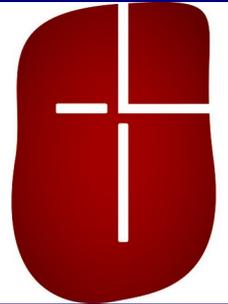
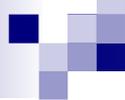


HOPE RESIDENCE
A MINISTRY OF THE LUTHERAN
HOME ASSOCIATION



Survey Readiness



Introduction & Purpose of the MDH Survey

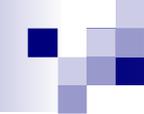
- Our last MDH survey was 9/9/20 to 9/14/20.
- MDH Surveyors are here to ensure we are meeting all the licensing requirements of the MN Department of Health for an Intermediate Care Facility for individuals with DD/ID.
- They will show up unannounced and we need to be prepared at all times.

Last Year's Survey Results

- The MDH team consisted of 4 surveyors (3 RN's and Unit Supervisor).
- We received several deficiencies. They included:
 - Environmental concerns- damage to walls, missing tiles, etc
 - Annual physicals- these were paused due to Covid
 - Med cart left unlocked & unattended
 - First aid kits for the vehicles and list of items included
 - Emergency procedures- vulnerability assessment and facility assessment of risk
 - Program implementation and documentation
 - Financial goals on hold due to Covid
 - Storage and destruction of discontinued/expired meds
 - Tracking of resident illness

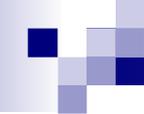
What to Expect?

- The survey usually lasts 3-5 days.
- Survey Sample of Clients:
 - Approximately 12 clients
 - Observe meals, family style dining, programs, med passes, transfers, interaction, cleanliness or residents and their home...
 - Review documentation, programs, client reviews, care plans, incident reports, serious injuries, MARS/TARS, death reports, emergency preparedness plan...



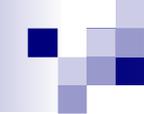
What to Expect Continued....

- Surveyors will constantly be writing information down during observation.
- They can look at anything.
- If they want to observe client cares, be sure to ask the client for permission.
- Answer any questions that may be asked. If you do not know the answer, tell them you will find out or go and get the person who knows the answer. Don't just give them an answer.



What to Expect Continued....

- At the end of the survey they meet, discuss, and determine what deficiencies, if any will be given.
- The MDH team meets with us to share the survey results.
- Plan of Correction is completed.
- Action plan is put into place:
- If a deficiency was received, the surveyors are likely to come back in a couple of months to ensure we did what we said we were going to do in the correction.



How Do I Act?

- Continue on with your day like normal. Mistakes are often made when you are trying to do things differently than normal in front of the surveyors. Do things correctly at all times.
- Interact with the residents and always offer choices. Conversations should be resident focused and residents should be included in conversations.

Incident Reports and Unknown Injuries

- When to complete
- Always notify the nurse right after the incident
- Give the completed report to the nurse
- Legal document- complete sentences
- Objective, black ink, proper grammar, no scribbling or whiteout, and error corrections
- If you are not sure what to document, ask the nurse
- Falls, resident to resident aggression and unknown injuries- always report right away.
- Vulnerable adult reporting to administrator immediately

The Lutheran Home: Hope Residence- Incident Report Form

Client Name: _____ Date of Incident: _____ Time of Incident _____ am / pm
 Date of Birth: _____ Exact Location of Incident: _____
 Nurse notified of Incident: Name _____ Date: _____ Time: _____ am / pm
 Description of Incident – detailed description of what was observed. (Include injuries if noted. Attach additional pages if necessary):

Reported by: Witness First person to scene Other _____

Documented in client's behavior program if needed: Yes No

Reporting Staff's Signature/Title _____ Date: _____ Time: _____ am / pm

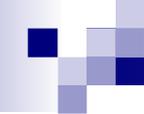
Turn in immediately to Nurse in Charge – who will notify necessary people of the above.

