

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

KD/LS  
5-24-16

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
AKSARBEN VILLAGE SENIOR LIVING COMMUNITY MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services ALZHEIMERS UNIT	Lic # ALF364
<b>EXPIRES</b> 04/30/2017	  Courtney R. Phillips, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: AKSARBEN VILLAGE SENIOR LIVING COMMUNITY  
ADDRESS: 1330 SOUTH 70TH STREET, OMAHA, NE 68106

This is to verify that your ASSISTED-LIVING FACILITY 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.

MAY 23 2016

Expiration Date

4/30/2011

Make payment to DHHS

Renewal Fees:

1-10 beds: \$950  
11-20 beds: \$1450  
21-50 beds: \$1650  
51 or more beds: \$1950



STATE OF NEBRASKA – Department of Health and Human Services  
Division of Public Health – Licensure Unit  
P.O. Box 94986, Lincoln, NE 68509-4986

RECEIVED

ASSISTED-LIVING FACILITY LICENSURE RENEWAL APPLICATION

IDENTIFYING INFORMATION

- 1. NAME AND ADDRESS OF FACILITY: Aksarben Villae Senior Living, 1330 S 70th Street, Omaha NE 68106
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT: Aksarben Senior Living, 1330 S 70th Street, Omaha NE 68106

LICENSE NO: AIF364
ADMINISTRATOR: Julie Anderson
TELEPHONE NUMBER: 402-810-9440
FAX NUMBER: 402-810-9446

- 3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:
4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 105
5. SPECIFY SPECIAL POPULATIONS: (Please check)
[checked] Special Care Unit for Alzheimer's or Dementia or Related Disorders 27 Number of Beds
[ ] Other - Please Specify
6. ACCREDITATION: (Check if applicable) Are you requesting deemed status for compliance with 175 NAC 4-006? Yes [ ] No [checked]
Name of Accreditation Organization:

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: MID O,LP
(Mailing Address: 11506 Nicholas Street, Suite 100 Omaha NE 68154)

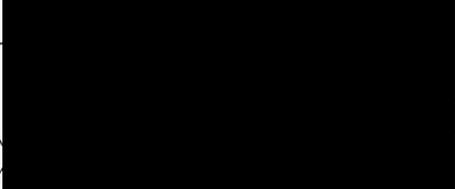
- 8. BUSINESS ORGANIZATION: (Check one)
[ ] Sole Proprietorship
[ ] Partnership
[checked] Limited Partnership
[ ] Corporation
[ ] Limited Liability Company
[ ] Governmental (Check one) [ ] State [ ] District [ ] County [ ] City or Municipal
[ ] Other (Please Specify)
Profit [checked] Non Profit

CERTIFICATION

I/we have read the Rules and Regulation 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.



SIGNATURE DATE 5/17/2016
SIGNATURE DATE 5/17/2016
SIGNATURE DATE 5/17/2016

HDA, LLC (Gen. Partner)
Vice President
Partner



STATE OF NEBRASKA – Department of Health and Human Services  
 Division of Public Health – Licensure Unit  
 P.O. Box 94986, Lincoln, NE 68509-4986

Expiration Date

4/30/2011

Make payment to DHHS

Renewal Fees:

1-10 beds: \$950  
 11-20 beds: \$1450  
 21-50 beds: \$1650  
 51 or more beds: \$1950

**ASSISTED-LIVING FACILITY LICENSURE RENEWAL APPLICATION**

**IDENTIFYING INFORMATION**

1. NAME AND ADDRESS OF FACILITY:  
Aksarben Village Senior Living  
1330 S 70th Street, Omaha NE 68106

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

LICENSE NO: AIF364  
 ADMINISTRATOR: Julie Anderson  
 TELEPHONE NUMBER: 402-810-9440  
 FAX NUMBER: 402-810-9446

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: \_\_\_\_\_ (If not Individual)

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 105

5. SPECIFY SPECIAL POPULATIONS: (Please check)  
 Special Care Unit for Alzheimer's or Dementia or Related Disorders 27 Number of Beds  
 Other – Please Specify \_\_\_\_\_ Number of Beds

6. ACCREDITATION: (Check if applicable) Are you requesting deemed status for compliance with 175 NAC 4-006? Yes  No   
 Name of Accreditation Organization: \_\_\_\_\_

**OWNERSHIP INFORMATION**

7. OWNERSHIP OF FACILITY: MID OLP  
 (Legal Name of Individual or Business Organization)

MAILING ADDRESS: 11506 Nicholas Street, Suite 100, Omaha NE

8. BUSINESS ORGANIZATION: (Check one)  
 Sole Proprietorship  
 Partnership  
 Limited Partnership  
 Corporation  
 Limited Liability Company  
 Governmental (Check one)  State  District  County  City or Municipal  
 Other (Please Specify) \_\_\_\_\_

(check one)  
 Profit  Non-Profit

**CERTIFICATION**

I/we have read the Rules and Regulation 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.

HDA, LLC (Gen. Partner) Ted Lowndes 4-26-16  
 AUTHORIZED REPRESENTATIVE (TYPE OR PRINT) SIGNATURE DATE

\_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE (TYPE OR PRINT) SIGNATURE DATE

LICENSURE UNIT  
 MAY 02 2016  
 RECEIVED

REC'D HHS ACCOUNTING  
 2016 MAY -4  
 A 10:20

Aksarben Village Senior Living Community

Date: April 2016

Re: Owner: MID O, L.P.

Tax ID: [REDACTED]

List of ownership of 5% or more (includes General Partner/Manager of 1%, as this is who signs for this entity)

HDA, LLC 1% (TIN: [REDACTED])  
-General Partner/Manager, Managed by Ted Lowndes-0% ownership  
Consisting of Partners (owning 5% or more):  
Tammy L. Day 22.5% ( )  
Jennifer Day 22.5% ( )  
HFC, LLC 55%

Jennifer Day 19.8% (SSN: [REDACTED])

Tammy L. Day 19.8% (SSN: [REDACTED])

JTQ-WC, LP 49% (TIN: [REDACTED])  
Consisting of Partners (owning 5% or more):  
Rockford Riverside LP 99% ( )

DSP-AK, LLC 9.9% (TIN: [REDACTED])  
Consisting of Partners (owning 5% or more):  
Mike Day 50% ( )  
Jennifer Day 50% ( )

All of the entities and their partners/members are located at:  
11506 Nicholas Street  
Suite #100  
Omaha, NE 68154  
(402) 493-2800

LICENSURE UNIT

MAY 23 2016

RECEIVED



**Please note new contact information as of May 16, 2016**

## **Aksarben Village Contact Information**

**Julie Anderson**

Executive Director

[Julie.Anderson@aksarbenvillageseniorliving.com](mailto:Julie.Anderson@aksarbenvillageseniorliving.com)

A general mailbox for Aksarben Village is listed below;

[administration@aksarbenseniorliving.com](mailto:administration@aksarbenseniorliving.com)

Phone: 402-810-9440

Fax: 402-810-9446

**Aksarben Village Senior Living \* 1330 South 70<sup>th</sup> Street, Omaha NE, 68106\*402-810-9440**

*Professionally Managed by Dial Senior Management Inc. of Omaha, Nebraska*



# NEBRASKA STATE FIRE MARSHAL CERTIFICATE OF OCCUPANCY



Omaha Fire Prevention Bureau - State Fire Marshal Delegated Authority

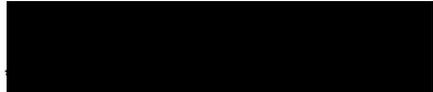
Name of Facility: AKSARBEN VILLAGE SENIOR LIVING COMMUNITY - ASSISTED-LIVING FACILITY

Location: 1330 South 70th Street, Omaha, NE 68106

Date Issued: November 5, 2015 Certificate No.: 2015-391

Maximum Occupancy: - 105 Beds - Persons

Inspected By: FF David M. Kline #618

Approved By: 

## POST IN A PROMINENT PLACE

Copy to be presented to the State Licensing Agency if necessary.

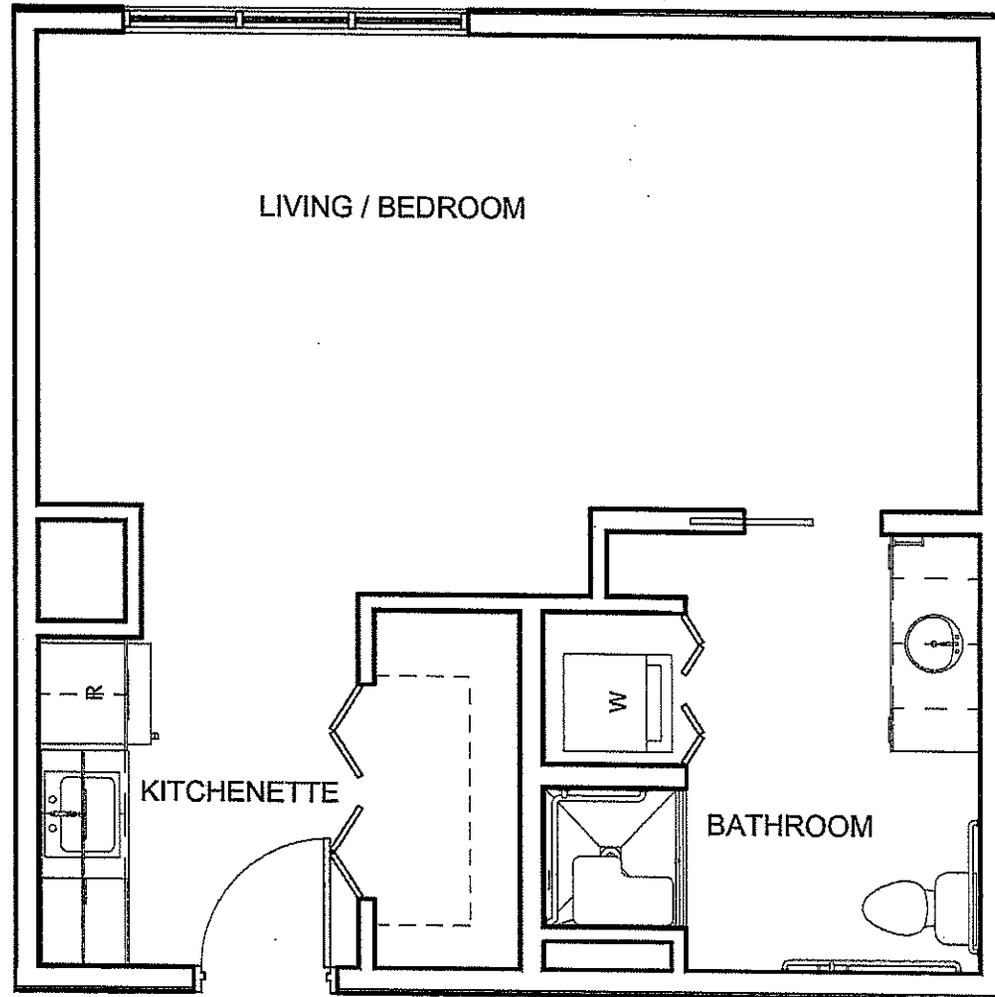
# THE DOUGLAS: STUDIO

Assisted Living: 472 to 549 Square Feet

	Douglas I
Living Room/Bedroom	13 x 21-9
Kitchenette	9 x 5-6
Bathroom	10 x 7
Total Square Feet	472

	Douglas II
Living Room/Bedroom	13-6 x 21-9
Kitchenette	9 x 5-6
Bathroom	10 x 7
Total Square Feet	490

	Douglas III
Living Room/Bedroom	16-6 x 21-9
Kitchenette	9 x 5-6
Bathroom	10 x 7
Total Square Feet	549



*AKSARBEN Village*  
A DIAL RETIREMENT COMMUNITY

# THE BURLINGTON: 1 BED, 1 BATH

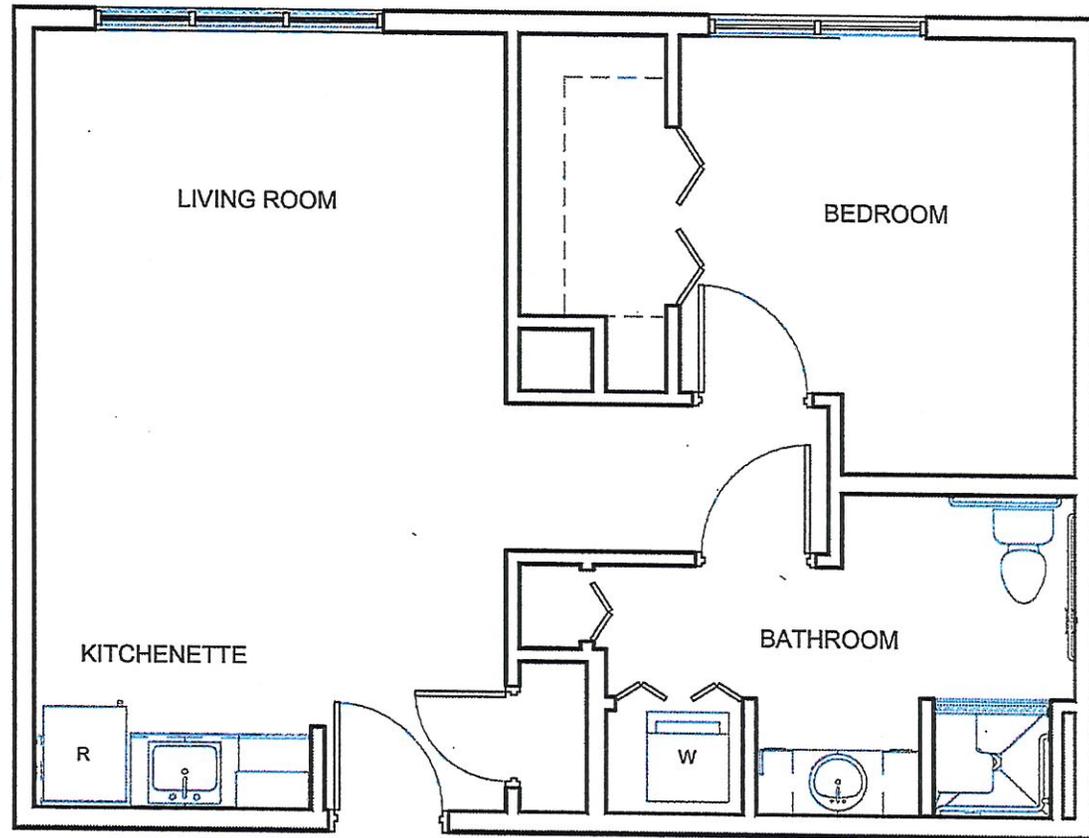
Assisted Living: 627 to 731 Square Feet

	Burlington I
Living Room	14 x 13
Kitchenette	7-6 x 7-6
Bedroom	12 x 11
Bathroom	12 x 7
Total Square Feet	627

