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Essential Policies and Procedures for Senior Living

Karen T. Stratoti, RN, BSN, LNHA, CALA

ESSENTIAL POLICIES AND PROCEDURES FOR SENIOR LIVING

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questions.

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About the Author

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Karen T. Stratoti, RN, BSN, LNHA, CALA, is CEO of Excellence in Caring, LLC, a consulting and management company serving independent senior living, assisted living, dementia, hospice and adult medical day care communities, and skilled nursing facilities. She has more than 40 years of experience working in the healthcare industry, with more than 29 years of experience working with senior care communities, and has authored *Excellence in Caring: An Assisted Living Guide to Community Development and Hope* (2003), *No More Fear* (2017), and HCPro's *Disaster Planning, Infection Control, and OSHA Compliance: A Toolkit for Senior Living* (2017).

Stratoti has expertise in project management and development of assisted living communities, hospice, and dementia care communities and has presented on numerous topics regarding staff development and education, customer satisfaction, and policy and procedure development, including topics such as Alzheimer's and dementia, pain management, infection control, nursing interdisciplinary care planning, and dealing with wandering residents. She can be reached at *E.I.C@comcast.net.*

Introduction

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Essential Policies and Procedures for Senior Living was developed to assist the administrator and staff caring for seniors in independent and assisted living facilities. More and more seniors have decided to enter into senior or assisted living communities, many of which not only have staff on board to assist with independent activities of daily living, but also have implemented programs to allow their seniors to age in place, some for the rest of their lives.

Senior and assisted living communities today offer assistance with housekeeping, meals, laundry, transportation, and social activities in addition to easy and structured access to medical services and wellness programs. Because residents spend most of their time on the premises, the design and operation of the facility as it applies to individual needs and preferences is a central concept and theme governing resident care, and an appropriate environment must be molded to adapt to residents' declining physical prospects. This is referred to as a compensating environment. The environment and its policies and procedures are created to be pliable, or to "wrap around" each resident, allowing the greatest achievable comfort and efficiency.

The goal of this manual is to integrate evidence-based practice into clinical processes, incorporating interventions and protocols that need to be addressed in an effort to make consistent daily progress as identified for each resident's care needs. Proper assessments, accurate identification of problems, appropriate interventions, and an evaluation process is needed in order to compensate for residents' needs.

It is essential that the administrative team be part of this process and set guidelines regarding services offered. Each section in this toolkit was written to help the administrator better understand residents' needs and allow the administrator to assist with the team's interventions. The policies and procedures should also serve to remind staff of the senior living philosophy, which states that staff will do the following:

- Assist in responding to and meeting the individual needs of those residents who require help with activities of daily living, (bathing, grooming, eating, transporting, and ambulation).

- Promote maximum independence and dignity, choice, and a home-like environment.

- Deliver supportive personal care, health services when needed, and quality of life activities.

- Recognize and actively implement resident values, such as individual decision-making and self-direction.

Service principles

Person-centered senior care and disability services must be incorporated into the following service principles:

- The administrator and staff are responsible and accountable for the efficient and effective management of services.

- The administrator and caregivers need to foster an environment of fairness, equality, integrity, and honesty.

- Residents have a right to self-determination and must be treated with respect, dignity, and compassion.

- Residents have knowledge of and access to community services.

- Residents are safe and served in the least restrictive manner.

- Quality services promote independence and incorporate each individual's culture and value system.

- Quality services are designed and delivered to build communities where all members are included, respected, and valued.

- Quality services are delivered through collaboration and community partnerships.

- Quality services are provided by competent, trained caregivers who are chosen by individuals and their families.

- Staff will provide a compensating environment to fill in the gaps and weak spots in the resident's capabilities, which should be discovered during the assessment interview.

Definitions

Accounts payable: Current liability depicting the amount owed by a business to a creditor for merchandise or services purchased on an open account.

Accounts receivable: Money owed a business for merchandise or services bought on an open account.

Accrual basis method: A method of recognizing income and expenses when they actually occurred or were rendered, rather than when payment was made.

Activities of daily living (ADL): The functions or tasks for self-care, which are performed either independently or with supervision or assistance. ADLs include dressing, bathing, toilet use, transfer, locomotion, bed mobility, and eating.

Advanced practice nurse: An individual who is certified by the state board of nursing.

Aging in place: A process whereby individuals remain in their living environment despite the physical and/or mental decline and growing needs for supportive services that may occur in the course of aging. For aging in place to occur, services are added, increased, or adjusted to compensate for the person's physical and/or mental decline.

Asset: An item of value owned by a business, whether or not there is another claim on the item.