<p>Injury Occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Neuro v's initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Vitals Temp: _____ Pulse: _____ Resp: _____ B/P: _____</p>	<p>(Nurse to Complete) (Indicate on diagram, location and type of injury)</p>  <p>Fall Card Marked? <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>Type of Injury (circle)</p> <ol style="list-style-type: none"> 1. None Apparent 2. Laceration (cut) 3. Contusion (bruise) 4. Abrasion (scrape) 5. Burn 6. Swelling 7. Other (Specify) _____
--	--	--

Incident Type (please check all that apply):	
<input type="checkbox"/> Accident/Injury/Fall <input type="checkbox"/> Dental Emergency * <input type="checkbox"/> Serious Injury/Death * # <input type="checkbox"/> Significant unexpected changes in an illness or medical condition that requires a 911 call, physician, treatment, or hospitalization * <input type="checkbox"/> An act or situation involving a person that requires a 911 call, law enforcement, or the fire department * <input type="checkbox"/> Mental health crisis that requires a 911 call, a mental health crisis intervention team or a similar mental health response team or service *	<input type="checkbox"/> Unauthorized or Unexplained Absence * <input type="checkbox"/> Emergency Use of Manual Restraint * <input type="checkbox"/> Sexual Activity between clients involving force or coercion * <input type="checkbox"/> Conduct by a person served against another person Served (see 245D.02 subd. 11 for severity) * <input type="checkbox"/> Other <input type="checkbox"/> Maltreatment of a VA - MAARC * + <input type="checkbox"/> Unknown injuries - MAARC * +

Describe the response to the incident or emergency: (e.g. staff intervention/resolution of challenge, etc., checked injury, First aid: e.g. wound care, ice pack, MD visit, MD order, Dental visit for dental emergency, etc.) Document on 24 hr Board, ECS and other forms as necessary.

Signature of Nurse: _____ Date: _____ Time: _____ am / pm



Day Options and Variable Rate

- Receive extra funding for residents that do not attend work.
- Additional leisure/community goals- ex: going for a walk, community outings, baking, etc.
- Importance of documenting activities and outings. Give yourself credit for all the wonderful activities we do here.
- Encourage activities with excitement- all staff attending the activity need to participate.
- Update on activities

Active Treatment & Person Centered Planning

- Goal is to promote independence and offer choices.
- Engage clients in conversation
- 15 minute checks
- Offer activities they enjoy. Plan the client's day around what their interests, likes, preference are.
- "Spirituality- residents need to be given the opportunity to attend church, chapel, devotions, both in the community and on campus. Choosing not to go to church because "nobody" wants to is not an option.

Active Treatment & Person Centered Planning Continued...

- No TV during meals, conversation focused on clients
- Ask yourself, “Is that how I would want to be spending my time”
- Ex: Good active treatment vs. bad- give examples
- Programs are written to promote highest level of functioning- formal and informal. If there are concerns with a program, discuss with the PM. TMA’s if a program needs to change for a resident, please let the manager know.

Family Style Dining

- Meal times: 8am, Noon, 6pm, but continue to follow Covid meal times and 6 residents eat/time.
- Oven turned on to keep the food warm
- Wash hands- both clients and staff before and after meals. May use hand sanitizer
- Food in serving dishes- put on tables when serving with correct scoop size. Remove after residents have been served.
- Promote independence with dishing up food and pouring beverages- use verbal prompts and hand over hand assistance if needed.

Family Style Dining Continued

- If possible, there should be a staff at each table.
- Remember we want all clients to be as independent at possible.
- A team member needs to be in the kitchen while residents are eating. There have been several choking incidents recently.
- All food dated unless there is an expiration date (in cupboards, refrigerator and freezer)
- Know the diets and follow as appropriate. Offer liquids throughout the day to clients (especially those that can not get their own drink). Diets are posted in the kitchens
- Offer choices

Importance of Alarms

- Front door locked at 10:30pm and unlocked at approximately 5am (151 staff)
- Butterfly alarms are on the side exit doors in the living area and should be on at all times.
- Side doors need to be locked at night.
- Alarm checks are to be done at each shift and signed off on.
- There is a doorbell in each main bathroom next to the toilet for residents/team members to call for help.

Locked vs. Unlocked

- All chemicals need to be locked up. Do not leave keys hanging from the storage closet in the hallway
- A small amount of the client's money needs to be kept unlocked and available to clients
- Snacks should not be locked up, unless the client requests it or a rights restriction is in place. 152 does have a rights restriction in place to lock up some food.
- Shampoos, lotions, etc should not be left out in the bathrooms. Store behind a cupboard door
- Prescription medications should be locked when not using
- Wander guard

Emergency Procedures

- What to do during a fire or fire drill
- What to do during severe weather
- Pull stations
- Policy manuals (HR, resident & Covid)- located on each computer's desktop
- Emergency Procedures manual- located in the HUB by glass clean-up kit
- “Official” first aid kit is located in the HUB
- Remember sunscreen

