



Transforming
Lives

AFH Administrator Training

Module 10: Admitting, Monitoring, and Discharging Residents

Adult Family Home Administrator Manual, Version 5.2

Agenda

- Admitting a Resident
- Working with Alternate Decision Makers
- Negotiated Care Plans
- Monitoring a Resident
- Significant Change Assessments
- Discharging a Resident



Learning Objective

At the end of this module, you will be able to...

- Explain how to successfully support a resident moving into your home
- List the resident documents needed prior to admission
- Explain the process of setting up Nurse Delegation
- Develop a Negotiated Care Plan and know when it needs to be updated
- Share the expectations of working with your resident's health care provider to address their changing medical needs
- Explain when you can discharge a resident and who you coordinate with

What Do You Know?

True or False

1. A completed signed care plan from the assessor replaces the need for a Negotiated Care Plan
2. New residents may experience placement trauma and need time to adjust to their new normal
3. You must ensure the individual has a safe place to go before they are discharged

First - Before You Admit A Resident



- Is your license in good standing?
- How will your other residents be impacted?
- Are you qualified?

Second – Before You Admit A Resident



- Can you meet their needs?
- Do you have qualified staff?
- Can you evacuate everyone in 5 minutes?
- Can you address any challenging behaviors?
- Do you have the required specialty training?
- Do any of your residents have care needs that require a Medical Test Site Waiver license?

Third – What Changes Will Need To Be Made?



- Do safety protocols and supplies need to be updated?
- Is there enough seating for everyone?
- Are any changes needed to their bedroom?
- Do you require a state Medical Test Site Waiver (MTSW) License?

Medical Test Site Waiver License

- Some medical testing require a state Medical Test Site Waiver (MTSW) license
- Required if test is administered and results are interpreted or acted upon
- Examples of tests that require a MTSW license:
 - COVID Test
 - Blood Glucose
 - Dipping test sticks in urine to test for ketones or other analytes.
 - Reporting a test result to a medical provider who may adjust a resident's diet or medication in response to a test result.
- A MTSW is not required if you or your staff perform and interprets your/their own medical test

Schedule a Visit

- Meet resident in person!
- Learn needs, challenges, strengths, abilities, preferences and personality
- Compatibility check with current residents
- Ensure you can meet resident needs and family expectations
- Plan for Adjustment Trauma (2 to 12 weeks)
- Provide all disclosures (charges, services, resident rights, house rules, etc.)
- Review financials & Medicaid policy

Pre-Admission

- LTC Assessment by Qualified Assessor
- Preliminary Care Plan, signed
- All Disclosures, signed
- Current Medical History
- DPOA copies – Copy of ID



Working with an Alternate Decision Maker

- Guardians
- Durable Power of Attorney
- Medical Decision-Making Authority
- Representative Payee - Financial



Emergency Admission

You can admit a resident without an assessment or preliminary care plan if a true emergency exists.

What is a true emergency?

Emergency Admission, Continued

A true emergency exists if the individual's life, health, or safety is at serious risk because of where they are currently residing or if harm has already occurred.

- You can admit a resident without an assessment or preliminary care plan if a true emergency exists.
 - Private residents – assessment/care plan completed within 5 working days
 - Medicaid residents – Must have CM approval

Admitting a Resident Coordinating the Move



- **Medicaid Residents**
 - HCS/AAA CM will coordinate the move with your assigned AFH CM
 - DDA will help coordinate the move
 - A DDA Performance and Quality Improvement Specialist (PQIS) will visit
- **Private Pay**
 - Coordinate with resident or family/friends
 - Other Facilities

Setting Up Supports – Be Ready for Move In Day

- Medications Delivered
- Arrange for Nurse Delegation
- Meal Planning – Special Diet?
- Behavioral Support
- Create Resident Record



Nurse Delegation

- Before delegation can occur, the resident must be in a stable and predictable condition
- The task is not prohibited
- Have consent
- Teaches and supervises the LTCWs who are qualified
- Nurse Delegation for Medicaid residents is covered, rates for private pay will vary

Individual with Complex Behaviors

- When a person is in pain, they may act out
- This form **MUST** be part of the referral you receive from your CM for a person that has complex behaviors.
- You **MUST** keep a copy in the resident's record.
- You are ensuring the safety of all your residents.
- You **MUST** inform your CM of any change to the resident's complex behaviors.

CLIENT'S NAME [REDACTED]	
CLIENT ACES ID NUMBER [REDACTED]	REGION [REDACTED]