Assistance with transfer: Provision of verbal and physical cueing or physical assistance from no more than two facility staff while the resident moves between bed and a standing position or between bed and a chair or wheelchair.

Assisted living: A coordinated array of supportive personal and health services, available 24 hours per day, to residents who have been assessed to need these services, including residents who require formal long-term care. Assisted living promotes resident self-direction and participation in decisions that emphasize independence, individuality, privacy, dignity, and home-like surroundings.

Assisted living program: Program that provides or arranges for meals and assisted living services, when needed, to the residents of publicly subsidized housing, and that because of any federal, state, or local housing laws, rules, regulations, or requirements cannot become licensed as an assisted living residence. An assisted living facility may also provide staff resources and other services to a licensed assisted living residence and a licensed comprehensive personal care home.

Activities Assessment

Purpose

To assess resident's individual aging patterns and functional abilities relevant to activities participation.

Policy

It is the policy of our facility that an activities assessment be conducted and maintained for each resident.

Procedure Guidelines

1. The activity director/coordinator will meet with each new resident within _____ days after admission to the facility to determine the resident's interests and abilities.

2. The activity director/coordinator will complete the initial activities assessment.

3. Information obtained from this assessment will be used to encourage and involve the resident in activities.

4. The assessment will be reviewed no less than once every three (3) months as appropriate to ensure its continued accuracy.

Admission Criteria for Alzheimer's/Dementia Program

Purpose

To ensure established criteria for admission to the Alzheimer's/dementia program.

Policy

Criteria have been established for admission to the Alzheimer's/dementia program when the resident's needs can no longer be met.

Procedure Guidelines

1. A resident's placement into the Alzheimer's/dementia program is based upon an interdisciplinary assessment of the resident's cognitive and functional status. All clinical and psychosocial assessments, including an MMSE (Mini Mental State Exam) or TSI (Test for Severe Impairment) and the Assessment Score Summary, will be completed to determine the level of dementia.

2. A resident's placement or transfer to the Alzheimer's/dementia program is determined at such time as a resident constitutes a behavioral problem within the limits of the facility's ability or is determined to be a wandering risk.

3. Those residents who do not have a diagnosis of a dementia-related disorder but are at risk for elopement or have other conditions that indicate that they would benefit from participating in a structured therapeutic engagement program, or from residing in a secure environment with increased staff supervision and support, may also be eligible for consideration for admission to the dementia specialty care unit. This determination would be made on an individual basis by the interdisciplinary care team utilizing information obtained through the comprehensive assessment process.

Assistive Devices

Definition

Devices used by residents with disabilities in order to maintain or improve the resident's abilities to eat independently.

Policy

Our facility will provide assistive devices for residents with assessed needs.

Procedure Guidelines

1. All residents will have a nutritional assessment upon admission.

2. Our facility will provide the necessary assistive device(s) as determined by the nutritional assessment and/or the physician's order(s).

3. If a resident is assessed for an assistive device, it shall be documented in the resident's plan of care.

Automatic External Defibrillation (AED)

Policy

Emergency medical services that are in compliance with state regulations for the emergency response to sudden cardiac arrest will be provided for residents who do not have a do-not-resuscitate order signed by the resident or responsible party and the resident's physician.

All registered nurses and licensed practical nurses will have current cardiopulmonary resuscitation (CPR) and automatic external defibrillator (AED) certification by a certified instructor as required by state regulation. Additional staff will be encouraged to obtain certification.

Our facility shall have an AED on-site. At least one employee trained in the use of the AED shall be available in the facility at all times.

Notification

Ambulance service to [FACILITY] is usually provided by _____. This service has been notified of the placement of an AED on premises.

Location

The AED(s) will be located at _____.

Storage

All AEDs will be stored in unlocked cabinets in locations easily accessible during all hours that the building is open. These cabinets will have clear plexiglass doors with the AED symbol prominent on them. Each cabinet will have an audible alarm that sounds when the door is opened. Also, a sign will be placed above each cabinet identifying the AED location.

6. Assist in placing casualties/transfers in other facilities when the Receiving Institution can no longer accept casualties, or treatment is required beyond the facility's care.

