

XYZ Care Center

Policy Grievances

Subject: Grievances: Registration and Disposition

Effective Date: 11/10 **Reviewed Date:** 11/2016

Number: 134-16

Revision Date: 11/2016

Approved:

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Policy:

1. The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents; and other concerns regarding their LTC facility stay. All grievances will be responded to within 7 days.
2. Upon request, this policy will be given to the resident.
3. Facility will post information related to the right to file a grievance in prominent locations in the building.
4. Grievances can be filed orally or in writing and can be filed anonymously.
5. Quality Improvement Director (Name & Contact #)
6. Upon completion of review of the grievance by the facility, the resident may be given a written decision if they request it.
7. It is our desire that residents would voice their concerns to facility staff so that we have an opportunity to address your concerns. However, you do have the right to report your concerns to outside agencies without fear of reprisal.

Independent entities that can be contacted to file a grievance are:

- Office of Ombudsman for Long Term Care – (Contact #)
- Adult Abuse Reporting Center – (Contact #)
- Board of Medical Practice – (Contact 3#)

PROCEDURE:

1. The staff person receiving the concern will initiate the Grievance form. Staff will assist residents to complete this form as needed.
2. After the report is completed, it will be routed to the Grievance official listed above.
3. The Grievance official will lead any necessary investigation by the facility while maintaining the confidentiality of information associated with the Grievance. The Grievance official will also issue a written grievance decision to the resident within 7 days, and will coordinate with the State and Federal agencies as necessary.
4. The Grievance official will ensure that documentation related to the Grievance includes a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of pertinent findings or conclusions regarding the resident's concern(s), a statement regarding whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued.
5. The facility will take appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation of any of these residents' rights within its area of responsibility.
6. The facility will maintain evidence demonstrating the results of all grievances for a period of 3 years.
7. When the grievance investigation has been completed, the completed Grievance form as well as the written grievance decision will be routed to the facility Administrator for review.
8. After review by the Administrator the completed form will be given to the facility Quality Assurance person for review and tracking.

9. Any alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider must be reported immediately to the Administrator and be reported to (appropriate state agency name) and the Police, if indicated, by the Administrator or Director of Nursing (or designee).

Administrator:

1. Review form to determine any further action needed.
2. DON will note if grievance has been or needs to be reported to (appropriate state agency name).
3. Give completed issue and concern form to facility quality assurance person.

QA Person:

1. Reviews original copy for any additional follow-up required.
2. Document issue and concern for QI purposes.
3. Provide quarterly QA reports related to all reported issues and concerns
4. All original forms will be kept on file in the QI office for a minimum of 3 years.

XYZ Care Center
Policy/Procedure

Subject: Availability of survey results

Effective Date: 5/07 **Review Date:** 12/2016

Number: 171-16 **Revision Date:** 12/2016 **Approved:**

Policy: XYZ Care Center will make the results of the most recent survey and plans of correction available to all residents.

- The results of the most recent survey is defined as the Statement of Deficiencies form (2567) and any subsequent extended surveys, and any deficiencies resulting from any subsequent complaint investigation(s).
- The survey results and approved plan of correction (as applicable) will be available in a readable form such as a binder or large print.
- The facility will post these results in a place/s that are readily accessible to residents, family members and legal representatives of residents.
- The facility will also have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the preceding 3 years, and any plan of correction in effect with respect to the facility, available for any individual to review upon request.
- The facility will post notice of availability of these reports in areas of the facility that are prominent and accessible to the public.
- The facility shall not make available identifying information about complainants or residents.

NOTE:

The past 3 years of survey reports will be available at all times per resident / resident representative request.

XYZ Care Center

Policy/Procedure

Subject: Visiting Protocol / Suggested hours

Effective Date: 06/09

Review Date: 11/2016

Number: 170-16

Revision Date: 11/2016

Approved:

Responsibility:

All Staff

Policy:

Visitation by family, friends, and others is an experience that greatly enhances quality of life for residents. XYZ strongly supports an open and friendly atmosphere that supports frequent and comfortable visitation for residents.

The facility will provide immediate access to the resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time. The facility may need to change the location of the visits or protect privacy of other residents. Other visiting restrictions may be applied to protect the rights, privacy and safety of any of our residents and staff or are applicable by law.

Visiting Hours Protocol:

1. All visitors will be required to check in per facility policy and wear an identification badge/sticker while in the building. If visiting without checking in you will be asked to return to front reception area and complete the process before you continue visiting.

Visiting Restrictions

1. Visiting restrictions may be enforced under certain circumstances including but not limited to:
 - a. Resident request of no visitation by individual desiring to visit
 - b. Visitor has demonstrated behaviors that put XYZ residents or staff at risk for any type of harm
 - c. Visitor has been observed breaking XYZ policy or participating in illegal activities while on the premises.

Overnight Guests

1. Special consideration will be given to provide overnight guests for the care and comfort of the individual residents. Some examples may include but not limited to; the resident is actively dying, patient has a language barrier with not ability to communicate, ease a new resident's adjustment anxiety for a limited time or other emergency situations.
2. A cot will be provided for pre-arranged overnight visits, from 9 p.m. to 9a.m., at which time it will be removed.
3. Patients in double rooms must obtain consent from the other roommate to accommodate an overnight guest until a private room is available by vacancy or room differential or otherwise approved.
4. Again, for the comfort of the resident, we ask only 1 (one) overnight guest at a time per patient.
5. Overnight guests must minimally be 18 years of age
6. Overnight guests must stay with the resident to and refrain from entering other parts of the building.

