

Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986

4-21-15
10

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Golden LivingCenter - Columbus MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 634001	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY ALZHEIMER UNIT	
EXPIRES 03/31/2016	 [Redacted Signature] Joseph M. Azierro, M.D., J.D., Chief Medical Officer Director, Division of Public Health Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Golden LivingCenter - Columbus

ADDRESS: P O BOX 625, 2855 40TH AVENUE, COLUMBUS, NE 68602

This is to verify that your SNF/NF DUAL CERT is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

0451



NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit

Make Payment to DHHS LU
Renewal Fees:
1 - 50 beds: \$1550
51 - 100 beds: \$1750
101 or more: \$1950

Expiration Date
03/31/2015

Nursing Home Licensure Renewal Application

Nursing Home Type: Please Check
[] Skilled Nursing Facility
[] Nursing Facility
[] Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Golden LivingCenter - Columbus
P O BOX 625, 2855 40TH AVENUE
COLUMBUS, NE 68602

2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSURE UNIT

FEB 17 2015

RECEIVED

LICENSE NO: 634001

TELEPHONE NUMBER: (402) 564-8014

FAX NUMBER: (402) 564-0885

ADMINISTRATOR: MARK SROGCZYNSKI Robert Sheckler

DIRECTOR OF NURSING: MELINDA MOLT, R.N.

E-Mail Address, if available: alc00451@goldenliving.com legaldept@goldenliving.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 145

5. ACCREDITATION/CERTIFICATION:
Are you requesting deemed status? yes no
[] JCAHO [x] Medicare [x] Medicaid [x] Other Hospice

6. SPECIAL CARE AND TREATMENT SPECIFICALLY FOR THE FOLLOWING GROUPS:
If different from Current Services listed, please check changes.

Current Services

PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
ALZHEIMER UNIT

[x] Physical Therapy [x] Alzheimers/Special Care Unit [x] Speech Therapy
[] Pediatric [] Respiratory [x] Occupational Therapy
[] Behavioral Needs

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: GGNCS COLUMBUS LLC
(Legal Name of individual or business organization)

MAILING ADDRESS: 1000 FIANNA WAY, MD 4840
FORT SMITH, AR 72919

8. BUSINESS ORGANIZATION: (Check one):

[] Sole Proprietorship
[] Partnership
[] Limited Partnership
[] Corporation
[x] Limited Liability Company
[] Governmental (State, District, County, City or Municipal)
[] Other (Please Specify)

(check one)
[x] Profit [] Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply for a renewal license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

- (1) the owner, if the applicant is an individual or partnership,
(2) two of its members, if the applicant is a limited liability company,
(3) two of its officers, if the applicant is a corporation, or
(4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Holly A Rasmussen-Jones
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Ann Truitt
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

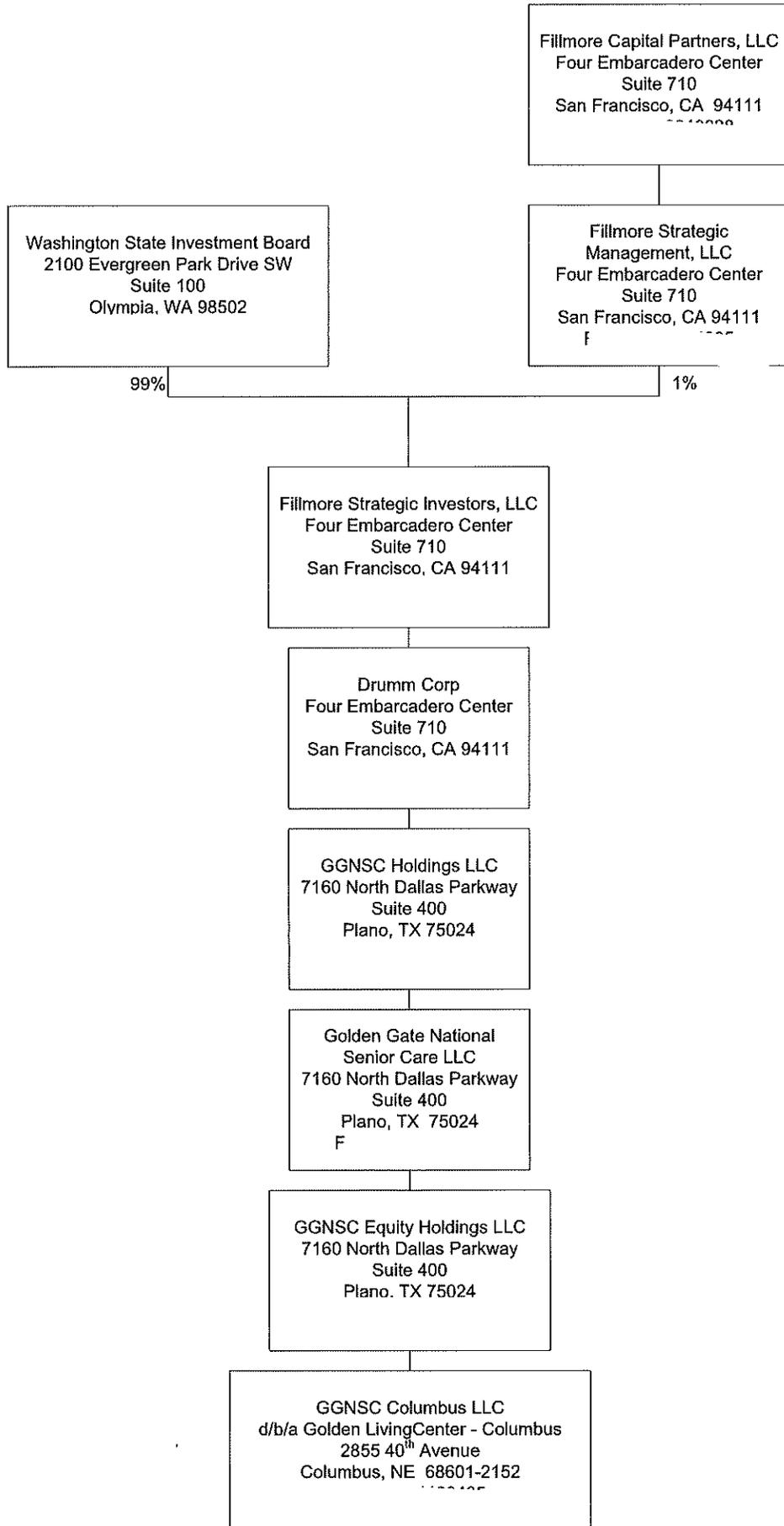
[Redacted Signature]

