workplace

Abramson Senior Care is committed to preventing workplace violence and to maintaining a safe work environment



Anti-Harassment Policy

It is the policy of Abramson Senior Care to afford its employees a hospitable, cooperative and non-coercive environment in which to work. Harassment of any kind, directed at, or by, any employee will not be tolerated.

What is Harassment?

Harassment is any physical or verbal abuse of a person because of race, religion, age, gender, disability or any other legally protected status. The definition of harassment shall include, but is not limited to sexual, racial, religious and other forms of personal harassment.

Sexual Harassment:

- Includes sexual advances, request for sexual favors, and other unwelcome verbal or physical conduct of a sexual nature
- Two types of sexual harassment:
    - "Quid Pro Quo" (this for that) – one person requests or demands that another person provide some type of favor or service in exchange for something
        - Presented as a term or condition of employment (hiring, firing, promotion, pay, job duties, schedules, work assignments, etc.)
    - Harassment that creates a hostile work environment
        - Verbal statements, suggestions or comments
        - Physical advances, unwelcome touches, etc.
        - Visual displays of a sexual nature
        - Unwanted sexual requests or demands
- It is important to note that jokes and banter, which are "off-color" or sordid in nature, can be offensive and therefore should not be engaged in.

Center Policy for Harassment:

- Zero Tolerance (you will be terminated)
- Report concerns without fear of retaliation to supervisor, the Human Resources Department or the Compliance Hotline, 1-800-708-8598
- Annual training and awareness activities will be conducted
- Formal complaints of harassment will be investigated in a prompt and appropriate manner
- Employees are encouraged to raise concerns and make reports and can do so without fear of retaliation
- Anyone engaging in sexual or other unlawful harassment will be subject to disciplinary action, up to and including termination of employment

Revised 09/2018

Infection Control

Infectious Conditions:

- Hepatitis B (HBV) – major infectious bloodborne pathogen facing people in healthcare settings
  - Causes liver damage
  - Body fluids are infectious
  - Flu-like symptoms may be present or the person may have no symptoms
  - OSHA recommends that all employees who will have "reasonably anticipated" contact with blood or other body fluids be vaccinated to prevent HBV infections.
  - Job classifications that have the potential for occupational exposure include:
    - Physicians
    - Nursing Personnel
    - Home Care Personnel
    - Rehabilitation Therapists
    - Environmental Services
    - Recreation Personnel
    - Plant Operations
    - Food Service
    - Social Services

- Human Immunodeficiency Virus (HIV) – bloodborne pathogen that attacks the body's immune system causing the disease AIDS
  - HIV is transmitted primarily through sexual contact, but may also be transmitted through contact with blood and some body fluids
  - HIV is NOT transmitted by touching, feeding, or working with residents
  - HIV is NOT transmitted through casual contact

- Tuberculosis (TB) - bacterial infection that can spread through the lymph nodes and bloodstream to any organ in your body -- and most often is found in the lungs
  - Symptoms include coughing, fever, fatigue, night sweats, weight loss
  - All Center staff must have a 2-step TB test upon hire.

The Chain of Infection - - Three elements are required to spread infection:

1) **Source of infectious microorganisms (GERMS)** - - i.e., people (employees, residents, visitors), animals, contaminated object

2) **Susceptible host** (someone who is at greater risk for infection)
   - What are some of the conditions that cause people to be more at risk?
     - Being elderly
     - A weak immune system
     - Heart, lung, kidney disease
     - Cancer
     - Diabetes
     - Steroid therapy
     - Surgical incisions
     - Wounds

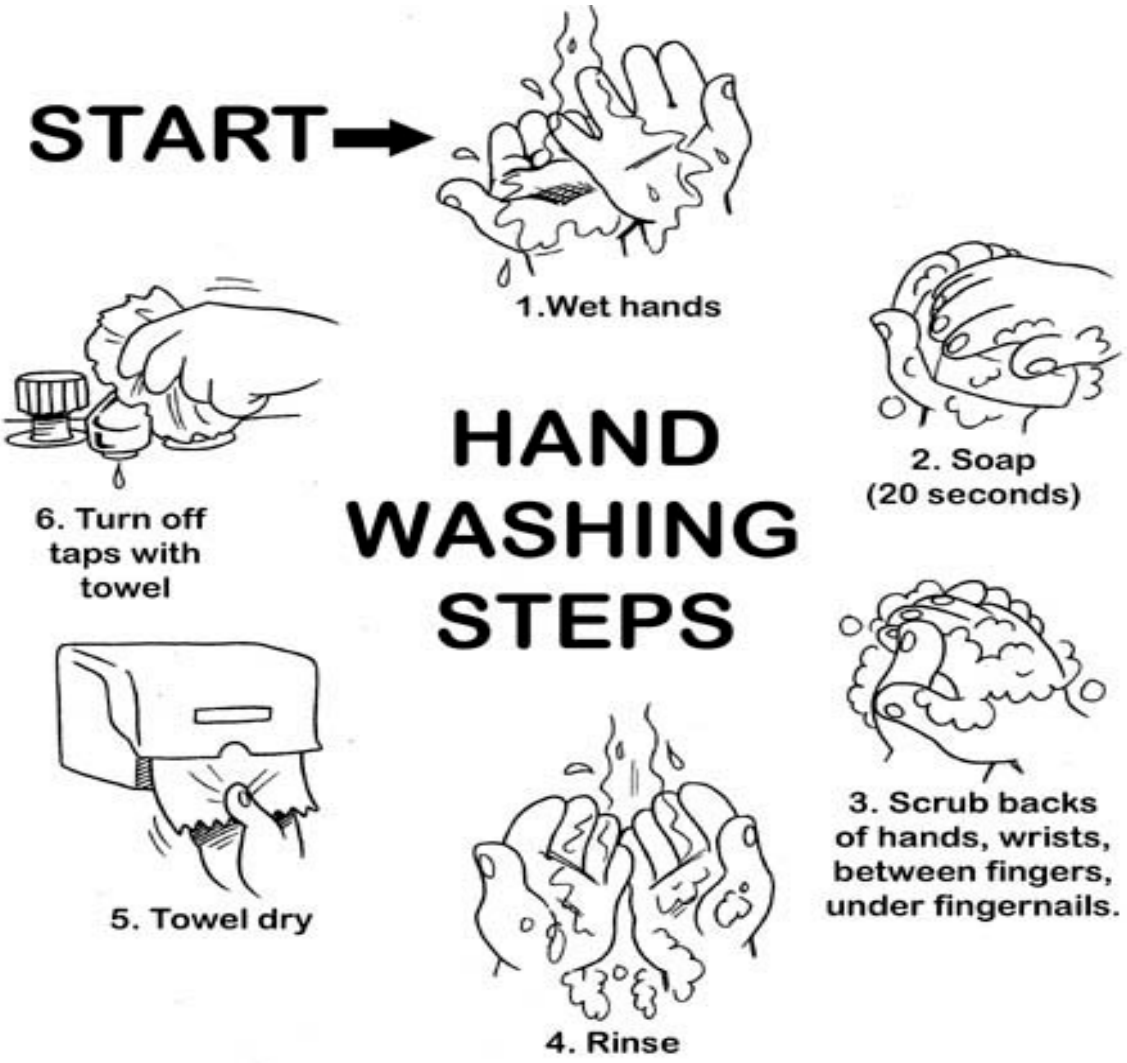
3) **Means of transmission**
   - Mouth
     - Coughing
     - Sneezing
     - Fingers/hands touching mouth after touching a contaminated object
   - Nose
     - Sneezing
     - Runny nose
     - Touching/scratching/rubbing after touching a contaminated object
   - Eyes
     - Touching or rubbing after touching a contaminated object
     - Inhalation of dust particles
   - Touch
     - Shaking hands
     - Sharing an object, food or beverage
   - Skin
     - Break in the skin
     - Injury caused by contaminated needle or other sharp object
   - Vectorborne
     - Insects

Preventing Exposure:

- Standard Precautions – Treat all human blood and body fluids as if it is infected with bloodborne pathogens
- Other precautions (contact, droplet, airborne) may be needed depending on how the resident's infection may be spread)
- Personal Protective Equipment (PPE) – protects you from exposure to infectious hazards when worn properly
  - Gloves
  - Gowns
  - Masks
  - Goggles/Eye Protection
  - Caps/Shoes Coverings
  - Dispose of all sharps in sharps containers

- ***HANDWASHING!!***
  - When should you wash your hands?
    - Wash hands before reporting to work and before going home
    - Before eating or drinking
    - Before and after using the toilet
    - After sneezing, coughing, or blowing your nose
    - After touching hair, face, etc.
    - After smoking
    - Before and after each contact with residents
    - After touching a resident or handling his or her belongings
    - Whenever hands are obviously soiled
    - After contact with any blood or body fluids
    - After handling any contaminated items (linens, soiled briefs, Dressings, etc.)
    - Before donning gloves and after removing gloves.

- Guidelines for use of alcohol-based hand sanitizer
  - Use only if hands are not visibly soiled
  - Before and after contact with residents
  - Before donning and after removing gloves
  - Before entering and leaving resident's room
  - After contact with resident equipment
  - Before preparing or handling medications
  - Follow hand washing guidelines
  - When using an alcohol-based hand sanitizer:
    - Apply product to the palm of one hand, using the amount of product indicated on the label.
    - Rub hands together.
    - Rub the product over all surfaces of hands and fingers until hands are dry



Personal Protective Equipment

Personal Protective Equipment (PPE) refers to protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection. The hazards addressed by personal protective equipment include physical, electrical, heat, chemicals, biohazards, and airborne particulate matter.

Types of PPE:

- Gloves
- Mask
- Gown
- Goggles
- Shoe coverings
- Hard hat
- Ear plugs
- Sharps containers- close the lid when they are ¾ full.

When a workplace hazard is present, OSHA requires the employer to put safeguards in place. These safeguards include:

- **Engineering Controls –** An engineering control is a device or mechanism with built-in features that remove a hazard from the work environment. An example of an engineering control is a sharps disposal container. These containers isolate contaminated sharps away from workers.
- **Work Practice Controls** – a work practice control is a way of doing your job that reduces your risk of being exposed to a hazard. An example of a work practice control is NOT recapping needles. This reduces the risk of needle-sticks that could expose healthcare workers to bloodborne pathogens. Put the lid on the sharps container when it is ¾ of the way full. You have the responsibility as an employee to follow through with departmental policies and procedures and all required trainings that you have received.

While you are working, PPE may become:
- Soiled
- Torn
- Damaged

When this happens:
- Remove the PPE **as soon as possible**.
- Wash the affected area with soap and water (as appropriate).
- Replace the PPE.

If you think you might have been exposed to infectious materials when the PPE was soiled,
report to your supervisor.

Follow these best practices for glove use:
- Wear gloves when you may have contact with blood or other potentially infectious material.
- Wear gloves when you may have contact with contaminated items or surfaces.
- Wear gloves when you enter the room of a patient.

Also follow these best practices:
- Wear the right size. Gloves too large or too small can increase the risk of injury or exposure.
- Keep fingernails clipped short. They should be no longer than ¼ inch long. Do not wear artificial nails.
- Use sterile gloves for invasive procedures.
- Use non-sterile exam gloves for non-invasive procedures.
- Replace soiled or damaged gloves as soon as possible.
- Always wash your hands after taking off gloves. Wash hands before putting on a new pair of gloves.
- Always change gloves between patients.
- Do not wash or reuse disposable gloves and do not wear in the hallways.

You must use a gown as PPE:

- When there is a risk of splashes or spills of infectious materials.
- When you are caring for a patient whose body fluids, blood, secretions, or excretions may come in contact with your skin or clothing.

Wearing a gown when working with a patient in isolation has two purposes:

- It protects the healthcare worker from contact with the infectious organism.
- It prevents transmission of the organism to other patients or the environment.

Wear a gown if you think your clothing is likely to touch the patient or items in the patient's room. Also wear a gown each time you enter the patient's room if the patient has:

- Incontinence
- Diarrhea
- Ileostomy
- Colostomy
- Wound drainage without a dressing

Always remove the gown and discard properly BEFORE leaving the isolation room.

To put on PPE, follow these steps in this order:

- Unfold the gown and hold it so the opening is toward your back. Place your arms through the sleeves. Tie the gown snugly at the neck and waist.
- Put on facial protection. The facemask should fit securely over the nose and mouth. Goggles should cover the eyes but not interfere with vision.
- Put gloves on last, ensuring that the cuffs of the glove cover the wrists and go over the gown.

When removing PPE, remember that isolation gear should be removed before you leave the patient's room. To remove PPE, follow these steps in order:

- Remove gloves first. Grasp the outside of the glove at the wrist with your other hand and pull to remove it. Ball the glove up in the fist of your gloved hand. Grasp the remaining glove inside the wrist, and slowly pull it downwards to remove. Dispose of the gloves in a proper receptacle.
- Remove the gown by pulling it off from the neckline, so that the sleeves end up turned inside out. Ball the gown and place it into an appropriate receptacle.
- Remove the face mask and place it into the correct trash container. Remove the goggles and place them in an area to be decontaminated.
- Once all items have been removed and discarded, carefully wash your hands including your wrists.

If you cannot find the PPE that you should be using, immediately contact your supervisor.

What to do if you are exposed to blood or body fluids:

- Follow Exposure Control Plan
- Examples of a significant exposure:
  - Human bite, which penetrates the skin layers producing an open wound
  - Exposure to blood and body fluids through non in tack skin such as open cut, abrasion or burn
  - Needle stick injury from IV's, syringe, lancets etc.
  - Splashes to the mucus membranes of eyes, nose, or mouth of blood or body fluid.
  - Employees who have had exposures to blood/body fluids with residents/ consumers, staff or visitors with known MRSA or other MDROs will also receive post exposure medical care.
- Immediately flush exposed area with soap and water for at least 3 – 5 minutes or use eye flush for 15 minutes
- Report to department director and a nursing supervisor immediately. The nurse will provide additional first aide if needed and determine if further medical care is needed based on the above criteria for significant exposure.
- Complete an Incident Report
- Follow-up evaluation recommended within 2 hours of exposure at Concentra (or Abington Memorial Hospital ER if after hours or on weekends). Notify HR Department. Notify the On-Call Nursing Manager if after hours or weekends.

Signs & Symptoms of Common Outbreaks

Influenza (The Flu):

What is influenza (also called flu)?

The flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu vaccine each year.

Signs and symptoms of flu:
People who have the flu often feel some or all of these signs and symptoms:

- Fever* or feeling feverish/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue (very tired)
- Some people may have vomiting and diarrhea, though this is more common in children than adults.

**It's important to note that not everyone with flu will have a fever.*

How flu spreads:

Most experts believe that flu viruses spread mainly by droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby. Less often, a person might also get flu by touching a surface or object that has flu virus on it and then touching their own mouth, eyes or possibly their nose.

Period of contagiousness:

You may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick. Most healthy adults may be able to infect others beginning 1 day **before** symptoms develop and up to 5 to 7 days **after** becoming sick. Some people, especially young children and people with weakened immune systems, might be able to infect others for an even longer time.

How serious is the flu?
Flu is unpredictable and how severe it is can vary widely from one season to the next depending on many things, including:

- what flu viruses are spreading,
- how much flu vaccine is available
- when vaccine is available
- how many people get vaccinated, and
- how well the flu vaccine is matched to flu viruses that are causing illness.

Certain people are at greater risk for serious complications if they get the flu. This includes older people, young children, pregnant women and people with certain health conditions (such as asthma, diabetes, or heart disease), and persons who live in facilities like nursing homes.

Preventing seasonal flu: Get vaccinated

The single best way to prevent the flu is to get a flu vaccine each season. There are two types of flu vaccines:

- "Flu shots" — inactivated vaccines (containing killed virus) that are given with a needle. There are three flu shots being produced for the United States market now.
    - The regular seasonal flu shot is "intramuscular" which means it is injected into muscle (usually in the upper arm). It has been used for decades and is approved for use in people 6 months of age and older, including healthy people, people with chronic medical conditions and pregnant women. Regular flu shots make up the bulk of the vaccine supply produced for the United States.
    - A high-dose vaccine for people 65 and older which also is intramuscular. This vaccine was first made available during the 2010-2011 season.
    - An intradermal vaccine for people 18 to 64 years of age which is injected with a needle into the "dermis" or skin. This vaccine is being made available for the first time for the 2011-2012 season.

- The nasal-spray flu vaccine — a vaccine made with live, weakened flu viruses that is given as a nasal spray (sometimes called LAIV for "Live Attenuated Influenza Vaccine"). The viruses in the nasal spray vaccine do not cause the flu. LAIV is approved for use in healthy* people 2 to 49 years of age who are not pregnant.

About two weeks after vaccination, antibodies develop that protect against influenza virus infection. Flu vaccines will not protect against flu-like illnesses caused by non-influenza viruses. The seasonal flu vaccine protects against the three influenza viruses that research suggests will be most common.

Foodborne Illnesses:

What is foodborne illness (disease, infection)?

Foodborne illness (sometimes called "foodborne disease," "foodborne infection," or "food poisoning) is a common, costly—yet preventable—public health problem. Each year, 1 in 6 Americans gets sick by consuming contaminated foods or beverages. Many different disease-causing microbes, or pathogens, can contaminate foods, so there are many different foodborne infections. In addition, poisonous chemicals, or other harmful substances can cause foodborne diseases if they are present in food.

What are the most common foodborne diseases?

According to the Centers for Disease Control (CDC), the following five pathogens cause the most cases of foodborne illness, hospitalization and death:

- ***Salmonella*** is a bacterium that can spread to humans through a variety of different foods of animal origin. The illness it causes, salmonellosis, typically includes fever, diarrhea and abdominal cramps. In persons with poor underlying health or weakened immune systems, it can invade the bloodstream and cause life-threatening infections

- ***Listeriosis*** is a serious infection usually caused by eating food contaminated with the bacterium *Listeria monocytogenes*. The disease primarily affects older adults, pregnant women, newborns, and adults with weakened immune systems. However, rarely, persons without these risk factors can also be affected. The risk may be reduced by recommendations for safe food preparation, consumption, and storage.

