

Stann Richardson M.D.
P A house calls [redacted]

Paul walker
may phone
update

Room 115
Arbor Place Assisted Living

Admissions

1. Resident must be evaluated prior to admission by Administration staff to establish resident's level of care and appropriateness for facility.
2. Families must meet with Administration staff prior to admission to go over paperwork, level of care, and finances. *insurance*
3. Resident must have current (with in 6 months) TB test results or a chest x-ray that states no evidence of infectious diseases. *done* **MRSA** *hospital*
4. A current (with in 6 months) Physicians Report completed and signed by the discharging Physician. *done* *hospital*
5. A current list of medications with dispensing directions that is signed by the discharging physician. *done*
6. Medication list must be called in to or faxed to the pharmacy prior to admission to our facility. *done* *Home health* *Safeway delivers!*
7. All medical equipment (*me* ~~O2~~, walkers, wheel chairs, beds, diabetic supplies) must be set up prior to resident transferring to our facility. *Heart monitor*
8. All residents that require Home Health follow up must have Home Health arranged prior to admission. *Did Mary need in home health what were orders?*
9. Admission time and date must be set up with administration.

All items must be completed and given to Arbor Place Assisted Living prior to the resident admitting,

- Physicians Report & TB Test ? *done*
- Signed Medication Sheet
- Meds Ordered at the pharmacy or brought from home
- Medical Equipment if needed ?
- Home Health if needed ?

Talk with me what are conditions

safety

what equipment needed

walker or wheelchair

mobility

daily needs

mental health for seniors evd.

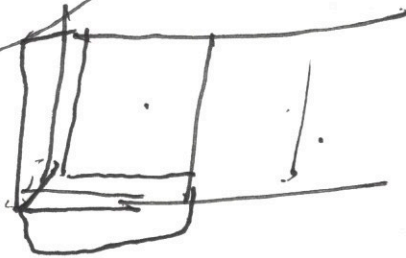
SS. Soagin 468-3760

~~not team~~

^S
This is what
I wanted to know
from Arbor

~~seniors choice~~

~~condominium ship~~



Arbor Place Assisted Living

Missing Resident Policy

BASIC RESPONSIBILITY

- Medication Aides, Personal Care Aides, Administration

POLICY

- It is standard policy to monitor and evaluate residents at risk for wandering and elopement. The facility staff is responsible for identifying residents at risk for elopement, implementing preventative measures to reduce risk, and provide a process for action if an incident of elopement occurs.
- Elopement Definition: Elopement occurs when a resident leaves the premises or a safe area without authorization or staff notification and / or necessary supervision to do so.

PURPOSE

- To assess, monitor, and manage resident safety specific to wandering and elopement.

ASSESSMENT GUIDELINES

- May include, but are not limited to:
Initial assessment, changes in cognition, and changes in behavior

PROCEDURE

- Upon inquiry/ Evaluated, Preplacement Appraisal, and Resident/ Family interview assess each resident's wandering and elopement risk.
- If a resident is identified to be "at risk" during the initial assessment process, the resident will then be evaluated to determine if the facility can manage the residents care.
- Should a resident be identified as "at risk" or should begin to display wandering behaviors, it will be added to their Needs and Service Plan.

PROCEDURE FOR RESPONDING TO A MISSING RESIDENT

- If a resident is missing from the facility, or an actual elopement occurs, notify all staff on duty immediately.
- Check resident sign-out forms to determine if the resident left the facility with approval.
- Assign staff members to check all rooms including bathrooms, closets, tub/showers, kitchen, laundry, offices, storage rooms, etc.
- If the resident is not located, assign staff members to search the surrounding grounds.
- Notify the Executive Director and Resident Care Coordinator

- If the resident is located on the grounds, assess physical condition and mental status. Notify the primary care physician and responsible party of the return and assessment findings. Document the incident, and notify all persons involved in the search that the resident has been found.
- If the resident is not located on the grounds of the facility, the Executive Director takes over primary responsibility for managing the response plan. Ensure the DO has been notified; assign staff to search the immediate neighborhood.
- Notify the Responsible party and query possible destinations that the resident may have attempted to travel.
- Notify the Primary care physician.
- If neighborhood searches are not successful, Notify local law enforcement, provide a complete description of the resident including height, weight, hair color, clothes resident was wearing and any additional identification information requested.
- If it is possible the resident may have left the local area, consider notifying the Sheriff's Department, Highway patrol, and Fire Department.
- Consider notifying local hospital emergency rooms.