SIGNATURE

2-2-15
DATE

2-3-15
DATE

Golden LivingCenter - Columbus



Officers and Directors Report

As of 11/1/2014

GGNSC Columbus LLC

Directors

Name	Title
Julianne Williams	Director

Officers

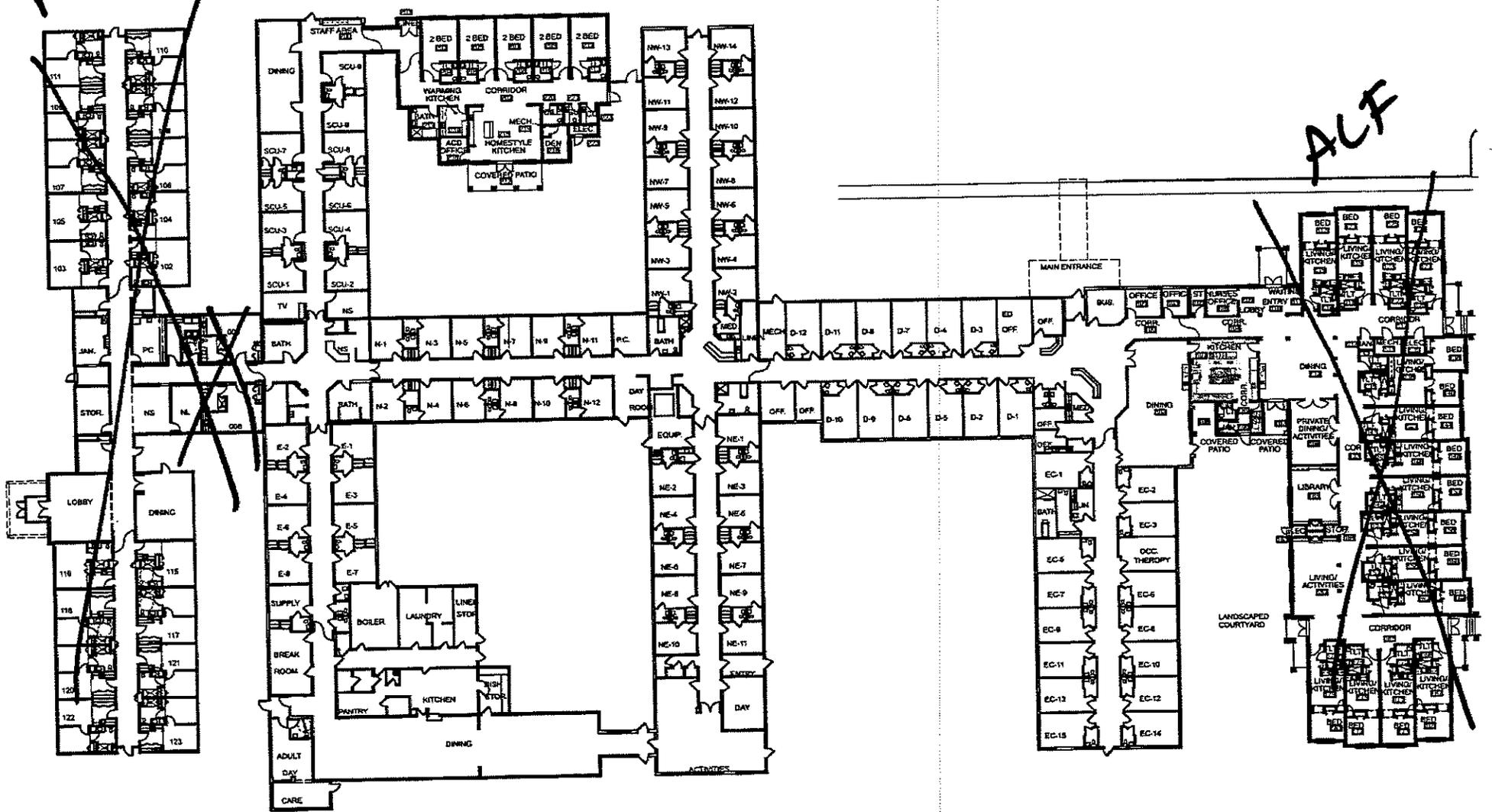
	Name	Title
Executive Officer	Julianne Williams	President
	Nicholas R Finn	Senior Vice President
	Michael Karicher	Senior Vice President, Human Resources
	Kathleen K Vardell	Senior Vice President

	Name	Title
General Officer	Tina C Chavis	Vice President
	Paul M Helm	Vice President
	Larry N Joseph	Vice President
	Salvatore F Salamone	Vice President
	Holly Rasmussen-Jones	Secretary
	Ann Truitt	Treasurer & Assistant Secretary
	Greg D Swartz	Assistant Secretary
	Roberta G Williams	Assistant Secretary

**Address for Notification:
1000 Fianna Way
Fort Smith, AR 72919**

ALT

ALT



OVERALL FACILITY PLAN

All SNF beds are Medicare/ Medicaid certified.

	Number of Beds							
Room #	Northeast	Northwest	Emerald Court	Diamond	East	North	AACU	AC U
1	1	1	1	2	1	2	2	
2	1	2	1	2	1		2	
3	2	2	2	1	1	2	2	2
4	1	2		2	1	1	2	
5	2	2	2	2	1	2	2	2
6	1	2	2	2	1	2	2	
7	1	2	2	2	1	2	2	2
8	2	2	2	2	1	2	2	
9	2	2	2	2		2	2	2
10		2	2	2		2	2	
11	1		2	2		1		2
12		2	2	2		1		
13		2	2					
14		2	2					
15			2					
Total = 145	14	25	26	23	8	19	20	10

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402265

Name of Facility: **Golden LivingCenter - Columbus**
Type of Facility: **Nursing Home**
Location: **2855 - 40th Avenue, Columbus**
Maximum
Occupancy: **145 Beds Persons**
Date Issued: **2/4/2014**

Approved By:

Inspected By: **8728 Sean Lindgren**
Deputy State Fire Marshal


State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes
shall invalidate this occupancy permit.

DEPARTMENT: Alzheimer's Care Unit

SUBJECT: Maintaining Meaningful Relationships Policy

DATE WRITTEN:

PROCEDURE ATTACHED? YES NO

POLICY STATEMENT:

Family

The Alzheimer's unit will provide the family with support, education and opportunities for involvement in resident care.

People do not live in a vacuum. We are gregarious creatures; we thrive on being with others. Without meaningful human contact, without relationships, we do not emotionally, spirituality or physically thrive. People do die of loneliness.

One essential element for good health and a meaningful life is the ability to develop and maintain significant relationships with:

- family
- friends
- others.

Alzheimer's care recognizes that the person with dementia and his/her family are an integral unit. Being a mother, sister, aunt, grandmother or wife is more than a role. It is more than something we do, more than people we know. It goes to the very core of our humanity. ACU services must assure that opportunities exist for the resident to experience and express him/herself as an active part of his/her family.

It is the ACU's responsibility to provide services that will build and maintain bridges from the person with dementia to his/her family and friends.

Procedures:

-
- 1 The unit's goals for the family are to:
Express increased understanding of the resident's condition and functioning by participating in healthcare decisions, including discharge planning. Provide emotional support and act as an advocate for the resident by expressing concerns to the staff for resolution; participate in unit's advisory council; mutually support and share experiences with other families; have access to outside agencies and associations for support and education. The DACU will provide the family with support, education and opportunities for involvement in resident care, recognize the impact that anxiety and stress have on the direct caregivers and provide opportunities for staff to share experiences, education and reassurance through formal support groups.

2

Family Education

The ACU will provide education for family members. The Alzheimer's Care Director or unit social services worker will:

- Evaluate the family's educational needs in area of dementia. This process starts with the pre-admission screening and continues through care conferences.
 - Provide orientation for immediate family members and friends on the philosophy and services of the unit and encourage their significant contribution to the continuum of care. This orientation begins prior to admission and is completed no later than 14 days after admission.

