Assisted Living at Its Best

**Policy & Procedure**

**MANUAL**

**New Haven Assisted Living and**

**Memory Care**

This policy and procedure manual has been read and understood by the undersigned. The undersigned agree to abide by the policies and procedures set forth in this manual.

The policies and procedures in this manual are formally adopted by New Haven to be implemented in the daily operations of this facility.

Licensee Principals

Licensee Date

New Haven Management Company, LLC (Management Company) and New Haven Assisted Living and Memory Care (New Haven) have reviewed this Policy and Procedure Manual, and, subject to the comments below, have found it to be accurate and adequate for the administration of this facility.

Year 1:

Comments:

Manager LVN Date

Year 2:

Comments:

Manager LVN Date

Year 3:

Comments:

Manager LVN Date

Year 4:

Comments:

Manager LVN Date

Year 5:

Comments:

Manager LVN Date

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# MISSION STATEMENT

The mission of New Haven Assisted Living and Memory Care is to provide a humane and home-like living arrangement and supportive living services in a respectful, dignified manner to senior citizens who choose to retain their independence and dignity to the fullest measure possible.

# PHILOSOPHY OF CARE

At New Haven, our philosophy of care is to deliver services in a manner that supports and promotes resident individuality, independence, dignity, choice and privacy in a setting that feels like home.

* New Haven supports the **Individuality** of each of our residents. We realize that each resident is unique and that needs and preferences vary. Therefore, *New Haven* staff will seek creative approaches to meet resident service needs or requests. We support individuality in the physical environment by providing a range of services to meet differing needs.
* New Haven supports resident **Independence**. Our goal is to assist residents to maintain personal independence by facilitating the use of any and all physical, mental and cognitive abilities. We promote Independence in the physical environment by creating barrier-free living environments, designed to accommodate senior assistive devices. Programmatically, we promote Independence by encouraging residents to retain skills, abilities, competencies and responsibilities in a safe, supportive environment.
* New Haven supports the **Dignity** of each resident. Our personnel are specifically trained to validate individual self-worth and honor the attitudes, beliefs, and values of each resident. Our home supports resident supportive services to be provided in privacy.
* New Haven supports resident **Choice**. We believe it is our responsibility to create viable options for residents that will enable them to exercise greater control over their lives. In the physical environment, we provide residents both private and common space sufficient to allow them choices for selecting where and how to spend time. Our program policies and procedures support choice by encouraging residents to select and schedule services that respond to their individual needs and preferences.
* New Haven supports resident **Privacy** by designating areas and time that are not shared and over which the resident maintains a large degree of control. We promote privacy in the physical environment by designing living space that is not shared -- except by personal choice -- with others. Privacy is supported programmatically by program policies and procedures that address resident rights.
* New Haven offers resident care in a decidedly small and caring **Home-like** setting. Our homes are purposely structured small to provide where individual needs can be met. Home is supported in the physical environment with our residential architectural design and furnishings, by following residential building codes and by incorporating residential zoning whenever possible. Home is supported programmatically through policies and procedures that accentuate home-style living.

**SECTION ONE**

**COMPANY AND PERSONNEL GENERAL PROVISIONS**

# WRITTEN POLICIES AND PROCEDURES

This Policy and Procedure Manual will govern the operations of New Haven Assisted Living and Memory Care and will be reviewed annually for further amendment. This Manual includes:

1. Descriptions of all resident services;
2. Standard services provided;
3. Employee and volunteer orientation requirements;
4. Disaster plan that includes an evacuation plan;
5. Standards for emergency first aid;
6. Infection control requirements;
7. Medication Policies;
8. General personnel policies;
9. Admission, retention, discharge and transfer policies;
10. Internal Facility Requirements; and
11. Residents Rights.

# Definitions

When used in this Manual, the following words or terms shall have the following meaning unless the context of the sentence requires another meaning:

**“Abuse”** - the willful infliction of injury, unreasonable confinement, intimidation, punishment with resulting physical harm or pain or mental anguish, deprivation by an individual, including a caretaker of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.

**“Assisted living center”** - any home or establishment offering, coordinating or providing services to two (2) or more persons who:

1. Are domiciled therein;
2. Are unrelated to the operator;
3. By choice or functional impairments, need assistance with personal care or nursing supervision;
4. May need intermittent or unscheduled nursing care;
5. May need medication assistance; and
6. May need assistance with transfer and/or ambulation*.*

**“Chemical restraint”** - the use of a medication for the purpose of discipline, convenience, or in any emergency situation to control mood or behavior and not required to treat the resident’s symptoms. Chemical restraint does not mean medication prescribed to maintain the emotional stability.

**“Department”** means the **Health and Human Services Commission HHSC**).

**“Independent Mobility”** - a resident’s ability to move about freely of his/her own choice with or without the assistance of a mobility device such as a wheelchair, cane, crutches, or walker.

**“Intermittent or unscheduled nursing care”** means skilled nursing care given by a licensed practical nurse or registered nurse that is not required twenty-four (24) hours a day.

**“Level of Care.”** The resident’s Level of Care is based upon a categorical assessment of the resident’s functional ability and the intensity (degree) of care required in the areas of activities of daily living, supervision, medications, mobility, and response to emergency situations.

**“Misappropriation of resident’s property”** - the taking, secretion, misapplication, deprivation, transfer, or attempted transfer to any person not entitled to receive any property, real or personal, or anything of value belonging to or under the legal authority of, or the taking of any action contrary to any duty imposed by federal or state law prescribing conduct relating to the custody or disposition of resident’s property.

**“Neglect”** - a failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.

**“Personal care”** - assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision of the physical and mental well-being of a person and includes assistance with toileting.

**“Representative”** - an agent under a durable power of attorney for health care, or a court-appointed guardian or, if there is no court-appointed guardian, the parent of a minor, a relative, or other person

**“Resident”** - anyone accepted for care through contractual agreement and who meets the admission criteria.

**“Physical restraint”** - any manual method or physical or mechanical device, material or mechanical device, material or equipment attached or adjacent to the resident’s body that the resident cannot remove easily, that is not used for the purpose of therapeutic intervention or body alignment as determined by resident assessment and service planning, and which restricts the resident’s desired freedom of movement and access to his or her body.

**“Significant change”** - a major change in the resident’s status that is not self-limiting; affects more than one area of the resident’s health status; and requires interdisciplinary review and/or revision of the service plan.

# employment PROVISIONS

New Haven provides assisted living care for 64 or more residents (see local zoning guidance).

1. The facility provides assisted living care for residents including the following:
2. Safe and clean living accommodations. *New Haven* will provide the resident with a room that may be shared or private. The resident may bring his or her own furnishings from home.
3. Snacks and three nutritionally well-balanced meals
4. Twenty-four hour, seven-day-a-week general monitoring of residents
5. Housekeeping and laundry services
6. Recreation and leisure activities
7. Encouraging residents to maintain independence and a sense of self-direction
8. Maintaining a log for each resident to monitor and record significant changes in the resident’s physical or mental status. All such changes will promptly be reported to a person of authority or to the resident’s physician
9. Protection of residents’ rights. Residents will be informed of their rights during the initial resident admission interview. The Resident Rightswill be openly discussed during the admission interview, and the resident and responsible person will receive a written copy of their rights. A copy of the resident rights will be on display in the facility at all times.
10. Qualified Assisted Living staff of *New Haven* will also assist the resident in participating in and obtaining the following supportive services offered by the community:
11. Mental health services;
12. Habilitation services;
13. Rehabilitation services;
14. Social services;
15. Medical, dental, and other health care services;
16. Educational services;
17. Financial management services;
18. Legal services;
19. Transportation;
20. Recreational and leisure activities; and
21. Other requested services that will meet a resident’s needs.
22. Social care at New Haven may include:
23. Providing opportunities for social interaction in the facility and in the community by keeping residents informed of community activities, assisting with transportation and by creating and fostering social functions within the facility.
24. Providing services to promote the resident's independence and sense of self-direction, while monitoring to ensure pride and safety.
25. Staff will assist in arranging appointments and schedules; shopping; writing letters; recreational and leisure activities.
26. The facility adopts and actively promotes the following anti-discrimination policy: “New Haven will not discriminate on the basis of race, color, sex, religion, ancestry or national origin. The Manager / Administrator and Staff agree to adopt and abide by the facility’s anti-discrimination policy to not discriminate on the basis of age, race, color, national origin, sex, creed, marital status or presence of any sensory, mental, or physical disability, as long as the facility can meet the needs of the individual resident as identified by the initial resident interview and documented on the Admission Assessment.
27. Smoking is not permitted inside New Haven. Smoking is permitted in designated areas outside of the buildings.

# Licensee

## Duties and Responsibilities

The licensee, New Haven Assisted Living and Memory Care, is represented and appoints Enriched Senior Living (Management Company) to exercises general supervision over the affairs of the facility and has established these policies for the dual purpose of operating New Haven and to provide for the welfare of the facility’s residents. The implementation of these policies will help to assure that all facets of the resident's welfare are being considered. Management Company is responsible for the overall organization, management, operation, and control of the facility. Management Company has accepted the responsibility to:

* 1. Assure compliance with federal, state, and local laws and requirements. Management Company has met with all the necessary federal, state, and local authorities, understands the requirements for operating an assisted living, and agrees to abide by the requirements of the authorities.
  2. Establish these policies and procedures for the general operation of the facility, the welfare of residents, and the protection of their rights.
  3. Adopt and abide by the facility’s anti-discrimination policy to not discriminate on the basis of age, race, color, national origin, sex, religion, marital status, ancestry, or presence of any sensory, mental or physical disability as long as required services are consistent with the admission and discharge criterion set forth in this policy and procedures manual. Facility staff will perform a resident assessment before the resident is accepted as a resident of the facility. Admission will be based on the ability of the facility to meet the identified needs of the resident.
  4. Secure and update contracts for required services not provided directly by the facility.
  5. Respond appropriately to reports requested by the HHSC.

# New Haven and staff

Qualifications – (all employees are employees of Management Company will be responsible to see that the staff of New Haven meet the following qualifications

MANAGER / ADMINISTRATOR

1. A Manager / Administrator of *New Haven* Assisted Living will have the following minimum qualifications:
2. 21 years of age or older;
3. Good moral and responsible character and reputation;
4. An associate’s degree in nursing, health care management, or a related field; or
5. A bachelor’s degree; or
6. Proof of graduation from an accredited high school or certification of equivalency of graduation and at least one year of experience working in management or in health care industry management.
7. A nationally recognized assisted living certificate of training and competency for assisted living Manager / Administrators that has been reviewed and approved by the Department; and
8. Sufficient physical, emotional, and mental capacity to carry out the requirements of these policy and procedures.
9. The Manager / Administrator must meet the minimum educational training requirements as mandated by HHSC.
10. The Manager / Administrator must meet the requirements stated in their job descriptions and will know and understand the Policies and Procedures of New Haven.
11. The Manager / Administrator will maintain a staff/resident ratio that is adequate to carry out the requirements of these policies and procedures.
12. The Manager / Administrator or a staff person will be responsible for developing leisure activities for residents.
13. The Manager / Administrator or a staff person will be present in the Home whenever a resident is present in the Home.

TRAINING OF MANAGEMENT

A Manager / Administrator must have completed at least one educational course on the management of assisted living facilities, which must include information on the assisted living standards; resident characteristics (including dementia), resident assessment and skills working with residents; basic principles of management; food and nutrition services; federal laws, with an emphasis on Americans with Disability Act’s accessibility requirements; community resources; ethics and financial management. The course must be at least 24 hours in length. The 24 hour training may not be met through in-services at the facility, but may be met through structured, formalized classes, correspondence courses, training videos, distance learning programs or off-site training courses. Evidence of training must be on file at the facility and must contain documentation of content, hours, dates and provider. Managers / Administrators hired after August 1, 2000, who can show documentation of a previously completed course of study are exempt from the training. Managers / Administrators hires after August 1, 2000 must complete the course by the first anniversary of employment as manager / administrator.

Eight hours of training on the assisted living standards must be completed within the first three months of employment.

All managers must show evidence of 12 hours of annual continuing education. This requirement will be met during the first year of employment by the 24-hour assisted living management course.

Annual 1hr training required by HHSC: Aging in Place and Retaliation

STAFF

The staff of *New Haven* Assisted Living will have the following minimum qualifications:

1. Good moral and responsible character and reputation;
2. Must be at least 18 years of age or a high school graduate
3. Residential Care Aides with training in handling direct resident care and medication assistance;
4. Sufficient physical, emotional; and mental capacity to carry out the requirements of these policies and procedures.
5. To assure that personnel are of good, moral, and responsible character, each possessing a reputation of personal integrity, the licensee of New Haven will obtain criminal history record information according to Texas policy, subject to any restrictions imposed by the collecting agency, for any person responsible for the care and welfare or residents of New Haven.
6. All employees have knowledge of and ability to conform to the applicable laws, and rules.
7. All staff members have the ability to maintain a working relationship with other care providers and agencies.

TRAINING OF STAFF

All staff must complete four hours of orientation before assuming any job. Training must cover, at a minimum, the following topics;

1. Reporting of abuse and neglect
2. Confidentiality of resident information
3. Universal precautions
4. Conditions about which they should notify the facility manager / administrator
5. Resident rights
6. Emergency and evacuation procedures

All staff must complete 16 documented hours of on-the-job training within the first 16 hours of employment following orientation. Training must include:

1. Medications and recognizing, reporting and recording side effects (must complete two full weeks of employment before performing medication administration)
2. Resident’s health conditions and how they may affect provisions of tasks;
3. Safety measures to prevent accidents and injuries
4. Emergency first aid procedures, such as the Heimlich maneuver and actions to take when a resident falls, suffers laceration, or experiences a sudden change in physical and/or mental status;
5. Managing disruptive behavior
6. Behavior management
7. Fall prevention

Direct care staff must complete six documented hours of education annually, based on each employee’s hire date. Staff must complete one hour of annual training in fall prevention and one hour of training in behavior management.

MEMORY CARE (Alzheimer and Dementia) UNITS (Type B)

Manager qualifications and training.

The manager of the certified Alzheimer facility or the supervisor of the certified Alzheimer unit must be 21 years of age, and have:

1. an associate's degree in nursing, health care management;
2. a bachelor's degree in psychology, gerontology, nursing, or a related field; or
3. proof of graduation from an accredited high school or certification of equivalency of graduation and at least one year of experience working with persons with dementia.

The manager or supervisor must complete six hours of annual continuing education regarding dementia care.

TRAINING OF STAFF – Memory Care

 All staff members must receive four hours of dementia-specific orientation prior to assuming any job responsibilities. Training must cover, at a minimum, the following topics:

1. basic information about the causes, progression, and management of Alzheimer's disease;
2. managing dysfunctional behavior; and
3. identifying and alleviating safety risks to residents with Alzheimer's disease.

Direct care staff must receive 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. Training must cover:

1. providing assistance with the activities of daily living;
2. emergency and evacuation procedures specific to the dementia population;
3. managing dysfunctional behavior; and
4. behavior management, including prevention of aggressive behavior and de-escalation techniques, or fall prevention, or alternatives to restraints.

Direct care staff must annually complete 12 hours of in-service education regarding Alzheimer's disease. One hour of annual training must address behavior management, including prevention of aggressive behavior and de-escalation techniques, or fall prevention, or alternatives to restraints. Training for these subjects must be competency-based. Subject matter must address the unique needs of the facility. Additional suggested topics include:

1. assessing resident capabilities and developing and implementing service plans;
2. promoting resident dignity, independence, individuality, privacy and choice;
3. planning and facilitating activities appropriate for the dementia resident;
4. communicating with families and other persons interested in the resident;
5. resident rights and principles of self-determination;
6. care of elderly persons with physical, cognitive, behavioral and social disabilities;
7. medical and social needs of the resident;
8. common psychotropics and side effects; and
9. local community resources.

## Responsibilities

The Manager / Administrator is active and functioning in the daily activities of the facility to assure accountability. However the Manager / Administrator is not on the facility premises at all times. Trained staff will provide care to the residents in the absence of the Manager / Administrator. The Manager / Administrator has accepted the responsibilities as Manager / Administrator of *New Haven* Assisted Living and understands that the position’s duties include the following:

1. Assuming full responsibility for the day-to-day operation and management of the facility, including but not limited to: ensuring 24-hour supervision of the residents; all services to the residents; maintenance of buildings and grounds; record keeping; and employing, training and/or supervising staff and volunteers;
2. Designating a capable adult who will, in the Manager / Administrator’s absence, carry on the duties of the Manager / Administrator. This individual will have good communication skills and be able to read and write, be capable of caring for the physical and mental well-being of the residents, and will not be a resident of the facility;
3. Assure compliance with the policies and procedures developed for the operation of the facility. The manual will be kept in the facility office for the availability of all staff members and will be available to residents upon request. All staff members will follow the policies and procedures set forth in this manual.
4. Recruitment, employment and on-going training of sufficient staff to meet the needs of the facility and residents;
5. Maintenance of personnel records that contain a current list of the names, addresses and telephone numbers of all employees, including substitute personnel;
6. Acceptance and retention of only those residents whose needs can be met by the facility as determined by the resident assessment form.
7. Maintenance of a chronological log indicating any significant change in any resident’s condition and the facility’s action or response. All staff members will be required to document significant changes in the residents and their resolutions that occur while they are on duty;
8. Notification of the resident’s physician and responsible person of significant changes or any deterioration of the resident’s health, ensuring his/her transfer if the resident requires services beyond the scope of *New Haven* Assisted Living. The Manager / Administrator or designee will notify the resident’s family and physician and will request that the family relocate the resident within 30 days or immediately if deemed necessary by the facility Manager / Administrator. This action will be initiated by the Manager / Administrator or designated representative through the resident’s physician, appropriate agencies and/or the resident’s personal representative or responsible person;
9. Review of every accident or incident causing injury to a resident or employee, assuring that appropriate corrective action is taken.
10. Overseeing monthly walk-through inspections of the facility to ensure it is safe from potential hazards, monitoring for cleanliness and safety of facility, staff and residents;
11. Being on the premises a sufficient number of hours in the business day -- and at other times as necessary -- to manage and administer the facility;
12. Protecting the safety and physical, mental and emotional health of the residents;
13. Posting the current license(s) at all times in the facility in a conspicuous place for the public;
14. Ensuring and documenting that orientation is provided to all employees. The orientation will be appropriate to the employee’s job responsibilities and include at least;
15. An overview of the facility policy and procedure manual;
16. A review of the employee’s job description;
17. Services provided by the facility;
18. Simulated fire prevention, evacuation and disaster drills;
19. Basic techniques of identifying and correcting potential safety hazards in the facility;
20. Emergency procedures and procedures used to contact outside agencies, physicians and individuals; and
21. Information on resident rights.
22. The Manager / Administrator will report to Management Company Management of Texas, LLC

# PERSONNEL, GENERAL PROVISIONS

It is the policy of New Haven to give equal employment opportunity to all qualified persons, and to advance, compensate and retain personnel on the basis of their qualifications. New Haven will treat staff equally in these and all other respects with regard to race, color, religion, sex, marital, status, handicap, or national origin.