XYZ Health Care Center Policy and Procedure

Subject: Bed Hold Policy

Effective Date: 11/24/2008

Reviewed Date: 11/2016

Revised Date: 11/2016

Policy Number: 191-16

Approved:

Policy: Before a resident transfers to the hospital or goes on a therapeutic leave, the facility will provide the resident and their representative written Explanation of the Bed-hold policy. This notice will specify the duration of the bed-hold policy and the facility policy regarding bed-hold periods.

Staff Responsible: Health Information, Nursing, Social Services

Procedure:

1. On admission, the bed hold policy is reviewed with all patients and/or resident representative. The information can be found in the admission agreement.
2. Upon resident transfer to the hospital or participation in an LOA the unit nursing staff will provide the XYZ Care Center Explanation of Bed Hold Policy form to the resident.
3. This form will be kept in a file on all nursing stations as part of a designated Transfer, Discharge and LOA envelopes, and in Matrix - Form.
4. The provision of this form to the resident upon hospital transfer or LOA will be documented in the electronic medical record by the nursing staff.
5. An additional copy of the form will be mailed within 24 hours or on the next business day to the resident's representative by the Social Worker. This will be documented in the medical record.
6. The unit social worker will make a phone call within 24 hours or on the next business day to the resident representative asking for a determination of the resident's bed hold status. This determination will then be documented in the electronic medical record by the social worker.
7. The Social worker and Admissions staff will monitor the bed hold days and contact the hospital when resident's days are close to expiring (Day 16 or 17). Social Services will keep resident representative apprised of resident's bed hold days remaining status.
8. If the resident expires in the hospital their bed hold would conclude on that same day.
9. If a resident fails to return from the hospital or from an LOA they will be charged for their bed hold days until he/she supplies notification to the facility of their change in bed hold status. Social Services will contact resident/resident representative regarding status as soon as possible following the no return status.
10. The facility will allow residents to return to the facility after they have been hospitalized or placed on therapeutic leave.
11. A resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, can return to the facility to their previous room if it is available or upon the first availability of a bed in a semi-private room (or private room if medically necessary) if the resident requires the services provided by the facility and is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.
12. If the facility determines that a resident who was transferred from the facility with a plan to return cannot return to the facility, the facility will follow the appropriate steps laid out in policy #—.

XYZ Care explanation of Bed-Hold Policy

Please be advised that Federal regulations require nursing homes to give written notice of bed-hold and readmission policies to the resident and resident representative at the time of transfer to the hospital, therapeutic leave or trial home stays. In these instances the resident's bed will automatically be held at the current classification until the facility is notified by the resident or their representative of their desire to vacate the room and discharge from the facility.

FEES TO BE CHARGED

The charges for a bed-hold will be equal to 30% of the resident's RUG rate/case mix level. However, if a private pay resident resides in a private room, the charge for the bed-hold will be equal to 100% of the resident's RUG rate/case mix level.

HOSPITAL STAYS

1) FOR RESIDENTS WITH ACTIVE MEDICAL ASSISTANCE: Medical Assistance will reimburse the facility to hold the bed for up to eighteen (18) days per hospitalization. If a resident is hospitalized facility staff will continue to inform the hospital staff of the bed hold days remaining. If the resident is unable to return to the facility at the end of the 18-day period, the resident will be discharged. Upon discharge from the hospital, they will be offered the first available bed in an appropriate area if the facility is able to meet the medical, physical, and psychosocial needs of the resident and if the resident continues to be eligible for Medical Assistance nursing facility services. If a resident receiving Medical Assistance resides in a private room the bed hold charge will be equal to 100% of the private room rate differential.

2) FOR PRIVATE PAY, MEDICARE OR OTHER INSURANCE BENEFICIARIES:

Private paying residents, including those receiving Medicare or other insurance coverage for room and board, will be notified upon admission to the hospital that the facility will hold the bed. If the resident representative chooses not to hold the bed during hospitalization, the facility will call the next person on the waiting list for admission. Residents who receive Medical Assistance as well as Medicare or other insurance will follow Medical Assistance guidelines as outlined above. It is important to understand that Medicare and insurance policies will not pay for a bed-hold. Therefore, a review of your resources may be necessary. If the resident is not eligible for Medical assistance, the resident will be responsible for all charges associated with the bed-hold.

LEAVE OF ABSENCE:

1) MEDICAL ASSISTANCE RECIPIENT: Medical Assistance will reimburse the facility at the daily rate for up to 36 therapeutic leave days (defined as longer than 23 hours) per calendar year.

2) FOR PRIVATE PAY: If the resident chooses not to hold the bed during the absence, the facility will call the next person on the waiting list for admission.

3) MEDICARE OR OTHER INSURANCE BENEFICIARIES: In most cases, Medicare and other insurance coverage will cease upon a leave of absence (overnight or extended stay away from the facility) and may not be reinstated.

OTHER INFORMATION:

Upon death or discharge of a resident, the facility will not charge the daily room rate for the day of death or discharge.

A resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, can return to the facility to their previous room if it is available or upon the first availability of a bed in a semi-private room (or private room if medically necessary) if the resident requires the services provided by the facility and is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.

XYZ Health Care Center

Policy/Procedure

Subject: Admission Policy

Effective Date: 02/81 **Review Date:** 12/2015

Number: 101 **Revision Date:** 12/2015 **Approved:**

Policy: **Responsible Person:** *Admissions Office, Department Managers*

1. Applicants shall be considered and admitted without regard to race, creed, color, age handicap, sexual preference, or national origin.
2. Applicants will meet skilled care criteria.
3. Admission selection shall be determined by the applicant's medical and psychosocial needs, date of request for placement, and availability of an appropriate bed.
 - A. Types of treatments or services not provided:
 7. Respiratory/Mechanical ventilation.
 8. Removal of existing feeding tube by nursing staff when nutritional needs may not be met by other means.
 9. Care of residents who exhibit current suicidal ideation or who maybe harmful to themselves or others.
 10. Airborne isolation.
 11. Restraints which require a tie.
 12. One on one services needed.
 - B. The facility does not deny admission to people with HIV, MRSA, VRE, Hepatitis B, or non-infectious (treated) Tuberculosis, or other communicable disease unless the facility is unable to provide isolation precautions if necessary.
4. Applicants must designate a licensed physician to supervise and follow his/her medical care and treatment in accordance with the regulated physician visit schedule.
5. Applicants are admitted with a physician order for skilled care.
6. The required admission H & P must be completed and/or updated with 5 days prior to admission or within 72 hours after admission.
7. It shall be the responsibility of the physician to determine the resident's rehabilitation potential.
8. Applicants identified as requiring a secured environment will be directly admitted and/or transferred to a secured unit (if the facility has a secured unit).
9. The medical record of a resident entering the home shall include a report of a standard Mantoux Tuberculin Test (2-step) within 72 hours, or if contraindicated, a chest x-ray within the three months prior to admission.
10. A dental examination shall be required within 6 months prior to admission or within 90 days thereafter. The dental exam may be waived in cases of extreme mental or physical deterioration or when admitted on a temporary basis. Refusal of the resident or responsible party to have a dental exam or services as prescribed shall be documented in the medical record.
11. All dentures and other assistive devices shall be marked with the resident's admission number within 7 days of admission.
12. Patients may be admitted at any time of day. Patients returning from the hospital return will be accepted at any time.
13. Signed physician orders must accompany the resident upon admission.
14. Appropriate financial arrangements must be made at the time of admission in order to finance the resident's cost of care.

15. Upon admission, the State and Federal Bill of Rights will be reviewed with the resident by Social Services/Nursing. This will be done both orally and in writing in a language that the resident understands. Receipt of this information will be acknowledged in writing.
16. Social Services will review admission paperwork. Receipt of this information will be acknowledged in writing.
17. If applicant does not meet criteria for admission to the facility, the reason will be documented on the pre-admission assessment and the referring party will be notified of the decision

XYZ Health Care Center

Policy and Procedure

Date of issue: 8/1981

Revised date: 10/2016

Review date: 10/2016

1. Residents of XYZ Care facilities have the right to be free from verbal, sexual, physical and mental abuse, corporal punishment, involuntary seclusion, exploitation and misappropriation of property.
2. XYZ Care will comply with MN statute “Maltreatment of Vulnerable adults” in order to ensure protection of our residents who, because of physical or mental disability or dependence on institutional services are potentially vulnerable to maltreatment and to provide safe institutional services and a safe living environment for all residents under our care.
3. All potential employees will undergo background studies
 - A. XYZ Care will not employ or otherwise engage individuals who have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law.
 - B. XYZ Care will not employ or otherwise engage individuals who have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.
 - C. All potential employees will have references checked before hire.
 - a. All incoming employees, volunteers, vendors will be oriented to the Vulnerable Adult Protocol and to XYZ Care policy and procedure to ensure that all employees are made aware of their responsibilities as mandated by law to report any acts of maltreatment of vulnerable adults. All supervisors will be trained on the Vulnerable Adult Act and on XYZ Vulnerable Adult reporting procedures.
 - D. XYZ Care will report to State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff.
4. Staff will be inserviced annually on the Vulnerable Adult Act and XYZ Care’s policy and procedures. Residents, resident representatives, and volunteers will also receive annual training regarding the Vulnerable Adult Act and XYZ Care’s policy and procedures.
5. To aid in abuse prevention, all staff is to report any signs and symptoms of abuse/neglect to the Nursing supervisor immediately.
6. XYZ Care does not condone any form of resident abuse and will continually monitor the facility’s policies, procedures, training programs to assist in the prevention of abuse.
7. The Director of Nursing or designee is responsible to ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property are reported immediately to the facility Administrator and to (State Agency). The Director of Nursing or designee is also responsible to ensure that alleged violations are thoroughly investigated and to prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.

