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

3/8/16 dj

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

Central City Care Center
MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT

Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
ALZHEIMER UNIT
BEHAVIORAL NEEDS

Lic # 534001

EXPIRES
03/31/2017

SEAL

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

Cut on heavy line and place on license.

FACILITY NAME: Central City Care Center

ADDRESS: 2720 SOUTH 17TH AVENUE, CENTRAL CITY, NE 68826

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.

1-27-15

LICENSURE UNIT

FEB 29 2016

DHHS NEBRASKA

Expiration Date
03/31/2016

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

RECEIVED

Make Payment to DHHS LU

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

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:

Central City Care Center
2720 SOUTH 17TH AVENUE
CENTRAL CITY, NE 68826

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

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

2016 MAR -2 A 11:50
RECD HHSS ACCOUNTING

LICENSE NO: 534001
TELEPHONE NUMBER: (308) 946-3088
FAX NUMBER: (308) 946-2068
ADMINISTRATOR: KATHERINE KLINGSPORN
DIRECTOR OF NURSING: ASHLEY NELSON, R.N.
E-Mail Address, if available: centralcitycarecenter@5sqc.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 64

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
ALZHEIMER UNIT
BEHAVIORAL NEEDS

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: FIVE STAR QUALITY CARE NE, INC
(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
__X__ Corporation
_____ 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.

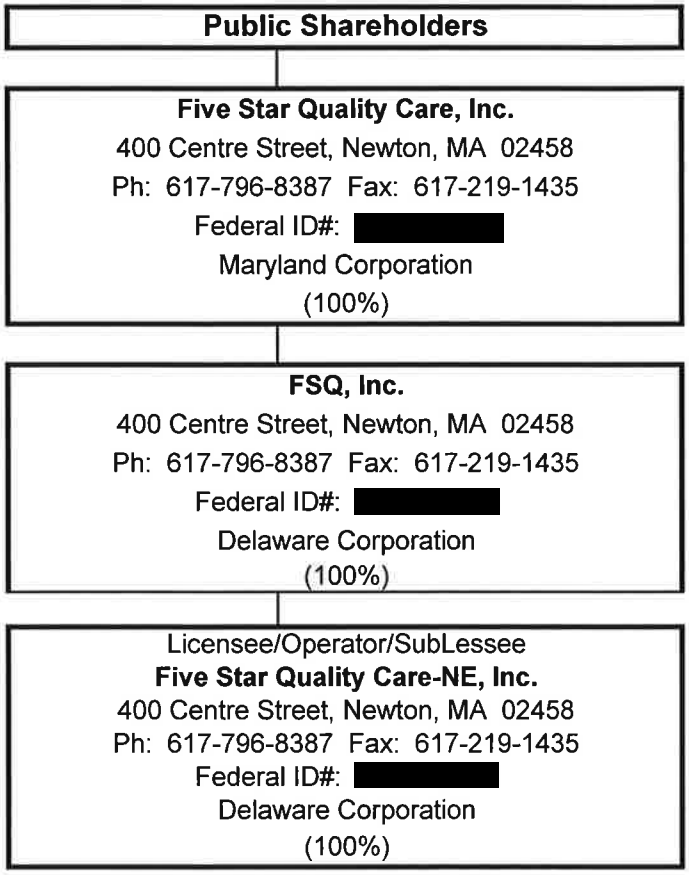
Richard A. Doyle - Treasurer & CFO — [redacted] — 2/22/16
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT — SIGNATURE — DATE

Bruce J. Mackey Jr. - President & CEO — [redacted] — 2/22/16
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT — SIGNATURE — DATE

Officers & Directors
for
Five Star Quality Care-NE, Inc.
400 Centre Street
Newton, MA 02458
PH: 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%
FSQ, Inc. [FID#[redacted] is the 100% sole member of **Five Star Quality Care-NE, Inc. [FEID[redacted]**		

TABLE OF CORPORATE/OWNERSHIP STRUCTURE
for the property known as "Central City Care Center", licensed under
"Five Star Quality Care-NE, Inc."



NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 402849

Name of Facility: **Central City Care Center**

Type of Facility: **Nursing Home**

Location: **2720 S 17th Ave., Central City**

Maximum Occupancy: **64 Beds**

Date Issued: **1/27/2015**

Approved By: [redacted]

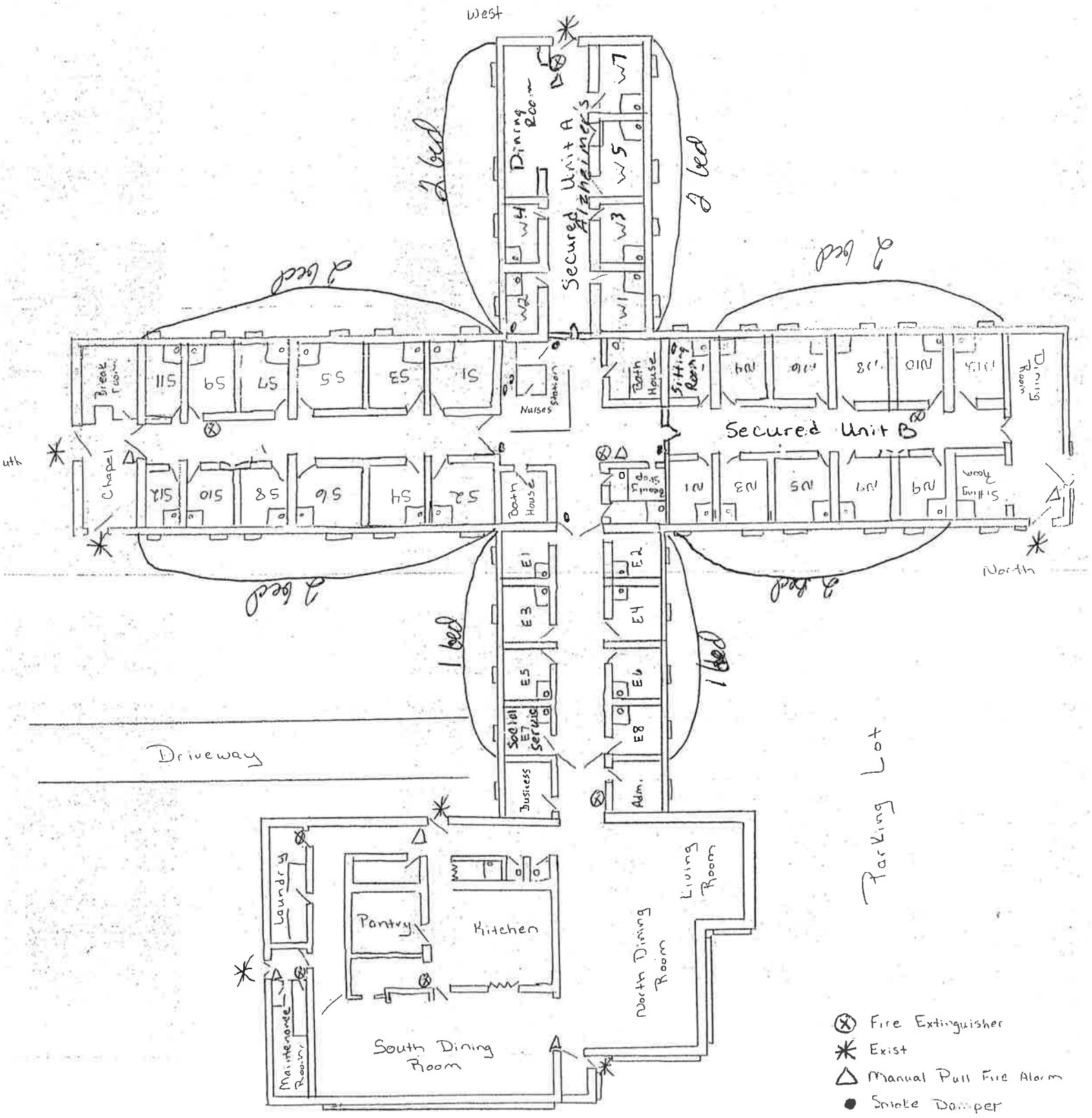
Inspected By: **8748 Mark Manchester**
Deputy State Fire Marshal

State Fire Marshal

POST IN PROMINENT PLACE

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

Licensed for 64 beds
Only 63 are Certified as E7 is Social Service Office
Medicaid/medicare



BRIDGE TO Rediscovery™

CELEBRATING LIFE THROUGH REDISCOVERY

Policy Number:	CL-ALZ-1002
Policy Date:	12/01/01
Revision date	10/12/11
Policy Sponsor:	Clinical / Alzheimer's

BRIDGE TO REDISCOVERY PHILOSOPHY, PRINCIPLES & FULL DISCLOSURE

The Bridge to Rediscovery 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 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 well as continuing to meet the residents' physical, social and psychological needs.

We believe an individual's quality of life is enriched when their time is passed in an atmosphere that provides meaningful, enjoyable lifestyle. 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 to maintain their skills of daily living for as long as possible.

We believe and understand the behaviors displayed by our residents with Alzheimer's Dementia and Related Disorders are a result of the disease process which damages the brain. We understand the individual has little control over these behaviors. Based on this knowledge, we do not scold or punish behaviors. Our goal is to create a safe, nurturing environment. We assess for the causes of the behavior to alleviate and we 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 family members, friends, 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 sense of normalcy for the resident.

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

BRIDGE TO Rediscovery™

CELEBRATING LIFE THROUGH REDISCOVERY

The Bridge to Rediscovery Program Principles is based on:

Resident Centered Program

The Bridge to Rediscovery Program works from a strong interdisciplinary framework 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.

Bridge to Rediscovery Program for Activities of Daily Living

The focus is on the preservation of Program of Daily Living (PDL) 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.

Environment

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

Understanding Behaviors

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

Admission Criteria

The Bridge to Rediscovery Program is designed to meet the needs of a population who may have various care needs. There are specific criteria and expectations for admission to the program. In general:

- The resident's physical, mental condition, services and procedures can be managed by the facility (in conjunction with state-specific requirements). Such conditions include, but not limited to the following:
    - The resident has a **stable** medical condition that can be managed by the facility.
    - The resident is free from apparent signs of **communicable disease** (such as Tuberculosis) which is likely to be transmitted to other residents or staff; **and/or** a condition that does not require **more than** contact isolation.
    - The resident is able to have special dietary needs met by the facility.
    - Has legal representative to make decisions on his/her behalf.
    - Does not demonstrate behaviors which may be harmful to self or others

- Is not a danger to him/herself or others

A physical and history is completed on admission by the resident's physician (utilizing the state designated form, if applicable).

A comprehensive set of reviews will be completed on admission.

The Administrator will have final approval regarding the admission and/or continued stay of a resident in accordance with regulatory requirements.

Resident, family member and/or responsible party will be involved in all aspects of the admission review process.

Discharge/Transfer Criteria

Discharge from the program will be reviewed and decided on an individual basis according to the resident's overall needs.

Changes in the resident's physical, mental condition, services or care procedures that the facility cannot provide due to certification/licensure, design or staffing requirements will require discharge to an alternate care setting.

Resident, family member and/or responsible party will be involved in all aspects of the admission review process.

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.

Training

It is the standard of Five Star that every staff member 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.

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.

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 who would meet the criteria for participating in this program. This manual is designed to help in the development of the Bridge to Rediscovery Program.

BRIDGE TO Rediscovery™

CELEBRATING LIFE THROUGH REDISCOVERY

A copy of this disclosure has been provided to the resident and/or responsible party. All admission and discharge criteria have been review. A copy has been placed in the resident's record.

_____ _____

Resident/Responsible Party Date

_____ _____

Facility Representative/Title Date

BRIDGE TO Rediscovery™

CELEBRATING LIFE THROUGH REDISCOVERY

BRIDGE TO REDISCOVERY MISSION STATEMENT

To provide a safe and nurturing environment where adults afflicted with Alzheimer's Disease and other dementias can flourish and share a positive life experience."

FIVESTAR SENIOR LIVING™

At Five Star Quality Care, values guide our behavior.