All selection procedures, admissions, assignments, shall be available to all qualified persons who seek such services without respect to race, color, religion, sex, marital status, handicap, or national origin.

Supervisory personnel and other personnel responsible for hiring and carrying out other selection policies must take all necessary action in the elimination of possible discrimination towards employees, applicants for employment, and clients of New Haven.

New Haven employs a sufficient number of competent personnel who are each able to perform their respective duties, services, and functions to meet the needs of residents. There will be a minimum of one adult (at least 18 years of age) on duty 24-hours a day to ensure that the needs of the residents are met. At times, it may be necessary to employ additional staff to perform office work, cooking, laundry, housekeeping, and general maintenance.

1. The Manager / Administrator will ensure that at least one staff member is present in each facility at all times.
2. Any person who is physically or mentally unable to adequately and safely perform his/her duties or, as a result of alcohol or substance abuse, has that ability impaired, may not be employed or will be terminated immediately.

## Background and Criminal Arrest Check

Proper care and protection for New Haven residents is our primary concern and responsibility. Therefore, no person who has been convicted of a crime involving violence, fraud, deceit, theft, abuse, or other deception or criminal offense for which the person is still under state supervision shall knowingly be hired or employed by any this facility. To assure the safety of residents, New Haven will check the background of all employees at the time of hire. Each employee's completed reference check documentation and all materials received from state or local law enforcement agencies pursuant to a request for criminal arrest records information will be kept in the employee's file at all times.

The following instruments may be employed to thoroughly research a prospective employee's background:

1. Application for Employment. Prior to hire, each potential employee will be required to complete an initial employment application. The application will require potential employees to document prior work history and will include a request for work-related and personal references.
2. Criminal Arrest Check Authorization. New Haven must request a criminal arrest check of potential employees. The potential employee will complete and sign an Employee Criminal Arrest Check form at the time of hire, notifying him or her about the background check and permitting temporary employment until the investigation is completed.
3. Reference Check. All prospective employees will be required to supply names, addresses and telephone numbers of at least three individuals who can provide personal and employment-related references as to the applicant's suitability for hire
4. All prospective employees will have their names checked against the Healthcare Worker Registry, Employee Misconduct Registry and Nurse Aide Registry.
5. Employees who possess professional licenses will be verified with the HHSC.
6. Criminal Arrest Check. Continued employment at New Haven for temporary employees will be contingent upon receipt of a “clean” criminal arrest check HHSC. Waivers will be considered on a case by case basis. New Haven will not employ anyone who has been convicted of the following offenses:
7. Assault, battery or assault with a dangerous weapon;
8. Aggravated assault and battery
9. Murder or attempted murder
10. Manslaughter, except involuntary manslaughter;
11. Rape, incest or sodomy;
12. Indecent exposure and indecent exhibition;
13. Child abuse;
14. Abuse, neglect or financial exploitation of any person entrusted to his care or possession;
15. Burglary in the first or second degree;
16. Robbery in the first or second degree;
17. Robbery or attempted robbery with a dangerous weapon or imitation firearm;
18. Arson in the first or second degree;
19. Unlawful possession or distribution, or intent to distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substances Act;
20. Grand larceny; or
21. Petit larceny or shoplifting.

## Qualifications

All employees of *New Haven* Assisted Living will be:

1. Able to function in their appointed capacity;
2. Required to provide documentation of initial TB screening within 2 weeks of employment and annually thereafter stating that they are free from signs of communicable tuberculosis.
3. Free from any medical condition that limits the employee’s ability to perform their job duties with reasonable skill and safety;
4. Physically able to lift twenty five (25) pounds;
5. Mentally able to adequately and safely perform the assigned duties;
6. Free from a record of convictions of crimes involving violence, fraud, deceit, theft, or other deception for which the person is currently under state supervision;

Orientation

All staff must complete four hours of orientation before assuming any job. Training must cover, at a minimum, the following topics;

1. Reporting of abuse and neglect
2. Confidentiality of resident information
3. Universal precautions
4. Conditions about which they should notify the facility manager / administrator
5. Resident rights
6. Emergency and evacuation procedures

All staff must complete 16 documented hours of on-the-job training within the first 16 hours of employment following orientation. Training must include:

1. Medications and recognizing, reporting and recording side effects
2. Resident’s health conditions and how they may affect provisions of tasks;
3. Safety measures to prevent accidents and injuries
4. Emergency first aid procedures, such as the Heimlich maneuver and actions to take when a resident falls, suffers laceration, or experiences a sudden change in physical and/or mental status;
5. Managing disruptive behavior
6. Behavior management
7. Fall prevention

Direct care staff must complete six documented hours of education annually, based on each employee’s hire date. Staff must complete one hour of annual training in fall prevention and one hour of training in behavior management.

## Employee Probation Policy

An introductory period provides both the employee and the company with a time frame to determine if the company is the right environment and if the qualifications meet the work to be performed.

All persons being employed by NEW HAVEN will be on a 90-day probationary period. Any time during the ninety (90) day period, either party may terminate the employment status with or without good reason.

All necessary training for employment includes two company shirts that will be paid for at company expense. If an employee terminates their employment within the first six (6) months of employment, the cost of training will be deducted from my last paycheck.

At the end of the probationary period, a performance evaluation will occur and be reviewed by the employee and the Supervisor. The employee may be placed on regular status and be eligible for any employee benefits offered, after that point.

## Dress Code and Leisure Time Policy

The appearance of our staff and the manner in which they present themselves is reflective of the professional standards expected of New Haven employees. All departments must wear attire that is clean and in good repair, with proper fit and length. Employees are to wear attire nametags. Hair must be clean and combed. Hair, beard, and moustache for men are to be neatly trimmed. Remember all employees and staff are to set a good example for the residents in all things, including dress and grooming. Finger nails should be clean, trimmed and free of chipped polish.

Per OSHA guidelines, all staff in resident care areas must wear socks or stockings accompanied by shoes with enclosed toes. Fingernails are to be kept clean and well cared for, and at an acceptable length.

The following apparel is considered inappropriate:

* Torn, ripped, or frayed clothing;
* Midriff or off the shoulder blouses, sweaters, or dresses;
* Tight, sheer, or revealing clothing;
* Flip flops, beachwear, or sportswear;
* Sports attire (i.e. jogging suits, sweatpants, or lycra leggings);
* Visible body piercing except for ears;
* Visible tattoos (Tattoos must be covered at work);
* Visible underwear;
* Denim of any kind.

CareGiver, Life Enrichment Director, Nurse, Dietary, and Maintenance Dress Code – Company provided “New Haven” shirt; Solid Color Slacks, Capri’s, Walking shorts not more than two (2) inches above the knee, Skirt, or Skorts; a Watch with a second hand. The Company provides two embroidered polo shirts upon employment. If you desire more shirts that the ones we provide, you have the opportunity to purchase them at cost. Anyone in the kitchen must have hair pulled back and secured.

All Other departments – Professional Business Dress is expected. This is includes but is not limited to: Suits, Dresses, Slacks and Blouse.

## Attendance and Absence Policy

In order to ensure that all of our residents’ needs are met and appropriate care is provided, New Haven has established and will strictly enforce the Attendance Policy.

Good attendance is both necessary and important to the efficient functioning of a business. Management recognizes the individual importance of its employees and the contributions they make toward the provision of quality services. The policy is designed to focus attention on the very small number of employees who represent most of the habitual or excessive absenteeism. The procedures contained in this policy should eliminate inconsistencies in the handling of these problems and insure equal and impartial treatment for all employees.

## Employee Meals

It is the policy of New Haven to provide meals while an employee is working. There will be no deduction for time taken to eat the meal or a charge for the meal. It is expected that an employee will take no more than 30 minutes to eat.

## Employee Breaks

Policy Statement: New Haven will allow two 10-minute, uninterrupted breaks for each eight hours worked.

Procedure: No specific time is set during the work shift. It will be up to the employee to find the time for these two breaks. If an employee takes more than two breaks or longer than the allotted time, the excess time will be deducted from time worked.

General guidelines and standards of expected attendance are defined in this policy to ensure consistent application and interpretation.

1. A no-show or no-call is automatic self-resignation and employee will be terminated.
2. An employee will be allowed two late arrivals for work (within 30 minutes of shift start) without explanation but the third tardy will result in self-resignation and employee will be terminated.
3. Holiday shift absences will be considered the same as weekend shift absences.

Exceptions to the Attendance Policy include the following types of absences: National Guard or Military Services, leaves covered under FMLA, Family Military Leave, VESSA (Domestic Violence) leave, pre-approved absences (including vacations and leaves of absence). The Administrator also reserves the right to make exceptions during inclement weather.

Holiday shift absences will be considered the same as weekend shift absences. A “No Show- No Call” will is considered an employee’s willful resignation from employment.

Normally each occurrence of an absence will be treated as one instance. However, for an employee who is out for a continuous period of time due to one illness or injury, the total time lost will be counted as one absence, as approved by the Manager / Administrator.

Absences of three or more days will require the employee to secure a doctor’s note confirming that the employee is able to return to work.

Employees who call off for a scheduled weekend shift (Friday evening through Sunday night) will be scheduled the following weekend to make up for the previous weekend shift not worked at the discretion of the Supervisor. Employees are expected to find their own replacement coverage for all absent shifts. No show / No Call is grounds for termination.

## A return to work release with/without restrictions is required to come back to work if gone for more than 3 days with an illness or injury.

## Theft Policy

It is the policy of NEW HAVEN to suspend from employment, when any theft allegations have been reported to either the police or to NEW HAVEN Management. Being suspended does not mean the staff named, is being accused of any crime by NEW HAVEN. New Haven will prosecute to the fullest extent of the law anyone found guilty of theft.

Staff may return to work when the investigation has been completed and the employee has been cleared of any wrong doing.

## Health Requirements

1. All personnel of New Haven should be in good health. A record of employee health history will be kept in the employee’s personnel medical file.
2. The management and staff, will be free of communicable disease. All staff will be required to have a tuberculin skin test as a condition of employment. In the event of a positive reaction to the skin test, evidence of a chest x-ray and other appropriate follow-up will be required.
3. Personnel with evidence of physical illness or emotional instability that pose a threat to the wellbeing of residents will be relieved of their duties. Since the Manager / Administrator and Management Company Management are responsible to meet the needs of each resident, the Manager / Administrator will be the person who determines the physical and emotional fitness of facility employees.
4. It is the Manager / Administrator’s responsibility to make sure that each employee is appropriately evaluated for the employment position held.
5. The employee evaluation will include the employee’s history of the following:
   1. Conditions that predispose the employee to acquiring or transmitting infectious diseases;
   2. Condition that may prevent the employee from performing certain assigned duties satisfactorily.
6. The facility will comply with the Occupational Safety and Health Administration’s Blood-borne Pathogen Standard. It is the Manager / Administrator’s or designee’s responsibility to instruct the employees concerning CareGiver techniques that could potentially be hazardous to the health of the employee. Potential hazards include any and all body fluids.
7. The health requirements listed in this section will be reviewed with the employee at the time a job is offered to that employee.

## Sexual Harassment

It is the facility’s policy to prohibit harassment between any persons on the basis of sex. This includes, but is not limited to, harassment of one employee by another, by a supervisor, or by facility residents or guests. Though sexual harassment is not easy to define, it includes unwelcome jokes or comments, sexual advances, requests for sexual favors, unwanted touching and other verbal or physical conduct of a sexual nature. Any person who feels that he or she has been subjected to sexual harassment should immediately report the matter to the Manager / Administrator or Management Company Management. Violations of this policy will not be permitted and will result in disciplinary action up to and including discharge and/or legal action. All persons can be assured that no one will be retaliated against for either filing a complaint or participating in an investigation of harassment.

## Volunteers

1. Volunteers may be utilized in the daily activities of New Haven but will not be included in the facility’s staffing plan. Volunteers will be an enhancement to the facility, not a necessity to the functioning of the facility.
2. Volunteers will be supervised and familiar with resident’s rights and the facility’s policies and procedures. A staff member on duty will orient all volunteers concerning resident rights and pertinent facility policies.
3. Residents of New Haven will have the option of voluntarily performing housekeeping duties and other tasks suited to the resident’s needs, desires, and abilities. At the time of the resident assessment interview, the resident will be informed about this volunteer policy, and be given the opportunity to express their desires to do voluntary work. Residents will not be used as substitutes for required staff.

Disciplinary Actions and Performance Improvement Plans

New Haven believes that reasonable rules regarding employee conduct are necessary for a safe and efficient workplace. We are responsible for educating employees about our workplace rules, and we give our employees all possible chances to correct their behavior.

Disciplinary action typically follows the subsequent progression:

1. Verbal warning
2. Written warning
3. Suspension and/or a reduction or change of duties
4. Termination

There is no set number of times a less-severe action must be taken before the disciplinary action progresses to a more severe action, and a step may be skipped at any time if deemed necessary. At each step, the employee will be warned of the consequences should he/she continue or repeat the offense. If no further problems occur, no further disciplinary actions will be taken.

New Haven looks at four main factors when determining an employee’s disciplinary action:

1. Seriousness of offense
2. Repetition or duration of offense
3. Existence of any prior offenses and disciplinary actions
4. Employee response to previous disciplinary actions and current impending disciplinary action

Depending on these four factors, New Haven reserves the right to skip any of the disciplinary progression steps listed above. In the most serious cases, termination may be the first and only disciplinary action taken. Less serious offenses may warrant a Performance Improvement Plan. The Performance Improvement Plans outline the specific areas for improvement and assigns deadlines for completion of the plan.

New Haven keeps a written record of all disciplinary actions taken, including verbal warnings. These reports will remain a part of the employee’s record for one year. If the employee does not commit any other offenses during that time, the report will be taken off of the employee’s record. The report will; however, still remain a part of the employee’s personnel file. If the employee commits additional offense(s), the original report as well as the new report(s) will stay on the employee’s record.

## Termination of Employment

There are several types of termination of employment:

1. **Voluntary Resignation**: initiated in writing by the employee to the supervisor with a requested minimum of two weeks working notice for staff employees and a minimum of four weeks working notice for Manager / Administrators. Failure to give adequate notice without extenuating circumstances may result in disqualification for rehire and forfeiture of any employee benefits. The official date of resignation will be the last day worked.

In order to insure that important employee documents (such as the W-2) are forwarded in a timely manner, it is important to leave a correct forwarding address.

1. **Termination/Discharge**: when New Haven at-will discharges an employee.

In addition, employees may be discharged for certain circumstances including, but not limited to, the following:

1. Excessive absences and /or tardiness in reporting to work.
2. Behavior not deemed appropriate for the workplace.
3. Failing to carry out assigned responsibilities or performing substandard work (in quality or quantity) after appropriate orientation and/ or training.
4. Leaving the assigned work area without permission from the supervisor during work hours.
5. Gambling on the company property
6. Defacing or abusing company property
7. Violating safety rules, creating a safety hazard, contributing to unsanitary conditions, not maintaining work area cleanliness, and/or failure to wear and use assigned safety equipment.
8. Failing to report any accident, job related injury, or unusual occurrence.
9. Soliciting or accepting gifts, tips, or donations from residents, visitors, physicians, vendors or others.
10. Conducting personal business or enterprise on company property without permission including soliciting contributions or selling any article or service.
11. Abuse of facility time by attending to personal matters during paid work hours including long or excessive personal telephone calls
12. Posting signs or notices on bulletin boards without permission, or removing official notices already posted.
13. Failing to follow instructions or refusing to work special hours or special assignments as defined by the supervisor to insure quality residential care.
14. Smoking in undesignated areas.
15. Stealing property and /or unauthorized personal use or possession of property that belongs to the facility, resident, visitors or other employees of the facility or operation
16. Deliberately destroying or abusing property of the facility, residents, other employees, or visitors.
17. Unauthorized possession or concealment of firearms or other weapons while on facility property.
18. Assaulting, fighting with, or attempting to inflict bodily harm to a resident, physician, other employee, or visitor.
19. Deliberately mistreating or displaying negligence that may result in injury to resident, visitor, or other employees, including the use of abusive language.
20. Coming to work under the influence of alcohol or illegal drugs or use or possession of alcohol or un-prescribed drugs while on facility property. Refusing to be tested for alcohol or drug use if there is reasonable cause to suspect such influence.
21. Insubordination, including but not limited to, open defiance of instruction from a supervisor, the use of abusive, profane, or threatening language toward supervisory personnel or other employees in the performance of their assigned duties. Disobeying instructions, procedures, or policies, whether through neglect, procrastination, or deliberate disobedience by refusing to comply with any reasonable request made by the employee’s supervisor.
22. Forging, altering, or deliberately falsifying any document, authorization, record, patient charge, employment application or time card that is used. Making fraudulent or misleading statements of any kind.
23. Misusing confidential information about residents, their families, the Company or anyone associated with the facility. New Haven will not indemnify any employee who faces legal action because of a breach of confidential information.
24. Engaging in unlawful, indecent, or immoral conduct on facility or company property during or outside work hours. Conviction of a felony or other criminal charges. Failure to report to the Manager / Administrator or supervisor suspicious, unethical or illegal conduct by fellow employees, residents or vendors.
25. Multiple disciplinary actions and/or warning of any kind during a twelve (12) month period.
26. Violation of the company policy of non-discrimination or for sexual harassment.
27. Coercing, bribing, inciting, or otherwise inducing employees to engage in any practice in violation of facility rules or in restriction of facility operations
28. Disregard for facility safety policies, which result in injury to self or others after specific training in such policies.
29. Discourtesy, inappropriate language and/or manners to any resident, visitor, and/or other employee.
30. Engaging in any type of sexual activity with a patient or another employee.
31. Defrauding, attempting to defraud, or falsifying any company record or document, including employment application.
32. Violation of any policy guaranteeing any patient or resident right or patient/resident safety including fraternization with patients/residents.
33. Violence toward others at work.
34. Being employed elsewhere while officially on leave of absence from New Haven.
35. Unauthorized use of cell phones while working on the job.
36. Violation of dress code
37. Photographing of Residents and/or Property without consent of the Manager / Administrator and/or Activity Director.

The Manager / Administrator may discharge any employee if the quality of resident care, assigned work, or efficient operations are being impaired for reasons not specified above.

# SEction Two

# services provided

New Haven will give the resident and/or his/her designated representative a copy of the Description of Services when the resident and responsible parties sign the resident service contract. The service contract addresses the following: the provision of a physically safe and sanitary environment; room and board; protective oversight; and social care as determined sufficient to meet the needs of the residents.