MENTAL HEALTH DIAGNOSIS <input type="checkbox"/> Yes <input type="checkbox"/> No Principle diagnosis: [REDACTED] Current presentation in Section 1. Information can be obtained from conversation with Psychiatrist, Nurse, Medical Physician, Social Worker, Mental Health Professional, Counselor, or Certified Peer Specialist.		CLINICAL IMPRESSIONS RISK ASSESSMENT Completed by Hospital or Behavioral Health Provider <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Date: [REDACTED] INDIVIDUAL CRISIS PLAN Document within CARE the expected date Crisis Plan is to be received by provider. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA MEDICATION AND MEDICAL CONDITIONS MONITORING Is the individual taking medication as directed and agreeable to medical treatment(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Last medication review: [REDACTED] COORDINATED BEHAVIOR SUPPORT AND TEAM MEETINGS ESTABLISHED Complete a comment within CARE in Treatment List: Type Programs: Behavior Management Plan detailing the plan. Refer to WAC: 388-107: 388-106-0336 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Section 1. Check one or all that apply (documentation must be present in file)			
Current presentation and behaviors that increase risk of behavioral crisis. Check all relevant boxes below.		HISTORY OF OCCURRENCE INDICATE FREQUENCY AS DAILY, WEEKLY, OR MONTHLY 30/60/90 DAYS 1-2 YEARS 3-5+ YEARS	
<input type="checkbox"/> Assaultive (significant aggression or physical abuse toward others) Violent Mood Swings, Unpredictable / Impulsive Describe / clarify (please list any charges related to this behavior): [REDACTED]		Frequency: [REDACTED] <input type="checkbox"/> 30/60/90 DAYS <input type="checkbox"/> 1-2 YEARS <input type="checkbox"/> 3-5+ YEARS	
<input type="checkbox"/> Destructive (significant property destruction which puts self or others at risk) Describe / clarify (please list any charges related to this behavior): [REDACTED]		Frequency: [REDACTED] <input type="checkbox"/> 30/60/90 DAYS <input type="checkbox"/> 1-2 YEARS <input type="checkbox"/> 3-5+ YEARS	
<input type="checkbox"/> Self-Injurious (suicidal behavior; significant self-injury, danger to self). Describe / clarify (please list any charges related to this behavior): [REDACTED]		Frequency: [REDACTED] <input type="checkbox"/> 30/60/90 DAYS <input type="checkbox"/> 1-2 YEARS <input type="checkbox"/> 3-5+ YEARS	
<input type="checkbox"/> History of felony and/or misdemeanor type behavior. May or may not have been charged (shoplifting, theft, trespassing, buying liquor for minors, forgery, malicious mischief, motor vehicle citations, disturbing the peace, harm to animals, stalking, etc.). Citations or related accusations against any population. Describe / clarify (please list any charges related to this behavior): [REDACTED]		Frequency: [REDACTED] <input type="checkbox"/> 30/60/90 DAYS <input type="checkbox"/> 1-2 YEARS <input type="checkbox"/> 3-5+ YEARS	
<input type="checkbox"/> Challenging Sexualized Behavior Describe / clarify (please list any charges related to this behavior): [REDACTED]		Frequency: [REDACTED] <input type="checkbox"/> 30/60/90 DAYS <input type="checkbox"/> 1-2 YEARS <input type="checkbox"/> 3-5+ YEARS	
<input type="checkbox"/> History of arson. Describe / clarify (please list any charges related to this behavior): [REDACTED]		Frequency: [REDACTED] <input type="checkbox"/> 30/60/90 DAYS <input type="checkbox"/> 1-2 YEARS <input type="checkbox"/> 3-5+ YEARS	

Move in Day



- Greet and welcome them and their family
- Introductions
- Tour of your AFH
- Move in tasks

Admitting a Resident Medical Devices



- A "medical device" is any piece of medical equipment used by the resident to treat their assessed need
- Device benefits and safety risks - informed decision
- Transfer poles, Posey or lap belts, and side rails have known safety risks
- Assessed need and ability

Transportation

- May need to update their transportation information to get to a job or participate in community events
- Use a service such as Dial a Ride, will need to update address
- May need to learn new transit routes, request transit training if needed

A new resident is moving into your home -

- What would the first day in your home look like?
- What would make them more comfortable?
- Make a list of ways you can make your resident more comfortable when they arrive.



Activity

Move In Day

The Negotiated Care Plan (NCP)



- NCPs are unique to each resident
- Required to complete within 30 days of admit
- Must use the assessment and preliminary care plan
- You must implement the plan
- You must involve others in the development
- It must be signed
- Signed copy to the CM for Medicaid residents

Negotiated Care Plan – Contents

The NCP must contain:

- A list of the care and services to be provided
- Who will provide the care and services
- When and how the care and services will be provided
- How medications will be managed
- Their activity preferences and how they will be met
- Other preferences, such as food, daily routine, grooming, and how they will be met



Negotiated Care Plan – Contents, continued...

- If needed, a plan to:
 - Address any crisis need
 - Reduce tension, agitation, and problem behaviors
 - Respond to a resident's special needs
 - Respond to a resident's refusal of care or treatment
 - Address any communication barriers
- If the resident can be left unattended for a specific length of time
- A hospice care plan if the resident is receiving licensed hospice services

TIPS for Writing a Care Plan



- Think logically and follow a process
 - What is the problem?
 - What is the goal for this problem?
 - What will you do to meet this goal?
- Be detailed with **who** will do **what**, **when**, **where**, and **how often**.
- Review and Revise

TIPS for Writing a Care Plan - Example

Assessment	Detail – Resident Abilities/Preferences	Goal	Care Plan
Impaired mobility	<p>Can ambulate; uses walls and furniture as props. Resident prefers to use their wheeled walker to ambulate.</p> <p>Gets up unassisted with history of 3 falls in the last 3 months (no injuries)</p>	<p>Prevent resident falls</p> <p>Minimize potential injuries from falls</p>	<p>Remind resident to:</p> <ul style="list-style-type: none"> • Use walker • Call for help when needed <p>Caregiver will:</p> <ul style="list-style-type: none"> • Ensure walker is always within reach • Monitor resident frequently • Ensure bed/chair alarms are functioning prior to resident use • Inform provider immediately when safety equipment does not function properly • Lower bed to lowest position • Place fall matt next to bed when resident sleeps <p>Anticipate Needs</p> <ul style="list-style-type: none"> • Offer toileting every 2 hours • Offer water and snacks