  Symptoms of Listeriosis include fever and muscle aches, sometimes preceded by diarrhea or other gastrointestinal symptoms. Almost everyone who is diagnosed with listeriosis has "invasive" infection, in which the bacteria spread beyond the gastrointestinal tract.

- ***Campylobacter*** is a bacterial pathogen that causes fever, diarrhea, and abdominal cramps. It is the most commonly identified bacterial cause of diarrheal illness in the world. These bacteria live in the intestines of healthy birds, and most raw poultry meat has Campylobacter on it. Eating undercooked chicken, or other food that has been contaminated with juices dripping from raw chicken is the most frequent source of this infection.

- ***Clostridium perfringens*** *(C. perfringens)* is commonly found on raw meat and poultry. It can survive in conditions with very little or no oxygen. C. perfringens produces a toxin that causes illness.

- ***Norovirus*** (previously called Norwalk-like virus) is an extremely common cause of foodborne illness. It causes an acute gastrointestinal illness, usually with more vomiting than diarrhea, that generally resolves within three days. Norovirus spreads primarily from one infected person to another, often through contaminated food, water, or environmental surfaces. Infected kitchen workers can contaminate a salad or sandwich as they prepare it, if they have the virus on their hands.

Signs and symptoms to look for:

The following are some general symptoms of foodborne illness:

- Nausea
- Vomiting
- Diarrhea
- Fever
- Abdominal cramps
- Muscle Aches

Viral Gastroenteritis:

What is viral gastroenteritis?

Gastroenteritis is inflammation of the stomach and small and large intestines. Viral gastroenteritis is an infection caused by a variety of viruses that results in vomiting or diarrhea. It is often called the "stomach flu," although it is not caused by influenza viruses.

What causes viral gastroenteritis?

Many different viruses can cause gastroenteritis. Viral gastroenteritis is not caused by bacteria, parasites, medications, or other medical conditions, although the symptoms may be similar. A doctor can determine if the symptoms are caused by a virus or by something else.

What are the symptoms of viral gastroenteritis?

The main symptoms of viral gastroenteritis are watery diarrhea and vomiting. The affected person may also have headache, fever, and abdominal cramps ("stomach ache"). In general, the symptoms begin 1 to 2 days following infection with a virus that causes gastroenteritis and may last for 1 to 10 days, depending on which virus causes the illness.

Is viral gastroenteritis a serious illness?

For most people, it is not. People who get viral gastroenteritis almost always recover completely without any long-term problems. Gastroenteritis is a serious illness, however, for persons who are unable to drink enough fluids to replace what they lose through vomiting or diarrhea. Infants, young children, and persons who are unable to care for themselves, such as the disabled or elderly, are at risk for dehydration from loss of fluids. Immune compromised persons are at risk for dehydration because they may get a more serious illness, with greater vomiting or diarrhea. They may need to be hospitalized for treatment to correct or prevent dehydration.

Is the illness contagious? How are these viruses spread?

Yes, viral gastroenteritis is contagious. The viruses that cause gastroenteritis are spread through close contact with infected persons. Individuals may also become infected by eating or drinking contaminated foods or beverages.

When should a doctor be consulted about a diarrheal illness?

A health care provider should be consulted for a diarrheal illness that is accompanied by:

- High fever (temperature over 101.5 F, measured orally)
- Blood in the stools
- Prolonged vomiting that prevents keeping liquids down (which can lead to dehydration)
- Signs of dehydration, including a decrease in urination, a dry mouth and throat, and feeling dizzy when standing up.

Can viral gastroenteritis be prevented?

People can reduce their chance of infection with frequent handwashing, prompt disinfection of contaminated surfaces with household chlorine bleach-based cleaners, and prompt washing of soiled articles of clothing.

Methicillin-resistant Staphylococcus aureus (MRSA) Infections

What is MRSA?

MRSA is methicillin-resistant *Staphylococcus aureus*, a type of staph bacteria that is resistant to many antibiotics. In a healthcare setting, such as a hospital or nursing home, MRSA can cause severe problems such as bloodstream infections, pneumonia and wound infections.

How is MRSA Spread in Healthcare Settings?

People who have MRSA germs on their skin or who are infected with MRSA may be able to spread the germ to other people. MRSA can be passed on to bed linens, bed rails, bathroom fixtures, and medical equipment. It can spread to other people on contaminated equipment and on the hands of staff, residents and visitors.

What are Symptoms of MRSA?

Most staph skin infections, including MRSA, appear as a bump or infected area on the skin that might be:

- Red
- Swollen
- Painful
- Warm to the touch
- Full of pus or other drainage
- Accompanied by a fever

Often, people first think the area is a spider bite; however, unless a spider is actually seen, the irritation is likely not a spider bite.

How are MRSA infections treated?

There are antibiotics that can kill MRSA germs. Some people with MRSA abscesses may need surgery to drain the infection.

What steps should be taken to prevent MRSA infections?

To prevent MRSA infections:

- Clean your hands with soap and water or an alcohol-based hand rub before and after caring for each resident
- Carefully clean resident rooms and medical equipment.
- Do not share personal items among residents. Personal items include towels, washcloths, razors and clothing.
- When caring for residents who have MRSA:
    - Put on gloves and wear a gown over clothing while taking care of residents with MRSA.
    - Visitors may also be asked to wear a gown and gloves.
    - When leaving the room, remove gown and gloves and clean hands.
    - Keep wounds covered with clean, dry bandages until healed. Follow the doctor's instructions about proper care of the wound. Pus from infected wounds can contain MRSA so keeping the infection covered will help prevent spread to others. Bandages and tape can be thrown away with the regular trash.
    - Wash used sheets, towels, and clothes with water and laundry detergent. Use a dryer to dry them completely.

Clostridium difficile (C. diff) Infection

What is C. diff?
Clostridium difficile (C. diff) is a bacterium that causes inflammation of the colon, known as colitis. People who have illnesses or conditions requiring prolonged use of antibiotics, and the elderly, are at greatest risk of acquiring this disease. The bacteria are found in the feces of infected persons.

People can become infected if they touch items or surfaces that are contaminated with feces and then touch their mouth or mucous membranes. Healthcare workers can spread the bacteria to others or contaminate surfaces through hand contact.

What are the Symptoms of C. diff?

Symptoms include:

- Watery diarrhea (at least three bowel movements per day for two or more days)
- Fever
- Loss of appetite
- Nausea
- Abdominal pain/tenderness

How is C. diff Transmitted?

Clostridium difficile is carried in feces. Any surface, device, or material (e.g., toilets, bath tubs, and rectal thermometers) that becomes contaminated with feces may serve as a reservoir for the Clostridium difficile spores.

Clostridium difficile spores are transferred to residents mainly via the hands of staff or visitors who have touched a contaminated surface or item. Clostridium difficile can live for long periods on surfaces.

How is C. Diff Treated?

In about one in four patients, Clostridium difficile infection will resolve within 2-3 days of discontinuing the antibiotic to which the patient was previously exposed. Clostridium difficile is generally treated for 10 days with antibiotics prescribed by the healthcare provider. The drugs are effective and appear to have few side-effects.

How can Clostridium difficile infection be prevented in healthcare settings?
Use Contact Precautions for residents with known or suspected C. diff infection:

- Use gloves when entering residents' rooms and while providing care.
- Wash hands thoroughly after removing gloves.
- Because alcohol does not kill C. diff spores, use of soap and water is more effective than alcohol-based hand rubs.
- C. Diff is more difficult to wash from hands than other pathogens, so wearing gloves is essential to prevent contamination of your hands
- Use gowns when entering patients' rooms and during patient care.
- Clean any shared medical equipment.
- Continue these precautions until diarrhea ceases.

Revised 09/2018

Resident Rights & Psychosocial Needs

Residents have guaranteed rights by federal and state law. Residents have the right to manage their own finances, be fully informed of their health in a language they understand, administer their own medication and be able to speak freely.

It is imperative that we support the rights of the residents and offer them opportunities to make decisions as much as possible. Decisions may involve things such as clothing, meals, bathing, recreation, etc.

Consider how you would want to be cared for if you began to need assistance with your daily needs. How would you want to be treated?
Think of this each day when interacting with the residents.

Residents' Rights:

- Right to be a citizen
- Right to know
  - To be fully informed of their health status, care and treatment in a language the resident understands
    - Abramson Senior Care will provide an interpreter if needed for a resident/ consumer so they may understand the information being provided to them
  - To be fully informed in advance about their care and treatment, and of any changes in care or treatment that may affect well-being
  - To manage their own financial affairs
  - To examine the results of the most recent survey of the facility by federal or state surveyors
- Right to choose
  - To choose a personal physician, and to know his/her name, address and phone number
  - To participate in planning his/her care and treatment
  - To give informed consent and to refuse treatment
  - To formulate advance directives, such as a living will or durable power of attorney (DPOA) for health care
  - To participate or not participate in any research study and to withdraw from a study at any time
  - To perform services for the facility
  - To remain in the facility unless: transfer or discharge is necessary for resident's well-being; resident's needs cannot be met in the facility; resident has not paid his/her share of the cost of care; or there is a danger to the well-being of other residents.
  - To participate or refuse to participate in family, social, spiritual or community activities or groups.
- Right to privacy and confidentiality
  - To privacy and confidentiality of personal & clinical records, and other personal information, this includes medical treatment, written and telephone communications, personal care, visits and meetings with family and resident groups
  - To refuse release of personal and clinical records, except if resident is transferred to another health-care institution, or if record release is required by law
- Right to voice grievances

- Right to dignity, respect and quality of life
    - To personal freedom, security, and choice in an environment that preserves dignity & contributes to a positive self-image
    - To considerate care that respects personal values, beliefs, cultural & spiritual preferences & life-long patterns of living
    - To be free from physical or chemical restraints
    - To be free from verbal, sexual, physical or mental abuse, corporal punishment and involuntary seclusion
    - To keep personal possessions
    - To administer their own medications, provided the care team has determined this is a safe practice
    - To a Resident Council
    - To reasonable accommodations of individual needs & preferences
    - To impartial access to treatment or accommodations
    - To effective communication
    - To arrange for transportation for medical/dental appointments and other services as needed
    - To have the right to privacy which extends to employee use of various social media including Facebook, Twitter, text and cell phone camera
- Right to be in contact with others
    - To contact and have immediate access to:
        - any representative from the Department of Health
        - any representative of the state
        - his/her physician
        - the long-term care ombudsman
        - agencies responsible for the welfare of individuals with developmental disabilities or mental illness
        - family members/visitors
        - other residents and friends

Psychosocial Needs

In order to better understand the social and psychological needs of the residents, we should have information about their life before they moved to Abramson or began to receive services. This will help us better understand the resident and how they will adjust to their new lifestyle.

Living Arrangements – Did they live with extended family? How many people are they used to living with? Did they move around a lot? Did they live in an apartment or a house?
Vocational Background/Career – How might this impact their adjustment? Were they very active in their professional life? What type of activities are they used to participating in?
Family Relationships – Are their family relationships good or bad? Did they have any siblings or were they an only child? Was their extended family important?
Economic – Did they struggle with finances or were they more financially secure?
Educational – How much education do they have? Will they be interested in continued learning opportunities?
Religious – How strong has faith been in their life? Will this be important to them now?

How does aging affect someone psychosocially?

Self Esteem:

- Body image issues: no longer look or feel the same; no longer able to care for self
- Loss of employment: may no longer feel useful
- Pattern of satisfaction/dissatisfaction with relationships typically don't change
- Changes in relationships occur; established roles may reverse
- Relationships with others are very important to older adults – Losses of friends and family members result in greater importance in current relationships; not many friends/peers still alive
- Still have needs/desire for intimacy and/or sexual needs-this may be kissing, hugging, hand holding or closer physical contact; we need to support this as much as possible.
- Feelings of hopelessness

Independence:

- Loss of control for decisions
- Loss of independence
- Foster independence as much as possible: both in functioning and decision-making
- Residents should be encouraged to socialize and participate in activities.
- Older adults value their relationships with friends and family more as they age.
- Elders want warmth, love, closeness and intimacy.
- Independence is very important to elders and we should allow them to make as many decisions on their own as possible.

Spirituality:

- Spiritual needs of elders are very important as they face many losses and changes that occur with age.

"Abramson Senior Care is a nonprofit organization and does not discriminate on the basis of race, color, national origin, religious creed, disability, age, gender, gender identity, sexual orientation or genetic information in admissions, referrals, or the provision of care or service."

Revised 09/2017

Dementia & Alzheimer's Disease

DEMENTIA is a slow, progressive loss of mental functions, including memory, thinking, judgment, the ability to learn and behavioral abilities. Dementia is not considered a disease by itself; it is a syndrome, or group of symptoms, that can be caused by many different diseases. The symptoms of dementia are often severe enough to stop people from performing their normal daily activities.

ALZHEIMER'S DISEASE, the most common cause of dementia among older people, is an irreversible brain disease that slowly destroys memory and thinking skills, and eventually even the ability to carry out the simplest tasks.

Dementia and Alzheimer's disease range in severity from the mildest stage, in which a person's functioning is just beginning to be affected, to the most severe stage, when the person must depend completely on others for basic activities of daily living.

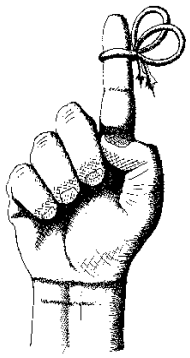
Causes:

There are many different cause of dementia, including the following:

- Diseases that affect the nerve cells in the brain, such as Alzheimer's Disease, Multiple Sclerosis, Parkinson's' Disease, Huntington's Disease and Pick's Disease
- Stroke and other vascular disorders
- Toxic reactions from excessive alcohol or drug use
- Brain tumors
- A lack of specific nutrients in the diet, such as vitamin B12 and folate
- Infections that affect the brain and spinal cord
- Head injuries
- Radiation therapy to the head
- Cardiac arrest
- Chronic illness of the kidneys, liver or lungs

Ten Warning Signs of Dementia:

Keep these warning signs in mind as you care for residents. If you notice these signs developing in any of the people you care for, report the situation to your supervisor. Your observations may help them receive an early diagnosis and important early treatment.



1. Memory loss
2. Problems performing everyday tasks
3. Difficulty with language
4. Confusion about time and place
5. Poor or impaired judgment
6. Problems with abstract thinking
7. Misplacing items
8. Changes in mood or behavior
9. Changes in personality
10. Loss of initiative

Caring for Residents with Dementia:

Caring for a resident with dementia can be very challenging. Basic activities of daily living, such as dressing, bathing and eating, often become difficult for both the resident/ consumer and his/her caregivers. **Each person with dementia is unique and will respond differently to the interventions that you use. An important strategy is getting to know the residents in your care as well as you can.** Learn what approaches are most effective with them and work as a team with your co-workers to provide support and care. Always seek assistance and support from your supervisor and co-workers when you have difficulty or are not sure what to do.

General Care Tips:

- Be patient, respectful and calm
- Make sure your speech, tone of voice and body language show the resident that you are kind, calm, supportive and non-threatening
- Establish and maintain a consistent routine as much as possible; do things at the same time of day each day – this can be reassuring to the person with dementia and help him/her remember when and how to do things
- Promote the person's independence by encouraging him/her to do as much of each task as he/she is able to do
- Be sensitive to what the resident is going through
- Do not take negative or aggressive behaviors personally

Communication:

Trying to communicate with a person with dementia can be challenging. People with dementia often have a hard time expressing their thoughts and feelings. Dementia also makes it difficult for the resident to understand others.

Here are ten quick tips for better communication:

1. Be calm and supportive
2. Focus on the feelings, not the facts
3. Pay attention to your tone of voice
4. Address the person by his or her name
5. Speak slowly, and use short, simple words and sentences
6. Ask one question at a time
7. Avoid vague, confusing words and negative statements
8. Don't talk about the person as if he or she weren't there
9. Use unspoken communication, like pointing and other gestures
10. Be patient, flexible and understanding

Bathing:

Some people with Alzheimer's disease find bathing to be a frightening, confusing experience. Preparing in advance can help bath time be calmer and more pleasant for both the caregiver and the resident.

- Plan the bath or shower for the time of day when the resident is most calm and agreeable.
- Tell the resident what you are planning to do, step by step, and encourage him/her to do as much as possible.
- Be sensitive to the temperature of the room and the water. Keep extra towels and a robe nearby. Test the water temperature before beginning the bath or shower.

Dressing:

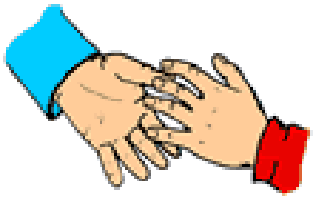
For a person with dementia, getting dressed presents a series of challenges: choosing what to wear, getting clothes off and on, and struggling with buttons and zippers.

- Guide the resident to making appropriate clothing choices by limiting his/her selection – consider the weather and the occasion and give him/her a few appropriate options from which to select
- Arrange clothing pieces in the order they are to be put on to help the person move through the process
- Choose clothing that is comfortable and easy to get on and off.

Eating:

Mealtime can be a challenge. Some people with dementia want to eat all the time, while others have to be encouraged to maintain healthy eating habits.

- Aim for a quiet, calm, reassuring mealtime atmosphere by limiting noise and other distractions
- Give the person food choices, but limit the number of choices to help avoid confusion.
- Try to offer appealing foods that the resident likes with varied textures and different colors.
- If the resident has difficulty chewing or swallowing, or refuses to eat, report this to the nurse or your supervisor right away
- Make healthy snacks and finger foods available. In the earlier stages of dementia, be aware of the possibility of overeating.
- Encourage the resident to drink plenty of fluids throughout the day to avoid dehydration.
- As the person's condition progresses, be aware of the increased risk of choking because of chewing and swallowing problems.



Activities:

Finding activities that the person with dementia is able to do and is interested in can be a challenge. Building on current skills and interests generally works better than trying to teach something new.

- Simple activities are often best, especially when they use current abilities.
- Help the person get started on an activity. Break the activity down into small steps and praise the person for each step he/she completes
- Watch for signs of agitation or frustration with an activity. Gently help or redirect the person to something else.

Incontinence:

As the disease progresses, many people with Alzheimer's begin to experience urinary and/or bowel incontinence. Incontinence can be difficult for the caregiver but is also very upsetting, embarrassing and uncomfortable for the resident.