CareGivers will be on duty 24 hours a day, seven days a week to meet the needs of residents. However, the goal and challenge for New Haven CareGivers will be to encourage residents to continue to do as much as possible for themselves for as long as possible. In addition, in an effort to empower residents, to reduce feelings of loss of control over their lives and surroundings, and to give them a sense of self direction, New Haven asks that services be resident-directed as much as possible.

## General Assistance

## 

In all cases, *New Haven* staff will provide residents the following assisted living services:

1. Care that fosters, maintains or rehabilitates the resident to his/her maximum capacity;
2. Physical activity to maintain or improve muscle tone, joint function and mobility;
3. Sufficient fluids available to assist in hydration;
4. Sensory stimulation to compensate for sensory loss; Mental stimulation to maintain or improve intellectual function;
5. Individual attention and social interaction to maintain identity and self-worth;
6. Encouragement and assistance to preserve outside support systems;
7. And monitor for changes in condition.

In addition, qualified staff may be available for services such as:

1. Shopping;
2. Using public transportation;
3. Writing letters;
4. Making telephone calls;
5. Obtaining appointments. (Family members are encouraged to play an active role in arranging resident’s medical and dental care, including transportation.)
6. Recreational and leisure activities; and
7. Encouraging resident independence;
8. Administering emergency first aid; and
9. Other similar activities.

*New Haven* staff may also assist the resident to participate in and obtain supportive services that are offered by the community including but not limited to:

1. Mental health services;
2. Habilitation services;
3. Rehabilitation services;
4. Social services;
5. Medical, dental, and other health care services;
6. Educational services;
7. Financial management services;
8. Legal services;
9. Vocational services;
10. Transportation;
11. Recreational and leisure activities; and
12. Other requested services that will meet a resident’s needs.

## General Monitoring

New Haven will ensure that staff members are on duty 24 hours a day, seven days a week to meet the needs of residents. Monitoring includes but is not limited to the following:

1. Encouraging residents to attend meals;
2. Reminding residents to keep appointments;
3. Being cognizant of a resident’s whereabouts or absence from the facility;
4. Observing and reporting significant changes in a resident’s daily habits, or mental, physical, or emotional status to the resident’s physician or responsible person, as appropriate;
5. New Haven staff will respond in an emergency. Care will include administration of basic first aid;
6. Reminding the resident to bathe; and
7. Reminding residents to be clean and well groomed.
8. Reminding residents to take doctor ordered medications;

## Night Monitoring

Staff members assigned to night monitoring in New Haven between the hours of 10:00 p.m. and 6:00 a.m. remain awake and alert during hours of sleep and are able to respond to resident needs.

Electronic Monitoring

New Haven provides an emergency call system in all apartment bathrooms and offered a personal call button (pendant). The purpose is to insure the safety and the comfort of the resident. Our intent is to increase communication between the resident and staff so that staff can be alerted when assistance is required. All Residents will be orientated to the Emergency Call System upon move in.

Authorized Electronic Monitoring (AEM)

1. New Haven must permit a resident, or the resident's guardian or legal representative, to monitor the resident's room through the use of electronic monitoring devices.
2. New Haven may not refuse to admit an individual and may not discharge a resident because of a request to conduct authorized electronic monitoring.
3. The HHSC Information Regarding Authorized Electronic Monitoring form must be signed by or on behalf of all new residents upon admission. The form must be completed and signed by or on behalf of all current residents by October 1, 2004. A copy of the form must be maintained in the active portion of the resident's clinical record.

In addition, New Haven will provide or arrange for the following services as needed:

## Assistance with Personal Care

## 

Qualified staff will assist residents as needed with personal hygiene of the following nature:

* + Daily grooming including care of mouth, teeth, skin, nails, hair, feet, and perineal care; (exception: diabetic resident’s nails will be cared for by a licensed health care professional)
  + Oral hygiene or denture care;
  + Toileting and toilet hygiene;
  + Tub baths, showers or bed baths as indicated in the service plan;
  + Incontinence care to keep skin clean, dry and free from odor;
  + Shampoos and shaves to maintain a clean and neat appearance;
  + Assuring clothing is clean and in good condition;
  + Assuring bed linens are clean;
  + Replenishing clean towels and wash cloths at the bedside or bath; and
  + Seeing that each resident uses his or her own personal hygiene equipment, including combs, hairbrushes, or utensils for dental or mouth care. New Haven does not allow common usage of personal hygiene equipment.

## Assistance with Housekeeping and Laundry

## 

Housekeeping and Laundry services are included among the core services available to all residents of New Havens. Residents may use the facility washer and dryer with pre-authorization from the Manager / Administrator or designee.

## Nursing Supervision

## 

A licensed nurse provides professional oversight for the Residents of New Haven. The licensed nurse’s functions in the facility will include but not be limited to the following: participation on the Quality Assurance Committee, medication oversight, resident assessments, and documentation for residents of Advance Health Directive decisions and choice of personal physician in the resident record.

Ancillary Service Providers will be allowed, to provide those services that are either unavailable, or outside the scope of New Haven’s capability, provided an Ancillary Service Provider Agreement is signed by the Resident and/or the Resident’s Representative and New Haven’s Manager / Administrator.

## Intermittent or Unscheduled Nursing Care

## 

The licensed nurse under contract and/or outside providers such as Home Health or private-duty nurses will handle intermittent or unscheduled nursing care needs of New Haven’s residents. To the extent possible, New Haven will encourage the resident to choose his/her desired nursing care option. The goal of New Haven will be to find the most efficient use of staff and the most cost effective use of the resident’s health care dollars. Outside contracted services with provide their Plan of Care and Coordinate Services with New Haven to assure no duplication of services. Outside services will also document on the day of services the services provided on the specified form given to them by New Haven.

## Medication Administration

## 

New Haven has a licensed nurse and a pharmacist under contract to oversee all aspects of the medication administration process. All medication is overseen by a licensed nurse. Through the licensed nurse, CareGivers are trained, tested and qualified to administer medications. A nurse is available to for questions.

## Assistance with Cognitive Orientation

## 

New Haven will admit residents with cognitive deficits to specialized units, designated to Memory Care. All staff will be trained in dealing with Residents with Alzheimer’s and related dementias.

## Assistance with Transfer and Ambulation

## 

New Haven encourages residents to remain as independent as possible in movement and mobility for as long as possible.

When residents require a staff person to assist with ambulation or transfer, New Haven personnel are available to meet resident needs. If an unanticipated need arises for additional staff, relief staff will be called in to cover resident needs or if staff is not available, the family or representative may hire one on one staffing for their loved one. One-on-one staffing will require additional charges. Family or the Manager / Administrator may hire additional staff.

## Assistance with Diet, Meal Planning and Eating

## 

New Haven serves at least three nutritionally balanced meals or their equivalent daily using a variety of foods following the food pyramid. Daily dietary requirements have been outlined by a Registered Dietician. An evening snack and snacks will be made available throughout the day.

* + - Menus are planned in advance and provide a variety of meal options.
    - Substitutions will be indicated on the menu and recorded on the Resident’s ADL log.
    - The current week’s menu will be posted in the kitchen or dining area.
    - New Haven will retain, for 30 days, a record of actual menus served, including substitutions.
    - If a resident is unable or refuses to eat a meal, staff will document this in the Log.
    - Foods will be served in amounts and varieties sufficient to meet each resident’s nutritional needs.
    - New Haven will provide therapeutic and/or mechanically altered diets when prescribed by the resident’s physician.
* The following therapeutic diets will be available:
* No Concentrated Sweets;
* No Added Salt
* Mechanical Soft
* Puree
* Thickened Liquids
* Allergy Restrictions
* The following therapeutic / mechanically altered diets are not available:
* ADA Diets;
* Calories Counts
* Fluid Restrictions
* Renal Diets
* 4 gram Sodium
* Other diets outside New Haven’s scope of capability.

## Planned Programs for Socialization, Activities and Exercise

## 

## Social Care.

Social Care includes providing opportunities for social interaction in the facility and in the community at large. Social Care also incorporates services that promote resident independence and a sense of self-direction. New Haven is designed both programmatically and architecturally to promote family-style living, with residents naturally gathering and interacting near the kitchen, the heart of the home.

At New Haven, we address individual resident interests gleaned from the admission assessment to personalize or customize daily activities. New Haven encourages all residents to participate in activities and socialization.

## Social Enrichment.

Residents will be encouraged to maintain and develop their fullest potential for independent living through participation in recreational and other activities while residing in New Haven. The resident’s past and present levels of activity and interests will be assessed. Ongoing assessments of individual needs will be performed. Residents will be encouraged to recommend the addition or discontinuance of activities. An evaluation of the admission assessment interview will help determine the potential resident’s needs and the results of the interview will be used to develop the monthly activity calendar.

## Activity Program

The Activity Program for New Haven centers on the requirement that the Center meet the *individual* needs of residents in our home. New Haven looks to trained staff, volunteers and outside providers to introduce meaningful activity, exercise, educational and socialization programs.

The residents have free access to all community living areas of the facility.

1. Opportunities will be provided for the following activities that may be available to all interested residents:
2. Socialization through group discussion, conversation, recreation, visiting, arts and crafts, music, care of pets;
3. Daily activities to foster and maintain independent functioning;
4. Physical activities such as games, sports, and exercises which develop and maintain strength, coordination, and range of motion;
5. Education through special classes or activities;
6. Leisure time, so residents may engage in activities of their own choosing; and
7. Gardening.
8. The facility will utilize community resources to promote resident participation in activities both in and away from the facility. These activities may include:
   1. Attendance at a place of worship of the resident’s choice;
9. Service activities for the community;
10. Concerts, tours, and plays; and
11. Participation in community based activities such as senior citizen groups, sport leagues, and service clubs.

Activity Coordinator (Life Enrichment Director)

The Activity Coordinator (Life Enrichment Director) will:

1. Coordinate all recreational activities including volunteer and auxiliary activities;
2. Encouraging resident participation in planning, organizing, and conducting the residents’ activity program, including forming a resident council.
3. Assisting with a resident council, if residents wish to form one.
4. Planning and developing monthly activity calendars based on resident needs and interests, and providing information on community activities available.
5. Prominently posting monthly activity calendars prior to the beginning of each calendar month.
6. Maintaining a record of actual activities provided, reflecting substitutions to pre-planned activity calendars, for 12-months after the last scheduled activity

# SECTION THREE

# admissions AND LEVEL OF CARE CRITERIA

## 

##### Admission Criteria

New Haven is an Assisted Living Center designed to admit Senior Citizens with a wide range of care needs. Potential residents may require anything from occasional reminders to bathe to more extensive assistance with personal care, mobility or medication assistance, for example. New Haven structures its services and fees based upon four (4) levels of resident needs.

Policy: Each resident will be evaluated by the Administrator/Wellness Director or his/her designee, using New Haven’s Level of Care Assessment Tool to determine highest level of care/assistance needed. Any Activity of Daily Living (ADL) category that exceeds the designation of level four care, which would indicate “total dependence” in any given ADL, requires that one or both of the following be signed, dated and attached to the Assessment Tool prior to admittance:

1. Negotiated Risk Agreement
2. Ancillary Service Provider Agreement

Use of Level of Care Assessment Tool (LOCA): Points are assigned to each activity or task that New Haven will perform in order to determine the rate to be assessed for care, in order to calculate total monthly fee Residents will be evaluated upon admittance to Assisted Living or Memory Care, then reevaluated thirty (30) days after admission, and reevaluated annually as well. Residents may be reevaluated more frequently as needed, or as designated by management, if any change in condition, status, or level of care is noted.

# LEVEL OF CARE ASSESSMENT

MEDICATIONS - All Assisted Living and Memory Care residents will have medications administered by a caregiver: that has been delegated by a licensed nurse or acts under the authority of a person who holds a current nursing license under state law that authorizes the licensee to administer medications. “A medication aide must function under the direct supervision of a licensed nurse on duty or on call by the facility”. (TAC Title 40 Part 1, Chapter 92, Subchapter C, Rule 92.41)

New Haven determines the level of care (LOCA) and cost based upon a point system. New Haven does not assign a care level to resident. As the degree of care is determined, points are assigned. Each point is assigned a dollar cost and added to the base cost to determine the monthly charge for the residents care.

**MEMORY CARE:**

Note: All Memory Care residents will have a secured environment provided. New Haven cannot provide continual one to one assistance/supervision to any Resident.

Under *no* circumstances, will New Haven admit or retain:

1. A resident whose behaviors, diseases or mental illnesses are incongruent with the overall resident population; or whose presence jeopardizes the safety, happiness or harmony of residents and staff;
2. A resident who requires restraints of any kind, whether physical or chemical, except on an emergency basis; or we will evaluate on individual basis based on HHSC requirements for restraints used for safety of the resident.
3. A resident with a communicable disease, infection or illness unless the disease, illness or infection is under treatment and manageable by facility staff.
4. A resident who poses a risk to him/herself or others; and/or
5. A resident who requires a level of care or type of service that New Haven does not provide or is unable to provide, including any of the following:

* *Medication Assistance, Storage and Administration:* Resident requires extensive assistance with medications or medication administration or other medication assistance that requires routine professional or vocational nursing oversight (unless resident obtains outside provider or contract services).
* *Cognitive Orientation:* Requires extensive hands-on care or assistance; requires additional staff or resources to handle. Final discharge decision rests with New Haven.
* *Diet Management and Eating:* Resident requires any of the following therapeutic / mechanically altered diets:
  + ADA Diets;
  + Calories Counts
  + Fluid Restrictions
  + Renal Diets
  + 4 gram Sodium
  + Other diets outside New Haven’s scope of capability
* *Nursing Service:* Requires skilled nursing care, such as:
* Intravenous therapy or intravenous feedings, unless self-administered or administered by a privately contracted, qualified, licensed healthcare professional;
* Gastrostomy feedings, unless self-administered or administered by a privately contracted, qualified, licensed healthcare professional;
* Insertion, sterile irrigation, and replacement of catheter, except for routine maintenance of urinary catheters, unless the catheter care is self-administered or administered by a licensed healthcare professional;
* Sterile wound care, unless self-administered or administered by a privately contracted, qualified, licensed healthcare professional;
* Sliding scale insulin administration, unless self-administered or administered by a licensed healthcare professional, or R.N. delegated staff.
* Diabetic management that includes routine insulin injections, unless injections are self-administered or administered by a licensed healthcare professional or R.N. delegated CareGivers.
* Treatment of stage 3 or 4 decubitus ulcers or exfoliative dermatitis; or
* Requires 5 or more skilled nursing visits, per week, for conditions other than those listed in subsection (c)(13) of the Administrative Code for a period of 3 consecutive weeks or more, except when the course of treatment is expected to extend beyond a 3 week period for rehabilitative purposes and is certified as temporary, by a physician.

## ASSESSMENTS

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New Haven is a residential-style Assisted Living Center, providing a range of services for senior citizens to allow them the opportunity to age in place. New Haven direct-care staff encourages independence and self-directed care, with assistance available as needed to preserve resident dignity as care needs progress. Resident be assessed by a physician at least thirty (30) days before admission by New Haven. Within 14 days of being admitted to New Haven, the resident will receive a comprehensive assessment and individual service plan for providing care. Assessments will be given at least annually and upon a significant change in condition.

In all placement decisions, New Haven relies first upon the *Admission Assessment* and *Comprehensive Assessment* instruments as well as the recommendations of the RN, LPN or physician to determine compliance with admission criteria. Once a health care professional deems the potential Resident appropriate for placement in the Assisted Living Center, New Haven personnel may address a service plan and other specifics. New Haven staff will continue the assessment process with personal interviews and meetings during the planning and contractual process. In the case of dementia residents, all service plans must be developed by a licensed nurse.

##### Admission Assessment

The *Admission Assessment* must be completed within thirty (30) days prior to or within fourteen days (14) after admission, unless a transferring hospital or facility has a physical examination in the medical record. This assessment is generally limited in nature, and may not uncover critical placement issues that facility staff notice even prior to move-in. The *Admission Assessment* includes at least the following:

1. Resident’s identification;
2. Disease diagnosis and infections;
3. Mental health history
4. Physical functioning, including the numbers of persons needed to assist with Activities of Daily Living (ADLs);
5. Incontinence;
6. Medications;
7. Special treatments and procedures;
8. Signatures and dates.

##### Comprehensive Assessment (HHSC)

New Haven will ensure that the nurse, designee complete the Resident’s *Comprehensive Assessment*, including a personal interview with the Resident, within fourteen (14) days after the resident’s admission. The *Comprehensive Assessment* includes the following information:

1. Location from which the resident was admitted
2. Primary language
3. Sleep-cycle issues
4. Behavioral symptoms
5. Psychosocial Issues
6. Alzheimer’s/Dementia history
7. ADL patterns
8. Activity involvement and pursuits
9. Cognitive skills
10. Communication skills
11. Physical functioning
12. Continence status
13. Nutritional status
14. Oral/dental
15. Diagnosis
16. Medications
17. Health conditions and possible side effects
18. Special treatments and procedures
19. Hospital admissions within the past 6 months
20. Preventative health needs

##### Nursing Comprehensive Assessment

“In compliance with BON standards of Nursing Practice may involve a nurse preforming a comprehensive nursing assessment, even when the ALF rules do not explicitly required them to do so”. This will typically be done within the first fourteen days of the resident moving in and will be done in conjunction with delegated skills by licensed personnel.

##### Service Plan

From the assessment, a service plan is established.

1. New Haven will ensure that all residents’ *Comprehensive Assessments* are evaluated and updated at least annually and promptly after a significant change occurs in any resident’s condition. .
2. The Manager / Administrator or facility staff will notify the resident’s physician or representative of any such change.

##### On-Going Nursing Assessments

1. All Memory Care Residents will be assessed at least annually basis, in regards to health and behavioral status.
2. All Assisted Living Residents will be assessed at least annually, in regards to health and behavioral status and more often in there is a change in condition in the resident.
3. Changes or concerns will be addressed on the Service Plan.

##### Discharge Assistance

1. New Haven will coordinate any discharge or transfer with the resident, his family or representative, or appropriate agency.
2. All money and valuables belonging to the resident that have been entrusted to the licensee will be surrendered to the resident in exchange for a signed receipt, within fifteen (15) days of discharge or transfer.

# SECTION FOUR

# Establishment contracts and records

# RESIDENT SERVICE CONTRACT

New Haven will enter into a written Establishment Contract with the resident and/or the resident’s designated representative at the time of admission.