NCP Template

Form Version: 7/25/2023

ADULT FAMILY HOME RESIDENT NEGOTIATED CARE PLAN (NCP) Internet Link				
Provider's Name:	Today's Date:	Moved In Date:	Date Completed: Screen Tip	Date Discharged:
Resident's Name:	Date of Birth	Primary Language	ALLERGIES	
EMERGENCY EVACUATION				
Legal Documents: <input type="checkbox"/> No <input type="checkbox"/> Advanced directives <input type="checkbox"/> POLST Form <input type="checkbox"/> Other: Specialty Needs: <input type="checkbox"/> No <input type="checkbox"/> Dementia <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental Disability				
EVACUATION ASSISTANCE REQUIRED: <input type="checkbox"/> NONE – RESIDENT IS INDEPENDENT: Resident is physically and mentally capable of independently evacuating the home without the assistance of another individual or the use of mobility aids. The department will consider a resident independent if capable of getting out of the home after one cue. <input type="checkbox"/> ASSISTANCE REQUIRED: Resident is not physically or mentally capable of evacuating the home without assistance from another individual, mobility aids, or multiple cues. EVACUATION INSTRUCTIONS:				
MENTAL/PHYSICAL HEALTH - CURRENT MEDICAL STATUS/DIAGNOSIS				

[Activities/Social](#)
[Allergies](#)
[Ambulation/Mobility](#)
[Bathing](#)
[Bed Mobility/Transfer](#)
[Behavior](#)
[Body Care](#)

[Case Management](#)
[Communication](#)
[Decision Making](#)
[Dressing](#)
[Eating](#)
[Falls \(Ambulation\)](#)
[Falls \(Bed\)](#)

[Finances](#)
[Foot Care](#)
[Health Indicators](#)
[Left Alone](#)
[Medication Management](#)
[Memory](#)
[Mental/Phy. Health/Diag.](#)

[NCP Review/Signatures](#)
[Other Issues/Concerns](#)
[Pain](#)
[Personal Hygiene](#)
[Shopping](#)
[Skin Care](#)
[Sleep](#)

[Smoking](#)
[Specialized Beh. Prog.](#)
[Toilet Use/Continence](#)
[Transportation](#)
[Treat/Prog/Therapies](#)
[Universal Precautions](#)
[Vision](#)

How to Use the NCP Template

The template has built in tools to help you build your NCP.

Place your cursor over any blue text in the template or instructions, to perform one of the actions in the table

a. Display a screen tip that provides you with instructions or helpful hints.	<div>Meds are delivered by:</div> <div><div>Bubble pack, pill bottle, pouches, bingo cards, etc. Ctrl+Click to follow link</div><div><input type="checkbox"/> Meds are Pharmacy Packed:</div></div>
b. Move to a “Bookmarked” location. A word or phrase that has a bookmark, like in the example, will act as a “link”. When clicked, will move you to that section in the document.	<div><div>Activities/Social Allergies Ambulation/Mobility Bathing Bed Mobility/Transfer Behavior Body Care</div><div>Case Management Communication Decision Making Dressing Eating Falls (Ambulation) Falls (Bed)</div></div>
c. Access an internet site Clicking on the blue text, you will open the WAC internet page.	<div><div>in what format: for example: bubble pack, bottle, etc. <div><div>https://apps.leg.wa.gov/wac/default.aspx?cite=388-76-10430 Ctrl+Click to follow link</div></div></div><div><div>Medication Management: WACs 388-76-10430 through 10490</div><div>Is the resident able to self-administer any medication</div></div></div>

NCP Template – Instructions – Page 1

INSTRUCTION SHEET FOR HCS NCP TEMPLATE

Key Points for Negotiated Care Plan development - Follow these brief instructions based on WAC 388-76-10355 through 388-76-10385 when developing your NCP:

- Must be developed within 30 days of admission based on the Assessment and the Preliminary Service Plan.
- Describes/identifies: (a) The services to be provided; (b) Who will provide the services; and (c) When and How the services will be provided.
- Is designed to meet the Resident's Needs, Preferences, and Choices.
- Is developed with input from the Resident and/or the Resident's Representative / Surrogate Decision Maker, appropriate professionals, and the case manager, if applicable (indicate on the signature page all parties that participated in the NCP development)
- Is Agreed to, Signed and Dated by the Resident and/or the Resident's Representative / Surrogate Decision Maker, and the provider.
- **Must be reviewed and Revised: (a) at least every 12 months; (b) upon any significant change in Resident's physical or mental condition; and (c) upon resident request.**
- The signed copy of the NCP must be given to the Case Manager if the Resident is receiving any Medicaid services paid fully or partially by the department.]

INDEX (Click on the topic below to quickly go to that place in the instructions):

[Ability of Resident to be Left Alone](#)

[Activities/Social](#)

[ADL's](#)

[Allergies](#)

[Ambulation/Mobility](#)

[Anxiety](#)

[Assaultive](#)

[Bathing](#)

[Bed Mobility/Transfer](#)

[Body Care](#)

[Case Management](#)

[Communication](#)

[Date Completed](#)

[Date Discharged](#)

[Date of Birth](#)

[Delusions](#)

[Depression](#)

[Diabetic Foot Care](#)

[Disorientation](#)

[Disruptive Behavior](#)

[Dressing](#)

[DSHS Specialized Behavior Programs](#)

[Eating](#)

[Emergency Evacuation](#)

[Exit Seeking](#)

[Foot Care](#)

[Hallucinations](#)

[Health Indicators](#)

[Impaired Decision Making](#)

[Inappropriate or Unsafe Behavior](#)

[Managing Finances](#)

[Medical Status/Diagnosis](#)

[Medication - Allergies](#)

[Medication Management](#)

[Medication Plan – Not in the Home](#)

[Medication Refusal Plan](#)

[Memory Impairment – Short Term](#)

[Memory Impairment – Long Term](#)

[More than one kind of medication assistance](#)

[Moved In Date](#)

[Narrative \(optional\)](#)

[NCP Review and Approval](#)

[Negotiated Care Plan review](#)

[Other issues/concerns/problems](#)

[Overview](#)

[Pain](#)