★ WE PUT PEOPLE FIRST

We respect all those we serve – coworkers, residents, families and community – and let them know that they matter. We cultivate a climate of growth, opportunity, and empowerment. We recognize individual and team contribution. *We help each other.*

★ WE LISTEN– THEN ACT DECISIVELY

We seek information and listen to others – openly, carefully and respectfully. We make even the most difficult decisions in a timely manner. *We have a bias for action.*

★ WE WORK TO BE OUR BEST

We strive to be our best, every day, in every situation. We constantly improve our knowledge, systems, and skills and hold each other to uncompromising standards of quality. *We go the extra mile.*

★ WE MIND THE BUSINESS

We build upon a solid financial base, carefully manage our assets, and translate bottom-line results into even better resident care. We invest in our people and buildings to foster growth and ensure long-term success. *We are accountable.*

★ WE ACT WITH INTEGRITY

We establish an environment of trust and motivate, inspire and challenge each other. We set a standard of honesty and forthrightness in our daily words and actions and treat people with fairness, compassion and respect. *We are trusting and trustworthy.*

BRIDGE TO Rediscovery™

CELEBRATING LIFE THROUGH REDISCOVERY

Policy Number:	CL-ALZ-1020
Policy Date:	12/01/01
Revision date	8-9-12
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 Placement in a Special Care Unit
CL-ALZ-1020.F3	Comprehensive Life Review

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 subject to 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, assisted 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, but is 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.

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 resident must 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 resident must have a ***primary*** diagnosis of Alzheimer's disease, or a related untreatable dementia which may include: Multi-infarct Dementia, Crutzfeldt-Jakob, HIV, and dementia resulting from chronic alcohol abuse, Binswanger's, and Parkinson.
6. **Dementias such as**; Picks, Frontal Lobe, Vascular, Semantic and Lewy-Body, Huntington's Dementia will be reviewed on an individual basis to include a comprehensive review of behaviors **prior** to acceptance. Admission review may need to be requested from Regional Director of Health
7. All psychosis/mental illness diagnosis, or a history of a serious mental illness such as Schizophrenia will be reviewed and evaluated for appropriate placement on 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 the resident is considered a danger to them self or others the resident will not be admitted.
10. The resident **must not** be actively suicidal or be expressing suicidal ideations.
11. The resident must be free of communicable disease that would require isolation from the other residents.
12. If an 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 of therapeutic approaches and/or low to moderate appropriate medication.

15. On admission, it is highly recommended the resident's ability range from independent to assistance, in 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 of the 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

HC Social Service Manual

HC Nursing policies and Procedures

BRIDGE TO Rediscovery™

CELEBRATING LIFE THROUGH REDISCOVERY

SECURED UNIT ADMISSION CRITERIA REVIEW

Resident Name: _____ Review Date: _____

Diagnosis: _____

_____

_____

Reason for Referral: _____

_____

Medications: _____

_____

_____

	Yes	No
1. Does the individual have a history or current issue with psychiatric/mental illness diagnosis?		
2. Does the resident have a diagnosis of Frontal Lobe Dementia		
3. Is the resident a serious danger to self and others?		
4. Does the individual expressed physically abusive/combative behaviors		
5. Does the individual have a primary diagnosis of Alzheimer's Dementia or Related Disorder?		
6. Does the individual habitually wander or would wander out of the building and would not be able to find their way back?		
7. Is the individual free of communicable disease, which would require isolation?		
8. If infection is present, is the resident being actively treated		
9. Is the individual able to assist in dressing and bathing		
10. Is the individual able to assist in toileting activities		
11. Is the individual able to feed self with verbal cues and hand over hand assistance?		
12. Is the individual family/representative familiar with and in agreement with the admission criteria, philosophies and guiding principles of the program?		
Family is aware of admission and discharge criteria.		

If the answer to any from #2 to #4 is YES, admission acceptance must be reviewed & approved by RDH and VP Clinical Service
If the answers to 5 to13 are Yes, and meet state specific regulations individual qualifies for admission/move-in
If there are any no's, the resident must be further reviewed for appropriate placement approval

Signature/Title of person completing form:_____ **Date:**___/___/___

Move-In/Admission Approved ☐Yes ☐No
Approved/Denied by:_____

Move-In/Admission required approval by RDH/VP Clinical Services
Move-In/Admission Approved ☐Yes ☐No
Approved/Denied by:_____

BRIDGE TO Rediscovery™

CELEBRATING LIFE THROUGH REDISCOVERY

CONSENT/APPROVAL FOR PLACEMENT IN THE BRIDGE TO REDISCOVERY UNIT

_____

Name of Community

_____

Name of Resident

I hereby give approval for the resident named above to be placed in The Bridge to Rediscovery Unit for persons with cognitive impairments due to a primary diagnosis of dementia. The resident does not recognize danger and/or is not aware of their own safety need

_____ _____

Signature Print name

_____/_____/_____

Date

_____

Relationship to Resident (Please print)

_____

Signature of Facility Representative/Title

BRIDGE TO Rediscovery

CELEBRATING LIFE THROUGH REDISCOVERY

Policy Number:	CL-ALZ-1021
Policy Date:	12/1/01
Revised Date	04/01/10
Policy Sponsor:	Clinical / Alzheimer's

RESIDENT ORIENTATION GUIDELINES

GUIDELINES

The Bridge to Rediscovery Program will provide an atmosphere that is conducive for a smooth transition to the resident's new environment by providing the support and cues necessary for a positive adjustment. It is recommended prior to arrival the resident's family and/or responsible party bring in familiar items to decorate the room. The room should also have the name and/or picture signage on the door before the resident is brought to their room. The Bridge to Rediscovery Program Director should be available to greet the resident by name, and introduce him or herself to the resident.

1. Through a rotation or other assignment system determined by the Bridge to Rediscovery Program Director/designee, one staff person will be assigned to "advocate" for each new resident for the first two days of the resident's stay.

2. The resident's "advocate" will be responsible for all aspects of orientation for the new resident. This will include introductions to the resident's roommate, and staff.

3. The "advocate" will be responsible for introducing the resident to other residents with similar social skills and/or interests.

4. The "advocate" will be responsible to ensure the initial care plan for the resident is carried out, and the resident attends activities planned.

5. The "advocate" will be responsible for documenting the resident's progress, reporting about the resident at morning stand-up meetings.

6. After the first two days of the resident's stay, the team will make a decision regarding who the lead staff person for the resident should be. This will be based on the resident's psychosocial, care needs, and how the resident interacts with the staff. The lead staff person will them serve as the key liaison between the resident, the team, and family.

7. On admission, with appropriate consents, the resident's picture will be taken. One copy will be placed in the medication record and all designated locations as assigned by the facility. This photograph will be retaken annually on their anniversary date or when there has been a significant change in status.

BRIDGE TO Rediscovery

CELEBRATING LIFE THROUGH REDISCOVERY

FPolicy Number:	CL-ALZ-1022
Policy Date:	12/1/01
Revised Date	04/01/10
Policy Sponsor:	Clinical / Alzheimer's

FAMILY ORIENTATION GUIDELINES

GUIDELINES

The staff will be responsible for providing information to the family about the philosophy, and guiding principles of the Bridge to Rediscovery Program. The expectations of the family should be reiterated at this time.

1. On admission, the family/responsible party is introduced to the Bridge to Rediscovery Program Director/designee, recreations staff and any other staff who are responsible for the care of the resident on that shift.

2. At this time of admission a copy of the Comprehensive Life Assessment (CL-ALZ-1020.F3) will be provided by the family.

3. Explain the discharge, bed hold rules for the facility and offer time to answer any additional questions that may be pertinent to the resident's needs.

4. The Bridge to Rediscovery Program Director (or designee) reviews with the family and provides the family with handouts (Items to Bring/Not to Bring List CL-ALZ-1022a).

   a. All clothing is labeled by the family or by the nursing assistant and placed on the inventory record.
   b. Valuables (rings, jewelry, money, etc.), important keepsakes, or heirlooms **should not** be brought since resident's are allowed to wander freely, and given the nature of the disease; residents have difficulties understanding boundaries, and make take another's items.
   c. Families are encouraged to bring items to personalize the resident's room and offer orientation and comfort to him/her in the new surroundings. These items could include pillows, pictures, and furniture as space allows, etc.

5. If a resident is being placed on a secure unit the safety features of the unit will be explained to the family. Families/responsible parties are shown how to access the unit. Consent form needs to be signed.

6. Personal televisions and radios should not be brought in. The rational for this is explained to the family prior to the resident's admission, and reiterated at the time of admission.

7. Telephone availability is explained to the family. If the family lives at a distance and their ability to visit is limited, families are encouraged to set up a weekly phone date with the resident. This call should be at the same time and day each week; this will be documented on a schedule at the nurses' station to ensure the resident is available for the call.

8. Residents often want to leave with his/her family member. The following suggestions on how to provide closure to a visit are provided by the staff:

    a. Encourage the family member to walk the resident to staff member and request assistance.
    b. Encourage the family member to involve the resident in an activity as a distraction.
    c. Encourage the family member to quietly leave. Remember the resident is unable to cope with good-byes. There is no concept of time and the resident cannot plan for future visits.

9. Review the admission criteria with the family and obtain a signature from the family or responsible party. One copy of this form is given to the family, and once copy is maintained in the resident's financial files.

10. Review the discharge criteria at this time with the family/responsible party.

11. Explain the adjustment period for the resident and what the family might expect to see behaviorally during this time.

12. Explain what the family might expect to experience as their own adjustment to the placement things such as:

    a. Normal grief reaction
    b. Guilt at the placement
    c. Difficulty in separating

    This is a good opportunity to explain the support Bridge to Rediscovery Programs that may be offered within the facility, such as the family support group, and/or family council, etc.

13. Encourage the family to think about a consistent, comfortable and doable visiting schedule.

14. Encourage family to feel free to call (explain the daily schedule of events to encourage families to refrain from calling at meal times etc.)

15. Offer the families informational literature and resources including but not limited to:

    a. Alzheimer's Association brochures
    b. Articles
    c. Newsletters
    d. Other publications of interest.

OTHER COMPANY STANDARDS

Admission Policies and Procedures

Social Service Policies

BRIDGE TO Rediscovery™

CELEBRATING LIFE THROUGH REDISCOVERY

SUGGESTED ITEMS TO BRING AND NOT BRING (FAMILY INFORMATION SHEET)

(Please remember all items should be labeled – dentures and eyeglasses can be engraved)

1.0 SUGGESTED ITEMS TO BRING

1.1 GENERAL ITEMS

- Dentures (engraved)
- Eyeglasses (engraved)
- Paintings, afghans, throw pillows
- Personal furniture (optional)
  - ✓ Vinyl covered chair
  - ✓ Familiar dresser
- Photos – no glass frames, plastic or Plexiglas frames only
- Clothing/ complete outfits (7 to 10)
- Pictures from the resident's past work well
- Photo of the resident – one recent and one past is helpful (If possible, get the photo laminated)
- TV/Radio – consult with program staff
- You may want to bring a quilt or fancy spread for the bed.

1.2 TOILETRIES

Experience has shown that residents with dementia may have specific preferences; they may be more willing to use a familiar item, such as their past deodorant brand etc.

- Toothpaste
- Comb and/or brush
- Deodorant
- Electric razor (**no** disposable or straight razors)
- Make-up (if your relative used make-up on a regular basis it is highly encouraged.)

1.3 CLOTHING

Incontinence products – consult with program staff regarding type, size and quantity to supply/store.

2.0 ITEMS NOT TO BRING (SAFETY)

- Breakable items (unless being placed in memory or curio box)
- Electric blankets
- Heating pads
- Excessive amounts of sweets
- Medications (including "over the counter" creams)
- Plants/flowers (unless approved by Program Manager)
- Suitcases
- Throw rugs
- Extension cords
- Space heater
- Valuables (money/expensive jewelry)
- Scissors
- Pocket/ any form of knife
- Curling ironings
- Letter openers
- Clothing irons
- No electrical appliances
- Cleaning supplies/aerosols
- Lighters/matches
- Alcoholic beverages
- Weapons (Guns, Mace, etc)

BRIDGE TO Rediscovery

CELEBRATING LIFE THROUGH REDISCOVERY

TRANSFER AND DISCHARGE

Policy Number:	CL-ALZ-1023
Policy Date:	12/01/01
Revised Date	04/01/10
Policy Sponsor:	Clinical / Alzheimer's

1.0 PURPOSE

To ensure all residents who no longer meet the criteria for continued stay in the Bridge to Rediscovery Program have a smooth transition to a more appropriate setting.