	Burlington II
Living Room	15 x 13
Kitchenette	7-6 x 7-6
Bedroom	13 x 11
Bathroom	12 x 7
Total Square Feet	655

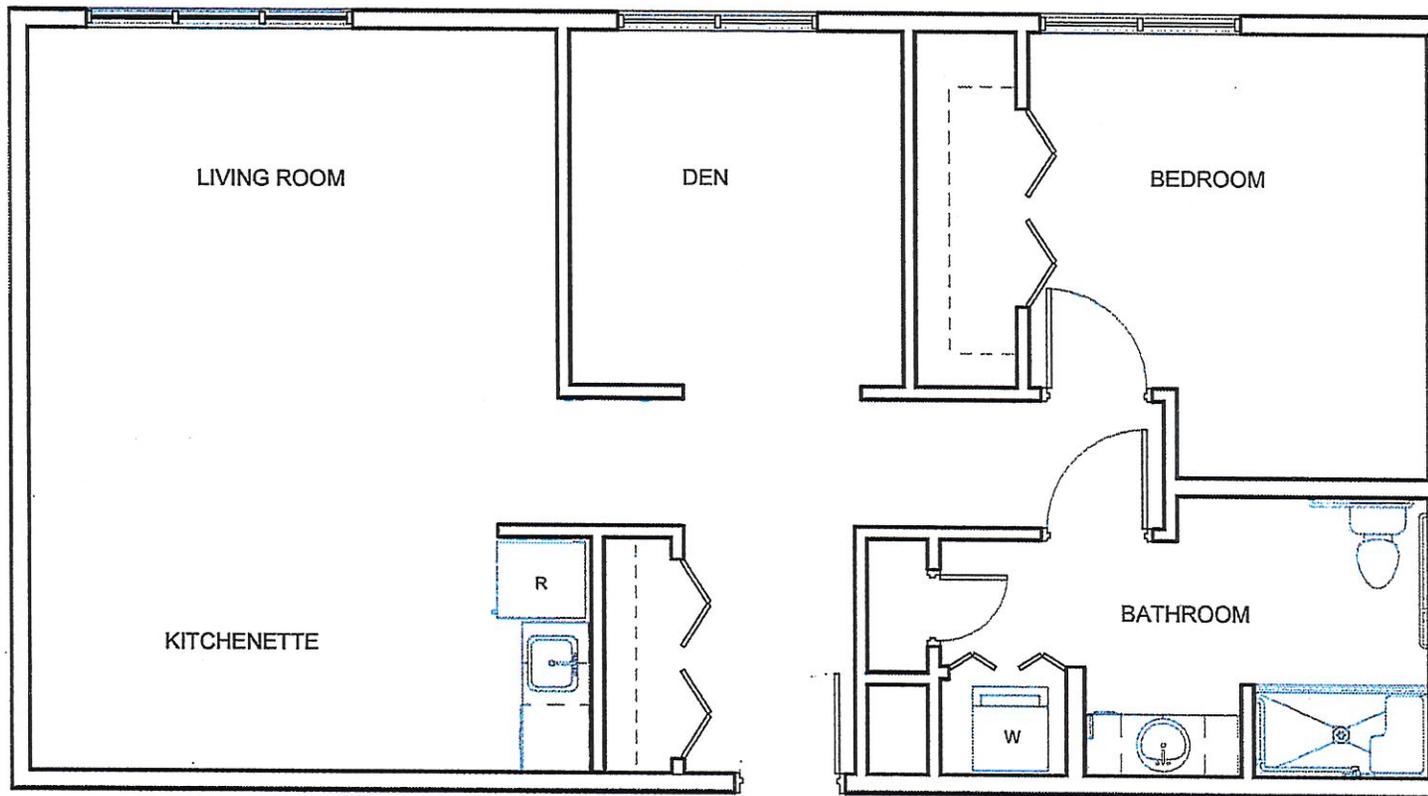
	Burlington III
Living Room	17-6 x 13
Kitchenette	7-6 x 7-6
Bedroom	15-6 x 11
Bathroom	12 x 7
Total Square Feet	725

	Burlington IV
Living Room	10-6 x 15
Kitchenette	7 x 7-6
Bedroom	14 x 12
Bathroom	9 x 16
Total Square Feet	731



*A* KSARBEN *Village*  
A DIAL RETIREMENT COMMUNITY

# THE BRANDEIS: 1 BED, 1 BATH WITH DEN

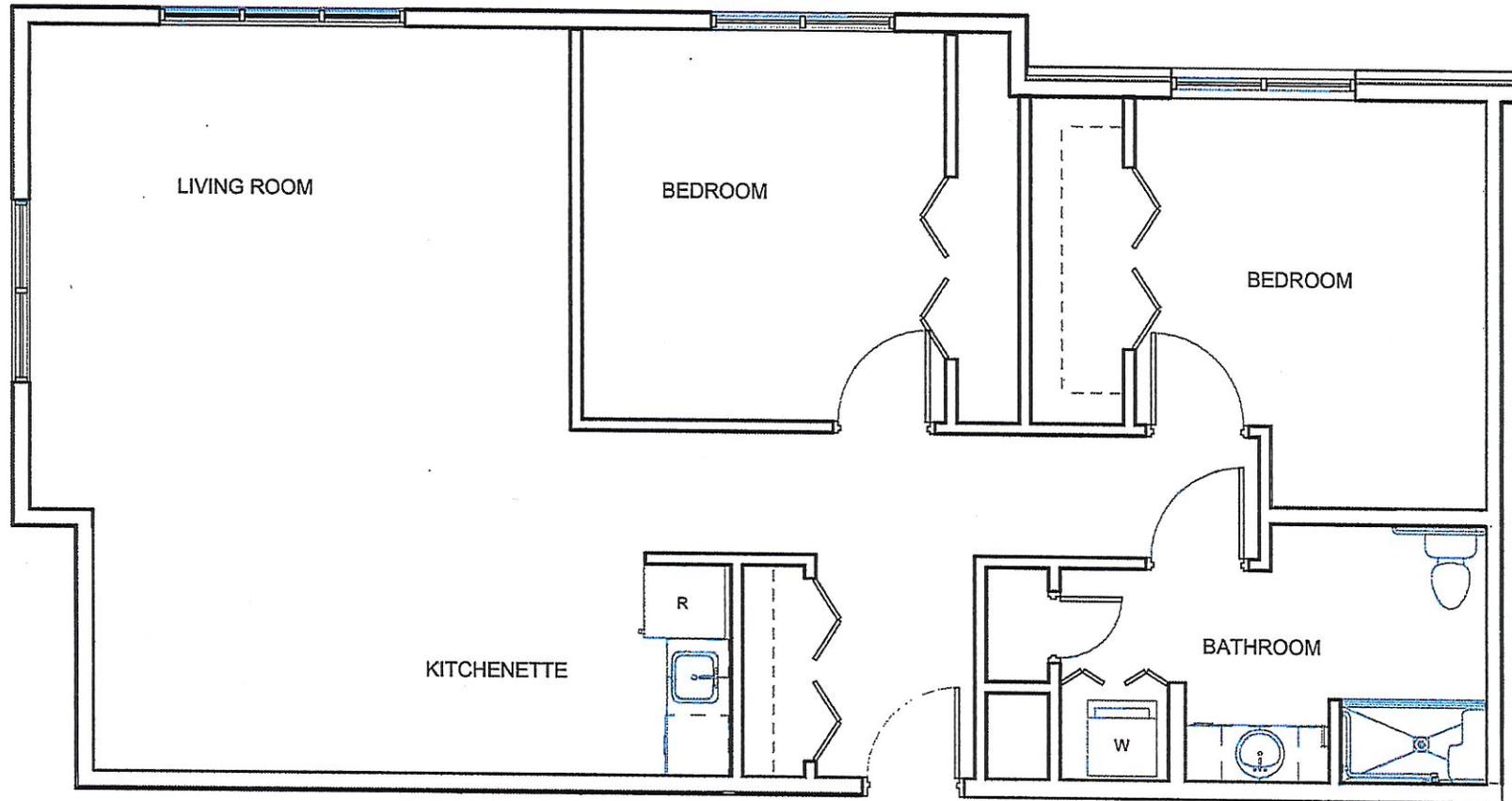


Assisted Living: 943 Square Feet

	Brandeis
Living Room	16 x 15
Kitchenette	16 x 7-6
Den	11 x 10
Bedroom	13 x 12
Bathroom	14-6 x 8-6
Total Square Feet	943

*A*KSARBEN *Village*  
A DIAL RETIREMENT COMMUNITY

# THE DODGE: 2 BED, 1 BATH



Assisted Living: 1124 Square Feet

	Dodge
Living Room	16-6 x 15-6
Kitchenette	18 x 7-6
Bedroom	13-6 x 12
Bedroom	12-6 x 12
Bathroom	14-6 x 8-6
Total Square Feet	1124

*A*KSARBEN *Village*  
A DIAL RETIREMENT COMMUNITY

# THE DRAKE: 2 BED, 2 BATH

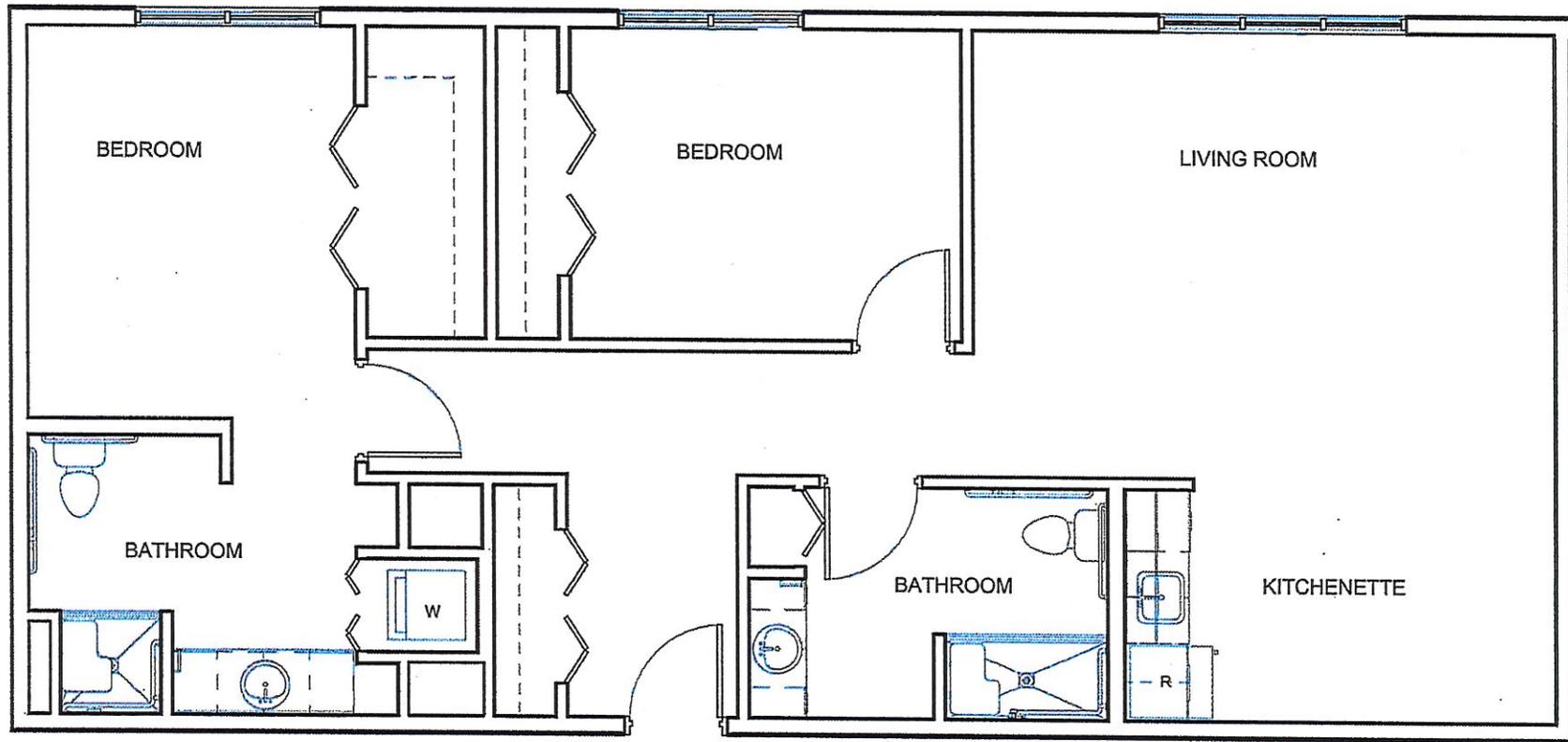


Assisted Living: 1053 to 1234 Square Feet

	Drake I	Drake II	Drake III
Living Room	18 x 13	18 x 13-6	20 x 13-6
Kitchenette	18 x 9-6	18 x 11-6	20 x 9-6
Bedroom	13 x 11-6	13 x 12	14 x 12
Bedroom	13-6 x 10	16 x 10	15 x 13-6
Bathroom	14 x 9	14 x 9	17 x 9
Bathroom	10-6 x 8-6	10-6 x 8-6	12-6 x 8
Total Square Feet	1053	1174	1234