7. Provide transportation as available or requested.

8. Notification of the provider when vacancies no longer exist.

9. Other medical services that may be necessary or requested.

Emergency Medical Supplies and Equipment

In the event the emergency medical supplies and equipment are necessary, the following supplies and/or equipment will be made available to the Provider:

_____

_____

_____

_____

_____

_____

Communication Services

In the event that the Provider's normal lines of communication are disrupted, the following will be provided:

1. Monitoring of CB channel_____, for emergency information transmittals.

2. Notification of other support agencies when requested.

3. Providing emergency communication equipment, if available.

4. Any other form of communication that may be necessary, requested, or available.

Administrative Services

The following administrative services shall be maintained during emergency or disaster situations:

1. A current listing of all casualties or transfers made.

Initial Assessments

Policy

Each resident will be assessed by a registered nurse upon admission to determine any healthcare needs.

Procedure Guidelines

1. Upon admission, each resident shall receive an initial assessment by a registered professional nurse to determine the resident's needs.

2. If this initial assessment indicates that the resident has general service needs, a general service plan shall be developed within fourteen (14) days of the resident's admission.

3. The general service plan shall include, but not be limited to, the following:

    •   The resident's need, if any, for assistance with activities of daily living

    •   The resident's need, if any, for assistance with recreational and other activities

    •   The resident's need, if any, for assistance with transportation

Physician's Orders

Policy

It is the policy of our facility that all treatments and medications be ordered by the resident's physician, advanced practice nurse, or physician assistant.

Procedure Guidelines

1. All physicians' orders shall be recorded on the Physician's Order Form for each resident and must be signed or initialed by the attending/prescribing physician, advanced practice nurse, or physician assistant.

2. Verbal or telephone orders are considered to be in writing when dictated by the physician, advanced practice nurse, or physician assistant and later signed or initialed by him/her. (Note: Orders must be signed no later than the next scheduled visit.)

3. Physician, advanced practice nurse, or physician assistant orders include the following:

   - All medications
   - Treatments
   - Diets
   - Restorative measures (long and short term)
   - Special medical procedures required for the safety and well-being of the resident
   - Limitation of activities
   - Others as necessary and appropriate

4. The original physician orders must remain in the resident's chart at all times.

5. Medications, diets, therapy, or any treatment may not be administered to the resident without a written order from the physician, advanced practice nurse, or physician assistant.

Post-Discharge Plan

Policy

It is the policy of our facility that when a resident is discharged, a post-discharge plan is provided to the resident and/or his/her legal representative.

Procedure Guidelines

1. When our facility anticipates a resident's discharge to a private residence or to another facility, a post-discharge plan will be developed to help the resident adjust to his/her new living environment.

2. The post-discharge plan will be developed by the care plan team with the assistance of the resident and his/her family.

3. The resident and/or legal representative should provide our facility with a minimum of seventy-two (72) hours of notice of a discharge to ensure that an adequate discharge plan can be developed. Failure to comply with this rule could result in our facility being unable to develop a discharge plan. (Note: The medical record must document the reason that a discharge plan was not developed.)

4. As a minimum, the post-discharge plan will include the following:

   • A description of the resident's and family's preferences for care

   • A description of how the resident and family will access and pay for such services

   • A description of how the care should be coordinated if continuing treatment involves multiple caregivers

   • The identity of specific resident needs after discharge (i.e., personal care, sterile dressings, physical therapy, etc.)

   • A description of how the resident and family need to prepare for the discharge

5. Social services will review the plan with the resident and family twenty-four (24) hours before the discharge is to take place.

6. A copy of the post-discharge plan will be provided to the resident and receiving facility (if applicable), and a copy will be filed in the resident's medical records.

Absenteeism

Policy

Employees shall be encouraged to report for and work their assigned shifts. We (management) recognize that circumstances beyond an employee's control may cause the employee to be absent from all or part of an assigned shift. Unauthorized absences will not be condoned and can result in disciplinary action, up to and including termination.

(Note: An unauthorized absence is one in which the employee fails to give his/her supervisor notice as set forth in this policy and/or fails to provide his/her supervisor with the reason[s] for the absence.)

Procedure Guidelines

1. All employees are expected (and required) to report for work as scheduled and to be at their assigned work areas on time.

2. It is the responsibility of the employee to notify his/her supervisor when illness or other circumstances prevent the employee from reporting to work.

3. Insofar as practicable, an employee should provide his/her supervisor with at least a one (1)-hour advance notice of his/her inability to report for his/her assigned shift. (Note: If the supervisor is not available, the employee may leave a message with the person in charge at the time that the call is made.)

4. When a one (1)-hour advance notice is not possible, the employee must notify his/her supervisor as soon as practicable.

5. In giving this notice, the employee must provide the reason(s) why he/she will not be able to report to work, as well as when he/she expects to return to duty. Should an employee fail to provide the reason(s) for his/her absence, an unauthorized absence will be recorded in the employee's personnel file. Unauthorized absences may result in disciplinary action.