2.0 SCOPE

Nursing/Social Service

3.0 FUNDAMENTAL INFORMATION

If the resident is on a secured unit the same transfer and discharge regulations required by federal and state regulations apply. This information is provided in the Social Service Program Manual.

A written notice will be provided to the resident and/or the resident's representative in accordance with state and federal law reviewing:

- The reason for transfer or discharge.
- The effective date of said discharge/move.
- Provide appropriate state agency numbers.

The requirements for participation in the Bridge to Rediscovery Program are supplied to and agreed to by the family and/or responsible party on admission.

The responsible party should sign and date the form, and a copy kept in the permanent record.

4.0 TYPES OF DISCHARGE

4.1 DISCHARGE TO HOME OR ANOTHER SETTING

4.1.1 Procedure

The resident/family initiates discharge to home or another setting.

The Social Worker will work with the family/resident and facility staff to ensure a safe discharge. This may include a family meeting, family teaching and/or help with obtaining community services when appropriate.

It is recommended for anyone discharged from the facility to home or another setting to schedule a follow-up phone call within one week of the discharge to ensure there has been a smooth transition.

4.1.2 Documentation

- Discharge Summary
- Post Discharge Plan of Care
- Referral to appropriate agencies when needed

4.2 Resident Who No Longer Meets the Criteria for Continued Stay

The facility initiates discharge when a resident no longer meets the criteria for continued stay.

4.2.1 Procedure

- The Program Director/designee or Social Worker will contact the resident and/or the resident's responsible party to notify them of the need for the move.
- If the notification is by telephone or by verbal conversation, a written follow-up will be sent discussing the items listed under fundamental information.
- If there is a concern about the move, a family meeting is recommended to explain the rational for the move to the resident.
- A written plan of transition should be developed for the resident to ensure the process is smooth as possible. This plan should be a part of the resident's plan of care and involve both the discharging facility as well as the receiving facility.
- If the transfer is internal, staff should develop a follow-up schedule to observe the transition to the new area and provide consultation to the new staff on an as needed basis.

4.3 Emergency/Hospital Discharges

These should be treated in the same fashion as any facility emergency/hospital discharge.

5.0 RELATED COMPANY POLICIES

Social Service Program Manual

Nursing Program Manual

BRIDGE TO Rediscovery

CELEBRATING LIFE THROUGH REDISCOVERY

Policy Number:	CL-ALZ-1030
Policy Date:	12/06/07
Revision Date	04/01/10
Policy Sponsor:	Clinical/Alzheimer's

BEHAVIOR GUIDELINES AND ANALYSIS

DOCUMENTATION REQUIREMENTS

Briggs 3682P Behavior Symptoms Checklist

1.0 PURPOSE

To ensure all residents with Alzheimer's Dementia and Related Disorders will have quality of life through the use of effective interventions that address behavioral challenges as needed.

2.0 SCOPE

Nursing, Social Service

3.0 FUNDAMENTAL INFORMATION

Individuals with Alzheimer's Disease or Related Disorders are not cognizant of their behaviors due to irreversible changes in their brain. Well trained caregivers can help manage behaviors through appropriate interventions.

There are a number of behavior challenges sometimes accompanying Alzheimer's disease and Related Disorders. There are many reasons why these behaviors may occur. Behaviors are usually time limited, as the disease progresses they often disappear or lessen in severity, although sometimes severity might increase.

4.0 BEHAVIOR ANALYSIS

4.1 IDENTIFY THE PROBLEM. IMPORTANT QUESTIONS TO ANSWER ARE:

a. When does it happen?
b. Where does it happen?
c. With whom does it happen?
d. Why does it happen?

1. A clear definition of the problem behavior is vital for resolution;
2. Identification of precipitant and aggravating factors;
3. Identify possible interventions;
4. Initiate a behavior care plan;

5. Review interventions for effectiveness when service plan is reviewed, modify as needed.

Behavior Incident Analysis

An incident report shall be completed when aggressive behavior is aimed or targeted towards another person. Behavior reviews shall be conducted when a behavior has been identified.

Behavior Incidents:

- Every incident report shall be reviewed by the RSD/Bridge to Rediscovery Program Director.
- The RSD/ Bridge to Rediscovery Program Director or their designee immediately begins to investigate any behavior and shall take action if appropriate.
- Interventions are identified by the Bridge to Rediscovery Program Director or designee, added to service plan and reviewed with staff.
- Monthly behavior incidents are reviewed with RSD/Bridge to Rediscovery Program Director or designee for trends or patterns.
- At the end of every month the RSD/Bridge to Rediscovery Program Director will conduct an incident/accident/behavior analysis in an attempt to identify trends or patterns for the Bridge to Rediscovery Unit.
- If a trend or pattern is identified, the RSD/Bridge to Rediscovery Program Director and unit staff shall initiate appropriate interventions.

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CELEBRATING LIFE THROUGH REDISCOVERY

BEHAVIOR RELATED EMERGENCY DISCHARGE

Policy Number:	CL-ALZ-1031
Policy Date:	12/30/03
Revision Date:	04/01/10
Policy Sponsor:	Clinical/Alzheimer's

1.0 PURPOSE

To provide protocol for discharge when a resident is reasonably assessed as posing a danger to self and/or others.

2.0 SCOPE

Director of Nurses/Designee/Executive Director/Bridge to Rediscovery Program Director

3.0 FUNDAMENTAL INFORMATION

A resident who poses a danger to themselves or others needs to be evaluated for transfer to a more appropriate setting.

All discharge general policies are to be followed.

4.0 POLICY

A resident will be discharged if their behavior endangers their life, or the lives of other residents, staff members or visitors.

5.0 PROCEDURE

5.1 DIRECTOR OF NURSES/DESIGNEE/BRIDGE TO REDISCOVERY PROGRAM DIRECTOR (BEFORE DISCHARGE)

- When harmful behavior is noted, the staff will gather to plan the appropriate approaches for intervention;
- Other residents are removed from potential harm. They may be moved away from the resident or taken into another area of the community;
- Behavioral interventions are implemented.

5.2 DIRECTOR OF NURSES/DESIGNEE/ BRIDGE TO REDISCOVERY PROGRAM DIRECTOR (DURING DISCHARGE)

- The resident's health care provider and responsible family member will be called,
- The psychiatrists or psychologist is called,

- If determination is made to discharge the resident to an acute care setting, 911 is called,
- If the resident is violent or threatens violence, the police may also be called,
- The resident's emergency information is sent with the emergency personnel,
- Police and rescue personnel are met at the entrance and given a history of the behavior and approaches used.

5.3 DIRECTOR OF NURSES/DESIGNEE/ BRIDGE TO REDISCOVERY PROGRAM DIRECTOR (POST DISCHARGE)

Documentation is made in the resident's file of the behaviors, approaches used and notification of family and healthcare provider.

5.4 DIRECTOR OF NURSES/DESIGNEE/ BRIDGE TO REDISCOVERY PROGRAM DIRECTOR (POTENTIAL RE-ADMISSION)

Onsite review will be made prior to re-admission to determine the appropriateness of a return to the Bridge to Rediscovery Unit.

6.0 RELATED POLICIES

Discharge policies

BEHAVIOR SYMPTOMS CHECKLIST

INSTRUCTIONS: For each behavior listed, check the appropriate code box.

CODES: **0** = Behavior did not occur in last week, **1** = Behavior occurs less than daily
2 = Behavior occurs daily or more frequently

	0	1	2
1. Wandering			
2. Continuous pacing			
3. Repetitive verbalizations or behaviors			
4. Withdrawn/depressed			
5. Appears anxious, worried			
6. Crying, tearful			
7. Comments about death of self or others			
8. Sleep disturbances			
9. Mood swings			
10. Overeating			
11. Undereating			
12. Clinging to staff or others			
13. Verbally abusive (curses, screams, threatens)			
14. Physically abusive (strikes out at staff or others)			
15. Rummaging or hoarding			
16. Inappropriate toileting habits			
17. Inappropriate sexual behavior			
18. Sundowning behavior			
19. Hallucinations (hears or sees things that are not there)			
20. Delusions (tells stories that are not based in fact)			
21. Suspiciousness			
22. Resistant to care			
23. Catastrophic reactions			
24. Other _____			
25. Other _____			
26. Other _____			
27. Other _____			
28. Other _____			
29. Other _____			

COMMENTS

Completed By: _____ Date: ___/___/___
Signature *Title*

NAME–Last	First	Middle	Attending Physician	Record No.	Room/Bed

BRIDGE TO Rediscovery

CELEBRATING LIFE THROUGH REDISCOVERY

Policy Number:	CL-ALZ-1040
Policy Date:	12/1/01
Revised	10/12/11
Policy Sponsor:	Clinical / Alzheimer's

DOCUMENTATION

CONTENTS

DOCUMENTATION REQUIREMENTS

Briggs 3682P	Behavior Symptom Checklist
CL-INTER-201.F1	Wandering and Elopement Review

1.0 PURPOSE

To ensure all required documentation is written in a manner that is accurate, factual, provides continuity, promotes communication within and among disciplines, and is complete and timely.

2.0 SCOPE

All departments providing resident documentation

3.0 FUNDAMENTAL INFORMATION

Documentation includes the following:

- Standard admission reviews per Five Star policies and regulatory requirements
- Secured Unit Admission Criteria Review (see CL-ALZ-1020.F1)

- Consent/Approval for Placement in Bridge to Rediscovery Program (CL-ALZ-020.F2)
- Wandering and Elopement Risk Review (CL-INTER-201.F1)
- Where required, additional documentation to meet state standards
- Quarterly and change in condition reviews per Five Star policies and regulatory requirements

4.0 BRIDGE TO REDISCOVERY PROGRAM GUIDELINES

4.1 GOALS AND OBJECTIVES OF DOCUMENTATION

Documentation should reflect an interdisciplinary team effort in keeping with the overall philosophy of the Bridge to Rediscovery Program, providing a safe, active environment for residents.

Documentation for the Bridge to Rediscovery Program must meet all state and federal guidelines required for the facility, this includes completion of the RAI process on admission and at the frequency required by regulation.

4.2 PRE ADMISSION

Please refer to Admission and Screening policy (CL-ALZ-1020) for required process and documentation.

4.3 ADMISSION DOCUMENTATION

Standard admission documentation and reviews are to be completed according to Five Star Admission policies as well as State and Federal regulation requirements.

4.4 ADDITIONAL REQUIRED REVIEW FOR ALZ UNITS

Behavior Review

Within 24 hours of admission, the care team will determine the need for a behavior review to be completed. The criteria for the completion of a behavior review may include, but not be limited to:

- A history of behavior problems
- Current use of psychotropic medications to treat behavior
- Behavior issues observed during the first 24 hours
- Follow the Behavior Guidelines and Analysis policy (CL-ALZ-1030), use the Behavior Symptom Checklist (Briggs 3682)

4.5 CARE PLAN

Within 24 hours of admission a preliminary care plan will be developed for each resident.
A comprehensive care plan will be developed for each resident within the required time frame.

5.0 RELATED POLICIES

Nursing Manual of Policies and Procedures

MDS Manual

Infection Control Manual

Interdisciplinary Manual

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PROGRAMS OF DAILY LIVING (GUIDELINES)

Policy Number:	CL-ALZ-1050
Policy Date:	12/1/01
Revised Date	10/12/11
Policy Sponsor:	Clinical / Alzheimer's

GUIDELINES

Programs of Daily Living (PDL'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 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 Bridge to Rediscovery Program will have a completed an individualized plan of care, which is developed based on his/her strengths, needs, likes and dislikes.

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 PDL's should be completed as part of a socialization experience.

5. It is recommended that residents have a personal Bridge to Rediscovery Program schedule developed to meet their individual needs.

6. The Bridge to Rediscovery Program is based on Montessori Based Dementia Programming.

7. This Bridge to Rediscovery Program schedule is flexible and 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.

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Policy Number:	CL-ALZ-1051
Policy Date:	12/1/01
Policy Revised	10/12/11
Policy Sponsor:	Clinical / Alzheimer's

THERAPEUTIC DAY PROGRAMMING

1.0 PURPOSE

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

2.0 SCOPE

All staff responsible for Programs of Daily Living (PDL) on Bridge to Rediscovery Unit

3.0 FUNDAMENTAL INFORMATION

3.1 PROGRAMS MAY INCLUDE:

Montessori Based Dementia Programming (Bridge to Rediscovery)

Programs that maintain or improve cognitive functions

Creative programs

Physically and sensory stimulating programs

3.2 PHYSICAL ENVIRONMENT FOR ACTIVITES

Key to successful programming is a good physical environment. The room should be large enough for the program. 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.

