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

3/18/16 dy

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
CERTIFIES THAT

Ashland Care Center
MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT

Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
RESPIRATORY THERAPY
ALZHEIMER UNIT
BEHAVIORAL NEEDS

Lic # 694001

EXPIRES
03/31/2017

SEAL

[redacted]
Courtney N. Phillips, MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Ashland Care Center

ADDRESS: 1700 FURNAS STREET, ASHLAND, NE 68003

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.

LICENSURE UNIT

FEB 29 2016

RECEIVED

8-5-15

DHHS NEBRASKA

Expiration Date 03/31/2016

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

Nursing Home Licensure Renewal Application

Make Payment to DHHS LU

Renewal Fees:
1 - 50 beds: $1550
51 - 100 beds: $1750
101 or more: $1950

Nursing Home Type: Please Check ☐ Skilled Nursing Facility ☐ Nursing Facility ☐ Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Ashland Care Center
1700 FURNAS STREET
ASHLAND, NE 68003

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

c/o: ASHLAND CARE CENTER
FIVE STAR QUALITY CARE, ATTN: LICENSING
400 CENTRE STREET
NEWTON MA 02458

2016 MAR -2 A 11:45
RECD NHSS ACCOUNTING

LICENSE NO: 694001
TELEPHONE NUMBER: (402) 944-7031
FAX NUMBER: (402) 944-3674
ADMINISTRATOR: GAY HARBERTS
DIRECTOR OF NURSING: CARA NICHOLSON, R.N.
E-Mail Address, If available: ashlandcarecenter@5sqc.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: __

4. NUMBER OF BEDS TO BE RELICENSED: 97

5. ACCREDITATION/CERTIFICATION: ☐ JCAHO ☒ Medicare ☒ Medicaid ☐ Other _____
Are you requesting deemed status? ☒ yes ___ no

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

☐ Physical Therapy ☐ Alzheimers/Special Care Unit ☐ Speech Therapy
☐ Pediatric ☐ Respiratory ☐ Occupational Therapy
☐ Behavioral Needs

Current Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
RESPIRATORY THERAPY
ALZHEIMER UNIT
BEHAVIORAL NEEDS

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: FIVE STAR QUALITY CARE-NE, LLC
(Legal Name of individual or business organization)

MAILING ADDRESS: 400 CENTRE STREET
NEWTON, MA 02458

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) ☒ 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.

Richard A. Doyle, - Treasurer & CFO
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[redacted]
SIGNATURE

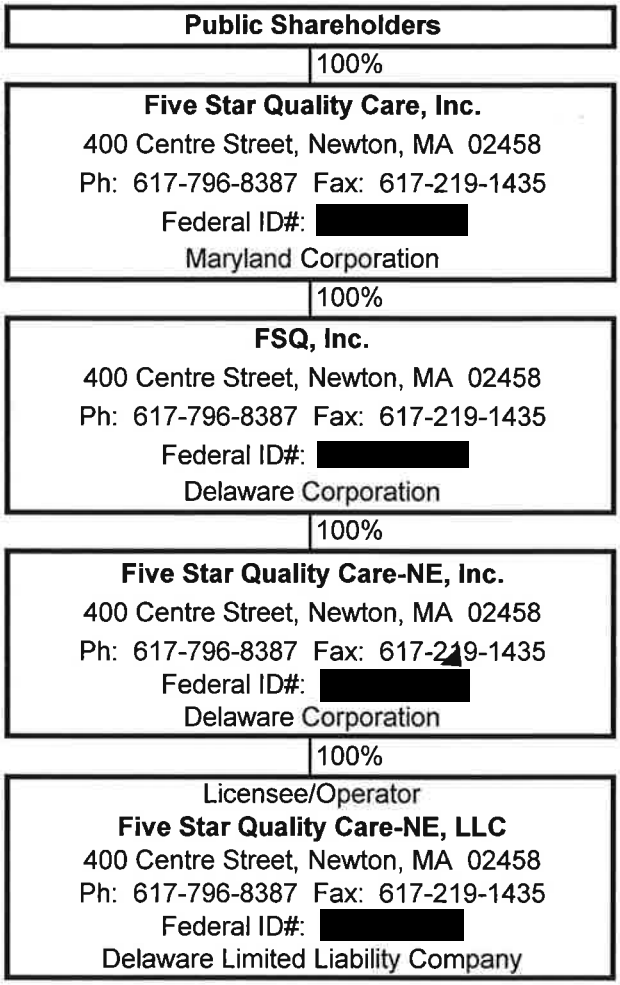
2/22/16
DATE

Bruce J. Mackey Jr. - President & CEO
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

2/22/16
DATE

TABLE OF CORPORATE OWNERSHIP STRUCTURE
for "Five Star Quality Care-NE, LLC" the licensed operator for the facility known as "Ashland Care Center".



Ownership Control - Officers & Directors
for
Five Star Quality Care-NE, LLC
400 Centre Street
Newton, MA 02458
Phone: 617-796-8387 FAX: 617-219-1435

Title	Name	Ownership Percentage
Officers		
President & Chief Executive Officer	Bruce J. Mackey Jr.	0.00%
Senior Vice President & Chief Operating Officer	R. Scott Herzig	0.00%
Treasurer & Chief Financial Officer	Richard A. Doyle	0.00%
Vice President, General Counsel & Assistant Secretary	Katherine E. Potter	0.00%
Corporate Secretary	Jennifer B. Clark	0.00%
Directors/Trustees		
Director	Barry M. Portnoy	0.00%
Director	Gerard M. Martin	0.00%
Five Star Quality Care-NE, Inc. [FID#: [redacted] is the 100% sole member of **Five Star Quality Care-NE, LLC [FID#: [redacted]]**		

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 403142

Name of Facility:	**Ashland Care Center**
Type of Facility:	**Nursing Home**
Location:	**1700 Furnas St, Ashland**
Maximum Occupancy:	**97 Beds**
Date Issued:	**8/5/2015**