Nursing/Medical

- Infection control techniques- Handwashing/gloves
- Bathroom schedule/importance of toileting
- How often to check and change briefs
- Bowel and bladder- Pericare
- Importance of following toileting guidelines
- Document BM's
- Disposal of briefs
- Do not flush wipes!!!! Use of hopper room
- Privacy- knock, door shut

Nursing/Medical continued

- Restraint release
- Chair and bed alarms- check to be sure they are on, string is appropriate length, and no knots
- Alarms for clients to use to call for help
- Beds in low position and mats
- Toileting and bathing guidelines
- Importance of following lift charts
- Sling lift, EZ stand- Always use 2 staff and the seat strap!
- Transfer belt- When not being used, take it off

Nursing/Medical continued

- Room monitors
- Pressure sores/importance of repositioning
- C-Pap machine- mask seal, cleaning schedule
- Catheters- Clean and measure output
- Treatments- MD orders need to do as ordered. Do in a private area
- Foot pedals on while pushing residents in w/c
- If not sure what to do, please ask.
- Full Code and DNR
- PPE



Nursing Cont.

- Keep nursing physicals current-these are looked at during every survey
- PRN Medications-make sure indications are accurate and given for the indication the provider ordered
- Be prepared to explain higher than “normal” or “recommended” medication doses, and be sure we have proper documentation as to why that dose is needed.

Nursing Specific Documentation

■ Documentation

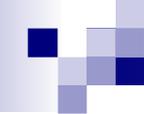
- Following up on chart notes, re: illnesses, abnormal VS, MD communications, etc
- Anytime you notify a provider, care team member-even if it's just an email or VM message
- Ex: A high BP was charted, there should be a follow-up note that it was rechecked and WNL, or if not what intervention took place.
- Be objective, fact based, measurable, observable, and client reports.
- When in doubt-just document it!

ECS Documentation

- Client has a medium BM
- Client refuses breakfast
- Client eats 50% of their lunch
- Client has feeding through a G-tube
- Client has a physical aggression towards staff
- Client sleeps too much
- Client is up at night
- Client is repositioned
- Client participates in a program twice in one shift.
- Documenting on day options programs and level of assistance.

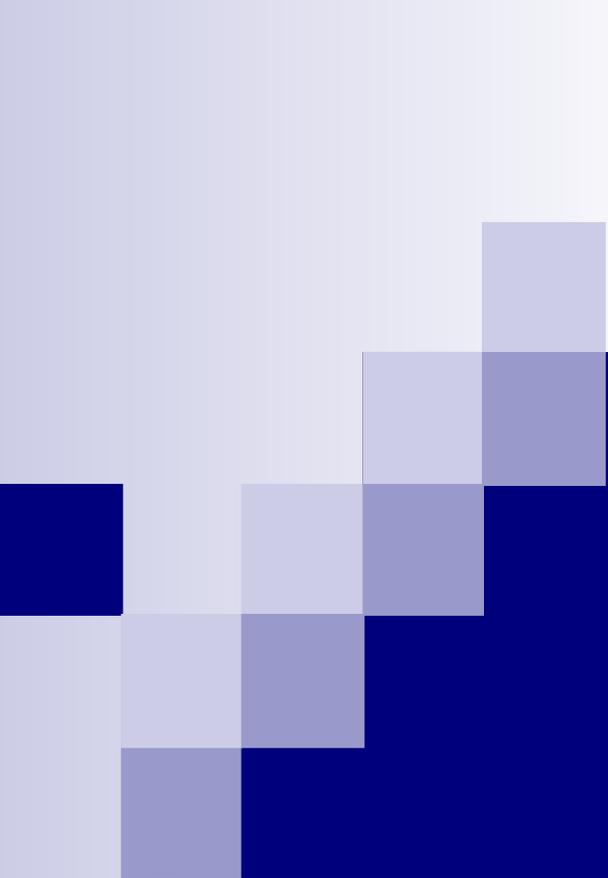
ECS Documentation

- Client is incontinent and brief is changed
- Client needs verbal prompts for ADL program
- Client has her menses
- Client goes bowling
- Client participates in bingo
- Client voids
- Client gets a treatment
- The “other” button
- Client has a seizure
- Checking your messages on ECS



Reminders

- Have fun at work!
- Smile!
- Greet visitors, family members and other team members
- Don't be afraid to ask
- Remember the work you do is very important and you are making a difference!



Any questions?

Thank you!