[Personal Hygiene](#)

[Physically Agitated/Aggressive](#)

[Primary Language](#)

[Provider's Name](#)

[Psych/Social/Cognitive Status](#)

[Range of Motion](#)

[Resident functional limitations that](#)

[impact ADL functioning](#)

[Resident's Name](#)

[Resistive to Care](#)

[Responsible Parties - Contacts](#)

[Requires Psychopharmacological Rx](#)

[Shopping](#)

[Sleep](#)

[Smoking](#)

[Specialty Needs](#)

[Suicidal Ideation](#)

[Table of Contents](#)

[Today's Date](#)

[Toileting/continence issues](#)

[Transportation](#)

[Treatment/Program/Therapy Refusal](#)

[Plan](#)

[Treatments/Programs/Therapies](#)

[Universal Precautions](#)

[Verbally Agitated/Aggressive](#)

[Wandering in Home](#)

NCP Template — Instructions Sample

NCP Template Field	Instruction – Sample Text	Strength & Abilities	Assistance Required
Medication Management	<p>Medication Management: WACs 388-76-10430 through 10490</p> <p>WAC 388-76-10460</p> <p>Medication—Negotiated care plan.</p> <p>The adult family home must ensure that each resident's negotiated care plan addresses:</p> <p>(1) The amount of medication assistance needed by each resident, including but not limited to:</p> <ul style="list-style-type: none"> (a) The reasons why a resident needs that amount of medication assistance; and (b) When there is a need for the resident to have more than one type of medication assistance. <p>(2) How the resident will get their medications when the resident is away from the home or when a family member or resident representative is assisting with medications is not available.</p> <p>Check one or more types of medication assistance the resident needs and why that level of assistance is needed.</p> <p>Click on the WAC links for the definition for each type of medication management. This will help you determine which type of assistance your resident needs.</p> <ul style="list-style-type: none"> • SELF-ADMINISTRATION – WAC 388-76-10445 • SELF-ADMINISTRATION W/ ASSISTANCE – WAC 388-76-10450 • MEDICATION ADMINISTRATION – WAC 388-76-10455. Medication administration will require nurse delegation (WAC 246-840- 	<p>Is the resident able to self-administer any medication? They may use a medication, such as an inhaler, by themselves but other medications are administered by a caregiver. List the medications, if any, the resident uses on their own.</p>	<p>Are there any special directions on how the resident takes their own medication? You may state that a caregiver will ask the resident if they need assistance or check to see if a medication is running low. Does the resident's ability fluctuate, and they need to be monitored for change?</p> <p>“Static Text” (in all documents – part of the template)</p> <p>Caregiver to follow the 5 Rights of Medication Administration every time unless resident self-administers their medication:</p> <ol style="list-style-type: none"> 1. Right Resident 2. Right Medication 3. Right Dose 4. Right Route 5. Right Time <p>Example text:</p> <p>Document medication taken</p> <p>Hand medication in cup or bowl</p> <p>Inform client of each medication given</p> <p>Place medication in client's hand</p> <p>Remind client to take medications</p> <p>Report adverse reactions</p>
	<p>910 through 246-840-970) unless you are a medical professional working within the scope of your license or administration is done by a family member or legally appointed resident representative.</p> <p>List any equipment the resident may use and the types of medication your resident will take. If nurse delegation is required, fill in who the delegator is and their contact information.</p>		Re-order medications

CARE Assessment: Toilet Use, Continence Issues

Toilet Use

How individual uses the toilet room (or commode, bed pan, urinal); transfers on/off toilet, cleanses, changes incontinence pads, manages ostomy or catheter, adjusts clothes

Self Performance and Support Provided in the last 7 days:

Extensive assistance, One person physical assist

Status and Assistance Available:

Unmet

Client Strengths:

Client is cooperative with caregiver, Can assist caregiver with transfer, Has prescription for pads/briefs

Client Limitations:

Ability fluctuates, Needs clothing adjustment

Client Preferences:

Would prefer a female caregiver

Caregiver Instructions:

Assist with clothing adjustment, Transfer client on/off toilet

Continence Issues

Bladder control (last 14 days): Occasionally incontinent

Change in bladder continence (last 90 days): No Change

Bowel control (last 14 days): Continent

Change in bowel continence (last 90 days): No Change

Bowel Pattern (last 14 days):

None of these

Appliances & Programs (last 14 days):

Pads/briefs

Individual management (last 14 days): Uses independently

INSTRUCTION SHEET FOR NCP HCS TEMPLATE

NCP Template Field	Instruction – Sample Text	Strength & Abilities	Assistance Required
Toileting/continence issues (Return to Index)	<p>How individual uses the toilet room (or commode, bed pan, urinal); transfers on/off toilet, cleanses, changes incontinence pads, manages ostomy or catheter, adjusts clothes.</p> <p>Indicate care level for toileting/continence issues – independent, supervision/cueing, assistance needed, or totally dependent.</p> <p>Indicate frequency/how often toileting occurs.</p> <p>Are there continence issues? Indicate what they are and if there are any equipment/supplies/procedures used.</p> <p>Are there any limitations?</p>	<p>Explain what needs to be done to toilet the resident. Can they assist in the process? How does the resident prefer to toilet (bedside commode, bathroom)? Does the resident require special equipment such as a Hoyer? If incontinent, how often?</p> <p><u>Does</u> the resident wear incontinence care products, or do they prefer to wear clothes and change if wet? Does the resident have a potential for skin breakdown due to incontinence? Can the resident complete their own incontinent care? If resident can assist with peri care, what can they do?</p>	<p>What does the caregiver need to do to help? How many caregivers should assist? Does the caregiver need to remain with the resident in the bathroom for safety? If required, how should the caregiver use special equipment such as a Hoyer?</p> <p>How often should the resident be toileted?</p> <p>For incontinent residents, how should caregivers protect the resident's skin? Is there a barrier cream? A particular way to cleanse the area? How often should the client be cleaned and changed? If a resident has a special request such as – do not disturb during the night – make a note here for caregiving staff.</p>