4.0 PROGRAM

The programs are designed to engage the resident in programs and daily living skills.

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.

Bridge to Rediscovery Programs are built on cognitive strengths, using the Montessori Based Dementia Programming.

There should be no or minimal distractions in the room during a program. Staff should be aware of who is in the group so they do not have to "look" for a resident.

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.

Bridges to Rediscovery Program options are pre-planned routines with Montessori Based guidelines.

Follow Montessori Based Dementia Programming policy (CL-ALZ-1052) for introduction and presentation of programs.

Eliminate the chance for failure – anticipate potential problems and change accordingly, if the resident is unable to complete the task.

4.0 OTHER PROGRAMMING

4.1 PHYSICAL

Exercise: The Bridge to Rediscovery 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.

Some residents may need one to one or hand-over-hand help with the program 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 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.

5.0 ADDITIONAL RESOURCES:

CL-ALZ-1052 Montessori Based Dementia Programming

Montessori–Based Activities for Persons with Dementia Volume I & II

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CELEBRATING LIFE THROUGH REDISCOVERY

Policy Number:	CL-ALZ-1052
Policy Date:	12/6/07
Revision Dates	10/12/11
Policy Sponsor:	Clinical / Alzheimer's

MONTESSORI BASED DEMENTIA PROGRAMMING

CONTENTS

1.0 PURPOSE

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

To provide tasks/programs for residents with dementia helping to maintain their daily living skills for as long as possible.

2.0 SCOPE

All staff on Bridge to Rediscovery Units

3.0 FUNDAMENTALS

Montessori Based Dementia Programming (MBDP) assumes residents with dementia are normal individuals who have cognitive deficits.

Montessori programs are planned in sequences giving guidance and a programmatic perspective to their use.

MBDP programs are open-ended and range from the simple to the complex, as well as, concrete to abstract.

MBDP are both individual and group programs.

4.0 REVIEW PROCESS

All residents admitted will be reviewed according to the Five Star admission process.

5.0 GUIDELINES

Five programs are used to interact with the remaining abilities of residents. The five programs are:

- Programs of Daily Living
- Sensorial Experience
- Cognitive Stimulation
- Motor Programs
- Group Programs

Programs are determined on an individual basis and by what successfully engages the resident for whatever time they allow.

Programs will provide both stimulation and engagement.

Residents are invited to join programs prior to starting; and at the end of each program they are invited to repeat the program.

The program to be conducted is demonstrated first at a slow pace with little vocalization as possible to decrease confusion.

The program is broken down into specific components and each section is practiced before going on to the next.

Staff will be instructed on the Bridge to Rediscovery Program.

6.0 RESOURCE MANUALS

Montessori–Based Activities for Persons with Dementia Volume I & II

BRIDGE TO Rediscovery

CELEBRATING LIFE THROUGH REDISCOVERY

Policy Number:	FD-AL/IL-ALZ1028
Policy Date:	4/03/07
Revised Date:	04/01/10
Policy Sponsor:	Clinical-ALZ/Food and Dining

FOOD AND DINING SERVICES PROGRAM

1.0 PURPOSE

To provide clearly defined Food and Dining components and standards to the Program.

2.0 SCOPE

All staff involved with resident dining

3.0 FUNDAMENTAL INFORMATION

Five Star's Food and Dining Program is based upon the premise of providing a pleasant and dignified dining experience with the goal of improving resident appetites and intakes through food aromas, visual presentation, and interaction between team members and residents.

4.0 POLICY

Program residents will receive the same variety and choice of foods presented in the similar hospitable style as other residents in the facility. Specific enhancements in service style are outlined in the procedure below.

5.0 PROCEDURE

1. China

Protocol: Fiestaware

Fiestaware (Sunflower and Tangerine color) is the specialty china used in the Program

Rationale:

- Solid color with no distracting patterns.
- *Sunflower and Tangerine* colors contrast with the colors of most foods to enhance visual perception, thus assist with maintaining independent eating abilities.
- *Sunflower and Tangerine* colors are chosen to contrast with the table linens used. The contrasting colors help residents to see where the plate ends and the napkin or placemat begins.

- *Fiestaware* is a familiar style and reminiscent of the dishes many residents grew up using.
- Many pieces of *Fiestaware* are designed with features that make it easier for use by someone with limited dexterity. There is no single purpose for any particular piece. The dish each resident uses should be based on his or her preferences and abilities.
    - The 2-fingered coffee cup is designed to make it easy for residents to pick up and hold. It is also designed to hold only 6 ounces of liquid so it does not become too heavy for a resident to lift when it is full.
    - The bread plates are designed with a wide side "lip" so that a resident may be able to wander with a snack. These may also be used to serve the resident small portions several times, should they get overwhelmed with too much food on the regular dinner plate.
    - The 2 handled cream soup bowl is designed to be picked up and brought to a resident's mouth so he/she can eat independently without needing to use silverware for soup, cereal, or salad. This bowl is often used in place of the regular flat dinner plate for residents who have challenges scooping food from the plate onto their fork or spoon. The 2 handled bowl provides an edge that allows residents to eat independently without having to use a plate guard.
    - The Bouillon Cup may be filled with finger foods and given to a resident who prefers to travel during mealtime rather than sit at a table. A resident can easily hold a cup of food in one hand and carry their food with them as they travel. Another use for the cups is for residents who are overwhelmed or confused when they are served several different items on one plate. In example: Instead of mashed potatoes, green beans, carrots and meatloaf all served on one plate, a resident may be served each item in a hand-held cup, one at a time, so they are not overwhelmed by all of the different colors, textures, and choices.
    - The water pitchers are filled and placed on dining room tables at every meal to encourage residents to fill their glasses independently. Some residents use the pitchers as a social interaction by pouring water for their tablemates. The pitchers are smaller and easier to lift and hold onto than a typical large water pitcher. In many neighborhoods, a full pitcher and cups are left out all day for residents to help themselves to a glass of water anytime.
    - Round Candlestick holders serve as bud vases. They are short as to not block the residents' view of their tablemates.

2. Linens

Protocol: Solid colored linens (napkins, placemats or tablecloths) are used at all meals to contrast with the Sunflower or Tangerine Fiestaware. This enhances visual perception for the resident.

3. **Glassware**

Protocol: Glassware is used at all meals.

- Glassware contributes to an attractive table setting and glasses help a resident see what is in the glass they are about to drink.
- The specified Breckenridge/Winchester or Silhouette glasses are tumblers, non-stemmed glasses and are weighted at the bottom to help decrease spills.
- Two glasses are to be set at each place setting; one glass for water and the other glass for a beverage of choice.
- When a select resident may need a plastic tumbler, the Huntington pattern (Cambro) is the specified product to be used.

4. **Table Centerpieces**

Protocol: Edible flowers are used on the dining tables. Suggestions below

Flowers Edible Orchids	Flowers Edible Pansies Mixed
Flowers*edible Confetti	Flowers*edible Gold Orchids
Flowers*edible Nasturtium	Flowers*edible Violas
Flowers*rose Buds	Flowers*rose Petals
Lavender*	Squash*blossom

*See Environmental Guidelines for nonpoisonous plants/flowers (CL-ALZ-130a -130b)

Dementia Care Pantry Service area

Protocol: Each pantry/kitchen is well-stocked with properly labeled and dated finger food snack items and beverages.

- **If a facility does not have a pantry area on the unit, snacks will be delivered 3 times a day from the main kitchen**
- Snacks are prepared in the pantry and should be served with a beverage (hydration) at the following times:
  - Mid-Morning (between breakfast and lunch)
  - Mid-afternoon (between lunch and dinner)
  - Evening (usually delivered at dinner and served later)

5. Meal Service

Protocol: Family Style service is the style of service used where physical plant and staffing allow.

If Family Style service is not conducive in your facility or secured unit, approval from your Executive Director, Regional Director of Food and Dining and Regional Director of Operations is required and you must insert your alternate Meal Service procedure in this section.

- Table set up and presets will include china, silverware, and glassware as well as appropriate 9" plate, soup cup, salt & pepper and sugar caddy.

  If presetting is not conducive in your facility or secured unit, approval from your Executive Director is required and you must insert your alternate procedure for setting up table prior to meal time.

- A selection of the day's menu is prepared and placed on family style platters and bowls in kitchen, transported to dining room in a hot food cabinet
- Kitchen Staff prepare and attractively place on platters and bowls, the entrees, accompaniments and desserts
- Dietary aides will transport food from the kitchen to the dining room
- Temperature log is maintained for all 3 meals and record kept on file. Temperature documentation is required at point of preparation in kitchen, as well as at point of service.
- All entrees and desserts are served family style. Dietary aides and care givers will continue to serve beverages, soups and salads.
- Care givers will take food platters to each table and begin to pass platters, encouraging residents to serve themselves.
- Care givers are encouraged to assist those residents who need assistance with serving and also may cue residents for second helpings.
- Care givers and dietary aides will take dessert platters and begin to pass desserts, allowing residents ample time to enjoy their meal before serving the dessert selection.
- Altered Textures and medically complex diets are plated in advance by the kitchen staff due to complexity of the diet.
- Finger food items can be found on the extension listing on menus.

Bridge to Rediscovery Mealtime Observational Audit Tool

DINING SERVICES

A Mealtime audit will be completed monthly by the ED/Designee. Findings will be reported to ED and review in the monthly QI meeting. Purpose of audit to assure residents have a pleasurable and stimulating dining experience, and that Dining in Bridges is practiced at community

BRIDGE TO Rediscovery
CELEBRATING LIFE THROUGH REDISCOVERY

Community	ED/Administrator
Date of Meal Observation	**Observer**
Number of Staff Observed in Dining Room	**Number of Residents Observed in Dining**
Mealtime Observed	

Observations	YES	NO	NA
Are tables set with linen?			
Is there contrasting colors of linen on the table with napkins, placemats, and tablecloths?			
Are condiments on the table?			
Are fresh flowers on the table?			
Do residents have appropriate Fiestaware plates, bowls, cups, glassware, and silverware on the table for use?			
Is there suitable music being played during mealtime?			
Are the menus displayed to include the always available food items?			
Do residents know meal is to be served soon and the Signature music is played to cue the residents that it is meal time?			
Are residents assisted and/or directed as needed to assigned dining areas?			
Is there opportunity for residents to wash and sanitize their hands before meal is served?			
Are residents seated in such a way to enable them to eat independently and safely?			
Is the dining staff on time plating the platters so the residents did not have to wait a long time to be served?			
Are drinks within reach, and is Hydration policy practiced (water glasses filled prior to residents' arrival?			
Are residents at the same table offered drinks and meal at the same time?			
Is soup, bread, salad or appetizers served first?			

Bridge to Rediscovery Mealtime Observational Audit Tool

DINING SERVICES

A Mealtime audit will be completed monthly by the ED/Designee. Findings will be reported to ED and review in the monthly QI meeting. Purpose of audit to assure residents have a pleasurable and stimulating dining experience, and that Dining in Bridges is practiced at community

BRIDGE TO Rediscovery
CELEBRATING LIFE THROUGH REDISCOVERY

Community	ED/Administrator
Date of Meal Observation	**Observer**
Number of Staff Observed in Dining Room	**Number of Residents Observed in Dining**
Mealtime Observed	

Observations	YES	NO	NA
Is course by course practiced at community, and does the staff allow residents sufficient time to consume meal, and offer seconds before going on to dessert course?			
Are residents encouraged to serve themselves and assist other residents family style?			
Is family style butler service dining being practiced			
Are residents given a choice of the meal by showing and telling what food items are being served?			
Are residents assisted with drinking and eating if they require help?			
Is staff sitting down when assisting residents with feeding?			
Are the residents provided Finger Food for those who choose to use hands when eating?			
Are the residents offered an alternate meal by the staff if a meal is not eaten or liked?			
Are there any socialization during mealtime between staff and residents?			
Is nursing staff available to observe residents eating?			
Is staff aware of each resident's Diets, food preferences, and dislikes?			
Does the staff allow residents to finish eating before clearing away plates?			
When the Residents observed not eating well: Does staff document observations and where do they document it? Does staff suggest an alternative?			

