



# Homer Senior Citizens, Inc.

3935 Svedlund Street  
Homer, Alaska 99603  
(907) 235-7655  
FAX: (907) 235-3739

## Adult Day Services Participant Information and Registration for Services

Participant Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Family Member or Caregiver Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Length of time lived in Alaska: \_\_\_\_\_ Length of time lived in Homer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Living Situation:

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Live Alone    | <input type="checkbox"/> House/Apt.  | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> With Spouse   | <input type="checkbox"/> Mobile Home | _____                                    |
| <input type="checkbox"/> With Children |                                      |  |

Physical Health and Mobility:  Good  Fair  Poor

- |  |   |
|--|---|
| <input type="checkbox"/> Self Ambulatory | <input type="checkbox"/> Wheelchair                 |
| <input type="checkbox"/> Walker          | <input type="checkbox"/> Restroom Assistance Needed |

Transportation Needs: \_\_\_\_\_

Assistance with Meals:  YES  NO

Diet Restrictions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Allergies:

Foods: \_\_\_\_\_

Drugs: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

**Activities that you enjoy: (Please circle all that apply)**

Singing  
Field Trips  
1:1 Activities  
Crafts  
Card Games  
Reading  
Animal Visits

Baking/Cooking  
Children's Visits  
Group Discussions  
Pottery  
Dancing  
Musical Groups  
Sharing Stories

Poetry  
Special Events  
Exercise  
Games  
Visitors  
Board Games  
Plants

Bingo  
Art Work  
Walking  
Stories  
Painting

Activities that I do NOT like to do: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social and Family History:**

Number of: \_\_\_\_\_ Brothers \_\_\_\_\_ Sisters \_\_\_\_\_ Children  
\_\_\_\_\_ Grandchildren \_\_\_\_\_ Great-grandchildren

Where were you born: \_\_\_\_\_ Education Level: \_\_\_\_\_

College Degrees: \_\_\_\_\_ Major: \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Where did you work: \_\_\_\_\_

What are/were your hobbies: \_\_\_\_\_

What is your favorite book: \_\_\_\_\_

Did you travel: \_\_\_\_\_

What kind of music do you like: \_\_\_\_\_

Favorite music group: \_\_\_\_\_ Favorite song: \_\_\_\_\_

**Recent Losses:**

Loved One \_\_\_\_\_

Job/Home \_\_\_\_\_

Friends \_\_\_\_\_

Health \_\_\_\_\_

Animals \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
Participant/POA Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ADS Program Manager or Executive Director Signature

\_\_\_\_\_  
Date



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## Adult Day Services Sliding Fee Scale

### DIRECTIONS:

- 1) Circle the annual or monthly income for family. (Do not include Permanent Fund Dividend or Senior Benefits Payments.)
- 2) Circle the number of persons legally dependent upon the income. Draw a vertical line down that column.
- 3) Draw a horizontal line from the income circle across the page.
- 4) Where the line intersects is the percentage of the charge to be billed.
- 5) If more than 5 people in household, add \$5,600 per person.
- 6) If you are in the 0% range, we do encourage a \$10.00 suggested donation. You do not have to pay; this is only a suggested donation as we rely heavily upon donations and fees for service to operate our Adult Day program.

### Alaska Poverty Level

200%

200%

Annual Income		Monthly Income		Number of Persons in Household				
From	To	From	To	1	2	3	4	5
-	\$31,900	-	\$2,658	-	-	-	-	-
\$31,901	\$43,100	\$2,659	\$3,592	40%	30%	20%	10%	10%
\$43,101	\$54,300	\$3,593	\$4,525	50%	40%	30%	10%	10%
\$54,301	\$65,500	\$4,526	\$5,458	60%	50%	40%	30%	20%
\$65,501	\$76,700	\$5,459	\$6,392	70%	60%	50%	40%	20%
\$76,701	\$87,900	\$6,393	\$7,325	80%	70%	60%	50%	40%
\$87,901	\$99,100	\$7,326	\$8,258	90%	80%	70%	60%	50%
\$99,101	\$110,300	\$8,259	\$9,192	100%	90%	80%	70%	60%
\$110,301	\$121,500	\$9,193	\$10,125	100%	100%	90%	80%	70%
\$121,501	\$132,700	\$10,126	\$11,058	100%	100%	100%	90%	80%
\$132,701	\$143,900	\$11,059	\$11,992	100%	100%	100%	100%	90%
\$143,901	\$155,100	\$11,993	\$12,925	100%	100%	100%	100%	100%
\$155,101	\$159,960	\$12,926	\$13,330	100%	100%	100%	100%	100%
\$159,961	\$170,760	\$13,331	\$14,230	100%	100%	100%	100%	100%

½ day at the Friendship Center Adult Day Services Program = \$115.83 (4 hours)  
 After 4 hours charged by 15-minute increments @ \$8.07 up to 2 additional hours (\$64.56)  
 Transportation – One way = \$22.49      Escort – One way = \$22.49

I understand that I will be billed at the \_\_\_\_\_% rate for Adult Day Services.