*A*KSARBEN *Village*  
A DIAL RETIREMENT COMMUNITY

# THE FORD: 2 BED, 2 BATH

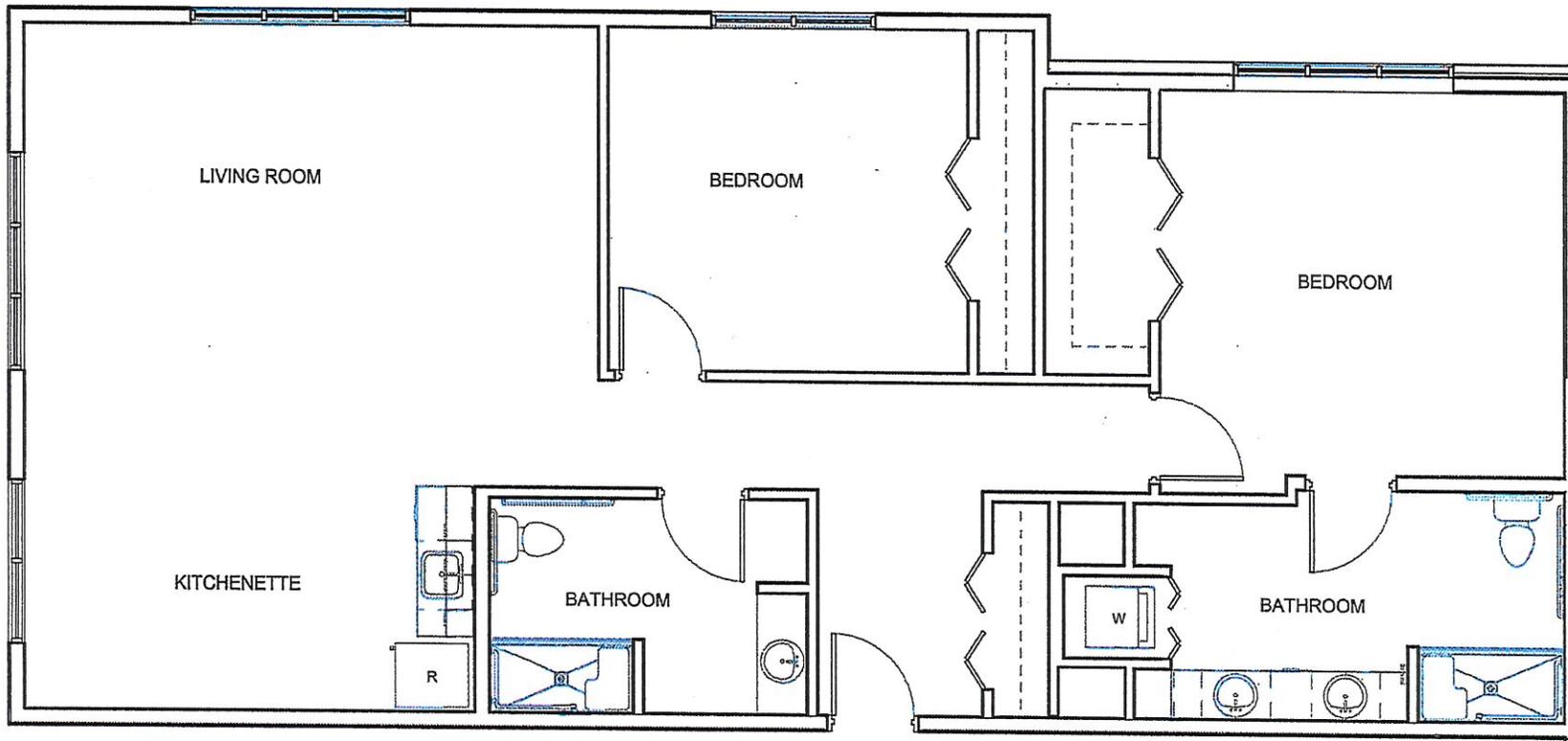


Assisted Living: 1108 to 1187 Square Feet

	Ford I	Ford II
Living Room	18-6 x 10-6	20-6 x 17
Kitchenette	11-6 x 8	13-6 x 8
Bedroom	12-6 x 10	12-6 x 12
Bedroom	12-6 x 10-6	12-6 x 10
Bathroom	11-6 x 7-6	11-6 x 7-6
Bathroom	12 x 9	11-6 x 9
Total Square Feet	1108	1187

*A* KSARBEN *Village*  
A DIAL RETIREMENT COMMUNITY

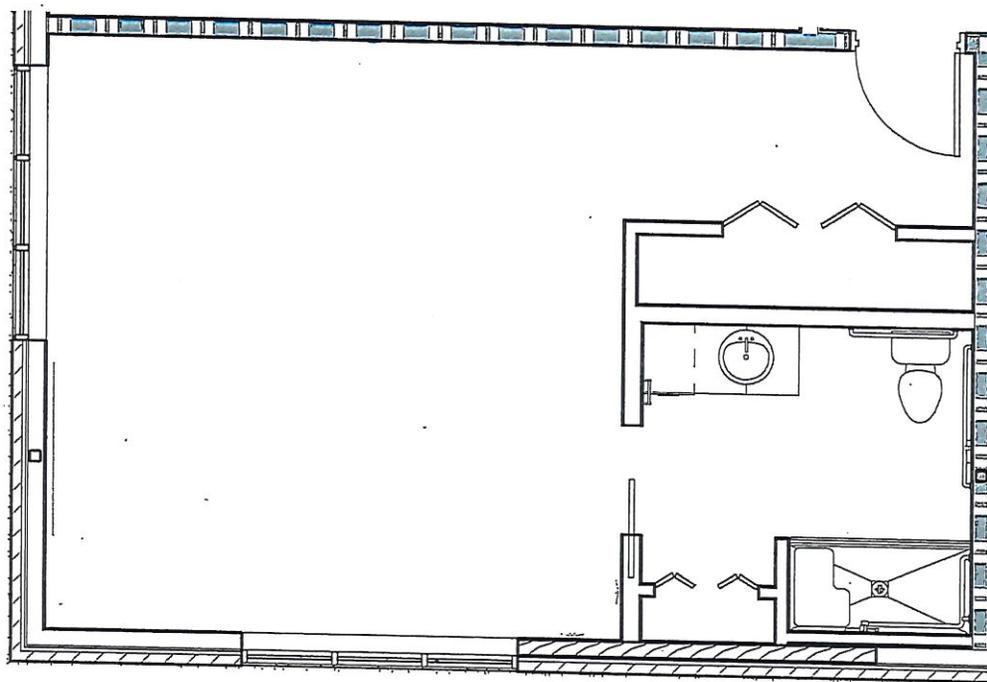
# THE ROSENBLATT: 2 BED, 2 BATH



Assisted Living: 1342 Square Feet

	Rosenblatt
Living Room	21 x 13
Kitchenette	16-6 x 8-6
Bedroom	13 x 12-6
Bedroom	15 x 14
Bathroom	11-6 x 8
Bathroom	15-6 x 8
Total Square Feet	1342

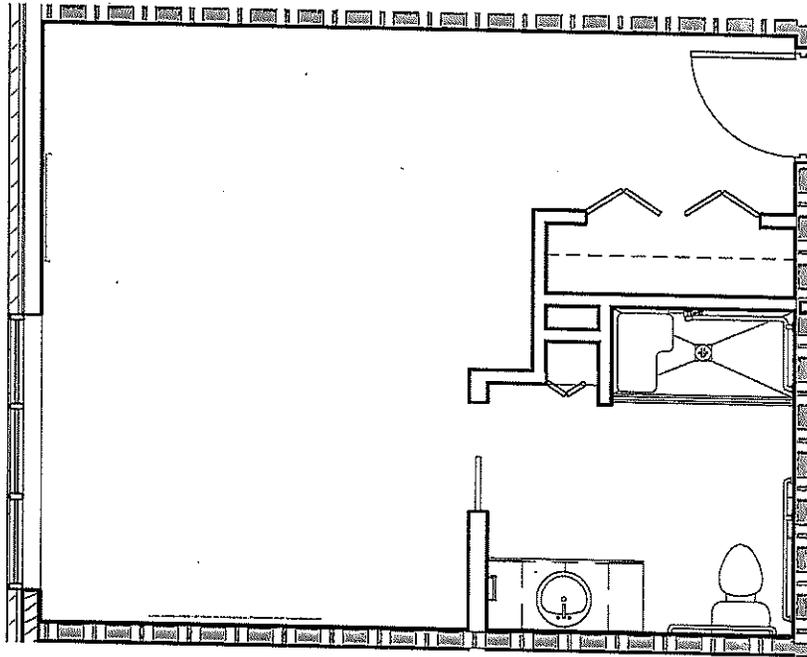
*A*KSARBEN *Village*  
A DIAL RETIREMENT COMMUNITY



MEMORY CARE  
UNIT M1 | 463 SF

LIVING / BEDROOM  
BATHROOM

17'-0" X 16'-6"  
7'-6" X 9'-6"



MEMORY CARE  
UNIT M | 377 SF - 414 SF

LIVING / BEDROOM  
BATHROOM

VARIES  
7'-0" X 9'-0"

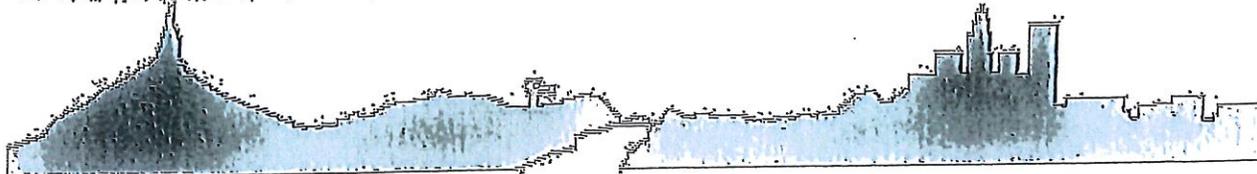


The Alzheimer's / Dementia / Memory Care information for Aksarben Village follows;

**Aksarben Village Senior Living \* 1330 South 70<sup>th</sup> Street, Omaha NE, 68106\* 402-810-9440**

*Professionally Managed by Dial Senior Management Inc. of Omaha, Nebraska*

# NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



Excerpt from Nebraska Legislature Online

## ALZHEIMER'S SPECIAL CARE DISCLOSURE ACT

71-516. Repealed. Laws 1991, LB 10, § 7.

71-516.01. Act, how cited. Sections 71-516.01 to 71-516.04 shall be known and may be cited as the Alzheimer's Special Care Disclosure Act.

Source: Laws 1994, LB 1210, §162.

71-516.02. Legislative findings and declarations. The Legislature finds and declares that:

- (1) Certain nursing homes and related facilities and assisted-living facilities claim special care for persons who have Alzheimer's disease, dementia, or a related disorder;
- (2) It is in the public interest to provide for the protection of consumers regarding the accuracy and authenticity of such claims;

The provisions of the Alzheimer's Special Care Disclosure Act are intended to require such facilities to disclose the reasons for these claims, require records of such disclosures to be kept, and require the Department of Health and Human Services Regulation and Licensure to examine the records.

Source: Laws 1994, LB 1210, §163; Laws 1997, LB 608, §6. Operative date July 1, 1998.

71-516.03. Alzheimer's special care unit, defined. For the purposes of the Alzheimer's Special Care Disclosure Act, Alzheimer's special care unit shall mean any nursing facility or assisted-living facility, licensed by the Department of Health and Human Services Regulation and Licensure, which secures, segregates, or provides a special program or special unit for residents with a diagnosis of probable Alzheimer's disease, dementia, or a related disorder and which advertises, markets, or otherwise promotes the facility as providing specialized Alzheimer's disease, dementia, or related disorder care services.

Source: Laws 1994, LB 1210, §163; Laws 1997, LB 608, §7. Operative date July 1, 1998.

71-516.04. Facility; disclosures required; department; duties. Any facility which offers to provide or provides care for persons with Alzheimer's disease, dementia, or a related disorder by means of an Alzheimer's special care unit shall disclose the form of care or treatment provided that distinguishes such form as being especially applicable to or suitable for such persons. The disclosure shall be made to the Department of Health and Human Services Regulation and Licensure and to any person seeking placement within an Alzheimer's special care unit. The department shall examine all such disclosures in the records of the department as part of the facility's license renewal procedure at the time of licensure or relicensure.

The information disclosed shall explain the additional care provided in each of the following areas:

- (1) The Alzheimer's special care unit's written statement of its overall philosophy and mission which reflects the needs of residents afflicted with Alzheimer's disease, dementia, or a related disorder;
- (2) The process and criteria for placement in, transfer to, or discharge from the unit;
- (3) The process used for assessment and establishment of the plan of care and its implementation, including the method by which the plan of care evolves and is responsive to changes in condition;
- (4) Staff training and continuing education practices;
- (5) The physical environment and design features appropriate to support the functioning of cognitively impaired adult residents;
- (6) The frequency and types of resident activities;
- (7) The involvement of families and the availability of family support programs; and
- (8) The costs of care and any additional fees.