8. An on-going assessment of the physical plant, its environment, and its population will be conducted to identify factors that may encourage or permit abuse.
9. Anyone who has reason to suspect that an incident of abuse or neglect has occurred has the right to make a report to the (Appropriate State Agency). (The XYZ reporting procedure should be followed whenever possible)
10. XYZ Care Facilities (Skilled Nursing) must report Online to the (Appropriate State Agency).
11. Staff, residents, responsible parties should not fear retaliation for reporting a vulnerable adult issue.
12. Retaliation for reporting a vulnerable adult issue is absolutely prohibited. If any person, resident, responsible party or others feel they have experienced retaliation as a result of reporting a vulnerable adult issue, they should immediately report to the Director of Nursing, Administrator, Manager, or the Corporate Compliance Officer.
13. Issue/Concern forms and Events will be reviewed at the Quarterly Quality Improvement meetings.

Definitions:

1. Vulnerable Adult is any and all residents or inpatient of a licensed facility
2. Mandated reporting: Any employee who has knowledge of the maltreatment of a vulnerable adult, has reasonable cause to believe that a vulnerable adult is being, or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury that is not reasonably explained by the history of injuries is mandated to report.
3. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. It includes deprivation by an individual of goods or services necessary to attain, or maintain physical, mental, and psychosocial well-being. Also, verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through use of technology.
4. Neglect: is the failure of the facility, its employees or service providers to provide goods and services to a resident necessary to avoid physical harm, pain, mental anguish, or emotional distress.
5. Willful: the individual must have acted deliberately, not that he/she must have intended to inflict injury or harm.
6. Exploitation: taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats or coercion.
7. Misappropriation of resident property: the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent.
8. Mistreatment: Inappropriate treatment or exploitation of a resident.
9. Sexual Abuse: non-consensual sexual contact of any type with a resident.
10. Acts of maltreatment (abuse or neglect) include, but are not limited to the following
 - a. Hitting, slapping, kicking, pinching, biting or corporal punishment
 - b. Use of repeated malicious oral, written or gestured language
 - c. Treatment considered being disparaging, derogatory, humiliating, harassing or threatening.

- d. Use of any aversive or deprecating procedures, unreasonable confinement or involuntary seclusion, including forced separation from other persons against the will of a Vulnerable Adult.
- e. Sexual contact between a staff person or a person providing services in the facility and a Vulnerable Adult.
- f. The act of forcing, compelling, coercing, or enticing a Vulnerable Adult against their will to perform services for the advantage of another.
- g. Failure to supply reasonable and necessary food, clothing, shelter, health-care and supervision.
- h. Willfully using, withholding, disposing of funds or property of the Vulnerable Adult.
- i. Acquiring possession or control of funds or property of the Vulnerable Adult through the use of undue influence, harassment, duress, deception, or fraud.
- j. Verbal or physical aggression occurring between residents and/or self-abusing behavior that causes serious harm.

XYZ Health Care Center **Policy**

Subject: **Resident Rights/Bill of Rights (Resident)-MN**

Effective Date: **04/16**

Review Date: **04/16, 11/2016**

Number: **130-16**

Revision Date: **04/16, 11/2016**

Approved:

Policy: It is the policy of the XYZ Care that all residents will be informed of the Resident Bill of Rights upon admission.

Responsible Staff: Social Services

Procedure:

1. XYZ Care recognizes the resident's right to a dignified existence, self determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.
2. XYZ Care facilities recognize that they must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.
3. The facility will provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. The facility will establish and maintain identical policies and practices regarding transfer, discharge and the provision of services under the State plan for all residents regardless of payer source.
4. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.
5. The facility will ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. The facility will support the resident in the exercise of his or her rights.
6. The resident has the right to be fully informed in language that he or she can understand of his or her total health status, including, but not limited to, their medical condition.
7. In the case of a resident adjudged incompetent under the laws of the State by a court of competent jurisdiction, the rights of the resident devolve and are exercised by the resident representative appointed under State law to act on the resident's behalf. The Court-appointed resident representative exercises the resident's rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law.
 - In the case of a resident representative whose decision making authority is limited by State Law or court appointment, the resident retains the right to make those decisions outside the representative's authority.
 - The resident's wishes and preferences must be considered in the exercise of rights by the representative.
 - To the extent practicable, the resident must be provided with opportunities to participate in the care planning process.
8. In the case of a resident who has not be adjudged incompetent by the state court, the resident has the right to designate a representative, in accordance with State law and any legal surrogate so designated may exercise the resident's rights to the extent provided by State law. The same-sex spouse of a resident must be afforded treatment equal to that afforded to an opposite-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated.
 - The resident representative has the right to exercise the resident's rights to the extent those rights are delegated to the resident representative.
 - The resident retains the right to exercise those rights not delegated to a resident representative, including the right to revoke a delegation of rights, except as limited by state law.
9. The facility must treat the decision of a resident representative as the decisions of the resident to the extent required by the court or delegated by the resident, in accordance with applicable law.
10. The facility shall not extend the resident representative the right to make decisions on behalf of the resident beyond the extent required by the court or delegated by the resident, in accordance with applicable law.
11. If the facility has reason to believe that a resident representative is making decisions or taking actions that are not in the best interest of a resident, the facility shall report such concerns in the manner required under State law.
12. Upon admission to the facility, the admitting nurse will give the resident/Resident Representative the current Resident Rights/Bill of Rights booklet (revised Nov 2016). The receipt of signature is included in the admission Agreement and is signed by the resident/Resident Representative. A copy of the Bill of Rights is also included in the Admission Handbook which is reviewed by the Social Worker upon completion of all admission paperwork.
13. Posters regarding the Resident Bill of Rights are displayed in various areas of the facility for resident, families and visitors information.
14. Any changes to the Resident Bill of Rights are reviewed at Resident Council meetings as needed.
15. All employees are educated on Resident Rights upon hire and annually.