Participant/POA/Guardian \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ Accounting

\_\_\_\_\_ Program

\_\_\_\_\_ Administration



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# HCB SAMS Registration and Demographic Form

(Use this form to collect client information to enter information into the HFA SAMS database)

## 1. BASIC INFORMATION

Name (Last, First, Middle Initial)		Date Registered / /	
Phone Number	Additional Phone	Gender M / F	DOB / /
Home Address (Residence)		Same for Mailing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Town	State	Zip Code	
Mailing Address (if different than Home Address)	State	Zip Code	
Email:			

## 2. NAPIS

Ethnicity: Not Hispanic or Latino / Hispanic Latino	In Poverty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lives Alone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ADLs: <input type="checkbox"/> Eating <input type="checkbox"/> Dressing <input type="checkbox"/> Bathing <input type="checkbox"/> Toileting <input type="checkbox"/> Transferring in/out of bed/chair <input type="checkbox"/> Walking						
IADLs: <input type="checkbox"/> Preparing Meals <input type="checkbox"/> Shopping for personal items <input type="checkbox"/> Doing heavy housework <input type="checkbox"/> Managing Money <input type="checkbox"/> Managing Medication <input type="checkbox"/> Using Telephone <input type="checkbox"/> Doing Light housework <input type="checkbox"/> Using available transportation						

## 3. CARE ENROLLMENT

<input type="checkbox"/> HCB Adult Day Services	<input type="checkbox"/> HCB Senior In-Home Services
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## 4. CUSTOM FIELDS

a. Primary reason for services? (only use "Physically Frail" when no other applies): <input type="checkbox"/> HCB ADRD <input type="checkbox"/> HCB Cog Impair <input type="checkbox"/> HCB DevDisability <input type="checkbox"/> HCB Mental Ill <input type="checkbox"/> HCB TIB <input type="checkbox"/> HCB Physically Frail
b. Consumer's living situation? (choose only one): <input type="checkbox"/> HCB Lives Alone <input type="checkbox"/> HCB Assisted Living <input type="checkbox"/> HCB Lives w/under <60 CG <input type="checkbox"/> HCB Lives w/over >60 CG

## 5. ETHNIC RACE

<input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White-Hispanic <input type="checkbox"/> Other <input type="checkbox"/> Non-Minority (White, non-Hispanic) <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Missing
---

## 6. PROVIDER

Provider/Grantee: Homer Senior Citizens, Inc. "Friendship Center Adult Day Services"
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## 7. NOTES

Referrals/Notes	
Completed by:	Date:

Received via email 11/6/2019



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## Adult Day Services - Services Agreement

Homer Senior Citizens, Inc. and \_\_\_\_\_ hereby agree to the following terms and agreements.

Each Participant/Representative as evidenced by this signed acknowledgment, have received a copy of the Participant's Rights and Responsibilities.

Homer Senior Citizens Adult Day Services staff recognizes the participant's rights and will provide regular communication with the Participant/Representative regarding the participant's Treatment Plan and any changes in the participant's condition as well as any changes in the program's policies or Rate Schedule.

### Service Rates:

1. ½ day up to four hours = \$115.83
2. 15-minute periods up to 1 hour = \$8.07 per 15-minute period—Participant/Representative responsibility (Medicaid does not reimburse until after 1 hour)
3. Trip in the van = \$22.49 each way (less than 20 miles)

Sliding fee scale is available.

As noted in the ADS Statement of Rights, you have the right to be treated with respect, dignity, and equality. If you feel you or your rights are being abused, you can speak directly to the Adult Day Service Manager. You also have the right to submit a formal grievance following the HSC Grievance Policy.

Each Participant/Representative agrees to pay in full for services by the 10<sup>th</sup> of the month. If participant/agent is awaiting coverage by a third-party payer, once payment is received by this third party, monies paid by participant/agent will be reimbursed.