Source: Laws 1994, LB 1210, §165; Laws 1996, LB 1044, § 501. Operative date January 1, \_\_\_\_\_



## **Mission Statement**

Aksarben Village Senior Living Community will provide a safe nurturing home for those individuals who are no longer able to live independently as a result of Alzheimer's disease, dementia, or a related disorder.

It is our mission, to provide a safe secure and home like environment for persons with dementia related disorders. We are dedicated to enhancing the lives of our residents by providing person-centered care for each resident, based on their own unique needs and interests. We envision ourselves as partners in care giving with our residents' families and the healthcare community. We are committed to providing the highest quality of living, through compassionate care, respect and dignity.

## **Philosophy of Program**

### **Personalized Care for every Individual**

**Aksarben Senior Living Community's Special Memory Care** is designed and staffed to provide the highest level of quality care for all individuals. We recognize that the individualism of each residents. Through a comprehensive questionnaire analysis and ongoing dialogue with family we will create an array of services, activities and events to accommodate the needs and requests of our residents. It is our desire to create a service plan, atmosphere and

programming that is as unique as each resident allowing them to feel comfortable and transition effortlessly into their new home.

We offer the care needed for each individual with compassion and respect, understanding that maintain a sense of independence and dignity is vital to the well-being of all of our residents.

Our commitment to the quality of Life

Our community is committed to providing the highest quality of living possible to each of our residents. We ensure a secure, positive atmosphere through:

- The warmth and personal comfort of beautiful, homelike surroundings.
- Private spacious apartment's and personalized memory cases furnished with resident's own personal belongings and treasures.
- A private secured walking path and garden to awake the senses and stimulate the mind
- A cheery and inviting environment that's always open for snacks, beverages and conversation.
- Life enriching activities guided by the healthcare staff and woven through ADLs to organized activities.
- A full day of activities tailored to individual skill levels, interest and abilities.
- Activities designed to encourage family participation and ease family communication.
- Devotional programs and Worship Services.
- Secure surroundings which eliminate wandering concerns and assure peace of mind for family members.
- Attentive, devoted and caring staff members at a low resident- to staff ratio.
- Ongoing communication with family and physicians to ensure the best possible care for each resident.

## **Caregiving Partnerships**

We encourage family and friends to be involved in the lives of our residents. We welcome visitors at any of our activities, encourage frequent visits, hold monthly family meeting and maintain open communication at all times. We also communicate very closely with our resident's physicians and other healthcare professional to coordinate cares and work to maintain and enhance the health and well-being of each resident.

## **Our Team**

Our Special Memory Care Team members are chosen specifically for their heart for service to seniors because we believe that senior care is truly a calling. Our specially developed training program fine tunes each caregiver's skills and regular in service programs enhance the care provided on a continual basis. Our exceptional team members are retained and rewarded with competitive wages and benefits, ongoing recognition, and opportunities for advancement.

## Philosophy of Program

---

### We Believe:

- ❖ Alzheimer's and other Dementia Disorders are devastating diseases, both for the individual and for family members.
- ❖ Each individual has the right to appropriate healthcare, a safe and secure environment, and compassionate caregivers.
- ❖ Each individual deserves to be treated with kindness, respect, and understanding.
- ❖ Each individual has important life lessons to teach us, if we will only spend the time to discover their gifts.
- ❖ Daily programming and activities are as important to a dementia resident as insulin is to a diabetic resident.
- ❖ A smile and joyful attitude make even the most ordinary times extraordinary.
- ❖ Routine daily chores are opportunities to create moments of joy.
- ❖ The heart often remembers what the mind does not.
- ❖ Each resident is an individual with unique life history, interests, and experiences. We can only care for a person if we truly know them.

# Communicating with Alzheimer's Residents

---

## The Ten Commandments of Alzheimer's Care

- 1) Realize that you do the adapting and the modifying of your response to their behavior.
- 2) Realize that you enter their reality rather than pulling them into yours.
- 3) Realize that "one size doesn't fit all" when it comes to what will and what won't work for each individual.
- 4) Realize that approaches and techniques are not 100% failure free and that you must learn to be flexible.
- 5) Realized that Normalization is important in giving them a sense of participating in their own lives as they see fit.
- 6) Realize that Success means adapting the task to whatever the highest level happens to be.
- 7) Realize that the Process is more important than the net result, and celebrate the process regardless of the outcome.
- 8) Realize that you need to "do what it takes" when the tried and true have not been effective.
- 9) Realize that the family is an equal partner in the caregiving process and that educating them is up to you.
- 10) Realize that through your caregiving, You hold the key to the success of their journey through this disease and that because of this, you are a rare and special person.

# ADMISSION AND RETENTION POLICY AND PROCEDURE

## Policy:

The community will evaluate each prospective tenant's/resident's health & functional capacity and cognitive status prior to signing the Resident Service Agreement and service plan to determine the tenant's/resident's eligibility for the program, including whether the services needed are available.

## Procedure:

1. The pre-admission evaluation will entail a full health & functional capacity and cognitive evaluation completed by a Registered Nurse.
2. Prior to admission, a designated community staff member will review with the prospective tenant/resident the service agreement; resident rights; retention and discharge policies; cost of services and terms of payment; grievance policy; and advance directives.
3. The program will not knowingly admit or retain a tenant/resident who is not stable or predictable or when a tenant/resident presents with the following:
  - a. Whose medical or physical condition creates a situation beyond the level of care that can be provided by the community and/or supportive services
  - b. Who is bed bound unless appropriate support services are in place
  - c. Requires more than part-time intermittent health-related care unless appropriate support services are in place
  - d. Has unmanageable incontinence on a routine basis despite an individualized toileting program.
  - e. Is violent or a danger to himself/herself or others.
  - f. Tenant/resident has failed after reasonable and appropriate notice to pay for a stay at the community
  - g. Who despite intervention *chronically*; wanders into danger, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression.
  - h. Has a diagnosis of an active-stage contagious disease such as TB
  - i. Anyone in an acute state of drug addiction, mental illness, or alcoholism.
  - j. The community ceases to operate

# DOCUMENTATION UPON ADMISSION POLICY AND PROCEDURE

## Policy:

It is the policy of this community to provide appropriate and quality healthcare and to ensure that necessary documentation is on file at the community.

## Procedure:

1. Prior to admission, the following documents must be completed and/or signed:
  - a. Pre-admission health & functional evaluation and cognitive evaluation.
  - b. Authorization for Release of Confidential Information
  - c. Admission Orders by licensed practitioner where applicable
  - d. CPR designation form
  - e. Advanced Directives if Available
  - f. Tenant/Resident Service Plan with Preference for Transfer
  - g. Tenant/Resident Service Agreement
  - h. Date of admission
  - i. Name of tenant/resident
  - j. Gender and date of birth
  - k. Physical description or photo of tenant/resident
  - l. Significant medical conditions
  - m. Medications and list if program administers
  - n. Allergies
  - o. Person to contact in emergency situations
2. Upon admission a clinical note will be made to include date and time of admission along with other pertinent admission information.
3. The ongoing recordkeeping must be dated and legible, and indelible. The author of each entry is identified and authenticated with use of electronic medical record.
4. In addition to previous identified documentation, any unusual event or occurrence is documented in the record.

# DISCHARGE POLICY AND PROCEDURE

## Policy:

When a current tenant/resident is either voluntarily or involuntarily discharged, the community and tenant/resident will provide proper notice, make proper notifications and arrangements for the discharge.

## Procedure:

1. A 30 day notice will be provided by either the community or tenant/resident.
2. Physician and pharmacy notification will occur regarding discharge of a tenant/resident from the assisted living community
3. Discharge instructions will be prepared and sent with tenant/resident upon discharge
4. Belongings including medications will be sent with tenant/resident upon discharge. Controlled substances may be sent with tenant/resident or responsible party provided that a signature is obtained from the tenant/resident or responsible party on the Controlled Substance Form.
5. Final notation will be made in tenant's/resident's record regarding reason for discharge, discharge destination, date, time, and disposition of belongings.

# INVOLUNTARY TRANSFER POLICY AND PROCEDURE

## **Policy:**

It is the policy of this community to provide tenants/residents and/or the tenant's/resident's responsible party with a thirty day written notice of an impending transfer or discharge when a tenant/resident no longer meets retention requirements.

## **Procedure:**

1. A tenant/resident and/or his/her responsible party will be given a 30 day advance written notice of an impending transfer or discharge from our community except as specified below,
  - a. The transfer is necessary for the tenant's/resident's welfare and the tenant's needs cannot be met in the community.
  - b. The safety of individuals in the community is endangered.
  - c. The health of individuals in the community would otherwise be endangered.
  - d. The tenant/resident has failed, after reasonable and appropriate notice, to pay for a stay at the community.
  - e. An immediate transfer or discharge is required by the tenant's/resident's urgent medical needs.
  - f. The tenant/resident is transferred for other than medical reasons.
  - g. The community ceases to operate.
2. The 30 day written notice will provide the tenant/resident and/or responsible party with the following information:
  - a. The reason for the transfer or discharge.
  - b. The effective date of the transfer or discharge.
  - c. The location to which the tenant/resident is being transferred or discharged as applicable
3. A copy of the notice is maintained with the tenant's/resident's medical record.
4. The tenant/resident and/or responsible party will have the right to an Internal Appeals process in the case of an involuntary transfer.

# TRANSFER POLICY AND PROCEDURE

## Policy:

It is the policy of this community to make transfers when medically necessary and with the approval of the tenant/resident or tenant's/resident's responsible party, and/or attending physician.

## Procedure:

1. Transfers are based on the medical needs of the tenant/resident.
2. Transfer of tenant/resident will be arranged with local Emergency Medical Services or the tenant's/resident's family/responsible party.
3. Documentation to accompany the tenant/resident will be copies of:
  - a. Physician Order Sheet and/or copy of the MAR
  - b. CPR status form and/or Advance Directives
  - c. Face Sheet
4. Inquiries concerning transfers should be directed to the Executive Director and Director of Nursing.
5. All transfers of tenants/residents must be documented in their individual chart.

# UNMANAGEABLE TENANT/RESIDENT POLICY AND PROCEDURE

## **Policy:**

It is the policy of this community to provide each tenant/resident with a safe place of residence.

## **Procedure:**

1. Should a tenant/resident pose an immediate danger, become violent, or beyond the control of the community, the staff on duty must immediately:
  - a. Provide for the safety of all concerned
  - b. Call 911
  - c. Notify the Nurse or nurse on call
  - d. The nurse will notify the tenant's/resident's physician
  - e. The nurse will notify the Executive Director
  - f. Notify the family
2. Effort should be made to calm the tenant/resident; however, personal safety must always be considered.
3. Discharge proceedings will be implemented according to Involuntary Transfer Policy as applicable following tenant/resident evaluation
4. Complete documentation of the incident must be recorded in the tenant's/resident's medical record, as well as the filing of an incident report.

# TENANT/RESIDENT ASSESSMENTS POLICY AND PROCEDURE

## Policy:

It is the policy of this community to provide appropriate and quality healthcare services and to ensure that necessary documentation is on file at the community prior to a tenant/resident admission but not earlier than 30 days prior to admission to ensure that each tenant/resident is appropriately placed in assisted living and continues to meet admission criteria.

## Procedure:

1. Potential tenant's/resident's health & functional capacity, and cognitive status will be evaluated prior to signing the Resident Service Agreement. This evaluation will determine the tenant's/resident's eligibility for the program, including whether services needed, can be provided. The evaluation will be completed by a Registered Nurse.
2. Tenant/resident assessments/evaluations will be reviewed, and updated if applicable, within 30 days prior to admission, annually, and with a significant change of condition.
  - a. The assessments/evaluations will include a health & functional capacity, cognitive, and negotiated risk agreement as applicable.
  - b. Nursing services will notify the following with a change of condition: the physician, the tenant/resident, his or her family, or responsible party as applicable.
  - c. A GDS evaluation will be completed according to the instructions on the cognitive assessment.
  - d. If a tenant/resident refuses to complete the cognitive assessment, the assessment will have an automatic maximum score indicating cognitive impairment and interventions will be added to the service plan/service agreement as applicable.
3. A Health Summary will be conducted every 30 days that includes but is not limited to: review of tenant's/resident's health, functional, cognitive status, medication orders, medications administration records, prn medication usage, incidents, and negotiated risk agreement as applicable.
4. A Nurse Review will be conducted to evaluate and document the health status of each tenant/resident and to make recommendations and referrals as appropriate.
5. A TB Screening will be completed with the admission assessment and annually.



## Lifestyle and Cognitive Living:

It is Aksarben's Mission to "LOVE THE WAY YOU LIVE!" Our wonderful Lifestyle Aides are here daily to provide outstanding activities for each and every one of our residents.

(Would like to insert a Letter describing the Heartstone program here)

## **Special Memory Care**

It is our mission to provide a safe, secure, and home-like environment for persons with dementia-related disorders.

We are dedicated to enhancing the lives of our residents by providing person-centered care for each resident, based on their own unique needs and interests. We envision ourselves as partners in care giving with our residents' families and the healthcare community.

We are committed to providing the highest quality of living through compassionate care, respect, and dignity.

## Aksarben Level of Care for Special Memory Unit:

Room rates for the Special memory Unit will be: \$5800---\$5950---\$6500 based on square footage.