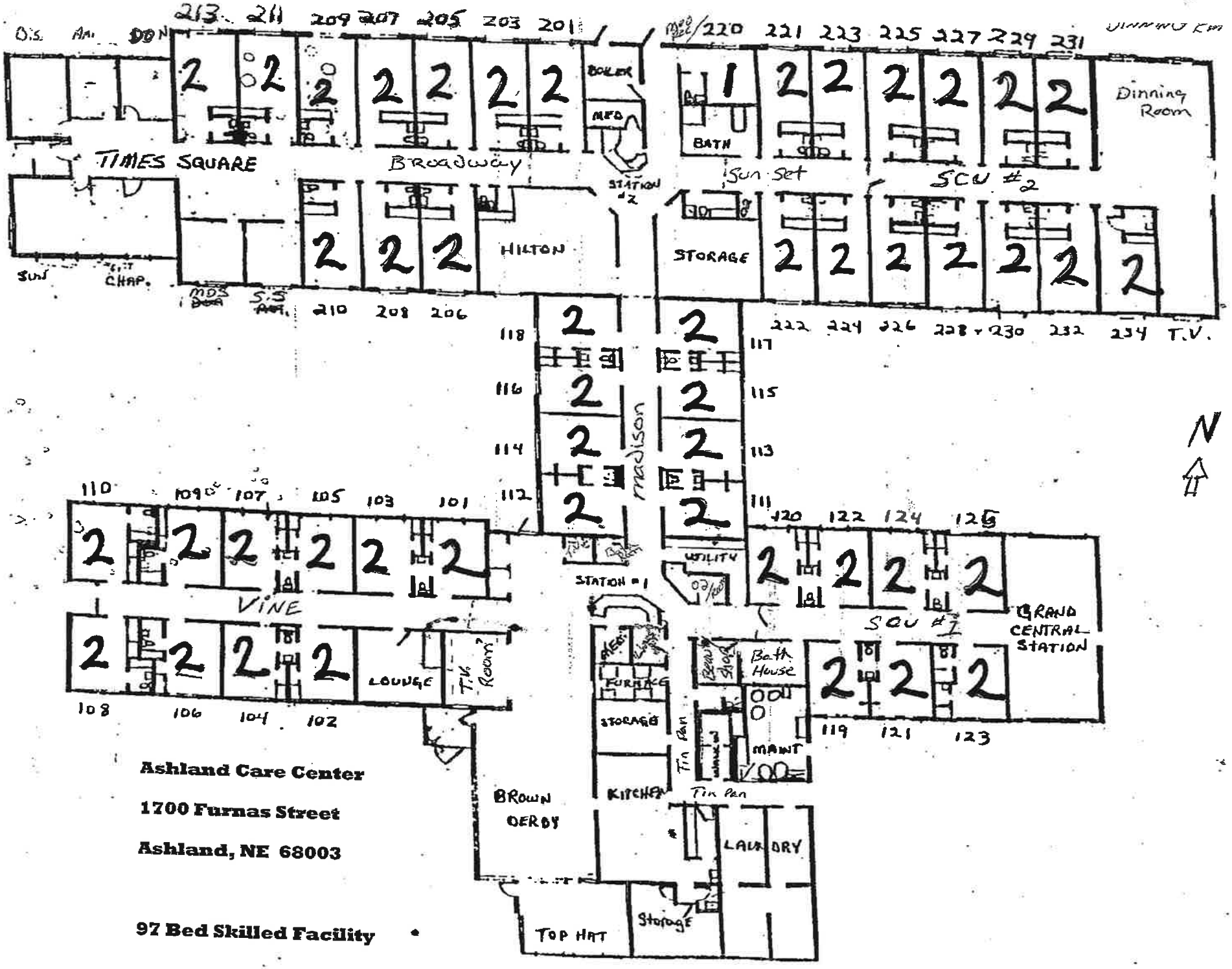
Approved By: [redacted]

Inspected By: **8713 Alan Viox**
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.



Ashland Care Center

1700 Furnas Street

Ashland, NE 68003

97 Bed Skilled Facility

Policy Number:	CL-SNF-ALZ1002
Policy Date:	12/1/01
Policy Revised:	12/6/07
Policy Sponsor:	Clinical / Alzheimer's

FIVESTAR QUALITY CARE, INC.

OVERVIEW

1.0 PHILOSOPHY

The Five Star program philosophy is based on the belief that every individual's physical, social, emotional, mental and spiritual needs are important. If and when an individual requires assistance in meeting these needs, assistance should be available in a manner that maintains dignity and respect and provides a resident centered care approach for each resident.

We believe that maintaining independence as long as possible is important to the maintenance of an individual's self-esteem. Our goal is to create an environment that is safe and homelike as while continuing to meet the residents' physical, social and psychological needs.

We believe that an individual's quality of life is enriched when their time is passed in an atmosphere that provides meaningful, enjoyable activities. Our goal is to help our residents maintain both meaningful and leisure skills for the maximum length of time. We believe our staff of health care professionals have the responsibility of assisting residents in maintaining their skills of daily living for as long as possible.

We understand the behaviors displayed by our residents with Alzheimer's Dementia and Related Disorders are a result of the disease process that damages the brain. We understand that the individual has little control over these behaviors. Our goal is to create a safe, nurturing environment. We assess for the causes of the behavior and modify our expectations to help the resident succeed.

We believe a successful program looks for individual strengths and builds on these strengths to compensate for the losses.

We believe that family members, friends, staff and individuals from the community can contribute to the quality of life for the residents. We encourage them to partner with us to create a focused quality of life.

We believe that residents placed in our care, together with families and the staff that works with them, create a therapeutic resident centered environment.

2.0 GUIDING PRINCIPLES

The Manual is based on eight guiding principles:

1. Creation of a Resident Centered Program:

The Program works from a strong interdisciplinary framework that is guided by the needs and desires of the residents. With our Resident Centered approach the staff will observe, review and provide care for all physical conditions which may develop.

2. Activity Programs:

The focus is on the preservation of Activities of Daily Living (ADL), which include productive activities, that aid in maintaining cognitive function for as long as possible. This is accomplished through creative, physical, and sensory stimulating activities designed to meet the resident's needs. Resident spiritual needs are extremely important and programs are provided to meet these needs.

3. Focus on the Environment

The Program is designed to provide a safe haven for the resident, with consideration for the perceptual challenges that occur as a part of the disease process.

4. Understanding Behaviors

The Program's goal is to understand behaviors. This may require training staff while maintaining the resident's dignity and minimize the behavior.

5. Admission and Discharge Criteria

The Program is designed to meet the needs of a population that may have various care needs. There are specific criteria and expectations for admission and discharge to the program.

6. Comprehensive Skills Review

A comprehensive review is completed on each resident on admission and according to Five Star policies.

7. Portability

The manual itself is designed to have sections that can be used in several ways. The sections can be used for facilities that may or may not have a specialized unit, but do have a significant population that would meet the criteria for participating in this program. This manual will also guide the facility in designing a specialized unit.

8. Training for Everyone

It is the standard of Five Star that every staff in the facility has a basic understanding of the nature of Alzheimer's, Dementia, and Related Disorders. Training of all staff shall be completed, and is designed with a series of modules that can be used by any facility.