By signing below, you are agreeing to pay in full for any Adult Day Services and that you have read and understood the Adult Day Services Agreement.

Participant/POA Signature \_\_\_\_\_ Date \_\_\_\_\_

ADS Manager \_\_\_\_\_ Date \_\_\_\_\_

Executive Director \_\_\_\_\_ Date \_\_\_\_\_

*Friendship Center Adult Day Services is not covered by the Terrace Assisted Living Services Agreement*

**POA  
Living Will  
Advance Directive**

- 1) New Admission — please provide)**
- 2) Renewal admission—POA/Living Will/  
Advance Directive reviewed and current  
Staff Initial \_\_\_\_\_ Date \_\_\_\_\_**

**Comfort One  
(if they have one)**

**New Admission — please provide)**

**2) Renewal admission—Comfort One  
reviewed and current**

**Staff Initial \_\_\_\_\_ Date \_\_\_\_\_**



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## MEDICAL HISTORY

MUST BE COMPLETED BY A PHYSICIAN - PLEASE RETURN BY FAX

Name: \_\_\_\_\_ Sex: M F Date of Birth: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

**Diagnoses/Medical conditions:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Seizures          | <input type="checkbox"/> Cancer         | <input type="checkbox"/> CVA                |
| <input type="checkbox"/> Glaucoma          | <input type="checkbox"/> Lung Condition | <input type="checkbox"/> Parkinson's        |
| <input type="checkbox"/> Cataracts         | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> High BP           | <input type="checkbox"/> Anemia         | <input type="checkbox"/> Alzheimer's        |
| <input type="checkbox"/> Arthritis         | <input type="checkbox"/> TB             | <input type="checkbox"/> Cerebral Palsy     |
| <input type="checkbox"/> Kidney Disease    | <input type="checkbox"/> Heart          | <input type="checkbox"/> Osteoporosis       |
| <input type="checkbox"/> Arteriosclerosis  | <input type="checkbox"/> Prostate       | <input type="checkbox"/> Allergies          |
| <input type="checkbox"/> Incontinent Bowel | <input type="checkbox"/> Bladder        | <input type="checkbox"/> Dementia           |

Other: \_\_\_\_\_

Allergies: \_\_\_\_\_

Mental Condition – describe: \_\_\_\_\_

Weight \_\_\_\_\_  
Height \_\_\_\_\_

DNR Request or Comfort One \_\_\_\_\_  
Please provide copy.

Medications, dosage and time. Include PRN and OTC: (use the back for more space)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TB Test, Chest X-ray or PPD (within the past year): Date Administered \_\_\_\_\_ Results \_\_\_\_\_

Diet:  Regular Diet  Modified Diet Explain \_\_\_\_\_

Physical Limitations:  No  Yes Explain: \_\_\_\_\_

PRN Orders: \_\_\_\_\_

Please identify any concerns: \_\_\_\_\_

I certify that this patient does not have a communicable disease in a transferable stage.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_





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## Consent for Release of Medical Records

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

To: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby request and authorize you to release all information you have pertaining to me as specified below:

### INFORMATION:

- Hospital Records & Discharge Summary
- Psychological Evaluations
- Medical Records
- Psychiatric Evaluations
- Recent Treatment Plans or Assisted Living Plans (IHP.IPP.IEP. etc.)
- CHOICE Medicaid Records

Furthermore, I give my permission for RN, Office Manager, Administrative Assistant or Executive Director of Homer Senior Citizens, Inc. Assisted Living Facility or Adult Day Services to pass medical information about me to:

- Family Members: \_\_\_\_\_
- Medical staff in the community involved in my care: \_\_\_\_\_
- Home Health Nurses: \_\_\_\_\_
- Exclusions: \_\_\_\_\_

RESIDENT/PARTICIPANT/REPRESENTATIVE'S SIGNATURE

DATE

This consent is subject to revocation in writing at any time. This consent is valid for one year from the date noted herein, unless revoked earlier.

This transmission is intended only for the use of the individual or entity to whom it is addressed and contains information that is protected. If the reader of this message is not the intended recipient, you are hereby notified that any disclosure, distribution or copying of this information is prohibited. If you have received this transmission in error, please notify us immediately by telephone (call collect at the number provided above) and return the original documents to us at the address given above via the US Postal Service. Thank you for your cooperation.