## Health Services:

### Included in the rates:

- 🔧 **Medication administration:** Staff will administer up to 9 oral medications on a schedule per doctor orders. This includes PRN medication. Staff will set up medications for resident's absence from community, order resident medications and needed medication supplies from preferred Community Pharmacy, maintain and count all narcotic medications, manage all medication order changes between MD and pharmacy, and obtain and record all Vital Signs needed to accurately administer medications. Nursing staff will also manage and coordinate Coumadin therapy with lab draws.
- 🔧 **Home Health Services/Hospice Coordination of care:** Nursing staff will coordinate with the MD for home health services/hospice. Using one of our preferred providers is included in the base rent. Preferred Providers include: Phymed Home Health/Serence Care Hospice, Recover Home Health, Hillcrest Home Health and Hospice, and Flexcare Home Health.
- 🔧 **Communication between MD and Nursing staff:** Nursing staff will send faxes to MD office to notify MD of resident changes and/or request changes in resident's plan of care. Family may independently manage this and then notify staff of changes if they prefer. Nursing staff will print out needed paperwork to accompany residents to MD appointments such as; medication list, vital sign log, behavior log, and nursing notes as needed.
- 🔧 **Stocking and ordering supplies:** Gloves, peri-wipes, Medication pass supplies, paper towels, and trash bags will be supplied by Aksarben.
- 🔧 **Resident Safety checks:** Staff will make hourly rounds on each resident.
- 🔧 **Wander-guard:** If a resident has the potential for elopement a Wander-guard will be provided to add an additional level of safety.
- 🔧 **Emergency pendant:** Each resident will be provided an emergency pendant. It is directly tied to pagers which each staff member carries while on duty.

### Additional Charges related to Medication administration/Health Services:

- 🔧 Insulin administration and Accuchecks: **2 points for insulin administration; 3-7 points for Accuchecks**
- 🔧 Oxygen management: **5 points**
- 🔧 Breathing treatments: **2-4 points**
- 🔧 Additional Medication administration time: more than 9 oral medications a day. **5 points**
- 🔧 For ordering medications and supplies from outside of our preferred pharmacy: **3 points**
- 🔧 Using a Home Health company outside of our preferred provider list: **2 points**
- 🔧 Long term care insurance management: If staff must fill out/provide paperwork for long term care insurance purposes. This includes faxing or mailing required paperwork to insurance company. **3 points**
- 🔧 Resident requires a staff member to accompany them to medical/dental appointments. **Hourly charge to be arranged.**

\*\*\* Please note—All health and ADL Service Plans/Levels of Care have to be resident and/or family (POA) directed. The nurse can only consult with family and MD. All medications have to be ordered by a physician and the staff must administer all medications only as directed by MD.

# Activities of Daily Living:

## Included in rates:

- Bathing:** Staff assistance with 2 showers a week in apartment. Staff will assist with getting in/out of the shower, starting/adjusting water temperatures, gathering supplies, assist with washing and drying of hair and body, applying lotion/powders of residents choice after shower, assist with dressing after shower, hygiene such as brushing and drying hair, and shave residents using an electric razor.

### Resident requests/requires more than 2 showers a week:

Staff will assist with getting in/out of the shower, starting/adjusting water temperatures, gathering supplies, assist with washing and drying of hair and body, applying lotion/powders of residents choice after shower, assist with dressing after shower, hygiene such as brushing and drying hair, and shave residents using an electric razor. **\$8 per shower** **\$12 per Whirlpool**

### Resident requests/requires whirlpool baths instead of showers:

Assistance of 1 staff member will be required to run the bath water, set temperature, and disinfect bath unit after each resident use.

- Fingernails clipped:** Weekly, the lifestyle aide will have manicures scheduled. Clipping, filing, soaking of feet and nail polish will be included. Every other month a Podiatrist will come in and cut and file nails. This will be an additional charge, but it is usually covered under the resident's health insurance or Medicare.

- \*\*\* If a resident requires the assistance of 2 staff to be present due to mobility or cognitive issues additional charges will also be assessed. Each resident must meet Aksarben's Admission and Discharge criteria.**

	<u>Included in base rent:</u>	<u>Limited Assistance:</u>	<u>Extensive Assistance:</u>
Oral Care	Resident will independently be able to brush teeth and/or clean dentures; or Staff will cue resident twice a day to complete oral care.	Resident would require staff to apply toothpaste to toothbrush, hand toothbrush to resident—then resident can perform brushing independently; or staff would get denture cup ready for resident—resident is able to remove and/or apply dentures independently. <b>5 points</b>	Staff must assist resident with brushing teeth and rinsing toothbrush; or remove and/or apply dentures for soaking/cleaning. <b>10 Points</b>
Toileting	Residents are continent of bowel and bladder and manage independently or staff will be involved verbally to monitor resident's toileting every 2 hours in order for resident to maintain continence.	Resident will require <u>Limited assist</u> to get to restroom and complete toileting tasks, such as staff escort every 2-4 hours. Resident are still continent and would just require assistance due to balance and/or safety; adjusting clothing etc. <b>5 points</b>	Resident will require assist of 1 person to complete toileting tasks. Often resident is incontinent of bowel and/or bladder; requires assist with incontinent products; skin care/application of moisture barriers to prevent skin breakdown; and will require staff to clean resident after each incontinent episode. Residents will be on day/nigh toileting schedules. <u>Foley catheter care assist:</u> staff will observe patency and provide catheter care as ordered (Home Health agency will have to manage all other aspects of catheter care.) <b>10 Points</b>

Dining	Resident will independently be able to come to meals and eat; or staff will cue resident for all 3 meals and 2 snacks; cue resident to eat after set up assistance is provided. Staff will assist with cutting food, opening containers, butter/jelly bread, etc. Resident would be able to independently eat once set-up is completed.	Resident requires staff to periodically assist throughout their meal; such as placing food on their fork, positioning food on plate, redirect use of cup, and rotate plate. Resident may require the use of assisted devices to eat such as—large grip utensils. Resident would be able to eat most of the meal on their own. <b>5 points</b>	Resident requires staff in attendance during their meal and including assist for support. Includes feeding assistance. Staff must deliver supplements to resident and document % drank. <b>10 Points</b>
Dressing	Resident will independently be able to dress self and remain tidy; or Staff will cue resident to dress/undress, remind about seasonal/appropriateness of clothing, cue to change soiled clothing, etc. Staff will assist resident with storage of clothing and make sure that clothes are put in hampers when needed.	Resident would require staff to be present or verbal cueing for tasks to be completed. Staff may assist with 1-2 items; need to be present due to balance and /or safety. Support hose application can be counted in the 1-2 items. <b>5 points</b>	Staff would be required to complete tasks for resident. This would include dressing/undressing, Support hose application and removal, storage of clothing, selection of clothing. <b>10 Points</b>
Hygiene/Grooming	Resident will independently be able to perform hygiene needs (washing hands and face, applying make-up, shaving, skin care such as lotion application, combing/brushing hair); or staff will cue residents that tasks need to be completed.	Resident would require staff to be present to complete tasks; staff to set up residents items such as handing resident wash cloth, comb etc. (washing hands and face, applying make-up, shaving, skin care such as lotion application, combing/brushing hair) <b>5 points</b>	Staff would be required to complete tasks for resident (washing hands and face, applying make-up, shaving, skin care such as lotion application, combing/brushing hair) <b>10 Points</b>
Communication	Resident will independently be able to put on glasses/hearing devices and make phone calls; or Staff will cue resident to put on glasses, hearing aides, or adaptive equipment needed for communication.		Staff would be required to assist with cleaning of glasses and changing hearing aide batteries when needed. Staff assist with making telephone calls to family when needed. Staff would have to find hearing aides and glasses. <b>10 Points</b>
Mobility	Resident will be able to independently ambulate in room and in unit; staff will cue resident use assisted devices when needed.	Staff are able to observe and standby the resident for ambulation and/or transfers to ensure safety. Resident would be able to ambulate or self propel wheelchair once standing or set-up with assisted device. <b>5 points</b>	Resident requires staff side by side assistance to ambulate majority of the time or requires staff to propel wheelchair for mobility. Gait belt use for all transfers is required. Staff would be needed to assist with bed mobility as well. <b>10 Points</b>
Salon Services	Senior Styles will accompany each resident to and from room for appointments.		Staff would be required to stay with resident during the appointment. <b>10 Points</b>
Laundry	Staff will provide laundry service once a week for 1-2 loads of personal laundry, bed linens and towel. Facility soap will be used. **If resident wants special soap they will have to provide.		Additional charge for more than 2 loads of laundry once a week. Bed linens that must be changed more than weekly and washed may have additional charges. <b>10 Points</b>
Bed Linens	Staff will provide daily bed making services and change linen once a week.		
<b>Point Value totals:</b> <b>0-10 points= No additional Charges    11-40 points= \$500 per month for level of care    41+= \$1000 per month for level of care</b>			



Resident Name: \_\_\_\_\_

**Dressing**

Independent \_\_\_\_\_  
Assistance Required: Cueing \_\_\_\_\_ Minimal \_\_\_\_\_ Total Assistance 1 or 2  
Zippers/Buttons \_\_\_\_\_ Donning/Removing Clothing \_\_\_\_\_  
Donning/Removing Ted Hose \_\_\_\_\_  
Donning/Removing Braces (specify) \_\_\_\_\_ Shoes/socks \_\_\_\_\_  
Clothing Selection \_\_\_\_\_  
Resistance to Changing Clothing \_\_\_\_\_

Equipment: \_\_\_\_\_  
\_\_\_\_\_

**Hygiene/Grooming**

Independent \_\_\_\_\_ Well Groomed \_\_\_\_\_ Un-kept \_\_\_\_\_  
Set Up/Cueing \_\_\_\_\_  
For: Shaving \_\_\_\_\_ Hair \_\_\_\_\_ Make-up \_\_\_\_\_ Nail Care \_\_\_\_\_ Oral Care \_\_\_\_\_  
Denture Care/Partial \_\_\_\_\_  
Extensive/Total Assistance \_\_\_\_\_  
For: Shaving \_\_\_\_\_ Hair \_\_\_\_\_ Make-up \_\_\_\_\_ Nail Care \_\_\_\_\_ Oral Care \_\_\_\_\_  
Denture Care/Partials \_\_\_\_\_

**Salon**

Does Not Use Service at This Time \_\_\_\_\_  
Independent \_\_\_\_\_  
Low Assist (Accompanies) \_\_\_\_\_  
Max Assist (Attends Appointment) \_\_\_\_\_  
Equipment: \_\_\_\_\_

**Lifestyle/Wellness**

Activities:  
Independent \_\_\_\_\_ Cueing/Reminder \_\_\_\_\_ 1 Assist \_\_\_\_\_ 1:1 Assist \_\_\_\_\_  
Participates Daily \_\_\_\_\_ Can Read Calendar: YES \_\_\_\_\_ NO \_\_\_\_\_  
Participates Weekly \_\_\_\_\_ Observes Only \_\_\_\_\_ Refuses \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Faith: \_\_\_\_\_

Attend Services Regularly: \_\_\_\_\_

Location: \_\_\_\_\_  
\_\_\_\_\_

**Medication (Attached Current Med List)**

Self-Administration \_\_\_\_\_ (Complete Self-Assessment NE/KS Only)  
Medication Reminders \_\_\_\_\_  
Medication Planner per Family/Agency \_\_\_\_\_  
Staff Administration \_\_\_\_\_  
# Medications \_\_\_\_\_  
Narcotic Use \_\_\_\_\_  
Lab Schedule \_\_\_\_\_  
Injections \_\_\_\_\_  
Insulin \_\_\_\_\_ Scheduled/Sliding Scale Accu Checks \_\_\_\_\_  
Supply Ordering: Independent \_\_\_\_\_ Family \_\_\_\_\_ Staff \_\_\_\_\_  
Oxygen \_\_\_\_\_ Management of Equipment: Independent \_\_\_\_\_ Staff \_\_\_\_\_  
Breathing Tx \_\_\_\_\_ Independent \_\_\_\_\_ Staff Frequency: \_\_\_\_\_

Equipment: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Resident Name: \_\_\_\_\_

**Additional Services**

Housekeeping: Weekly \_\_\_\_\_ Need More Than Weekly \_\_\_\_\_  
Note: \_\_\_\_\_

Laundry \_\_\_\_\_ Family \_\_\_\_\_ Staff \_\_\_\_\_ Weekly \_\_\_\_\_  
Special Soap Required \_\_\_\_\_  
Personal Laundry \_\_\_\_\_ 1 Load/Week \_\_\_\_\_ 2 Loads/Week \_\_\_\_\_ 3 Loads/Week \_\_\_\_\_

Bed Linen: QOW \_\_\_\_\_ 1x/Week \_\_\_\_\_ 2x/Week \_\_\_\_\_ >3x/Week \_\_\_\_\_

Pet(s): Independent \_\_\_\_\_ Low Assistance \_\_\_\_\_ Med Assistance \_\_\_\_\_  
High Assistance \_\_\_\_\_ Litter Box \_\_\_\_\_

Safety Checks \_\_\_\_\_ Frequency \_\_\_\_\_  
For: Elopement Risk \_\_\_\_\_ Other: \_\_\_\_\_

Transportation: Independent \_\_\_\_\_ Family \_\_\_\_\_ Community \_\_\_\_\_

Appointment Scheduling: Independent \_\_\_\_\_ Family \_\_\_\_\_  
Nurse to Schedule \_\_\_\_\_ Use APRN: YES \_\_\_\_\_ NO \_\_\_\_\_

**Nurse Note:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service Plan Created/Updated: Yes \_\_\_\_\_ No \_\_\_\_\_  
Allergies Added/Updated in Quick MAR: Yes \_\_\_\_\_ No \_\_\_\_\_  
Diagnosis Added/Updated in Quick MAR: Yes \_\_\_\_\_ No \_\_\_\_\_