6. Upon the employee's return to duty, the employee must provide his/her supervisor with a written reason for his/her absence. Such document must be signed and dated by the employee and supervisor and filed in the employee's personnel or medical record, depending on the type of document given.

Cleaning, Disinfection, and Sterilization of Equipment

Purpose

To provide clean and sterile supplies for resident care and to define the responsibility for cleaning, disinfecting, sterilizating, and storage of resident care instruments and other resident care items.

Policy

All resident care devices and other items will be cleaned, reprocessed, and stored according to these policies.

Classification of Resident Care Items

- **Critical items** are those that are used in invasive procedures into normally sterile areas of the body (i.e., urinary catheters, intravenous catheters). These items are to be sterile for use. Our facility shall arrange for these supplies as needed. These supplies are to be procured as sterile items. Our community will maintain the sterility through appropriate handling and storage. Once used, these items will be discarded.

- **Semicritical items** are those items that come in contact with mucous membranes or nonintact skin (e.g., respiratory therapy equipment, thermometers, tubs). Semicritical items require high-level disinfection using chemical disinfectants (e.g., household bleach solution, phenolic germicidal detergent solution or quaternary ammonium germicidal detergent solution). Manufacturer's directions should be followed for the use and dilution of solutions. Equipment should be wiped/rinsed clean of obvious soiling prior to disinfection. Thermometers should be soaked in ethyl or isopropyl alcohol (70%–90%) for at least twenty (20) minutes.

- **Noncritical items** are those items that come in contact with intact skin but not mucous membranes (e.g., furniture, stethoscopes, walkers, canes, etc.). These items only need cleaning or low-level disinfection.

- **Reusable items** are cleaned and disinfected or sterilized between residents.

- **Single-use items** are disposed of after a single use (e.g., thermometer probes).

Hand Hygiene

Purpose

- To educate staff in the proper methods of hand hygiene and fingernail hygiene
- To reduce the transmission of pathogenic microorganisms and the incidence of healthcare-associated infections caused by these organisms
- To ensure that fingernail and hand hygiene recommendations align with the Centers for Disease Control and Prevention (CDC) Guidelines for Hand Hygiene in Healthcare Setting recommendations

Policy

Our organization endorses the CDC's Guidelines for Hand Hygiene in Healthcare Setting recommendations and restricts wearing of artificial nails by employees who have direct contact with residents or with certain duties or products that are intended for residents.

All employees are responsible for maintaining adequate hand hygiene by adhering to specific infection control practices.

Procedure Guidelines

1. Compliance with the proper hand-hygiene procedure before and after resident contact is an expectation of all healthcare disciplines.

2. The preferred method of hand hygiene for most resident care settings is use of a waterless, alcohol-based hand rub/sanitizer.

3. When hands are visibly soiled, soap and water will be necessary to solubilize organic matter. Friction generated by hand rubbing and rinsing with running water are necessary to remove organic matter from the hands.

4. Waterless surgical hand antisepsis products require a prewash of hands and forearms with soap, including cleaning the nails under running water. This process should occur at the beginning of the work shift. Skin is dried before applying the waterless antisepsis product.

5. Access to hand-hygiene products is provided in all rest rooms and resident care areas.

Infection Control Program

Purpose

The purpose of the infection control program is to establish and maintain practices within the facility to safeguard a sanitary environment, thus preventing the spread of infection and disease among residents and personnel.

Policy

Our facility will develop and implement an infection prevention and control program.

Procedure Guidelines

1. The licensed professional nurse, in coordination with the administrator, is responsible for the direction, provision, and quality of infection prevention and control services. This effort is supported by department heads and other personnel as appropriate.

2. The healthcare services director, in coordination with the administrator, shall be responsible for, but not limited to, developing and maintaining written objectives, a policy and procedure manual, and an organizational plan for the infection prevention and control service.

3. The objectives of the program are as follows:

   - Establish and maintain policies and procedures for infection control that are consistent with current regulations and acceptable standards of practice.

   - Establish and maintain a system of surveillance and appropriate response for facility-acquired infections.

   - Establish and maintain a system for the detection, reporting, investigation, and control of any outbreaks of infectious conditions.

   - Provide guidance for the implementation of appropriate infection control precautions or isolation techniques to prevent the spread of infection.

   - Provide a system to monitor the appropriate use of antibiotics in the resident population for the treatment of infectious conditions.

   - Establish and maintain a system for the monitoring of employee health issues, including but not limited to work restrictions for those infected by infectious conditions.

On-the-Job Training

Policy

Our company/facility conducts on-the-job training programs when such are necessary to assist employees in performing their assigned tasks.