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## Privacy Policy/HIPAA Health Care Disclosure Statement

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Typically, your medical information record contains your symptoms, test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical records, serves as a:

- basis for planning your care and treatment;
- means of communication among the many health professionals who contribute to your care;
- legal document describing the care you received; or are receiving;
- means by which you or a third-party payer can verify that services billed are actually provided;
- a tool in educating health professionals;
- a source of information for public health officials charged with improving the health of the nation;
- a source of data for facility planning and marketing; and
- a tool with which we can assess and continually work to improve the care and services we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy and request a correction if you find an error in its accuracy;
- better understand who, what, when, where, and why others may access your health information;
- make more informed decisions when authorizing disclosure to others.

Although your health record is the physical property of Homer Senior Citizens, Inc. (Assisted Living Facility and Adult Day Services) the information belongs to you. You have the right to:



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- request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522;
- obtain a paper copy of the notice of information practices upon request;
- inspect and copy your health records as provided for in 45 CFR 164.524;
- obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528;
- request communications of your health information by alternative means or at alternative locations;
- revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Homer Senior Citizens, Inc. is required to:

- maintain the privacy of your health information;
- provide you with notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction;
- accommodate reasonable requests you may have to communicate health information by alternatives means or at alternative locations.

Due to the nature of our operations, you should be aware that all care providers and other healthcare practitioners of Homer Senior Citizens, Inc. have access to all of our residents' and participants medical information/records.

If this is an issue for you or creates a problem, please discuss it with our care providers, healthcare practitioner, care coordinator or family member, Assisted Living Manager (R.N.), or the Adult Day Services Manager. It does not mean we will be able to change our mode of operation but a discussion with any of the mentioned care providers could help alleviate any concerns you might have.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. You will be notified by mail at the last address you have provided.



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We do not and will not use or disclose your health information without your authorization, except for core health care activities of treatment, payment, and "Health Care Operations" as defined in the Privacy Rule of 45CFR 164.506 or as otherwise described in this notice.

If you believe your privacy rights have been violated, you may file a complaint with the Homer Senior Citizens, Inc. Executive Director, or with the Secretary of Health and Human Services. Generally, a complaint to HHS should be filed within 180 days of the incident you believe violated your rights. Contact Health and Human Services, 200 Independence Ave, SW, Wash, DC 20201, telephone 202/619-0257 or toll free: 877-696-6775.

Participant/POA Signature \_\_\_\_\_ Date \_\_\_\_\_

ADS Manager \_\_\_\_\_ Date \_\_\_\_\_



**Insurance**  
**Medicare/Medicaid**  
**Medical Information**  
**(Copies of cards if they have them)**



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I give permission to Homer Senior Citizens, Inc. to take and use photos of me for any form of publicity in printed and online materials.

Please circle one

Yes

No

\_\_\_\_\_  
Participant/Resident/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



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## Adult Day Services Participants Statement of Rights

Participants have the:

1. Right to be treated as an adult, with respect and dignity.
2. Right to participate in a program of services and activities which promote positive attitudes regarding one's usefulness and capabilities.
3. Right to be encouraged and supported in maintaining one's independence to the extent that conditions and circumstances permit and to be involved in a program of services that promotes personal independence.
4. Right to self-determination with adult services setting, including the opportunity to participate in developing one's plan for services, to decide whether or not to participate in any given activity and to be involved to the extent possible in program planning and operation.
5. Right to be cared about in an atmosphere of sincere interest and concern.
6. Right to privacy and confidentiality, that any information given to Homer Senior Citizens, Inc. be held in the highest confidence and released only according to the instructions on the signed release waiver.

By signing and dating below I am stating that I have read & understood the "Statement of Rights of Adult Day Services Participants".