BRIDGE TO Rediscovery

CELEBRATING LIFE THROUGH REDISCOVERY

THE BRIDGE TO REDISCOVERY EIGHT GUIDING PRINCIPLES

1. Resident Centered Program:

The Bridge To Rediscovery Program works from a strong interdisciplinary framework that is guided by the needs and desires of the residents. All staff, residents, and families are considered partners in both the environmental and programmatic tone. With our Resident Centered approach the staff will monitor, review and provide care for all physical conditions which may develop

2. Bridge to Rediscovery Program for Living

The focus is on the preservation of both Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL), which include productive activities, activities that aid in maintaining cognitive function for as long as possible. This is accomplished through cognitively creative, physical, and sensory stimulating activities of daily living designed to meet the resident's needs. Resident spiritual needs are extremely important and programs are provided to meet these needs.

2. Environment

The Bridge to Rediscovery Program is designed to provide a safe environment for the resident, with consideration for the perceptual challenges that occur as a part of the disease process.

3. Understanding Behaviors

The Bridge To Rediscovery Program's goal is to understand behaviors and to work on behavioral challenges within the resident's ability. This may require modifying expectations as well as training staff on approaches that will maintain the resident's dignity.

4. Admission and Discharge Criteria

The Bridge to Rediscovery Program is designed to meet the needs of a population that may have various care needs. There are specific criteria and expectations for admission to the program. Discharge from the program will be reviewed and decided on an individual basis according to the resident's overall needs.

5. Comprehensive Life Review

A comprehensive life review is completed on each resident on admission by the family. The goal of the review is to identify skills, strengths and weaknesses of the resident to develop a well rounded individual program.

6. Portability

The manual itself is designed to have sections that can be used in several ways. The sections can be used for facilities that may or may not have a specialized unit, but do have a significant population that would meet the criteria for participating in this program. This manual is designed to help in the development of the Bridge To Rediscovery Program.

7. Training

It is the standard of Five Star that every staff in the facility has a basic understanding of the nature of Alzheimer's, Dementia, and Related Disorders. Training of all staff shall be completed. The Bridge To Rediscovery Program training program is designed to train individuals in the concepts of Montessori Based Dementia Programming and how to meet our residents needs by using these concepts and methods.

8. Staffing

Staff shall be present in sufficient numbers to meet the needs of the residents. At no time will there be less than one staff person on duty. Staffing ratios:

Day Shift: 1 to ___ residents

Evening Shift: 1 to ___ residents

Night Shift: 1 to ___ residents

BRIDGE TO Rediscovery

CELEBRATING LIFE THROUGH REDISCOVERY

Policy Number:	CL-ALZ-1020
Policy Date:	12/01/01
Revision date	04/01/10
Policy Sponsor:	Clinical / Alzheimer's

ADMISSION AND SCREENING

DOCUMENTATION REQUIREMENTS

CL-ALZ-1020.F1	Secured Unit Admission Criteria Review
CL-ALZ-1020.F2	Approval for Placementi n a Special Care Unit
CL-ALZ-1020.F3	Comprehensive Life Review
Briggs 3687	The Short Portable Mental Status Questionnaire (SPMSQ)

1.0 PURPOSE

To ensure all residents admitted with Alzheimer's Dementia and/or Related Disorders are placed appropriately and meet the Five Star criteria for admission.

***** Please note sections of this policy may be superseded by state specific regulations.**

2.0 SCOPE

Nursing/Social Service/Administrator

3.0 BRIDGE TO REDISCOVERY PROGRAM GUIDELINES

3.1 PRE-ADMISSION SCREENING

1. All residents referred to the Bridge to Rediscovery Program are subjecti o a pre-screening process prior to acceptance.
2. The Bridge to Rediscovery Program Director/designee, physician, nurse, social worker, therapist, or family member may refer residents to the Bridge to Rediscovery Program from an acute care hospital, another nursing home,a ssisted living, and adult day care or from their own home.
3. A Secured Unit Admission Criteria Review is to be completed (CL-ALZ-1020.F1).
4. All residents referred must be screened prior to acceptance with an on site visit by the Bridge to Rediscovery Program Director or designee.
5. The on-site review/screening process includes, buti s not limited to:
    a. Meeting, interviewing, and physically screening the resident.
    b. Review of the medical record, nursing notes, medications, diagnostic test results, and any other progress notes or information available.

c. Interview family members regarding behavior and physical condition. Making certain the family is aware and approves of FIVE STAR philosophy.

6. Designated facility individuals (must include at least one licensed nurse in addition to the Bridge to Rediscovery Program Director) make the final decision for admission.

7. The Short Portable Mental Status Questionnaire (SPMSQ, Briggs 3687) is completed by a trained, qualified healthcare staff member, upon admission,a nnually or with a change in status.

3.2 ADMISSION CRITERIA

1. **Approval for Placement in Special Care Unit** (CL-ALZ-1020.F2) must be signed prior to or at the time of admission.

2. The attending physician acknowledges the need for placement and is responsible for providing the placement order and appropriate diagnosis.

3. The residentm ust have a thorough physical with appropriate diagnostic tests, if indicated, to rule out any treatable causes of the dementia.

4. A history and physical is completed by the resident's physician on admission.

5. The residentm ust have a ***primary*** diagnosis of Alzheimer's disease, or a related untreatable dementia which may include: Multinfarct Dementia, Crutzfeldt-Jakob, Huntingtons, HIV, and dementia resulting from chronic alcohol abuse, Binswanger's, and Parkinson.

6. **Dementias such as;** Picks, Frontal Lobe, Vascular, Semantic and Lewy-Body Dementias will be reviewed on an individual basis to include a comprehensive review of behaviors <u>prior</u> to acceptance.

7. All psychosis/mental illness diagnosis, or a history of a serious mental illness such as Schizophrenia will be reviewed and evaluated for appropriate placemento n an individual basis.

8. A resident with depression or suspected depression will be evaluated on a case-by-case basis since depression may be the result of and/or associated with the dementia itself.

9. If he resident is considered a danger to them self or others the resident will not be admitted.

10. The residentm <u>ust not</u> be actively suicidal or be expressing suicidal ideations.

11. The residentm ust be free of communicable disease that would require isolation from the other residents.

12. If a n infection is present, it must be sensitive to antibiotics.

13. G/J tubes will be evaluated on a case-by-case basis, but are generally not acceptable at the time of admission to the Bridge to Rediscovery Program.

14. A resident with physically abusive/combative/aggressive behaviors will be evaluated to ensure the behaviors can be managed through the use oft herapeutic approaches and/or low to moderate appropriate medication.

15. On admission, it is highly recommended the resident's ability range from independent to assistance,I n mobility and transfer. They may be aided by assistive devices to promote independence.

16. The resident's representative must be in agreement with the admissions criteria and with the philosophies oft he Bridge to Rediscovery Program. A copy of the admission criteria must be signed by the representive prior to admission to the Bridge to Rediscovery Program.