General Comments Below

BRIDGE TO Rediscovery

CELEBRATING LIFE THROUGH REDISCOVERY

ENVIRONMENTAL, SAFETY & DÉCOR GUIDELINES

Policy Number:	CL-ALZ-1070
Policy Date:	12/1/01
Revised Date	04/01/10
Policy Sponsor:	Clinical / Alzheimer's

1.0 PURPOSE

To provide an appropriate location, construction, design, and equipment suited to 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 Director'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 whenever possible; and
- The living environment should consider 4 major components: physical, psychological, social and cultural.

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 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).
- 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)

5.1 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 you wish to make 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 permitted by local 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.

5.2 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" are recommended.
- Peripheral lighting is a good idea.
- When feasible, a dimmer switch is recommended so there can be a subtle change from daylight to evening light.

5.3 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 (CL-ALZ-1070a-1070b);
- 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); and
- Bird bath, feeders, and houses.

6.0 RESIDENT PERSONAL AREA

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

- Non-glare blinds;
- Green/Maroon (dark) colored wall behind toilet; and
- 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 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 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 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

Wandering and Elopement

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COMPREHENSIVE LIFE/SOCIAL REVIEW

Resident Name: _____ (First/Last/MI)

Likes to be called: _____ Nick Name _____

Birthplace: _____ Birth date: ____/____/____

Language Spoken: _____ Second/Other: Language: _____

Profession: _____

Education: Highest level attained: _____ Degree/major: _____

Military Service ☐Yes ☐No Year(s): _____ Branch: _____ Rank: _____

Marital status: ☐ Single ☐ Married ☐Divorced ☐Separated ☐Widower/Widow

Family Information:

a. Spouse Name: _____ b. Significant other/Friend: _____

c. Children # _____ d. Grand Children#: _____

Children's Names

_____

_____

_____

Grandchildren's names

_____

_____

_____

(Add sheet for additional names if needed)

Religion/Spirituality _____ Church affiliation: _____

Dexterity

☐ Left handed ☐ Right handed ☐ Ambidextrous ☐ Wears glasses ☐Uses hearing aide ☐ Dentures

Name of person completing form: _____ Date: ____/____/____

In the following sections please describe your relative's daily routine, schedule, habits within the past few months with as much detail as possible. Include any information that will assist our staff in learning what are typical and customary behaviors and habits for your relative. This information will allow us to maintain as many familiar life patterns and experiences as possible to ease the transition from the home to our facility.

DAILY CARE ROUTINE

Typical wakeup time: _____ AM. **Typical bed time:** _____**PM**

BATHING PREFERENCE

Prefers: ☐ Tub Bath ☐ Shower ☐ Sponge bath

☐ Independent ☐ Assist ☐ Unable to perform

Bathes or Showers everyday ☐ Yes ☐ No (if no) what is the frequency? _____

Specific days: _____ Time preferred: ☐ Morning ☐ Afternoon ☐ Evening

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DRESSING

Dresses before breakfast? ☐ Yes ☐ No (If no) what time of day? _____

☐ Independent ☐ Assist ☐ Unable to perform

What type of clothing is normally worn?

☐ Underwear ☐ Socks ☐ Nylons ☐ Shoes ☐ Sneakers ☐ Slippers

Outer clothes:

☐ Shirt ☐ Blouse ☐ Slacks ☐ Skirt ☐ Dress ☐ Sweater ☐ Housecoat/Robe ☐ Jewelry

Comment_____

PERSONAL PREFERENCES

Male:

Shaving preference: ☐ Does not shave has beard ☐ Mustache only Shaves daily: ☐ yes ☐ no

☐ Razor ☐Electric shaver ☐ Shaving cream ☐ Soap ☐ Aftershave

☐ Haircut: How often: _____ Particular style: ☐ Yes ☐ No Style: _____

Female: ☐ Does not wear make-up ☐ Daily ☐ Full makeup ☐ Lipstick ☐ Foundation ☐ Cleanses with soap ☐ Cream ☐ Prefers nails done ☐ Hairdresser How often: _____

DAILY ROUTINES

During the day do they:

Reads Newspaper: ☐ Yes ☐ No ☐ Morning ☐ Evening Favorite paper:_____

Watches Television: ☐ Yes ☐ No Favorite programs: _____

Listens to Radio: ☐ Yes ☐ No Favorite station:_____

Exercises: ☐ Yes ☐ No Time of day _____ Type: _____

Walking: ☐ Yes ☐ No When do they walk? _____

Household tasks: ☐ Yes ☐ No If yes, what tasks: _____

Social Activities with Others: ☐ Yes ☐ No ☐ Time of day preferred: ☐ AM ☐ PM

If yes, list favorite activities: _____

Individual Activities Alone: ☐ Yes ☐ No ☐ Time of day preferred: ☐ AM ☐ PM

If yes, list favorite activities: _____

Rest Periods:

☐ Yes ☐ No Usual Time: _____ How Long? _____

☐ Lies in bed ☐ Sits in chair ☐ Lounges on sofa ☐Leaves shoes on ☐ Enjoys TV on when resting

☐ Takes Shoes off

Bed time

What does individual wear to bed: _____

Do they like a light on? ☐ Yes ☐ No

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TOILETING ROUTINE

☐ Toilets self ☐ Requires assist ☐ Needs reminding
☐ Incontinent at times: ☐ Bladder ☐ Bowel ☐ Both
Toileting pattern during the day: ☐ Upon arising ☐ Before meals ☐ After meals ☐ Before bed
Do they get up during the night: ☐ Yes ☐ No If yes, is there a usual time: _____
Toileting routine (list products preferred): _____

MEAL PREFERENCE

Diabetic: ☐ Yes ☐ No
Lactose intolerant: ☐ Yes ☐ No ☐ Substitute used: _____
Food Allergies (please list): _____
Needs assist at mealtime, ☐ Yes ☐ No
Seating preference: ☐ Alone ☐ With others
Where is meal eaten: ☐ Kitchen ☐ Living Room ☐ Dining Room ☐ Bedroom ☐ Other: _____

Breakfast:

Typical time eats breakfast: _____ AM ☐ Does not usually eat breakfast
Normally eats for breakfast or enjoys: _____

Breakfast beverage(s) **(check all that apply):**

☐ Coffee ☐Tea ☐ Milk ☐ Juice Type: _____ ☐ Soda: ☐ Regular ☐ Sugar Free ☐
Type: _____ ☐ Other: _____ Uses: ☐ Sugar ☐ Sweetener ☐ Cream
☐ Milk: ☐ 2% ☐ 1% ☐ Fat free ☐ Lemon for Tea/Soda
Other breakfast habits or preferences: _____

Midmorning Beverages/Snacks: * Please note only Decaf will be served, check all that apply**

☐ Coffee ☐ Tea ☐ Milk ☐ Juice Type: _____ ☐ Soda ☐ Regular ☐ Sugar Free
☐ Type of soda: _____ ☐ Other beverage: _____
Uses: ☐ Sugar ☐ Sweetener
☐ Milk: ☐ 2% ☐ 1% ☐ Fat free
☐ Yes Usual food: _____ Usual time: _____ ☐ None
Other post breakfast habits: _____

Mid-Day Meal:

Typical time: _____ ☐ Does not usually eat lunch
Favorite foods for lunch: _____

Lunch beverage(s)* Please note only Decaf will be served, check all that apply:**

☐ Coffee ☐ Tea ☐ Milk ☐ Juice Type: _____ ☐ Soda: ☐ Regular ☐ Sugar Free ☐

Type:_____ ☐ Other: _____

Uses: ☐ Sugar ☐ Sweetener ☐ Cream

☐ Milk: ☐ 2% ☐ 1% ☐ Fat free ☐ Lemon for Tea/Soda

Afternoon snacks/cocktails/mocktails: ☐ Yes ☐ No Time: _____

Usual foods: _____

Usual beverages: _____

Other afternoon habits: _____

Evening meal

Typical time: _____ ☐ Does not usually eat dinner/supper

Favorite Foods for dinner: _____

Dinner/supper beverage(s)* Please note only Decaf will be served, check all that apply:**

☐ Coffee ☐ Tea ☐ Milk ☐ Juice Type: _____ ☐ Soda: ☐ Regular ☐ Sugar Free

☐Type:_____ ☐ other: _____ Uses: ☐ Sugar ☐ Sweetener ☐ Cream

☐ Milk: ☐ 2% ☐ 1% ☐ Fat free ☐ Lemon for Tea/Soda

Evening snacks/cocktails: ☐ Yes ☐ No Time: Usual foods: _____

Usual beverages: _____

MEDICATION MANAGEMENT:

☐Takes meds themselves ☐ Needs reminders to take meds ☐Needs assistance

☐ Unable to self administer ☐ Other: _____

Morning Medication:

☐ Yes ☐ No

Mid-day Medication:

☐ Yes ☐ No

Evening/ HS Medication Routine:

☐ Yes ☐ No

☐ Standard administration ☐ See LOC

☐ Other times (please list):_____

Allergies please list:

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BEHAVIORS

Are there any behavioral changes that you have noticed at this time (for example increased wandering, wanting to go outside, difficulty focusing, angry, aggressive, combative ☐ Yes ☐ No

If yes: ☐Daily ☐Frequently ☐ Very Seldom: How often:_____

Please describe behavior:

_____

_____

_____

Hobbies(please list): _____

Habits/Rituals/Preferences: Please describe any habits/rituals or preferences your relative has that would be important for us to know:

_____

_____

_____

Other information:

If there is any other information you feel will help with your family/friend or significant other to make a smooth transition please add below (i.e. Memories/Identification with life events, room set-up, successful approaches, other likes and dislikes not listed). Add additional pages if needed.

Remember the more we know, the better we can set up a routine that your loved one will do well in:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Thank you

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BTR EVACUATION PROCEDURES PROTOCOL (SNF/AL)

1.0 PURPOSE

To provide safe secure evacuation for residents from a secured Neighborhood during an emergency

2.0 SCOPE

All staff involved with BTR Neighborhood

3.0 GUIDELINES

- All general state/county/city or town evacuation procedures are to be followed.
- Evacuation procedure training should be conducted upon hire and every 6 months.
- A resident with dementia when in an unfamiliar surrounding have a higher chance of wandering away if not closely observed.

4.0 PROCEDURE

- It is recommended in addition to standard evacuation procedures the following be added:
    - Evacuation locations and process for BTR residents needs to be pre-determined whenever possible.
    - If being transported off property transportation should be pre-determined.
- To help identify and monitor the residents to ensure their safety and where abouts the following is suggested (both for evacuation from the building to the grounds as well as when transported off the grounds):
    - Each BTR Neighborhoods **have available specific colored vest** with the BTR logo on it. A vest will be placed on each resident as they evacuate the neighborhoods
    - Staff from the Neighborhood will wear the same vest for quick identification
    - A current resident roster will be used, to check when residents leave the building,

- If being transported off the grounds roster to be checked when destination reached a minimum of every 30 minutes as well as when returned to facility.
- Resident ID sheets and pictures should be kept up to date and taken when Neighborhood is evacuated

- All residents must be under continuous observation and location verified at minimum every 15 minutes when out of Neighborhood for an extended period of time
- Staff should be carrying some form of communication tool (walkie talkie/satellite phones)
- Staff is to receive training on procedures during orientation and participate in actual practice evacuations.
- A box with manipulative should be located with the evacuation gear to help keep the residents busy if time off Neighborhood is extended
- **Evacuations to outside grounds only:**
  - A predetermined area to evacuate residents will be identified
  - A procedure will be developed by facility for continuous monitoring.
  - Current roster checked as residents exit the building, when area reached area and when returned to the building.
- **It is recommended the vest be used when any evacuation is done from the BTR Neighborhood**

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Evacuation Drill Evaluation Form

(DRILLS ARE TO BE DOCUMENTED WITH ATTENDANCE SHEET AT LEAST 1 TIME/YEAR)

COMMUNITY:_____ Region:_____

Date of evacuation drill: _____ DOW:_____ # of residents evacuated:_____

Drill start time: _____am/pm Drill completion time: _____am/pm

Drill Situation: Describe the method used and the manner in which the staff became aware that an evacuation of the BTR would be needed:_____

How were the residents continuously monitored?_____

TASKS/PROCESS REVIEW	**COMPLETED**
Did staff participate in advanced training or preparation?	☐YES ☐ NO
Staff were properly notified of pending evacuation	☐YES ☐ NO
Management notification:	
• Administrator/ED	☐YES ☐ NO
• Director of Nurses/RSD	☐YES ☐ NO
• RDO/RDH	☐YES ☐ NO
• BTR Coordinator	☐YES ☐ NO
• RDO/RD	☐YES ☐ NO
Evacuation location was pre-determined	☐YES ☐ NO
Resident roster was current for use	
All staff responded to order to evacuate	☐YES ☐ NO
Evacuation vest used	☐YES ☐ NO
Was the evacuation conducted properly?	☐YES ☐ NO
Mock notification of police (document time completed)	☐YES ☐ NO
All residents and staff accounted for at end of drill	☐YES ☐ NO

Recommended Follow Up: _____

"E" Drill Coordinator: _____ Date:_____

Reviewed By:_____

All drills should be placed in clinical leadership under elopement drills---evacuation drills

FIVESTAR QUALITY CARE, INC.