XYZ Health Care Center

Policy

Subject: Vulnerable Adult Reporting and Investigation Procedure

Date of Issue: 11/1999

Review date 8/2016

Revised Date: 8/2016

Policy Number: #135

Approved: _____

Responsible Person: *All Staff*

Procedural Steps:

- A. Any employee, family member, volunteer or resident who suspects that an incident of maltreatment has occurred shall immediately report such incident to either the nurse on the station where the alleged incident occurred or to the employee/volunteer's immediate supervisor. NOTE: Anyone who has reason to suspect that an incident of abuse or neglect has occurred has the right to make a report to the Office of Facility Health Complaints at the MDH. The XYZ Care reporting procedure should be followed whenever possible.

NOTE: To be in compliance with the Elder Justice Act of 1/11, all staff need to be aware of when a Vulnerable Adult issue needs to be reported to the local police department. Any Vulnerable Adult issue that involves reasonable suspicion of a crime committed against a resident must be reported to law enforcement officials as well as the (state) Department of Health. The supervisor or employee making the report will call the police as needed for each incident.

1. Reporting timing is specific to criminal activities that are different from Vulnerable Adult Reporting. The (Appropriate state agency) will be notified immediately for any potential abuse or neglect that may have occurred.

Local Law enforcement will be also notified immediately and not to exceed two hours when criminal activity with intent and resulting serious injury to life, limb or well being has occurred. Those criminal activities that do not result in serious harm or threat will be reported within 24 hours.

2. Reporting numbers are posted at various conspicuous spots in the facility for access to all staff for both Vulnerable Adult and local law enforcement.

3. XYZCare encourages reporting of all potential VA issues and/or reasonable suspicion of criminal activity. XYZ Care cannot and will not retaliate in any form against an employee or group of employees who make a report or allegation, with or without facility/corporate knowledge. (Employees are encouraged to independently report if their supervisor does not report per policy.)

4. All potential employees will undergo background studies

- All potential employees will have references checked before hire.
- XYZ Care Corporation will not employ individuals who have been convicted of a crime appearing on the "Disqualifying crimes for Licensed Health Care Facilities" or entered into the State Nursing Assistant Registry concerning abuse, maltreatment of residents or resident's property.

5. Training on Vulnerable Adults in addition to the Elder Justice Act will occur upon hire and annually thereafter for all employees.

If the person receiving the initial report is not the floor nurse, the person receiving the report shall immediately make a verbal report regarding the alleged incident to the floor nurse or Building Charge Nurse. Building charge nurse will immediately notify the DON (or designee) and the Administrator. In the absence of the Administrator XYZ Corporate Clinical Director will be notified as the designee. Immediate steps shall be taken to ensure the safety and well being of the alleged victim.

B. Incidents that must be reported to immediately to (appropriate state agency)

- Mistreatment
- Neglect
- Abuse (Physical or Mental)
 - Inclusive of Resident to Resident Abuse and Self Abusive Behavior
 - Any photography, recording, and/or video-taping of a resident, or the manner in which it is used that demeans or humiliates a resident/s regardless of whether the resident provided consent is considered abuse and must be reported immediately to the state agency.
 - Sexual Abuse
- Injuries of an unknown source

“Injuries of unknown source” – An injury should be classified as an “injury of unknown source” when both of the following conditions are met:
The source of the injury was not observed by any person or the source of injury could not be explained by the resident;

And

The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.
- Misappropriation of resident property and Theft.

C. Upon receiving the report the DON (or designee) will

1. Determine if an employee(s) allegedly perpetrated the incident.
2. If the employee(s) are potentially or suspected to be involved, the employee(s) is informed that s/he is suspended pending investigation.

D. The Administrator (or Corporate Designee if the Administrator is on PTO) and Director of Nursing (or designee) will be informed immediately of maltreatment/abuse or neglect potential and will appoint a staff person to investigate the alleged incident.

E. The staff person investigating the incident will:

1. Review the incident.
2. Review the resident’s medical record to determine events leading up to the incident.
3. Interview the person(s) reporting the incident.
4. Interview the witnesses to the incident.
5. Interview the resident.
6. Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident.
7. Interview the resident’s physician, roommate, family members and visitors as indicated.
8. Interview other residents to whom the accused employee provides care or services.

F. Interviews with staff and residents will be held privately.

G. The Administrator and Director of Nursing Services will determine facility visitation rights to accused individuals that are not employees.

H. Unexplained Injuries:

1. Should a resident be observed with unexplained injuries (including bruises, abrasions, and injuries of an unknown source), the staff nurse on duty must complete an accident/incident form and record such information into the resident’s electronic clinical record.
2. Notify the Director of Nursing or designee of the unexplained injuries.
3. The Director of Nursing or designee will conduct an immediate investigation.
 - a. The investigation will follow the protocols set forth in our facility’s established abuse investigation guidelines. See policy #153 recognizing signs and symptoms of abuse/neglect.