ACTIVITIES OF DAILY LIVING	Resident Strengths And Abilities Prefers To Do Independently Preferences and Personal Goals	Assistance Required Who Will Provide, When, And How
<p>TOILETING/CONTINENCE ISSUES</p> <p><i>How individual uses the toilet room (or commode, bed pan, urinal); transfers on/off toilet, cleanses, changes incontinence pads, manages ostomy or catheter, adjusts clothes</i></p> <p><input type="checkbox"/> Independent <input type="checkbox"/> Supervision/Cueing <input checked="" type="checkbox"/> Assistance Needed <input type="checkbox"/> Totally Dependent</p> <p>Frequency/How Often: Check in with Poppy every 2 hours</p> <p>Continence Issues: Bladder Incontinence: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Occasional Bowel Incontinence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Occasional <input type="checkbox"/> Skin care due to bowel/bladder incontinence</p> <p>Equipment/Supplies/Procedures: Pads/briefs Limitations: Occasional needs assistance</p>	<p>Strengths and Abilities</p> <p>Poppy requires assistance with toileting. She is able to assist the caregiver with transferring on and off the toilet, but sometimes her ability to help fluctuates.</p> <p>She wears Depends</p> <p>Poppy would prefer a female caregiver</p>	<p>Monitoring/Reporting significant changes and/or concerns: Caregiver is to assist the resident during the toileting, report concerns and significant changes immediately to relevant individuals (health Care provider POA, CM, etc.)</p> <p>Assistance Required</p> <p>Caregiver will set up supplies and respond to call button promptly when Poppy calls for help with toileting.</p> <p>Caregiver to assist Poppy to transfer on and off the toilet if needed and help adjust clothing.</p> <p>Caregiver will report any changes in bowel or bladder habits to MD. Caregiver will monitor Res. for s/sx of UTI (e.g., increased urgency/frequency of urine, dark/cloudy/foamy, an</p>



CARE Assessment: Personal Hygiene

Personal Hygiene

How individual maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum

Self Performance and Support Provided in the last 7 days:

Independent, One person physical assist

Status and Assistance Available:

Unmet

Client Strengths:

Able to brush/comb hair, Can brush teeth, Client is cooperative with caregiver, Able to do own peri-care

Caregiver Instructions:

Clean glasses, Trim fingernails as needed

Provider:

Angel Care Adult Family Home Services - 01

Provider trimmed client's finger nails one time in the last 7 days.

NCP Template Field	Instruction – Sample Text	Strength & Abilities	Assistance Required
Personal Hygiene (Return to Index)	<p>Indicate care level for Dressing – independent, supervision/cueing, assistance needed, or totally dependent.</p> <p>Does the resident have their own teeth, partials, or dentures. What kind of oral care is needed? Flossing, brushing, soaking?</p> <p>Does the resident need assistance with their hair?</p> <p>Does the resident need assistance with <u>Menses</u> Care?</p> <p>When/how often?</p> <p>Indicate if there are any equipment/supplies/procedures used.</p> <p>Are there any limitations?</p>	<p>What hygiene tasks, such as brushing teeth, cleaning dentures, brushing hair, washing face, grooming self, shaving can the resident do independently or need some help with? Can resident do tasks independently if needed items are set up?</p>	<p>What will staff need to do to assist resident with brushing hair, brushing teeth, cleaning dentures, shaving, putting on makeup? Do staff set up items and cue resident or do staff complete the task for the resident?</p> <p>Does the resident have a beard or moustache they want to keep? How will staff assist in grooming facial hair if resident does not want it shaved off?</p> <p>Does resident have any special personal care items or brand/product preferences the resident likes to use (favorite shaving cream, certain type of brush, favorite toothpaste)? Who will provide this if it is not an item normally offered by your AFH?</p>

ACTIVITIES OF DAILY LIVING	Resident Strengths And Abilities Prefers To Do Independently Preferences and Personal Goals	Assistance Required Who Will Provide, When, And How
<p>PERSONAL HYGIENE– How individual maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum</p> <p><input checked="" type="checkbox"/> Independent <input type="checkbox"/> Supervision/Cueing</p> <p><input checked="" type="checkbox"/> Assistance Needed <input type="checkbox"/> Totally Dependent</p> <p><input checked="" type="checkbox"/> Own teeth <input type="checkbox"/> Partials <input type="checkbox"/> Dentures</p> <p><input checked="" type="checkbox"/> Oral Hygiene (including dentures):</p> <p><input checked="" type="checkbox"/> Flossing</p> <p><input checked="" type="checkbox"/> Brushing</p> <p><input type="checkbox"/> Soaking</p> <p><input type="checkbox"/> Hair Care:</p> <p><input type="checkbox"/> Menses Care:</p> <p>When/how often: Daily</p> <p>Equipment/Supplies/Procedures:</p> <p>Limitations:</p>	<p>Strengths and Abilities</p> <p>Poppy requires setup to comb her hair, brush her teeth and put on her glasses. She needs help putting in her hearing aid.</p> <p>Poppy is able to do her own peri-care</p>	<p>Monitoring/Reporting significant changes and/or concerns: Caregiver is to monitor the resident during the ADL, report concerns and significant changes immediately to relevant individuals (health Care provider POA, CM, etc.)</p> <p>Assistance Required</p> <p>Caregiver will set up supplies for personal hygiene needs and will assist as needed. Caregiver will help Poppy to put in her hearing aids.</p> <p>Caregiver will apply lotion after showers twice weekly.</p> <p>Caregiver will clip her nails and will arrange for a podiatrist to trim her thick toenails.</p>



DDA CARE Assessment Exclusive

Protective Supervision

What level of monitoring does the client typically require during awake hours?