1. New Haven’s written ALF Establishment Contract contains a clear statement regarding at least the following:
2. The Assisted Living Center’s Name and address;
3. Admission and discharge criteria;
4. Services provided by New Haven;
5. Dispute resolution and grievance procedures;
6. Charges for services;
7. A provision that the written contract constitutes the entire agreement between the resident and New Haven not excluding the marketing materials;
8. Term, renewal and cancellation of the Service Contract;
9. Conformity with State Law;
10. A provision that, if a resident’s condition merit’s his/her transfer, the transfer shall be initiated within (5) five working days and progress on the transfer shall be noted in the resident’s record.
11. The parties may amend the Agreement provided both parties affix their signatures to document their agreement to any changes.
12. No agreement will be construed to relieve the facility of any requirement or obligation imposed by law or regulation.
13. Notwithstanding the provision outlined above, the parties to the Establishment Contract will have the rights and remedies available to them under state law to enforce the agreement.

## Refund After Discharge

***Policy Statements:*** New Haven collects a Community Fee when a resident is admitted. The Community Fee is used for set up fees and clean-up fees and is not refundable. New Haven will refund resident funds submitted as Security Deposits, Scooter fee, Pet deposit, or Monthly Fees according to the following procedures.

**RESPONSIBLE PERSON:** Manager / Administrator and Management Company Management

***Procedures:***

Resident’s representative must give a 30-day written notice of intent to terminate the Establishment Contract by moving the Resident from the facility; and in addition, there must be no damage to the facility beyond the normal wear and tear of the resident’s area. Failure to give 30-day’s notice of termination of the Agreement will result in the funds being deducted from the monthly rent until the resident has vacated the facility.

New Haven recognizes that in some instances, a 30-day written notice to terminate the Service Contract Agreement may not be possible. Refund of the Resident’s monthly fee will be prorated to the day the Resident and his/her belongings actually leave the facility, for the following reasons:

1. The death of the Resident.
2. The discharge of the Resident if changes in physical, mental, emotional or functional status places him or her at a level of care beyond the scope of practice allowed by the facility’s license.
3. The Resident’s behavior or health poses a threat to the health or safety of other individuals in the facility.
4. The Resident or Resident’s representative terminates the Agreement immediately for abuse, neglect or exploitation as substantiated by a governmental agency.
5. The Resident or Resident’s representative terminates the Agreement after providing 14-days written notice for the facility’s failure to comply with the Resident's service plan or the Agreement.
6. New Haven requests the contract be terminated with 14-day written notice because behavior of the Resident or Resident’s representative violates the Internal Facility Requirements or the Agreement.

Deposits and other monies being refunded will be returned as soon as all deductions to fees are made, if any, by the terms of this agreement and as spelled out in the Agreement, but not to exceed 30 days from the date of the Resident’s actual discharge from the facility. Included with the refund will be a written statement detailing:

1. An accounting of all fees, Resident’s personal funds, or deposits owed to the Resident; and
2. An accounting of any deduction from the fees or deposits.

## Termination of Service Contract Agreement Policy

***Policy Statements:*** New Haven will handle Termination of Residency Service Agreements according to the following procedures.

**RESPONSIBLE PERSON:** Manager / Administrator and Management Company Management

***Procedures:***

New Haven will provide the Resident or Resident’s representative 30-days written notice before terminating the Agreement except in the following circumstances:

1. Failure to provide accurate and/or current information on the admission assessment could result in immediate discharge and cancellation of the Agreement.
2. New Haven will terminate the Agreement without notice if:
   1. The Resident exhibits behavior that is an immediate threat to the health and safety of the resident or other individuals in the assisted living facility;
   2. The Resident's medical or health needs require immediate transfer to another health care institution; or
   3. The Resident's care and service needs exceed the services the facility is licensed to provide.
3. New Haven will terminate the Agreement after providing 30 days written notice to a Resident or Resident’s representative for any of the following reasons:
   1. Documented failure to pay fees or charges; or
   2. Documented non-compliance with the Agreement or Internal Facility Requirements.
4. New Haven will terminate the Agreement if it is deemed that resident, family, relatives or friends of the resident are a disruption to business by:
   1. Communicating with CareGivers in an overbearing or inappropriate manner
   2. Using foul language
   3. Disrupting the life style of other residents in the home
   4. Violation of the Internal Facility Requirements

The Resident or Resident’s representative may terminate the Agreement without notice due to neglect, abuse, exploitation or if conditions exist which place the Resident in imminent danger to life, health or safety, if substantiated by a governmental agency.

The Resident or Resident’s representative may terminate the Agreement after providing 30 days written notice to New Haven for documented failure of the facility to comply with the Service Plan or Agreement.

New Haven will include with any written notice of termination of the Agreement the following information:

1. The reason for termination;
2. The effective date of termination of residency;
3. The Resident's right to grieve the termination;
4. The facility's grievance procedure;
5. The facility's refund policy;
6. A copy of the Resident's service contract, service or service plan, level of care; and
7. Phone numbers and addresses of the HHSC and the State Long Term Care Ombudsman.

## Involuntary Transfer or Discharge

If a resident requires transfer out of the New Haven facility, the transfer shall be initiated within five (5) working days and progress on the transfer shall be noted in the resident’s record. New Haven will notify the Resident, or Resident Representative of the impending discharge. If voluntary transfer or discharge is not arranged, New Haven shall provide the Resident ten (10) day notice of its intent to transfer or discharge the Resident to a an appropriate care provider. The 10-day requirement shall be waived when emergency transfer is mandated by the resident’s immediate health needs or when necessary to protect the physical safety of the Resident or others.

##### Grievances

The Resident or Resident’s representative has the right to file a grievance against any management decision to terminate the Agreement or any other issue affecting the care of the Resident. See the attached Grievance Procedure.

## Temporary Absence From the Facility

During the Resident’s short periods of absence from the facility for recreational or medical reasons, the daily fee continues uninterrupted until such time notice is given that the resident will not be returning to the facility. Absences, *for medical purposes only,* lasting longer than 30 days, may initiate a billing for rent only, (without the service package.)

Once the facility is notified that the Resident will not be returning, the rental fee for storage of the Resident’s belongings will be the daily fee prorated from the monthly fee. The storage fee will terminate once the belongings are removed from the facility or the Resident or Resident’s representative grants written permission for disposal of the belongings.

## Rate and Fee Increases

New Haven will provide 30-day advance written notice to the Resident prior to instituting any fee increase with the following EXCEPTIONS: (1) A change in a resident’s condition as determined by a Level of Care Assessment. (2) Imposition of Federal or State regulatory changes mandated without sufficient advance notice to New Haven that severely impact the Assisted Living industry and the Facility’s ability to operate and preclude New Haven’s ability to provide 30-day advance notice to residents. All written notification will include the effective date and the reason(s) for the fee increase.

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# RECORDS

## Resident Records

1. New Haven will maintain a separate record for each resident. The records will be maintained in the facility office to assure availability to facility staff and HHSC or authorized agency. These records will be treated as confidential and only New Haven-authorized persons will have access to the resident records.
2. The record will include at least the following:
3. Resident’s full name, including maiden name if applicable;
4. Last known address;
5. The name of the person or agency referring the resident to the home;
6. Date of birth;
7. Gender;
8. Marital status;
9. Social security number, where needed for Medicaid or employment purposes;
10. Medicare #
11. Date of admission;
12. Name, address and telephone number of relatives or legal guardian, where proof is offered that such guardian has been duly appointed by a court of law, or other person to be notified in an emergency or death of the resident;
13. Religious preference, if any;
14. Name, address, and telephone number of physician and dentist to be called in an emergency;
15. Name, address and telephone number of resident's primary physician, or case manager if applicable;
16. Physician’s Assessment;
17. Signed copies of Internal Facility Requirements and Resident Rights;
18. Current record of the resident's special dietary needs, allergies, special physical conditions, or other health considerations;
19. Anecdotal record of any accidents, injuries, illness or incidents of violent behavior towards self or others occurring after admission to the facility; and
20. Documentation of on-going services provided or contact made by other governmental agencies.
21. Records will be legibly recorded in ink and dated.
22. Each resident will have the right, subject to state and federal law, at reasonable times, or during ordinary business hours to inspect and copy (or have a copy provided for him/her by the home) any or all of the records referred to above and any records used in the development of the service plan. The home may charge the resident the cost of copies made.
23. The home or agency will not disclose the name of any resident except as may be necessary, or disclose any resident’s records to any person or agency other than the personnel of the home or the agency for their exclusive use except upon express written consent of the resident or court order unless the disclosure is required by state or federal law.
24. No inspection or investigative report or written complaint that is accessible to the public will disclose the identity of a resident of *New Haven*.
25. Records will be maintained and stored in such a manner as to be protected from loss, damage or unauthorized use.
26. The confidentiality of all medical, psychological and sociological information will be protected at all times.

## Documentation Policy for Resident Records

***Policy Statements:*** Documentation in resident records will be completed according to the procedures outlined below.

**RESPONSIBLE PERSON:** Manager / Administrator and staff, Health Care Practitioners

***Procedures:***

1. Complete all documentation in electronic file and on paper when applicable in non-fading ink.
   1. The person who completes the task, provides the service, or assists the resident documents the task, service or assistance in the Resident’s record. No person should document care or services provided by another individual.
   2. Documenting for another individual may be grounds for discipline up to and including termination of employment.
2. Document care or services to residents as they are provided.
3. Complete documentation only on approved facility forms.
4. Errors in documentation will be corrected as follows:
   1. Correct mistakes by drawing a single line through the error; writing the word ‘error’ above it; and placing the initials of the person making the correction next to the word “error.”
   2. Do not correct another individual’s documentation for him or her.
   3. When a staff person forgets to document completely or omits something out of a documented entry, the late entry may be entered with the time, date, and “Late Entry” notation.
5. All entries must be legible and must use only those abbreviations approved for this facility.
6. Sign documented entries in resident records legibly using at least a first initial, last name, and title. Enter the signature immediately following the entry to clearly designate the documentation’s closure.

## Confidentiality of Resident Records

***Policy Statements:*** All resident records - including medical and financial records - must be HIPAA compliant and treated with the utmost confidence.

1. No resident’s medical status or history shall be discussed outside the confines of New Haven.
2. All residents and resident’s representatives, or any other individual authorized in writing by the resident or resident’s representative, may have access to the resident’s individual records during normal business hours or at a time predetermined by the Manager / Administrator or designee and the resident or resident’s representative.
3. Resident records may be disclosed only to the individuals identified in the admitting contract and authorized by the procedures below.

**RESPONSIBLE PERSON:**  Manager / Administrator and All Personnel

***Procedures:*** Any resident or resident’s representative may request to see the resident’s records during normal business hours.

1. If the resident or resident’s representative desires, the Manager / Administrator or Manager / Administrator’s designee, should be available to answer questions regarding documentation in the records.
2. Family members, attorneys and other individuals who are not the resident’s representative can only review the records with the written permission of the resident or resident’s representative.
3. Health Care Professionals involved in the direct care of the resident may have access to the medical records of the resident for the purposes of determining needs, planning care, developing Service plans and writing orders. These include the primary care provider (physician or other medical practitioner), Nurses (agencies or contract) and ancillary professionals (PT, OT, ST, MSW, DDS, etc.)
4. A resident or resident’s representative desiring copies of a resident’s record must submit a written request that includes a signature and date. The copies will be made available within 5 working days.
5. Residents’ financial records and medical records will be stored in a secured area.
6. Residents’ medical and financial records will be made available to representatives of the Health and Human Services Commission HHSC) only after proper identification is produced.
7. The resident’s image or photograph will not be used in any publication of the facility without the written permission of the resident or resident’s representative.
8. Breach of resident’s confidentiality of medical or financial status of records is grounds for personnel discipline up to and including termination of employment by the facility.
9. Altering or falsifying any resident record by a personnel member is grounds for immediate termination.
10. Any resident or resident’s representative wishing to alter or add to any information previously submitted must do so in writing but must not be allowed to change any previous form or written submission.
11. Any individual wishing to have information regarding the medical status of any resident must have the written permission of the resident or resident’s representative prior to receiving that information.
    1. This includes family members and friends of the resident.
    2. This does not apply to health care providers involved in the care of the resident.
12. Information regarding a resident’s medical or physical condition will be disclosed over the telephone only after making positive identification that the individual on the other end is authorized by the resident or resident’s representative to receive such information.

Safeguards of Resident Monies and Personal Possessions

Residents will be responsible for any cash in their possession. Residents are also responsible for the safety of personal valuables, checkbooks and bankbooks;

## Facility Records

New Haven will maintain accurate and complete records. New Haven has provided for the filing, safe storage, and easy accessibility of records. New Haven will protect records against access by unauthorized individuals. New Haven will maintain the following records:

1. General policies and procedures;
2. Statement signed by licensee delegating responsibility to Management Company Management;
3. Agreements;
4. Personnel records;
5. Resident records;
6. A 30 day record of menus, including substitutions;
7. A chronological log indicating significant events or changes in any resident’s condition and the facility’s action; and
8. A chronological log of incident/accident reports.

## Items to be posted

1. Current Texas Assisted Living License
2. Complaint Procedures With DAD’s
3. Food Service Permits
4. Latest Inspection Report
5. Resident Rights
6. Provider Bill of Rights
7. Weekly Menus
8. Contact information for Adult Protection, Office on Aging and the Ombudsman

## Personnel Records

New Haven will maintain records for each employee including the Manager / Administrator and retained for at least three years following termination of employment. The records include at least the following:

1. Employment application including:
2. Employee’s full name, date of application;
3. Home address and telephone number;
4. Criminal history check; social security number, birth date;
5. Employee Misconduct Registry;
6. Nurse Aid Registry Check;
7. Educational background and experience; and
8. Position, date of employment, termination date, and reason for leaving.
9. Employee review including:
10. Health history;
11. Orientation;
12. Verification of first aid training, if applicable; and
13. Verification of CPR training, if applicable.
14. C.N.A. verification if applicable

# SECTION Five

**COMMUNITY AND RESIDENT POLICIES**

# RESIDENT’S RIGHTS policy

***Policy Statement:***It is the policy of New Haven to protect and promote the individual and collective rights of residents in our homes. New Haven actively safeguards resident rights through development of its mission statement and policies and procedures and by carefully screening, selecting and training staff*.*

**RESPONSIBLE PERSON:** All New Haven Management and Staff, Health Care Professionals, Visitors, Volunteers, Family Members and Guests

***Procedure:*** Residents will be informed of their rights during the initial Admission Assessment Interview. The resident, the person responsible for the resident and a representative of New Haven will be present for the initial Admission Assessment Interview and will all be made aware of the resident’s rights. The resident will receive a copy of his/her rights; and a copy will be on display at all times in a prominent location in the facility. There will also be documentation in the resident's record that the resident has read and understands the policy on resident's rights. (Resident Rights are outlined in the Establishment Contract, Exhibit “A”, paragraph 28)

*New Haven* guarantees residents the following rights, as stipulated by the Health and Human Services Commission (HHSC) as well as any other rights established by law.

Each assisted living facility must post the resident's bill of rights, as provided by the department, in a prominent place in the facility and written in the primary language of each resident. A copy of the Resident's Bill of Rights must be given to each resident.

A resident has all the rights, benefits, responsibilities, and privileges granted by the constitution and laws of this state and the United States, except where lawfully restricted. The resident has the right to be free of interference, coercion, discrimination, and reprisal in exercising these civil rights.

Each resident in the assisted living facility has the right to:

**See EXHIBIT A for full description of Residents Rights**

# INTERNAL FACILITY REQUIREMENTS

***Policy Statement*:** In order to promote a safe, secure and positive living environment for all our residents, it is *New Haven*’*s* policy to ask all who enter this facility to abide by the following *Internal Facility Requirements*. New Haven has established and instituted these *Internal Facility Requirements* to show respect for our residents and to provide clear behavioral guidelines for employees, residents and visitors. Therefore, everyone entering the facility will be asked to abide by these rules.

**RESPONSIBLE PERSON:** New Haven Residents, Family Members, Employees, and Visitors

***Procedure*:** *New Haven* establishes these *Internal Facility Requirements* and agrees to prominently post them and make them available to residents at all times. A copy of these rules will be provided to the resident prior to admission and to staff members at the time of hire. If a resident or staff member knowingly violates these rules, the individual will be given a verbal warning on first violation, written warning upon second violation, and will be either discharged as an employee or evicted as a resident at the third violation. By implementing these *Internal Facility Requirements*, New Haven will not violate or contravene any regulation, civil right, or in any way discourage or hinder a resident's or staff member’s exercise of those rights guaranteed by statute.

*New Haven* has determined the following *Internal Facility Requirements* to be in effect for all residents and, where applicable, its staff.

1. Suggested VISITING HOURS are from 11:00 AM to 8:00 PM. Individuals wishing to visit at other times may make arrangements with the Manager or Administrator. We require visitors to sign in and out in our Log Book located in the entrance of each home. Please contact the Administrator 24 hours in advance to set up an overnight stay for visitors.

2. While *New Haven* will not close for family HOLIDAYS, residents and their families will be encouraged to celebrate holidays together.

3. We ask that EMPLOYEES, RESIDENTS, AND GUESTS demonstrate respect and courtesy toward others by:

a. Avoiding profanity, loud discussions and topics generally considered inappropriate in mixed company.

b. Respecting the privacy of each resident.

c. Avoiding racial, ethnic and religious slurs or comments.

d. Keeping the volume of conversations, radios, stereos and televisions at a level that is not distracting or intrusive.

4. DISEASE TRANSMISSION remains a special concern for senior citizens. Persons (especially children) with bad colds, flu symptoms, or any other contagious disease are asked to postpone their visits until all signs of illness pass. The Administrator or Manager may require a visitor who is ill to wear a surgical mask if he or she must enter the facility.

5. ALCOHOLIC BEVERAGES for social or medical reasons are allowed for resident use in our facility when a physician order is provided allowing said use. If consumption of alcohol produces negative effects such as drunkenness or acting out behavior, then the use of alcohol will be restricted. Visitors who are inebriated are asked not to visit the resident. Physician ordered alcohol for Memory Care residents will not be stored in resident’s room. Residents who have Physician ordered alcohol may not be shared with other residents.

6. *New Haven* is happy to assist you with MEDICATION ARRANGEMENTS. Please note that the resident and/or family or representative maintain ultimate responsibility for pharmacy arrangements and payment. Our facility uses Omnicare and/or the pharmacy of choice by the resident and they are billed directly by them. New Haven has a specific way of packaging and managing medications which helps to support accuracy and efficiency. Using a pharmacy, other than Omnicare may increase time and cost to resident.

7. ALL MEDICATIONS- PRESCRIPTION AND NON-PRESCRIPTION- require a physician’s order for use prior to resident admission, self-administration or staff assistance with administration of medicines. Bringing medications into the facility and using them without a written physician’s order is a violation of Texas State law and as such will be grounds for termination of the Resident Agreement.

a. *Medications* include: vitamins, minerals, antacids, pain medication, laxatives, stool softeners, herbal supplements and nutritional supplements.

b. Non-prescription medicines, sometimes called over-the-counter drugs, do require a physician’s order.

c. A resident or resident’s representative may handle pharmacy purchases and refills personally. Prescriptions must be delivered to the facility in a timely manner.

d. Management can suggest pharmacies that deliver and bill the resident or resident’s representative directly. However, it is recommended that residents use the facility pharmacy for ease and dependability.