- I. Resident to resident abuse and/or self-abusive behavior.
 - 1. Immediate Action is taken to protect the resident(s).
 - 2. An incident report is completed resident(s) involved. Resident's physician and primary contact are notified of the resident to resident altercation and or the behavior causing the incident regardless if injury occurred.
 - 3. Interventions will be implemented according to individual need upon completing an investigation.
- NOTE: The determination of intent needs to be determined regardless of mental status.
- J. All incidents must be reported to (appropriate state agency) via a secure website. This is a two-step process
 - 1. Immediate initial reporting the incident
 - 2. Submitting a final investigative report within 5 working days. The Administrator will be informed of the conclusions of the investigative process.
- K. If the incident involves physical or sexual abuse or theft, the Director of Nursing or designee shall notify the police immediately, and a report shall be made.
- L. In addition, if the incident involves alleged sexual abuse, the resident's doctor shall be notified and the resident shall be evaluated.
 - 1. Do not bathe or change the resident's clothing so as not to disturb evidence.
- M. Actions taken to prevent recurrence of the incident and/or to protect other residents from similar incidents shall be identified, recorded and acted upon as part of the protocol.
- N. The person who made the initial report shall be informed that the report has been investigated and acted upon.
- O. If a volunteer is discovered to have perpetrated the incident, the volunteer shall not be allowed to continue volunteering at XYZ Care.
- P. If an employee is found to have perpetrated the incident, follow Employee Handbook.
- Q. Should the investigation reveal that a false report was made/filed, the investigation will stop and concerned parties will be notified of findings as applicable.
- R. All inquiries concerning abuse reporting and investigation should be referred to the Administrator or to the Director of Nursing Services.

NOTE:

Any resident leaving the facility against medical advice will be reported to adult protection for resident's safety and knowledge by the appropriate state agency.

Date of Issue: 02/00	<u>Subject:</u>	RECOGNIZING SIGNS AND SYMPTOMS OF ABUSE/NEGLECT
Review Date: 2/2015	<u>Source:</u>	Administration
Revise Date: 2/15	<u>Distribution:</u>	Administrative, Master Manual
#153	<u>Policy:</u>	XYZ Care will not condone any form of resident abuse or neglect. To aid in abuse prevention, all personnel are to report any signs or symptoms of abuse/neglect to their Supervisor, who should immediately report the incident to the Administrator and Director of Nursing Services.
	<u>Rationale:</u>	To promote an abuse-free environment.

Responsibility: *All Staff*

Procedural Steps:

1. The following are some examples of actual abuse/neglect and signs and symptoms of abuse/neglect that should be promptly reported. However, this listing is not all-inclusive. Other signs and symptoms or actual abuse/neglect may be apparent. When in doubt, report it.
 - e. **Signs of/Actual Physical Abuse:**
 - Welts or bruises
 - Abrasions or lacerations
 - Fractures, dislocations or sprains of questionable origin
 - Black eyes or broken teeth
 - Improper use of restraints
 - Rape – allegations of rape/sexual abuse/extreme fear and/or agitation of caregiver
 - Excessive exposure to heat or cold
 - Involuntary seclusion
 - Multiple burns or human bites
 - b. **Signs of/Actual Physical Neglect:**
 - Malnutrition and dehydration (unexplained weight loss)
 - Poor hygiene
 - Inappropriate clothing (soiled, tattered, poor fitting, lacking, inappropriate for season)
 - Decayed teeth
 - Improper use/administration of medication
 - Inadequate provision of care
 - Caregiver indifferent to resident's personal care and needs
 - Failure to provide privacy
 - Left alone, but needs supervision
 - c. **Signs/Symptoms of psychological abuse/neglect:**
 - Resident clings to abuser/caregiver
 - Paranoia
 - Depression
 - Confusion
 - Disorientation
 - Withdrawal
 - Inconsistent injury explanation
 - Low self-esteem or self-worth
 - Anger
 - Suicidal
 - d. **Annual mandatory training will be conducted for all staff on identifying, and reporting of any suspected or actual resident abuse and/or neglect.**

NOTE: See Policy #135 – “Vulnerable Adult Reporting and Investigation Procedure” or facility policy on immediate reporting of all Vulnerable Adult incidences.

XYZ Health Care Center

Policy/Procedure

Subject: **Abuse Prevention: In-Service Training**

Effective Date:06/2000 **Review Date:** 11/2016

Number: 150 **Revision Date:** 11/2016 **Approved:**

Policy: All employees receive orientation and in-service training relative to resident rights and our corporation's abuse prevention program policies and procedures.