NEW EMPLOYEE ORIENTATION CHECKLIST

Employee: _____

Hire Date: _____

EMPLOYMENT PROCESSING (Before First Day of Work)			
	Date Completed		*Date Completed*
Application completed, signed, checked		Conditional Offer made, explained	
Work Opportunity Tax Credit		Criminal History check processed, if req.	
License presented, date checked, copy filed		Physical exam completed, if State required	
Nurse Aide Registry verification		TB Test	
References, checked, signed, filed		Employment Eligibility Verification (I-9)	
Starting wage explained		Employee Master Set Up (includes W-4)	
Post Offer Preplacement Med. Questionaire (after offer letter sent)		Substance Abuse Testing Authorization	

GENERAL ORIENTATION - (During 1st week of employment, generally the 1st day worked)			
	Date Completed		*Date Completed*
***Five Star Guiding Principles**		Tour of facility	
*** Business Ethics Policy (S.T.A.R. brochure)**		Introduction to department heads	
Gold Star Customer Service		General safety rules	
Employee Handbook issued/explained		No Lift Program (if applicable)	
Preface		*** Elopement**	
*** Employment Policies**		*** Fall Management**	
*** Benefits**		*** Accident/Incident Report**	
Employee Responsibilities		OSHA HAZ Com/Right to Know	
Compensation		*** Infection Prevention**	
General Rules & Regulations		*** Exposure Control Plan Inservice**	
Security & Safety		*** Standard Precautions**	
90-day Introductory Period explained		*** Bloodborne Pathogens**	
Access to Employee Exposure & Medical Records		*** HepB inservice/vaccine offered/document**	
Acknowledgement of Receipt (Abuse)		*** TB inservice**	
Complaint/Problem Resolution		***HIPAA Essentials**	
Equal Employment Opportunity		Environment, Safety, and Emergency Procedures	
Sexual Harassment/Harassment Policy		*** Evacuation**	
Facility organization structure		*** Fire**	
***Facility work rules reviewed/explained:**		Water conservation	
Time clock procedure		Bomb threats	
Attendance & call-in policies		Earthquake (if applicable)	
Work schedule & posting		Tornadoes	
Bulletin board posting		*** Security Plan**	
Mealtime & break schedule		*** Drug Free Workplace**	
Smoking rules		Job description given, explained, signed	
Dress & personal hygiene		Acknowledgement of Orientation Participation	
Telephone usage		Meet with Administrator	
Name tag issued		Advance Directives	
*** Resident Rights, Confidentiality, Privacy**		Alzheimer's Dementia (If applicable)	
Abuse Recognizing and Reporting		**State/Facility Specific:**	
Acknowledgement of Receipt			

_____ _____

Employee Signature/Date Verified Signature/Date

**Subject content Must be covered on DAY ONE of employment regardless of whether the employee participates in General or Department Orientation that day.*

FIVESTAR QUALITY CARE, INC.

Policy Number:	HR-PER-0214
Policy Rev. Date:	5/1/05
Policy Sponsor:	Human Resources / Personnel

NEW EMPLOYEE ORIENTATION

CONTENTS

DOCUMENTATION

HR-PER-0214.F1 New Employee Orientation Checklist

1.0 POLICY

The Company provides a general orientation program for all new employees during the first ten days of their employment. Generally, the employee completes the facility orientation program on the first day of employment; however, if an employee begins employment on a day when Orientation is not scheduled, he/she must report directly to his/her assigned department for department orientation.

2.0 PURPOSE

To assure accuracy in completion of all state and federally mandated new hire documents, as well as to orient new employees in the Company's policies, guiding principles and Business Ethics Policy.

3.0 SCOPE

This policy applies to all employees.

4.0 GUIDELINES

1. **Day One**: **Employees may not begin work without participating in this section.** The following subjects MUST be covered on DAY ONE of employment regardless of whether the employee participates in General or Departmental orientation:
   a. Infection Prevention & Exposure Control Plan;
   b. Environment, Safety and Emergency Preparedness;
   c. Drug Free Workplace (Substance Abuse Policy);
   d. Key Employment Policies
   e. Employee Benefits;
   f. Key Facility Policies and Work Rules;
   g. Accident/Incident Reporting;
   h. Business Ethics Policy – S.T.A.R. (Stop, Think and Act Responsibility);
   i. Resident Rights;
   j. Abuse Prevention, Recognizing and Reporting;
   k. Elopement; and
   l. Fall management
   m. HIPAA Essentials.
2. **General Orientation**: The following items must be completed in the General Orientation Program (in addition to above): Introduction to Five Star and its Guiding Principles, Advanced Directives, Death and Dying, Environment, Safety and Emergency Procedures, Workplace Security, Tour of facility.
3. **Checklist**: Upon completion of General Orientation, the Orientation Checklist must be signed by the employee and his/her supervisor. The original checklist is placed in the employee's personnel file and a copy may be given to the employee for his/her personal record. In addition the following forms must be signed and placed in the employee personnel file: Confidentiality Statement, Employee Handbook acknowledgment, HIPAA Essentials training acknowledgment, Business Ethics acknowledgment.
4. **Records**: All orientation records must be easily accessible for accurate monitoring of all employees as required by the Company and the regulatory agencies.

5.0 PROCEDURE

1. During the first week of employment, each new employee will attend the general orientation program.
2. The new employee will complete the appropriate new hire documents (see HR-PER-0015-Personnel Records) during orientation.
3. The location manager or designee will assure completion of all new hire documents during orientation.

6.0 DOCUMENTATION

Topics for orientation are documented as completed on HR-PER-0214.F1, New Employee Orientation Checklist.

7.0 RELATED COMPANY STANDARDS

HR-PER-0015	Personnel Records
CL-IP-3007	Infection Prevention Education
CL-IP-3052	Bloodborne Pathogen Training
CL-IP-0109	Abuse Prevention Training Guidelines
OP-HIPAA	HIPAA Policies

BRIDGE TO Rediscovery

Facility:

BRIDGE TO REDISCOVERY ORIENTATION

Employee: _____

Date hired: _____ **Position:** _____

ITEM	Date	Initial
Five Star general orientation completed		
Complies with all job requirements for personal care assistant, medication aide, or activity aide		
General training completed on Alzheimer's and Related Disorders characteristic, care requirements and social needs (documented in employees record)		
Offer letter and commitment letter signed and on file		
Corporate Director of BTR notified of new BTR coordinator		
Understands the procedures for missing person drill and BTR unit evacuation procedures		
Instructions provided as to the location of the BTR policies and procedures and use of		
Bridge to Rediscovery Neighborhood scheduling for programs/care/environment reviewed and demonstrated		
Bridge to Rediscovery philosophy and mission statement reviewed		
Instructions provided for the Bridge to Rediscovery Montessori Based Dementia Programming concepts		
Instruction provided to integrates the social, physical, intellectual, emotional aspects of the Montessori Based Dementia Programming into the residents daily service/care plan		
Instruction provided to develop resident specific Montessori Based Dementia Program using comprehensive life review/development of ISP.		
Instructions provided as to the location of the resident service/care plans		
Instructions provided for conducting a Montessori Based Dementia Programs (group/individual)		
Review/demonstration of Bridge to Rediscovery dining program concepts, expectations and requirements		
Review and return demonstration developing a resident specific program box		
The 5 categories of Montessori Based Dementia Programs reviewed and explained		
Environmental safety requirements for BTR unit reviewed		

Comments:

_____

_____

_____

Employee Comments:

_____

_____

_____

_____ _____

Employee Signature/Date Supervisor Signature/Date

Place in employee file

BRIDGE TO Rediscovery

CELEBRATING LIFE THROUGH REDISCOVERY

ADDENDUM

(To General Job Description CNA, Medication Aide, Activity Aide duties
For Bridge to Rediscovery)

ITEM	YES	NO	COMMENTS
• Able to perform missing person drill and Bridge to Rediscovery evacuation procedures			
• Able to identify location of the Bridge to Rediscovery policies and procedures and use of			
• Performs Bridge to Rediscovery Neighborhood scheduling for programs care/environment reviewed and demonstrated			
• Able to identify (and articulate) the Bridge to Rediscovery philosophy and mission statement reviewed.			
• Utilizes instructions provided for the Bridge to Rediscovery Montessori Based Dementia Programming concepts			
• Utilizes instruction provided to integrate the social, physical, intellectual, emotional aspects of the Montessori Based Dementia Programming into the residents daily service/care plan.			
• Able to develop resident specific Montessori Based Dementia Program using comprehensive life review/development of ISP.			
• Able to identify the location of the resident service/care plans. Able to discuss plan and rationale with family and new employees			
• Able to follow instructions provided for conducting a Montessori Based Dementia Programs (group/individual).			
• Review/demonstration of Bridge to Rediscovery dining program concepts, expectations and requirements.			
• Able to provide return demonstrations in developing a resident specific program box.			
• Able to identify and utilize the 5 categories of Montessori Based Dementia Programs.			
• Able to identify environmental safety requirements for Bridge to Rediscovery neighborhood reviewed.			

Employee Signature/Date

Supervisor Signature/Date

BRIDGE TO Rediscovery

Facility:

BRIDGE TO REDISCOVERY EVALUATION

EMPLOYEE NAME: _____ DATE HIRED: _____

POSITION: _____ DATE OF EVALUATION:_____

1= Below expectations 2 = Meets expectation 3=Exceeds expectation

ITEM(s)	1	2	3	Comments
Complies with all job requirements for personal care assistant, medication aide, activity aide				
General job evaluation completed				
Training completed on Alzheimer's and Related Disorders characteristic, care requirements and social needs,				
Able to reiterate emergency evacuation procedures and missing person for BTR program				
Understands Bridge to Rediscovery Neighborhood scheduling for programs/care				
Understands the Bridge to Rediscovery philosophy and mission statement				
Understands Bridge to Rediscovery Montessori Based Dementia Programming concepts				
Able to develop resident specific Montessori Based Dementia Programs using the comprehensive life review.				
Able to conduct Montessori Based Dementia Programs (group/individual)				
Understands Bridge to Rediscovery dining program concepts, expectations and requirements				
Able to take the concepts for development of a resident specific box and explain the process				
Able to develop the resident specific program box				
Able to identify the 5 categories of Montessori Based Dementia Programs and give an example of each				
Understands environmental safety and requirements for the BTR unit				
Integrates the social, physical, intellectual, emotional aspects of the Montessori Based Dementia Programming into the residents daily service/care plan				
Follows the BTR policies and procedures as written, knows their location on unit upon request				
Knows the location of the residents service/care plans				

BRIDGE TO Rediscovery

Facility:

General Comment/Recommendations:

Employee Comments:

Employee Signature/Date

Supervisor Signature/Date

To be placed in employee folder

BRIDGE TO Rediscovery

CELEBRATING LIFE THROUGH REDISCOVERY

Bridge to Rediscovery Questions
(Must be done prior to approval for the Neighborhood):

1. What are the three (3) three things you feel are the most important in caring for residents with dementia?

2. Are you comfortable working with residents with dementia? Why?

3. How did you fill downtime at your last job?

4. What type of training have you had to help you work with residents with dementia?

5. Do you understand the importance of a secured neighborhood? Why does it need to be secured?

6. What do you do when a resident does not do what you would like them to do?

7. What qualities do you have that would make you good at this job?

8. Describe your relationship with families of the residents you care for?

9. Do you understand what you are to do if you see a resident being treated roughly by staff or being yelled at? Explain?