Procedure Guidelines

1. On-the-job training is provided to train each employee in his/her respective job assignment and in our methods of performing such tasks.

2. Department directors will be responsible for on-the-job training to ensure that our established training schedules are followed. (Note: Nonsupervisory personnel may be assigned as on-the-job trainers.)

3. On-the-job training begins on the first day of employment and is completed when the department director is satisfied that the employee can perform his/her assigned duties within the time frame allotted for each particular function without any further supervision. (Note: Certain rehired former employees must participate in further on-the-job training.)

4. Insofar as practical, on-the-job training will be conducted during the employee's normal working hours.

5. Each employee is required to participate in our on-the-job training program, unless excused by the department director and administrator.

6. A record of an employee's on-the-job training shall be kept in the employee's personnel record. The training record shall include, as applicable, the date the training began, the date the training was successfully completed, and notations of any significant occurrences during the training (e.g., delays, improvements, etc.).

7. Employees shall also participate in the company's/facility's in-service training program.

Abstract of Medical Records

Policy

Specific data concerning a resident's medical condition may be released when the resident is being transferred to a hospital or other health-related institution.

Procedure Guidelines

1. An abstract of the resident's medical record may be made when the resident is transferred to a hospital or other health-related facility.

2. The abstract may contain, at a minimum, the following data:

   - History and physical
   - Current diagnosis
   - Rehabilitation potential
   - Treatment summary
   - Nursing history
   - Dietary history
   - Therapeutic services
   - Mobility status
   - Care plans
   - Current assessment
   - Advance directive
   - Post-discharge plan
   - Other information as appropriate

3. The original medical record shall remain at the facility.

4. A fee based on actual costs, which shall not exceed prevailing community rates for photo-copying, will be charged.

Do-Not-Resuscitate (DNR) Directive

Policy

A do-not-resuscitate (DNR) directive form shall be honored by our facility only when a physician, advanced practice nurse, physician assistant, licensed nurse, and/or emergency medical services personnel is present and if properly executed by the resident or health proxy, legal guardian, or agency with the boundaries of the state law. If none of the above individuals are present, 911 will be called. Emergency measures required and/or authorized by state regulation will be implemented.

Our facility may not be able to honor other types of advance directives the resident may have executed; however, our facility will provide a copy of the resident's executed DNR directive and/or another type of advance directive to emergency medical personnel and/or send the directive(s) at such time as the resident is transferred from our facility for emergency medical attention.

Procedure Guidelines

1. Each resident shall be provided with our facility's policy on advance directives, including DNR directives, upon admission.

2. If the resident has executed a DNR directive and/or another type of advance directive, a copy(s) of the advanced directive and/or DNR directive shall be requested from the resident and maintained by our facility.

3. If the resident has not executed a DNR directive and/or another type of advance directive, then the resident and/or the resident's family shall be provided with educational information and the state-approved forms as required by state regulation.

4. Facility employees shall not witness a DNR directive or other type of advance directive.

5. A copy of a resident's advance directive or DNR directive shall be provided to emergency medical personnel and/or sent with the resident at the time of transfer for emergency medical attention.

Essential Policies and Procedures for Senior Living

Karen T. Stratoti, RN, BSN, LNHA, CALA

We know senior living facilities don't have as many resources as skilled nursing facilities to help ensure proper documentation, effective customer service, and the monitoring tools necessary for quality assurance. That's why we've created **Essential Policies and Procedures for Senior Living**, your one-stop shop to getting your facility on track for quality assurance success.

Increasingly, residents in senior living are aging in place and need more than just social observation. Many facilities are having difficulty adapting to this change in demographic, especially when dealing with individuals in the baby boomer generation, who enter the long-term care world with higher expectations than previous generations. The policies and procedures and quality monitoring tools available in this toolkit provide an affordable option for senior living facilities to improve the care they deliver and stay competitive with neighboring businesses.

Topics include:

- Infection control
- Disaster planning
- Documentation
- Residents' rights
- Medication management
- ADL compliance
- Staff education & orientation
- And more!

About Simplify Compliance

Simplify Compliance, with its three pillars of thought leadership, expertise, and application, provides critical insight, analysis, tools, and training to healthcare organizations nationwide. It empowers healthcare professionals with solution-focused information and intelligence to help their facilities and systems achieve compliance, financial performance, leadership, and organizational excellence. In addition, Simplify Compliance nurtures and provides access to productive C-suite relationships and engaged professional networks, deploys subject matter expertise deep into key functional areas, and enhances the utility of proprietary decision-support knowledge.

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