

2007 Rule Change

Residential Care and Assisted Living

Phase III Rule Merge 2005 - 2007

- Reconvened rule committee January 6, 2005
- COMMITTEE MEMBERS: associations, facility owners & managers, senior advocate organizations, state ombudsman office, board of nursing, AAA managers, local SPD managers, consumers, surveyors, and central office staff

Phase III Goals

- Merger of two rules that differ only in environmental requirements
- Improve clarification and consistency for CBC survey process
- Address increasing acuity of service population
- Create specific steps vs. outcome focus

License renewals

OAR 411-054-0013(1)(b)(2)

If the owner is a different entity from the operator or management company:

- A renewal application is required from both
- Only one fee is required
- Renewal app's are due 45 days prior to expiration of the current license

Required Postings

OAR 411-054-0025(2)

Must be posted in public view near the main entrance:

- Facility license
- Name of Administrator or Person in charge
- Current staffing plan
- Copy of the most recent survey

Notification

OAR 411-054-0025(3)

Facility must notify SPD Central Office immediately:

- Change of Administrator
- Severe interruption of physical plant services
- Occurrence of epidemic disease
- Fire or event causing evacuation
- Unusual death or suicide
- Resident elopement beyond 24 hours

Records

OAR 411-054-0025(5)

- Facility must have written policy that prohibits falsification of records
- Resident records must be kept for 3 years after the resident has left

Resident Rights & Protections

OAR 411-054-0027

- Bill of Rights has been revised
- Updated BOR's given to each resident

Resident Services

OAR 411-054-0030

Facility must provide, at a minimum:

- Three nutritious, palatable meals plus snacks
 - Modified special diets
 - Menus one week in advance
 - Meal substitutions of similar nutritional value

Resident Services

OAR 411-054-0030

- Laundry services
- Daily social & recreational activities
- Assistance with ADL's:
 - Mobility - one person transfers
 - Bathing & washing hair
 - Hygiene - shaving & caring for the mouth
 - Dressing & undressing
 - Grooming - nail & hair care

Resident Services

OAR 411-054-0030

- Eating- cueing or special utensils
- Toileting - bowel & bladder management
- Intermittent cueing & redirection
- Intermittent intervention & support for behavioral symptoms
- Medication & Treatment Administration
- Housekeeping
- Transportation- arrange for medical & social purposes

Initial Screening

OAR 411-054-0034

Facility must determine if the potential resident meets the admission criteria

- Screening must determine the ability of the facility to meet the potential resident's needs and preferences in addition to other residents

Resident Information

OAR 411-054-0034

- Prior living arrangements
- Emergency contacts
- Service plan involvement
- Legal or financial relationships
- Primary language
- Community connections
- Health and social service providers

Resident Evaluation

411-054-0034(2)

- There is no required DHS form to capture this information
- All of the evaluation's elements must be addressed
- The evaluation should reflect the resident's current health and mental status

Evaluation

- Completed:
 - Prior to move-in
 - Updates & changes within 1st 30 days
 - Quarterly with service plan review
 - When a significant change of condition occurs

Move-In Evaluation

- In an urgent situation, evaluation may be done within the first 8 hours of move-in
- Facility must document the reason for the urgent situation