17. All residents admitted to the Bridge to Rediscovery Program must have a legal representative to make healthcare and financial decisions on his/her behalf.

18. All residents admitted shall have the **Comprehensive Life Review** (CL-ALZ-1020.F3) completed by the family prior to or at the time of admission.

4.0 RELATED POLICIES

Social Service Manual

Nursing policies and Procedures

FIVESTAR QUALITY CARE, INC.

PROCESS FOR CARE PLAN DEVELOPMENT AND COMMUNICATION

Policy Number:	CL-INTER-0115
Policy Date:	01/10/2008
Policy Sponsor:	Clinical/Interdisciplinary

1.0 PURPOSE

To ensure the effective delivery of comprehensive, coordinated,q uality care in an organized manner designated to meett he ongoing individualized needs of Five Star residents.

2.0 SCOPE

RN, LPN, LVN, Dietary, Social Services, Recreational Therapy, PT,O T & SLP. Respiratory Therapy.

3.0 FUNDAMENTAL INFORMATION

Each facility shall follow a care planning process to ensure timely development and updating of the residents' plan of care. The facility mustd evelop a plan of care specific to each resident which helps to attain or maintain the residents' highest practical level of function.

The residents' plan of care is an interdisciplinary document to be used as a communication tool for all staff providing care. The resident care plan shall identify the residents' needs, problems, strengths, risk factors and measurable goals. The residents' discharge plan will be included in the resident plan of care.

The plan of care shall be available and understandable for all levels of staff caring for the resident. The RN is responsible to review all aspects of the plan of care. The care plan should be viewed as a work in progress and changes made as the residents' needs change. It is a process that evolves to meett he needs of the resident over the course of their stay. It does not belong to one discipline. It is a resident centered, interdisciplinary, plan of care that all disciplines contribute to.

Direct care staff (e.g., nursing assistants) must be directly involved in the care planning process. The direct care staffs pends the most time with the resident and is the most knowledgeable about the resident's daily life, needs, problems and strengths. Direct care staff must be informed about the residents' care needs to improve, maintain or minimize decline in the residents' condition and well being. (RAI 4-32).

FIVESTAR QUALITY CARE, INC.

4.0 PROCEDURE

1. The admitting nurse will develop and initiate a written plan of care for the resident within 24 hours of admission or re-admission as part of the admission process. The initial plan of care will include physician's orders and additional assessments /i nterventions deemed appropriate by the admitting nurse.

2. This Initial Plan of Care will address high risk areas as well, if they apply to the resident. High risk areas may include but are not limited to:

    - Safety concerns (Examples: falls, elopement, behaviors, unsafe wandering, burns, etc.)
    - Communication
    - Skin
    - Psychosocial status
    - Continence
    - Dietary
    - Medication
    - ADL function and assistance required
    - Acute medical condition if applicable,(i.e. bleeding, precautions)

3. The plan of care will include:

    a. A problem statement; developed as a resulto fc omprehensive review,
    b. Measurable resident centered goals,
    c. Time frames for meeting those goals,
    d. Interventions designed to assist the resident in meeting the goals.

4. The direct care staff, especially the certified nursing assistants' knowledge of the resident should be solicited by the nurse to develop an accurate plan of care. All Interdisciplinary Team (IDT) members will add to the care plan as additional needs are identified.

5. Within 14 days, the MDS assessment and RAPS will be completed, identifying other potential issues that may need to be addressed.

6. After the Initial RAI assessment is completed the "comprehensive" care plan will be further developed and communicated to all staff.

7. The care plan will be reviewed at re-admission, with a change in condition and no less than every 90 days. (Exception: Medicare "A" Residents)

8. Ongoing and quarterly review of the residents' plan of care will occur at the weekly care plan meetings. Problem statements, goals and approaches /i nterventions will be reviewed, discussed and updated at this time and revisions made as needed. Frequent changes to the residents' plan of care may trigger consideration that a significant change in status MDS may be needed.

FIVESTAR QUALITY CARE, INC.

9. The interdisciplinary team will meet weekly. Care Plan meetings will be held the same day(s) and times each week. Rehab will attend if the resident is on caseload. If a rehab need is identified during care plan review a referral for a rehab screen will be sent to the rehab department.

10. The resident, family member(s), legal guardian will be formally invited in writing to the residents' care plan meeting. Each Interdisciplinary Team (IDT) member should review the residents' problem statement, goals and approachee with the resident and the family member(s) present.

11. The resident, family member(s), legal guardian may request additional care plan meeting as needed to discuss issues and concerns with the plan ofc are.

12. Each resident will be assigned a specific time for the care conference. If the time is inconvenient for the resident or family member, a separate meeting can be rescheduled to accommodate their needs.

4.1 Care Plan Development Regarding Significant Change in Status

Once the interdisciplinary team determines a significant change in status has occurred, the resident plan of care should be updated and changes communicated to the nursing staff at that time.

A significant change in condition should be considered when there are frequent changes to the care plan and when:

- A resident returns to the nursing facility after an acute care hospital stay,
- Re-entry from a stay at home,
- Discharge from Medicare "A" or "B" Benefit period.

4.2 Care Plan Development and Review for Medicare "A" Residents'

Medicare Part "A" residents will have review of the initial care plan by the (IDT) team members within 72 hours from the date of admission. The interdisciplinary team (IDT) will update the residents' care plan at this time if needed. The IDT should meet with the residenta nd family to give a brief overview of the current plan of care within the 1st week of admission.

Medicare Part "A" resident's will have weekly reviews of their care plan until discharged from Medicare "A" services.

4.3 Communication of the Resident Care Plan

Verbal communication regarding the plan of care will occur during shift report. Information relevant to the residents' plan of care will be provided by the staff to the nurse on a daily basis. The nurse will give report to the on coming staff and nursing assistants, in terms that are clearly understandable, on the resident care needs upon admission, on change in condition,a nd at the change of shift each day.

FIVESTAR QUALITY CARE, INC.

The care plan will be easily accessible and in understandable terms for the direct care staff.

5.0D OCUMENTATION

The direct care nurse will update the residents' care plan as the residents' needs change.

Changes to any section of the resident care plan must be dated by the discipline making the change. Sections of the care plan include problem statements, approaches / interventions and measurable goals.

Resolution of resident problem must be highlighted and dated on the care plan to indicate the problem is resolved.

When there is a change made to the residents care plan, there needs to be an update in the interdisciplinary notes as well. Notes should indicate the changes that were made and why. Nursing summary notes should include progress or lack of progress the resident is making toward the goals. If the resident is notp rogressing toward the goals the note should address the reason(s) and identify the interventions or approaches to be changed.

A summary note of the care plan meeting will be written and signed and dated by the IDT members. Resident, family members or significant others who attend the care plan meeting may also sign the note.