- Have a routine for taking the person to the bathroom and stick to it as closely as possible. Take him/her to the bathroom at the designated times; don't wait for the person to ask.
- Watch for signs that the resident may have to go to the bathroom, such as restlessness, pulling at clothes or other signs of discomfort. Respond quickly.
- Be understanding when accidents occur and do not take these occurrences personally. Stay calm and reassure the resident if he/she is upset. Try to keep track of when accidents happen to help plan ways to avoid them
- To help prevent nighttime accidents, limit certain types of fluids – such as those with caffeine – in the evening.

Sleep Problems:

Many people with Alzheimer's disease become restless, agitated and irritable around dinnertime, often referred to as "sundowning" syndrome. Getting the person to go to bed and stay in bed through the night may require some special approaches.

- Make sure the person gets adequate rest during the day because fatigue can increase the likelihood of late afternoon restlessness
- Try to schedule physically demanding activities, such as bathing or large meals, earlier in the day.
- Set a quiet, peaceful tone in the evening to encourage sleep. Keep the lights dim, eliminate loud noises, and even play soothing music if the person seems to enjoy it.
- Limit caffeine intake.

Hallucinations and Delusions:

As dementia progresses, the person may experience hallucinations and/or delusions. Hallucinations occur when the person sees, hears, smells, tastes, or feels something that is not there. Delusions are false beliefs that the person thinks are real.

- Sometimes hallucinations and delusions are signs of physical illness. Report your observations to the nurse and your supervisor.
- Avoid arguing with the person about what he or she sees or hears. Try to respond to the feelings he or she is expressing. Comfort the person if he or she is afraid.
- Turn off the television set or move the person to another activity when violent or disturbing programs are on. A person with dementia may not be able to distinguish television programming from reality.
- Make sure the resident is safe and does not have access to anything he or she could use to harm him/herself or someone else.

Elopement / Wandering:

Keeping the person safe is one of the most important aspects of caregiving.
Some people with dementia have a tendency to wander away from their residence or their caregiver.

- Provide close monitoring and supervision
- Provide activities of interest to the resident
- Redirect the resident to alternate activities
- Encourage moving around and exercising to reduce anxiety, agitation and restlessness
- Encourage family and friends to visit
- Reassure the person if he or she feels lost, abandoned or disoriented
- Avoid busy places that are confusing and can cause disorientation
- Do not leave someone with dementia unsupervised in new or unfamiliar surroundings
- Decorate room with familiar objects and pictures
- Provide regular, supervised walks outside the household
- Staff must always observe the resident's behavior because changes in mental and physical status may happen slowly over time. All Center staff are responsible for being aware of areas where residents should not be. (i.e. parking lots, loading dock, stair towers, basement, etc.)
- Residents identified as being "at risk" will wear a Wander Guard transponder placed on their wrist or ankle. This will set off an alarm if the resident attempts to leave the building through the Main or Inn entrances.
- If a resident elopes…
    - Notify supervisor immediately
    - Notify security
    - Determine resident's whereabouts… Make sure they are not with family or on a scheduled appointment or outing
    - Perform a thorough household search
    - Search throughout the Center and the grounds

Summary:

People with dementia are still able to experience joy, comfort and meaning in their lives. For our residents with dementia, quality of life depends on the quality of the relationships they have with the staff who are caring for them.

Each person with dementia is unique, with different strengths and needs which will change over time as the disease progresses. Staff can determine how best to serve each resident by knowing as much as possible about his/her personality, preferences and abilities. Work as a team with your co-workers, supervisor(s), the resident and his/her family members to achieve the best functioning and a high quality of life.

Revised 10/2011

Body Mechanics & Ergonomics

Ergonomics looks at what kind of work you do, what tools you use and your whole job environment. The aim is to find the best fit between you and your job conditions.

Body mechanics is the utilization of correct muscles to complete a task safely and efficiently, without undue strain on any muscle or joint.

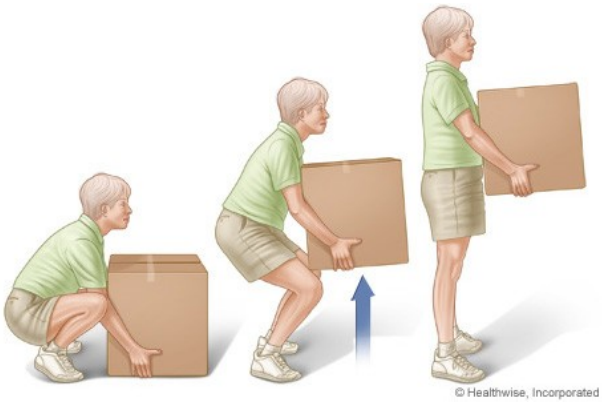
Using the principles of ergonomics and good body mechanics reduces the risk of injury at work.

Rules of good body mechanics include:

- Bend at hips and knees, using strong leg muscles to lift, instead of your back
- Get as close to the load as possible
- Keep feet slightly apart
- Keep head and shoulders upright

Tips for proper lifting include:

- Pre-plan your lift
- Get help if you need it
- Bend at hips and knees
- Lift smoothly
- Turn with feet – do not twist your back



Risk factors to neck and back include:

- Improper body positioning
- Poor body mechanics
- General lack of physical exercise
- Tension and emotional stress
- Poor work habits

Guidelines for working with computers include:

- Keep computer screen at eye level
- Avoid resting arms or wrists on sharp edges of desk
- Chair back rest properly adjusted
- Elbow, hip, and knee angles should be 90 degrees
- Wrists should be in a neutral position (do not flex or bend)

Revised 12/2010

Emergency Preparedness

Centers for Medicare and Medicaid Services (CMS) – CMS is the federal oversight for healthcare emergency preparedness rules. Under the CMS rules:

- **Emergency Preparedness Rule**
  - All hazards vulnerability assessment: identifies relevant hazards and risk to the Abramson Senior Care business units
  - Emergency Operation Plan: contains pre-emergency, preparedness, response and recover policy and procedure
  - Emergency Preparedness Communication Plan: a plan to notify residents, families and staff in the event of a crisis or emergency
  - Training: annual emergency preparedness training for all staff, affiliated contractors and volunteers
  - Drills and Exercises: annual exercises and community-based drills

- **What is a disaster?**
  - Events that disrupt business continuity
  - Size and scope is fluid: small to large
  - Disasters will make you feel anxious
  - Are additional resources needed? If so, what? Staff, facilities, supplies (food, water, medical), etc.

- **Emergency Call Down Roster**
  - Chain of notification to essential personnel for response to an emergency

- **Nursing Home Incident Command System (NHICS)**
  - A scalable incident management system for the size and scope of the emergency in the healthcare environment
  - The incident commander is the initial staff member that assesses the emergency and calls for additional resources. They are incident commander until relieved by transfer of command of a more applicable person.

- **Emergency Operations Plan (EOP)**
  - Can be found in the security office, command centers and on the Abramson Intranet. The EOP plan contain the following items:
    - Pre-Emergency
    - Preparedness
    - Response and Recovery information for all identified hazards in the Hazard Vulnerability Assessment
    - Policies and Procedures
    - Communications Plan
    - Business Continuity/Recovery

Fire Preparedness:

- Fire Alarm Pull Stations will signal the monitoring company
- The Center is equipped with an Automatic Fire Alarm Detection System
- Fire Doors will automatically close when a system is activated. These doors do not lock and should never be blocked or propped open.
- Fire Bell System will only ring in the Villa that initiated the alarm
- Companion phones should be used to alert the safety team
- Fire Extinguishers should only be used as personal protectors (i.e. to clear a path for someone who is trapped by fire). Do not try to fight the fire yourself.
- Evacuate ambulatory residents first and then non-ambulatory
- RACE = Rescue, Alarm, Contain, Extinguish
- PASS = Pull, Aim, Squeeze, Sweep

Fire Procedures:

- Remove residents & visitors from immediate danger
- Notify other staff nearby
- Dial **5555** to report the fire
- Take residents to common area and close the doors
- Evacuate horizontally and then vertically.
- When using a mega mover to evacuate vertically there must be a minimum of 4 people to properly transport a resident in a mega mover.
- Be sure corridors are clear
- Await further instructions
- If you need to evacuate, ambulatory residents are evacuated first & staff are to stay with residents when safe area is reached

Evacuation:

There are two types of evacuations. Horizontal is the evacuation of residents on one household to the adjacent household, away from the immediate fire area, and close to a means of exit from the building. The second evacuation is Vertical which is downward by the nearest fire exit then to the outside. This method should be used whenever there is danger of continued fire or smoke. If we have to evacuate a resident during a fire, we should always evacuate horizontally and then vertically.

- Do not use elevators in an evacuation.
- Ambulatory residents are directed along designated routes. When using stairwells keep to the right side leaving the left side for the Fire Department.
- Non-ambulatory residents are moved using wheelchairs or stretchers. **Residents are NOT to be evacuated by moving beds.**
- After evacuating residents, place “Room Cleared” signs on the door. “Room Cleared” signs are located in all fire extinguisher cabinets on each household.

Armed Intruder

- Any employee can report and activate the “Active Deadly Weapon/Armed Intruder Incident Response” by pressing the panic button located at the Front Desk and Security or by dialing 911.
- When the panic button is pressed an overhead audible notification will broadcast the following “***Security Event-Armed Intruder: This is NOT a drill take protective action NOW”.***
- If the threat is distant staff will focus on patient/resident safety by directing residents to evacuate and/or hide.
- If the threat is immediate staff should transition to the Active Deadly Weapon Safety Action Plan by:

RUN/GET OUT – HIDE OUT – FIGHT/TAKE OUT

Power Failure Procedures:

- Report it by dialing **4899**
- Stay at your station until further instructions
- Plant Operations will remain in contact with staff throughout the emergency
- If phone service is lost, attempt to use a cellular phone to contact the supervisor

Flood Disaster Procedure:

- Remove all residents from immediate area
- Dial **5555** to report it
- Turn off all electrical equipment except for lights if you may safely do so
- Do not use elevators if water is near
- Remain at work station until further instruction

Bomb Threat:

- If you receive a phone call claiming a bomb threat, attempt to get as much information as possible from the caller
- Dial **5555** to report it
- Do not handle what may appear to be a bomb

Lock-Out / Tag-Out:

- Lockout-Tagout (LOTO) or lock and tag is a safety procedure which is used to ensure that dangerous machines are properly shut off and not able to be started up again prior to the completion of maintenance or servicing work. It requires that hazardous energy sources be "isolated and rendered inoperative" before work is started on the equipment in question.
- Only an authorized user, can apply a lock or tag to a piece of equipment. An authorized user is somebody who has received step by step directions on how to complete this procedure. If you are not an authorized employee, and see a lock or tag on a piece of equipment, DO NOT attempt to use that piece of equipment until the lock and tag is removed.

Suspicious Mail or Packages

If you see a suspicious letter or package:

- Stop. Don't handle.
- Isolate it immediately
- Don't open, smell, or taste.
- Activate your emergency plan and notify a supervisor.

Signs of suspicious mail or packages

- No return address
- Restrictive markings
- Sealed with tape
- Misspelled words – badly typed or written
- Unknown powder or suspicious substance
- Possibly mailed from a foreign country – excessive postage
- Excessive tape
- Oily stains, discolorations, crystallization on wrapper
- Strange odor
- Incorrect title or addressed to title only
- Rigid or bulky
- Lopsided or uneven
- Protruding wires

Revised: 01/2018

Globally Harmonized System

OSHA revised its Hazard Communication Standard (HCS) for Classification and Labeling of Chemicals. OSHA's Hazard Communication Standard gives all employees working around hazardous chemicals the "right to know" of possible dangers and how to protect themselves.

There are two significant changes contained in the revised standard:

1) Enhanced labeling elements
2) Standardized format for Safety Data Sheets (SDS), formerly known as Material Safety Data Sheets (MSDS)

Safety Data Sheets (formerly Material Safety Data Sheet) has 16 Sections:

Each chemical used at Abramson Senior Care will be required to have a Safety Data Sheet (SDS) on file. Effective June 1, 2016, the Safety Data Sheets are required to be in a uniform format and include the section numbers, headings and associated information below:

Section 1, Identification includes product identifier, manufacturer or distributor name, address, phone number, emergency phone number, recommended use and restrictions on use.

Section 2, Hazard(s) Identification includes hazards regarding the chemical and required label elements.

Section 3, Composition/Information on Ingredients includes information on chemical ingredients and trade secret claims.

Section 4, First Aid Measures includes important symptoms/effects, required treatment, etc.

Section 5, Fire Fighting Measures lists suitable extinguishing techniques, equipment and chemical hazards from fire.

Section 6, Accidental Release Measures lists emergency procedures, protective equipment, proper methods of containment and cleanup.

Section 7, Handling and Storage lists precautions for safe handling and storage, including incompatibilities.

Section 8, Exposure Controls/ Person Protection lists OSHA's Permissible Exposure Limits (PELs), Threshold Limit Value (TLVs), engineering controls and personal protective equipment (PPE).

Section 9, Physical and Chemical Properties lists the chemical's characteristics.

Section 10, Stability and Reactivity lists chemical stability and possibility of hazardous reactions.

Section 11, Toxicological Information includes routes of exposure, related symptoms, acute and chronic effects and numerical measures of toxicity.

Section 12, Ecological Information

Section 13, Disposable consideration

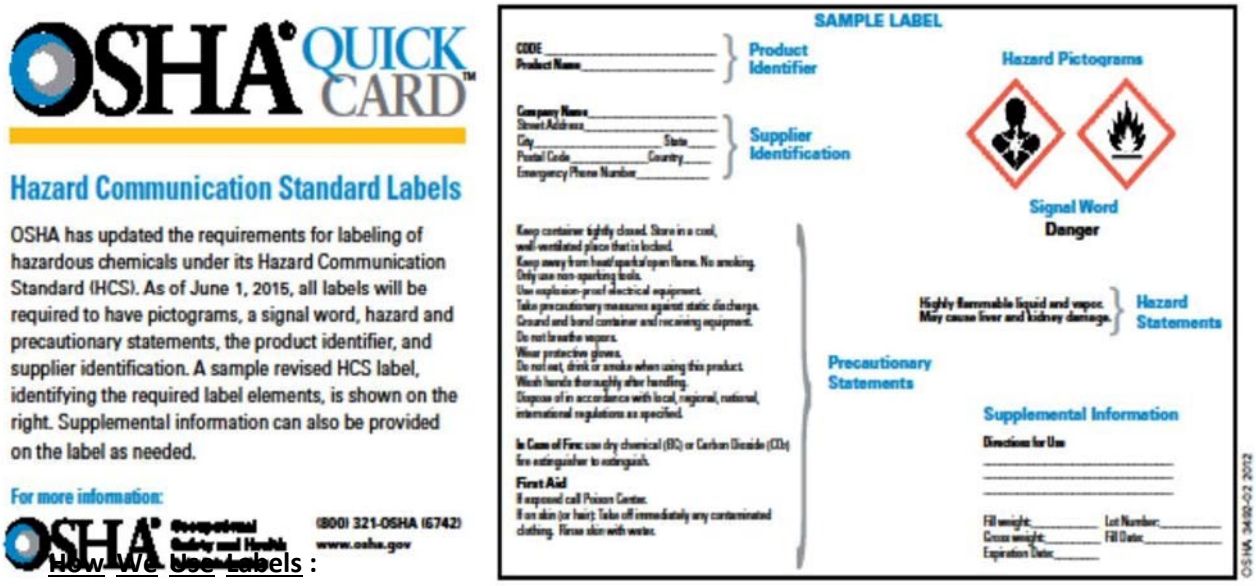
Section 14, Transport Information

Section 15, Regulatory Information

Section 16, Other Information includes the date of preparation or last revision.

Hazard Communication Standard Labels:

Effective June 1, 2016, all labels are required to have a product identifier, supplier identification, precautionary statements, hazard pictogram, signal word, hazard statement and supplemental information. (See Sample Label below.)

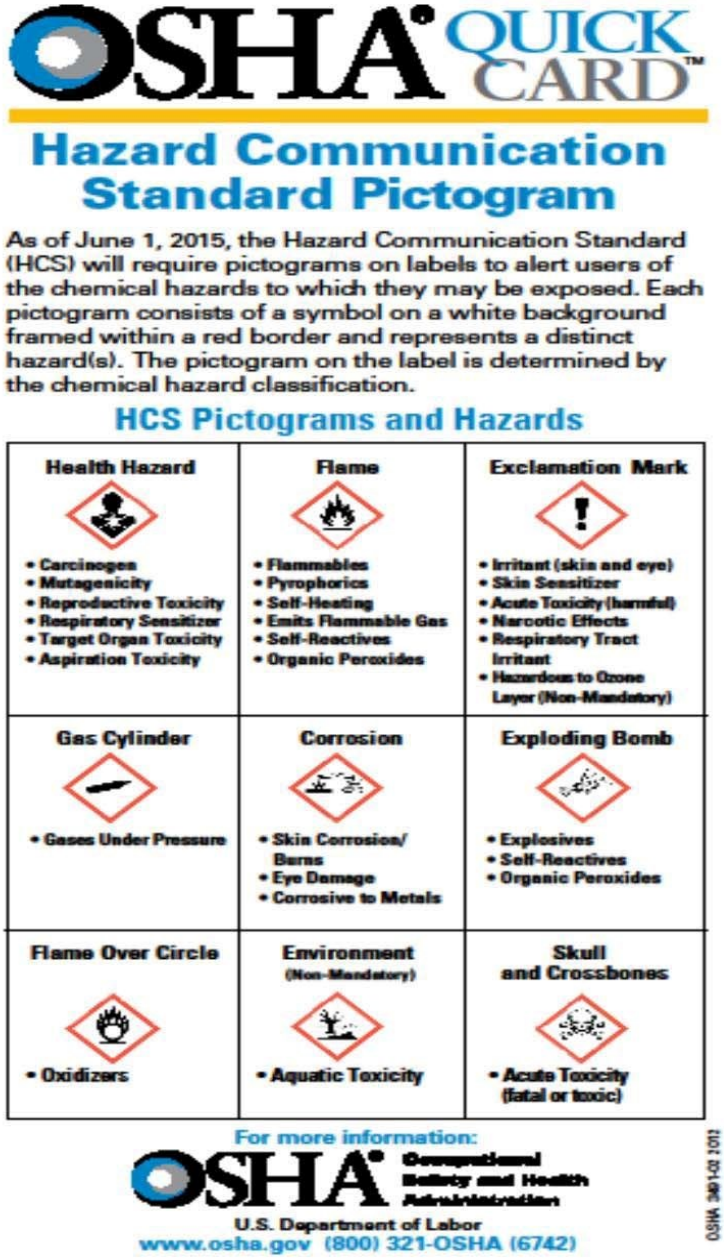


How We Use Labels :

The label information on each chemical will provide information on proper storage, first aid and pictograms (used to identify various hazards). Also, when there are similar precautionary statements, the label will provide the most protective information. **Each label will also have one of two SIGNAL WORDS, "danger" or "warning". "Danger" is used for more severe hazards and "warning" is used for less severe hazards.**

Pictograms:

All labels will contain pictograms to alert users of the chemical hazards to which they may be exposed. Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification. (See following sample pictograms.)