Move-In Resident Evaluation

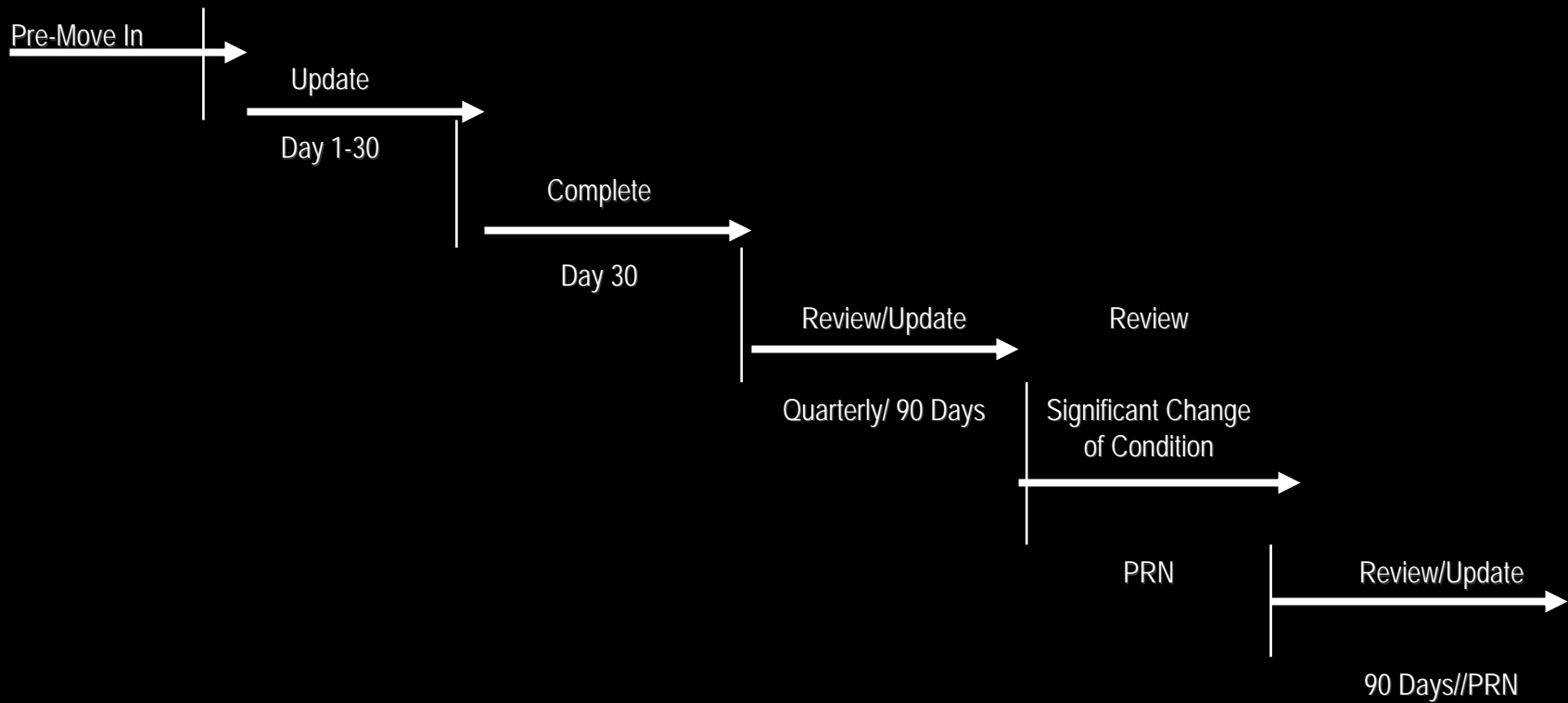
- Initial evaluation must contain all of the elements required in rule
- "N/A" is an acceptable entry if the condition is not relevant to the resident
- Must be modified as needed during first 30 days

Evaluation Requirements

- Must be done in person by trained and experienced staff
- Must be documented, dated and indicate who participated
- Must be reviewed and updated when a significant change of condition occurs
- 24 months of past evals kept on-site

Evaluation/Service Plan Timeline

Eval & Service Plan



Service Plan

OAR 411-054-0036

- Must be developed prior to move-in
- Reviewed within 30 days to reflect resident needs and preferences
- Following quarterly evaluations
- All service plans must be maintained on-site
- Must be accessible to care givers

Service Planning Team

Must Include:

- Resident
- Residents' legal rep if applicable
- Others at the choice of the resident
- Administrator or designee
- Staff person who will provide services

Involved family & Case Managers must be notified in advance of the meeting

Service Planning Team

As applicable, the team must also include:

- A licensed nurse if the resident will be receiving nursing services or has experienced a significant change of condition
- The resident's physician or other health practitioner

Change of Condition and Monitoring

411-054-0040

- Change of condition – Significant
 - Major deviation from most recent eval that may affect functioning or health
 - Not expected to be short term
 - Potential for significant risk to the resident

Change of Condition-Short term

- Condition that is expected to resolve or reverse with minimal intervention, or
- An established predictable, cyclical pattern associated with diagnosed condition (e.g., Parkinson's, MS, etc.)

Response to Change of Condition

Short Term

- Short term change of condition:
 - Determine actions and/or interventions required
 - Communicate information to each shift for monitoring, etc.
 - Document staff instructions in resident record
 - At least weekly documentation of resident's progress until resolved

Response to Change of Condition Significant

- Significant change of condition:
 - Evaluate resident
 - Refer for appropriate medical care
 - Refer to the facility RN for assessment
 - Evaluation and service plan update
 - Follow-up care
 - Interventions, monitoring, documentation

Monitoring

- System to monitor residents according to needs and service plan
- Specify staff responsibilities and identify criteria for notification of administrator, RN or health care provider
- Reporting protocol with access to a designated staff person 24-hours a day who can determine if action is required