On site (on property): Cannot be left unattended. Requires a support person on the property at all times, at least during awake hours.

What assistance does the client need to handle unfamiliar/unexpected situations?

Needs someone physically present to assist: When unfamiliar or unexpected situations occur generally someone must be physically present or come to the client to help the client resolve the issue.

Is client able to summon help?

Can seek help inside the house: Client can discern when help is needed, and can summon a caregiver or roommate within the house to assist when necessary

Protection and Advocacy Activities

Activity	Frequency	Type Of Support
Advocating for self	At least once a week, but not once a day	Partial physical assistance
Making choices and decisions	At least once a week, but not once a day	Partial physical assistance
Protecting self from exploitation	At least once a day, but not once an hour	Full physical assistance
Exercising legal/civic responsibilities	At least once a week, but not once a day	Partial physical assistance
Belonging to and participating in self-advocacy/ support organizations	At least once a month, but not once a week	Partial physical assistance
Obtaining legal services	None or less than monthly	Full physical assistance
Managing money and personal finances	At least once a month, but not once a week	Full physical assistance
Advocating for others	At least once a week, but not once a day	Partial physical assistance

1) Would need support to advocate for himself for his personal needs of medical care or getting employment. If he were personally attacked, he would avoid any confrontation and stay away from the person.

2) Can make simple decisions of what to eat and what to wear. With these simple decisions he will need support because he does not make the safest or socially acceptable choices. He would need full support to make more complex decisions.





GROUP ACTIVITY: Poppy McGee; Eating - Assessment

1 HCS Poppy McGee – Eating

Eating

How individual eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)

Self Performance and Support Provided in the last 7 days:

Independent, Setup help only

Status and Assistance Available:

Unmet

Client Strengths:

No swallowing problems

Client Limitations:

Cannot cut food

Client Preferences:

Prefers small portions

Caregiver Instructions:

Bring food to client, Cut food into small pieces

Provider:

Angel Care Adult Family Home Services - 01





GROUP ACTIVITY: Poppy McGee; Eating – Help Screen

NCP Template Field	Instruction – Sample Text	Strength & Abilities	Assistance Required
Eating (Return to Index)	<p>How individual eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)</p> <p>Indicate care level for eating – independent, supervision/cueing, assistance needed, or totally dependent.</p> <p>Indicate if there is a special diet/supplements, eating habits, and/or food allergies.</p> <p>Does the resident use any special equipment/supplies or procedures?</p>	<p>What kind of food does the resident like to eat? Do they have a special diet prescribed by their doctor?</p> <p>Do they need assistance eating or monitoring for choking? Do they require a soft diet or have any allergies?</p>	<p>What does the caregiver do to help the resident eat? Do they prepare meals or ask the resident what his/her preferences are? Do they <u>provide assistance</u> and if so, how?</p> <p>If a resident receives a supplement shake, make sure they have been approved by the resident's doctor first.</p>





GROUP ACTIVITY: Poppy McGee; Eating – NCP Template

ACTIVITIES OF DAILY LIVING	Resident Strengths And Abilities Prefers To Do Independently Preferences	Assistance Required Who Will Provide, When, And How
EATING <i>How individual eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)</i> <input type="checkbox"/> Independent <input type="checkbox"/> Supervision/Cueing <input type="checkbox"/> Assistance Needed <input type="checkbox"/> Totally Dependent <input type="checkbox"/> Special Diet/Supplements: <input type="checkbox"/> Eating Habits: <input type="checkbox"/> Food Allergies: <input type="checkbox"/> Equipment/Supplies/Procedures: Limitations:	Strengths and Abilities	Monitoring/Reporting significant changes and/or concerns: Caregiver is to monitor the resident during the ADL, report concerns and significant changes immediately to relevant individuals (health Care provider POA, CM, etc.) Assistance Required



GROUP ACTIVITY: Poppy McGee; Eating – NCP Template

ADL – Eating – Page 29

***How the individual eats and drinks** (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)*

- What is the level of need for Eating? Independent, Supervision/Cueing, Assistance Needed, or totally Dependent?
- Is there a special diet or supplements? If so, what are they?
- What is the resident's eating habits?
- Does the resident have any food allergies?
- Does the resident use any equipment/supplies/procedures? If so, what are they?
- Does the resident have any limitations?

Resident Strengths and Abilities – What are the resident's strengths and abilities? What does the resident prefer to do independently? What are the resident's preferences?

Assistance Required –

- Who will provide assistance?
- What will the assistance be?
- When will the assistance occur?
- How will assistance occur?



Group Activity

**Complete Negotiated Care Plan
Behavior Section – WILD FREE**





Assignment #9

Complete The Following Sections of the Negotiated Care Plan Template:

- Page 1
- Communication
- 1 ADL of your choice – Not eating, or any of the examples we used
- The Medication Overview section
- 1 Medication in Medication Management
- Transportation



Seems different than usual

Talks or communicates less than normal

Overall needs more help than usual

Participated in activities less than normal

Ate less than usual (Not because of dislike of food)

N

Drank less than usual

STOP and WATCH

The *Stop and Watch* early warning tool can help you identify when changes occur in your resident's condition.