8. NUTRITION AND MEALS: Menus are preplanned and may be reviewed by the resident, resident’s representative or family member upon request. Dietary planning and food preparation are designed to meet individual resident preferences as well as the requirements of the Health and Human Services Commission (HHSC).

Dining Hours: Breakfast- 8:00 am Lunch- 12:00 pm (main meal of the day), Dinner- 5:00 pm. Memory Care resident’s meal times are: Breakfast- 8:15 am, Lunch- 12:15 pm (main meal of the day), Dinner- 5:15 pm

Tray service is available ONLY if you are ill. We encourage all residents to attend meals. All staff dine with our residents to share in the pleasure of a more home like setting.

\*Please note seating is not assigned.

a. The resident or representative will arrange for special religious dietary needs.

b. *New Haven* provides:

1. A minimum of three meals daily with snacks.

2. Food that is attractive, nutritious and appetizing.

3. Special diets as ordered by the physician and within reason as to cost.

c. We invite the resident and resident’s representative to offer suggestions or request special food items or preparation to the facility Administrator. Ensure, Boost or other enriched drinks will be provided by the resident or resident’s representatives.

d. Our Cook offers an alternative option at every meal. We ask that the resident let his/her CareGiver know a few hours notice if he/she would prefer the alternative meal.

e. If you would like to invite guests to dine, we ask that you provide the Staff with at least (24) hours advance notice This will prevent any shortages of meals, otherwise, service is first come, first served.

9. TELEVISIONS, RADIOS AND STEREOS are permitted in the resident’s room as long as they do not disturb other residents. Residents have the right to select programming of their choice on personal appliances. However, the facility appliances may be used at any time for social and/or recreational activities.

10. Residents will have unrestricted use of FACILITY COMMON AREAS between the hours of 7:00 AM and 10:00 PM. We ask that residents cooperate in determining television and radio preferences. *New Haven’s* staff will resolve any programming disagreements. Residents and their family members may schedule and use the facility television, VCR, DVD or radio for social or recreational activities with Administrator or Manager authorization.

11. *New Haven* views the resident’s personal room as his or her private domain. Staff will knock at the door and wait for the resident to invite the employee in before entering the resident’s room. Residents’ family members will not be allowed to enter any other resident’s room without permission.

12. The Administrator or Manager will assist residents or resident’s representative with an inventory of PERSONAL POSSESSIONS upon admission. *New Haven* asks that residents keep jewelry and other valuables in a safe deposit box; and we encourage that cash on hand be limited to $20.00. *New Haven* cannot accept responsibility for loss of money or valuables.

13. FOOD OR BEVERAGES will be allowed in the resident’s room unless otherwise stipulated in the Negotiated Service Agreement. Residents or their visitors may use cooking facilities as approved by facility staff.

14. SMOKING is permitted outside of our facility only. To ensure resident safety, facility staff will store smoking implements for residents who require supervision or assistance in order to smoke safely. Noncompliance with the facility’s smoking policy may be grounds for termination of a resident’s Service Contract or for employee discharge

15. Residents are encouraged to install personal TELEPHONES in their individual rooms, and will retain responsibility for the monthly bill. *New Haven* has a telephone in the facility that residents may use for incoming or local calls. If there are extenuating circumstances, residents may request an exception to this rule from a staff member.

16. ATTRACTIVE AND SERVICEABLE CLOTHING. To insure safety and comfort, resident clothing, including underclothing, nightwear, and shoes, should be serviceable and fit properly. We suggest that residents bring at least five sets of clothing, which have been marked with nametags or a laundry pen.

17. PERSONAL FURNITURE is encouraged as space allows. The resident or representative is required to furnish linens for beds.

18. IN CASE OF AN EMERGENCY we will make every effort to contact the resident’s physician and act upon his/her instructions. If we are unable to reach the physician, we will activate the Emergency Medical Services.

a. A *“NO RESUSITATION”* or living will order does not negate emergency treatment if there is injury or illness.

b. A *“NO RESUSITATION”* or living will order is respected in terms of reviving a resident in the event of death and respecting his or her last wishes in the matter.

c. A *“LIVING WILL”* document is usually valid only in the hospital setting. Residents wishing to forego resuscitation efforts by facility staff or EMS personnel must obtain an Out of Hospital DNR order and/or a Pre-hospital medical advance health directive from their personal physicians.

d. New Haven employees do not perform CPR.

***New Haven* CANNOT BE LIABLE** for injuries or other occurrences while the Resident is away from the facility. Individuals taking residents from the facility will be requested to sign out and in to facilitate planning care for the resident.

# PROVIDER BILL OF RIGHTS

***Policy Statement*:** In order to promote a safe, secure and positive living environment for all our residents, it is *New Haven*’*s* policy to ask all who enter this facility to abide by the following Provider Bill of Rights

**RESPONSIBLE PERSON:** All New Haven Residents, Family, and Resident Representatives

***Procedure*:** Residents, family members and/or representatives will be informed of the Provider Bill of Rights during the initial Admission Assessment Interview. The resident, the resident’s representative and a representative of New Haven will be present for the initial Admission Assessment Interview and will all be made aware of the resident’s responsibilities. The resident will receive a copy of the Bill of Rights; and a copy will be on display at all times in a prominent location in the facility. There will also be documentation in the resident's record that the resident has read and understands the policy on resident's responsibilities.

Each assisted living facility must post a providers Bill of Rights in a prominent place in the facility.

The providers' bill of rights must provide that a provider of assisted living services has the right to:

1. Be shown consideration and respect that recognizes the dignity and individuality of the provider and assisted living facility;
2. Terminate a resident's contract for just cause after a written 30-day notice;
3. Terminate a contract immediately, after notice to the department, if the provider finds that a resident creates a serious or immediate threat to the health, safety, or welfare of other residents of the assisted living facility. During evening hours and on weekends or holidays, notice to DHS must be made to 1-800-458-9858;
4. Present grievances, file complaints, or provide information to state agencies or other persons without threat of reprisal or retaliation;
5. Refuse to perform services for the resident or the resident's family other than those contracted for by the resident and the provider;
6. Contract with the community to achieve the highest level of independence, autonomy, interaction, and services to residents;
7. Access patient information concerning a client referred to the facility, which must remain confidential as provided by law;
8. Refuse a person referred to the facility if the referral is inappropriate;
9. Maintain an environment free of weapons and drugs; and
10. Be made aware of a resident's problems, including self-abuse, violent behavior, alcoholism, or drug abuse.

# ABUSE POLICY

***Policy Statements:***

New Haven will not condone resident abuse by anyone, including staff members, other residents, consultants, volunteers, staff of other agencies serving the resident, family members, legal guardians, sponsors, friends, or other individuals.

**RESPONSIBLE PERSON:**  Manager / Administrator and All Personnel

***Procedures:***

1. Any alleged violations involving mistreatment, neglect, or abuse, including injuries of an unknown source and misappropriation of resident property, must be reported to the Manager / Administrator.
2. **"An assisted living facility MUST IMMEDIATELY MAKE AND ORAL report to HHSC of the alleged abuse, neglect, or exploitation and must investigate and send a written report of the investigation to HHSC state office NO LATER THAN THE FIFTH CALENDAR day after the oral report."**
3. When and alleged or suspected case of mistreatment, neglect, injuries of an unknown source, or abuse is reported, the facility Manager / Administrator, or his/her designee, will notify the following persons or agencies of such incident:
   1. Manager / Administrator;
   2. Resident Representative;
   3. Physician;
   4. Management Company Management; and
   5. Law Enforcement Officials, if necessary.

If the situation dictates, Adult Protective Services and the Ombudsman may be contacted as well.

The facility must report such information within twenty four (24) hours to the appropriate law enforcement agency.

1. All personnel, residents, visitors, etc., are encouraged to report incidents of resident abuse or suspected incidents of abuse. Such reports may be made without fear of retaliation from the facility or its staff.

All reports of resident abuse, neglect, misappropriation or resident property, and injuries of an unknown source shall be promptly investigated.

1. When an incident or suspected incident of resident abuse, neglect, misappropriation of resident property, or injury of an unknown source is reported, the Manager / Administrator or appointed designee will investigate the incident.
2. The Manager / Administrator will provide to the person in charge of the investigation a copy of the Incident Report and any supporting documents relative to the incident.
3. The investigation shall consist of:
   1. A review of the completed Incident Report;
   2. An interview with the person(s) reporting the incident;
   3. Interviews with any witnesses to the incident;
   4. An interview with the resident;
   5. An interview with the resident's attending physician and review of the resident's medical record; (If necessary)
   6. An interview with the staff members (on all shifts) having contact with the resident during the period of the alleged incident;
   7. Interviews with the resident's roommate, family members, and visitors; (if necessary)
   8. Interviews with other residents which the accused employee provides care or services if witnesses of the alleged incident; and
   9. A review of all circumstances surrounding the incident.
      1. Witness reports shall be reduced to writing. Witnesses will be required to sign and date such reports. (Note: A copy of such reports must be attached to the Abuse Investigation Report Form.)
      2. Employees of this facility who have been accused of resident abuse are suspended from work until the Manager / Administrator has reviewed the results of the investigation.
      3. The person in charge of the investigation will consult with the Manager / Administrator daily concerning the progress of the investigation.
      4. The Manager / Administrator will keep the resident and his/her representative (sponsor) informed of the progress of the investigation, results and actions taken.
4. The results of the investigation will be recorded on an Incident Report Form and completed within five (5) working days of the reported incident.
5. The Manager / Administrator will inform the resident and his/her representative (sponsor) of the results of the investigation and corrective action taken.
6. Should the investigation reveal that the abuse occurred, the Manager / Administrator will report such findings to the local police department, the ombudsman, and the state licensing agency within twenty-four (24) hours of the results of the completion of the investigation.
7. The results of all investigation shall be reported to the state survey and certification agency within five (5) days of the completion of the investigation.
8. All reports of abuse are investigated by the state licensing agency. Should the licensing agency determine that abuse occurred; appropriate notices will be forwarded by state officials to the accused individual and to the facility Manager / Administrator.
9. Should the investigation reveal that the claim of abuse was unfounded, the investigation will cease. Residents, family member, HHSC, etc. will be notified of the findings.
10. If findings, of the investigation, are inconclusive, the continued employment, of the accused, will be determined by the Manager / Administrator and Management Company Management.
11. Inquiries concerning abuse reporting and investigation should be referred to the Manager / Administrator and to Management Company Management.

# GrIevance and Complaint Policy

It is the policy of New Haven to be fair and reasonable in all matters. All decisions regarding staff and residents will be made considering residents as top priority. This will ensure that all New Haven’ residents are treated with respect and receive the best in residential care at our facility. No staff person will be allowed to abuse a resident physically, mentally, verbally, or sexually. Such action would result in immediate discharge and possible arrest. A third party may be brought in for mediation, but this is not a mandatory procedure. If a third party is brought in, this effort will continue until a resolution is reached.

In case of abuse of a resident, New Haven staff and management will assist with any documentation it has that resident in the prosecution of any staff member. The employees and residents of New Haven are encouraged to voice any grievance they might have with staff, residents, policies and procedures, or any other complaint.

## Resident Grievance Policy

***Policy Statements:***

1. A grievance exists when a resident or his/her representative feels dissatisfied with the care provided by the facility or when a misunderstanding exists regarding decisions made by facility management over which the resident or resident’s representative appears to have no control.
2. If a resident or resident’s representative feels unfairly treated or has a complaint, the resident or resident’s representative shall discuss it with the Manager / Administrator, designee or Management Company.
3. All residents or residents’ representatives have the right to present grievances to the Manager / Administrator and/or other staff with freedom from discrimination, coercion, restraint or reprisal in presenting grievances.
4. At any step of the grievance procedure, the resident or resident’s representative may be represented by another governmental agency, advocacy group or by a representative of the resident’s or resident’s representative’s choosing.
5. New Haven will provide a copy of this grievance procedure to each resident and/or resident’s representative upon admission to the facility; and all grievances will be considered as outlined in the procedures below.

**RESPONSIBLE PERSON:** All New Haven Management and Staff

***Procedure:***

1. (Step 1) A resident or resident’s representative shall discuss the issue or complaint with the Manager / Administrator or staff member on duty.

1. The Manager / Administrator or staff will document the problem on a complaint form, date the form, and immediately begin attempts to resolve the issue.
2. Manager / Administrator will notify the resident or representative and advise him/her of progress toward resolution.
3. Manager / Administrator and/or Manager / Administrator will follow-up with family to discuss resolution.

2. (Step 2) If the issue has not been resolved satisfactorily, the resident or his/her representative shall explain the grievance in writing to the Manager / Administrator.

a. The written document will include the cause of the grievance and provide a suggested remedy. A grievance must be brought within 10 working days of the date of the occurrence; decision, service or lack of service was observed.

b. The Manager / Administrator, either alone or in collaboration with Management Company, shall reach a decision and respond, in writing, within 10 working days of receipt of the written grievance.

3. (Step 3) If the resident or resident’s representative feels the decision of the Manager / Administrator and/or Management Company is unfair, the resident or resident’s representative shall respond in writing within 10 working days, requesting reconsideration of the issue.

a. The response should offer suggestions for a fair compromise of the situation.

b. Upon receipt of the resident’s/representative’s response, the Manager / Administrator shall form a committee of three individuals including the Manager / Administrator, the individual who developed the service plan (if different from the Manager / Administrator) or a nurse, and another individual affiliated with the facility (i.e. resident, CareGiver or volunteer) to meet and review the grievance. The resident or resident’s representative may attend the committee meeting to present the resident’s case.

c. The Manager / Administrator will send a written reply of the committee’s decision to the resident or representative within 10 working days.

4. (Step 4) If the issue remains unresolved, the resident or resident’s representative should seek outside counsel through the HHSC, the Texas State Long Term Care Ombudsman, or any other persons or resident advocacy agencies.

5. Any disposition that is not appealed according to the schedule outlined above shall be considered settled and binding on the part of the resident, resident’s representative, and the facility.

## Employee Grievance Procedure

The employees will bring his/her concerns to the Manager / Administrator. Employees must put their grievance in writing. The Manager / Administrator will note and document the problem.

All incidents and/or complaints will be brought to the attention of the Manager / Administrator. The Manager /Administrator will assure that **all problems are addressed.** The Manager / Administrator (or designee if directed by the Manager / Administrator) will personally investigate and see that a written report is made of any complaint or grievance. The person making the complaint or reporting the incident will be given a response as to what action is to be taken or a reason no action will be taken. In case of an anonymous complaint, action taken or reason no action is taken, will still be documented. The Manager / Administrator can be contacted at any time. If there is an emergency, call him or her at home.

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# Incident Reporting policy

***Policy Statement:***It is the policy of New Haven to record, report and follow-up incidents including falls that result in injury, injuries, runaways, violent behavior, and medication errors according to HHSC*.* New Haven staff will adhere to the following procedures.

**RESPONSIBLE PERSON:** All New Haven Management and Staff, Health Care Professionals and Volunteers

***Procedure:***

1. Document incidents including falls that result in injury, injuries, runaways, violent behavior and medication errors on appropriate Incident Occurrence report forms.
2. Resident’s Family will be alerted to the incident.
3. Resident’s Physician will be alerted injury- or medication-related incidents, via phone or fax.
4. Promptly refer incidents involving another provider (Hospice, Home Health Agency, etc.) to the certification or licensure agency that has jurisdiction over the provider.
5. **FAX** all reports to the Department within twenty-four (24) hours of the reportable incident: (any incident requiring the Resident be transported, out of the facility, for emergency treatment).
6. The Quality Assurance Committee will monitor and investigate incidents, look for trends and seek opportunities for improvement.

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# ADVANCE DIRECTIVES

***Policy Statement:*** New Haven will honor any Advanced Directive that is legally signed and documented as it applies to the assisted living service plan and resident contract.

**RESPONSIBLE PERSON:** Residents, Resident Representatives, Care Givers, Licensed Nurses, Manager / Administrator, Physician.

***Procedures:*** The following expectations are set forth, in regards to Advanced Directives:

1. Resident and / or Representative will provide New Haven with all current Advanced Directives, upon admission or creation of said document;
2. Copies of Health Care Directives will be kept in the Resident’s file.

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# MEDICATION POLICIES

***Policy Statement*:** In order to ensure that resident medications are distributed accurately, according to the highest possible safety standards, and to protect residents from possible medication-related incidents, *New Haven* establishes these *Medication and Treatment Policies* to provide clear guidelines for all those associated with medications.

**RESPONSIBLE PERSON:** Residents, Residents’ Representatives, Caregivers, Licensed Nurse, Manager / Administrator, Physician

***Procedures*:** After training, all staff are delegated by RN to administer medications per state regulations.  
The following *New Haven* medication and treatment procedures address:

1. Procuring, prescribing, administering and dispensing medications, PRN (“as needed”) medications and treatments;
2. Storing and disposal of medications;
3. Transcription of order;
4. Self-administration of medications;
5. Control of medications brought into the home;
6. Individuals authorized to administer medications; and
7. Documenting medication administration into the resident’s records.

All resident medications and treatments will be handled according to the procedures outlined below.

General Provisions New Haven utilizes the pharmacy for filling and delivery of medications in a pre-labeled dispensing system. To promote accuracy and to help eliminate errors, all residents are encouraged to use the facility pharmacy.

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1. All prescription and nonprescription medications brought into New Haven, for any resident, will be ordered by a Texas-licensed physician and administered according to written physician orders. Those orders will include the name of the medication, method of administration, dosage and frequency.
2. Written medication orders must be obtained prior to or on the day of admission.
3. Over-the-counter medications may be requested and used by the resident providing they are ordered by a physician and not contraindicated due to other prescribed medications or disease processes. If written orders do not accompany the resident at admission, the resident or resident’s representative may contact the physician and either pick-up the orders or have them faxed or mailed to the facility. The licensed nurse may also call the physician for verbal orders at the time of her next visit.
4. Only a nurse or licensed health care professional may take telephone orders from the physician. The telephone order will be transcribed on a telephone order slip, dated and signed by the person receiving the order in the following manner: *T.O. Date/Dr. \_\_\_\_\_\_\_ /Name, Title.*
5. Refrigerated medications will be kept in a sealed container in the medication refrigerator. Only the licensed nurse, or trained staff will be in possession of the keys to the medication storage area.
6. The resident or designee will inform staff of any physician ordered change in the dosage or schedule of medication administration. The licensed nurse will then be responsible to make any required changes on the Medication Administration Record (MAR) for medication, dosage, time, etc.
7. All controlled drugs will be inventoried and accounted for on each shift to minimize theft.