List of Participants (KS only) \_\_\_\_\_

**Nurse Completing Assessment**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Attached: Fall Risk \_\_\_\_\_ Wandering Risk \_\_\_\_\_ Elopement Risk \_\_\_\_\_ Cognitive \_\_\_\_\_ GDS \_\_\_\_\_ LOC \_\_\_\_\_

## ASSISTED LIVING RESIDENT SERVICE PLAN

Tenant/Resident Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Facility: \_\_\_\_\_ Apartment #: \_\_\_\_\_ Date: \_\_\_\_\_

Pre-Admit    
  30 day    
  90 day    
  Significant Change    
  Annual    
  Hospital Re-Admit

Evacuation Status: \_\_\_\_\_

Services	Services to be provided			Person Providing Service
<b>Medication Management:</b>	<input type="checkbox"/> Self-Medicating			<input type="checkbox"/> Staff
	<input type="checkbox"/> Staff Administration			<input type="checkbox"/> Tenant/Resident
	<input type="checkbox"/> Needs Assist with Storage, Preparation & Reminders.			<input type="checkbox"/> Family
	<input type="checkbox"/> Meds Stored in Locked Cabinet in Room.			
	<input type="checkbox"/> Meds Stored in Locked Med Cart			
	<input type="checkbox"/> Meds Stored in Locked Med Room			
	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Other:			
<b>Bathing:</b>	<input type="checkbox"/> Independent			<input type="checkbox"/> Staff
	<input type="checkbox"/> Preparation Needed-Bath			<input type="checkbox"/> Tenant/Resident
	<input type="checkbox"/> Assistance In & Out Bath			<input type="checkbox"/> Family
	<input type="checkbox"/> One Person Assist w/Bath			
	<input type="checkbox"/> Shower <input type="checkbox"/> Tub <input type="checkbox"/> Whirlpool <input type="checkbox"/> Other			
<b>Hygiene:</b>	<input type="checkbox"/> Independent – Well Groomed			<input type="checkbox"/> Staff
	<input type="checkbox"/> Independent - Unkempt			<input type="checkbox"/> Tenant/Resident
	<input type="checkbox"/> Minimal Assist/Cueing			<input type="checkbox"/> Family
	<input type="checkbox"/> Assist w/Prep Denture Help			
	<input type="checkbox"/> One Person Assist w/Hygiene			
<b>Dressing:</b>	<input type="checkbox"/> Independent			<input type="checkbox"/> Staff
	<input type="checkbox"/> Cueing Assistance			<input type="checkbox"/> Tenant/Resident
	<input type="checkbox"/> Limited Assist with Shoes, Buttons, etc.			<input type="checkbox"/> Family
	<input type="checkbox"/> 1 Assist w/Dressing			
	<input type="checkbox"/> AM Needs <input type="checkbox"/> PM Needs			
<b>Transfers:</b>	<input type="checkbox"/> Independent			<input type="checkbox"/> Staff
	<input type="checkbox"/> Supervision/Cueing			<input type="checkbox"/> Tenant/Resident
	<input type="checkbox"/> Limited/Minimal Assist			<input type="checkbox"/> Family

## ASSISTED LIVING RESIDENT SERVICE PLAN

Services	Services to be provided			Persons Providing Service
<b>Well Being:</b>	Lifestyle Assessment			
Life's Picture				
<b>Activities &amp; Events:</b>	<input type="checkbox"/> Independent <input type="checkbox"/> Reminders needed			<input type="checkbox"/> Staff <input type="checkbox"/> Tenant/Resident
<b>Sleep:</b>	Sleep Patterns <input type="checkbox"/> Goes to Bed at _____ <input type="checkbox"/> Wakes Up at _____			<input type="checkbox"/> Family <input type="checkbox"/> Staff <input type="checkbox"/> Tenant/Resident <input type="checkbox"/> Family
<b>Visual:</b>	Visual <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts			
<b>Hearing:</b>	<input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Hearing Aides			
<b>Orientation:</b>	Oriented to: <input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Person			
<b>Communication:</b>	Speech: <input type="checkbox"/> Clear <input type="checkbox"/> Unclear <input type="checkbox"/> Sign Language <input type="checkbox"/> Interpreter Needed <input type="checkbox"/> Able to Use Phone w/o Help <input type="checkbox"/> Needs Assist w/Phone			<input type="checkbox"/> Tenant/Resident <input type="checkbox"/> Family
<b>Moods/Behaviors:</b>	<input type="checkbox"/> Alert <input type="checkbox"/> Lethargic <input type="checkbox"/> Fearful <input type="checkbox"/> Friendly <input type="checkbox"/> Angry <input type="checkbox"/> Noisy <input type="checkbox"/> Cooperative <input type="checkbox"/> Combative			
<b>Transportation:</b>	<input type="checkbox"/> Travels Independently Public <input type="checkbox"/> Drives Own Vehicle <input type="checkbox"/> Facility Provides Transport <input type="checkbox"/> Special Needs for Transport <input type="checkbox"/> Family/POA Provide Transport <input type="checkbox"/> Other: _____			<input type="checkbox"/> Staff <input type="checkbox"/> Tenant/Resident <input type="checkbox"/> Family
<b>Transportation Cont.:</b>				



## ASSISTED LIVING RESIDENT SERVICE PLAN

<b>Transfers Continued:</b>	<input type="checkbox"/> 1- Person Assistance <input type="checkbox"/> Other: _____			
<b>Services</b>	<b>Services to be provided</b>			<b>Person Providing Service</b>
<b>Locomotion:</b>	<input type="checkbox"/> Independent <input type="checkbox"/> Needs Supervision/Cueing <input type="checkbox"/> Limited Stand-By Assist <input type="checkbox"/> One Person Assistance <input type="checkbox"/> Mobility devices <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Braces <input type="checkbox"/> Prosthesis <input type="checkbox"/> Wheelchair <input type="checkbox"/> Electric Chair <input type="checkbox"/> Other			<input type="checkbox"/> Staff <input type="checkbox"/> Tenant/Resident <input type="checkbox"/> Family
<b>Toileting/Contenance Care:</b>	<input type="checkbox"/> Independent <input type="checkbox"/> Cueing Reminders/Oversight <input type="checkbox"/> Limited Assistance <input type="checkbox"/> 1-Person Assistance <input type="checkbox"/> Toilet Schedule Required <input type="checkbox"/> Continent/Routine <input type="checkbox"/> Incontinence <input type="checkbox"/> Urine <input type="checkbox"/> Dribbles <input type="checkbox"/> Bowel <input type="checkbox"/> Constipation <input type="checkbox"/> Assist Obtain Products <input type="checkbox"/> Bathroom Cleaning > 1x Week <input type="checkbox"/> Ostomy <input type="checkbox"/> Other: _____			<input type="checkbox"/> Staff <input type="checkbox"/> Tenant/Resident <input type="checkbox"/> Family
<b>Laundry:</b>	<input type="checkbox"/> Weekly <input type="checkbox"/> Additional Laundry 3 x Week <input type="checkbox"/> Additional Laundry > 3x Week			<input type="checkbox"/> Staff <input type="checkbox"/> Tenant/Resident <input type="checkbox"/> Family
<b>Dining:</b>	<input type="checkbox"/> Independent w/Eating <input type="checkbox"/> Occasional Assist w/Cutting Up Food & Open Cartons, etc. <input type="checkbox"/> Assist with Cutting Up Food <input type="checkbox"/> Untidy <input type="checkbox"/> Moderate Assist & Cueing <input type="checkbox"/> Requires Cont. Supervision <input type="checkbox"/> Tray Service more than 3 days			<input type="checkbox"/> Staff <input type="checkbox"/> Tenant <input type="checkbox"/> Family

# VAMC SLUMS EXAMINATION

Questions about this assessment tool? E-mail [aging@slu.edu](mailto:aging@slu.edu)

Name \_\_\_\_\_ Age \_\_\_\_\_

Is the patient alert? \_\_\_\_\_ Level of education \_\_\_\_\_

\_\_\_\_/1  
\_\_\_\_/1  
\_\_\_\_/1  
\_\_\_\_/3  
\_\_\_\_/3  
\_\_\_\_/5  
\_\_\_\_/2  
\_\_\_\_/4  
\_\_\_\_/2  
\_\_\_\_/8

1 1. What day of the week is it?

1 2. What is the year?

1 3. What state are we in?

4. Please remember these five objects. I will ask you what they are later.

Apple Pen Tie House Car

5. You have \$100 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20.

1 How much did you spend?

2 How much do you have left?

6. Please name as many animals as you can in one minute.

0 0-4 animals

1 5-9 animals

2 10-14 animals

3 15+ animals

7. What were the five objects I asked you to remember? 1 point for each one correct.

8. I am going to give you a series of numbers and I would like you to give them to me backwards. For example, if I say 42, you would say 24.

0 87

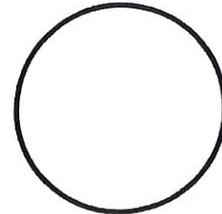
1 648

1 8537

9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.

2 Hour markers okay

2 Time correct



1 10. Please place an X in the triangle.



1 11. Which of the above figures is largest?

11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.

Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.

2 What was the female's name?

2 What work did she do?

2 When did she go back to work?

2 What state did she live in?

\_\_\_\_\_ TOTAL SCORE

## SCORING

HIGH SCHOOL EDUCATION

LESS THAN HIGH SCHOOL EDUCATION

27-30	-----	NORMAL	-----	25-30
21-26	-----	MILD NEUROCOGNITIVE DISORDER	-----	20-24
1-20	-----	DEMENTIA	-----	1-19

\_\_\_\_\_  
CLINICIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME

SH Tariq, N Tumosa, JT Chibnall, HM Perry III, and JE Morley. The Saint Louis University Mental Status (SLUMS) Examination for detecting mild cognitive impairment and dementia is more sensitive than the Mini-Mental Status Examination (MMSE) - A pilot study. *Am J Geriatr Psych* 14:900-10, 2006.

## GLOBAL DETERIORATION SCALE (GDS)

(Choose the most appropriate global stage based upon cognition and function, and CHECK ONLY ONE.)

1. **No subjective complaints of memory deficit.** No memory deficit evident on clinical interview.

2. **Subjective complaints of memory deficit**, most frequently in following areas:

- (a) forgetting where one has placed familiar objects;
- (b) forgetting names one formerly knew well.

No objective evidence of memory deficit on clinical interview.  
No objective deficit in employment or social situations.  
Appropriate concern with respect to symptomatology.

3. **Earliest clear-cut deficits.**

Manifestations in more than one of the following areas:

- (a) patient may have gotten lost when traveling to an unfamiliar location.
- (b) co-workers become aware of patient's relatively poor performance.
- (c) word and/or name finding deficit become evident to intimates.
- (d) patient may read a passage or book and retain relatively little material.
- (e) patient may demonstrate decreased facility remembering names upon introduction to new people.
- (f) patient may have lost or misplaced an object of value.
- (g) concentration deficit may be evident on clinical testing.

Objective evidence of memory deficit obtained **only with an intensive interview**.  
Decreased performance in demanding employment and social settings.  
Denial begins to become manifest in patient.  
Mild to moderate anxiety frequently accompanies symptoms.

4. **Clear-cut deficit on careful clinical interview.**

Deficit manifest in following areas:

- (a) decreased knowledge of current and recent events.
- (b) may exhibit some deficit in memory of one's personal history.
- (c) concentration deficit elicited on serial subtractions.
- (d) decreased ability to travel, **handle finances**, etc.

Frequently no deficit in following areas:

- (a) orientation to time and place.
- (b) recognition of familiar persons and faces.
- (c) ability to travel to familiar locations.

**Inability to perform complex tasks.**

Denial is dominant defense mechanism.  
Flattening of affect and withdrawal from challenging situations.

5. **Patient can no longer survive without some assistance.**

**Patient is unable during interview to recall a major relevant aspect of their current life, e.g.:**

- (a) their address or telephone number of many years.
- (b) the names of close members of their family (such as grandchildren).
- (c) the name of the high school or college from which they graduated.

Frequently some disorientation to time (date, day of the week, season, etc.) or to place.

An educated person may have difficulty counting back from 40 by 4s or from 20 by 2s.

Persons at this stage retain knowledge of many major facts regarding themselves and others. They invariably know their own names and generally know their spouse's and children's names.

They require no assistance with toileting or eating, but may have difficulty choosing the proper clothing to wear.

6. May occasionally forget the name of the spouse upon whom they are entirely dependent for survival.

Will be **largely unaware of all recent events and experiences in their lives.**

Retain some knowledge of their surroundings; the year, the season, etc.

May have difficulty counting by 1s from 10, both backward and sometimes forward.

**Will require some assistance with activities of daily living:**

- (a) may become incontinent.
- (b) will require travel assistance but occasionally will be able to travel to familiar locations.

Diurnal rhythm frequently disturbed.

Almost always recall their own name.

Frequently continue to be able to distinguish familiar from unfamiliar persons in their environment.

Personality and emotional changes occur. These are quite variable and include:

- (a) delusional behavior, e.g., patients may accuse their spouse of being an imposter; may talk to imaginary figures in the environment, or to their own reflection in the mirror.
- (b) obsessive symptoms, e.g., person may continually repeat simple cleaning activities.
- (c) anxiety symptoms, agitation, and even previously non-existent violent behavior may occur.
- (d) cognitive abulia, e.g., loss of willpower because an individual cannot carry a thought long enough to determine a purposeful course of action.

7. **All verbal abilities are lost over the course of this stage.**

Early in this stage words and phrases are spoken but speech is very circumscribed.

Later there is no serviceable speech at all - only unintelligible utterances with rare emergence of seemingly forgotten words and phrases.

**Incontinent; requires assistance toileting and feeding.**

**Basic psychomotor skills (e.g. ability to walk) are lost with the progression of this stage.**

The brain appears to no longer be able to tell the body what to do.