10. Scenario:

    a. You still have 1 shower/bath to give with 45 minutes left on your shift. The resident does not want to cooperate to take the bath.
    b. How would you handle this situation?
    c. What is the best way to work with the resident if they become agitated or angry?
    d. What are other alternatives that may work better?

BRIDGE TO Rediscovery

CELEBRATING LIFE THROUGH REDISCOVERY

I, _____, have been trained and understand my role in the Bridge to
(Name)
Rediscovery program. I believe in the mission to provide a safe and nurturing environment to our residents afflicted with Alzheimer's or Related Disorders so they may flourish and share a positive life experience.

I understand through the Bridge to Rediscovery program I will:

- Help bridge our residents past life experiences to present day living.
- Celebrate their life through rediscovering who they are….. and their true inner being
- Be involved with all phases of programs of daily living for our residents
- Understand and assist through the programming for our residents to function at their highest possible level with dignity and respect
- Provides programs which are meaningful to the resident and provide important social roles
- Enable our residents with dementia to interact positively with their environment
- Follow BTR dining concepts and program

I am committed to the team and to the Bridges to Rediscovery. I will assist our residents in engaging in meaningful programs to enhance their quality of life.

This is my commitment

_____ _____
Name Date

_____ _____
Witness Date

FIVESTAR SENIOR LIVING, INC.

BRIDGE TO REDISCOVERY PROGRAM DIRECTOR
Job Description

BRIDGE TO Rediscovery
CELEBRATING LIFE THROUGH REDISCOVERY

.Department: Administration

Reports to: Executive Director/Healthcare Administrator

FUNCTION: The Bridge to Rediscovery Program Director is responsible for the day-to-day operations and management of the Bridge to Rediscovery Neighborhood.

The Bridge to Rediscovery Program Director is responsible for the development and implementation of a coordinated interdisciplinary program that meets the needs of the residents on the Bridge to Rediscovery Neighborhood. This will be established through the creation of a Montessori Based Dementia Program consistent with the individual resident needs

POSITION SPECIFICATIONS:

The following specifications may differ depending upon the number of available employees among whom the performance of a particular job function can be distributed and the size and type of neighborhood

- Employees will be required to perform any other job related duties requested by their supervisor.
- Requirements are representative of minimum levels of knowledge, skills and/or abilities. To perform this job successfully, incumbent will possess the mental abilities or aptitudes to perform each duty proficiently.
- All requirements are subject to possible modification to reasonably accommodate individuals with disabilities.

QUALIFICATIONS:

The requirements listed below are representative of the knowledge, skill and/or ability required.

Minimum Qualifications:

- Freedom from illegal use of drugs.
- Freedom from use and effects of use of drugs and alcohol in the workplace.

- Persons who have been found guilty by a court of law or regulatory body of abusing, neglecting, or mistreating individuals in a health care related setting are ineligible for employment in the position.
- Demonstrates effective time management skills.
- Working knowledge of computer and software application used in job functions.
- Basic knowledge of the clinical/social attributes of Alzheimer's disease.
- Good organizational skills--ability to review workflow and set priorities to meet competing agendas.
- Ability to design Montessori Based Dementia Programming programs to effectively address resident needs.
- Ability to review the individual program needs of residents with Alzheimer's and other dementias needs.

Education and/or Experience:

- Licensed Nurse, Therapeutic Recreation Specialist, Bachelor's in Social Work or equivalent
- Must have experience with program development and design for residents with Alzheimers and Related Disorders.
- Must have experience in providing staff with leadership and guidance.
- Must have minimum of one year's current experience working with individuals with Alzheimer's or other related disease residing in a secure standard environment.
- Current experience must include the understanding and ability to implement the appropriate standards and safety measures for a Neighborhood.
- Must be able to successfully teach and mentor others on the techniques, standards and requirements for the care of residents with Alzheimers and Related Disorders
- Must have completed training in Alzheimer's, Dementia and Related Disorders as required by state/federal regulations, and successfully complete the Bridge to Rediscovery Train the Trainer Program after employment occurs and actively apply the principles.

Certificates, Licenses, Registrations:

- As per state/federal requirements,

LANGUAGE SKILLS: Must be able to express self adequately in written and oral communication and to communicate effectively in an interdisciplinary care setting with residents, families, staff members, representatives of community and government agencies.

REASONING ABILITY:

- Ability to apply common sense and understanding to carry out instructions furnished in written, oral or diagram form.
- Ability to make independent decisions when necessary.
- Ability to solve problems related to resident and staff needs.
- Ability to analyze data, reports, business documentation and problems and develop workable solutions and goals.
- Be able to interpret and implement written or oral programs, goals, objectives, policies, and procedures of the department and the organization.

ESSENTIAL FUNCTIONS AND RESPONSIBILITIES:

- Works with the Executive Director/Healthcare Administrator to build relationships and strong communication lines with residents and families to aid in their adjustment to the Bridge to Rediscovery neighborhood
- Attends stand-up meeting daily
- Participate in the admission interview and admission process of all residents for the Bridge to Rediscovery neighborhood
- Ensures needs and problem are identified, addressed and resolved
- Implements and coordinates the Bridge to Rediscovery Program.
- Develops and maintains a program which is therapeutic and age appropriate for the residents on the Bridge to Rediscovery Neighborhood based on Montessori Based Dementia Programming principles
- Follows instructions and timelines for all Bridge to Rediscovery required documentation and specific form(s) completion.

- Develops Montessori Based Dementia Programs for various levels of resident ability
- Assists in determining appropriate staffing ratios.
- Interviews and approves all potential employees to work on neighborhood.
- Establishes Bridge to Rediscovery Program planning meetings with Neighborhood staff to develop, review and/or update individualized resident program plans.
- Provides staff training for the Bridge to Rediscovery Program.
- Implements Bridge to Rediscovery policies and procedures.
- Makes suggestions for revisions, to the Bridge to Rediscovery Program as needed.
- Makes recommendations to the Executive Director/Healthcare Administrator for the following employee-related responsibilities: hiring, counseling, evaluations and other matters related to the supervision of employees.
- Recognizes signs of staff stress and burnout. Provides options for stress management and coping skills.
- Assists with monthly in-services. Schedules Bridge to Rediscovery staff meeting for programming, care, changes in policy, etc.
- Assists with new employee orientation and ensures each staff member has been properly trained in Montessori Based Dementia Programming.
- Assists family members in dealing with personal issues and provide suggestions for coping strategies.
- Provides assistance to the staff in defusing difficult behaviors.
- Reviews monthly staffing schedules. Communicates special situations where additional staffing is needed to meet the resident's specific needs to nursing administration, Executive Director/Healthcare Administrator
- Creates and maintains a family resource library.
- Monthly Bridge to Rediscovery reports to Executive Director/Administrator with copy to Corporate Bridge to Rediscovery Director.

BRIDGE TO Rediscovery
CELEBRATING LIFE THROUGH REDISCOVERY

Operational Management

- Ensures the resident participates in specific Montessori Based Dementia Programming during his/her stay in the Bridge to Rediscovery Neighborhood.
- Ensures pre-admission/move-in service reviews and or home visits to ensure appropriate admission/move-in criteria is met. Demonstrates constant familiarity with the resident service/care plans.
- Ensures staff members are as familiar and are able to discuss any changes in the service/care plans with the resident/families.
- Supervises/completes resident profile, comprehensive life review, interest survey and all other required admission/move-in and routine paperwork as required.
- Provides education, techniques and guidance to family members on Montessori Based Dementia Programming for their relative.
- Facilitates the Bridge to Rediscovery Program planning meetings to include activities, nutritional staff, families, and other disciplines as appropriate.

Quality of Service Management

- Observes and assists staff in the administration of the individualized daily Montessori Based Dementia program plan.
- Develops family and customer satisfaction tools (when requested) so that findings are integrated into the overall facility's quality management program.
- Integrates the social, physical, intellectual, emotional aspects of Montessori Based Dementia Programming into the resident's daily plan.
- Oversees the management of personal care delivery for the residents, assisting as needed.
- Ensures that the nutritional program within the Bridge to Rediscovery dining program is developed in accordance to individual resident reviews and integrated into each resident's program plan.
- Ensures the resident's rights and dignity are maintained at all times.

Bridge to Rediscovery Program Oversight

- Ensures Bridge to Rediscovery Montessori Based Dementia program planned for each resident is developed consistent with the resident's individualized needs and ability.
- Follows Bridge to Rediscovery administrative policies.
- Reviews each resident's program plan before implementation.
- Ensures that the Montessori Based Dementia program is revised according to changes in resident's needs and behaviors.
- Assists residents in working toward appropriate individual goals
- Monitors the safe use of all program supplies.
- Ensures the Bridge to Rediscovery dining program is implemented and remains established.
- Ensures that there is a continuation of previous life tasks for each resident where appropriate through Montessori Based Dementia Programming techniques.
- Ensures the Bridge to Rediscovery dining program meets established standards

INTERPERSONAL SKILLS:

Demonstrates active listening techniques, gains support through effective relationships, treats others with dignity and respect and seeks feedback.

- Develops and maintains a good working relationship and cooperative attitude with intra-departmental personnel, as well as, other departments within the community. Must have patience, tact, cheerful disposition and enthusiasm.
- Possesses the ability to deal tactfully with personnel, residents, family members, visitors, and the general public.
- Possesses leadership ability and willingness to work harmoniously with and supervise professional and non-professional personnel. Encourages professional growth of personnel.
- Works with the regional / corporate staff and implements recommended changes as required.

CONTINUING EDUCATION:

- Attends continuing education programs required for maintenance of professional certifications and licensure.

- Incorporates new methods, principles, and trends learned from continuing education programs into existing practices.

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

- Must be able to bend, stoop, lift, stir, walk, and stand for extended periods throughout the workday. The employee is occasionally required to lift and/or move up to 50 pounds.
- Must be in good general health and demonstrate emotional stability.
- Must be able to cope with the mental and emotional stress of the position, which includes adherence to strict time constraints, competing priorities and multiple activities occurring almost simultaneously.
- Must function independently, have flexibility, personal integrity, and the ability to work effectively with residents, personnel, and outside representatives.
- Must possess senses (taste, smell, sight, and hearing), or use prosthetics that will enable these senses to function adequately, so that the requirements of this position can be fully met.
- Able to carry, reach, bend, stoop, finger, grasp and feel objects related to duties.

WORK ENVIRONMENT:

The work environment characteristics described are representative of those an employee encounters while performing the essential functions of this job.

EXPOSURE RISK:

- Is at high risk for exposure to blood and body fluids when actively providing services or care to residents.
- May be exposed to fumes, airborne particles or caustic chemicals.

COMMUNICATION:

Keeps current and integrates new information, communicates and models organization values and fosters high performance.

- Makes written and oral reports/recommendations to the Executive Director/Healthcare Administrator concerning the operation of the Neighborhood
- Interprets Bridge to Rediscovery department policies and procedures accurately to personnel, residents, visitors, and family members, as necessary.
- Effectively communicates with the co-workers, residents, staff and visitors.
- Demonstrates active listening techniques, seeks feedback, creates and maintains reporting mechanisms, gains support through effective relationships, and treats others with dignity and respect.

JOB DESCRIPTION REVIEW:

I understand the job description, its requirements and that I am expected to complete all duties as assigned. I understand the job duties may be altered from time to time. I have noted below any accommodations that are required to enable me to perform these duties. I have also noted below any job duties that I am unable to perform, with or without accommodation.

_____ _____

Employee's Signature *Date*

_____ _____

Supervisor's Signature *Date*

cc: Personnel File
Employee

FIVESTAR SENIOR LIVING, INC.

BRIDGE TO REDISCOVERY PROGRAM DIRECTOR
Performance Review Process

BRIDGE TO Rediscovery

Name	Job Title Bridge to Rediscovery Program Director	Anniversary Date
Supervisor's Name	Department	Date of Review

Purpose

To provide open and honest performance feedback to employee and to develop and improve each employee's performance and contribution.

Instructions

This form is to be completed prior to the employee's annual performance review. The form is a tool designed to help Managers evaluate and provide feedback to employees.