6.0R ELATED COMPANY GUIDELINES

CL-MDS-5111	MDS Completion Guidelines
CL-MDS-5050	Resident Assessment Instrument

7.0R EFERENCES

CMS Revised Long Term Care RAI Manual

MU MDS and Quality Research Team, Sinclair School of Nursing University of Missouri – Columbia

Federal Regulations 42 CFR 483.20 (k) (1 and (2) and Appendix P of the State Operations Manual (SOM).

Related Federal Citations: F-279; F-280; F-281; F-271;F -282

FIVESTAR QUALITY CARE, INC.

STAFF TRAINING

DOCUMENTATION REQUIREMENTS

Suggested, Summary Report of Meeting

Policy Number:	CL-SS-8029
Revision Date:	12/8/08
Policy Date:	1/1/01
Policy Sponsor:	Clinical/Social Service

1.0 PURPOSE

To insure all facility staff receives periodic training on the importance of meeting the mental health and psychosocial needs of the residents,r esident rights, behavior interventions and the role and responsibilities of the social service staff.

2.0 SCOPE

Social Service,S taff Development Coordinator/designee and all staff

3.0 PROGRAM GUIDELINES

1. All staff must attend at least one in-service training per year which covers residentr ights, complaints, and abuse. It is recommended that the training on resident rights and abuse be treated as separate programs.
2. The purpose of these in-services is to aide staff in the understanding of how his/her treatment of residents impacts the residents' mental and psychosocial functioning and to emphasize the role of social service staff.
3. The Social Service Director, either directly or by arrangement, provides an in service training, covering the topics listed below to all new hires as a part of new staff orientation, annually and as needed to all staff.
   a. Resident's responsibilities, rights and dignity;
   b. Abuse reporting;
   c. Psychosocial needs of residents;
   d. Social Services functions in the facility;
   e. Confidentiality of resident information (HIPAA);
   f. Community advocates and other resources;
   g. Behavior management;
   h. Grievance procedure;
   i. Advance directives;
   j. Death and dying.

FIVESTAR QUALITY CARE, INC.

4. All In-service programs must have an evaluation attached to the program,a nd when feasible a pre-test and a post- test.
5. The content of the programs should follow state and federal regulations as well as facility practices.
6. Training should be available to all shifts.
7. It is recommended that community resources, such as the Ombudsman, be used to provide some staff training.

4.0 PROCEDURES

1. In coordination with the facility's Staff Development Coordinator/designee, the Director of Social Service sets an annual schedule for in-service training and day availability for orientation.
2. The Director of Social Service researches existing programs and explores their appropriateness for the facility.
3. The Director Social Serviced evelops programs or uses existing resources available through the Five Star System or outside resources
4. The Director Social Service develops evaluations for all programs.
5. The director of social Service,o r a qualified designee, presents the program.
6. The Director of Staff Development,o r a designee records attendance at all programs, and the content of each in service is summarized on a form such as The Summary Report of Meeting. The summaries, evaluations, and other training materials mustb e kept on file with the Staff Development Coordinator/designee.

5.0 OTHER RELEVANT POLICIES AND PROCEDURES

CL-SS-8027	Psychosocial Needs
CL-INTER-0108	Abuse Prohibition and Prevention
CL-INTER-0700	Psychopharmacological Medications
CL-INTER-0701	Unnecessary Medications
CL-INTER-0109	Suicide and Suicidal Ideation Recognition Guidelines

FIVESTAR
QUALITY CARE, INC.

ENVIRONMENTAL, SAFETY & DÉCOR GUIDELINES

1.0 PURPOSE

To provide an appropriate location, construction, design, and equipment that is suited to the enhance safety; attempts to meet the needs, and abilities of residents with Alzheimer's Dementia or Related Disorders, in accordance with applicable state/federal law and regulation.

The environment for residents with Alzheimer's Disease and Related Disorders needs to have areas with a variety of articles they may touch, use and move. It is helpful but not required the unit design and function be in harmony with the social organizational functions of the Montessori-Based Dementia Programming.

2.0 SCOPE:

All employees involved in development and maintenance of environment for Alzheimer's residents.

3.0 FUNDAMENTAL INFORMATION

- These units are specially designed in an attempt to provide a safe secure environment for those residents requiring such placement
- Special care units must have a form of security system on the unit's exit doors
- It is recommended the Program Manager's office be located on the unit. The office must be locked when not in use.
- The recommended size for a special care units should average between 18 to 24 beds (Community will have final decision on size).
- All areas on the unit need to be safe and secure.
- Design should facilitate the resident's current abilities.
- The environment should be supportive regardless of the stage of the disease.
- The design of the environment should facilitate free movement when ever possible.
- The living environment should consider 4 major components: physical, psychological, social and cultural.

[redacted]

FIVESTAR QUALITY CARE, INC.

4.0 SAFETY

The secured living area will have appropriate safety features designed to protect the residents from harm or injury. All safety/fire features must be in accordance with all state and federal regulations, and if appropriate, must be approved by local inspectors and/or fire personnel.

- Staff must have an established system to communicate emergencies or to summon help (examples may include but not limited to portable phones, 2 way phones, walkie-talkies)
- A security system on all exits is required to protect residents from unsafe wandering. The type of system used must be in accordance with all regulations noted above and should be approved by appropriate individuals.
- The security system at the entrance should be designed to allow staff and visitors access without setting the alarm system off.
- All electronic security systems are incorporated into the fire alarm system and approved by the Fire Marshall.
- Directions for exiting must be posted.
- Windows in designated areas (depending on local codes) are secured to limit the height the windows maybe open (usually a maximum of 8 inches). This must have the approval of the Fire Marshal.
- All service areas (linens, utility rooms, supply areas, storage, shower rooms janitors closet, maintenance, laundry etc.) shall be locked to protect residents from potential harm.
- All items on wheels and should have compression locks where applicable on the rear legs.
- If there is a bathtub in a resident's room the water should be turned off.
- Water temperature in resident's rooms (bathrooms) and other areas which the resident has access will be checked frequently to ensure that the water is at a safe temperature. (Usually safe range is 100 to 110°) or according to state/federal regulations
- All pictures, curio boxes, memory boxes, any item with a glass cover should use Plexiglas materials instead of glass.
- Glass items are discouraged unless secured in curio boxes.
- All pictures shall be bolted to the wall.
- Tall furniture shall be bolted to the wall