OSHA QUICK CARD™

Hazard Communication Standard Pictogram

As of June 1, 2015, the Hazard Communication Standard (HCS) will require pictograms on labels to alert users of the chemical hazards to which they may be exposed. Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification.

HCS Pictograms and Hazards

Health Hazard • Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity	**Flame** • Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides	**Exclamation Mark** • Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non-Mandatory)
Gas Cylinder • Gases Under Pressure	**Corrosion** • Skin Corrosion/ Burns • Eye Damage • Corrosive to Metals	**Exploding Bomb** • Explosives • Self-Reactives • Organic Peroxides
Flame Over Circle • Oxidizers	**Environment** (Non-Mandatory) • Aquatic Toxicity	**Skull and Crossbones** • Acute Toxicity (fatal or toxic)

For more information:
OSHA Occupational Safety and Health Administration
U.S. Department of Labor
www.osha.gov (800) 321-OSHA (6742)

OSHA 3491-02 2013

Location of Safety Data Sheets:

All Safety Data Sheets can be found in the Security, Materials Management and Plant Operations departments. In addition, each computer at Abramson has an icon entitled “MSDS”. When you open this icon, you have the ability to search for a product and print the Safety Data Sheet.

Fall Prevention & Management

Falls are a leading cause of injury and death among elderly persons.

Consequences of Falls:

- Serious Injury
- Resident Death
- Worsened Health Problems
- Increased Healthcare Costs
- Possible Legal Action

Benefits of Preventing Falls:

- Helps to maintain a resident's physical and emotional status.
- Maintains the facility's reputation as a safe environment where quality care is provided.
- Enhances caregiver pride.

If a Resident Falls…

- Get help right away
- Do not move the resident
- Stay with the resident – leave only if necessary to get help; if possible, call for help via phone
- Call Care Coordinator and/or Supervisor
- When working in the community, call 911 if you need additional assistance
- Assess resident for injuries
- Document by completing an incident report

Fall Prevention Measures:

- Assess residents for fall risk
- Communicate the risk level to all staff
- Consistently implement the individualized prevention plan for each resident at risk
- Monitor high risk residents closely
- Ensure a safe environment free of clutter and other potential hazardous obstacles
- Clean up spills
- Provide adequate lighting
- Make sure beds are at a low position
- Use bed and chair alarms
- Respond to calls promptly
- Assist with bathroom needs promptly
- Make sure items are within the resident's reach: call bells, television remote, phone, cup or drinking glass, eyeglasses, walker, etc.
- Make sure residents wear non-slip shoes
- Provide assistive devices such as canes or walkers and make sure they are in good repair.

The Stop Light Program (<u>used for residents of the Abramson Residence</u>):

- Includes an assessment
- Places residents into three tier levels of fall risk
- Uses the Red – Yellow – Green Traffic Light as a risk identifier
    - Look for a color-coded stop light tag…
        - On the right side of each resident's door frame
        - On every wheelchair
        - On every walker
        - On every cane
    - **Green light means "Go"**
        - Resident is at no identifiable risk for falls or has interventions in place that have been effective in preventing falls for at least 30 consecutive days
    - **Yellow Light means "Caution"**
        - Resident is at risk for a fall or has had one fall and staff need to be aware of intervention for that resident/ consumer
        - Staff should offer assistance to resident when standing, ambulating or transferring
    - **Red light means "Stop"**
        - Resident is at high risk for falls
        - Staff should be aware of interventions for that resident and immediately intervene if resident is attempting to stand, ambulate or transfer
        - All residents who have been identified as a "Red Light" fall risk, should remain "in view" of staff at all times. In order to properly monitor these residents, they should not be in their rooms alone.
        - Staff should work as a team to monitor residents. If you need to leave a resident in order to care for another resident, alert a co-worker so he/she can monitor the high- risk resident in your absence.

The Stop Light Program (<u>used for residents of the Mildred Shor INN</u>):

- **The Mildred Shor Inn only utilizes the "Red Light" to identify residents with potential fall risk.**
- **<u>A Red light means "STOP"</u>** - - <u>this resident is at risk for falls</u> as demonstrated by:
    - Having a fall(s)
    - Unsteady gait
    - Balance or strength issues
- <u>Staff must respond with caution to this resident's needs</u>
- The administrator/license nurse will apply a red stoplight to the outside of the door as well as any walker or cane used by the resident and document in the support plan to alert staff of the need for supervision
- Following any fall:
    - Document in the clinical record, an incident report and progress note, indicating the red light status
    - Interventions will be considered as appropriate for the resident to prevent future falls:
        - Rehabilitation program, (i.e., balance training, strengthening, gait training, assistive devices, etc.)
        - Use of safety devices
        - Resident education about safety, sitting and standing
        - Staff education

Get the No-Falls ITCH:

- **Identify Residents:** Within the first 5 minutes of your shift, learn which residents are at high risk for falling.
- **Test Equipment:** Test all Falls Prevention Equipment (e.g., chair & bed alarms, seat wedges, call bells in reach, etc.) at the beginning of the shift.
- **Check Medications:** Check with nurse for any medication changes as they often can affect the gait and mental status of the resident.
- **Hourly Physical Rounds:** Make physical rounds at least on an *hourly* basis to ensure that you:
    - Use your clinical skills to observe any changes in appearance, thought process or mood of the resident and immediately report it to nurse
    - High risk fallers are in sight or out of harm's way
    - Anticipate residents' toileting and/or other typical needs
    - Scan the residents' rooms for potential problem areas

As you scan the resident's room, look for these potential hazards:

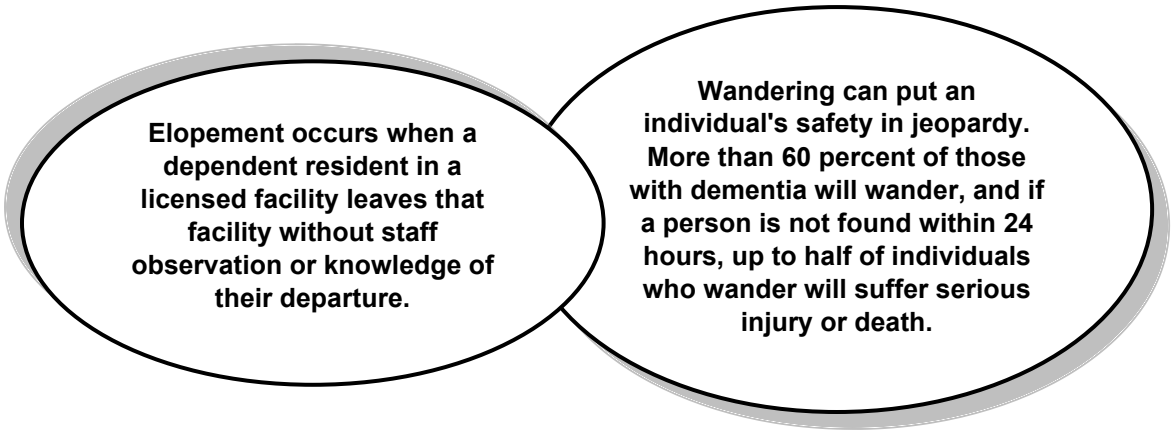
- Objects on the floor – tripping hazards
- Clutter
- Loose cords
- Spilled liquid
- Furniture out of place
- Furniture or bed rails in disrepair
- Tangled bed linens
- Object a person may have dropped from their sitting position

Make sure everything a resident may need is within their reach. *If the resident needs something and can't get it easily, they may fall while stretching for it!*

- Television remote
- Call bell
- Phone
- Glasses
- Walker
- Slippers
- Beverage cup
- Tissues
- Bed control
- Reacher
- Books, magazine, newspaper or other items he/she might wish to use such as knitting materials, etc.

Revised 11/2011

Elopement & Wandering



Residents at Greater Risk for Elopement

- Residents who are cognitively impaired due to Dementia or Alzheimer's Disease
- Residents who have delusions or hallucinations
- History of wandering or elopement
- Change in mental status
- Residents who recently moved in to the Center

Preventative Interventions:

- All Abramson staff are responsible for being aware of areas where residents should not be. (i.e. parking lots, loading dock, stair towers, basement, etc.)
  An initial elopement assessment is completed on all residents when they move in.
- Residents identified as being "at risk" will wear a Wander Guard transponder placed on their wrist or ankle. This will set off an alarm if the resident attempts to leave the building through the Main or Inn entrances.
- Resident photo binder is kept at front desk and security office.
- Close monitoring and supervision
- Provide activities of interest to the resident
- Encourage family and friends to visit
- Decorate room with familiar objects and pictures
- Redirect the resident to alternate activities
- Provide regular, supervised walks outside the household
- Staff must always observe the resident's behavior because changes in mental and physical status may happen slowly over time.

If a resident elopes…

- Notify supervisor immediately
- Determine resident's whereabouts… Make sure they are not with family or on a scheduled appointment or outing
- Perform a thorough household search
- Search throughout Abramson and the grounds
- Notify security

When working in the community, you may also encounter a resident with a risk for wandering.

Signals that a resident is more likely to wander:

- Tries to fulfill former obligations, such as going to work
- Tries or wants to "go home" even when he/she is at home
- Is restless, paces or makes repetitive movements
- Has a hard time locating familiar places like the bathroom or bedroom
- Makes movements of working on a hobby or chore, but nothing gets done, i.e., he/she moves around pots of soil without actually planting anything
- Acts nervous or anxious in crowded areas, such a shopping malls or restaurants

Tips to reduce wandering:

- Move around and exercise to reduce anxiety, agitation and restlessness
- Carry out daily activities, such as folding laundry or preparing dinner to provide daily structure
- Reassure the person if he or she feels lost, abandoned or disoriented
- Avoid busy places that are confusing and can cause disorientation, such as shopping malls
- Control access to car keys (a person with dementia may not just wander by foot)
- Do not leave someone with dementia unsupervised in new or unfamiliar surroundings

Revised 12/2010

Abuse: Investigating & Reporting

What is abuse?

Abuse is the infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.

Types of Abuse:

- **Verbal –** any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend or disability.
    - *Examples of verbal abuse include:*
        - Threats of harm
        - Saying things to frighten a resident
- **Physical –** Includes hitting, slapping, punching and kicking. The term also includes controlling behavior through corporal punishment.
    - *Examples of physical abuse include:*
        - Unauthorized use of a physical restraint
        - Using physical force to get a resident to do something, i.e., pulling resident out of bed, pushing resident into a chair, etc.
- **Mental –** Includes humiliation, harassment, threats of punishment or deprivation.
    - *Examples of mental abuse:*
        - Treating a resident like a child by talking down to him or her
        - Threatening to take something away from a resident if he/she does not comply with a demand you are making
        - ***Important Note:*** *Mental Abuse also includes photographs and recordings of residents that contain nudity, sexual and intimate relations, bathing, showering, toileting, providing perineal care such as after an incontinence episode, agitating a resident to solicit a response, derogatory statements directed to the resident, showing a body part without the resident's face whether it is the chest, limbs, or back, labeling resident's pictures and/or providing comments in a demeaning manner, directing a resident to use inappropriate language, and showing the resident in a compromised position.*
- **Involuntary Seclusion –** Separation of a resident from other people or from his/her room or confinement to his/her room (with/without roommates) against his/her will, or the will of his/her legal representative.
    - *Example of involuntary seclusion:*
        - Closing a resident's bedroom door to keep him/her away from others if the resident does not have the ability to open the door on his/her own
- **Sexual –** Sexual abuse is non-consensual sexual contact of any type with a resident.
    - *Example of sexual abuse:*
        - Any sexual contact between a staff member and a resident, including inappropriate touching.
- **Neglect –** Neglect is the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.
    - *Examples of neglect:*
        - Failure or refusal to provide care services to a resident as indicated
        - Ignoring the physical or mental needs of a resident
        - Failure to provide first aid care as needed
- **Misappropriation of Resident Property** – The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's/ consumer's consent.
    - *Examples of misappropriation of resident property:*
        - Withdrawing money from a resident's account or taking cash or items from his/her room or residence
        - Coercing a resident into giving you money or items
- **Exploitation –** Exploitation means taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats or coercion.
- **Mistreatment –** Mistreatment means inappropriate treatment or exploitation of a resident.

Abramson Senior Care Policy:

1) Each resident has the right to be free from abuse, neglect and misappropriation of property. This includes the facility's identification of residents, whose personal histories render them at risk for abusing other residents.
2) Abramson has developed and operationalized policies and procedures for screening and training employees, protection of residents and for the prevention, identification, investigation, and reporting of abuse, neglect, and misappropriation of property. The purpose is to assure that Abramson is doing all that is within its control to prevent abuse.

Who is responsible for preventing and reporting abuse?
... EVERYONE!

Residents, family, staff and volunteers are informed on how to report concerns of alleged or suspected abuse. **All staff have the responsibility to report suspected abuse to their supervisor right away.**

The best way to handle abuse is to stop it BEFORE it starts. Everyone can help with PREVENTION:

- Bring issues and concerns to supervisory staff as soon as possible
- Get help and discuss staffing concerns with your supervisor - - employees who feel overwhelmed with their working situation are more likely to commit abuse
- Make sure that all staff working with residents have sufficient knowledge about the needs of those in their care:
    - Ask for help if you are not familiar with the unique needs of any resident with whom you are working
    - Offer assistance to new staff to help them learn the needs of the residents
- Learn to identify inappropriate behaviors, such as using derogatory language, rough handling, ignoring residents while giving care, directing residents who need toileting assistance to urinate or defecate in their beds
- Assess care plans and monitor residents with needs and behaviors which might lead to conflict or neglect, such as residents with a history of aggressive behaviors, residents who have behaviors such as entering other residents'/consumers' rooms, residents with self-injurious behaviors, residents with communication disorders, those that require heavy nursing care and/or are totally dependent on staff
- Recognize your feelings and seek methods of stress management when needed
- Utilize a team approach and help co-workers who seem to be getting overwhelmed or who may be having a bad day
- Handle aggressive behaviors that residents may exhibit with professionalism – don't take it personally
    - Aggressive behavior is often due to dementia or other medical conditions and is often beyond the residents'/consumers' control
- Be a good listener – take time to really hear what a resident is saying, remain honest, calm, clear and concise during interactions while maintaining appropriate eye contact and facial expressions
- Watch out for risk factors among residents and staff

Risk Factors:

Some characteristics of residents put them at risk for being abused. There are also factors that put a staff member at greater risk for committing abuse. Being familiar with these risk factors and recognizing them will help in prevention of abuse.

Residents at Risk:

- Challenging or aggressive behaviors
- Communication problems
- Greater dependency on staff for assistance
- Cognitive impairments
- Dementia
- Higher intensity of the person's illness or dementia
- Social isolation, i.e., the elder and the caregiver are alone much of the time
- The elder's role, at an earlier time, as an abusive parent or spouse - - this puts the person at great risk for abuse by a member of their family

Staff/Caregivers at Risk:

- Inability to cope with stress
- Lack of sleep
- Working a lot of overtime with little rest
- Illness or personal problems
- Difficulty getting along with others
- Inability to empathize with the resident's situation
- Tendency to take things personally (internalizing challenging behaviors exhibited by residents)
- Substance abuse

You're doing your best to prevent abuse…how can you tell if a resident has been abused?

Besides actually witnessing an abusive act, you should stay aware of signs and symptoms that may indicate that a resident has been a victim of abuse

Signs and Symptoms of Abuse and Neglect:

- Unexplained signs of injury: bruises, welts, burns, cuts, scrapes
- Broken bones, sprains or dislocations
- Broken eyeglasses or frames
- Signs of being restrained, such as red marks on wrists or ankles
- Caregiver's attempts to keep others from seeing the resident alone
- Over or under medication
- Resident flinching or pulling away when touched
- Unexplained weight loss or gain
- Withdrawal
- Decreased desire to participate in activities
- Depression
- Sleeping too much
- Lack of interest in self-care
- Untreated physical problems, such as pressure sores
- Physically dirty or unwashed
- Putting off going to the doctor
- Signs of anxiety or tension, particularly when near a certain caregiver
- Significant or unexplained withdrawals from the resident's accounts
- Sudden change in financial condition
- Items or cash missing from room / apartment
- Not having enough spending money

What should you do if you suspect abuse?

REPORT IT RIGHT AWAY!!
Don't go home and sleep on it…
ACT NOW!

Tell your direct supervisor immediately.

If your direct supervisor is not available, contact the supervisor on duty or any management staff.

IMPORTANT!!
Don't worry about being wrong… if you think it MAY be abuse, you MUST REPORT it immediately.
An investigation will be done for every report of suspected abuse.

Act 13: This act requires an employee or administrator of a facility who has reasonable cause to suspect that a resident is a victim of abuse to immediately report the abuse.

An employee alleged to have abused, neglected and/or misappropriated resident funds will be removed immediately from duty and suspended pending the abuse investigation.

After suspected abuse is reported, an Incident Report is completed and an investigation begins. The

Administrator and/or Director of Nursing complete all necessary forms and report the abuse allegation to the proper state and local authorities.

Abramson Senior Care complies with regulations regarding abuse and neglect set forth by the Department of Health, Department of Public Welfare, Department of Aging and law enforcement agencies. These regulations require timely reporting by the Center of all abuse allegations.