Responsibility: *All staff*

Procedural Steps:

1. All newly hired employees are required to attend our facility's resident rights and abuse prevention program in General Orientation prior to having resident/client contact.
2. The resident rights abuse prevention General Orientation consists of the following information:
 - a. A review of resident rights,
 - b. A review of the facility's abuse prevention and reporting policies and procedures.
 - c. Provide staff with definitions of and ways to identify abuse and neglect.
 - d. Provide staff with definitions of and ways to identify stress-causing agents in their lives and in resident's lives.
 - e. Review proactive, preventative solutions, rather than reactive or punitive measures to combat abuse.
 - f. Review which staff members might be at risk for being abused by residents.
3. Annual in-service training programs include educational sessions on such topics as:
 - a. Cultural, religious and ethnic differences and how they can lead to conflicts,
 - b. Resolving conflicts,
 - c. Recognizing signs and symptoms of abuse,
 - d. Stress reduction and burn-out,
 - e. Dealing with aggressive or catastrophic resident behavior reactions,
 - f. Dementia
 - g. How and to whom incidents of mistreatment, neglect, and abuse should be reported, and
 - h. Others that may be helpful in preventing resident abuse.
4. Annual resident rights in-service training programs are conducted and it is mandatory that all personnel attend such training programs.
5. When changes in regulations or facility practices occur that affect resident rights an in-service training program will be conducted to inform the staff of such changes.
6. Residents and their representatives will be provided updates of changes in regulations or facility policies that affect the rights of residents by Social Service department. Such changes will be reviewed orally when requested by the resident or representative.
7. Inquiries concerning our facilities resident rights training programs should be directed to the Administrator and/or Director of Social Service.
8. Any photography, recording, and/or video-taping of a resident, or their personal space or the manner in which it is used that demeans or humiliates a resident/s regardless of whether the resident provided consent is considered abuse and must be reported immediately to the state agency.

XYZ Health Care Center **Policy**

Subject: Discharge Planning

Effective Date: 08/81

Review Date: 10/15; 2/16

Number: 1825

Revision Date: 10/15; 2/16

Approved:

Policy: A discharge plan will be formulated by the Interdisciplinary team on each resident at the time of admission. This plan will be based on the medical, social, and emotional condition of the resident. Available resources will be evaluated for use to provide for the total well being of the resident, and continuity of care upon discharge.

Responsible Staff:

Interdisciplinary Team (Nursing, Physician, Therapy Services, Social Services, Therapeutic Programs, Dietary and Chaplaincy as needed)

Procedure:

1. Nursing will obtain a discharge potential from the physician upon admission.
2. The Interdisciplinary team will meet regularly to identify and discuss resident's status and potential discharge needs on an ongoing basis.
 - a. Resident discharge needs may involve but are not limited to medications, diet, treatments, out-patient therapies, equipment recommendations, community services, home health care and patient teaching, as it pertains to each resident.
 - b. Documentation of the Interdisciplinary team discharge planning discussion will be recorded on the Nursing Temporary Care Plan, and XYZ Therapy Services Discharge Planning form.
 - c. Documentation of ongoing interventions and resident/caregiver teaching will be maintained in respective discipline notes as applicable.
3. Appropriate discharge planning will be developed based on the resident's medical, physical, social and emotional condition/needs. Available resources will be recommended and made available as to provide for the total well-being of that resident and with the approval of the resident's physician.
4. The resident's discharge plan will be in accordance with his/her Care Plan which identifies his/her abilities and needs, and is re-evaluated on an on-going basis.
5. The Social Services Department maintains the responsibility for the coordination of the resident's discharge planning, and for the coordination of community services necessary for that resident's care needs at the time of discharge.
6. All available local and community resources will be made available and utilized under the coordination of the Social Services department to ensure that each resident's specific care needs are met upon discharge to maximize the success of each resident.
 - a. Social Services will set up a care conference to address discharge, and other care related needs/concerns with the resident/responsible party to review discharge plans as needed.
7. Nursing obtains discharge order when ready for discharge.
8. Social Services will arrange for any transportation needs for the resident
9. The Therapy Department will obtain any equipment/supplies needed before discharge or make the appropriate request to Social Services to arrange with resident/responsible party as needed or able.
10. At the time of discharge, XYZ Care will provide the resident/responsible party with an appropriate summary of information on the Discharge personal Health Record, to ensure optimal continuity of care. The administration records for both medications and treatments will be printed for inclusion with the discharge information form. These records will be explained to the resident/responsible party in laymen's terms with additional notes as needed. Other items for discussion will include diet, activity tolerance, physician follow-up appointments, and community service/home health contacts.
11. XYZ will initiate discharge per the following circumstances:
 - a. The transfer or discharge is necessary for the resident's welfare and/or the resident's needs cannot be met in the facility
 - b. The transfer or discharge is appropriate because the resident's health has improved sufficiently so that the resident no longer needs the services provided by the facility or the services provided by a specialized unit
 - c. The safety or health of individuals in the facility is endangered.
 - d. The resident has failed, after reasonable and appropriate notice to pay for the care and services provided by the facility.
12. The physician will be consulted in any potential for discharge by circumstances outlined in #11.
13. If a resident who the IDT team determines to be inappropriate to discharge (EX: Intending to go AMA), Social Services will contact the appropriate agency.
14. SEE: Policy #1998 – Discharge Against Medical Advice

XYZ Health Care Center

Policy/Procedure

Subject: Personal Food Storage / Refrigerators

Effective Date: 12/08 **Review Date:** 11/16

Number: 5566 **Revision Date:** 11/16 **Approved:**

Responsibility: Food Staff, Nursing, Environmental Services

Policy: Food or beverage brought in from outside sources for storage in facility pantries, refrigeration units, or personal room refrigeration units will be monitored by designated facility staff for food safety.