## Medication Administration Guidelines

Medication administration: New Haven offers 24-hour medication assistance to residents, on an as-needed basis. According to New Haven policy, all resident medications are stored in locked storage units. Residents are asked and encouraged to maintain as much involvement and participation in their medication program as possible.

1. A person who acts under the authority of a person who holds a license will assist with medications from Unit Dosage or original container to the resident by transferring the medications directly into the resident’s hand or to a medicine cup and handing the cup to the resident. Medication is not documented until the resident is seen taking them. Medications are administered to one resident at a time.
2. Administering Liquid Internal Medications
   1. Measure accurately. (1 teaspoon = 5 ml/cc) (1 tablespoon = 15 ml/cc)
   2. Suspensions need to be shaken well (30 Seconds) before giving.
   3. Medications needing refrigeration will be stored in a separate, sealed container marked with the resident’s name in the medication section of the refrigerator.
3. Oral (PO) Capsules and Tablets
4. If a resident has trouble swallowing “PO” (oral) medications, have the resident take a sip of water prior to attempting to swallow them.
5. Large tablets may need to be cut in half to facilitate swallowing. Before crushing, cutting or mixing medications with food or liquid, a doctor’s order must be obtained.
6. A licensed nurse, physician or other licensed health care professional will instruct staff on medication delivery not described in this policy, with the training recorded in personnel files.
7. All personal medication is the property of the resident; and no Assisted Living Resident will be required to surrender the right to self-administer any personal medication as long as they pass the Self Medication Test which is routinely administered.
8. According to New Haven policy, all resident medications are stored in a locked storage unit, but residents are asked and encouraged to maintain as much involvement and participation in their medication program as possible. A completely independent resident, who is capable of self-administration of medications without supervision, may, with a physician’s order to do so, keep personal medications in a locked container or drawer in his/her room. The on-duty licensed nurse or trained staff will retain a duplicate key. To assure resident safety, a licensed nurse will routinely assessment the resident’s ongoing ability to self-administer medications. If the resident cannot self-administer subcutaneous injectable medications, the licensed nurse may administer those injectable medications.
9. PRN (“as needed”) medications are administered by doctor orders. In the case of a confused/disoriented resident, the licensed nurse, may give the PRN medication as warranted by the resident’s behavior. The physician shall be notified whenever a resident is taking a PRN (“as needed”) medication on a routine basis; and the medication will be listed on the service plan. If the resident is expected to take the medication routinely for more than 14 days, an order should be obtained reflecting the daily administration.
10. Nursing may request a D/C order for PRN medications that are not used for a 90-day period.
11. The facility shall maintain a Medication Administration Record (MAR) for each resident listing all medications used, all doses taken or not taken by the resident, and indicating the reason for omission of any scheduled dose of medication. The trained staff will initial the MAR indicating the date and time the medication was given for dementia and Alzheimer residents. The MAR for assisted living residents will be kept by trained Care Givers.
12. New Haven will document the disposal of discontinued, outdated, or expired medications. Any medication that has been discontinued by a physician’s order will be stored separately from other medications until the Pharmacist’s visit. The Pharmacist will document destruction of medications and narcotics with his or her signature on at least a quarterly basis.
13. When the facility supervises or administers the medications, a written record must be kept when the resident does not receive or take his/her medications/treatments as prescribed. The documentation must include the date and time the dose should have been taken, and the name and strength of medication missed; however, the recording of missed doses of medication does not apply when the resident is away from the assisted living facility.
14. The medication record (MAR) will be initiated by the Pharmacist or Nurse on a monthly basis and will serve as proof of transcription of the physician’s order for medications.
15. Whenever a medication administration error occurs, an incident report will be completed; the error will be reported to the resident’s physician and to the resident’s responsible party; and the incident will be recorded in the Nurse’s Note.
16. Any adverse reaction or unexpected effects of medication must be reported to the physician in a timely manner. The facility will require that the pharmacy provide documentation of possible medication side effects when new medications are obtained for the resident.
17. Report any suspected errors in a Unit Dose to the Nurse or pharmacy immediately. If medications in the Unit Dose are not consistent with the labeling, do not proceed with administration to the resident. The Nurse or pharmacy will validate the error and make appropriate corrections. Once the problem is resolved, resume medication administration. All medication delivery problems must be resolved prior to the next scheduled administration.
18. Medication, that has surpassed its expiration date, will not be administered after that date.
19. No resident will be allowed to take another resident’s medication nor will staff be allowed to give one resident’s medication to another resident.
20. Any prescription medication container with a label that is detached, excessively soiled or damaged will be returned to the issuing pharmacy for re-labeling.
21. The contents of any medication container having no label or with an illegible label will be destroyed immediately.
22. Any Nurse or staff member of the facility will bring misuse or inappropriate use of medication to the attention of the resident’s physician or other authorized practitioner.
23. New Haven staff handling medications will have ready access to an updated drug reference.

Assisting Residents with Self-Administered Medications: Any medication prescribed by a physician for a resident will either be given by a” Licensed HealthCare Professional, or in (Assisted Living Houses only) by a Caregiver who is under the direction of a Licensed HealthCare Professional and who has been trained and is under the supervision of a Licensed Health Care Professional.

Medication Reminders include: (1) Reminding Residents to take pre-dispensed, self-administered medications, (2) Observing the Resident, and (3) Documenting whether or not the Resident took the medication.

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The Manager / Administrator/RN, nursing supervisor, licensed health care professional or designee will assist with pharmacy arrangements, including refilling prescriptions, as needed.

A licensed nurse or trained Caregiver will be responsible for providing necessary assistance to the resident in taking his/her medication. Assisting the resident with his/her medication regimen may include:

1. Removing medication bottle or “bubble pack” from the medication cart.
2. Reminding the resident to take the medication.
3. Assisting with the removal of a medication from a container or bubble pack for the resident(s) with a physical disability that prevents the resident from doing so independently. (i.e.. Popping medications from the “bubble pack” in to a medication cup.)
4. Checking the dosage against the label of the container or bingo card and reassuring the resident that the dosage is correct.
5. Observing the resident take the medication.
6. Documenting that the Resident has taken, or refused to take, the prescribed medication.
7. Reminding the pharmacy, resident, or family when a prescription needs to be renewed.

Families who wish to manage the Resident’s Medication, on their own, acknowledge that New Haven employees may not be aware of errors made, in preparing the Resident’s medication tray, and that medication reminders / administration will be completed on the assumption that all medication trays have been filled in accordance with physician’s orders.

## Storage of Medication

Medication will be stored securely in locked containers in New Haven to prevent theft, unauthorized use by others or intermingling with other residents’ medications. The medication key(s) will be in the possession of the licensed nurse or designee on duty.

1. All medication will be stored in the original container or Unit Dose.
2. The resident’s name shall be inscribed on all OTC-medications for his/her personal use. All prescribed medications shall be clearly labeled with the resident’s full name, physician’s name, prescription number, strength of drug, dosage, and directions for use, date of issue, and the name address and phone number of the pharmacy dispensing the drug.
3. Medications that require refrigeration will be segregated from food items in a sealed container.
4. Residents may have access to medication that is kept in a central location for the purpose of self-administering their own medication/treatment regimen. A facility staff member must remain in or at the storage area the entire time any resident is present.
5. Medications for external use will be stored separately from medications for internal use.
6. All expired or discontinued medications, including those of deceased residents, will be disposed of according to the facility’s policies and procedures. Medication destroyed by the facility will be witnessed and documented on the drug disposal record by the Pharmacist or two staff members.
7. Medication will be kept in a central location under lock and key and will be stored in separate or compartmentalized packages, containers, or shelves, for each resident in order to prevent intermingling of medication. Residents who are completely independent may keep their medications in a locked container in their possession, but the Caregiver, Wellness Director, or Manager / Administrator will have a duplicate key.
8. Only persons responsible for administering medications shall have possession of the key(s) to the locked medication area.
9. Poisonous substances and medications labeled for "external use only" must be stored separately within the locked medication area.
10. An individual inventory record and documentation for accountability shall be maintained for each Schedule II drug prescribed for each resident.
11. Schedule II drugs shall be kept in a separate locked box within the locked medication area.
12. All new or refilled prescribed medications shall be counted upon receipt in the home and documented in each resident’s medication record.
13. Discontinued medications may returned to the Pharmacy or destroyed, depending on the community’s pharmacy of choice.
14. When a resident leaves or returns from a family trip or temporary leave, medications sent/returned should be counted, documented and signed by the staff and countersigned by the resident and/or family member.

Destruction of Medication

Rite - Away Pharmacy will dispose of all unwanted drugs quarterly.

## Oxygen Use

1. Residents may self-administer oxygen when prescribed by a physician. Caregivers may assist a resident in turning on the oxygen unit and with placement of the nasal tubing adjusting and the level of oxygen flow.
2. Oxygen tanks will be secured and safely stored at all times.
3. Smoking is not permitted in the facility at any time.
4. Rooms in which oxygen is used or stored will be posted with a conspicuous "No Smoking" and “Oxygen in use sign.”
5. The resident’s use of oxygen must be documented in the resident’s record.

# PHARMACY policy

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***Policy Statement*:** *New Haven* establishes this Pharmacy Policy to facilitate communications between the Pharmacy, Residents, Family Members or Resident Representatives and New Haven Employees concerning Pharmacy services for our Residents.

**RESPONSIBLE PERSON:** Caregivers,Pharmacist, Residents, Resident Representatives, Manager / Administrator, Licensed Nurse, and Physicians

***Procedure*:**

1. Remind Pharmacists, physicians and other health care providers:
   1. *New Haven* staff may not have strong medical backgrounds.
   2. *Document* and *be specific.*
2. New Haven requests that pharmacies package medications in Unit Dose Packaging whenever possible.
3. All medication instructions shall be typed or printed plainly on the medication container.
4. New Haven requires a signed doctor’s order and a Pharmacy-generated medication description for each resident medication. The Pharmacy-generated medication description should include the resident’s name, a description of the medication’s appearance, its uses and possible side effects and adverse reactions.
5. The pharmacy may take a doctor’s order over the phone from the physician and document the phone order, but New Haven requires that a **signed order be in the resident’s** **file** for a stopped drug or an added drug.
6. An acceptable Doctor’s Order may include a copy of the signed written prescription attached to a Doctor’s Orders form. Resident’s records require current signed and dated orders by the physician for diet, all medications (including over-the-counter medications) and treatments ordered for the resident.
7. When generic drugs are substituted for a brand name drug, include both names on the unit dosage and on the doctor’s order. If an ordered drug is not specifically marked *brand name only*, a generic drug may be substituted with physician or pharmacy approval.
8. All Medications delivered by the pharmacy, including Unit-dose Packaging or any new medications, will be reviewed with New Haven on-duty staff at the time of delivery.
9. PRN (or “as needed”) medications may be maintained in their original multi-dose containers.
10. Temporary routine medications of fourteen (14) days or less may be maintained in multi-dose containers.
11. Medications not listed on the MAR will not be administered.

# TREATMENT policy

***Policy Statement*:** A licensed nurse may administer any physician-ordered, prescription treatment that the resident cannot self-administer. The nurse may delegate authority to Care Givers to provide assistance with ***all medications as required by the physician.***

**RESPONSIBLE PERSON:** Manager / Administrator, licensed nurse, Care Giver, Pharmacist

***Procedure:***

1. The licensed nurse document any changes in the resident’s condition requiring routine treatment and notify the resident's representative to contact the physician for verbal orders or to arrange an appointment according to New Haven policy.
2. A written physician’s order will be obtained for any prescribed treatment; and the treatment will be transcribed on the resident’s Medication Administration Record (MAR). The order will include:
   * + - 1. Name of resident.
         2. Name, route of administration and directions for performing the treatment.
         3. Signature of the primary care provider and date signed.
3. If a Resident’s treatment requires skilled nursing services, the Manager / Administrator or designee will make arrangements for a licensed nurse through a private contract, an approved Home Health Care Agency or a hospice service.
4. The Pharmacy or licensed nurse will transcribe the order on the MAR; and the Caregiver, or licensed nurse on duty will initial and date the entry. The entry documents following information:
   * + - 1. Name of treatment, frequency ordered and route of administration.
         2. Date and time treatment was scheduled for administration.
         3. Date and time treatment was actually administered.
         4. Initials or signature or person performing the treatment.
5. The Resident may perform non-skilled treatments or apply medicated ointments and crèmes with the assistance of trained staff.
6. The Administrator or Wellness Supervisor will monitor all treatments performed in *New Haven*, reporting any changes in the resident's condition to the attending physician.

# NEGOTIATED RISK policy

***Policy Statement*:** It is the policy ofNew Havento preserve the resident’s freedom of choice and individuality, helping each individual to maintain personal independence and dignity. Realizing that some resident choices or decisions may place the resident or others at risk, New Haven establishes these procedures to negotiate, minimize or “share” risk through a *Negotiated Risk Agreement.*

**RESPONSIBLE PERSON:** New Haven Manager / Administrator, Staff, Residents, Family Members and Representatives

***Procedure*:**

1. To the extent possible, the Manager / Administrator, or designee will create a *Negotiated* Risk *Agreement* before the resident moves in.
2. When a resident’s preference, choice or decision places the resident or others at risk or in a position of potential risk, the Manager / Administrator or staff member shall advise the resident and the resident’s representative of the risk or potential for adverse consequences.
3. The New Haven representative shall discuss the cause for concern and attempt to negotiate a written agreement with viable alternatives for the resident and his/her representative.
4. New Haven will document the agreement or lack of agreement and will provide copies to the resident and the resident’s representative.

# quality assurance policy

***Policy Statement*:** It is the policy of New Haven to establish and maintain consistently high quality standards for resident care and employee work practices by adhering to the following procedures.

**RESPONSIBLE PERSON:** Manager / Administrator, Caregiver, Licensed Nurse, Physician Consultant, Pharmacy Consultant

***Procedure*:**

New Haven will include at least the following representatives on its Quality Assurance Committee:

1. A Licensed Nurse or physician if a medical problem shall be monitored or investigated;
2. The Assisted Living Center Manager / Administrator or other management personnel;
3. A Direct Care staff person or a staff person who has responsibility for administration of medications; and
4. A Pharmacist consultant if a medication problem requires monitoring or investigation.
5. The Quality Assurance Committee will document its efforts by:
6. Recording minutes, writing a synopsis or otherwise reporting on quarterly meetings in the Quality Assurance Manual in the New Haven office;
7. Verifying follow-up to Incident Reports, Department reporting procedures and trends; and
8. Noting efforts to improve quality, performance or to meet customer needs.

# IMMUNIZATION policy FOR VACCINE PREVENTABLE DISEASES

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***Policy Statements:*** It is the policy of New Haven Assisted Living that certain individuals receive vaccines for Vaccine Preventable Diseases because of the risk those individuals preset to facility residents through routine and direct exposure. The purpose of the Immunization Policy for Vaccine Preventable Diseases is to protect Residents as well as Facility employees and contractors by reducing the likelihood of transmission of Vaccine Preventable Diseases to Residents. The following Vaccine Preventable Diseases have been identified based on the level of risk present through routine and direct exposure to Residents and are addressed by this Policy.

1. Tuberculosis
2. Influenza
3. Hepatitis B

**RESPONSIBLE PERSON:**

1. All employees of this facility;
2. All individuals providing direct care to a Resident under a contract with the Facility;

***Procedures:***

1. *New Haven* will require that a physician examine a prospective resident at least 30 days before being admitted or 14 days after admission.
2. Provide one of the following upon hire if an employee.

a. A report of a negative Mantoux Tuberculin (TB) skin test or X-Ray within 14 days of the date of employment in the facility.

b. Employee is required to sign the consent or decline Hepatitis B form provided.

c. Flu shots will be offered to each employee in October or as vaccine becomes available.

1. Employment or admission will be contingent upon compliance with the screening parameters of this policy. Residents are not required to be tested for TB.

4. The communicable diseases for which periodic screening is required is tuberculosis. Only a Mantoux TB Test, written physician statement, or negative TB Screening Tool is acceptable. Periodic screening may be necessary at any time during employment or residency, given sufficient medical reason.

* 1. Notify the Manager / Administrator immediately if exposed to a communicable disease. An employee who contracts a communicable disease that is transmissible to residents through food handling or direct care will not be allowed to return to work until the infectious disease can no longer be transmitted. The Manager / Administrator will determine the return to work date.
  2. Employees who show signs or symptoms of contagious or infectious diseases (fever, chills, vomiting, infectious diarrhea) should not report for duty. An employee who develops symptoms *at work* may be relieved of duty depending upon the severity of the illness.
  3. Employees with draining lesions or weeping dermatitis will not provide direct care to residents or handle food items until the condition resolves.
  4. Employees and residents with scabies must be treated with a scabicide as ordered by the individual’s physician and kept away from other residents until 24 hours after effective therapy. If all residents and employees have experienced significant exposure, every effort should be made to treat each person at approximately the same time.
  5. An employee afflicted with Viral Conjunctivitis will remain on sick leave until the infection resolves.
  6. A person with any of the following diseases, or a person who is a confirmed or suspected carrier of the organisms causing any of the following diseases, may NOT serve or handle, in any manner whatsoever, food intended for public consumption:

a. Amebiasis caused by Entamoeba histolytica

b. Cholera

c. Disease-causing diarrhea, unless physician-certified as noninfectious

d. Hepatitis A

e. Salmonellosis

f. Shigellosis

g. E coli 0157:H7

* + 1. New Haven will comply with the Occupational Safety and Health Administration’s (OSHA’s) Blood-Borne Pathogen Standard, by adhering the following Exposure Control Plan:

PURPOSE

The primary purpose of this Exposure Control Plan is to establish guidelines to follow in the prevention and control of communicable diseases.

OBJECTIVE

To prevent the spread of infection and disease to other residents, personnel, and visitors and to maintain a sanitary environment.

SCOPE OF PLAN

Some employees may anticipate occupational exposure to blood-borne pathogens, during the course of their duties. Occupational exposure is defined as: reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of their duties.

This facility will ensure that the Exposure Control Plan is appropriate to the work environment and job duties. It will be revised annually and as needed. A copy of the plan will be accessible to employees as needed: a copy of the plan will be made available within fifteen days of the employee’s request.

EXPOSURE DETERMINATION

The following indicates employees, of this facility, who are most likely to incur exposure to blood-borne pathogens while performing the duties of their job:

* Nursing personnel
* Certified Nursing Assistants
* Resident Care Attendants
* Housekeeping staff

SUPERVISION OF INFECTION CONTROL

Situations involving Residents who require “Isolation Precautions” for infection control purposes will be evaluated on an individual basis. Determination of a plan of action will be made by the Resident’s physician, the Director of Nursing, and the Manager / Administrator of New Haven.