Participant/POA Signature \_\_\_\_\_ Date \_\_\_\_\_

ADS Manager \_\_\_\_\_ Date \_\_\_\_\_



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## Grievance Policy

<b>Highlights</b>	<b>Policy Statement</b>
	<p>It is the policy of Homer Senior Citizens, Inc. (HSC) to handle complaints and grievances in a timely manner and to resolve complaints as soon as possible.</p> <p style="text-align: center;"><b>Policy Interpretation and Implementation</b></p> <p>The Terrace Assisted Living and Friendship Center Adult Day Services each have a grievance and complaint procedure specific to that program. These can be found in their respective procedures manuals. For complaints and grievances from members of HSC or the general public, the following procedure will be followed if the complaint cannot be solved on an informal basis:</p> <ol style="list-style-type: none"><li>1. A person submitting the complaint, the Complainant. Must file their complaint in writing with the Executive Director or designee of HSC within ten days of the occurrence upon which the complaint is based.</li><li>2. Within five days of the complaint being filed, the Executive Director or designee will meet with the person filing the complaint to discuss resolution to the complaint.</li><li>3. Within ten days of the meeting between the Executive Director or designee and the Complainant, the Executive Director will issue a written decision regarding the complaint.</li><li>4. If the Complainant is not satisfied with the resolution of the complaint, a written appeal may be filed with the HSC Board of Directors. The appeal must be filed within ten days of receipt of the decision of the Executive Director.</li><li>5. The HSC Board of Directors shall hear the appeal within 30 days of receipt of the written appeal. At the meeting, the Complainant will be allowed to present information on the appeal of the complaint according to guidelines established by the Board.</li><li>6. Based on the information presented at the meeting, the Board will issue a written decision on the appeal within ten days. The decision of the Board shall be final.</li><li>7. The Quality Assessment and Assurance Committee will include all grievances in their review and make recommendations to Executive Director to improve operations.</li></ol> <p>Failure of a complainant to comply with the above procedures shall constitute a waiver of the right to file a complaint or have the complaint heard.</p>





## Restrictive Interventions Policy

Highlights	Policy Statement
Definitions	<p>All individuals acting on behalf of HSC will ensure the procedure for the use of restrictive interventions is administered to provide resident/participant freedom of choice and movement.</p> <p style="text-align: center;"><b>Policy Interpretation and Implementation</b></p> <p>“Restrictive Intervention” means an action or procedure that limits an individual’s movement or access to other individuals, locations, or activities.</p> <p>“Seclusion” means the involuntary confinement of an individual alone in a room or an area from which the individual is physically prevented from having contact with others or leaving.</p> <p>“Chemical Restraint” means the use of medication to restrict freedom of movement in order to manage or control behavior, for disciplinary purposes, or for the convenience of the provider. Which does not include medication prescribed for the purpose of managing behavior by an individual listed in 7 AAC 130.227(i)(3) and administered in accordance with the applicable requirements of 7 AAC 130.227</p> <p>“Physical Restrictive Intervention” means a mechanical device or piece of equipment that prevents or restricts a resident’s/participant’s movement.</p>
Procedure	<p>As a first measure and if possible, HSC personnel will use the following steps to avoid the use of restrictive interventions.</p> <ol style="list-style-type: none"> <li>1. Intervene verbally to diffuse the situation. Ensure a second person is present to ensure HSC personnel feels supported and is able to let the other individual take over if necessary.</li> <li>2. Determine the resident’s/participant’s source of frustrations. Remove the individual or object causing frustration, only if that removal does not conflict with the policy and procedure for prohibited use of restrictive intervention, or if removal would inhibit the resident’s/participant’s freedom of choice and offer a solution by explaining the agency’s complaint process.</li> <li>3. Consult with the Executive Director if possible.</li> <li>4. Encourage resident/participant to move into a more private area of the setting as to not escalate and stress other residents/participants if in a setting where other residents/participant are present, as long as the resident/participant is not secluded (see definition of seclusion and prohibited use of seclusion as a restrictive intervention).</li> <li>5. Call 911 in case the situation can’t be resolved in a peaceful manner.</li> <li>6. Inform caregiver, POA, guardian or care coordinator in accordance with the resident’s/participant’s plan of care. HSC personnel involved will document the incident in the resident’s/participant’s file as effective or ineffective and discuss with the RN Manager/ADS Manager as soon as possible.</li> <li>7. Critical incidents are reported to SDS and Adult Protective Services (APS), through the SDS Centralized Reporting website (see critical incident reporting policy and procedures).</li> </ol> <p>HSC personnel may use restrictive interventions only:</p> <ol style="list-style-type: none"> <li>1. As a response when a resident/participant presents an imminent danger to the resident’s/participant’s safety or to the safety of others.</li> <li>2. When other types of interventions have been tried, and documented as ineffective for safe management of the resident’s/participant’s behavior, and</li> </ol>



## Homer Senior Citizens, Inc.

appropriate to the resident's/participant's chronological and developmental age, size, gender, and physical, medical and psychological condition.

### Restrictive interventions that are prohibited

1. Seclusion as a restrictive intervention
2. Prone restraint
3. Chemical restraint

### Physical Restrictive Intervention

#### Physical restrictive intervention

The use or prohibition of use of physical restrictive intervention will be developed upon the resident's/participant's assessment and with the agreement of the resident/participant, POA or guardian, care coordinator, primary care physician, assisted living manager and the RN Manager/ADS Manager in accordance with the agreed upon plan of care and services plan to ensure resident/participant safety and freedom of movement. Examples of physical restrictive intervention devices and equipment that HSC residents/participants have access to include: wheelchair safety belts, wheelchair wheel locks and electric live recliners.