Upon Return to the Facility

- Assess physical condition and mental status
- Notify the responsible party of the return
- Notify the primary care physician
- Notify local police department is applicable.
- Update the Needs and Service plan
- Make sure that all staff/shifts are aware of the elopement
- The Executive Director is responsible for notification to State Agencies if applicable.
- If the facility determines it is unable to provide the interventions necessary to maintain the safety of the resident, the responsible party is contacted to discuss options for placement in a secured unit or other facility deemed appropriate to meet the resident's needs.

**Residents who are not considered at risk, and are able to make their own decisions must be allowed to sign themselves out and leave the premises.

THEFT AND LOSS PROGRAM

It is the policy of this Facility to safeguard the personal party of residents residing in the Facility. The Facility will institute preventive measures to minimize, if not eliminate theft and loss incidents in the Facility. Every effort shall be exerted to investigate incidents of theft and loss.

PROCEDURES

ADMINISTRATION

1. Post the Theft and Loss prevention Program in a conspicuous place in the Facility. This shall be posted on a Bulletin Board located in the lobby.
2. Provide a copy of the Theft and Loss Prevention Program to the Resident or Responsible Party upon Resident's admission.
3. Discuss with the Resident or Responsible Party the available resources for preventing theft and loss such as the Resident Trust Account for monies, lockable drawer or cabinet for other valuables. The later will be at the expense of the Resident.
4. Provide a lock for the Resident's bedside drawer or cabinet, upon request at the expense of the Resident.

NOTE: The Administrator shall have the access to the locked areas, upon request. Likewise, where the resident of Responsible Party is unable to clean or maintain the cleanliness of the drawer or cabinet, it shall be made accessible to the Aides for cleaning.

Non-prescribed medication and food items, which may affect the health and safety of the Residents or hamper the Facility's effort to maintain a clean and sanitary facility free from foul odor and insects, shall not be permitted for storage in the locked drawer or cabinet.

5. Review the information or consult with the Resident Council on issues deemed appropriate.
6. Provide access to these records, in response to a specific complaint, upon request, to the following:

COMPLAINTS / GRIEVANCE RECORD

DATE _____

NAME _____

NATURE OF CONCERN

DEPARTMENT INVOLVED

PLAN OF ACTION (DEPARTMENT HEAD)

DISPOSITION (ADMINISTRATOR)

SIGNATURE

SPECTRUM MEDICAL MANAGEMENT SERVICES, INC

1755 W. Hammer Lane. * Suite 7B * Stockton, Ca 95209

1-800-869-9203 * (209)-474-0430 Fax

PODIATRY (FOOT CARE) AGREEMENT

Podiatry care is offered at this facility to any resident requiring care as requested by the resident, responsible party, and/or attending physician.

The podiatry service abides by the rules and regulations of the Board of Podiatric Medicine, Medicare and Medi-Cal. On the first visit, a thorough examination is given and podiatry care, if needed, is provided at that time. This includes, but is not limited to trimming and/or debriding of toenails, corns and/or calluses, or other podiatry care as deemed necessary by podiatrist. Then follow-up visits are done approximately every (10) ten weeks thereafter.

Please be advised that Medicare does NOT cover routine foot care unless the patient qualifies using criteria established by Medicare. For those residents who have Medicare part B, we will bill Medicare. Medicare sets the fees for podiatry service and if the patient qualifies, will pay 80% of that amount. The balance (20%) will be billed to the responsible party or their secondary insurance.

If the patient has Medicare benefits assigned to an HMO (managed care), you will be responsible for payment of services because in most instances they do not pay for podiatry care by a non-HMO podiatrist.

Patients that have BOTH Medicare and Medi-Cal need to provide a copy of the current identification cards.

It is the decision of the responsible party, at any time, to terminate the podiatry agreement by notifying the Director of Nursing or the podiatry service. Please indicate your choice below by checking the appropriate box.

Mary Parvin _____ 115 _____
Name of patient Room # Date
Facility: Arbor Place _____
Medicare# _____ Medi-Cal# _____
HMO _____

If the patient does not qualify under Medicare guidelines, or you have a Medicare HMO, do you wish for us to provide treatment? If yes, you will be billed privately at \$ \$48.

Yes I wish to have podiatry care No I do not wish to have podiatry care

Responsible Party Signature _____