- All residents' closets or wardrobes shall be secured to the walls unless otherwise specified by specific state regulations.
- Handrails should be in a clear contrast color from walls, they should be easy to grasp, and a broad flat surface is best.
- Chairs need to be in a variety of heights sizes to meet residents' needs. Armrests should extend to the front, past the seat and be open under the seat. The base of the chair should be wide. They should be upholstered in a plain primary color to contrast with the flooring. A textured vinyl covering is recommended for safety.
- All transitional surfaces must be level.
- The unit must be well ventilated, and evenly heated and cooled with no drafts.
- Within the parameters of state and local regulations, exit doors should be as unobtrusive as possible (trim and door same color as walls if allowed).
- A secure staff station in a location which provides maximum visibility of the unit.
    - The door should be secured with an inside latch, to discourage residents from entering the area.
    - Door to station should be locked at all times when not in use
    - The counter top if outside of the nursing office should be at minimum 18 inches in depth, to discourage residents from reaching over the desk.
    - The staff station must include a telephone, a call light system for all the rooms on the unit and a space for resident files.
    - If feasible, a charting room and a medication storage area should be available and in proximity to the staff station.
    - This multipurpose office should be designed to accommodate staff and family meetings; this room can be designed to accommodate small therapeutic groups for social service staff etc. This office should ideally have a small table and comfortable vinyl covered chairs.
- Lifts, wheelchairs, and other equipment should be stored away whenever feasible and not left in hallways
- All equipment should be placed to one side to allow free passage in hallways (visual reminders might include flags, signs "equipment this side").
- All housekeeping carts are to be kept locked; all cleaning solutions are to be kept lock. Housekeeping staff are to keep carts and equipment with them at all times.

- Maintenance equipment and carts are not to be left unattended at any time on the secured unit
- See design section for additional recommendations on garden and walkways.
- Garden area should be fully visible from the inside of the unit
- Gate or exit leading from garden out to open areas site should be alarmed so alarm can be heard inside the unit
- Plug sockets should be covered for protection
- Provisions for equipment storage, linens, maintenance rooms, laundry rooms, etc. are to be **locked at all times.** If areas on the unit are not available, arrangements are made at the facility level to accommodate for those needs.

5.0 DESIGN

- Hallways should lead to open common areas (this will many times draw the resident away from exit doors).
- The dining area(s) must be able to seat the total number of residents on the unit. Tables should consist of no more than four (4) residents per table. This space should be large enough to promote mobility and easy accessibility to residents within.
- For dining areas warm colors such as golden, creamy yellows, spiced oranges, terracotta, wines, burgundies, and dusty roses help stimulate appetite, (do not use bright colors, known to result in faster eating, avoid the color blue, thought to suppress appetite). See eating guidelines.
- Consideration should be made for the eating habits and needs of residents. It may be appropriate to offer dining in more than one space on the unit depending on levels of need.
- Living room area, should be decorated as a "home like" environment to promote small group socialization, also provides a comfortable visiting area.
- Adequate space should be available for both small group and full group activities. If a distinct space is not feasible you may use the dining room and the living room through creative arrangement of furniture.
- Minimize obstacles in the hallways.
- Signage should be done in San Serf Font, size 48 to 52, bold (Arial and Tacoma are types of fonts)

Floor, Wall, Door covering/colors

- Special attention needs to be given to the choice of floor and wall covering. Elders in general have a difficult time distinguishing between soft pastel colors such as pink, pale or ice colors beige as well as blues and browns. Those areas that you wish to standout should be in darker warm primary colors.
- Walls should be either painted, or papered with no pattern. A satin finish is recommended (reduces glare but easier to clean)
- A color contrast between walls and trim is good, except on exit doors. The color of the baseboard should match the wall. Floor covering up the wall is not recommended.
- Wall color should clearly contrast with floor covering.
- There should be clear dark color contrasts for walls behind the toilet. Green/Maroon colored wall behind toilet helps residents distinguish where the toilet is (do not use red, do not use colored toilets)
- Light warm colors should be considered (warm colors of sage, pecan, almond, antique colors – moving towards the red spectrum, of colors, use red carefully).
- Light greens colors may be relaxing and good choices for quiet areas.
- When a strong contrast is needed use a darker green or maroon against white or a light color.
- To draw attention to a resident's room, you may consider alternating dark primary colors on resident's doors.
- Exit doors should be same color as walls unless prohibited by local or state regulations.
- Do not use trim or different color squares on floors. Floor color should be simple solid color with no designs (do not use black, dark brown or dark blue on the floors). Carpeting if used should be plain.
- Avoid abstract art works, use simple art work. Feel and touch-textured weavings or murals work well. Wall hangings – tactile representing various themes (may change with seasons).
- Hallways may be "decorated" with inviting items or a board with such items. These serve both as a point of interest, and as an opportunity for wandering residents to stop for a moment. Items need to be secured to walls.
- Place a tactile stimulation collage to the left or right of the door to change the resident's focus away from the door.

- Chairs should be in a variety of heights to meet residents' needs. Armrests should extend to the front, past the seat and be open under the seat. The base of the chair should be wide. The furniture should be upholstered in a plain primary color to contrast with the flooring. A textured vinyl covering is recommended for safety and for adequate cleaning.
- All resident doors should have either visual (picture of the resident) or written signage on the doors. As noted, alternating primary colors can be useful in helping the resident find their room.
- Mirrors **are not** recommended in any area. Residents may not recognize themselves and become afraid when they see a "stranger" looking back
- Floor and furniture should contrast (Furniture being darker).
- Putting a bench or chair in the hallway [if allowed by fire codes] and painting trees and flowers on the wall surrounding the seat (especially in a long hallway) may decrease potential exiting seeking behavior.
- Design needs to incorporate the local culture of the residents and town
- Murals should be carefully considered before using (content may be over stimulating)
- Eliminate long hallways leading to exits. Break up areas where possible and allowed by fire codes
- If the entrance door has a window in it, make sure it has a window treatment so residents cannot see through the window.

5.1 LIGHTING

Lighting is a key element for the unit.

- In general, utilization of correct lighting **can be the single most important** environmental consideration. Studies show that an increase in the amount of appropriate lighting can decrease falls, sun downing, and depression and provide an increased sense of safety for the residents. The lighting should ideally have the following characteristics:
- Light fixtures such as chandeliers **are not** recommended.
- Avoid lighting that cast shadows.
- The light should be 80-90 foot candlepower, and evenly spaced in rooms and hallways.

- When feasible florescent lights should have electric ballast (This decreased the noise and flickers).
- Bulbs labeled "sunlight" is recommended.
- Peripheral lighting is a good idea.
- When feasible, a dimmer switch is recommended so that there can be a subtle change from daylight to evening light.