### Training

#### Training in the use of restrictive interventions

All HSC personnel will complete restrictive intervention training at the date of hire and on an annual basis. Written verification that each employee has received training appropriate to the type of restrictive intervention allowed will be included in the new hire orientation checklist and maintained in each employee's training file.

### Documentation

#### Documentation and reporting of each event that involves the use of restrictive intervention

All documentation shall be tracked in the resident's/participant's file and include:

1. The date and time
2. The duration of time each type of restrictive intervention was used
3. A description of the behavior that led to the use of restrictive intervention
4. A rationale for, and a description of, each type of restrictive intervention used
5. The resident's/participant's response to each type of restrictive intervention used
6. The name of each staff member involved in the restrictive intervention
7. The event or circumstances that necessitated the use of restrictive intervention
8. The type of restrictive intervention used
9. The type of care provided to the resident/participant while a restrictive intervention is applied
10. The outcome for the resident/participant and for the staff involved in the event

Each use of restrictive intervention will be tracked by the RN Manager/ADS Manager and summarized on a quarterly basis, analyzed by the Executive Director and included in the Quality Improvement Report and corrective action taken. The summary will be included to SDS when HSC applies for re-certification or upon request.

Each misuse of restrictive intervention and use of restrictive intervention that resulted in the need for medical intervention shall be reported by the RN Manager/ADS Manager as a critical incident under 7 AAC 130.224, analyzed by the Executive Director each calendar quarter and corrective action taken.

The RN Manager/ADS Manager or the Executive Director shall supervise, monitor and evaluate each use of restrictive intervention and individuals that use restrictive

Approved by Board of Directors June 15, 2016

Approved by Board of Directors July 20, 2016



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intervention while residents/participants are in the care or receiving services from HSC.

### Corrective Action

#### Corrective Action

The Program Administrator and Executive Director shall develop a corrective action plan within a reasonable period of time after each use of restrictive intervention. The corrective action plan will be included in the quarterly Quality Improvement Report for analysis.



## APPENDIX A

### Restrictive Interventions Policy Appendix

#### ALLOWABLE INTERVENTIONS THAT ARE NOT CONSIDERED RESTRICTIVE:

##### **Not Reportable**

1. Prompting by using verbal cues, physical gestures or physical assistance;
2. Simple correction by explanation, demonstration, or guidance of a recipient;
3. Ignoring or not attending to a behavior that is inappropriate;
4. Offering alternatives or non-threatening discussion of possible consequences;
5. Use of incentive;
6. Teaching and encouraging;
7. Cancelling an activity for a resident/participant if resident/participant is agitated at time of activity;
8. Requesting a resident/participant to leave an area or room for protection;
9. Use of medical alert devices for seizures, falls or wandering.
10. Use of door and window alarm or alert system for resident/participant safety and security;

#### ALLOWABLE RESTRICTIVE INTERVENTIONS:

##### **Reportable**

1. When attempting to interrupt or prevent a behavior, the least restrictive methods possible should be applied first to de-escalate a situation. All restrictive interventions must be time-limited and appropriate to the level of seriousness of the behavior.
2. Controlling access to medications and hazards that may be harmful;
3. Physically blocking without holding a recipient for protective purposes;
4. Management team shall structure restrictive intervention so that the least restrictive and most positive approach is implemented first, followed by a hierarchy of more restrictive actions applied only when the preceding approach proves ineffective.
5. Time away or time out in a separate area or unlocked room is allowed if the resident/participant consents to this method of intervention.
6. Use of a mechanical or therapeutic device or restraint that is prescribed by a physician, consented to by the resident/participant or their legal representative, and used as prescribed; devices may include wheel chair safety straps, bed rails, lap trays, leg brace, gait belt, chair cushions, car safety straps or seat belts that are required by law during travel in a vehicle.
7. Under the above stated conditions the following are allowable restrictive interventions in an approved behavioral support plan:
  - a. Interrupting or preventing a challenging or dangerous behavior that is harmful to recipient or others;
  - b. Interrupting or preventing a challenging or dangerous behavior that may cause significant emotional or psychological stress to recipient or others;
  - c. Interrupting or preventing a challenging or dangerous behavior that cause significant damage to the property of others;