Resident Health Services

411-054-0045

- Must provide health services and have systems in place to respond to the 24-hour care needs of residents
- Must have Oregon licensed nurse(s) regularly scheduled in facility & available for phone consultation

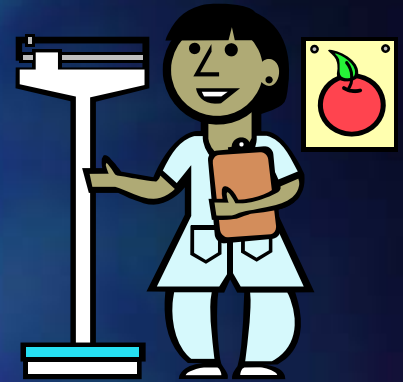
Health Services - Nursing

- Facilities must define the duties, responsibilities and limitations of the facility nurse in P & P and disclosure material
- Assure an adequate # of nursing hours based on census and acuity of population
- Ensure the nurse is notified of nursing needs

Nursing Requirements Resident Health Services

A Licensed nurse must participate in:

- Monitoring of resident condition
- Service planning as applicable
- Health care teaching and counseling
- Intermittent direct nursing services



Resident Health Services

411-054-0045

Registered Nurse requirements:

- Delegation and teaching
- Assessment in accordance with facility policy & resident condition
- Assessment of all residents with significant change of condition

ON-SITE HEALTH SERVICES

411-054-0045(2)(a)

- Must coordinate on-site health services with outside service providers
- Facility management or licensed nurse must be notified of the services provided by the outside provider
- Facility nurse must review service plan changes made as a result of the provision of on-site health services
- Facility must have policies to ensure that outside service providers leave written information regarding the service

Off-site Health Services

411-054-0045(2)(b)

- Facility must coordinate appointments with outside providers unless resident is willing and able to do on own
- Transportation for medical purposes must be arranged or provided for by the facility
- Must have protocol to provide and receive relevant information to and from the off-site provider
- Include information in the resident's record

Medications & Treatments

OAR 411-054-0055

- Facility must have a safe system approved by a pharmacist consultant, RN or Physician
- Pharmacist or RN must approve system for tracking controlled substances
- Administrator is responsible for ensuring professional oversight of system

Medications & Treatments

OAR 411-054-0055

- Rx must be carried out as prescribed
- Signed orders must be in record
- Only a legal prescriber can change an order
- A pharmacist or RN must document a review of each resident's regimen at least every 90 days

Medications & Treatments

OAR 411-054-0055

Two approved systems for administering medications:

- Set-up, Initial MAR, Give med

Or

- Give med for one resident, initial MAR

Medication Administration Process #1

- MAR is signed as meds are set-up
- Must not be set-up for more than one administration time
- Must be kept in closed labeled compartments
- Must be kept secure between set-up and administration
- Must be set-up, documented and administered by same person
- Refusals documented by same person

Medication Administration Process #2

- MAR is signed after the med is administered to one specific resident at a time
- Medication is poured, administered and documented by same staff person

Medication Record

OAR 411-054-0055

Must also include:

- Any specific instructions
- Significant side effects
- Time sensitive dosage
- When to call the nurse

Treatment Record

OAR 411-054-0055

The treatment record must also include:

- Type of treatment, instructions, significant side effects & when to call the prescriber or nurse
- Any deviation from instructions or refusal must be documented

Care Givers

Trained to provide care

- Direct Care Staff
 - Primary duty is to provide personal care
- Universal Workers
 - Provides personal care as well as other tasks

Staffing

411-054-0070

- Must have sufficient qualified caregivers to meet the 24 hr needs of each resident
- If facility employs Universal Workers, staffing must be increased to maintain resident care and services

Staffing

- Employees NOT included in the caregiver requirements are:
 - Staff whose duties are housekeeping, building maintenance, office support or food preparation
 - Licensed nurses fulfilling the Health Services requirements
 - Administrator

Staffing system

- Facilities must have a written, defined system to determine staffing based on acuity and service needs
- System must consider the physical building, use of technology and staff experience
- Must be able to demonstrate how the staffing system works

Staffing

- A minimum of two caregivers must be available at all times whenever a resident requires the assistance of two caregivers for scheduled or unscheduled needs
- Facilities with two or more detached buildings, or if the building has distinct and segregated areas, must have a caregiver awake in each area at all times

Employee Pre-service Training

OAR 411-054-0070(2)

- Prior to beginning job all employees must complete orientation to include:
 - Resident rights & values of CBC
 - Abuse & reporting requirements
 - Standard precautions & infection control
 - Fire safety & emergency procedures
 - Food handler's card, if preparing food
(WWW.ORA.COM)
 - Written Job Description