Objectives of the training are to increase family understanding of the resident's condition, and to encourage them to participate in service delivery decisions including discharge planning. In addition, the facility will provide information to families on outside agencies that offer support and education.

Topics covered during the family orientation should include:

- ◆ person-centered care
- ◆ mission and philosophy of dementia care
- ◆ ACU standards and services
- ◆ ACU policies related to:
 - admission/discharge
 - smoking
- ◆ Other
- ◆ visiting techniques
- ◆ importance of involvement in:
 - education
 - support groups
 - resident care
 - family council
- ◆ assessment and care planning

In addition, training programs are offered at least quarterly to increase the family members' understanding of the unit's philosophy and services.

3

Family Involvement

The unit will provide opportunities for family involvement in resident care by:

- Involving the family members in the resident assessment and care planning process. Family members know more about the resident's personality and they can greatly assist in the development of the 24-hour plan.
- providing opportunities for the family to assist residents with ADLs and activities. Family members who have been home caregivers prior to the resident's admission may desire to keep this special relationship. The ACU may need to educate the family caregiver in appropriate techniques and interventions.
- The Alzheimer's Care director will identify any ADL task that a family member will be able to help the resident perform.

4

Impact of Anxiety and Stress on Family

The unit must recognize the impact that anxiety and stress have on the family and provide opportunities for families to share experiences, education

and reassurance through formal groups.

Group objective:

- Education
- Support
- provide feedback and concerns.
- The family group is conducted by a staff member trained in group dynamics and characteristics.
- The family group will meet monthly.
- The support group may be open to families in the community who have a family member or significant other with dementia.
- The unit director and appropriate staff represent the unit at each group meeting, unless the families wish to meet without the staff members.
- The Alzheimer's Care director prepares the agenda for each meeting along with the family members and assists the group process.
- The Alzheimer's Care director communicates the schedule of meetings to interested parties.
- The Alzheimer's Care director obtains community and facility resources if needed.

5 Resident's Relationship with Family

- The unit will promote a continuing and meaningful relationship between the family and resident by taking the following steps:
- Encouraging family contacts through attendance at facility functions, regular visits, letters or phone calls, and home visits or outings when possible.
- Counseling with the family and resident when communication lines are broken or when misunderstandings occur,
- Contacting the family in understanding the resident's feelings, as well as their own feelings, regarding the resident's condition and functional loss that resulted in facility placement.

DEPARTMENT: Alzheimer's Care Unit

SUBJECT: Programming & Creating A Meaningful of Life Policy

DATE WRITTEN:

PROCEDURE ATTACHED? YES NO

POLICY STATEMENT:

Normalization - All aspects of care and services will provide normalization to resemble community living as much as possible.

Programming - A program of structured and unstructured activity, based upon familiar pleasant activities and interests, will be provided. Involvement in meaningful activity promotes social relationships, joy, spontaneity and a sense of well being.

Daily Living - All aspects of care are designed so the resident can be successful in daily living.

Procedures:

1

Activity

- During the workshop, Activity-Based Alzheimer's Care: Building a Therapeutic Program (1997, the Alzheimer's Association) "activity" was defined as stated below:

Activities are the foundation of care. Every event, encounter and exchange is an activity, be it a bath, meal, song or smile. The scope of activities is limitless and does not only include scheduled events provided by activity staff, but every interaction with staff members, relatives and other individuals with dementia.

- Build on strengths and needs:
 - Tap into better long-term memory than short-term
 - Provide multiple short activities to work within short attention span.
 - Use concrete objects since the residents depend on cues:
 - Residents are more successful in like groups of residents
 - Residents have a need for identity, to leave a legacy — provide opportunities for expressions
 - Need to experience animals, nature, children — provide contact
 - May have a strong sense of humor — have fun!
- Activities include:
 - Productive activities (work) that make us feel useful and needed.
 - Leisure activities (relaxation and entertainment) that are fun
 - Self-care activities (personal and instrumental activities of daily living) through which we express our independence and the intimate personal aspects of personality.

A person's activity program includes everything that he or she experiences during the day (e.g., a bath, a song, a smile).

- 2 Purpose of Activity Programming**
The purpose of activity programming is to help a person express himself/herself as the person he/she knows himself/herself to be in a way that accommodates his/her disability and honors his/her abilities, values, habits and familiar roles. It is important to understand that therapeutic activities are not just the contrived experiences that we arrange. They are the normal things that we do every day.
Key Elements of Care, 1997.

- 3 Meaningful Activities**
Activities are meaningful when they reflect a person's interests and lifestyle, are enjoyable to the person, help the person to feel useful and provide a sense of belonging.

- 4 Appropriate Activities**
Activities are appropriate when they are meaningful for a person, and when they respect the person's age, beliefs, culture, values and life experiences.
Activity-Based Alzheimer's Care, 1997

- 5 All Programming will be designed to meet the following objectives:**

Meaningful Life Objectives

- **The need for identity** — including a sense of continuity of the past and opportunities to fulfill familiar roles (hostess, song leader, nurturer, banker, advisor, "gender roles," caretaker, etc.) Residents can enjoy ritual (religious or social), familiar settings (coffee shop or "pub"). They may enjoy taking gender-oriented roles.
- **The need for a sense of physical well-being** — through activities that emphasize ability such as walking (sometimes walking is the only activity a resident can initiate) or throwing, dancing, exercise and sports participation (use of adaptive, age-appropriate activities, such as indoor Nerf ball, Bocci, basketball, bowling, etc.); and relaxation (sitting on the porch, rocking, reading the newspaper, listening to quiet, soothing music). Sensory awareness is a technique developed by Leona Richman, OTR, in 1968 as a means of stimulating olfactory, gustatory, tactile, auditory, visual and kinesthetic senses and responses (Weiner, Brock & Snadowsky, 1987).
- **The need for emotional satisfaction and intimacy** — can be accomplished through daily relationships as well as social events such as teas, dances, etc.; interaction with animals and children; discussion groups such as current events or validation therapy that acknowledge the nonverbal communication of the individual. Validation therapy is a technique developed by Naomi Feil in 1978 as an alternative to "reality orientation." It may be accomplished individually or in groups, and it involves the application of basic counseling techniques through nonverbal communication and positive feedback (Feil, 1989).
- **The need to be creative** — through music (singing, dancing and using instruments to express rhythm and beat); drama (role playing, puppetry, pantomime, dramatic readings); creative writing (group poetry writing,

recording oral history); and art (expression of emotions or defining feelings by using different mediums). Cooking, baking, working in the shop to repair or build something.

- **The need to leave a legacy** — through myriad activities including oral histories, intergenerational teaching and storytelling. Residents may act as mentors to staff and others.