5.2 GARDENS/WALKWAYS/COURTYARD

- Enclose exterior garden areas (best exposure south east). Promotes memories and stimulate conversation. Provides outdoor setting for residents to enjoy and explore safely.
- Design suggestions:
- A secured courtyard is highly recommended, to promote independence, allowing an independent walking path, and for use as a family visiting/ group activity space. The courtyard must include:
- Secured perimeter barrier (fence or wall) which should measures 8 feet or higher.
- A "meandering" walkway, with an even surface, to allow wandering, with rest stations at strategic points. surface (no stones, stepping blocks, flagstone)
- Walkways should be circular or figure 8
- Stationary benches, shade covering and or secured patio furniture (all furniture needs to be at **minimum of 4 feet** from the walls/fence).
- Shade covering should be provided
- Table top garden(s) for activity programming.
- All plants, shrubs and trees out in the courtyard need to be non-toxic in case of ingestion. (See list of poisonous and non-poisonous plants)
- Seating should be sturdy wide base chairs and benches with arms
- Exterior exit from garden area needs to be secure and alarmed which can be heard inside)
- Interior door to garden should have some form of alarm to indicate someone has left the unit for the garden

- A south east exposure is the best. (Helps to maximize sunlight in winter).
- Avoid dark areas
- Water features should be reviewed and carefully considered before including
- Raised flower beds and boxes (allows resident to participate in gardening activities - table top gardens)
- Mailbox
- Flags (seasonal and American)
- Bird bath, feeders, and houses

6.0 RESIDENT APARTMENT

Allow the resident and family to help decorate the resident's apartment (within safety and fire guidelines.)

- Non-glare blinds
- Green/Maroon (dark) colored wall behind toilet
- The resident should be able to see the toilet from the head of the bed
- Shadow boxes (outside of room by resident apartment doorway) with pictures or other types of resident memories. Plexiglas only for glassed area.

7.0 NOISE

Every effort should attempt to have a quiet, calm environment. Ways in which this can be achieved are:

- Carpeting in all facility areas (use carpet that is recommended for use on Alzheimer's or traditional units).
- Service carts that are brought on to the unit should be checked regularly to insure that they are in good working order and designed to be as quiet as feasible.
- Under most circumstances, individual room television sets are not recommended.
- Avoid traditional overhead paging systems.

- Whenever possible use a light system, rather than a sound system.
- Soft instrumental music can be played during meal or quiet times.
- Try to ensure that the unit traffic is controlled to the extent feasible, at times when there is high traffic volume, such as change of shift; try to distract residents by engaging in an activity.
- Be sure that all equipment is in good working order, that all light fixtures are properly working, as they can be generators of noise.

8.0 RELATED POLICIES

State Regulations for Secure unit, if applicable

Life Safety regulations

FIVESTAR QUALITY CARE, INC.

ACTIVITIES OF DAILY LIVING

Policy Number:	CL-SNF-ALZ1050
Policy Date:	12/1/01
Revised:	12/6/07
Policy Sponsor:	Clinical / Alzheimer's

Activities of Daily Living (ADL's) should be incorporated into the daily routine. Beginning with what happens as residents rise and ending with a bedtime ritual. Grooming, dressing, bathing, toileting and range of motion activities should be a part of each resident's daily schedule. These routines must be tailored to the history and personal needs of the individual. To accomplish this, upon admission each resident entering the program will have a completed an individualized plan of care, which is developed based on his/her strengths and needs.

1. The plan of care should incorporate suggestions from the entire IDT team, using the expertise of physical therapy, occupational therapy and speech therapy as well as input from the social service, recreation, and nursing staff.
2. The goal of the plan of care should be to extend or maintain the functional capabilities of each resident
3. Policies and procedures related to personal care are found in the Nursing Manual. The policies and documentation presented therein should be followed.
4. Whenever practicable ADL's should be completed as part of a socialization experience. For example, a CNA may do range of motion exercises with a group. It is possible to complete both active and passive range of motion in a group setting.
5. It is recommended that residents have a personal program schedule developed to meet their individual needs. This program schedule should begin with the resident's wake-up time and end with bed time, and may include night wake-up time when appropriate for the resident.

FIVESTAR QUALITY CARE, INC.

THERAPEUTIC DAY PROGRAMMING GUIDELINES

Policy Number:	CL-SNF-ALZ1051
Policy Date:	12/1/01
Policy Revised	12/06/07
Policy Sponsor:	Clinical / Alzheimer's

PURPOSE

Productive activities are those activities that are designed to help the resident feel useful and needed.

FUNDAMENTAL INFORMATION

2.1 ACTIVITIES MAY INCLUDE:

Montessori Programming

Activities that maintain or improve cognitive functions

Creative Programs

Physically and Sensory stimulating activities program

2.2 PHYSICAL ENVIRONMENT FOR ACTIVITES

Key to successful programming is a good physical environment. The room should be large enough for the activity. It should be bright and cheerful, with plenty of appropriate lighting. The room should be decorated to reflect the season and/or holiday. Avoid busy complex pictures on the wall. The room should have doors that can be closed, and to the extent feasible.

3.0 PROGRAM GUIDELINES

The programs are designed to engage the resident in activities and ADL's.

The individual with dementia has limited cognitive ability to process information in the same way that we do, therefore it is important to present the program according to the resident's cognitive ability.

Programs are built on cognitive strengths, with Montessori for example, doing tasks that have been routine for a lifetime such as playing a musical instrument, habitual actions such as cooking, folding, writing, etc. become part of the programming process.

Be sure no distractions are in the room. It is not a good idea to have the radio on, or a TV in the room. If there is an intercom speaker in the room, try to make it as low as possible. Staff should not be in and out of the room while a program is occurring. The resident should not be

removed during a session unless absolutely necessary. Staff should be aware of who is in the group so that they do not have to "look" for a resident..

Program options are pre-planned routines with Montessori.

Follow Montessori methods for introduction and presentation of activity.

Provide concrete visual cues – (show as well as tell).

Eliminate the chance for failure – anticipate potential problems and change the accordingly, if the resident is unable to complete the task. For example, if a resident who is usually able to use a paint brush seems confused when you give it to them, you may want to do a hand over hand with him/her.

4.0 OTHER TYPES OF ACTIVITY PROGRAMMING

4.1 PHYSICAL

Exercise: these programs work well when they are consistent with the same repetition every day. Avoid "canned" programs; the sounds coming from a machine can be distracting. When you are doing the program yourself, you can make changes, based on the residents needs for the day. You should also be standing up and walking around after the initial demonstration. Some residents may need one to one or hand-over-hand help with the activity and some may need one to one motivation as well.

Walking: Indoor and/or outdoor walking is great. Try to point out areas of interest along the way, such as pictures on the wall, plants in the outdoor space, etc.

Gardening: creating both outdoor and indoor opportunities for plants is great. You need to be sure that the plants are safe and the active program is supervised.