Weight change

Agitated or nervous more than usual

Tired, weak, confused, or drowsy

Change in skin color or condition

Help with walking, transferring, toileting more than usual

Ongoing Health Monitoring

- Consider a Monitoring Schedule:
 - Daily
 - Changes in care plan or accommodations.
 - Daily Care Log
 - Weekly
 - Head-to-toe skin integrity check
 - Vitals (must follow physicians' directions)
 - Monthly
 - Weight
 - Mobility status
 - Mental & behavior status
 - Safety risk

PERSONAL CARE RECORD

50, 298256

REV 12/12 STOCK NO. 506431 FORM A-55 1-800-235-0767

INTEGRAL SOLUTIONS GROUP

		HOUR	1	2	3	4	5	6	7	8	9	10	11
DIET <input type="radio"/> G-Good 75% <input type="radio"/> F-Fair 50% <input type="radio"/> R-Refused <input type="radio"/> S-Snack <input type="radio"/> P-Poor 25%													
<input type="checkbox"/> Dining Room <input type="checkbox"/> Feeds Self <input type="checkbox"/> Room <input type="checkbox"/> Assistance <input type="checkbox"/> Total													
BATH <input type="checkbox"/> Bed Bath (BB) <input type="checkbox"/> Sponge Bath (SB) <input type="checkbox"/> Shower (SH) <input type="checkbox"/> Tub Bath (TB) <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> TH <input type="checkbox"/> Whirl Pool (WP)													
ORAL CARE <input type="radio"/> Dentures <input type="radio"/> Teeth <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> TH													
F. Nail Care <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> TH T. Nail Care <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> TH Shave <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> TH Shampoo <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> TH													
BOWEL MOVEMENT L = Large M = Medium S = Small													
INCONTINENCE <input type="checkbox"/> Urine <input type="checkbox"/> Voiding Freely <input type="checkbox"/> Feces Sponge Bath After Each Incontinent Episode													
SKIN CARE <input type="checkbox"/> Turn and Reposition Q2H <input type="checkbox"/> Pericare <input type="checkbox"/> Backrub													
AMBULATION <input type="checkbox"/> Walker <input type="checkbox"/> Partial Bedfast <input type="checkbox"/> AMB <input type="checkbox"/> Chair <input type="checkbox"/> Cane <input type="checkbox"/> Wheelchair <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> TH													
RESTRAINTS <input type="checkbox"/> Vest <input type="checkbox"/> Wrist <input type="checkbox"/> Hand/Ankle Checked Q 1 hr: R/R Q 2 hrs.													

Common Monitoring Tasks

Common Health Care Monitoring Tasks



- Blood pressure
- Skin condition
- State of hydration
- Appetite/food consumption
- Weight gain or loss
- Mental/emotional status change
- Behavior change, such as wandering or exit seeking

- Ability to perform ADLs
- Mobility
- Diabetes - changes in blood sugar levels
- Safety measures for fall prevention
- Medication changes, adjustments, or additions

When To Call A Health Professional

- A partial screen shot of pages 38-39 in your Student Module #10

Consider calling the health care provider when your resident displays these conditions:

- Abnormal fatigue
- Temperature more than 101 degrees
- Nausea, vomiting & diarrhea, or shortness of breath
- Lightheadedness
- Headache, especially residents with hypertension
- Excessive sweating
- Problems with vision beyond normal
 - [Hearing and Vision.pdf \(wa.gov\)](#) DDA Caregiver alert #16 (8/10/05) Common Problems of Aging: Hearing and Vision
- Increased confusion; change in mental status/behaviors
 - [DDD Office of Quality Assurance—Care Giver Alert # \(wa.gov\)](#) – Could it be Dementia?
 - [Microsoft Word - Alert #31 The Red Flags of Change final \(wa.gov\)](#)
- Strong urine odor
- Coughing
 - [Aspiration.pdf \(wa.gov\)](#) – Care Provider Bulletin – April 2019
- Choking, depending on seriousness, could be a 911 call
 - [Choking Alert 9 2016.pdf \(wa.gov\)](#) DDA Choking – Care Provider Bulletin – September 2016
 - [Aspiration.pdf \(wa.gov\)](#) – Care Provider Bulletin – April 2019



When to Call 911

An emergency is any situation that requires immediate assistance from the police/sheriff, the fire department, or an ambulance. **Call 911** if:



- The condition is life-threatening
- The condition could worsen and become life-threatening on the way to the hospital
- Moving the resident could cause further injury
- The resident needs the skills/equipment of paramedics or emergency medical technicians
- Distance, traffic, or weather conditions could cause a delay in getting to the hospital

Reporting

A Significant Change, Serious Injury, Trauma, Death

[WAC 388-76-10225](#) states that when there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

- The resident's family
- The resident's representative if one exists
- The resident's health care provider
- Other appropriate professionals working with the resident
- Persons identified in the negotiated care plan
- The resident's case manager if the resident is a department client
- If there is a death, you must also notify the coroner if required by [RCW 68.50.010](#).

Significant Change

A significant change means there is:

- A lasting change, decline, or improvement in the resident's baseline physical, mental, or psychosocial status;
- The change is significant enough so either the current assessment, or negotiated care plan, or both, do not reflect the resident's current status; and
- A new assessment may be needed when the resident's condition does not return to baseline within a two-week period.

Requesting a Significant Change Assessment

A significant change can be requested by:

- The resident or
- The provider if there is a change in their cognition, ADLs, mood and behaviors, or medical condition that impacts their care plan.

To request a Significant Change Assessment:

- Submit a copy of your NCP with the changes
- Email/Fax CM details of the change in the resident's condition
- Submit an AFH Resident Significant Change Assessment Request (15-558) form.

Discharging a Resident – RCS Inspection/Survey

WAC 388-76-10615

- A resident may need to move because of an RCS inspection/survey. RCS may:
 - Issue a statement of deficiency
 - Put a stop placement on your AFH
 - Your license may be suspended or revoked.
 - Close your AFH
- Discharge Notice



NOTE: Notices from RCS are confidential when related to potential or planned closures, License Revocations, and Summary Suspensions. Facility administration, residents, and families will not be advised of the pending action.