6

Everything in Life Is an Opportunity for an Activity

Person-focused care includes planned and spontaneous activities. These are incorporated into each resident's daily living plan. This may include the following approaches for planning for activities:

- Structured large and small groups
- Interventions
- Domestic tasks/chores
- life skill
- work
- relationships/social
- leisure
- seasonal
- holidays
- personal care
- meal time
- spontaneous
- intellectual, spiritual, creative and physically active pursuits

7

Programming Based on Cultural/Lifestyle Differences

Programming should be based on cultural and lifestyle differences. A discussion group on farming may be appropriate in Iowa, whereas residents in New York City may respond better to a discussion of taking the bus or subway. Build programming around a holiday or holy day theme, e.g. sing-alongs could become practice sessions for the Christmas party. Tap into the long-term memory and the original culture, e.g., a 90-year-old lady may find her Italian rituals to be comforting and familiar.

8

Criteria for Successful Activities

(from Carly R. Hellen's *Activity-focused Care*)

- **Modification** — The activity can be simplified, broken down into small tasks, and adapted for success as abilities decline. It should have limited chance of failure.
- **Repetitiveness** — The activity can be routine, familiar.
- **Safety** — The activity does not present a hazard to the resident, other residents, staff or family.
- **Adaptability** — Participation can be individual, small group, large group, seated, standing or lying down; the activity can be spontaneous or planned.
- **Dignity** — The approach and involvement ensure the resident's self-respect and sense of worth.
- **Fun** — The activity enables pleasure by using past interests and skills; certainly, a perfect product is not the required outcome.

9

Age-appropriate

Activities should be age-appropriate. Seasonal decorations, equipment and materials should not have cartoon characters or symbols of childhood (fairy tale characters or Disney characters). The manner in which materials are presented should not be like a teacher to a student or a mother to a child. Bright-colored equipment may be used as long as the visual message to the resident is not reminiscent of children's toys. Exceptions to this rule are articles that are used to stimulate discussion about the resident's childhood or as part of an intergenerational program. Some materials that are used by hobbyists or collectors are appropriate and fun (like doll collections, race cars, electric trains, etc.)

10

Normalized Activity

Normalizing tasks combine all the qualities of cognitive, physical and psychosocial activities. The challenge is to find or develop appropriate tasks for residents to achieve a successful and realistic outcome. Selecting normalized tasks while meeting the objectives and criteria for a therapeutic experience is limited only by our creativity.

- The resident may find satisfaction in:
 - Experiencing continuity with the past through the accomplishment of daily domestic tasks or "chores."
 - Reliving learned roles such as a homemaker or gardener. Each resident's 24-hour plan should include daily purposeful activities or "tasks" that are familiar, repetitive chores such as sweeping, dusting, winding yarn, shelling beans or folding towels.
 - Sorting tasks such as matching socks, sorting and rolling coins, putting slides into a slotted box or carousel, putting silverware into a silverware box with slots or sorting poker chips.
 - Cueing tasks that indicate the time of day such as making the bed, putting out placemats or silverware for meals and taking a walk after dinner.
- Base environment and activities on the person's lifestyle. For example, a ACU with former merchants may want to provide a desk with adding machine, receipt books and catalogues for spontaneous activity.

DEPARTMENT: Alzheimer's Care Unit

SUBJECT: Prosthetic Physical Environment Policy

DATE WRITTEN:

PROCEDURE ATTACHED? YES NO

POLICY STATEMENT:

It is the policy of Beverly Healthcare – Southview Manor that the Dementia care unit provide a prosthetic environment that is designed and adapted to promote safety while prolonging independence and maintaining well being.

The physical environment is an integral and constant component of care that will maximize abilities, promote safety, accommodate behavior and encourage independence. The design of the unit should further the mission, serve the target population and programs.

The environment must bend and/or change to enable each resident to function as normally as possible by providing:

- **Freedom of movement** — the environment in the unit allows for independent mobility, e.g., clear and unobstructed walkway both inside and outside of the unit, slip-resistant floors.
- **Cognitive enhancement** — the environment becomes an "external memory," which serves as a cueing device for all resident experiences.
- **Safety** — the environment is modified to assure the resident's access to potentially hazardous situations is minimized without compromising the resident's access to all living areas on the unit.
- **Normalized** — the environment resembles a home in the manner in which it is arranged and decorated

Procedures:

General: Size of Unit and Programming Space will be designed to facilitate multiple small-group programming.

- **No through traffic or central storage** — Persons who do not live or work on the unit should not pass through the unit, creating a distraction or disturbance; try to create an alternate entrance for staff.

-
- **A secured area for medication/treatment, storage and work space**
 - **Shower and bathing areas**
 - **Adequate storage space**

Programming Space:

- **Spaces should not be institutional rooms, but should reflect the environment and history of the location and cohort group and residents.**
- **Furniture should be arranged in a manner that facilitates social interaction and the task to be accomplished (e.g., chairs arranged at a table for a tea, chairs in rows for movies or church services, etc.).**
- **Reduce distraction (e.g., eliminate staff breaks in resident-use areas, no TV, no music).**
- **Name the space in relation to formal and informal social events that occur there (e.g., library, porch, parlor, etc.), not institutional titles such as "dayroom," etc.**

Indoor/Outdoor Walking Loops:

- **Persons with dementia need to be able to move about the unit freely and safely. The ACU will provide an indoor/outdoor-walking loop, not just a courtyard. This loop allows residents to explore indoors and outdoors, while "leading" them safely back into the unit. Indoor and outdoor walking loops should be accessible to residents during all waking hours, weather permitting.**
- **Seating placement within the loop can redirect residents away from exits.**
- **Low, non-poisonous shrubs should be considered in landscaping.**
- **Landscaping may use any non-toxic plant, without briars or stickers.**
- **Provide shaded sitting areas to cue residents to sit and rest. Place seats facing the direction you would like residents to travel.**

Lighting and Noise:

- **Lighting should be at a sufficient level for the task at hand without producing glare from floors, tabletops or other surfaces.**
- **Lights that are activated by motion may be purchased to prevent nighttime falls.**
- **Glare can cause agitation.**

-
- Provide normal lights/lamps that would be used at home.
 - The ring volume on phones will be lowered or alternative methods to communication with off-unit developed, i.e. pager, cell phone.
 - Radios, televisions and other sources of music will only be used as a source of therapeutic intervention and/or formal programming.
 - Staff will not shout or talk loudly or boisterously on the unit.

Safety Concerns:

- Secure safety outlets used throughout the unit; be sure outlets are grounded.
- Eliminate all exposed wires.
- Assure that medications are not accessible.
- Keep all toxic materials, cleaning solutions, shampoos, etc. in a locked cabinet.
- Permanently secure small or possibly dangerous objects: adhere art to walls.
- Lock all cabinets with hazardous items such as potentially dangerous kitchen supplies.
- Avoid furniture or other items that cannot be secured and could tip over.
- Avoid anything that is breakable or has sharp edges.

Furniture:

- Furniture should be designed to promote resident's independence, safety and comfort.
- Furniture should reflect the purpose of the space, e.g., den furniture in a den, kitchen furniture in a kitchen area, living room furniture in a living room.

Walls and Windows:

-
- Use low-gloss, non-glare paint of a light tone.
 - Artwork should be touchable, including sculptures; position artwork at eye level. Facility staff should be aware of messages conveyed by artwork (e.g., fishing by a stream). Images should be clear and facilitate reminiscence. Abstracts or impressionistic styles may add confusion. Art may be used to cue a programming space (e.g., a picture of a kitchen table outside of the kitchen or to elicit the positive feelings of love and belonging).
 - Color can have positive and negative effects upon behavior.
 - Reds and other primary colors should be avoided unless used for a particular cognitive intervention.
 - Interior design should center on colors that create a feeling of relaxation, such as mauves or muted blue tones.