4.2 SENSORY

- *Scents:* baked items are great to use, vanilla, almond, etc. Fresh fruits work well, you can do an entire short program using an orange for shape, size and scent.
- *Hand rubs with lotion:* these are especially good in the evening and can be done as a part of routine ADL care.
- *Manicures:* this is not the same as nail care unless is done in conjunction with nail care by the CNAs. The manicure could include a hand and arm massage as well. This is best done in a social setting if possible, no different than if you went and had your nails done.
- *Deep breathing:* this can be done as a wind down from any session, before a meal or if things get hectic on the unit – you can stop and have everyone (including staff) take a breathing break.
- *Pet visits*, be sure the pets meet our policies and procedures requirements and that they are supervised and behave well. Baby pets work well, and in some locations you might consider bringing in farm animals where residents could be brought to the outside walking area.

SEE MONTESSORI GUIDELINES AND PROGRAMMING MATERIALS FOR ADDITIONAL INFORMATION

FIVESTAR QUALITY CARE, INC.

Policy Number:	CL-ALZ-1052
Policy Date:	12/6/07
Policy Sponsor:	Clinical / Alzheimer's

MONTESSORI ACTIVITY BASED DEMENTIA PROGRAMMING (EARLY TO MID STAGE DEMENTIA)

1.0 PURPOSE

To provide individual, small or large group activities that are meaningful to individuals with dementia.

To provide tasks/activities for residents with dementia helping to maintain their ADL skills for as long as possible.

2.0 FUNDAMENTALS

Montessori assumes residents with dementia are normal individuals who have cognitive deficits.

Montessori activities are open-ended and range from sequentially simple to increasing complexity.

3.0 REVIEW PROCESS

All residents admitted will be reviewed according to the Five Star admission process. In addition, the resident will be reviewed for:

- Five activities used to review remaining abilities of resident (results help establish the basis for this individual's activity program).
- The five activities are:
  - Hand washing
  - Short story reading, depth perception and color intensity
  - Category sorting
  - Color identification and motor skills
  - Dressing ability

4.0 GUIDELINES

Activities are determined on an individual basis and by what successfully engages the resident.

Activities will provide both stimulation and engagement.

Residents are invited to join activities prior to starting and at the end of each activity and are invited back to join the activity at a later time.

FIVESTAR QUALITY CARE, INC.

NAMASTE (ADVANCED TO LATE STAGE) (OPTIONAL PROGRAM)

Policy Number:	CL-SNF-ALZ1053
Policy Date:	12/6/07
Revision Date:	
Policy Sponsor:	Clinical / Alzheimer's

1.0 PHILOSOPHY

To nurture our residents with touch, meaningful activities and the presence of others through their end of life experience.

2.0 MISSION STATEMENT

To provide a pain free, peaceful passing (dying) process surrounded by loved ones and staff who know the resident

3.0 GOAL

Namaste care is provided by staff, friends and family of the resident.

- This resident care approach assures and supports the quality of life for our residents.
- Namaste Care provides the resident and their family with care that addresses not only physical, but emotional and spiritual needs.
- Namaste means: "peace, to honor the spirit within."

4.0 FUNDAMENTALS OF NAMASTE CARE PROGRAM

- Environment
- Comfort Care
- Death and Dying

5.0 GUIDELINES

This program can be done in both skilled and assisted living facilities (within state regulations)

1. Care starts as a day program for the resident with advanced dementia. The program consists of sensory activities.
2. A specific room (Namaste Care Room) is developed for care to be provided for the entire or part of the day.

Ashland Care Center Level of Care Daily Rate Schedule Effective February 1, 2016

	Semi-Private Room	Converted Private Room
Care Level 1	$ 207.00	4) $ 291.00
Care Level 2	$ 217.00	5) $ 310.00
Care Level 3	$ 228.00	6) $ 327.00

FIVESTAR QUALITY CARE, INC.

Each level of care is determined by information collected during the Centers for Medicare and Medicaid Services mandated comprehensive assessment called the Minimum Data Sets (MDS). This assessment is completed upon admission, quarterly, annually, and with any significant changes in a resident's activities of daily living.

Care Level 1: completely capable of performing ADL's; may need supervision/verbal cueing to make sure dressing, hygiene and grooming are appropriate; ambulates independently to all areas of the nursing facility; oral, nasal, or external medications only; full control of bowel and bladder; requires little supervision by a professional; and requires no assistance with eating.

Care Level 2: assistance of one required for ADL's; continent of bowel and bladder or incontinent less than daily; oral, nasal, or external medications with injections not more than weekly; moderate supervision by a professional; requires supervision/cueing with eating; and needs supervision due to cognition/confusion- does not wander and no behaviors.

Care Level 3: bedfast or assistance of two with ADL's; incontinent of bowel and bladder and/or has a catheter or colostomy; oral, nasal, or external medications with injections more than weekly; considerable supervision by a professional; requires assistance with eating and/or requires alternate feeding methods; treatment of any wound at one or more sites; and requires supervision due to wandering or behaviors.

Room rate changes resulting from Level of Care changes will be effective on the first of the month following the assessment date. Telephone and/or written notification will be provided with any rate changes.

Private Pay Bed Hold Policy: Residents that are physically out of the facility one midnight or more for any reason are considered to be on a Private Pay Bed Hold. Private Pay Residents will be charged $207.00 per day for bed holding days. The bed hold is applied for days in which personal belongings are occupying the room.

Medicaid regulations allow for reimbursed bed holds as follows: 15 days for Hospital stays per year 18 days for Therapeutic Leave per year.

Medicare regulations do not cover bed hold days. Families can hold according to the facility Private Pay Bed Hold Policy.

Daily Room Rates Include: Room and Board; Routine Nursing Services (excluding ancillary supplies); Restorative Nursing Care, Therapeutic Whirlpool Baths, Social Services, Recreational Therapy, Dietary Services, Personal Laundry, Housekeeping Services, and Maintenance Services.

Not Included Services Include, but are not limited to: Pharmacy Services, Ancillary Supplies – personal care items- dependent on market value, Rehabilitation Therapy, Oxygen and Supplies, Beauty Shop Services, Private Telephone Services, Cable Television, and Private Newspapers.

Daily Rental Charges Applied (per day): Wheelchairs at $1.00, Specialty Mattresses at $2.00, Nebulizers at $2.00, Oxygen Concentrators at $2.00, Resident Alert Alarms (not dependent on quantity) at $5.00, CPAP/BiPAP at $10.00, and Walkers at $1.00.

Monthly Rental Charges Applied: Cable Television at $30.00, Specialty Chair Cushions at $5.00, and Wanderguard Bracelets at $10.00.

Per Unit Rental Charges: Emergency Oxygen Tanks at $7.50, Transportation at $54.00 round trip.

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