All employees of New Haven will be screened for Tuberculosis upon hire and thereafter. A chest x-ray will be required for those employees with a history of a positive Mantoux result.

Upon the employee’s discretion, the Hepatitis B vaccination can be received or declined.

STANDARD PRECAUTIONS

Standard precautions are intended to prevent parenteral, mucous membrane, and non-intact skin exposure of healthcare workers to blood-borne pathogens.

Body Fluids to which Standard Precautions apply:

1. Standard Precautions apply to blood and to other body fluids containing blood. Blood is the single most important source of HIV, HBV, and other blood-borne pathogens in the occupation setting.
2. Standard Precautions also apply to semen and vaginal secretions.

Precautions for other Body Fluids in Special Settings:

1. Standard Precautions does apply to saliva, nasal secretions, tears, or sweat.
2. General infection control practices already in existence should be used for the above, as necessary, to prevent infections with other non-blood-borne pathogens.

Use of Personal Protective Barriers

1. Personal Protective Barriers reduce the risk of exposure of the healthcare worker’s skin or mucous membranes to potentially infective materials. For Standard Precautions, personal protective barriers reduce the risk of exposure to blood, body fluids containing visible blood, and other fluids to which Standard Precautions apply.
2. Standard Precautions are intended to supplement, rather than replace, recommendations for routine infection control, such as hand washing and using gloves to prevent gross microbial contamination of the hands. Because specifying the types of barriers needed to every possible clinical situation is impractical, some judgment must be exercised.
3. Use protective barriers to prevent exposure to blood, body fluids containing visible blood and other fluids to which Standard Precautions apply. The type of protective barrier(s) should be appropriate for the type of exposure anticipated.
4. Immediately and thoroughly wash hands, and other skin surfaces, that are contaminated with blood, body fluids containing visible blood, or other body fluids to which Standard Precautions apply.
5. Change gloves between resident contact and following contact with the Resident’s excretions or secretions. Gloves are worn once and discarded.
6. Use general-purpose utility gloves (i.e.: rubber household gloves) for housekeeping chores involving potential blood contact.

WORK PRACTICE CONTROLS

Personal Protective Equipment: Staff members will have access to personal protective equipment that prevents direct contact with infected substances and materials. These include, but are not limited to: gloves, aprons, biohazard waste bags, and Sharps containers.

DISPOSAL OF INFECTIOUS MATERIAL

The handling of blood, and other potentially infectious material (OPIM) spills, is to be addressed immediately. The operator should assume that the material is infected with harmful blood-borne pathogens.

Steps for spill management are as follows:

1. Wear gloves and other appropriate personal protective equipment when cleaning spills.
2. Clean up spills immediately, or as soon as possible after the spill occurs.
3. If the spill is mixed with sharp objects, such as broken glass or needles, do not pick these up with hands. Use tongs, a broom and dust pan, or two pieces of cardboard.
4. Dispose of the absorbent material used to collect the spill in a labeled biohazard container.
5. Flood the area with disinfectant solutions, and allow it to stand for at least 20 minutes.
6. Use paper towels to absorb the solution, and put the towels in the biohazard container.

IF AN EXPOSURE OCCURS

If you suspect you have been exposed to an infectious disease:

1. Wash any area of contact as quickly as possible;
2. Report the exposure to your supervisor immediately; and
3. Document the event. Include names of all people involved and how the exposure occurred.
   * 1. Residents with known infectious diseases will be isolated from other residents and have their primary physician notified as soon as possible.
4. If the physician and Manager / Administrator of New Haven determine the resident can be cared for without endangering other individuals, appropriate orders will be obtained for the resident’s care and the service plan modified to ensure safe delivery of care.
5. The resident will remain in isolation until the infectious period for the disease or infection passes.
6. If the physician determines that a resident cannot be cared for without endangering other individuals in the facility, the family will be notified and the resident will be transferred for appropriate care.
7. New Haven cannot accept, nor care for, residents with certain MRSA infections.
   * 1. All incidents that are employee violations of this policy or diagnosed resident infections that could present potential or real harm to individuals in the facility will be documented on the Incident/Accident/Injury Report form.

# HANDWASHING / GLOVING policIES

## Hand washing Policy

***Policy Statement:*** Since hand washing prevents the spread of infections, it is the policy of New Haven that all employees will wash their hands according to the following procedure.

Hand washing is indicated - using either plain soaps or anti-microbial products – at least according to the following schedule:

1. When personnel come on duty
2. Before and after any intimate patient contact, for example: touching wounds or drainage or having contact with mucous membranes, blood/body fluids, secretions or excretions and after changing an incontinence garment.
3. After touching inanimate sources that are likely to be contaminated with body substances (e.g. urine measuring devices, bedpans, soiled linen or waste).
4. Before and after smoking or eating.
5. Before touching anything used to prepare food or before touching food that will not be cooked.
6. After using the toilet.
7. After handling raw meat, fish and poultry.
8. After handling trash and taking out garbage.
9. After blowing your nose, sneezing or coughing into your hand.
10. After playing with a pet or handling money.
11. Before medication preparation.
12. After removing gloves.

**RESPONSIBLE PERSON:** All Personnel

***Procedures:***

1. Wash under jewelry.
2. Wet hands under running water (cool to lukewarm).
3. Keep hands lower than elbows; apply soap or antiseptic.
4. Use friction to vigorously clean between fingers, palms, nail beds, back of hands and wrists. (Do this for a minimum of ten seconds.)
5. Rinse hands under running water (continue to use friction).
6. Dry hands well with paper towels (pat rather than rub with paper towel).
7. Use paper towels or elbow to turn off faucet if possible.

## Gloving Policy

***Policy Statement****:* New Haven establishes this gloving policy in an effort to protect both employees and residents by preventing the spread of infection. All employees will be expected to adhere to the following procedures.

1. Gloving is an important procedure to prevent infections.
2. Gloving is indicated when touching wounds or drainage, and/or having contact with mucous membranes, blood/body fluids, secretions or excretions, when cleaning or handling inanimate sources that are likely to be contaminated with body substances e.g. urine measuring devices, bedpans, toilets, soiled linen or waste and when changing an incontinence garment.

**RESPONSIBLE PERSON:** All Personnel

***Procedures:***

1. Select gloves appropriate to hand size.
2. Wear a pair of gloves for no longer than 20-30 minutes.
3. Wash hands after removing gloves according to the *Hand washing Policy and Procedure*.
4. Request vinyl or powder-free gloves if hands react to latex or powder.
5. Use rubber gloves for household cleaning purposes to avoid excessive exposure to latex.

# smoking policy

***Policy Statement*:** It is the policy of New Haven that smoking in any form will not be allowed within the facility. This policy applies to residents, visitors, and staff, including volunteers. All areas of the workplace are smoke-free without exception.

**RESPONSIBLE PERSON:** New Haven Staff, Residents and Visitors

***Procedure*:**

1. Smoking by employees or any facsimile thereof is not permitted anywhere at the workplace, including the parking lot, sidewalks, company vehicles, etc. Smoking is allowed in the designated area of each home.
2. Noncompliance with the facility’s smoking policy may be grounds for termination of a resident’s residency Agreement or for employee discharge.
3. Routinely monitor residents who smoke for safety when handling smoking appliances. Report potentially dangerous practices to the Manager / Administrator or Manager / Administrator for correction and document in the Daily Log.

# PET policy

***Policy Statement*:** When permitted by local ordinance, Residents may be allowed to reside at New Haven, with his or her pet, provided the following procedures are adhered to:

**RESPONSIBLE PERSON:** New Haven Manager / Administrator, Staff, Residents and Representatives

***Procedure*:**

* + 1. The pet owner assumes responsibility for any damage the animal does to the facility or its furnishings.
    2. Residents will be responsible for the pet’s daily needs, including feeding and toileting.
    3. All pets will be kept clean and disease-free.
    4. The immediate environment of pets will always be kept clean.
    5. Small pets such as birds and hamsters will be kept in appropriate enclosures.
    6. Pets not confined in enclosures will be handheld, under leash control, or under voice control.
    7. Pets that are kept at New Haven and have frequent visitors will have current vaccinations, including rabies, if recommended by a licensed veterinarian.
       1. Pets owned by the facility will have their vaccination and medical records kept on file in the office area.
       2. Vaccination and medical records for pets belonging to residents will be kept in the resident’s room. Residents will be held physically and financially responsible for current vaccinations and health of their pets.
       3. The Manager / Administrator, or designee, will be responsible to enforce these guidelines. Problematic situations, for staff, the Resident, or other Residents, within the home, will be resolved at the Manager / Administrator’s discretion.

Pet Care

1. The Manager / Administrator will determine which pets may be brought into and/or retained in New Haven. Upon approval of the Manager / Administrator, family members may bring pets while visiting the facility. Any pet allowed must have a copy of current vaccinations on file in the resident’s records, and the pets must be clean and appear disease-free.
2. Staff, residents and visitors will be protected from psittacosis. The staff of New Haven will ensure minimum handling of bird droppings. Droppings will be placed in a plastic bag for disposal.

## Pet Restrictions

Pets are not permitted in food preparation, storage or dining areas or in any area where their presence will create a significant health or safety risk to others. Exotic pets such as iguanas, snakes, other reptiles, monkeys, and ferrets will not be kept in New Haven.

1. **Dogs:**
   1. Must maintain current vaccinations against rabies, leptospirosis, distemper, hepatitis and parvo.
   2. Must maintain current licensing in the county in which the facility is located.
   3. Must be housebroken to the yard.
   4. The yard will be cleaned daily of dog feces, by the resident owning the dog.
   5. Must be well groomed to maintain a clean and neat appearance.
   6. Facility owned dogs will be groomed at the facility’s expense.
   7. Resident dog-owners will be responsible for their dogs’ grooming expenses.
   8. Must not be aggressive — No nipping, biting or barking at anyone in the facility. Dogs with poor temperaments will not be allowed to remain on the premises.
2. **Cats:**
3. Must maintain current vaccination against rabies and feline leukemia.
4. Must be docile in nature.
5. New Haven will require that cats have front paws declawed to protect residents from scratches.
6. Must be litter-box trained.
7. Litter boxes will be cleaned daily and feces scooped out; litter boxes will be changed weekly by the resident owning the cat.
8. Litter boxes will have a plastic liner under the litter.
9. Must be well groomed. Cats unable or unwilling to self-groom must be groomed at the owner’s expense.
10. **Birds:**
11. Must be confined to cages.
12. Cages must be kept clean and free of odor by the bird-owner.
13. Must not be aggressive — No nipping or biting people.
14. **Fish:**
15. Aquariums must be kept clean and odor free by the resident owning the fish
16. Fish must be cared for according to established fish care protocol as spelled out in a pet care manual.
17. Expense for cleaning the aquarium and maintaining its upkeep will be borne by the Resident.

# dietary SERVICE

Meals served at New Haven will be served in the facility dining area. Residents will be encouraged to eat meals with other residents. Tray service will be provided in the case of temporary need. Meals will not be routinely served in resident rooms.

## General Provisions

1. New Haven serves a balanced, nutritious diet, developed by a dietitian and appropriate for senior citizens. New Haven will accept persons requiring those therapeutic diets available at New Haven, with prior approval of the DON or Manager / Administrator.
2. Meals are served in the facility dining area.
3. All food service personnel will be trained in proper washing and use of protective clothing such as an apron. All persons responsible for preparing or serving food will receive onsite sanitation In-services to learn proper techniques. When kitchen personnel are called away from their kitchen duties, they will remove their protective clothing. Wash their hands and put the protective clothing back on before returning to kitchen duties. This policy will be introduced to personnel at the time of orientation.
4. New Haven will have adequate equipment for meal preparation and service.
5. All food will be obtained from sources that comply with all laws relating to foods and food labeling.
6. *New Haven* will not use home-canned foods.
7. If food subject to spoilage is removed from its original container, it will be labeled and sealed.
8. Food subject to spoilage will be dated. This includes the freezers as well as refrigerators.
9. There will always be an adequate number of food service personnel on duty to meet the needs of residents.
10. Employees will maintain a high degree of personal cleanliness and will conform to good hygienic practice during all work periods in food service. Hygiene will be addressed in employee orientation and also in in-service training.
11. A food service employee, while infected with a disease in a communicable form that can be transmitted by foods, a carrier of organisms that cause a disease, or afflicted with a boil, an infected wound, or an acute respiratory infection, may not work in the food service area in any capacity in which there is a likelihood of such person contaminating food or food-contact surfaces with pathogenic organisms or transmitting disease to other persons.
12. The Kitchen Manager will train and supervise all persons who work in food services and will have knowledge of the following:

* Basic nutrition
* Sanitation and safety
* Food preparation
* Purchasing
* Interpersonal communication

## Nutrition and Menu Planning

1. New Haven will serve at least three nutritionally balanced meals or their equivalent daily using a variety of foods from the basic four foods. Nourishing snacks will be offered in the evening and be made available throughout the day.
2. Menus and recipes have been planned to meet the nutritional needs of residents and reflect the food preferences of residents. New Haven will attempt to accommodate individual food preferences to a reasonable degree as determined by the Manager / Administrator. Resident’s food likes and dislikes will be asked during the resident assessment and will be monitored by the Food Service Director. If New Haven cannot meet the dietary needs of the resident, admission may be declined.
3. Menus have been planned at least one week in advance. A different menu will be followed for each day of the week. Cycle menus cover a minimum of twelve weeks. Substitutions will be indicated on the menu.
4. The current week’s menu will be posted near the kitchen or dining area.
5. New Haven will retain, a 30 day record, a record of actual menus served and substitutions.
6. Each meal will include an alternate food or drink item from which the resident may choose.
7. If a resident is unable or refuses to eat a meal, this will be documented in the Daily or Chronological Log. If there is a medical or otherwise appropriate reason, the missed meal will be documented in the resident’s record.
8. Foods will be cut, chopped or ground to meet the individual needs of the residents.
9. Foods will be served in amounts and varieties sufficient to meet the nutritional needs of each resident. The facility will provide therapeutic diets when prescribed by the resident’s physician.

## Food Storage and Supplies

1. New Haven will store all food in an appropriate manner. All readily perishable foods or beverages will be stored in covered, and labeled, containers at a temperature of 41° F or below.
2. A one-week supply of non-perishable food and a three-day supply of perishable food will be maintained by New Haven to meet the needs of all residents.
3. No disinfectant, insecticides, bleaches, rubbing alcohol, or household cleaning solutions or poisons will be stored with food supplies.
4. Hot food will be kept at 140° F or above during preparation and serving.
5. Freezers will be kept at a temperature of 0° F or below and refrigerators will be maintained at 45° F or below. Thermometers will be placed in the warmest area of the refrigerator and freezer to assure proper temperature, and daily temperature readings will be documented.

## Food Preparation and Service

1. The Manager / Administrator or designee will assure that all food will be of good quality, be palatable, and attractively served. All food will be free from spoilage, filth, or other contamination, and will be safe for human consumption.
2. Powdered milk will be pasteurized if it is to be used as a beverage.

# LAUNDRY SERVICES

## Organization

1. New Haven will provide laundry service to meet the needs of the facility. Facility laundry will be done daily to assure that soiled bedding, clothing, and linens do not accumulate. Wet clothing or linens will be laundered immediately following detection.
2. New Haven will provide adequate space, personnel, and equipment to provide clean linens for the facility. Clean linens will be kept in the facility linen closet. Dirty non-wet laundry will be kept in hampers in the resident’s rooms until laundry time.
3. New Haven will inform the resident and responsible person of the facility’s laundry policy for resident’s personal clothing. All personal clothing is washed as part of the basic services offered by the facility, and the facility is responsible for returning the clothing.
4. The facility is equipped with a separate area used solely as a laundry, including an area for sorting soiled and clean linen and clothing.
5. The facility washing machine and dryer are available for use by residents who are able and who desire to do their personal laundry.
6. New Haven has a laundry room equipped with a mechanical washer and dryer (vented to the outside), hand-washing facilities, a fresh air supply, and a hot water supply system that supplies the washer with water at least 110° F during each use.
7. No laundry will be done in the food preparation or dishwashing area.
8. All bed linens, towels and washcloths will be laundered by the facility, unless the Resident specifically requests to launder his / her own linens.
9. Facility personnel will take precautions to protect clean laundry from sources of contamination. Facility staff handling laundry will cover their clothes while working with soiled laundry, using separate clean coverings for their clothes while handling clean laundry.
10. Facility staff will wash their hands both after working with soiled laundry and before they handle clean laundry.

# ENVIRONMENTAL safety policy

***Policy Statements:*** One of the highest priorities for health care workers is maintaining environmental safety. Falls are still the number one cause of injury in the senior population. Maintaining resident safety in the Assisted Living environment is a key task of every individual working at New Haven. Each employee can help to ensure the personal safety of each and every resident by following the safety procedures outlined below.

**RESPONSIBLE PERSON:** All Personnel

***Procedures:***

1. Maintain hot water temperatures between 110°F and 120°F for bathing and dietary resident use (160°F / laundry and 180°F/automatic dishwashing).
2. All garbage and refuse will be stored in covered containers inside and outside the main facility.
3. All employees and residents will be oriented to the emergency and evacuation plans within 24 hours of employment or admission to the facility.
4. Employees will practice Infection Control policies and procedures at all times.
5. Place soiled clothing and linen in closed containers immediately,
6. Store poisonous and toxic materials in properly labeled containers in a locked area separate from food preparation and food storage areas.
7. Store combustible, flammable and other hazardous materials in safety-approved containers outside the facility, in a locked secure area that is inaccessible to residents.
8. When an employee discovers a liquid spill on the floor, he or she will wipe the spill up immediately.
9. Electric cords and appliance cables will be kept out of the resident’s traffic areas.
10. Nightlights will be maintained in traffic areas, to and from the bathroom, and in the bathroom during the hours of sleep.
11. Extension cords and space heaters are strictly prohibited, secondary to fire safety requirements.
12. Potentially hazardous situations like cracks in the sidewalk; torn or curling carpet or linoleum; plants, bushes or trees growing over and in common traffic areas should be reported to the Manager / Administrator immediately for correction.
13. Water hoses and garden tools will be put away immediately after use.
14. Maintain hospital beds in the low position (in adjustment) unless a staff person is at the bedside providing care.
15. Maintain oxygen safety at all times.
16. No Vaseline or petroleum products used around the oxygen.
17. No smoking or open flames in the same room or general vicinity of oxygen or oxygen tubing.
18. Store oxygen tanks in the upright position at all times.
19. Check tubing for kinks, cracks and breakage on a daily basis.
20. Test each Smoke Detector yearly and record on the Maintenance Log. Smoke Detectors that are not working will be brought to the attention of the Manager / Administrator or Maintenance Staff.
21. Furnace/Air Conditioner filters, the mechanical rooms, will be changed per manufacturer’s recommendations.
22. Keep knives and sharp objects out of sight (off counter tops and appliances) when not in use when confused residents live in the facility. If necessary, lock knives and sharp objects in a drawer or cupboard to protect residents who wander in the kitchen and open drawers.
23. All employees and volunteers shall continually monitor the environment for potentially hazardous situations and report their observations to the Manager / Administrator or Management immediately.
24. To ensure that *New Haven* is free from vermin and rodents, either a licensed pest control contractor or maintenance staff will conduct a pest control program in facility buildings and grounds when necessary. The pest control program will be documented on the Maintenance Request Log.
25. Hand cleanser and individual disposable towels will be stored at each sink in commonly shared areas of the facility. A waste receptacle will be located near each sink. Residents or staff will not share towels in these areas.
26. All emergency power systems will be maintained in operating condition.