Floors:

- Hallways should not be cluttered or obstructed.
- Allocate proper cleaning equipment and supplies for floor coverings.
- Enhance the identity of the room through appropriate floor covering to match the "kitchen" or the "garage."

Resident Rooms:

- Toilet areas should have the door left partially open for cueing.
- Resident room furniture should reflect a homelike atmosphere to the extent that is possible.
- Bright, bold, overwhelming colors tend to diminish the individual and his/her possessions. The person and his/her possessions should be the focal point.

Cognitive Enhancement :

- Cueing devices such as large-print calendars and clocks with non-glare faces should present information in a direct, uncluttered manner. Use traditional rather than digital clocks.
- Seasonal and any other decorations should be adult-oriented.
- Use graphic signs to direct residents to specific areas. Signs should be legible, using incised, non-glare, highly-contrasted letters. Remove signs used by staff (e.g., "utility room" and areas that you do not wish residents to access).

-
- **Permanent cueing such as paintings, decorations and architectural features should be displayed in public areas. Cueing devices should be consistent and not relocated without the treatment team's consent.**
 - **Provide options for exploration, creating places where people can roam, operate and handle objects.**
 - **Places for treasures such as corkboards in room for pictures or recessed boxes beside the doorways for mementos can facilitate long-term memory and cue room recognition. Avoid using tacks with cork boards. Alternative self-sticking boards and sticky, gum-like materials will ensure resident safety.**
 - **Unique pieces of furniture or artwork can be used as cueing devices (e.g., a buffet with dishes indicates the location of the dining room, a barber pole indicates the location of the barber shop). Residents must be "oriented" on how to use these devices to find their way about the unit.**

DEPARTMENT: Dedicated Alzheimer's Care Unit

SUBJECT: Education and Training Policy

DATE WRITTEN:

PROCEDURE ATTACHED? YES NO

POLICY STATEMENT:

Adequate orientation and training will be provided for each associate working on the unit to fulfill the mission, policies and care plan of the dementia care service. This includes facility staff who provide support services, e.g., dietary, housekeeping, maintenance, etc.

Procedures:

1

Beverly Alzheimer's Care Specialist (BACS)

■ **Initial Training**

A minimum of 20 hours of training after BCS training is provided before any staff are assigned to the unit. The content of this training has been developed by the Quality of Life Department (Corporate) and the National Alzheimer's Association.

■ **Training**

A Beverly-certified Alzheimer's Care Specialist: has completed 20 hours of training including:

- **Normal aging process** — a review of non-disease-related physical, mental and psycho-social changes associated with later life.
- **Philosophy/Vision/Mission** — a review of Beverly Enterprises' philosophy, vision and mission statements.
- **Causes of dementia** — definition of Alzheimer's disease and related disorders; prevalence of disease; symptoms of reversible (delirium) and irreversible (dementia) cognitive disorders; differential diagnosis; and stages and characteristics of Alzheimer's disease (Reisburg, 1987).

- **Therapeutic environment** — a review of the interactive nature between the resident and the physical and social environment; the importance of the physical/social environment as a therapeutic component of care; impact of the physical/social structure in promoting safety, freedom and functioning; and review of the unit's specific physical and social environmental guidelines. Maintaining safe, homelike and clean environment.
- **Communication techniques** — training and practical tips to facilitate communication with persons with dementia; general considerations as outlined in these guidelines; adaptations for auditory and visual changes; techniques for presenting concrete information including one-to-two step directions; active listening and nonverbal communication to determine residents' needs.
- **Cognitive compensations** — training in applicable principles of memory development (cueing, motivation and practice). Treatment modalities — training in the application of specific therapeutic interventions: therapeutic and leisure activities; basic re-motivation and validation techniques; recognizing signs and symptoms of anxiety; and application of relaxation techniques such as guided imagery, music relaxation and progressive relaxation exercises.
- **Behavior management** — training in all of the components of behavior management including: description of behavioral symptoms; monitoring of type, frequency, intensity and duration of the behavior; analysis of the behavior to determine trends; assessment of the possible physical, social, cultural, human sexuality, perceptual and emotional causal factors (such as loss, grieving and depression) and development and implementation of an interdisciplinary plan that addresses the causal factors in an effort to reduce the occurrences of the behavior.
- **ADLs** — approaches to bathing, dressing, mobility, toileting.
- **Documentation** — a review of the unit's policies and procedures for the documentation of the residents' assessments, delivery of services and residents' responses. (This segment should include the documentation responsibilities of all unit associates as well as facility department heads.)
- **Admission/Discharge criteria** — a review of the unit's specific policies and procedures regarding admission and discharge and hospice care.

■ Ongoing Training

The Alzheimer's Care Director, with assistance from facility staff, prepares a schedule of ongoing training to occur no less than monthly. Documentation of training should meet state guidelines with the original kept by the facility director of staff development and a copy kept by the Alzheimer's Care Director.

2

Other Associates

Housekeeping

Initial training and orientation regarding dementia specific needs;

- Safety: supplies locked and attended
- Timing of chores to reduce distractions, disruptions on the unit (cords with vacuum, carpet clean)
- Patient contact: how to interact with and redirect a resident
- Communication techniques
- Basic knowledge of dementia and communication
- Team: housekeeper should be same part of treatment team
- Environment: moving furniture, noise (concept of excess disability)

Dietary

Nutritional needs, activity involvement; flexibility to adapt to nontraditional care

- Meal time flexibility
- Family style meals and services — allow patients to participate
- Ordering supplies needed for special occasions; finger foods; and sufficient food on hand to meet daily nutritional needs
- Communication with Alzheimer's Care Director, nursing, treatment team to schedule specific needs on daily, weekly basis
- Certified dietary services managers/department head full-time position
- Nutritional needs — as disease progresses how nutritional needs change
- Sanitation education to BACS
- Communication
- Outsource (community education) — educate community/family on changing nutritional needs.

Maintenance Department Head

- Safety (tools)
- Environment (adapt/accommodate resident)
- Characteristics (flexible, creative, patient)
- Resident contact (men's group, baseball, current events)
- Team approach (communication techniques).

Volunteers

- **Involvement (activities/entertainment; ADLs; supportive for staff)**
- **Understanding of dementia and techniques; safety**
- **Communication techniques**

DEPARTMENT: Alzheimer's Care Unit

SUBJECT: Interim Plan Policy

DATE WRITTEN:

PROCEDURE ATTACHED? YES NO

Policy STATEMENT:

Based on the assessment, the team will develop an interim plan.

Procedures:

1

Based on the assessment, the team will develop an interim plan using the following guidelines:

- The interim plan will be developed within 24 hours of admission utilizing the 24 hour clinical assessment and the intermediate plans of care.
 - The interim plan is initiated by the unit director, physician, nurse and other pertinent staff with input from the family or caregiver.
 - Immediately upon admission, care and services must begin to assure that the individual resident's needs are met based on the resident's cognitive and physical functional abilities. Determination must be made as to the manner in which each resident is introduced to the program and the facility.
-

DEPARTMENT: Alzheimer's Care Unit

SUBJECT: Resident Assessment Policy

DATE WRITTEN:

PROCEDURE ATTACHED? YES NO

POLICY STATEMENT:

The interdisciplinary care plan team along with the family will assess the resident's unique strengths and needs.