Please take some time to think about the employee's performance over the past year. Please provide feedback on the employee's overall summary, strengths, areas of improvement, and development needs.

Performance Ratings

- **Exceeds Expectations:** Performance surpasses all requirements for position.
- **Meets Expectations:** Performance meets all basic requirements for position and may exceed some of them.
- **Needs Improvement:** Performance does not meet all basic requirements of position. Improvements are necessary.

FIVESTAR SENIOR LIVING, INC.

BRIDGE TO REDISCOVERY PROGRAM DIRECTOR ,
Performance Appraisal Tool

BRIDGE TO Rediscovery

CELEBRATING LIFE THROUGH REDISCOVERY

ESSENTIAL FUNCTIONS	RATING	COMMENTS
1. Works with the Executive Director/Healthcare Administrator to build relationships and strong communication lines with residents and families to aid in their adjustment to the neighborhood.		
2. Ensures needs and problem are identified, addressed and resolved.		
3. Attends stand-up meeting daily		
4. Participate in the admission interview and admission process of all residents for the Bridge to Rediscovery neighborhood		
5. Implements and coordinates the Bridge to Rediscovery Program.		
6. Develops and maintains a program which is therapeutic and age appropriate for the residents on the Bridge to Rediscovery Neighborhood. Based on Montessori Based Dementia Programming principles.		
7. Follows instructions and timelines for all Bridge to Rediscovery required documentation and specific form(s) completion.		
8. Develops Montessori Based Dementia Programs for various levels of resident ability.		
9. Assists in determining appropriate staffing ratios.		
10. Establishes Bridge to Rediscovery Program planning meetings with Neighborhood staff to develop, review and/or update individualized resident program plans.		
11. Interviews and approves all potential employees to work on neighborhood.		
12. Provides staff training for the Bridge to Rediscovery Program.		
13. Implements Bridge to Rediscovery policies and procedures.		

ESSENTIAL FUNCTIONS	RATING	COMMENTS
14. Makes suggestions for revisions, to the Bridge to Rediscovery Program as needed.		
15. Makes recommendations to the Executive Director/Healthcare Administrator for the following employee-related responsibilities: hiring, counseling, evaluations and other matters related to the supervision of employees.		
16. Recognizes signs of staff stress and burnout. Provides options for stress management and coping skills.		
17. Assists with monthly in-services. Schedules Bridge to Rediscovery staff meeting for programming, care, changes in policy, etc.		
18. Assists with new employee orientation and ensures each staff member has been properly trained in Montessori Based Dementia Programming.		
19. Assists family members in dealing with personal issues and provide suggestions for coping strategies.		
20. Provides assistance to the staff in defusing difficult behaviors.		
21. Reviews monthly staffing schedules. Communicates special situations where additional staffing is needed to meet the resident's specific needs to nursing administration, Executive Director/Healthcare Administrator.		
22. Creates and maintains a family resource library.		
OPERATIONAL MANAGEMENT		
23. Ensures the resident participates in specific Montessori Based Dementia Programming during his/her stay in the Bridge to Rediscovery Neighborhood.		

ESSENTIAL FUNCTIONS	RATING	COMMENTS
24. Ensures pre-admission/move-in service reviews and or home visits to ensure appropriate admission / move-in criteria is met. Demonstrates constant familiarity with the resident service/care plans.		
25. Ensures staff members are as familiar and are able to discuss any changes in the service/care plans with the resident/families.		
26. Supervises/completes resident profile, comprehensive life review, interest survey and all other required admission/move-in and routine paperwork as required.		
27. Provides education, techniques and guidance to family members on Montessori Based Dementia Programming for their relative.		
28. Facilitates the Bridge to Rediscovery Program planning meetings to include activities, nutritional staff, families, and other disciplines as appropriate.		
QUALITY OF SERVICE MANAGEMENT		
29. Observes and assists staff in the administration of the individualized daily Montessori Based Dementia program plan.		
30. Develops family and customer satisfaction tools (when requested) so that findings are integrated into the overall facility's quality management program.		
31. Integrates the social, physical, intellectual, emotional aspects of Montessori Based Dementia Programming into the resident's daily plan.		
32. Oversees the management of personal care delivery for the residents, assisting as needed.		

ESSENTIAL FUNCTIONS	RATING	COMMENTS
33. Ensures that the nutritional program within the Bridge to Rediscovery dining program is developed in accordance to individual resident reviews and integrated into each resident's program plan.		
34. Ensures the resident's rights and dignity are maintained at all times.		
BRIDGE TO REDISCOVERY PROGRAM OVERSITE		
35. Ensures Bridge to Rediscovery Montessori Based Dementia program planned for each resident is developed consistent with the resident's individualized needs and ability.		
36. Follows Bridge to Rediscovery Administrative policies.		
37. Reviews each resident's program plan before implementation.		
38. Ensures that the Montessori Based Dementia program is revised according to changes in resident's needs and behaviors.		
39. Assists residents in working toward appropriate individual goals.		
40. Monitors the safe use of all program supplies.		
41. Ensures the Bridge to Rediscovery dining program is implemented and remains established.		
42. Ensures that there is a continuation of previous life tasks for each resident where appropriate through Montessori Based Dementia Programming techniques.		

FIVESTAR SENIOR LIVING, INC.

BRIDGE TO Rediscovery

BRIDGE TO REDISCOVERY PROGRAM DIRECTOR,
Performance Review Process Summary Form

Employee Name:	Date:

Job Specific Performance Rating

Using the three-level rating scale, how would you rate this employee's overall job performance?

Each specific responsibility should be scored with 1, 2 or 3 based on level of achievement with Needs Improvement equaling 1, Meets Expectation equaling 2 and Exceeds Expectation equaling 3. Add the total number of points and divide by 3 to determine average rating.

_____ ***Total Points Achieved (Add points from all line items)***

÷

_____ ***Total Possible Points (# of line items x 3)***

=

_____ ***X 100*** = ***Performance Rating*** _____%

86% to 100%	***Exceeds Expectation***
50% to 85%	***Meets Expectation***
0 to 49%	***Needs Improvement*** - *No Increase at this time.* (A Performance Improvement Plan needs to be created and the employee should be re-evaluated after an additional 90 Days)

FIVESTAR SENIOR LIVING, INC.

BRIDGE TO Rediscovery

BRIDGE TO REDISCOVERY PROGRAM DIRECTOR,
Performance Review Process Summary Form

PERFORMANCE SUMMARY

BELOW EXPECTATIONS	MEETS EXPECTATIONS	EXCEEDS EXPECTATIONS
Results fell short of expectations.	Fully meets expectations with occasional Deviations above and below expectation.	Results were beyond what was expected.

STRENGTHS: Describe major assets, skills, abilities or achievements, which as a minimum should include the items that resulted in an **Exceeds Expectations** rating. Additional comments may be attached.

AREAS REQUIRING FURTHER DEVELOPMENT: Describe the areas in the employee's performance that need to be further developed, which as a minimum should include the items that resulted in a **Below Expectations** rating. Additional comments may be attached.

FIVESTAR SENIOR LIVING, INC.

BRIDGE TO Rediscovery™

CELEBRATING LIFE THROUGH REDISCOVERY

BRIDGE TO REDISCOVERY PROGRAM DIRECTOR,
Performance Review Process Summary Form

DEVELOPMENT PLANS: Include plans to develop or improve the employee's performance or potential, including type of plan(s) and tentative timetable for implementation.

Subject and Type of Plan(s)	*Tentative Timetable*

SUBJECT		**TYPE OF PLAN**	
1. Knowledge	4. Leadership Skills	1. Directed Self-Development (Reading, Self Study)	4. Counseling, Coaching
2. Organization	5. Communications	2. Formal Training	5. On-the-Job Training
3. Decision Making Skills	6. Personal Qualities	3. Outside Education	6. No Plan at Present

EMPLOYEE COMMENTS

SIGNATURES

Employee *Date*

Supervisor *Date*

Review Date:

Alzheimer's Disease and Related Dementia's the Who

- 70% of the estimated two million residents in nursing homes
- 30% of all individuals living in Assisted Living and other residential settings

Imagine

- Close your eyes and imagine that you wake up in a world that has no meaning to you.
- Things look familiar, but you don't know the names of the objects around you
- Just as you are trying to make sense of your surroundings, in that instant the memory of what it looks like fades away and you try to start over again to make sense of what is happening.

Facts About AD

- It is not a normal part of aging
- It is a disease of the brain and not a mental illness
- While we normally associate AD and other Dementia with elders, there are some individuals that have any early onset of the disease
- There are a number of brain dysfunction's that can lead to an early onset of dementia

Commonly Used Terms Associated With Dementia

- Cognition
- Delirium
- Delusion
- Depression
- Hallucination

Examples of Some Medical Conditions and Substances that can produce Symptoms of Dementia

- Depression
- Endocrine disorders
- ALS
- Parkinson's disease
- Pick's disease
- TIA's
- Drug abuse

Some Possible Indicators of Dementia Are:

- Ability to learn and retain information
- Ability to handle complex tasks
- Spatial ability and orientation
- Language
- Behavior
- Changes in mood and behavior
- Loss of initiative

Diagnosis of Dementia

A work up may include the following:

- ✓ Mood Assessment
- ✓ Complete physical examination
- ✓ Screening laboratory tests
- ✓ Brain imaging
- ✓ Neuropsychological testing
- ✓ Differential differential diagnosis

7

Treatment

While there is no known cure for many types of dementias some treatments may include:

- Treatment of depression that often accompanies dementia
- Early stages may benefit from some medications that are designed to help improve cognition
- Creation of a supportive environment to slow down or decrease disuse atrophy.

8

Creation of a Supportive Environment

The focus of treatment at our facility is both physical and mental.

Our goal is to create a supportive environment for our Alzheimer's and Dementia Residents though a program that involves all staff.

9

What a Supportive Environment Means

- Accepting the individual and celebrating their abilities
- Encouraging participation in day programs
- Creation of a safe environment
- Developing creative solutions one by one
- Everyone- All staff, residents and families work as a team

This is done upon hire + ~~a~~ 1 time yearly a monthly inservice on Alz. related area for All Staff.

Central City Care Center
Alzheimer's Disease and Related Dementia's Training

I have read the information about this disease.

_____

Signature

_____

Date

CENTRAL CITY CARE CENTER

RATE SCHEDULE

EFFECTIVE 1-1-2016

DAILY ROOM RATES

SEMI-PRIVATE	*PRIVATE*	*MEDICARE SEMI-PRIVATE*
CARE LEVEL I	*CARE LEVEL I*	*CARE LEVEL I*
$181.50	*$191.00*	*$181.50*
CARE LEVEL II	*CARE LEVEL II*	*CARE LEVEL II*
$189.00	*$198.50*	*$189.00*
CARE LEVEL III	*CARE LEVEL III*	*CARE LEVEL III*
$194.00	*$203.50*	*$194.00*
CARE LEVEL IV	*CARE LEVEL IV*	*CARE LEVEL IV*
$243.50	*$252.00*	*$243.50*

SECURED UNITS
$4.00 daily plus Care Level

MEDICARE COINSURANCE
$161.00
Effective Date
1-1-16

CONVERT SEMI-PRIVATE ROOM TO A PRIVATE ROOM
$90.00 daily plus Care Level

The above do not include the following: Wheelchairs, walker, commodes, other ancillary charges therapy's, beauty & barber services, cable, etc.

MONTHLY EQUIPMENT RENTAL CHARGES

Wheelchair with elevating legs	$40.00	Standard Wheelchair	$30.00
Gerichair	$40.00	Merry Walker	$40.00
Walker	$20.00	Tabs Unit	$35.00
Sensor Pad – 90 day charge	$55.00	Wanderguard–90 day charge	$50.00

Cable Television Charge $25.00 monthly.

Medical Needs Transportation Charge (per trip)

In-Town	$15.00
Out-of-town	$45.00

Guest Meals

Guest Meal	$4.00
Holiday Guest Meal	$5.50

Personal Needs Transportation Charge (per trip)

In-Town	$15.00
Out-of-town	$ 0.36 per mile Minimum cost of $45.00

Beauty Shop

Hair Cut	$12.00	Wash & Set	$12.00
Perm	$42.00-$52.00	Color – One Color	$37.00

Ancillary items are posted in the Living Room for current prices.
Copy of listing upon request