Resident Choice

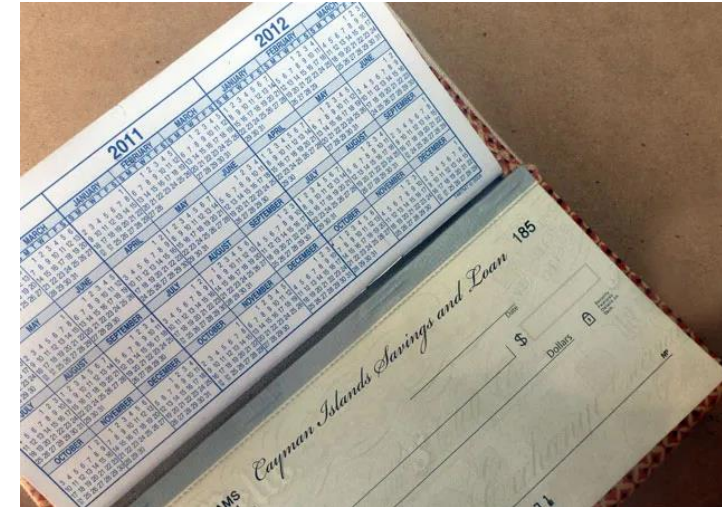
The resident may choose to leave.

- Assist and coordinate the resident's transfer or discharge.
- Residents may move at will and are not required to give you notice.
- There are times when the resident's representative/guardian wants the resident to move, and they want to stay, or the resident wants to move, and the representative/guardian wants them to stay.
- You can contact the CM for assistance or call the Ombudsman.

Reasons for Discharge

You can ask your resident to transfer or discharge from your home if:

- You can no longer meet the care needs of the resident
- The safety or health of other residents are endangered
- The resident has failed to pay
- Your AFH ceases to operate
- You are not renewing your Medicaid contract



Medicaid Discharge

You must notify their CM. The CM will:

- Review or complete an assessment and review the current NCP/Person Centered Service Plan (PCSP)
- Determine if you have tried to reasonably accommodate the resident's care needs; if yes, the CM will coordinate the resident's relocation
- If there is no valid reason to discharge, and the resident wants to stay, the resident and CM will work with you to try to resolve the issue
- If the CM is unable to resolve the conflict, they may refer the issue to the RCS CRU and let the resident know they can contact the Ombudsman or file a complaint with RCS

Reasonable Accommodation



“Something done to accommodate a disabled person that does not jeopardize safety or pose an undue hardship for the party (as an employer or landlord) doing it.”

(Merriam-Webster)

Reasonable Accommodation Steps

- First, attempt to avoid the transfer or discharge, unless agreed to by the client. Then...
 - Document the current challenging needs
 - Clearly identify needs NOT present prior to admission or prior to now
 - Document a plan to “accommodate” those (new) needs
 - Objectively document success or failure of the plan

30 Days Notice

The 30-Day Notice must be in writing and include:

- The reason for transfer or discharge
- The effective date of transfer or discharge
- The location where the resident is transferred or discharged if known at the time of the thirty-day discharge notice

30 Days Notice, Continued

Must be in a language and manner the resident understands and also include:

- The name, address, and telephone number of the state LTC ombuds;
- DDA resident - the mailing address and telephone number of the DDA Ombudsman; and
- For residents with mental illness, the mailing address and telephone number of the Behavior Health Ombuds

30 Days Notice Exceptions

- Resident endangers others in the AFH
- An immediate transfer or discharge is required by the resident's urgent medical needs; **or**
- Has resided in the AFH for <30 days.

To Avoid a Discharge

- **BEFORE** you admit a new Resident
 - Assess - fully understand care needs & family wishes
 - Adjustment trauma - expect more work upon admit
 - Define “*Reasonable Accommodation*” in your policies
- When NOT to discharge
 - No reasonable accommodations attempted
 - Family problems

NOTE: If you discharge a resident in violation of [WAC 388-76-10615](#) or [WAC 388-76-10616](#), you must readmit the resident to your home as soon as a gender-appropriate bed becomes available.



Finding a Facility

- You must follow the Resident Rights – Transfer and Discharge WACs ([WAC 366-76-10615](#) and [WAC 377-76-10616](#)) before initiating a discharge
- **You must ensure the individual has a safe place to go**
- Document - transfer date and time, telephone number and address

Refunds

- For Medicaid, you must refund any unspent participation within 30 days of the move
- Must refund any deposit or charges paid less the home's per diem rate for the days the resident actually resided, reserved, or retained a bed in the home
- May keep an additional amount to cover reasonable and actual expenses incurred, not to exceed five days per diem charges



- Must not require the resident to obtain a refund from a placement agency or person
- Must not retain funds for reasonable wear and tear by the resident
- Must provide the refund within 30 days from the resident's date of discharge

Resident Safety

- Sex offender notification
- Resident notification
- Determine action
- Include in NCP

Summary Review

During this module you learned...

- How to successfully support a resident moving into your home
- The documents you need prior to admission
- How to set up Nurse Delegation
- How to develop a NCP and when it needs to be updated
- The importance of working with your resident's health care provider
- When you can discharge a resident and who you coordinate with

Test Your Knowledge

True or False

1. You must have a current assessment prior to admitting a resident.
2. You can discharge a resident because the staff does not get along with their family.
3. You have 30 days to complete your NCP.





Get Ready For Next Class

- Assignment #9 –
Complete a Negotiate
Care Plan
- Read assigned
Modules