Caregiver Training

OAR 411-054-0070(3)

- Facility must have a training program that determines performance capability through a demonstration and evaluation process
- All caregivers must demonstrate satisfactory performance in any duty they are assigned
- All required topics must be demonstrated within the first 30 days of hire
- 12 hours in-service annually

Directly Supervised

Means that a qualified staff member maintains visual contact with the supervised person

Caregiver Training

OAR 411-054-0070(3)

- Caregivers must be directly supervised by a qualified person until performance demonstrated in task
- Documentation must be maintained regarding training and demonstrated ability

Training

- Staff must be trained in the abdominal thrust and first aid
- CPR recommended, but not required
- Staff must have sufficient communication and language skills

Staff under age 18

OAR 411-054-0070(3)(f)

- Must not perform medication administration or delegated nursing tasks
- Must be Directly Supervised when providing bathing, toileting, incontinence care or transferring

Involuntary Move-Out

OAR 411-054-0080

- Facility must disclose the types of health, nursing, behavior and care services they are unable to provide
- Facility must demonstrate, through service plan modification & documentation, attempts to resolve the reason for the notice

Move-out Notice

OAR 411-054-0080

- Use form SDS 0567 (30-day notice)
- Form must be given to the resident, legal representative and case manager
- Fax to SPD Salem
- Fax to LTCO when resident lacks capacity & has no legal rep / advocate

30-Day Involuntary Move-Out

OAR 411-054-0080

- Needs exceed level of ADL services
- Behavior that repeatedly & substantially interferes with residents or others
- Behavior that poses danger to self/others
- Complex, unstable medical needs
- Unable to accomplish resident evacuation
- Engages in illegal drug use, or commits criminal act that poses harm to others
- Non-payment of charges

Less than 30-day move-out

- Receives urgent medical or psychiatric care, facility evaluates and determines needs cannot be met
- Facility intent is to not allow resident back into facility because medical / behavior needs exceed level of service as disclosed at move-in

Less than 30-day cont'd.

- Written notice must be given to resident on the date decision is made to not allow resident to return (form 0568)
- Notice must include specific reasons why needs cannot be met
- Fax to Salem and LTCO

Less than 30-day move-out (Form SDS 0568)

- If the resident or designee request a hearing:
- Facility must hold the room or unit
- The facility may charge room & board only, pending resolution of the hearing

Refunds

OAR 411-054-0085

In the event of:

- Death – may only require payment for up to 15 days
- Substantiated abuse – may not charge past last day in facility
- Involuntary move-out – may not charge beyond date of resident's departure

Refunds

OAR 411-054-0085

If a resident must leave for medical reasons and indicate their intent not to return:

- Facility must not charge for more than 15 days from date of notification
- If belongings are not removed within 15 days, the facility may charge up to 30 days.
- A storage fee may be charged beyond 30 days if specified in admission agreement

Financial Management

OAR 411-054-0085

- Provider will refund any monies owed, within 30 days after the resident leaves the facility
- Must provide 30 days prior notice of facility-wide increases, additions or changes
- Must provide immediate written notice if service rate increases due to increased service provision

Personal Incidental Funds

OAR 411-054-0085 (8)

- Resident may authorize the facility to manage personal incidental funds
- If resident requests, facility must manage personal funds
- Facility must have policies and accounting records for handling residents' funds

Personal Incidental Funds

OAR 411-054-0085 (8)

- Funds containing more than \$150.00 must be in the resident's own interest bearing account, or in an account with a system that credits the appropriate interest to each resident
- Resident funds must not be co-mingled with facility money

Personal Incidental Funds

OAR 411-054-0085(8)

- Funds must be reasonably available to residents upon request
- Resident account records must show, with receipts, all monies received and spent

Lockable Storage

411-054-0200 (4)(d)

411-054-0300 (4)(g)

- A lockable storage space (e.g., drawer, cabinet or closet) must be provided for residents to store small valuable items
- If resident chooses, administrator may have key

Security

OAR 411-054-0200 (2)(g) (3(e)(A)(B))

New rule requires:

- If an electronic code must be entered to use an exit door, that code must be clearly posted for residents, visitors and staff use
- Outdoor perimeter fencing must not be secured to prevent exiting

WEBSITE TOOLS

- Administrator Alerts are available on the internet at:

www.oregon.gov/DHS/spd

- Click on "Tools for Providers"
- Click on "Provider Newsletters"

Website Forms

www.oregon.gov/DHS/admin/forms

- Click on "Find a DHS Form"
- Form #'s are on each document

THANK
YOU!

QUESTIONS?

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