Procedures:

-
- 1** The ability of the person to participate in his or her own assessment and care planning varies according to the individual's level of functioning at that moment in time. Because the functioning level of a person with dementia is so unpredictable, families are crucial to the assessment and care planning due to their intimate knowledge and experience with the individual.

Families can provide

- Information regarding the resident's prior life
 - Customary routines and preferences
 - Behavior triggers and results of attempted interventions
 - Cultural traditions
 - Interpretation of language, nonverbal interactions
 - Meaning behind behaviors.
-

- 2** The assessment process begins prior to admission with the inquiry and pre-admission screening.
-

- 3** The Beverly Healthcare Alzheimer's Assessment is the Social History, the Psychosocial assessment and the Recreation assessment.

At the point of admission, each responsible discipline reviews the gathered data and continues to gather and record assessment information through observation and interviews. At the completion, a representative of the responsible discipline signs and dates the

appropriate section.

The comprehensiveness of this information is needed to assess excess disability and issues regarding the care plan.

4 Primary caregiver input is essential to an accurate assessment of the resident.

5 A transition plan assists the resident's smooth adjustment into and off of the unit as well as facilitates roommate changes. During the pre-admission process:

- The ACU team assesses whether or not the resident would benefit from a 1-2 week transition-in program.
 - The program should be developed with the ACU team and the resident's home caregiver and family.
 - The program implementation should be the responsibility of both family and staff members and include gradual steps to acclimate the resident to the unit, including acceptance of a new environment and adaptation to the new social environment.
-

6 The initial assessment should include:

- Evaluation
 - Observe performance on standardized tasks
 - Review scores derived from any testing (MMSQ, FAST, Allen Cognitive Scale, Cornell Depression Scale) by psychologists, neurologists, physicians, occupational therapy and social work.
 - Observe performance on tasks normally performed by the person in his own setting. While providing care or assistance (e.g., walking, setting the table, getting dressed), all caregiving staff assesses behaviors, evidence of emotions (anxiety, anger, pleasure), participation in activities and events, and social interactions.
 - Review of past records.
 - Interview with family, the resident and other caregiving staff members

-
- Documentation
 - Compile information on Alzheimer's Assessment and/or appropriate form.
-

7

-
- Follow the RAI process with considerable assessment of the following triggers:
 - Delirium
 - Cognitive loss
 - ADL functioning
 - Vision
 - Communication
 - Psycho-social well-being
 - Mood state
 - Psychotropic drug use
 - Activities.
-

8

Assure that ADL functioning, behavior and mood are accurately reflected on the MDS 2.0. Incorrect coding may impact reimbursement for care.

9

The Initial assessment for pre-admission/admission should:

- Ascertain the validity of the diagnosis by noting the comprehensiveness and skill with which the diagnostic evaluations were conducted. The following misdiagnoses are common:
 - Depression (which often coincides with or mimics dementia)
 - Cognitive impairment arising from a treatable disorder (e.g., over-medication, fecal impaction or a urinary tract infection)
 - Dementia due to other brain disorders besides Alzheimer's disease (e.g., multi-infarction dementia or an alcoholic dementia).

Even when a diagnosis of Alzheimer's disease is established, other accompanying dementias or treatable causes of increased confusion should be rigorously evaluated and diagnosed.

- **Assess the individual's level of functioning to:**
 - **Discern the compatibility of the person's needs and ability levels with those of the other participants in the ACU setting**
 - **Maintain a balance between the current level of care required by other participants and the skill and needs of caregiving staff**
 - **Establish a baseline of function to identify changes.**
 - **Assess the social needs, preferences, behaviors and medical needs of the individual to:**
 - **Determine the compatibility of the individual with the program's mission, philosophy and capabilities**
 - **Maintain a balance of social needs and personalities among the existing participants in the program.**
-

DEPARTMENT: Alzheimer's Care Unit

SUBJECT: Pre-admission Screening Policy

DATE WRITTEN:

PROCEDURE ATTACHED? YES NO

POLICY STATEMENT:

It is the policy of Beverly Healthcare – Southview Manor to pre-screen potential clients to determine appropriateness of placement.

Potential clients considered for placement on the Alzheimer's Care Unit would undergo pre-admission screening by facility staff to determine appropriateness of placement.

The pre-screening will also identify the person's cognitive status and extent of needed specialized programming for the client's needs.

Procedures:

- 1** Potential clients considered for placement to the Alzheimer's care unit will undergo a differential diagnosis investigation prior to admission. If all tests are not completed prior to admission, it is a condition of admission to continue to explore all factors that may be contributing to cognitive dysfunction or excess disability
- 2** A pre-screening application should be completed during the inquiry process to determine if the individual resident meets general requirements.
- 3** An on-site (or in-home) visit is conducted when possible with the prospective resident and family to observe the elder's behavior within the context of the home environment. The prospective resident's history and customary routine are obtained. During this visit, the ACU staff explains the philosophy, services and admission/discharge criteria.
- 4** The prospective resident and caregiver may visit the facility for lunch and an activity to further assess if the needs of the person may be met by the unit.

5

Information gathered during the on-site and observation visits is reviewed by the unit director, unit charge nurse, social worker, business office manager and others as appropriate to determine the appropriateness of placement. (What is the facilities procedure for decision to admit?)

DEPARTMENT: Alzheimer's Care Unit

SUBJECT: Admission Process Policy

DATE WRITTEN:

PROCEDURE ATTACHED? YES NO

POLICY STATEMENT:

Beverly Healthcare – Southview Manor will provide an established admission process that is timely and supportive of the emotional and educational needs of the resident and family.

Procedures:

- 1** The admission decision will be made as quickly as clinically feasible by the admissions team and communicated to the family through each step of the process.
- 2** The ACU will provide referral for family members to local resources for support and education.
- 3** The ACU will provide educational materials and information during the admission process.
- 4** During the admission process, the ACU should determine if the person with dementia has a surrogate for decision-making.
- 5** The family is an integral part of the ACU team and as such should be encouraged to:
 - visit the unit with the resident several times before the actual day of admission
 - bring familiar items and furniture from the resident's home
 - assist the resident the day of admission
 - participate in care

-
-
- 6** Admission paperwork should be completed prior to the day of admission, when possible to allow the family and resident privacy and time to settle in to the new environment.
-

DEPARTMENT: Alzheimer's Care Unit

SUBJECT: Transition-in/Transition-out Plan Policy

DATE WRITTEN:

PROCEDURE ATTACHED? YES NO

Policy STATEMENT:

A "transition-in/transition-out" plan will be developed prior to admission, to facilitate the transfer process in a manner that maximizes the resident's well being and adaptation.