Procedure:

1. Food or beverages stored in refrigerators/freezers will be labeled and dated to monitor for food safety. Any suspicious or obviously contaminated food or beverage will be thrown away immediately.
2. Foods or beverages that have past the manufacturer's expiration date will be thrown away by designated facility staff.
3. Food or beverage items will be discarded within 7 days after the date mark.
4. Designated facility staff will be assigned to monitor individual room storage and refrigeration units for food or beverage disposal.
5. All refrigeration units will have internal thermometers to monitor for safe food storage temperatures. Units must maintain refrigerator/freezer temperature logs. The refrigerator must be in good repair and keep foods at or below 41°F. The freezer must keep frozen foods frozen solid.
6. Individuals will be educated on safe food handling and storage techniques by designated facility staff as needed.

Date of Issue:	Subject:	Resident Smoking
11/97	Source:	Nursing
Revised Date:	Distribution:	Therapeutic Programs, Social Services, Master Manual
6/16	Policy:	All resident smoking will be done safely and in designated areas (Ground floor smoking room or outside designated area) between 6:45 AM—11:45 PM.
Reviewed Date:	Rationale:	Promote safety for residents who smoke and for the facility.
6/16		
#1980		

Responsibility: *All Staff*

Procedural Steps:

1. Admissions: Admission Coordinator asks resident if they smoke or not pre-admission.
Notice of their smoking status is sent to the IDT upon admission on the admissions notification form
2. Therapeutic Programs: Note any immediate smoking issues on the temporary care plan. Complete assessment for all residents who smoke on admission, review and revise quarterly, upon significant change and as requested.
3. Social Services: Review smoking agreement with resident; obtain signature of resident upon admission. Smoking agreement informs residents of approved smoking areas, smoking hours, supervised smoking conditions, and storage of smoking materials. (AU-316)
4. If resident uses oxygen, therapeutic programs will review the following procedures:
 - A. Oxygen concentrators are not allowed in the designated smoking area. Residents cannot smoke while using oxygen.
 - B. Residents who use oxygen cannot have cigarettes, lighters or matches in their room at any time. They may have a lighter kept at the nursing desk for their use when going to the designated smoking area.
5. All smoking materials will be kept at the nursing station on the dementia care unit.
In addition if a resident is assessed to be unsafe in their smoking practices through observation or through assessment, all smoking materials will be kept at the nursing station.
6. Therapeutic specialist enters smoking activity on care plan, to include smoking routine, interventions or restrictions, and smoking status re: safety as identified in the smoking assessment, Therapeutic specialist also completes the smoking ADL questionnaire in the computer, and a corresponding progress note related to smoking status.
7. If a resident does not turn in smoking materials or does not adhere to the smoking agreement staff will notify floor Social Worker to:
 - A. Discuss smoking issues with resident
 - B. Document in medical record
 - C. Report outcome to the interdisciplinary team
8. If the resident continues to demonstrate infractions with smoking agreement, alternative placement will be offered and smoking availability will be supervised/restricted, or discontinued per individual case.
9. Smoking will only be allowed in the resident smoking lounge.
NOTE: There is a designated outdoor smoking area for residents towards the east end of the front patio.
10. Smoking is not allowed in the facility from 11:45 p.m. - 6:45 a.m. to promote wellness and rest.

Cleaning smoking rooms:

1. Ashtrays will be emptied each shift and/or upon request by Environmental Services.
2. Smoking room will be cleaned daily and as needed by Environmental Services Staff. A thorough cleaning of the room will be done weekly.

NOTE: There is no distinction between an e-cigarette and non-e or regular cigarettes. This policy applies to both forms of smoking.

**XYZ Care Health Care Center
Policy and Procedure**

Subject: Payroll-based Journal (Reporting Direct Care Staffing)

Effective Date: 7/1/2016

Reviewed Date:

Revised Date:

Policy Number: 108

Approved:

Policy: Staffing and census information will be reported electronically to CMS through the Payroll-Based Journal system in compliance with 6106 of the Affordable Care Act.

Responsibility: Facility and Corporate payroll department.

1. Beginning with the fiscal quarter of 2016 (July 1, 2016), direct-care staffing and census information will be reported electronically to CMS through the Payroll-Based Journal (PBJ) system.
2. Direct-care staffing information will include staff hired directly by the facility, those hired through an agency, and contract employees.
3. Providers who are employed by the facility (Including Physicians) will be included in direct-care staffing information; providers who bill Medicare directly will not be included.
4. For auditing purposes, reported staffing information will be based on payroll records, or other verifiable information.
5. Information will be uploaded to the PBJ system through a combination of manual entry and through the time and attendance system.
6. The PBJ system is accessed through the QIES at <https://www.qtso.com>
7. Manual entries are made only by designated personnel with training on the PBJ user interface.
8. Staffing information will be collected daily on the time and attendance system and reported through the PBJ system for each fiscal quarter no later than 45 days after the end of the reporting quarter. Dates are as follows:

Fiscal Quarter	Date Range	Submission Deadline
1	Oct 1-Dec 31	Feb 14
2	Jan 1-March 31	May 15
3	Apr 1-June 30	Aug 14
4	July 1-Sept 30	Nov 14

9. Staffing data will include the number of hours worked each day by each staff member.
10. Census data will be reported each fiscal quarter and will include resident census on the last day of each month of the quarter.
11. A manual log is available to record information should the facility experience temporary internet outage and cannot record staffing data directly to the PBJ system. This log may also serve as a tool to record data that will be manually uploaded quarterly.