- d. Physically moving a recipient from an area for protection of the recipient or others;
- e. Use an alert or alarm system to monitor recipients who present a risk to others;
- f. Necessary supervision to prevent dangerous behavior;
- g. Taking away of items that could be used as weapons when the recipient has a history of making threats or inflicting harm which those items such as knives or matches;
- h. Removing recipient property that is being used to inflict injury on one's self, others, or property;
- i. Physical restraint to limit the free movement of part of the body in an emergency situation with the exception of any intervention or technique listed in the prohibition section of these standards;
- j. Mechanical restraint to prevent injury or mechanical devices that are used as prescribed and intended (e.g. helmet, arm splint, etc.) or
- k. Medication which may include medication for acute episodic behavior; this is prescribed and monitored by a physician; self-administered by resident/participant and consented to by legal representative as part of an ongoing treatment plan.

Restrictive interventions that are prohibited:

**Reportable**

1. Seclusion as a restrictive intervention
2. Prone restraint
3. Chemical restraint

*Adult Day Services Handbook*



# Homer Senior Citizens, Inc.

## **Policies and Procedures Manual for Adult Day Services**

**"Live Life to its Fullest!"**

Revision Date: June 3, 2016



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## **Program Operation**

### **Hours of Operation**

Adult Day Services will operate five days a week from 9am to 3pm Monday through Friday. Extended hours may be approved by program manager based upon staff availability.

### **Days of Operation**

Adult Day Services operates Monday through Friday for a total of approximately 247 days each year. The facility will be closed for ten holidays and approximately three days for staff training.

### **Meals and Snacks**

The following meals and snacks are provided:

Breakfast snack

Lunch

Afternoon snack

All meals and snacks are prepared by the Homer Senior Citizens, Inc. nutritional program following the D.A.S.H. diet (Dietary Approaches to Stop Hypertension). Snacks may be prepared as an activity in the Adult Day Services kitchen.

### **Transportation**

Transportation may be provided by Homer Senior Citizens, Inc. Transportation Program.

## **Program Description**

The Adult Day Services program is a community-based group program designed to meet the needs of adults, who require assistance with functional ADL's, through an individual plan of care. The program is open to anyone residing on the Southern Peninsula Service Area and meets the eligibility criteria. HSC is an approved VA site for Veterans Services. It is a structured, comprehensive program that provides a variety of health, social and related support services in a protective setting five days a week. Individuals who participate in the Adult Day Services program attend on a planned basis. The goal of the program is to enable participants to remain in a home or community based setting reducing long-term care costs for the individual or family. The program is designed to maintain or improve the level of cognitive/physical capacity of the individual.



## **Participant Criteria for Eligibility**

The Adult Day Service program targets individuals 55 years or older, low income, and minorities as a priority. We focus on serving physically and emotionally frail persons over sixty. Under the Veterans contract the program targets the following Boroughs: Kenai Peninsula, Kodiak, Anchorage, Matanuska-Susitna, North Star, Denali, Juneau City, and Sitka.

### **Target Group**

Priority for acceptance into the program is as follows:

1. 60 years or older residing at home with family members or friends who are low income, minority, and/or frail.
2. 18 years or older who have Alzheimer's or related disorder.
3. 55 years or older who are at risk.
4. Veterans Status

Services may also be provided to persons receiving 24-hour care in a formal care system (such as Long Term Care or assisted living). Cost of care is the responsibility of the individual, family, or agency based on the service agreement.

### **Eligibility**

1. No individual will be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination due to race, religion, sex, or national origin.
2. The Program Manager may limit the number of participants who may be served at one time, in order to ensure adequate staff coverage.
3. Prospective participants may be invited to visit Adult Day Services for a period of one day for program eligibility assessment at no charge.
4. Participants must meet the following criteria during the assessment.
  - a. Diagnosed with dementia/Alzheimer's or related disease, chronic health issues, physical or mental impairment causing an unsafe environment if left alone.
  - b. Medication management may be part of the plan of care with HSC Nurse supervision.
  - c. Veteran's Prior Authorization for Adult Day Services

Individuals who will not be considered for the program placement are:

1. Adults with communicable disease requiring isolation.
2. Adults with a history of violence to self/others and whose behavior is not resolved through redirection.
3. Adults who after initial assessment by the RN are considered to have care requirements beyond the ability of the program.