Procedures:

- 1** During the inquiry process, the ACU will communicate to the family the admission/ discharge policy and rationale.
- 2** In conjunction with the RAI process a transition evaluation plan will be completed to assure the resident remains appropriate for the unit (based on admission criteria).
- 3** The unit director will communicate to the family when the team determines that the resident no longer benefits from the unit programming, or:
 - needs more intensive nursing care than is provided on the unit, or
 - no longer meets the "admission" criteria.
- 4** The family and team will develop a "transition-out" plan that will ease the resident during transfer. The transition-out plan will include:
 - length of plan (e.g., 1-2 weeks, etc.)
 - new setting (non-ACU bed within facility or other)
 - steps to inform the resident (as appropriate)
 - steps to ease resident into new setting (e.g., meals or activity on new wing, meeting the staff)
 - consideration of a hospice option.

5

Discharge procedure:

- Discharge planning should be in compliance with federal regulations.
 - Discharge notification should include written notifications to families 30 days prior to discharge from the unit (unless due to medical emergency or need) so that families can find alternative services.
 - The facility assists the family in locating alternative placements either within the facility or in the community.
 - A detailed plan of care with the alternative placement is reviewed by the Alzheimer's Care Director to assure continuity of care.
-

DEPARTMENT: Alzheimer's Care Unit

SUBJECT: Admission/Discharge Criteria Policy

DATE WRITTEN:

PROCEDURE ATTACHED? YES NO

Policy STATEMENT:

It is the policy of Beverly Healthcare – Southview Manor for the dementia care unit to have established admission/discharge criteria to ensure the fit between the services and the clients' needs. The admission criteria are the standards by which the unit may accept or reject applicants. A specific admission criterion is needed for dementia in order to assess who can benefit from services. Persons with similar cognitive levels can best be served in a group setting, and individuals requiring extensive direct nursing care may not benefit from specialized programming. The admission criteria is also the basis for discharge from the unit when the individual no longer meets the "admission criteria", or benefits from the program.

Procedures:

- 1** The criteria for admission are the standards by which the unit accepts or rejects potential individuals and are also the basis for discharge from the unit.
- 2** Screening begins prior to admission and is ongoing until discharge to evaluate the risks and benefits of placement and appropriateness for placement.
- 3** The admission criteria is a **guideline**, not a "pass" or "fail" system. For example, an applicant may have a history of mental illness (bipolar) but with medication has successfully lived in the community for 70 years. The applicant could "fit" with the services.
- 4** There is an ongoing (at least quarterly) evaluation of the risks and benefits of ACU placement for each person who resides there. This is reflected in the resident's care plan.

5**◆ Admissions/Discharge Criteria**

- A primary diagnosis of Alzheimer's or other related cognitive disorder has been established.
 - The cognitive loss is not a result of head injury, mental retardation or mental illness since persons with traumatic brain injury, mental illness or mental retardation have different needs.
 - The resident demonstrates behaviors associated with dementia such as memory dysfunction (immediate, recent and/or remote); poor judgment; disorientation to time, place and person; decreased attention span; mood fluctuations; wandering and exit-seeking; expression of anxiety centering on specific fantasy; catastrophic reactions.
 - The resident must not be harmful to self (self-injurious) or other residents.
 - The resident must not require a skilled level of nursing care.
 - The degree of nursing care needed must not outweigh the opportunity for the resident to benefit from the daily structured program.
 - The resident must be ambulatory, including self-propelling in a wheelchair, or use assistive devices such as walkers or canes; Geri-chairs are not appropriate on the unit.
 - The resident must be able to pivot during transfer.
 - The resident must be able to feed himself within a 45-minute period with minimal assistance.
 - The resident must be continent of bowel and bladder on a bowel and bladder program.
 - The resident must meet all the requirements of general nursing home placement.
-

**- Mission and Philosophy of Beverly Healthcare – Southview Manor
- Alzheimer's Care Unit**

Beverly Healthcare – Southview Manor's commitment to develop fiscally and clinically sound dementia care services is reflected in our mission and philosophy:

■ Mission

Beverly Healthcare – Southview Manor is committed to promoting individual dignity and optimum health and well being for persons with Alzheimer or related dementia's.

We will not be bound within the limits of traditional care.

Instead, we choose to seek out and adapt new knowledge in the art of caring.

Through a partnership of caring, we create an environment that nurtures, accommodates and promotes safety and embraces independence.

We believe those we care for are our greatest teachers. What we learn from them will result in an enhanced quality of life through all stages of the disease.

■ Philosophy

We believe the life of a person with dementia can be enriched if we:

Honor the uniqueness and dignity of each human being

Build on individual strengths

Interpret the language of behavior

Understand "life is an activity of being and doing"

Understand that what people with dementia are searching for is "the home of the heart" and create an environment that nurtures the feelings of belonging, purpose and relationships

Enter into partnerships with family, residents, associates, professionals and the community, eliminate factors that cause excess disability

Enable freedom of movement, expression and experiences, through an environment that is adapted to the special strengths and needs of the person with dementia

Provide continuity of care and supportive services throughout all stages of the disease.

**GOLDEN LIVING CENTER-NEBRASKA CITY ALZHEIMER'S CARE UNIT
GOLDEN LIVING ' ENABLING FREEDOM PROGRAM '**

MISSION STATEMENT

Golden Living is committed to promoting individual dignity and optimum health and well being for persons with dementia.

We will not be bound within the limits of traditional care.

Instead, we choose to seek out and adapt new knowledge in the art of caring.

Through a partnership of caring, we create an environment that nurtures, accommodates behavior, promotes safety, and embraces independence.

We believe those we care for are our greatest teachers. What we learn from them will result in our ability to enhance their quality of life through all stages of the disease.

PHILOSOPHY

We believe the life of a person with dementia can be enriched if we:

Honor the uniqueness and dignity of each human being.

Build on individual strengths.

Interpret the language of behavior.

Understand "life is an activity of being and doing."

Understand that what people with dementia are searching for is "the home of the heart," and create an environment that nurtures the feelings of belonging, purpose, and relationships.

Enter into partnerships with family, residents, associates, professionals, and the community.

Eliminate factors that cause excess disability.

Enable of freedom of movement, expression and experiences, through an environment that is adapted to the special strengths and needs of the person with dementia.

Provide continuity of care and supportive services throughout all stages of the disease.

CRITERIA FOR PLACEMENT, TRANSFER, AND DISCHARGE FROM THE ACU.

A primary diagnosis of Alzheimer's or other related cognitive disorder is established.

The cognitive loss is not a result of head injury or mental retardation.

The resident may be demonstrating behaviors such as memory dysfunction, poor judgment, disorientation to time, place, and/or person, decreased attention span, mood fluctuations, wandering and/or exit seeking.

The resident must not be self-injurious or harmful to other residents.

The degree of nursing care upon admission should not outweigh the opportunity of the resident to benefit from the daily structured programming.

The resident must be ambulatory upon admission, including self-propelling in a wheelchair or assistive devices such as walkers.

The resident should be able to pivot during transfers.

Upon admission, the resident must be able to feed himself or herself within a 45-minute period with or without assist.

The resident must meet all requirements of general nursing home placement.

Residents transferred to the ACU from the SNF may do so in segments; i.e. stay for the afternoon or only for meals until the resident is comfortable with the surroundings.

Transfer from the ACU to the SNF may also be accomplished in segments to assure maximum comfort and minimum anxiety for the resident.