~ ~ Remember ~ ~

It is essential that you report alleged abuse immediately in order to protect the resident and to comply with laws and regulations.

Revised 01/2018

Incident Reporting & Investigation

	What is an incident? **… any happening that is not consistent with the routine operation of Abramson Senior Care or the routine care of a resident.** An incident may adversely affect or threaten to affect the health, life or comfort of a resident/ consumer, visitor or employee. All staff, including students and volunteers, are required to immediately report all incidents to their Supervisor or Administrator. Failure to report an incident is a serious infraction. If the incident involves a resident, disciplinary action may result	

Incident Reporting Procedure

- All incidents involving care of a resident, i.e., falls, skin tears, medication, equipment, etc., or the routine operation of Abramson must be reported in Vision at the time of the incident and/or accident.
- Employee injuries must be reported on the Employee Incident Report Form at the time of injury.
- Incidents of unknown origin for residents such as bruises, fractures, skin tears, burns, etc. are subject to investigation to determine root cause and to rule out the potential for abuse. If potential for abuse exists, follow the abuse reporting procedure.
- Ensure that all incidents are reported to your supervisor immediately so that the proper follow-up procedures may be initiated.
- The physician is to be notified immediately in the event of a resident fall, medication error or when a resident has been injured.

Incident Report Completion

- An incident report should be completed A.S.A.P. after an incident occurs. By doing this, the facts are fresh in our minds. It also assists in jogging your memory. The medical record is patient focused, and facts pertinent to the incident are likely left out. So if a claim were filed and the case proceeded to court, which is sometimes years after the event, you or anyone else involved might be hard pressed to recreate the scene. Though you may not be able to rely on memory alone, you can count on the incident report to refresh your memory.
- The scene of the incident or accident needs to be assessed immediately after the incident/accident occurs. Obviously, you need to tend to the resident first. All staff members should be called together for a huddle to find out if they saw the resident prior to the incident or if they saw the incident or accident occurring. (This should include nursing staff, housekeeping, recreation, social work, etc. Any staff that may have been in the area during that time).
- An incident report must be accurate and specific. When you write an incident report, you must be specific about the details, not merely descriptive. For example, instead of writing “the patient”, it is more accurate to write the resident’s name. In addition, good grammar, which includes correct word choice and proper punctuation, is important to make your incident report clear, accurate and professional.
- If the incident has resulted in a bruise or a skin tear, you must document the measurements. Never merely document, “the resident noted with a small bruise.”

- A good incident report must be factual and objective. Sometimes people tend to talk about their opinions and beliefs, rather than stating the facts. Only document facts and never make assumptions. **DO NOT** document hearsay.
- A good incident report must be complete and concise. Always include who, what, where, when and why something happened without leaving out important details. Another person who reads the report must be able to get answers to his or her questions about the incident from your report. Your incident report may be needed in court someday and you should be prepared to be questioned based upon your report. So, the more details you have on your report, the less you have to depend on your memory and the more credible you are.
- A good incident report must be well organized. An incident report should be easily understood and not be confusing to the reader. Usually, writing in chronological order is the simplest way to organize a report.
- Only include proper abbreviations.
- Edit and proofread your report before submission. Make sure you did not leave out any information that should have been included. Look for obvious gaps in the narrative that you may need to fill in.
- When filling in staff names, always include their full first name, last name, and title.
- An incident report is not part of the legal medical record. That is why the fact the incident report has been completed is not documented in the resident's medical record, nor a copy placed in the medical record. The incident report is not a place for speculation, or laying blame.
- Check it one more time for spelling and grammar. Remove any words that could be seen as subjective and judgmental, like words describing feelings and emotions.
- All injuries of unknown origin must have a thorough investigation started immediately. This includes obtaining witness statements. This needs to be started by the person completing the incident report.

Documentation in the Progress Notes

Documentation must be completed as soon after the event as possible. Complete your incident report in Vision in the "Incident Process" section. Make sure the note matches with the information you have supplied on the incident report. Your note must include the following:

1. Date and time of the incident.
2. Description of incident- only facts, no assumptions.
3. If the resident offers any information, write exactly what they said in quotes.
4. Assessment of the resident.
5. Injuries sustained (include measurements, if applicable)
6. Any interventions put into place.
7. Evaluation of the interventions
8. Document that the date and time the physician and POA were notified.

Abramson Senior Care is committed to an effective Incident Reporting System to assist in improving the quality of resident care and providing a safe environment in which care is given.

Revised 09/2018

Stress Management

Stress is a reaction to some change that upsets your balance.
Stress is a reaction to physical or mental changes in your life.

Stress can be good…

Good stress helps us adjust to changes within and outside of our body. Human beings would not breathe if they were not stressed. The stress of rising carbon dioxide in our body makes us breathe. Breathing is automatic because of stress. Stress is also a natural way for us to adjust to changes so we keep in balance. It also helps us avoid and escape from danger.

But uncontrolled stress is a killer…

Stress that is not managed effectively can have negative impact on both your physical and mental health.

Physical problems caused by stress include:

- High blood pressure
- Heart attacks
- Ulcers
- Colds, allergies and asthma
- Headaches, and other types of physical pain
- Fatigue
- Undesired weight gain or loss
- Aggravation of other medical issues

Mental, Social and Work-Related Problems caused by stress include:

- Sleep irregularities
- Anger
- Low self-esteem
- Sadness and depression
- Lack of ability to focus or concentrate on things
- Conflicts with others
- Over-reactions to normal, everyday things
- Lack of interest in one's usual activities
- Damage to relationships with family and friends
- Performance issues at work
- Loss of job

Manage stress before it manages you!

Stress is a fact of life. Total avoidance of stressors is not possible. Rather than running from stress, learn to effectively handle the stressful situations that come your way.

Some steps for managing stress are:

- Identify the source of stress. (Figuring out the real problem will bring you closer to solving it.)
- Decide if you can get rid of the source of the stress.
- Get rid of all the stress you can. (Stop doing unnecessary things, get family members to help out, etc.)
- Do not take on more stress by saying yes. Learn how to say no. Do not take on more than you can handle.
- Change how you think about something that stresses you. Sometimes, we allow our mind to make small things into big things. Keep things in perspective and don't let small things cause you to feel unnecessary anguish.
- Be good to yourself. Use stress management skills every day to deal with the stress that you cannot get rid of.

Stress Management Skills:

1) Express your feelings. Talk to someone or yourself about how you feel. Do not hold feelings inside. Talk to a friend, family member or co-worker. If you do not want to talk to another person, write your feelings and thoughts in a journal.

2) Focus on one thing at a time. Take a big project and break it into small pieces or steps. Do NOT let yourself get overwhelmed.

3) Take a break from stressful situations. When faced with a situation or interaction that is beginning to cause you undue anxiety or tension, walk away for a few minutes. Count to ten and take some deep breaths before returning.

4) Take a vacation in your own home. Buy fresh flowers with a beautiful scent. Spray your pillows and sheets with nice fragrant cologne. Light scented candles. Do a hobby. Paint, do arts and crafts. Treat yourself to something nice that you will enjoy. Buy yourself a present.

5) Use time management skills. Set goals and deadlines that you can meet. Do not set unrealistic goals. Decide on what the priorities are. Focus on the priorities and budget your time.

6) Relax! Practice deep breathing or meditation techniques.

7) Eat a healthy diet. You can increase your resistance to stress and remain healthy when you eat a diet that is complete with all the food groups. Eat a variety of whole grains, vegetables and fruits. Do NOT consume a lot of caffeine. Avoid alcohol and tobacco.

8) Exercise. Regular physical exercise is a great stress buster. Walk, swim, ride a bicycle, run, or do yoga. Exercise makes your feel good while improving your mood and lowering your blood pressure and your blood sugar

9) Get enough rest and sleep. Your body needs rest and sleep to face the day and combat stress.

10) Use humor. Tell jokes, laugh, and let yourself be silly once in a while. Watch a funny video. Keep a sense of humor even when things are very stressful. Don't take yourself so seriously. Humor is great medicine for the mind.

11) Have FUN! Play with the dog or cat, play with children, do a favorite hobby, go out and enjoy yourself.

12) Keep a positive attitude. Believe in yourself. Accept the things you cannot change. Remember that stress will never go away.

The life of a health care worker is a very busy one as you focus on helping others. You must take the time to take care of yourself. Practice stress management skills every day and you will find yourself increasing your ability to deal properly with the things that cause you stress.

Revised 11/2010

Restorative Nursing Programs

What is Restorative Nursing?

- *Aims to maintain, improve and prevent deterioration of resident activities of daily living*
- *Helps residents learn to care for themselves*
- *Seeks to prevent secondary complications such as contractures and pressure ulcers*

Types of Restorative Programs:

Ambulation	***Eating***
Transfer	***Dressing and Grooming***
Toileting	***Splint/Brace Application***
Range of Motion	***Communication***

Restorative Care Process:

- **Define the Need:**
  - Identify residents who have a restorative need
  - What can the resident do for him/herself?
  - What can I do to assist the residents so they can perform some activities of daily living (ADLs) with my support?
  - Is there a recent decline with ADLs?
  - What can I do to prevent further decline?
- **Assessment:**
  - How did the resident perform the task?
  - How much assistance was needed to complete ADLs?
  - Is there a need for adaptive equipment?
  - Does the resident have the potential to perform better or do more for self?
  - Is the resident willing to participate in the program?
  - Are there any physical or mental limitations?
- **Develop a Plan:**
  - Identify the need with the resident
  - Develop practical and achievable goals with the resident
  - Involve members of the care team including the resident's family
- **Implement the Program:**
  - Choose two tasks that are likely to succeed
  - Resident and staff work together in performing the program and in achieving restorative goals
  - Staff provide praise and positive reinforcement to resident
- **Documentation:**
  - Document daily on restorative flow sheets
  - Staff person records minutes spent with resident in performing program
  - Document in care plan
- **Evaluation:**
  - Is the resident making progress toward restorative goals?
  - Does the goal need to be changed or discontinued?
  - Does a different goal need to be established?
  - Are there any barriers in the way of achieving goals?
- **Reassess as needed**

Restorative Nursing Programs (RNPs) must be implemented consistently in order to be effective. All Resident Care Associates are responsible for conducting the scheduled RNPs with the residents in their care. Difficulties with implementing the RNP for any resident as scheduled must be reported to the employee's direct supervisor as soon as possible.

If you have any questions or concerns regarding a resident's Restorative Program or would like additional training, contact your supervisor or the Rehab Care team for assistance.

Revised 03/2011

Hospice Program

Hospice Philosophy

- **Hospice is not a building, but an approach to care, which can be provided in individual homes, apartments, Assisted Living Centers, Skilled Nursing Centers and Hospitals.**
- Comfort Care (palliative care) – The careful attentive and appropriate management of the full range of care needs experienced by terminally ill residents, delivered in a timely manner using specialized medical expertise to provide the highest possible quality of life.
- Hospice plan of care follows wishes of resident and family, and focus of care is on the resident and his/her loved ones.
- Hospice is a physician-directed team approach – Primary Physician, Hospice Medical Director, Nurses, Social Workers, Chaplains, Resident Care Associates (RCAs), Volunteers, Dietician and Physical Therapist, Occupational Therapist and Speech Therapist as needed. Emphasis is on comfort and symptom management, life-closure issues, attention to psychosocial, spiritual and bereavement needs.
- Bereavement services are provided to family members for up to 13 months after the resident dies based on need.
- Hospice neither hastens death nor prevents it. The focus is to relieve suffering in all its forms.
- Services are available 24 hours a day, seven days a week.
- People can revoke hospice at any time.
- We discharge from hospice if residents improve, which they sometimes do.
- Hospice covers medications, medical equipment and supplies related to hospice diagnosis.
- Abramson Hospice does not provide services to pediatric patients.

Methods of Comfort, Pain Control, Symptom Management

- The approach is to use the least invasive method to achieve pain control and comfort.
- Relaxation, music, conversation, activities can be beneficial.
- Some residents do not require narcotics, so they do not get them. These medications are only provided if needed, and only as ordered by the physician.
- End of life symptoms can include pain, shortness of breath, restlessness and respiratory secretions.
- Medications to address these symptoms are usually given orally, sublingually, topically, or rectally. Injections or I.V.s are given only if absolutely needed to relieve symptoms.
- Patients living at home are sent a "Comfort Kit" which includes medications such as Roxanol, Ativan and Levsin.
- Contact the hospice team any time of the day or night if you have any problems with symptom control management.

Principles About Death And Dying

- The hallmarks of hospice care, as defined by the National Hospice and Palliative Care Organization (NHPCO), include achieving self-determined life closure, a safe, comfortable dying process, and effective grieving by family survivors.

- Death is part of life, and is part of the continuum of care for older persons. Aging involves change, and change brings loss.
- According to Jewish belief, death is viewed as a part of God's creation.

Individual Responses to Death

- Grief is the normal reaction to loss, characterized by the pain and angst that the bereaved person experiences as they cope with the death of a loved one.
- The initial period after a death brings with it numbness, disbelief, and a sense of moving on automatic pilot, a clouding or veiling of the mind that allows the bereaved to get through the early period of mourning.
- Grief is a transitional process – it is not something people "get over" but they learn how to live with their loss.
- After the initial period, mourners need to learn to cope with life without their loved one. Their typical ways of coping may not be effective, and may result in feelings of anxiety and loss of direction.
- Over time, people make an accommodation to the death. This is not an end to grieving but a time when people have a sense of their own ability to prevail, to deal with the pain and find new ways of living.
- As a person experiences more and more loss, the emotional impact of loss can build up if it is not fully acknowledged and worked through.
- Social support and prevention of isolation are key ingredients in helping to prevent poor grief outcomes.

Resident Rights

- At the time of admission to hospice, the resident and/or his/her representative are informed of their rights and responsibilities in a language and form they can understand.

Appropriate Forms

- To evaluate someone for hospice, a physician order is not needed. However, in order to admit and initiate hospice services, an order is required.
- Once the physician order is obtained, the resident can sign the appropriate paperwork to elect hospice, if he/she is of sound mind. If the resident is not of sound mind, his/her representative must sign. This is usually done in a face-to-face meeting, but if a meeting is not possible, it is done by phone, fax or e-mail. It may take some time if the representative is difficult to contact.
- At the time of admission to hospice, the resident or his/her representative signs four forms:
    - Election of Benefit form*
    - Hospice Consent form*
    - Advanced Directive form
    - HIPAA form
- The Hospice Plan of Care* is developed within 5 days of admission to hospice.
- List of Hospice Staff * assigned to each resident is placed on each chart. Hospice staff attends Abramson care planning conferences for integrated care planning.

**** Forms on the Abramson Medical Record.***

Record Keeping Requirements

- The Hospice must keep all forms for seven years after discharge from services.
- Discharged records are sent to Medical Records (HIM) for storage.
- Abramson Hospice utilizes Netsmart Home Care software for clinical documentation.

Contacting Hospice

- Dial the hospice number anytime day or night – the phone will be answered by an Answering Service who will contact the RN on call 24 hours a day, 7 days per week.
- Contact Hospice before sending a resident to the hospital, unless it is a case of respiratory or cardiac arrest and the person lacks a DNR. If there is ever a need for additional hospice support, please call!
- Always call Hospice when there is a change in the resident's condition.
- Please always call Hospice when a resident expires.

Hospice Referrals

- Any family wanting to know more about Hospice services can be referred to Abramson Hospice for an informative meeting or phone call.
- All members of the Abramson Care Team can identify residents who may benefit from hospice services.
- Through discussions with the Supervising Nurse or Abramson Hospice Nursing staff, staff can request an evaluation of the resident's record to determine possible hospice eligibility.
- If the resident is determined to be eligible for Hospice, the appropriate Abramson Social Worker is notified. The Social Worker discusses the possible hospice referral with the physician, and a determination is made whether the Social Worker, physician or nurse practitioner should discuss a hospice referral with the family.
- Once an order is written on the resident's chart for hospice services, the Social Worker determines the family's and resident's choice of hospice provider and contacts that provider to admit the resident to hospice.

Quality Assurance

- Hospice performs on-going quality assurance activities, including Family Satisfaction Surveys, to gain valuable input to help keep our services at their highest possible level of quality.

Revised 09/2018

Corporate Compliance Program

Code of Conduct has been adopted by Abramson Senior Care in order to establish standards by which Center leadership, management, and all employees, volunteers and contractors will conduct themselves in order to ensure organization-wide integrity.

Guiding Principles

Abramson Senior Care believes the following fundamental requirements and commitments are critical to promoting the value of establishing standards of business ethics and compliance:

- Commitment to providing care to residents in a compassionate, respectful and ethical manner without regard to race, color, religion, sex, sexual orientation, gender identity, age, national origin, marital status, physical appearance, political preference, disability or other legal grounds.
- Residents are to be treated with dignity and respect at all times.
- Physical or emotional abuse or neglect of any resident is strictly forbidden and will not be tolerated.
- All decisions about the care of residents will be made in accordance with the clinical needs of the residents and in compliance with applicable laws and regulations.
- Informed consent will be provided for all residents.
- Commitment to conducting the business of Abramson Senior Care in compliance with all federal, state and local laws, especially the Nursing Home Reform Act and implementing regulations.
- Belief that integration of care delivery into the Corporate Compliance Program is essential to ensuring that quality care is delivered to its residents.
- Commitment to developing policies and procedures that are centered on the residents and focus on an interdisciplinary approach to care.
- Commitment to reporting any required reportable event or crime to the appropriate parties in a timely fashion.
- Requirement that employees, volunteers and contractors comply with all applicable laws, regulations, ethical standards and Abramson Senior Care policies and procedures. If employees are uncertain about the application of laws, regulations, or policies and procedures, they should seek advice and guidance from their supervisor and/or the Corporate Compliance Officer.

8 Elements of Our Compliance Program:

1. Implement written policies, procedures and standards of conduct
2. Designate a Corporate Compliance Officer and Compliance Committee
3. Conduct effective training and education
4. Develop effective lines of communication
5. Conduct internal monitoring and auditing in order to evaluate the effectiveness of the Program
6. Enforce standards through well-publicized disciplinary guidelines
7. Respond promptly to detected offenses and develop corrective action plans
8. Notification and oversight of compliance and quality matters by the Board of Directors

Culture of Compliance

We want to prevent non-compliant activity. We want EVERY Abramson Senior Care employee, volunteer and contractor to engage in ethical conduct and comply with the law. We DO NOT EXPECT anyone to engage in improper or criminal conduct.