Generalized rigidity and developmental neurologic reflexes are frequently present.

Reisberg, B., Ferris, S.H., de Leon, M.J., et al., The global deterioration scale for assessment of primary degenerative dementia. *American Journal of Psychiatry*, 1982, 139:1136-1139.

© 1983 by Barry Reisberg, M.D. All rights reserved.

**GLOBAL DETERIORATION SCALE**

<b>Tenant Name:</b>	<b>Apt#:</b>	<b>DOB:</b>
---------------------	--------------	-------------

<b>Date of Assessment :</b>	<b>Score:</b>
-----------------------------	---------------

\* From the table below select one GDS state that best fits this tenant. Circle the characteristics. Write the number above.\*

<b>1= No cognitive decline.</b>  <i>Normal</i>	No complaints of memory deficit. No memory deficit evident on clinical review Seems essentially normal.
--	---

<b>2= Little Cognitive Decline.</b>	Complains of misplacing familiar objects Complaint of forgetting names No objective deficits in employment situations No objective deficits in social situations May express worries about Alzheimer's disease
-------------------------------------	--

<b>3= Mild Cognitive Decline</b>  <i>Earliest clear-cut deficits</i>	Got lost while traveling to an unfamiliar location Co-Workers become aware of relatively poor performance Word and name finding deficits become evident to intimates May read a passage or a book and retain relatively little material Demonstrates a decreased facility in remembering names upon introduction to new people Lost/misplaced object of value Concentration deficit evident Difficulty planning complex activities Difficulty maintaining finances Driving skills declined Decreased comprehension of dates Decreased awareness of personal risks Denial of cognitive deficit
--	---

<b>4= Moderate Cognitive Decline</b>  <i>(Clear cut deficit. Typically NO DEFICIT in: Orientation time/person, recognition/familiar people, ability to travel/familiar place.)</i>	Decreased knowledge of current events Decreased knowledge of life events Personal history memory deficit Decreased ability to travel alone Concentration deficit Unable to perform complex tasks Changes in social habits Difficulty maintaining thermostat Decreased ability to perform routine home maintenance Strong denial Withdraws from large groups.
--	--

## Elopement Risk Assessment

Tenant/Resident: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse: \_\_\_\_\_ Community: \_\_\_\_\_

The purpose of this form is to determine if the tenant/resident is at risk for eloping from the community.

1. Is the tenant/resident independently mobile?  
Yes  No
2. Does the tenant/resident have a cognitive impairment?  
Yes  No
3. Does the tenant/resident have competent decision making capability?  
Yes  No
4. Does the tenant/resident wander?  
Yes  No
5. Does the tenant/resident have exit seeking behavior?  
Yes  No
6. Is there a past history of wandering or exiting a home or community without the needed supervision?  
Yes  No
7. Does the tenant/resident disagree with their current residency in the community?  
Yes  No
8. Does the tenant/resident verbalize a desire to leave?  
Yes  No
9. Has the tenant/resident asked questions about the facility's rules about leaving the community?  
Yes  No
10. Is there a special event/anniversary coming due that the tenant/resident normally would go to?  
Yes  No
11. Is the tenant/resident exhibiting restlessness and/or agitation?  
Yes  No

If **YES** was answered to *TWO* or more of the above questions, continue on to page 2. If **NO** was answered to one or less of the questions above, re-evaluate as applicable.

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## Fall Risk Assessment

Tenant/Resident: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse: \_\_\_\_\_ Community: \_\_\_\_\_

Purpose: This form is used to determine if the tenant/resident is at risk for falling and determine appropriate interventions needed for prevention.

1. Ambulation Comments: \_\_\_\_\_  
 Independent (0pt) \_\_\_\_\_  
 1 Assist (1pt) \_\_\_\_\_  
 2 Assist (2pt) \_\_\_\_\_  
 Non-Ambulatory (2pt) \_\_\_\_\_
2. Weight-Bearing Comments: \_\_\_\_\_  
 Full (0pt) \_\_\_\_\_  
 Partial (1pt) \_\_\_\_\_  
 No weight-bearing (2pt) \_\_\_\_\_
3. Transfer Ability Comments: \_\_\_\_\_  
 Independent (0pt) \_\_\_\_\_  
 1 Assist (1pt) \_\_\_\_\_  
 2 Assist (2pt) \_\_\_\_\_  
 Lift (2pt) \_\_\_\_\_
4. Physical Activity Comments: \_\_\_\_\_  
 Good Muscle Tone (0pt) \_\_\_\_\_  
 Generalized Weakness (1pt) \_\_\_\_\_  
 Paralysis/Contracture/Amputation/Cast (2pt) \_\_\_\_\_
5. Behavior Comments: \_\_\_\_\_  
 Normal (0pt) \_\_\_\_\_  
 Anxious/Agitated (1pt) \_\_\_\_\_  
 Excessive/Exhaustive (2pt) \_\_\_\_\_
6. Awareness Comments: \_\_\_\_\_  
 Understands/Follows Direction (0pt) \_\_\_\_\_  
 Forgetful (1pt) \_\_\_\_\_  
 Confused/Unable to Direct (2pt) \_\_\_\_\_
7. Elimination Comments: \_\_\_\_\_  
 Continent of B&B (0pt) \_\_\_\_\_  
 Incontinent & uses products (1pt) \_\_\_\_\_  
 Incontinent and/or Chronic UTIs (2pt) \_\_\_\_\_

Wandering Risk Assessment

Resident: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse: \_\_\_\_\_ Community: \_\_\_\_\_

Purpose: To determine if the tenant/resident is at risk to exhibit wandering behavior.

1. Mental Status

- Can Follow Instructions (1pt)
- Cannot Follow Instructions (3pt)
- No Diagnosis of Dementia (0pt)
- Medically Diagnosed with Dementia (5pt)

2. Mobility

- Can Move Without Assistance While in Wheelchair (1pt)
- Ambulatory (3pt)

3. Speech Patterns

- Can Communicate (0pt)
- Cannot Communicate (3pt)

4. History of Wandering

- No History (0pt)
- With History (Past Hospitalization/Family Report) (2pt)

**\*\*\*Do Not Answer with Pre-Admission Assessment\*\*\***

<p>5. Wandering Episode</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No Documented Episodes Since Admission (0pt)</li> <li><input type="checkbox"/> No Episode of Wandering in Past 6 Months (1pt)</li> <li><input type="checkbox"/> No Episode of Wandering in Past 3 Months (2pt)</li> <li><input type="checkbox"/> Documented Episode of Wandering in Past 30 Days (3pt)</li> </ul>
---

Total: \_\_\_\_\_

Low Risk (0-8) No Interventions Required  
 Moderate Risk (9-10) Interventions as Applicable  
 High Risk (11 and Above) Interventions Required

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

MEDICATIONS	
Staff Manage & Admin:	
-Low Volume (1-2 per day)	12
-Medium Volume (3-8 daily)	20
-High Volume (9+ daily)	26
Narc Inventory/Storage	3
Insulin administration	2
Med order changes:	
-Low Volume (1-2)	2
-Medium Volume (3-6)	4
-High Volume (6+)	6
Manual Entry on MAR	4

ACCU CHECKS	
1-2 Times Daily	3
2-4 Times Daily	5
5 + Times Daily	7

COUMADIN THERAPY	4
------------------	---

BREATHING TREATMENTS	
1-2 Daily	2
2+ Daily	4

EXTRA MISC	
Med reminders: daily	3
Med reminders: 2x	5
Med reminders: 3x +	8
B-12 Injections	2

OXYGEN	
Cue to Manage	2
Staff fill tank	3
Clean/Manage Equip	5

HEALTH MONITOR	
Reminders & Scheduling of Appointments	2

LAB DRAWS / UA	1
----------------	---

BP / VITAL CHECKS	
Monthly	0
Weekly	1
Daily	5
- 2x daily	6
- 3x daily	7
- 4+x daily	8

BATHING	
<i>See Addendum to Occ Agreement</i>	
Minimal Assist In-Home (2)	4
Extensive Assist In-Home (2)	6
1 x WP/Shower bath a week	0
Extra Shower: \$8 per shower	
Extra Whirlpool: \$12 per WP	

HYGIENE/GROOMING	
Shaving Set up	1
Shaving Assist	3
Hair styled	3
Make up Application	1
<i>Oral Brushing:</i>	
-Set Up	1
-Assist	3

SKIN TREAT/CARE	
Low Assist	2
Medium Assist	4
High Assist	6

HEALTH SERVICES	
Home Health Svcs	2
Hospice Svcs	2
Extensive Phys Communication	5
Extensive Family Communication	5
LTC Insurance Admin	3

Cognitive Cueing	
Minor Cognitive Cueing	3
Medium Cognitive Cueing	5
High Cognitive Cueing	7
Behavior Support	8

LIFESTYLE / ACTIVITIES	
1 Person Assist	2
1:1 Activity Assist	6
2 Person Assist	8

TOILETING	
Cues/reminders	3
1 Person assistance	6
2 Person Assistance	12
<i>Toilet Schedule:</i>	
-every 2 hours	5
-every 3 hours	4
-every 4 hours	3
-once during noc	2
-twice during noc	3
Foley Care	7
Other Catheter care	5
Ileostomy Assist	4
Urostomy Assist	4
Colostomy Assist	4

EATING	
Set-up Assistance	2
Verbal Cueing	3
Limited Assist with eating	5
Total Assistance w eating	12
MD ordered Supplements	2

DRESSING	
Cueing/Set-up	2
Limited: 1-2 items	4
1 Assistance	6
2 Assist	10
Donning Ted Hose	
Removing Ted Hose	
Donning Braces	
Removing Braces	
Resistance changing	3
Soiled clothing care	3

COMMUNICATION	
<i>Visual:</i>	
Assist/Cue with glasses	2
<i>Hearing Aides:</i>	
Assist/Cue H Aide/Batt	2
Assistive Tools/Devices	2
<i>Telephone:</i>	
Assist/Cue with Phone	2
Assist/Cue with Email	2

MOBILITY	
Supervision/cueing	2
1 person assist	6
Two person Assist	12
Assist/Prep with Walker	2
Gait Belt support	4
Assist/Prep Prosthesis	2
Assist/Prep Wheelchair	3
Assist/Prep Motorized Chair	4

SAFETY CHECKS	
<i>Daytime</i>	
-every one hour	7
-every two hours	6
-every three hours	5
-every four hours	4
<i>Overnight</i>	
-every one hour	7
-every two hours	6
-every three hours	5
-every four hours	4

SALON ACCOMPANY	
Senior Styles will assist with all your haircare needs:	0

SUPPLY ASSISTANCE	
Stocking supplies	2
Ordering supplies	3

LAUNDRY	
1-2 loads weekly:	0
3-5 loads weekly:	4
6+ loads weekly:	7
Misc Laundry	3

PENDANT USAGE	
1-30 monthly	0
31-60 monthly	3
61-90 monthly	7
91-120 monthly	12
121-150 monthly	18
151-180 monthly	25
181-210 monthly	33
211-240 monthly	42
241-270 monthly	50
271-300 monthly	58
301-340 monthly	66
341-370 monthly	74
371-400 monthly	82

401+ monthly - See Below  
Each incremental usage will be at rate of 0.25 points each.

Point Value Summaries			
<b>Assisted Living Levels:</b>			
0-5	Pts	NO CHARGE	
6-15	Pts	\$285	/Mo
16-22	Pts	\$517	/Mo
23-29	Pts	\$708	/Mo
30-35	Pts	\$885	/Mo
36-40	Pts	\$1,035	/Mo
41-45	Pts	\$1,171	/Mo
46-50	Pts	\$1,306	/Mo
51-55	Pts	\$1,443	/Mo
56-60	Pts	\$1,579	/Mo
61-65	Pts	\$1,718	/Mo
66-70	Pts	\$1,856	/Mo
71-75	Pts	\$2,013	/Mo
76-80	Pts	\$2,184	/Mo
81-85	Pts	\$2,370	/Mo
86-90	Pts	\$2,572	/Mo
91-95	Pts	\$2,790	/Mo
96-100	Pts	\$3,027	/Mo
101+	Pts	See Below	
Each incremental point at a charge of \$25 each.			

Total Points: \_\_\_\_\_

Cost Associated with Points: \_\_\_\_\_

Additional comments: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Apartment or Common Area Incontinence Clean-Up - Minimum of \$40; Charges beyond \$40 based on severity.  
Behavior Support will result in noted points and could also result in additional fees/charges based on severity.  
Aksarben reserves the right to charge additional fees for services that may be outside the scope of the above chart.

Resident Name and Room #: \_\_\_\_\_ Date: \_\_\_\_\_

# DEMENTIA CARE POLICY AND PROCEDURE

## Policy:

The community provides special care for persons who have a form of dementia or a related diagnosis in accordance with their established Resident Service Agreement/Service Plan.

## Procedure:

1. All employees will be oriented that all tenants/residents are to be treated in a manner that maintains their self-esteem and self-worth.
2. All employees of the community receive training from qualified persons to learn and apply the skills necessary to care for the needs of a tenant/resident with dementia or a related diagnosis.
3. The Executive Director and licensed nursing staff monitor staff performance and interactions with the tenants/residents. They will ensure employee interactions are therapeutic, their skills are appropriate, and identify new learning needs of the employees.
4. Direct care staff of the community should follow the tenant/resident Service Plan to meet the tenants'/resident's care and services.
5. All employees of the community will maintain the physical environment to meet the safety and dignity needs of each tenant/resident.

# DEMENTIA-SPECIFIC EDUCATION POLICY AND PROCEDURE

## Policy:

The community will provide training in order to ensure staff have the education and skills to provide and care for tenants/residents with dementia.