PROCESS FOR ACU ASSESSMENT AND PLACEMENT.

The process for placement includes a person-to-person visit between the Alzheimer's Care Director and the potential resident at which time an evaluation is started which includes the Alzheimer's Care Unit Recreation and Activity Assessment, the Brief Cognitive Rating Scale (BCRS), Physical Self Maintenance Scale (PSMS), and Cornell Depression Scale.

A doctor's order for ACU placement is also required.

The BCRS, PSMS, and Cornell Depression Scale are repeated at quarterly intervals, as well as upon significant change in condition and prn.

An immediate plan of care is established within 24 hours of the ACU resident's admission. The care plans then evolves through observation of the resident, observations from all care staff, involvement of the resident (as able) and the resident's family or responsible party(as able), medical records, medical history, physical and cognitive assessments, and MD orders.

Changes of condition(observation from direct care staff, the resident, the family, the MD, any care staff charting, etc.) are reported to and monitored by the MDS Coordinator, the Alzheimer's Care Director, and the ACU nurse and may result in a significant change of condition if appropriate.

PHYSICAL ENVIRONMENT OF THE ACU.

The prosthetic physical environment is the tool to allow associates the creativity needed to meet the special needs of individuals residing on the ACU by providing the prompts and cues to enhance independence and provide specific programs

The four key goals of the prosthetic environment are:

Freedom of movement – allows independent movement and increased functioning of those on the unit. (Outdoor walking loop, rails along each side of the corridor, etc.).

Cognitive enhancement – external memory cues to keep the individuals at their highest functioning ability and prevent excess ability. (Memory boxes outside each resident's room).

Safety – modified to remove safety dangers that are created by the individuals' cognitive impairment. (The ACU is secured, throw rugs are not allowed).
Normalization – resembles the home décor, culturally familiar and has the feeling of the “home of the heart.” (The ACU has it's own kitchen with a working stove and refrigerator, and a lounge area with comfortable furnishings.)

FREQUENCY AND TYPES OF RESIDENT ACTIVITIES.

The Enabling Freedom ACU is a social model. Through the programming, residents are encouraged to live up to their highest possible functioning level in order to facilitate a meaningful life. As a part of the programming, residents are encouraged to take part in various aspects of everyday activities as an aspect of normalization (i.e. assisting with setting the table, assisting with preparing a part of the meal, clean up after meals, sweeping, folding clothes, etc.) Residents are encouraged to participate in social activities as well as meaningful small group or individual activities.

Lower cognitive functioning residents are allowed to pace as needed (with encouraged rest periods), and manipulative, puzzles, etc. are available for those who feel the need to keep their hands busy. The unit offers daily organized small and/or large group activities varying from baking to discussion groups, to sing-alongs to games. For those residents who desire and are able, individual activities are provided upon request, a space for a small group to get together for an impromptu game, large print books are provided upon request, etc.

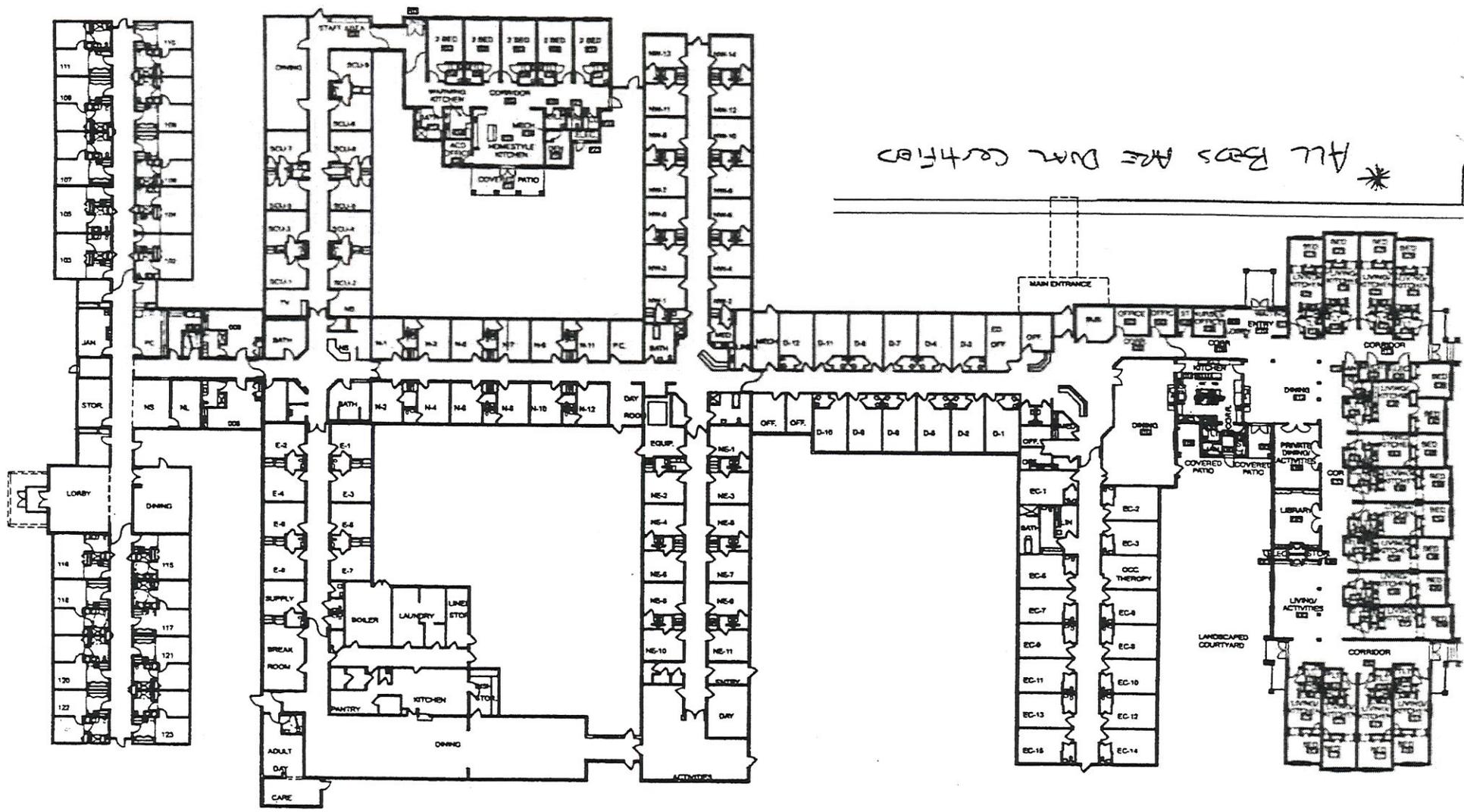
FAMILY INVOLVEMENT.

Families are encourage to visit and participate in unit activities with their loved one via word of mouth, family council/support group meetings, programming calendar posted on the unit, and monthly facility newsletters. A philosophy of the Enabling Freedom Program is that the staff are an extension of the family, but not meant to replace the family.

COST OF CARE ON THE ACU.

At this time, the daily rate for the Alzheimer's Care Unit is \$149.00 per day.

3



* All Beds Are DWR Certified

OVERALL FACILITY PLAN

0451

3