New health care reform law requires nursing homes to have a formal compliance program. However, we began developing this program long before the health care reform legislation was passed.

Compliance is all about knowledge and responsibility to act. This is how we create and foster our "culture of compliance".

Structure of the Program

Corporate Compliance Officer:

- Valerie Palmieri, Chief Operating Officer
- Assist in preventing improper, illegal or unethical conduct
- Communication is the key to success
- **Compliance Hotline - - 1-800-708-8598 calls are handled with anonymity and there is no retribution for making an allegation of improper activity.**

Corporate Compliance Committee:

- Advise the Compliance Officer

Our Obligations and Responsibilities

- Know, understand and comply with our Code of Conduct, Corporate Compliance Program and Abramson Center policies and procedures.
- Know the applicable laws and regulations governing nursing homes and act in accordance with these laws and regulations.
- **Perform job responsibilities in accordance with the Corporate Compliance Program and report suspected compliance-related matters to appropriate individuals in a timely fashion.**
- **Ask questions of your supervisor and/or the Corporate Compliance Officer if you do not know what to do.**

Mandatory Reporting

Employees, volunteers and contractors must report suspected violations of the Compliance Program or applicable laws. There are some matters that must be reported, in all instances, to the Corporate Compliance Officer and a supervisor. This mandatory reporting requirement applies to the following matters:

1. **Crime –** any reasonable suspicion that a crime has been committed must be reported immediately. A crime that results in serious bodily injury must be reported to the Secretary of HHS and to local law enforcement within two (2) hours. If no serious bodily injury occurred, the crime must be reported within twenty-four (24) hours to the relevant parties.
2. **Billing Issues –** any alleged improper or inappropriate claims submission and billing issues pertaining to the Medicare and Medicaid Programs and any other payor.
3. **Falsification of Records –** documentation of care or services that was never provided or that falsely represents the care or services rendered.
4. **Intentional or Grossly Deficient Acts that Harm Resident(s)/Consumer(s)** – repeated instances where care was not rendered or not performed in a timely fashion; also includes alleged resident abuse and neglect.
5. **Health Information Portability and Accountability Act (HIPAA) Violation –** the unauthorized disclosure of Protected Health Information (PHI) pertaining to residents.
6. **Fraud –** any intentional act made by an employee that is intended to deceive any third party which could result in an unauthorized benefit to him or herself or some other person. This includes violation of health care fraud and abuse statutes such as the anti-kickback statute and the False Claims Act.
7. **Theft of Prescription Drugs/Controlled Substances –** any improper obtaining or possessing of prescription drugs with emphasis on controlled substances.
8. **Retaliation, Discrimination or Intimidation –** any inappropriate or improper action taken against anyone who, in good faith, reports a compliance-related issue.

Specific Compliance Risk Areas

Areas at risk for compliance issues include those listed below.

Quality of Care:

- Sufficient Staffing
- Comprehensive Care Plans
- Appropriate Use of Psychotropic Medications
- Medication Management
- Skin Integrity / Wound Care
- Nutrition
- Hydration
- Resident Abuse and Neglect
- Elopement
- Incidents and Accidents
- Falls
- Infections
- Medical Oversight
- Quality Assurance/Quality Improvement
- Submission of Accurate Claims
- Resident Rights
- Background Screening

Education and Training

Our program provides for the staff education and training in the following areas:

- Abuse and Neglect
- Fraud Cases
- Compliance Activities

Employees will also receive training through their specific department manager.

Implementation of Code of Conduct and Compliance Program

Failure to abide by the Code of Conduct and Compliance Program may lead to disciplinary action up to and including termination of employment. Each employee of Abramson Senior Care has an affirmative obligation to report suspected violation of the Code and Compliance Program, up the chain of command and to the Compliance Officer.

You do not have to be certain that what you have witnessed is an actual violation.
Report all suspected violations.
All reports will be thoroughly investigated.

It is Abramson Senior Care's policy that there shall be no intimidation or retaliation in the terms and conditions of employment as a result of such good faith reporting.

Sanctions

Violation of our Principles and Compliance Program may lead to resident harm, government investigations and/or reputational harm to our facility. We must consider disciplinary actions and what steps should be taken to address the situation. We will consider the severity of the incident, intent, pattern of behavior couple with fairness and consistency.

The Federal False Claims Act establishes liability for a number of circumstances, some of which are included below:

1. Knowingly presenting or causing a false claim to be presented to the federal government for payment or approval;
2. Knowingly making, using, or causing to be made or used, a false record or statement material to a false or fraudulent claim;
3. Knowingly concealing and/or improperly avoiding or decreasing an obligation to pay or transmit money or property to the federal government;
4. Knowingly and willfully offering, paying, soliciting, or receiving payment in order to cause or reward the referral of business payable or reimbursable under Medicare or other federal health care programs.
5. Offering a payment that a person knows, or should know, is likely to influence a beneficiary to select a particular provider, practitioner, or supplier;
6. Inappropriate billing practices for drugs and prescriptions to include ordering, filling and dispensing.
7. Diverting using or selling prescribed medications that were prescribed for individual use.
8. Failing to provide medically necessary services.
9. Failing to offer negotiated prices for services.
10. Offering incentives to providers to order or administer inappropriate services, treatments or prescriptions.

Penalties of the Federal False Claims Act include:

- Civil penalties between $5,000 - $11,000 plus three times the total damages per claim;
- Possible exclusion from Medicare and Medicaid participation;
- Possible criminal prosecution

Exclusion Lists Protocols

- The Office of Inspector General (OIG), Department of Health and Human Services has the authority to exclude individuals or organizations from participating in Medicare, Medicaid, or other federal programs.
- Exclusion reasons include:
    - Conviction of fraud or abuse;
    - Default on federal student loans;
    - Controlled-substance violations;
    - Licensing board actions.

- No payment will be made by any federal health care program for any items or services furnished, ordered, or prescribed by an excluded individual or entity.
- Individuals should be checked for exclusion at the time of hire and annually thereafter. No excluded individual or entity may provide goods or services reimbursed by a federal health care program.

Reporting Fraud Waste and Abuse Concerns

- **To report any Fraud Waste and Abuse concerns:**
  - **Call Compliance Line toll-free at 1-800-708-8598**
  - **All reports are kept confidential, and callers may remain anonymous.**

In Summary…

As set forth in the Corporate Compliance Program, Abramson Senior Care wants to learn of any suspected improper conduct before it rises to the level of fraud. That is why it is critical for all employees, volunteers and contractors to report suspected improper conduct to their supervisor and/or the Corporate Compliance Officer in a timely fashion.

Revised 10/2019

Professional Ethics

The Centers for Medicare and Medicaid has recently declared that ethics has become a required area of knowledge and training for all professionals that work in a Long Term Care Facility. Below, we will be discussing professional ethics.

- Professional ethics are the building blocks that provide the foundation on which your caregiving career is based.
- Professional ethics provide a standard of conduct of code and behavior.
- They are a set of principles which relate to what is morally right or wrong.

Responsibility to Residents

Professional ethics for anyone in any career are important, but professional ethics related to caregiving are vital for the well-being of all, and may well involve life or death situations

There are many factors involved in ethics for caregivers, but here are a few important ones:

- **Always perform care to the best of your abilities, for all of your elders, all of the time.** This is the core of your profession, and is pretty much a basic concept.
- **Treat all your elders with respect….always.** Call them by name, chat with them, and let them know you respect them and that they are important to you.
- **Never mistreat an elder in any way, or deny needed care…ever.** This is one of the most important ethical considerations for caregivers, for it's the very core of your profession.
- **Treat all your elders equally.** Give all your elders the best care possible, regardless of their gender, race, nationality or religion
- **Provide care with kindness and patience.** Some elders are easier to take care of than others, but kindness and patience is always the way to go. Kind, patient caregivers are the ones who have the most significant and positive impact on their elders…and the ones who are most fondly remembered.

- **Be an advocate for your elders.** This means you are always supporting them, making sure they are properly cared for and not neglected, that all caregiving requirements are being done adequately for each elder, making sure that your reports are always followed up, and so on. Remember…you may be the only advocate they have left in their lives…this is a very import responsibility in the caregiving profession.
- **Provide privacy and maintain dignity.** Put yourself in the elder's place. Privacy and dignity is essential in all your daily care activities. Here is where the "Golden Rule" applies: "Treat others like you'd like to be treated!"
- **Respect Confidentiality.** This includes both oral and written. Each caregiver and elder has the right to expect that knowledge gained through the circumstances of illness or work will not be told to others who do not need to know the information.
- **Be completely honest and trustworthy.** Do not steal or fake records. This is very important in a caregiving situation.

Responsibility to your Employer

- Be respectful of your fellow workers
- Work as a team with others
- Be prompt and reliable
- Use supplies and be responsible to avoid waste
- Do not discuss personal issues with patients/residents
- Be open to learning new techniques and procedures

Responsibility to Medical Field

- Be professional at all times
- Maintain the highest of standards
- Adhere to all guidelines (such as HIPAA) and keep all certifications/licenses up to date
- Attend all required in-services
- Obtain continuing education to keep current on new information

We have all heard the code, "Do No Harm" and understand it to mean that in all things we should leave a situation better or the same but never worse than it began. This advice is good in any life application as well as being very much a part of the code of ethics for all nursing staff.

Revised 09/2018

QAPI

Quality Assurance/Performance Improvement

Working in a Long Term Care setting, you know that in our field the only constant is change. There is, however, one process that has been with us, in one form or another, for quite a long time. Until recently, Quality Assurance and Performance Improvement were two separate processes. These have since been streamlined into what we now know as the QAPI (Quality Assurance/Performance Improvement) process. Let's start off with the CMS definition of QAPI:

QA is a process of meeting quality standards and assuring that care reaches an acceptable level. Nursing homes typically set QA thresholds to comply with regulations. They may also create standards that go beyond regulations. QA is a reactive, retrospective effort to examine why a facility failed to meet certain standards. QA activities do improve quality, but efforts frequently end once the standard is met.

PI (also called Performance Improvement) is a pro-active and continuous study of processes with the intent to prevent or decrease the likelihood of problems by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systemic problems. PI in nursing homes aims to improve processes involved in health care delivery and resident quality of life. PI can make good quality even better

The Five Elements of QAPI

QAPI is then further divided into five elements as defined by CMS below. Each of these five elements must be an integral part of our QAPI process in order to build a successful program.

Element 1: Design and Scope

A QAPI program must be ongoing and comprehensive, dealing with the full range of services offered by the facility, including the full range of departments. When fully implemented, the QAPI program should address all systems of care and management practices, and should always include clinical care, quality of life, and resident choice. It aims for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents (or resident's agents). It utilizes the best available evidence to define and measure goals.

Element 2: Governance and Leadership

The governing body and/or administration of the nursing home develop a culture that involves leadership seeking input from facility staff, residents, and their families and/or representatives. The governing body assures adequate resources exist to conduct QAPI efforts. This includes designating one or more persons to be accountable for QAPI, developing leadership and facility-wide training on QAPI, and ensuring staff time, equipment and technical training as needed. The Governing Body should foster a culture where QAPI is a priority by ensuring that **policies are developed to sustain** QAPI despite changes in personnel and turnover.

Element 3: Feedback, Data Systems, and Monitoring

The facility puts systems in place to monitor care and services, drawing data from multiple sources. Feedback systems actively incorporate input from staff, residents, families, and others as appropriate. This element includes using Performance Indicators to monitor a wide range of care processes and outcomes and reviewing findings against benchmarks and/or targets the facility has established for performance. It also includes tracking, investigating, and monitoring Adverse Events that must be investigated every time they occur and action plans implemented to prevent recurrences.

Element 4: Performance Improvement Projects

A Performance Improvement Project (PIP) is a concentrated effort on a particular problem in one area of the facility or facility-wide; it involves gathering information systematically to clarify issues or problems and intervening for improvements. The facility conducts PIPs to examine and improve care or services in areas that the facility identifies as needing attention. Areas that need attention will vary depending on the type of facility and the unique scope of services they provide.

Element 5: Systematic Analysis and Systematic Action

The facility uses a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change. The facility uses a thorough and highly organized/ structured approach to determine whether and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. Additionally, facilities will be expected to develop policies and procedures and demonstrate proficiency in the use of Root Cause Analysis. This element includes a focus on continual learning and continuous improvement.

QAPI meetings occur monthly at the Center.

Elder Justice Act

What is it?

The Elder Justice Act (EJA) is a federal law enacted in 2010 that requires the reporting of any reasonable suspicion of a crime against anyone who is a resident of or who is receiving care from a long-term care facility.

Who is involved?

Everyone! "Covered Individuals" must report suspected crimes against residents. Covered Individuals include employees of the Abramson Center, along with all vendor staff, contractors and volunteers. It is each Covered Individual's obligation to report any reasonable suspicion of a crime. This obligation is NOT satisfied simply by informing the facility. This means… if you believe a crime may have been committed against a resident, you must directly report to the proper authorities yourself, not just to your supervisor.

What must be reported?

Federal and state laws contain numerous offenses that can be classified as "crimes". Below is a listing of select, defined crimes contained under the Pennsylvania Crimes Code (19 Pa.C.S.). Should a Covered Individual reasonably suspect that a resident is a victim of a crime indicated below, then a report would be required under the EJA.

- Criminal homicide
- Aggravated assault
- Kidnapping
- Unlawful restraint
- Rape
- Statutory sexual assault
- Involuntary deviate sexual intercourse
- Sexual assault
- Aggravated indecent assault
- Indecent assault
- Indecent exposure
- Arson and related offenses
- Burglary
- Robbery
- Theft and related offenses
- Tampering with records or identification
- Securing execution of documents by deception
- Incest
- Intimidation of witnesses or victims
- Retaliation against witness, victim or party

This list is not exhaustive. Should you have questions as to whether the conduct you witnessed constitutes a crime, contact your supervisor.

When must suspected crimes be reported?

If the event that causes the reasonable suspicion of a crime:

- Results in serious bodily injury, the Covered Individual shall report the suspicion immediately, but in no event later than **two (2) hours** after forming the suspicion; and

- Does not result in serious bodily injury, the Covered Individual shall report the suspicion no later than **twenty-four (24) hours** after forming the suspicion.

How do I report?

Contact local law enforcement and the Pennsylvania Department of Health (DOH) by phone and then submit a brief letter, describing the suspected crime and identifying the alleged victim using the contact information below:

Norristown Field Office
1937 Hope Street
Norristown, PA 19401
(610) 270-3475

Horsham Police Department
1025 Horsham Road
Horsham, PA 19044
(215) 643-8284

Can anyone help me with this process?

YES! The Administrator and/or Director of Nursing can facilitate and assist you through this process. In order to properly investigate incidents occurring against our residents, it is important to inform your supervisor immediately of anything you witness or suspicions you may have that a resident has been a victim of a crime.

Remember: You **may not** just tell you supervisor instead of reporting to Health and Human Service and local law enforcement. Your supervisor cannot make the report for you; you must make the report yourself.

Is there anything else I should know?

You continue to be required to follow the Abramson Senior Care's Abuse Investigation and Reporting Policy. The Elder Justice Act covers reporting of crimes only, but you are still required to follow our internal policy for reporting possible incidents of resident abuse or neglect to your supervisor immediately.

Penalties will be brought against anyone who does not report as required under the EJA. A Covered Individual who fails to report a suspected crime will be subject to a civil penalty of up to $200,000.

- The penalty may be up to $300,000 if the failure to report the suspected crime results in greater harm to the resident or harm to another resident/ consumer
- A Covered Individual who fails to report a suspected crime may be excluded from participation in any Federal healthcare program.
- Abramson Senior Care will not (a) discharge, demote, suspend, threaten, harass, or deny a promotion or other employment-related benefit to an employee, or in any other manner discriminate against an employee in the terms and conditions of employment because of lawful acts done by the employee; or (b) file a complaint or a report against a nurse or other employee with the appropriate State professional disciplinary agency because of lawful acts done by the employee, for making a report, causing a report to be made, or for taking steps in furtherance of making a report, of a suspected crime against a resident of, or a person receiving services from, the facility as required by the EJA. Abramson Center will post conspicuously in an appropriate location a sign notifying employees of their rights to file a complaint for violating the anti-retaliation provisions and information on how to file such a complaint.
- Abramson Senior Care will be ineligible to receive Federal funds for any period during which it employs a Covered Individual who has been excluded from participation in any Federal healthcare program for violating the reporting requirements of the EJA. Therefore, if you are subject to an investigation or excluded from participation in any Federal healthcare program for violating the reporting requirements of the EJA, you must notify Human Resources immediately of being notified of such investigation or exclusion. Failure to notify Human Resources will result in disciplinary action up to and including termination of employment. In addition, if it is discovered that you have been so excluded, you will be subject to immediate termination. Abramson will conduct an annual review of all employees to determine whether any employee has been excluded or is subject to an investigation, but has failed to notify Abramson of such investigation or exclusion.

Summary:

If you witness or become aware of a situation but are unsure of what to do, discuss with your supervisor, the supervisor on duty, the Director of Nursing or the Administrator. There is always someone available to help you sort out confusing situations. Remember to act immediately to get your questions answered and report incidents to the necessary authorities. Failing to report crimes against residents of Abramson puts you at risk for losing your job, as well as very high civil penalties. Don't ignore or cover up situations in order to protect a co-worker. This will only put yourself in harm's way and possibly endanger the residents/ consumers in your care. When in doubt, speak up and get help.

Revised 08/2011

IF YOU HAVE REASONABLE SUSPICION THAT A CRIME HAS OCCURRED AGAINST A RESIDENT OR PERSON RECEIVING CARE AT THIS FACILITY, FEDERAL LAW REQUIRES THAT YOU REPORT YOUR SUSPICION DIRECTLY TO BOTH LAW ENFORCEMENT AND THE STATE SURVEY AGENCY

***If you believe the crime involves serious bodily injury including criminal sexual abuse to the resident, you must report it immediately, but no later than* 2 hours after forming the suspicion.**

OR

***If the crime does not appear to cause serious bodily injury to the resident you must report it* within 24 hours after forming the suspicion.**

WHO MUST REPORT

- Individuals who must comply with this law are: owner(s), operators, employees, managers, agents or contractors of this LTC facility. This law applies to the above individuals associated with nursing facilities, skilled nursing facilities, hospices that provide services in LTC facilities, and Intermediate Care Facilities for the Mentally Retarded (ICFs/MR).

