Disclosure of Policies for Assisted Living with Dementia Care

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GOALS AND PHILOSOPHY

The goal of this community is to use a person-centered, culturally sensitive approach to providing care that meets a resident's changing needs, minimizes the resident's physical, emotional and spiritual distress, while maximizing comfort and well-being. That goal is accomplished by ensuring open and ongoing communication with the resident, family, and care team, ensuring those parties can participate in the plan of care, and by providing support to those parties.

We utilize Progressive Care's Meaningful Days dementia programming in our dementia care units. The Meaningful Days program was established as a way to optimize a resident's daily routine by incorporating therapeutic activities that are meaningful, purposeful, and promote a healthy balance of life skills and wellness dimensions. Maintaining a healthy balance of these activities will help residents manage stress, improve quality of life, reduce falls and injuries, reduce unwanted behaviors and maintain a level of independence.

BEHAVIORAL SYMPTOMS AND SUPPORT

The facility will review target mood and behaviors on residents to assure that appropriate care and interventions for those residents are being implemented. This assessment will be completed upon admission by a registered nurse (RN). Reassessment will continue on a quarterly basis unless a change of resident condition indicates that the reassessment needs to occur more frequently. A person centered care plan will be developed and managed by the RN which will include interventions to decrease adverse effects of mood or behavior concerns. Residents with known behaviors that place them at risk for injury will have an Individualized Abuse and Prevention Plan in place which will be individualized to the needs of the resident. If you would like to see this policy in its entirety, please contact the Clinical Nurse Supervisor.

WANDERING AND EGRESS PREVENTION

An assessment for risk of elopement is completed upon admission and reviewed and updated quarterly or with any changes in resident condition. Interventions to minimize the risk of elopement will be implemented by the RN based on the resident assessment.

Entrance and exit to the memory care community is obtained through an electronically controlled doorway. A secured, fenced courtyard will be available for outdoor enjoyment. Access to the courtyard is locked for resident safety. Residents using the outdoor courtyard space will be required to have either direct staff or family supervision for their safety and security.

Residents, family members and friends are requested to notify staff when a resident leaves (for an extended period of time) the building for any reason. Staff will note in the communication log if a resident has left the building on a planned absence and the expected time of return. When a resident is not where the resident can reasonably be expected to be—for example, not in the resident's apartment or not in attendance at a scheduled meal, health service, activity, etc.—staff will implement the missing resident procedure. All staff will be trained and made aware of missing resident procedures upon orientation. If you would like to see this policy in its entirety, please contact the Clinical Nurse Supervisor.

MEDICATION MANAGEMENT

The RN is responsible for the implementation of our agency's medication management policies and procedures. Based on the nursing assessment, the RN will develop an individualized medication management plan for each resident receiving any type of medication management services, consistent with current practice standards and guidelines, and will develop specific procedures for medication management services that staff will provide. The assessment will also include a review of medications in use, including use of psychotropic medications and the effects the medications. This assessment will be completed upon admission by a RN. Reassessment will continue on a quarterly basis unless a change of resident condition indicates that the reassessment needs to occur more frequently. The RN will assure that unlicensed personnel are trained, competent and oriented to the resident whenever unlicensed personnel are to perform medication management services for the resident. If you would like to see this policy in its entirety, please contact the Clinical Nurse Supervisor.

STAFF TRAINING SPECIFIC TO DEMENTIA CARE

Home Health Aides may or may not have a registration with the State of Minnesota as a nurse's aide, but will have all orientation to assisted living facility licensing requirements and regulations completed before providing assisted living services to residents. In addition to licensing orientation, direct care staff will have eight hours of training on dementia specific topics within 80 hours of their start date. Non-direct care staff will have four hours of initial dementia specific training within 160 hours of their start date. Until this training is complete, an employee cannot provide direct care unless there is another employee on site who has completed the initial eight

hours of training on topics related to dementia care. All employees will have two hours of training on topics related to dementia annually thereafter. The initial dementia training will consist of:

1. An explanation of Alzheimer's disease and other dementias;
2. Assistance with activities of daily living;
3. Problem solving with challenging behaviors;
4. Communication skills; and
5. Person-centered planning and service delivery

In addition to the training requirements of both direct care and non-direct care staff, the assisted living director must complete 10 hours of annual continuing education in relation to the care of individuals with dementia. This training will include medical management of dementia, creating and maintaining supportive and therapeutic environments for residents with dementia, and transitioning and coordinating services for residents with dementia. If you would like to see this policy in its entirety, please contact the Clinical Nurse Supervisor.

LIFE ENRICHMENT AND ACTIVITY PROGRAMS

Activities personnel will provide programs that are culturally sensitive and include a daily program of social and recreational activities. Community Life programs will be offered to residents of the Memory Support Community regularly in the morning, afternoon and evening. Programs may include life enrichment activities such as music and spiritual care, entertainment, exercise, crafts and homemaking tasks. These activities will be based upon individual and group interests, physical, mental, and psychosocial needs, and create opportunities for active participation in the community at large. If you would like to see this policy in its entirety, please contact the Clinical Nurse Supervisor for the Meaningful Days Programming.

FAMILY ENGAGEMENT AND SUPPORT PROGRAMS

The facility will provide a space and coordinate semi-annual participation for family councils. We seek a partnership in caregiving with families or other support systems. Families or designated personal representative(s) may have input in the multi-disciplinary plan of care, and a family conference will be held at least annually for each resident. A family night for the sharing of general information, education and support will be held at least twice per year. Our families are always welcome to visit and to address concerns to staff at any time. We recommend family involvement in support groups such as those offered by the Alzheimer's Association or other disease conditions as determined. For more information about support groups, please see the Clinical Nurse Supervisor or Executive Director.

INTERCOM USE

This facility does not utilize an overhead intercom system.

TRANSPORTATION COORDINATION TO AND FROM OUTSIDE MEDICAL APPOINTMENTS

The assisted living facility will assist with arranging for transportation to outside medical appointments. The assisted living staff will not accompany the resident to any outside appointments. It is recommended that a resident with dementia does not attend outside medical appointments unattended without family or a responsible party supervision. If you would like to see this policy in its entirety, please contact the Clinical Nurse Supervisor.

SAFEKEEPING OF RESIDENT'S PERSONAL POSESSIONS

Personal property may be at risk due to the number of people entering the building. Also, due to the behaviors of persons with dementia wandering and gathering of other resident items does occur, which adds to this risk of misplaced items. Residents are encouraged to lock their apartments when they leave for any reason. We ask that residents not bring in large amounts of money or family valuables. Our staff will attempt to protect personal property but we cannot guarantee its safety. We are not responsible for loss of your personal property due to fire, theft, breakage or other cause, unless the loss is due to negligence of our facility. The facility strongly suggests that residents purchase their own insurance for apartment living.