## Procedure:

1. All employees will receive special training from qualified persons to learn and apply the skills needed to care for the special needs of the tenant/resident with dementia.
2. All employees will receive four hours of training within 90 days of employment that includes:
  - a. Philosophy and approaches to care and supervision for tenant/resident with dementia
  - b. Disease process
  - c. Skills needed to assist and care for tenants/residents unable to care for themselves
3. Dementia continuing education practices will include four hours annually for all employees.
4. Dementia-specific training shall include hands-on training and may include any of the following:
  - a. Classroom instruction
  - b. Web-based training
  - c. Case studies of tenants in the program

# DEMENTIA-SPECIFIC EDUCATION POLICY AND PROCEDURE

## Policy:

The community will provide training in order to ensure staff have the education and skills to provide and care for tenants/residents with dementia.

## Procedure:

1. All employees will receive special training from qualified persons to learn and apply the skills needed to care for the special needs of the tenant/resident with dementia.
2. All employees will receive four hours of training within 90 days of employment that includes:
  - a. Philosophy and approaches to care and supervision for tenant/resident with dementia
  - b. Disease process
  - c. Skills needed to assist and care for tenants/residents unable to care for themselves
3. Dementia continuing education practices will include four hours annually for all employees.
4. Dementia-specific training shall include hands-on training and may include any of the following:
  - a. Classroom instruction
  - b. Web-based training
  - c. Case studies of tenants in the program

# EMPLOYEE QUALIFICATIONS POLICY AND PROCEDURE

## Policy:

The community hires and maintains qualified, competent, and appropriate staff that meets the tenant's/residents' service needs. The Executive Director shall ensure the provision in accordance with the Resident Service Agreement.

## Procedure:

1. Any person seeking employment in the community completes an "Application for Employment" form provided by the community.
2. The community does not discriminate on the basis of age, gender, race, religion, national origin, or disability other than those related to the ability to perform the job for which the applicant is being considered.
3. Falsifying information on the application form is grounds for immediate termination.
4. Information on the "Application for Employment" form is confidential and will not be released to entities outside the community unless approval is given in writing by the employee.
5. When hiring a direct care staff person, the Executive Director or a designated employee of the community obtains verification that the individual does not have adverse findings on the Nurse Aide Registry, Medication Aide Registry, Nurse License Registry, Adult Protective Services Central Registry, Central Registry of Child Protection Cases or the Nebraska State Patrol Sex Offender Registry. The Executive Director or designated employee documents the results of these registry checks on the Employee Orientation Record of the individual. A registry check report which shows a record of abuse, neglect, or misuse of property may be grounds for immediate termination or denial of employment, and must be reviewed by DIAL's corporate human resource department.
6. All staff will be screened to ensure their name does not appear on OIG or Office of Inspector General List. All staff will complete a Felony/Misdemeanor Self Disclosure form annually upon Medicaid Waiver Certification.
7. The Executive Director or a designated employee of the community requests a criminal background check from the Nebraska State Patrol. A report which shows the employee has a criminal history involving violence, abuse, neglect, or misuse of others' property may be terminated immediately, and must be reviewed by DIAL's corporate human resource department.

8. Upon hire, all employees complete a health history screen. The potential employee completes the "Employee Health History Screen" document prior to assuming any job responsibilities. The Executive Director or a designated employee may request a physical examination on the new employee by a licensed health care professional at the discretion and expense of the community.
9. The employee has the right to choose a physician for workers' compensation purposes. To select a specific physician, the employee completes the "Choice of Doctor" form.
10. Agency Staff (if used) must have a record on file and shall contain the following documentation
  - a. Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training.
  - b. Supporting documentation regarding a criminal background checks excluding any staff licensed or registered by a state agency
  - c. Supporting documentation from the state nurse aide registry that the individual does not have a finding of having abused, neglected or exploited a resident in an adult care home (including any state in which the individual has been known to have worked as a licensed or certified health care worker)
11. Direct care or licensed nursing staff shall be awake and responsive at all times.
12. A Registered Nurse shall be available to provide supervision to licensed practical nurses.
13. The Executive Director or a designated employee notifies the Nebraska Department of Labor at [www.nenewhire.com](http://www.nenewhire.com) of each new hire as required by Nebraska statute. The Executive Director or a designated employee records the notification on the "Employee Orientation Record" of the new employee.

# FOOD SERVICE POLICY AND PROCEDURE

## Policy:

To provide nutritious and delicious meals three times per day, as specified in the tenant's/resident's service agreement. The meals will be prepared and served in a clean and welcoming environment by properly trained personnel.

## Procedure:

1. Menus are planned to provide nutritious and healthy servings of dairy, protein, grains, fruits and vegetables as established by the Food and Nutrition Board of the National Research Council of the Academy of Sciences encouraging a healthy diet.
2. Menus are planned in advance and then approved by a registered dietician.
3. Menus are established reflecting food preferences of the tenant/resident population. Food choice options are available and alternative menu items are available as well to allow for individual taste or needs.
4. Records of menus with food actually served as well as any menu change notations are maintained for a minimum of 14 days. Individual menu choices are documented on daily order sheets and are maintained per location.
5. All personnel who are responsible for preparing and/or serving food shall be trained under ServSafe, Safe Food Handling Practices prior to handling or serving food.
6. At any time of food service operation, there shall be on premises one person who has successfully completed the ServSafe, Manager's Course, with up-to-date certification, and therefore directly responsible for safe and proper food receiving, storage, preparation and handling. Documentation of preparation and serving temperatures of any TCS food prepared is available for inspection, as well as refrigeration/freezer temperature logs.
7. State and local health inspections, and the current food code shall be observed, and documentation shall be posted or made available to any inquiry. In addition, internal inspections in the form of Quality Assurance Evaluations will be completed at least twice yearly and made available to any inquiry.

# HOUSEKEEPING AND MAINTENANCE FOR ENVIRONMENTAL SAFETY POLICY AND PROCEDURE

## Policy:

The community provides the necessary housekeeping and maintenance activities to protect the health and safety of the tenants/residents. The community strives to have an environment that is clean, odor free, in good repair, has a homelike appearance, is attractive and well-maintained, and does not promote accidents.

## Procedure:

1. Designated employees of the community maintain the buildings by following the checklists or other system developed to monitor, clean, inspect, and maintain the equipment, buildings and systems. Designated employees maintain tenant/resident care equipment, cleaning equipment, the water supply system, the heating system, the ventilation system, the cooling system, the furnishings, emergency system, cleaning equipment, kitchen equipment and outdoor equipment.
2. Designated employees keep the buildings and ground clean, safe and in good repair.
3. Designated employees honor the tenant's/resident's habits and lifestyles when supplying housekeeping services in tenant/resident rooms.
4. Designated employees maintain the buildings with adequate lighting, environmental temperatures and sound levels.
5. Designated employees dispose of rubbish and garbage in a manner to prevent the attraction of rodents, flies, and other insects and vermin, and in a manner to minimize the transmission of infectious diseases and to minimize odors.
6. Designated employees maintain and equip the premises to prevent the entrance, harborage, or breeding of rodents, flies and other insects, and vermin.
7. All employees monitor the environment and utilize the "Maintenance Request form" if needed repairs/replacements are identified, which includes but is not limited to the following:
  - a. Surfaces with sharp edges, mold or dirt;
  - b. Uneven surfaces/rips or tears in carpet;
  - c. Problems with doors, stairways, passageways, or aisles;
  - d. Unsafe water temperatures or temperatures above 115 degrees Fahrenheit in the tenant/resident apartments and bathing areas;

- 
- e. Unsecured or improperly labeled hazardous/poisonous materials;
  - f. Unsecured mechanical equipment;
  - g. Burned out lights

- 8. Designated employees follow an ongoing preventative maintenance program of community-owned equipment and furnishings to ensure they are safe and functional, and the Executive Director ensures that those preventative maintenance programs are being completed.

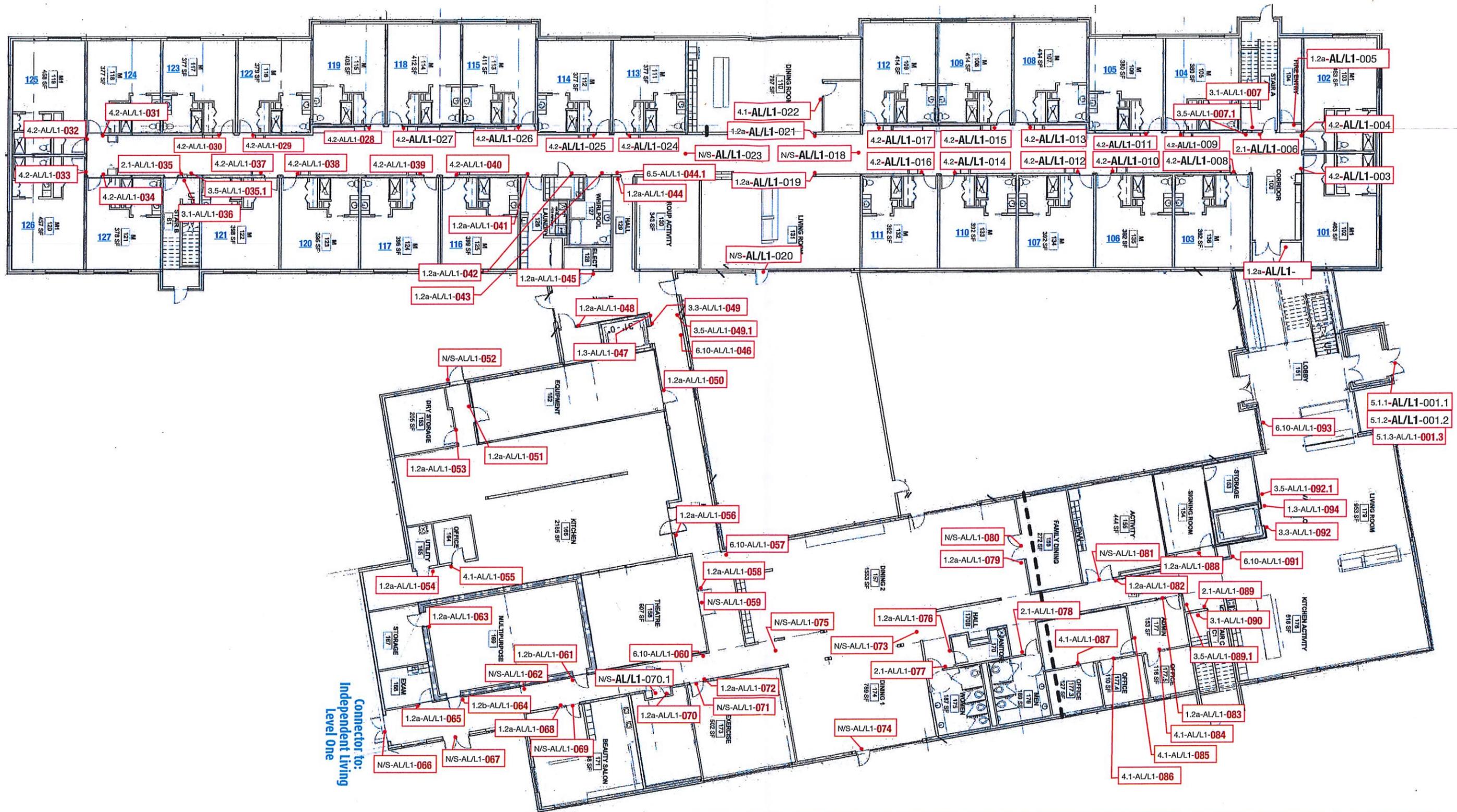
# NEW EMPLOYEE ORIENTATION AND CONTINUING EDUCATION POLICY AND PROCEDURE

## Policy:

The community will provide orientation and training to new employees and continuing education opportunities annually thereafter.

## Procedure:

1. Each community will provide training to new employees on the following topics within two weeks of their hire date:
  - a. Blood Borne Pathogens
  - b. Infection control
  - c. Fire and Safety / Disaster Preparedness
  - d. Incident Reporting and Assessment
  - e. Tenant/resident abuse, neglect, and misappropriation of money/property
  - f. Tenant/resident abuse, neglect, and misappropriation of money/property reporting procedures
  - g. Tenant/resident Rights
  - h. Confidentiality
  - i. Resident Service Agreement
  - j. Advanced Directives
  - k. Physical & mental care needs of tenants/residents
  - l. Tenant/resident special care needs
2. Twelve (12) hours of continuing education will be provided to direct care employees.
3. All employees will receive, at a minimum, annual education on a, b, c, d, e, f, g, and h as listed above and four (4) hours which will be dementia specific.
4. Executive Directors will receive 12 hours of continuing education per year in areas related to care and facility management of the population served.
5. The Executive Director, the Business Office Manager and/or designated employees maintain current new employee orientation records in a central file.



**Client**  
Dial Realty Builders, Inc

**Sales Rep**  
Rebecca Kleine

**Date**  
3.12.15

**File Name:**  
AksarbenSeniorLivingCommunity\_Interior-LP.indd

**Project**  
Aksarben Senior Living Community

**Drawn by**  
Alan Parsons

**Revision**  
3.26.15      5.14.15  
4.29.15

**ASSISTED LIVING  
LEVEL ONE**





**Client**  
Dial Realty Builders, Inc

**Sales Rep**  
Rebecca Kleine

**Date**  
3.12.15

**File Name:**  
AksarbenSeniorLivingCommunity\_Interior-LP.indd

**Project**  
Aksarben Senior Living Community

**Drawn by**  
Alan Parsons

**Revision**  
3.26.15      5.14.15  
4.29.15

**ASSISTED LIVING  
LEVEL THREE**