PENALTIES FOR NOT REPORTING

- Individuals – Who fail to report are subject to a civil monetary penalty of up to $300,000 and possible exclusion from participation in any Federal health care program as an "excluded individual."

NO PENALTIES FOR REPORTING

- **An LTC facility cannot punish or retaliate against you for lawfully reporting a crime under this law.**
  Examples of punishment or retaliation include: firing/discharge, demotion, threatening these actions, harassment, and denial of a promotion or any other employment-related benefit or any discrimination against an employee in the terms and conditions of employment. In addition, a facility may not file a complaint or a report against a nurse or other licensed individual or employee with the state professional disciplinary agencies because the individual lawfully reports the suspicion of a crime.
- Employees can file a complaint with the state survey agency against the facility if there is retaliation for reporting, causing a report to be made, or for taking steps in furtherance of making a report of a reasonable suspicion of a crime to the appropriate authorities.

HOW DO I REPORT

- Individuals reporting suspicion of a crime must call, fax, or email both local law enforcement and the state survey agency.
- Multiple individuals can report a suspicion of a crime jointly and will be considered in compliance with the law. However, an individual may report the suspicion separately if he/she chooses to do so and the facility may not prevent an individual from reporting.

Contact the following agencies regarding the suspicion of a crime at Abramson Senior Care

Horsham Township Police Department- 215-643-8284
Norristown Field Office- 610-270-3475

To file a complaint because you believe you have been punished or retaliated against for reporting the suspicion of a crime, contact the Norristown Field Office- 610-270-3475

Medical Device Reporting Act

The Medical Device Reporting Act provides a mechanism for the Food and Drug Administration (FDA) and manufacturers to identify and monitor significant adverse events involving medical devices, so that problems may be detected and corrected in a timely manner.

Although the requirements of the regulation can be enforced through legal sanctions authorized by the Food, Drug and Cosmetic Act (FD&C), the FDA relies on the goodwill and cooperation of all affected groups to accomplish the objective of the regulation.

The Medical Device Reporting Act requires certain types of medical facilities (referred to as device user facilities) to report to the device manufacturer when the facility determines that a device has or may have caused or contributed to a resident death or serious injury. In the case of a death, the facility must also send a report to the FDA.

Device user facilities are hospitals, outpatient diagnostic or treatment facilities, long-term care centers and ambulatory surgical facilities. Long-term care centers include hospice care for the terminally ill and services for the rehabilitation of injured, disabled, or sick persons.

Internal Medical Device Reporting Process:

- Remove resident from danger and have him/her evaluated to determine if immediate medical intervention is necessary.
- Arrange to substitute equipment or device if resident care or treatment needs are to be continued.
- Equipment believed to have malfunctioned or caused injury to the resident will be immediately removed from operation.
- The equipment will be properly tagged in accordance with policies and will be stored away from resident care areas. All knob settings, switches, etc. are not to be changed. All pads, leads, etc., used with the unit are to be stored with the device as well as device packaging, accessories and disposable.
- The staff member(s) will immediately report a malfunction to their direct supervisor and/or supervisor on duty in the area and ensure an incident report is completed.
- Incidents involving medical supplies will be reported to the Director of Materials Management as soon as possible.

Medical Device Recalls and Hazard Alert:

Any department receiving a Medical Device Recall and/or Hazard Alert shall immediately forward these notices to the Director of Materials Management. Materials Management will notify all departments as necessary.

Revised 8/2010

Creating Teamwork

Teamwork in organizations has shown that teams that have the relevant experience for the tasks at hand are in a better position to complete more work than if they tackled the task single handedly. This means there is power in numbers and the teams that complete projects have a sense of pride that does not come from doing a task alone.

By building effective teams, the teams are committed to achieving more work for the company as team members motivate each other.

Teamwork, however, does not just happen by throwing people together and telling them they are now a team. Leaders must select the best team members for each group in order to achieve results that are more effective.

Teamwork in Organizations - Why Teamwork is Important

Organizations that want increased productivity often create teams in order to get the job done more effectively. When workers in a company feel interconnected, productivity increases. Companies need to develop teams where the members have relevant skills for the tasks they need to accomplish.

More Gets Done Effectively By Teams:

- The first rule for teamwork is to **respect others' rights –** in other words, not everyone on the team is going to think like you, but that is what makes a dynamic team.
- **Learning to be cooperative –** if you cannot be cooperative within the group, you will soon be seen as the weak link.
- **Learning what teamwork is and how to participate –** you must learn to communicate and participate in the group. Taking on your fair share of the work betters the overall result.
- **Learning assertiveness, not bossiness –** no one in the team likes someone who is bossy, it is annoying and the entire group will quickly turn away from you. Rather, learn to be assertive when it is time to stand up and speak.
- **Seek to continually learn within the group –** If you are continually learning, you are less likely to become bored on the job. You learn from your teammates, which in turn makes your job more interesting and exciting.

It is important that each team member knows:

- Why they were selected for the team
- What their goals are as a team
- What their individual role within the team is

Advantages of working in a team

Have you ever noticed that while the United States only has one President, he always has a team working around him? This is because the President knows that no one has all the answers and he needs advisors to help brainstorm various tactics in order to benefit the entire country.

The same holds true for teamwork in organizations. No one has all the answers and everyone has a different thought process. Therefore, when differences of mind and skills are brought together to work on a common project, teams achieve much more than the completed project. They become cohesive and begin to take on a life of their own, they care about the other team members' well-being and help in any way they can.

What Teams Can Accomplish

Typically, in history, teams have been those that have created the best work. Even if one person was picked out, they had a team behind them that made their goals and accomplishments happen. Teams normally are more creative together than they are when working alone, and it increases the pride of completing projects knowing they were a part of a winning team. Additionally, those that are truly part of a team work harder than when they are working individually because they feel a responsibility to the team.

Teamwork Partnership – One of the Most Essential Characteristics of Effective Teamwork

A teamwork partnership between team members is the key to forming a productive team. Teamwork is the cooperation of a group working towards one solution or project. The group draws on the strengths of other teammates to get the job accomplished.

How Teamwork can be Viewed as a Partnership

Since teamwork and partnership both work toward one common goal, teamwork can easily be viewed as a partnership among the team members. The groups use the various strengths of individual members of the group to complete various projects much more efficiently than working individually.

The Importance of Working Together and a Teamwork Partnership

> A Partnership is defined as the relationship between groups or people who share the overall responsibility to achieve a common goal.

If you are a member of a team, working together is crucial because in the end, everyone is working toward the same goal. By pulling talents and expertise, the team can increase productivity in their organization. When someone is a member of a team, they are much less likely to let their teammates down by quitting or not taking on their share of the responsibilities.

Organizations benefit from having teams because everyone in the group has their own specialties and these promote a better end-result for the company and the team members. In fact, people that are a part of the team that see it through to completion often have more loyalty to their company and career.

Advantages of Teamwork Partnership

Advantages of teamwork include the role they play in many aspects of employee engagement such as:

- ***Efficiency and Productivity ~ Time Management ~ Motivation and Morale***

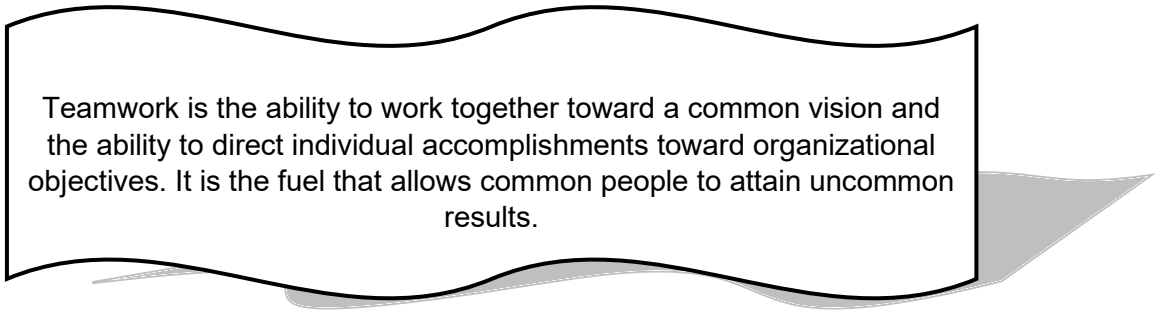
One of the most important advantages of teamwork partnership is the role it plays during a workplace crisis. This is when each team member brings with them different strengths and ideas. This can help you tackle a difficult situation or problem more effectively. You are able to come at it from different angles ensuring that you leave no stove no stone unturned when it comes to finding the best solution.

Characteristics Effective Teamwork and Teamwork Partnership

Three important characteristics of effective teamwork

One of the greatest characteristics of effective teamwork is the ability of the team members to pull together and offer an effective outcome. This leads to the knowledge that together they can do more than they can individually. Companies that have a strong teamwork environment, typically have more projects completed.

- **Dealing with Disagreements**
  - With human nature being what it is, there are likely to be conflicts among team members. Team members who encounter conflict must quickly learn to resolve it effectively. In the end, it does not matter who is right, what matters is that the completed task or project is completed in a timely manner.
- **Team Members Build Trust**
  - One of the key characteristics of a strong team is trust among the members. In other words, if a team member says they can complete a specific piece of the project, the other members trust that he or she will deliver. Team members that do not have trust for their teammates will not be very productive.
- **Commitment to the End Results**
  - The team together shows a commitment to get the job done effectively. This is one of the important characteristics of effective teamwork. They have clear direction and everyone has their part to do in order to make the desired outcome complete. When a project is complete, the team feels a sense of pride and a further commitment to seeing future results.



Providing Good Customer Service

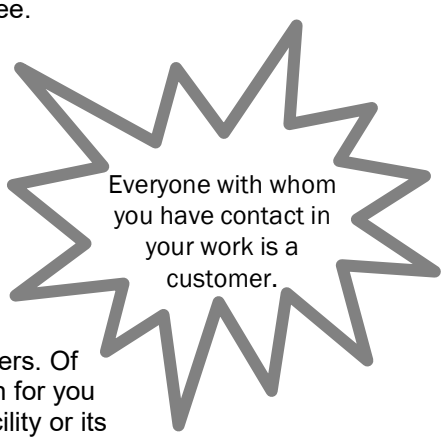
Have you ever found yourself returning to the same restaurant even though there are other restaurants with similar food and prices, and just as conveniently located? Or, with all things equal, do you shop at one store rather than another on a regular basis?

If you've answered *yes,* take a minute to consider why you select some businesses over others. Often, if the product, price, quality, and location are similar, a major reason why you as the customer may be drawn to one business over another has to do with what you *experience*. If you're greeted with a friendly smile, treated courteously, offered the help you need, and are given the message that you're important to the merchant, you leave with a positive feeling. You'll probably not hesitate to give the merchant your business again. You may recommend the business to your friends. And, if you do have an occasional problem, you'll probably show a little more understanding and patience because you know that this is not a normal occurrence.

Customer Service in Long-Term Care Facilities

Restaurants and stores aren't the only settings in which customer service is important. Nursing homes and other health care settings *are* businesses. A large part of their business success depends on the quality of customer service they deliver. Without that success, they will not be able to offer services, pay salaries, and stay in business. Everyone in the facility plays a part in customer service but you carry an extra burden for this as you have more direct contact with the facility's "customers" than any other employee. Being on the front line, you will spend more time with residents, meet more visitors, and interact with more departments than any other category of employee.

You play an important part in creating the image of the facility that your customers carry away from the facility. Therefore, it is important that you understand and offer good customer service. Let's look at what that means.



Who <u>is</u> the Customer?

You probably already realize that the <u>residents</u> are the facility's primary customers. Of course, the residents are your most important customers as they are the reason for you being employed. Without them, there would be no need for a long-term care facility or its staff.

Technically, a customer is anyone with whom you have any dealing in your work. That causes many people, other than residents, to be viewed as customers, including:

- family and friends of residents
- other visitors
- vendors
- neighbors in the community

In addition to the above list, there is another group whom you may not consider customers: <u>*your co-workers*</u>. Being helpful and respectful to co-workers is an important part of good customer service. In fact, promoting good attitudes and positive feelings among employees can have a ripple effect in helping to improve attitudes and feelings shown toward residents.

What Makes for Good Customer Service?

The impression you make when you have contact with someone greatly affects your ability to provide good customer service. Consider the first impression that you make, as well as the lasting impressions you leave with people.

Appearance and Body Language

Your appearance and body language send a message to others before you even open your mouth and without the person knowing anything about you. You should always try to present a neat, well-groomed appearance. Your clothing should meet the dress code and should fit you properly and be clean. Hair should be prevented from falling in your eyes or face. Excessive jewelry is inappropriate as it could scratch residents during care giving and carry germs. Avoid gum chewing or eating in resident areas or when communicating with customers.

Your work is important and requires 100% of your attention. For this reason, using cell phones during the workday when you are on the unit is inappropriate. Even if it is your break time, when you are talking on the cell phone in resident areas it can give the impression to others that you are "goofing off" and not paying attention to residents.

93% of communication is non-verbal and our behaviors can communicate some negative messages:

- *Standing with hands on hips*: aggression, impatience
- *Eyes rolling or looking around room, foot tapping*: boredom, impatience
- *Arms crossed over chest*: defensiveness, impatience, reluctance to talk
- *Sitting with legs crossed, hands behind back leaning back*: superiority
- *Tapping fingers on surface, fidgeting*: impatience
- *Playing with or rolling hair in fingers*: insecurity
- *Looking away during conversation*: disinterest, disbelief
- *Biting nails*: nervousness, insecurity

Use the following tips to help you show a positive, helpful attitude:

- Face the person when speaking
- Smile regularly
- Make and keep eye contact during the conversation
- Keep your hands to your side and avoid fidgeting
- Respect the other person's personal space by being close enough to be able to communicate without being so close as to make the person uncomfortable

Courteous Communication

Most of us appreciate being treated courteously when we speak to another person. It makes us feel respected and valued and chances are, we want to treat people politely in return. The lack of courtesy in our communication can have many serious effects.

Consider this example:
A nursing assistant was standing at the nursing station talking to the unit clerk when a visitor approached. The two employees were in the middle of a conversation about weekend plans and both ignored the visitor. "Excuse me," the visitor interrupted, "I want to tell you…" Before the visitor could speak another word, the nursing assistant turned to him and said, "Can't you see we're talking? I'll be with you in a minute." Shaking her head, she turned her attention back to the unit clerk. The visitor, upset at the way he was treated, quietly walked off the unit. About five minutes later a loud yelling was heard at the end of the hall. When the nursing assistant ran to see what was wrong she discovered that a resident slipped on water that was on the floor and seriously injured herself. "Where did all this water come from?" the nursing assistant asked. Another resident responded, "From the broken pipe. My husband just went to the nursing station to report it."

Perhaps if the visitor was treated more politely he may have had more of an interest in making sure this problem was reported and saved a resident from the injury.

As this example demonstrates, when communication breaks down, people not only feel badly, but important information may not be shared. To avoid this try to remember the following when you communicate:

- Use good body language that shows you are interested and approachable
- Introduce yourself if the person doesn't know you
- Address residents, coworkers, and, when possible, visitors by name
- Speak clearly; avoid slang
- Speak on a level that is appropriate for the other person – avoid any jargon that you may use with co-workers
- Listen openly and hear what the person is saying. Don't assume you know what the person is going to say before hearing him or her.
- Try to "let the buck stop with you." Don't say, "That's not my job" or "That's not my resident". Try to handle and help solve the problem. Don't offer excuses or complain about the facility or coworkers.
- If you can't attend to the request right away, politely tell the person you'll get to him in ____ minutes. If you are unable to address the issue in a reasonable time, get help.
- Explain what you are going to do
- If there is a complaint or matter that is getting out of hand, politely say "I think it would be helpful if my supervisor could help us." and call your supervisor.
- Be patient, honest, and nonjudgmental.
- Try to say something positive to every person with whom you have contact

Handling Complaints

Complaints arise often in long-term care facilities. Residents are not at their best due to illness and disability, and they may be unhappy with living in a long-term care facility. Family members often are stressed with the burden of having a loved one in a facility. In addition, you and your co-workers usually have heavy assignments and when you are doing many things, there is a greater chance that something is going to go wrong.

Unfortunately, in this setting, often *you* are the target of complaints. The resident is in pain due to her disease and blames you for not being able to make her comfortable. A resident makes his son feel guilty about placing him in the facility and when you don't answer the call light within two minutes, the son reports you to a supervisor for ignoring his father. A co-worker gets written-up for lateness and begins complaining that you have an easier assignment. You may be totally innocent in these situations, but you are the target of the complaints. Not a fun place to be! While these situations may make you feel uncomfortable, try not to take complaints personally. Remaining professional and working on solving issues is the best way to keep an unpleasant situation from becoming worse.

Here are some tips for solving complaints:

- Listen to the complaint without interrupting the person.
- Try to clarify what the problem is. For example, "Are you saying that your mother said she wasn't bathed today?", "Your husband's TV is broken?"
- Do not react to emotionally-charged comments (e.g., "You people shouldn't even be able to work with animals" or "You're all lazy.")
- Focus on the issue, not personal criticisms.
- Acknowledge the person's feelings without placing blame. For example, you can respond, "I can understand that it upsets you to see your husband's TV broken."
- Offer help in solving the problem. If you can't solve the problem right then or need to involve someone else, explain what your next step will be.
- Call your supervisor immediately if the situation gets out of hand.
- Follow up to make sure a solution has been obtained.
- Report all complaints to your supervisor. Also explained what you did to try to address the situation.

Your words and actions are extremely powerful. They represent the facility and give a strong message about the quality of care that is provided to residents. Be aware of the power you possess in the area of customer service and always put your best foot forward. Remember that satisfied customers help keep the facility in business and help you to have a job!