# HOUSEKEEPING SERVICES

1. New Haven provides adequate housekeeping and maintenance staff to maintain both the exterior and interior of the facility in a safe, clean, orderly manner. Supplies and equipment are properly stored and conveniently located in the facility. There are sufficient quantities of supplies on hand to permit frequent cleaning of floors, woodwork, windows and screens.
2. A weekly cleaning schedule has been designed to aid housekeeping staff in maintaining a clean, sanitary facility. Laundry, maintenance, and cleaning schedules are posted in the facility for the staff.
3. Through the initial employee orientation and the staff in-service program, housekeeping personnel will be trained in proper procedures for preparing cleaning solutions, cleaning rooms, equipment, handling clean and soiled linen, trash, and trays.
4. Resident rooms will be cleaned and maintained routinely in accordance with New Haven’s weekly cleaning schedule.
5. All furniture, bedding, linens, and equipment will be cleaned periodically. Facility furniture will be thoroughly cleaned and disinfected between resident occupancies.
6. Residents use their own linens in the facility.
7. *New Haven* Assisted Living Center will control odors by maintaining cleanliness.
8. Assisted Living Residents are expected to participate in keeping their apartments tidy and free of odors.
9. Entrances, exits, steps, and outside walkways of New Haven will be maintained and kept free of ice, snow, and other hazards.
10. A trash container will be placed in each resident-occupied room, either by the family or New Haven.
11. Cleaning agents, bleaches, insecticides or poisonous, dangerous, or flammable materials will be stored in a locked area to prevent unauthorized access.
12. Bathtubs, shower stalls, or lavatories will not be used as storage places.
13. Cleaners used in cleaning bathtubs, showers, lavatories, urinals, toilet bowls, toilet seat, and floors contain either fungicides or germicides that have current EPA registrations for their particular purpose. SDS sheets must kept, on hand, for all chemical products used.
    1. Garbage and trashcans are stored for final disposal in areas separate from those used for preparation and storage of food. Trash and garbage is removed daily and garbage containers are cleaned on a weekly basis.

# MAINTENANCE SERVICES

## Direction

New Haven provides adequate maintenance service to ensure that the facility equipment and grounds are clean and in good repair at all times for the safety and wellbeing of residents, staff, and visitors. The Manager /Administrator or Maintenance Director inspects the premises on a monthly basis for items in need of repair, and makes repairs as necessary and as qualified. Repairs that are beyond the scope of the Maintenance Staff are contracted to suitable maintenance workers as needed.

## General Maintenance

1. All New Haven buildings, fixtures, equipment, spaces, and grounds belonging to New Haven are maintained in operable condition. The Manager / Administrator will do a monthly facility inspection and will schedule any maintenance work on the Maintenance Request Log found in the Appendix. Maintenance personnel will note on the Maintenance Request Log the date that all repairs are completed.
2. A pest control program will be conducted when necessary to ensure that New Haven is free from vermin and rodents. A licensed pest control contractor or the maintenance staff will conduct the pest control program in the facility buildings and grounds. The pest control program will be documented in the Maintenance Request Log.
3. Draperies, carpets, and furniture in New Haven will be maintained so they are clean and in good repair.
4. Cracks in plaster, peeling wallpaper or paint, tears, splits or folds in floor coverings, and missing tile will be repaired promptly.

## Storage and Disposal of Solid Waste

* 1. Solid wastes will be gathered, stored, and disposed of in a manner to preclude the transmission of disease. These wastes will not be a nuisance, a breeding place, or food source for insects or rodents.
  2. Solid waste containers will be stored and located in a manner that will minimize odors in resident or food areas.
  3. Solid waste containers including movable bins will be kept clean and in good repair. They will be leak-proof, rodent-proof and will have tight-fitting covers and external handles. Movable bins used to store or transport solid wastes from the premises will have the approval of the local health department.
  4. All containers receiving organic waste will be emptied at least once per week or more often as necessary.
  5. All wastes will be disposed according to local health ordinances.

Sharps and Biohazard Waste

1. Pick up of Sharps and biohazard waste will be contracted through a licensed agency for scheduled pick up, of filled containers, and delivery of empty containers.

## Lights and Power Systems

All emergency power systems will be maintained in operating condition with battery-operated equipment being tested quarterly. Battery testing will be performed in conjunction with quarterly fire drills. Documentation will show record of performance, test period, and repairs (Battery Operated Equipment Test Form is found in the Appendix).

## Water Supply

1. Plumbing and drainage facilities will be maintained in compliance with Texas Health Department code.
2. Hot water provided to resident tubs, showers, whirlpools, and hand washing facilities will be regulated for safe use within a temperature range of 105 to 120° F.
3. There will be an adequate supply of safe, potable water available for domestic purposes including a sufficient supply of hot water during peak usage demands.

## Fire Inspection

The facility will have an annual fire inspection conducted by the appropriate authorities and maintain a record of such inspection for at least 1-year following the date of the inspection.

# EMERGENCY AND DISASTER

# *Policy Statement:*

The Manager / Administrator of *New Haven* accepts the responsibility to assure the safety and well-being of residents in the event of an emergency or disaster. An emergency or disaster may include, but is not limited to, utility interruption (gas, water, sewer, fuel and/or electricity); explosion; fire; bomb threat; earthquake; flood; windstorm; epidemic; mass casualty or trauma.

In the event of an internal, or external, disaster, New Haven will follow the procedures outlined within its **Emergency Operations Manual**, in regards to evacuation or “shelter in place” requirements. This manual can be found in the “Communication Station” (staff room) of each house, as well as the offices of management staff.

## CPR

***Policy Statement*:** Employees of New Haven, even though they may be certified are **NOT** allowed to perform CPR on New Haven Residents while on duty at New Haven.

***Procedure*:**

1. Call Ambulance 911 Do not use CPR
2. You may perform CPR if and only when instructed by 911 dispatch.
3. Notify Manager / Administrator
4. Administration or nursing will notify family
5. Notify doctor.

**RESPONSIBLE PERSON (S):** Administrator, Nurse, Staff, Residents & Representatives

## 

## Death of a Resident

***Policy Statement:*** To ensure the personal dignity of all residents and employees during a death and to insure proper care, *New Haven* implements the following procedures.

Death of a Resident

1. Call 911. If resident is **NOT** on Hospice Services. Do not use CPR
2. You may perform CPR if and only when instructed by 911 dispatch.
3. Notify Manager / Administrator of death of Resident.
4. Administration or Nursing will notify family.
5. Staff to notify doctor.
6. Nursing or Administration will notify Medical examiner/coroner / funeral home as per family instructions.

***REMEMBER if the resident is a “Do Not Resuscitate (DNR)” do not call 911 or do CPR! If the person is NOT a DNR call 911.***

# INCIDENTAL MEDICAL AND DENTAL CARE

## First Aid

New Haven will assure that one person on duty at all times has training in basic first aid and emergency procedures to ensure that each resident receives prompt first aid as needed. 1. A First aid rendered by staff at New Haven will be limited to care necessary to preserve life or prevent further injury before the arrival of professional help. When residents of New Haven receive first aid from facility staff, they will not hold New Haven liable for assistance rendered during an emergency.

1. If at any time a resident is found sitting or lying on the floor, staff will immediately attend to the resident, assess the extent of injury if any, and prepare an incident/accident report according to established procedure. In all cases, regardless of injury, the incident/accident report will be completed.
2. When a resident requires emergency transport to the hospital, staff will call 911 or other appropriate medical provider to transfer the resident.
3. New Haven has a first aid kit readily available in the med room of the facility. The kit contains the following:
4. Sterilized gauze squares (assorted sizes 2” and 4”) six each;
5. Rolled bandage (Kling) (1 each of 1”, 2”, 3”);
6. Assorted adhesive dressing such as Band-Aids;
7. Roll adhesive tape (1/2” or 1” wide);
8. Bandage scissors or other safe scissors;
9. Burn Spray

## Arrangements for Medical or Dental Care

New Haven will make arrangements for physician care, for those Residents who choose to utilize an in-house physician, whose licenses and insurance records are on file. Residents utilizing an in-house physician will still be responsible for all charges incurred

New Haven will assist residents in arranging for medical or dental care, off site, as needed or as contracted per LOCA. However, to promote interaction and involvement, the resident’s family member or designated representative will be encouraged to arrange for medical and dental appointments, including the necessary transportation. Staff may:

1. Notify the responsible person;
2. Make an appointment for the resident and arrange for transportation to and from the practitioner’s office; (Memory Care Residents may be required to be accompanied by a family member to an appointment off site.)
3. Notify the physician or other health care professional when the resident requires immediate medical attention. Payments for the cost for medical and dental care remain the responsibility of the resident and/or his family.
4. Costs for transportation to and from medical and dental appointments will be the responsibility of the resident, in accordance with the terms set forth in the Resident Service Contract, and as acknowledged and signed by the resident and the resident’s designated representative.

## **Travel Policy**

***Policy Statement:*** Transporting residents in employee vehicles is discouraged

**RESPONSIBLE PERSON:** New Haven Management, Staff, Residents, Family Members, Resident Representatives, and Visitors

***Procedure:***

1. Permission must be obtained from the Manager / Administrator in advance.
2. An authorization must be on file from the resident or resident’s representative.
3. If it is necessary for a non-exempt employee to travel, a record must be kept and payment made for all hours spent in actual travel and for time worked outside normal working hours, in additional to those hours considered as normal working hours. In the event such travel and work time results in hours over and above normal working hours, such hours shall be paid at a rate in accordance with the overtime pay policy.
4. Employees using their personal cars will be reimbursed at .44 per mile for miles traveled on facility business. In addition, all parking charges will be reimbursed.
5. If an employee uses her own vehicle for the transportation of residents, he/she must produce proof of current liability insurance in the minimum amount $100,000 per occurrence and $300,000 aggregate. A copy of the insurance must be in the employee file before transporting the resident.

# PEST Control Policy

***Policy Statement:*** Pest and insects are to be kept out of the building

**RESPONSIBLE PERSON:** New Haven Management / Maintenance personnel

***Procedure:*** The buildings will be serviced on an as needed bases by spraying and setting insect traps in inconspicuous locations throughout the building

# FALL PROTECTION POLICY

Fall Protection Policy

***Policy Statement***: New Haven established this policy in an effort to help our residents and employees from falls. The staff will do so by identifying fall hazards, frequent checks of the TV monitors in the kitchen for any resident in need of help, resident location checks and follow the guidelines for procedures for staff and residents should a fall occur.

**RESPONSIBLE PERSON:** All Personnel

***Procedures:***

1. Wellness Supervisor and/or RN Supervisor will review diagnosis and medications for fall risk potential.
2. All Staff will assist resident to wear proper eye wear.
3. All Staff will provide residents with a clear walkway.
4. All Staff will assist frequently used items are easily accessible and stored properly after use.
5. All Staff will assist with proper lighting.
6. All Staff will monitor and assist with proper footwear for each resident. (inside and outside)
7. All Staff will monitor and assist residents using assistive devices equipment.

**FALL POLICY**

***Policy statement***: New Haven has established the following procedure In the event a resident should fall or is found on the floor and meets all 3 of the following:

\_\_\_\_\_\_has not hit his/her head \_\_\_\_\_\_able to get up with a one hand assist

\_\_\_\_\_\_voices that they are not hurt

***Procedure*:**

1. Notify theAdministrator and/or Wellness Supervisor. If nurse is on site, **call for on site assessment**
2. If Administrator or Wellness Supervisor is not on site; **Notify the Administrator and follow instructions**
3. If unable to contact the Administrator- call the Wellness Supervisor and follow instructions such as the following:
4. Vital signs will be taken
5. The residents body with be examined for any visible injury
6. The resident can be transferred back to his/her bed, or wheel chair.
7. Notify family and explain incident and current status.

**FALL POLICY (if criteria is not met):**

***Policy statement:* If resident does not meet all 3 of the above criteria** and the Administrator or nurse is not on site- resident will need and assessment by medical personnel.

***Procedure:***

1. Call the Administrator- follow instructions
2. Call Wellness Supervisor or on call nurse and follow instructions.
3. Staff will call 911 if the resident clearly needs to be sent out for emergency transport to the hospital.

**FALL POLICY (stable resident or refusal of care)**

***Policy statement***: If resident appears stable Staff will call EMS dispatch for lift assist and assessment. If it is determined that the resident be transferred to emergency room, EMS will be dispatched for transfer and family if not already present will be notified of findings.

1. If the resident or family refuses further assessment, or transfer to emergency room, the resident or family will need to sign a waiver refusing further medical attention, at the time of the incident. (If the First Responders are present and you refuse transfer, they will also require a waiver)

## **EXHIBIT A – RESIDENT RIGHTS**

* 1. Be free from physical and mental abuse, including corporal punishment or physical and chemical restraints that are determined for the purpose of discipline or convenience and not required to treat the resident’s medical symptoms. A provider may use physical or chemical restraints only if the use is authorized in writing by a physician or the use is necessary in an emergency to protect the resident or others from injury. A physician’s written authorization for the use of restraints must specific the circumstances under which the restraints may be used and duration for which the restraints may be used. Except in an emergency, restraints may only be administered by qualified medical personnel.
  2. Participate in activities of social, religious, or community groups unless te participation interferes with the rights of others.
  3. Practice religion of the resident’s choice.
  4. If mentally retarded, with a court-appointed guardian of the person, participate in behavior modification program involving use of restraints, consistent with subparagraph (A) of this paragraph, or adverse stimuli only with the informed consent of the guardian.
  5. Be treated with respect, consideration, and recognition of his or her dignity and individuality, without regard to race, religion, national origin, sex, age, disability, marital status, or source of payment. This means that the resident:
     1. Has the right to make his/her own choices regarding personal affairs, care, benefits, and services;
     2. Has the right to be free from abuse, neglect and exploitation; and
     3. If protective measures are required, has the right to designate a guardian or representative to ensure the right to quality stewardship of his/her affairs;
  6. A safe and decent living environment
  7. Not be prohibited from communicating in her or her native language with other residents or employees for the purpose of acquiring or providing any type of treatment, care or services.
  8. Complain about the residents care or treatment. The complaint may be made anonymously or communicated by a person designated by the resident. The provider must promptly respond to resolve the complaint. The provider must not discriminate or take other punitive action against a resident who makes a complaint.
  9. Receive and send unopened mail, and the provider must ensure that the resident’s mail is sent and delivered promptly.
  10. Unrestricted communication, including personal visitation with any person of the resident’s choice, including family members and representative of advocacy groups and community service organizations, at any reasonable hour.
  11. Make contacts with the community and to achieve the highest level of independence, autonomy, and interaction with the community service organizations, at any reasonable hour.
  12. Manage his or her financial affairs. The resident may authorize in writing another person to manage his/her money. The resident may choose the manner in which his/her money is managed, including money management program, a representative payee program, a financial power of attorney, a trust, or similar method, and the resident may choose the least restrictive of these methods. The resident must be given, upon request of the resident or the resident’s representative, but at least quarterly, an accounting of financial transactions made on his or her behalf by the facility should the facility accept his or her written delegation of this responsibility to the facility in conformance with state law.
  13. Access the resident’s records, which are confidential and may not be released without the resident’s consent, except;
      1. to another provider, if the resident transfers residence; or
      2. if the release is required by another law;

# EXHIBIT A – RESIDENTS RIGHTS

* 1. Choose and retain a personal physician and to be fully informed in advance about treatment or care that may affect the resident’s wellbeing.
  2. Participate in developing his/her individual service plan that describes the resident’s medical, nursing, and psychological needs and how the needs will be met.
  3. Be given the opportunity to refuse medical treatment or services after the resident;
     1. is advised by the person providing service; of the possible consequences of refusing treatment or services;
     2. acknowledges that he/she understands the consequences of refusing treatment or services;
  4. Unaccompanied access to a telephone at a reasonable hour or in case of an emergency or personal crisis.
  5. Privacy, while attending to personal needs and private place for receiving visitors or associating with other residents, unless providing privacy would infringe on the rights of other residents. This right applies to medical treatment, written communications, telephone conversations, meeting with family, and access to resident councils. If a resident and the spouse is receiving similar services, the couple may share a room.
  6. Retain and use personal possessions, including clothing and furnishings, as space permits. The number of personal possessions may be limited for the health and safety of other residents.
  7. Determine his or her dress, hair style, or other personal effects according to individual preference, except the resident has the responsibility to maintain personal hygiene
  8. Retain and use personal property in his or her immediate living quarters and to have and individual locked area (cabinet, closet, drawer, foot locker, etc.) in which to keep property.
  9. Refuse to perform services for the facility, except as contracted for by the resident and operator.
  10. Be informed by the provider no later than the 30th day after admission;
      1. whether the resident is entitled to benefits under Medicare or Medicaid; and
      2. which items and services are covered by these benefits, including items or services for which the resident may not be charged;
  11. Not be transferred or discharges unless;
      1. the transfer is for the resident’s welfare, and the resident’s needs cannot be met by the facility;
      2. the resident’s health is improved sufficiently so that services are longer needed;
      3. the resident’s health and safety or the health and safety of another resident would be endangered if the transfer or discharge was not made;
      4. the provider ceases to operate or to participate in the program that reimburses for the resident’s treatment or care; or
      5. the resident fails, after a reasonable and appropriate notice, to pay for services.
  12. Not be transferred or discharged, except in an emergency, until the 30th day after the date the facility, provides written notice to the resident, the resident’s legal representative, or a member of the resident’s family, stating;
      1. that the facility intends to transfer or discharge the resident;
      2. reason for the transfer or discharge;
      3. the effective date of transfer or discharge;
      4. if the resident is to be transferred, the location to which the resident will be transferred; and
      5. any appeal rights available to the resident.
  13. Leave the facility temporarily or permanently, subject to contractual or financial obligation
  14. Have access to the services of a representative of the state Long-term Care Ombudsman.
  15. Execute an advance directive, under the Advance Directives Act (chapter 166, Health and Safety Code), or designate a guardian in advance of need to make decisions regarding the resident’s health care should the resident become incapacitated