Telephone Courtesy

If you've ever been left on hold for what seemed to be an eternity or could not understand the person who was on the other end of the phone when you telephoned a business for assistance, you can appreciate the impact that telephone communication can have on the impression customers have of a business. All employees need to promote a positive image of the facility by applying the principles of telephone courtesy:

- Answer the telephone within three rings
- Speaking clearly and slowly, identify yourself and the location
- Greet the caller, and when possible, acknowledge him or her by name
- Wear a smile when speaking
- Avoid jargon or slang terms
- Do not chew gum or eat while talking
- Before placing the caller on hold, ask if it is convenient for the person to wait
- Check on the status of holding calls frequently
- Offer to take a message and be sure the person for whom the call was intended gets the message
- Tell the caller you are going to transfer the call before doing so and give him the extension in the event you are accidentally cut off
- If the caller has reached your number by mistake, help him to find the correct number
- Return calls as promised
- Do not give personal information about residents or employees to callers unless they are facility personnel who are known to you and who have the right to this information
- Don't leave the phone off the hook so that the caller can hear conversations
- Say goodbye before hanging up

Tips for Effective Communication

Effective work relationships form the backbone of your experience in your job. The relationships you form with co-workers and supervisors affect all aspects of your work from your job satisfaction and work-related stress level to your success in your position.

Most people want the same thing when they go to work…everyone wants to have a good day. We hope to spend our hours on the job each day having pleasant interactions with our co-workers and the clients in our area, with few problems coming up during the shift. It is important to realize that while problems will inevitably occur, each member of the team is responsible in making this hope for a pleasant work day come true.

The first step is recognizing that everyone is different. This means that different people have different ways of communicating. Working with people who are different from you can be challenging. The benefits of working with co-workers who have a different outlook from you are many but you must first meet the challenge. Your success in your work environment depends on how well you can get along with others and form a cohesive, integrated, pleasant, effective team.

A major piece of forming and maintaining a positive teamwork environment is effective communication.

Here are some things to remember to make sure you are able to communicate well with the other members of your team:

Remember, there are two sides to the communication equation. Everyone wants to get his or her point across but there has to be someone listening for your communication to be effective. Being a good communicator means that you will be a good listener too!

In addition to content, the delivery of your communication also has an effect on the way it is received. Be direct and keep a calm and even tone of voice. This way your listener can focus on the message, rather than be confused by emotional undertones. If you are angry or upset, take some deep breaths and try to calm down before you speak.

Timing is also an important element of effective communication. Time your communications so that they are delivered …

- *When you have the attention of your audience.* If you try to communicate with someone who is in the middle of doing something or surrounded by distractions, your message is unlikely to be heard.
- *When the audience is most receptive.* Trying to communicate with co-workers when they're rushing out the door at the end of the day or on their way to lunch isn't likely to produce positive results. Pick a time when they will be able to focus exclusively on your message.

Be constructive when expressing concern. Avoid making statements which put people on the defensive. Use "I" statements to describe how you feel or how you are affected by a certain situation. For example, instead of saying "You make me angry…" say "I am concerned about…"

NON-VERBAL COMMUNICATION

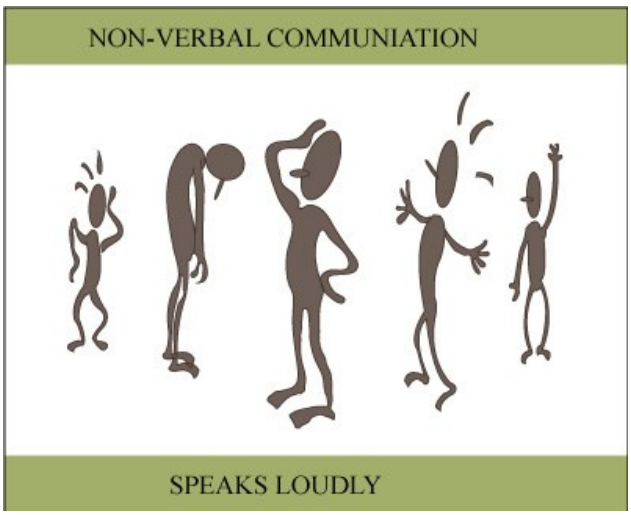
It's not just what you say, but HOW you say it!!

To make sure your message gets across in the RIGHT way, be aware of your communication… beyond just the words you are saying.

Eye Contact indicates that you are interested in what the person is saying to you and that your attention is focused on them. You don't have to stare at the person, but looking directly at them and making eye contact shows that you are paying attention to them and makes them feel important.

Body Position and Posture communicate a lot about how you feel. The best way to appear friendly and approachable is to maintain a relaxed but alert posture… stand or sit straight up but not stiffly… face the person you are speaking to and keep your hands in your lap or hold them at your sides or behind you. Standing stiffly, turning away from the person or folding your arms in front of you can make you seem unapproachable or disinterested.

Tone of Voice may be difficult to control because it is hard to know how you sound to others. Generally, talking too fast may give the impression that you are in a rush and not interested in the person you are talking to. If you speak too loud, you might seem to be coming on too strong or to be too controlling. If you speak too quietly, you might seem too shy or unsure of yourself. The best suggestion is to watch the person's reaction to determine how your voice is affecting them.



Remember, it is up to you to create the positive environment that you wish to work in. You cannot control other people's actions, but you can be a good influence on your co-workers with your pleasant, agreeable approach. Make sure that you embrace the diversity of your workplace and always respect other's differences and unique points of view.

Revised 11/2010

Trauma Informed Care

Prevalence and Impact of Trauma

While Americans once considered trauma to be a relatively infrequent occurrence, most research finds that a majority of us — somewhere between 55% and 90% by some measures — have experienced at least one traumatic event. Potentially traumatic experiences include: experiencing or witnessing childhood adverse events (e.g. experiencing or witnessing emotional, physical or sexual abuse or neglect, living with a parent with mental illness or substance misuse disorder, death or absence of a parent because of imprisonment); domestic and sexual violence; natural disasters; car, train and airplane crashes; combat; becoming a refugee; homelessness; medical trauma; violent crime; bias and discrimination; and hate crimes.

A potentially traumatic event is any powerful event that affects a person's daily life. While not all people will experience these events as traumatic, the reality that these kinds of events can be traumatizing is essential to bear in mind, given the impact that traumatic stress has on human health and well-being.

What is Trauma?

- Exposure to a deeply distressing and disturbing event
- The event can result in an emotional reaction that overwhelms the individual's ability to cope.
- The emotional response to the event can have long-lasting effects, sometimes lasting decades after the event occurred if treatment wasn't sought afterwards.
- Two individuals can be exposed to the same traumatic event and have very different emotional responses.

Stress vs. Traumatic Stress

All human beings react to some external stimuli with a stress response, ranging from the physical to the emotional and to the cognitive and behavioral. Traumatic stress refers to "the emotional, cognitive, behavioral and psychological experiences of individuals who are exposed to, or who witness, events that overwhelm their coping and problem solving abilities." In other words, a trauma, which produces traumatic stress, occurs when our coping mechanisms are overwhelmed by outside events.

Over the course of their lives, many older people have experienced one or more of the potentially traumatic events and experiences described above — and the impact of that earlier trauma does not disappear with age. Of course older people are subject to these events in the present as well as the past, and so may have more recent or current traumas of these kinds with which to contend.

Older people may also experience traumas related to the aging process itself, including the loss of loved ones, of their own capacities (physical and mental), loss of roles and identity and of their home, and increased dependence on caregivers. Experiences of neglect and of elder abuse are also important to consider. These losses may look like "normal" grieving, or may result in a traumatic stress response.

The Three E's of Trauma

The Three E's of Trauma are **event(s)**, **experience** of event(s), and **effect**.

- ***EVENTS*** **–** can include actual or extreme threat of harm, or severe, life-threatening neglect for a child. Events can occur once or repeatedly over time. Traumatic events can occur throughout a lifetime.

- ***EXPERIENCE*** **–** how the individual experiences an event helps determine if it is a traumatic event.

    - **Factors include:**
        - How an individual assigns meaning to the event
        - How the individual is disrupted physically and psychologically by the event
        - The individual's experience of powerlessness over the traumatic event, which can trigger feelings of humiliation, shame, guilt, betrayal and/or silencing, isolation, shattering of trust, and fear of reaching out for help
        - Cultural beliefs (e.g. about the role of women), availability of social supports, and age and developmental stage of the individual at the time of the event

- ***EFFECT*** **–** adverse effects can occur immediately or after a delay, and can have a range of duration. Individuals may not recognize the connection between traumatic events and their effects.

    - **Adverse effects include:**
        - Inability to cope with normal stresses of daily living
        - Inability to trust and benefit from relationships.
        - Cognitive difficulties — memory, attention, thinking, self-regulation, controlling the expression of emotions

The Four R's of a Trauma-Informed Approach

A trauma-informed approach can be understood through the terms **realization**, **recognition**, **responding,** and **resisting**.

- ***REALIZATION*** – We all must realize that:
    - Trauma can affect individuals, families, organizations and communities
    - People's behavior can be understood as coping strategies designed to survive adversity and overwhelming circumstances (past or present)

- ***RECOGNITION*** **–** Everybody should be able to recognize the signs of trauma and have access to trauma screening and assessment tools. (the people using these tools will have additional education.)

- ***RESPONDING*** **–** Abramson Senior Care responds by applying a trauma-informed approach to all aspects of your work. Specifically, everyone on staff in every role has changed their behaviors, language and policies to take into consideration the experiences of trauma. Other ways this response is manifested include:
    - Ensuring that the materials at Abramson Senior Care — from our mission statement to manuals to policies and procedures — reflect our commitment to creating a culture of resilience, recovery and healing from trauma
    - Formalizing ways for people who have experienced trauma to advise and guide the organization
    - Providing staff training and guidance for supervisors on secondary traumatic stress
    - Articulating your commitment to a physically and psychologically safe environment - including employees and supervisors - fairness and transparency (others would include a culture of social and moral safety)
    - Adopting a universal precautions approach that assumes the presence of trauma in the lives of residents and employees and takes steps to not replicate trauma

- ***RESISTING* –** Re-traumatization of residents and staff members by ensuring that practices do not create a toxic environment — for example, understanding the impact of using restraints or seclusion on a resident with a trauma history

The Six Key Principles of a Trauma- Informed Approach

SAFETY – All people associated with Abramson Senior Care feel safe. This includes the safety of the physical setting and the nature of interpersonal interactions.

TRUSTWORTHINESS AND TRANSPARENCY – Abramson Senior Care is run with the goal of building trust with all those involved.

PEER SUPPORT – Support from other trauma survivors is a key to establishing safety and hope. Peer support may be from others in the community.

COLLABORATION AND MUTUALITY – Recognition that everyone at every level can play a therapeutic role through healing and safe relationships. Abramson Senior Care emphasizes the leveling of power differences and taking a partnership approach with staff.

EMPOWERMENT, VOICE, AND CHOICE – Abramson Senior Care recognizes and builds on the strengths of people — staff members and residents. You recognize the ways in which nursing home residents and staff members may have been diminished in voice and choice and have at times been subject to coercive treatment. You support and cultivate skills in self-advocacy, and seek to empower residents and staff members to function or work as well as possible with adequate organizational support.

CULTURAL, HISTORICAL, AND GENDER ISSUES — Abramson Senior Care actively moves past cultural biases and stereotypes (gender, region, sexual orientation, race, age, religion), leverages the healing value of cultural traditions, incorporates processes and policies that are culturally aware, and recognizes and addresses historical trauma.

The role of a safe and supportive environment: Because adverse or traumatic experiences, by definition, are the result of a lack of safety and make individuals susceptible to feeling unsafe, subsequent environments have the potential to either exacerbate the feeling of threat and danger or mitigate it. A safe environment creates a setting in which manifestations of traumatic stress are minimized and individuals experience greater comfort and opportunity for well-being and healing.

Common Traumatic Events Frequently Reported by LTC Residents

- Sexual Abuse/Assault (Childhood sexual abuse, rape as a youth or adult, sexual abuse of an elderly person)
- Physical Abuse/Emotional Abuse (being hit, yelled at)
- Serious Accident (e.g. In rehab following a car accident)
- Violence (workplace violence, shot/stabbed, robbed, terrorism)
- Military Trauma (combat exposure in military, sexually assaulted while in military)
- Medical Events (fall, negative experience with surgery, delirium while in the hospital)
- Natural Disaster (Hurricane, tornado)

Impact of Trauma

Having a trauma history can result in:

- Depression and alcohol abuse
- Increased number of physical complaint/symptoms
- Significantly poorer physical, psychiatric and quality of life functioning

Mental and Physical Manifestations of Trauma

- Recurring thoughts or nightmares about the event
- Sleep problems
- Change in appetite
- Anxiety, fear and restlessness
- Prolonged periods of sadness and depression and lethargy
- Memory problems
- Inability to focus or make decisions
- Emotional numbness and withdrawal
- Avoidance of activities, places or people who remind them of the event

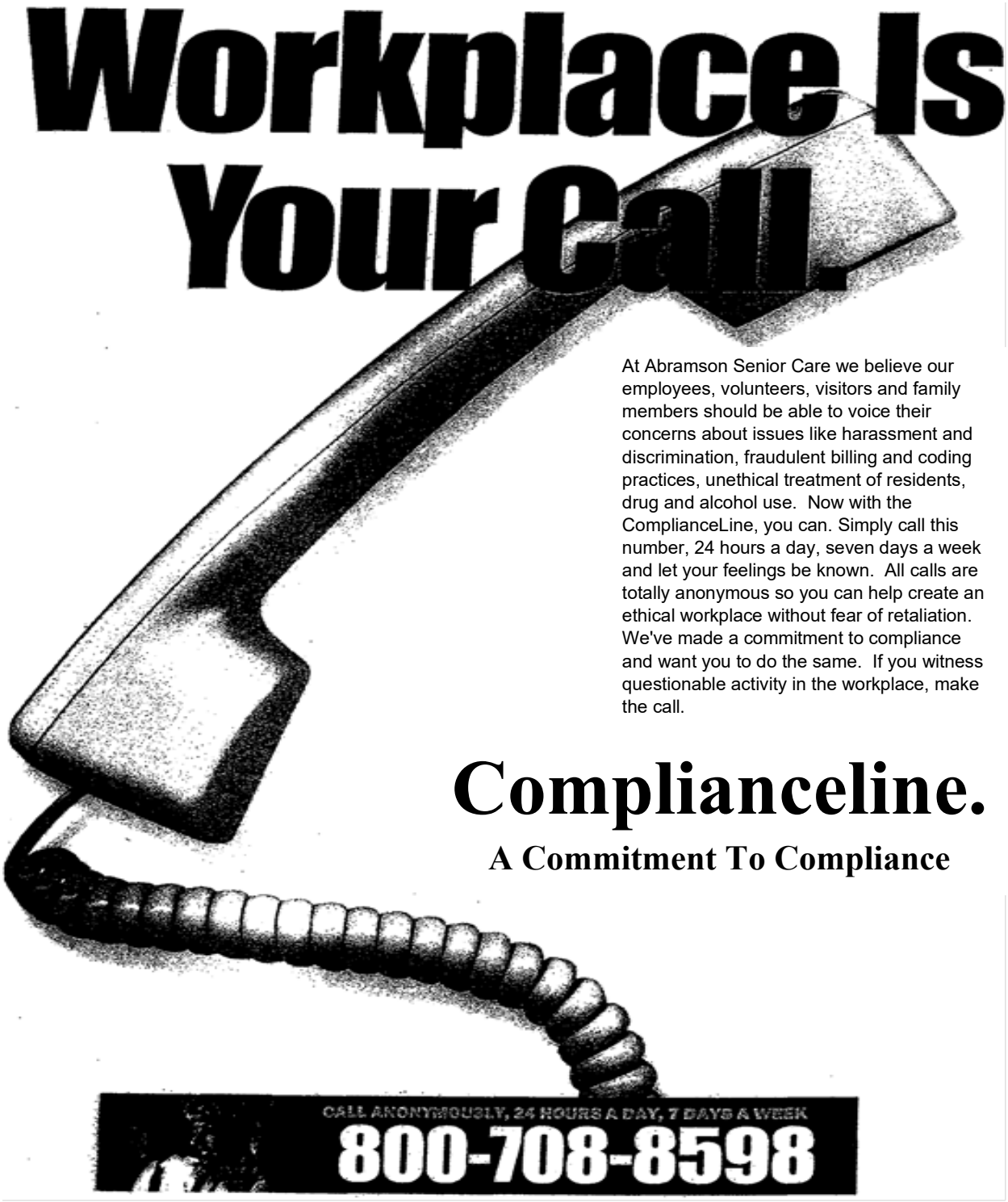
Interaction Strategies with Residents with History of Trauma

- Use a clam voice when speaking
- Use supportive listening techniques and communicate back what you believe to have heard
- Show empathy
- Reassure them that they are in a safe environment
- Encourage them to reach out to you with any issues/concerns
- Let them know you believe them- whether it is with non-verbal cues or verbally
- Assure them what they share with anyone beyond the medical team (unless they have suicidal ideations, intent and/or a plan) will be kept confidential
- Thank them for sharing and indicate appreciate for them putting trust in you

Staff wellness and self-care are high priorities, as is accountability to one another. In a trauma-informed environment staff learn that trust must be earned and not assumed. Positive working relationships are respectful and provide support, safety, and calming in times of stress. Cultural humility is practiced. Organizations such as Abramson Senior Care committed to trauma-informed care believe that this culture contributes to greater workplace engagement and satisfaction, and increases retention.

Revised 11/2019

An ethical Workplace Is Your Call.



At Abramson Senior Care we believe our employees, volunteers, visitors and family members should be able to voice their concerns about issues like harassment and discrimination, fraudulent billing and coding practices, unethical treatment of residents, drug and alcohol use. Now with the ComplianceLine, you can. Simply call this number, 24 hours a day, seven days a week and let your feelings be known. All calls are totally anonymous so you can help create an ethical workplace without fear of retaliation. We've made a commitment to compliance and want you to do the same. If you witness questionable activity in the workplace, make the call.

Complianceline.

A Commitment To Compliance

CALL ANONYMOUSLY, 24 HOURS A DAY, 7 DAYS A WEEK

800-708-8598