### **Admission**

All individuals accepted into the program must complete:

1. Completed Application Packet
2. Nurse Assessment - within 14 days of admission
3. Physician Statement & Consent
4. Plan of Care - within 30 days of admission

## Services Provided

The intent of our services is to provide a method for Participants to use their time meaningfully during each day. Building upon the supportive environment offered within an individual or group setting, the Adult Day Services program works toward the following general goals:

1. To promote the individual's maximum level of independence;
2. To maintain the individual's present level of functioning as long as possible, preventing or delaying further deterioration;
3. To restore and rehabilitate the individual to his/her highest possible level of functioning;
4. To provide support and respite education for families and other caregivers;
5. To foster socialization and peer interaction; and
6. To serve as an integral part of the community service network and the healthy continuum of care.

### Program Services

Program services include the following:

1. A breakfast snack, lunch and an afternoon snack will be provided. All meals will follow the D.A.S.H. diet (Dietary Approaches to Stop Hypertension). All menus are approved by a Registered Dietician and accepted by the State of Alaska's Nutrition Program.
2. Appropriate activities are designed based on the initial individual's assessment and plan of care.
3. We will assist participants with activities of daily living, which may include walking, eating, toileting, transferring and medication assistance.
4. The health of individual participants is monitored by staff and documented into our electronic medical records.

## Program Participation

The success of the program is entirely participant centered. Depending upon the level of care each participant will be encouraged to meet or exceed their individualized program goals as identified in their initial nurse assessment. Quarterly reviews are conducted to monitor participant health and measure outcomes.

The plan of service care is a coordinated process between the individual; family representative; program manager; and, the assessment nurse.

Hour and day of participation are scheduled based on individual and family representative needs.

## Veterans' Services

HSC has the Federal Contract award number for Veterans' Services, VA260-15-G-0082 for contract dates 9/14/2015 - 9/13/2020.

### **HSC will provide Veterans' Services**

To access these services the following must be provided:

1. Physician Medical Directive required
2. VA Form 10-7078 required

Transportation may be included, up to 20 mile radius, if VA approval is noted.

## Program Activities

A variety of activities are designed to stimulate participant's mental, physical, and social needs. By doing this we are continuously modifying and adapting our activities to help people who struggle with impaired memory, vision, hearing, and mobility.

To ensure that our participant's needs are met we do a variety of activities. We may provide board, word, and trivia games to keep the mind active. Participants may gain physical strength through our active games which may include balloon volleyball, croquet, ring toss, target practice and our chair exercise program. It is also our goal to keep engaged in the community. By doing this we may provide van rides and invite the community to volunteer in the facility through a variety of services such as music, presentations, reading, and school groups. Below is a list of activities that may be included in the ADS program.

- Arts & Crafts
- Baking
- Birthday and Holiday Celebrations
- Current Events
- Intergenerational Activities
- Music
- Physical Exercise
- Games
- Field Trips
- Gardening

ADS hosts a caregiver support group with the focus on education, training, respite and enhancement of the caregiver quality of life; and as an outlet for caregivers in crisis.

Activities may be planned by staff in coordination with participants, family and caregivers. Adult Day Services assure a safe and healthy environment for activities inside and outside the facility.

## Statement of Rights of Adult Day Services Participants

Participants have the:

- right to be treated as an adult, with respect and dignity.
- right to participate in a program of services and activities which promotes positive attitudes regarding one's usefulness and capabilities.
- right to be encouraged and supported in maintaining one's independence to the extent that conditions and circumstances permit and to be involved in a program of services that promotes personal independence.
- right to self-determination with adult services setting, including the opportunity to participate in developing one's plan for services, to decide whether or not to participate in any given activity and to be involved to the extent possible in program planning and operation.
- right to be cared about in an atmosphere of sincere interest and concern.
- right to privacy and confidentiality; that any information given to Homer Senior Citizens, Inc. be held in the highest confidence and released only according to the instruction on the signed release waiver.

## Critical Incident Reporting

### Incident Reporting Policy

Highlights	Policy Statement
	<p>Incident and Critical Incident reporting and training is mandatory at HSC.</p> <p style="text-align: center;"><b>Policy Interpretation and Implementation</b></p> <p>HSC employees, board members, volunteers and guests who witness an incident with any guests, residents, or participants must complete an HSC Incident Report.</p>
Definition	<p><b>Incident:</b> defined as an event which placed a guest/resident/participant's health or safety at risk. For example, a trip, a fall, or injury that does not require emergency care or a resident/participant who leaves the facility without supervision but is immediately located by staff.</p> <p><b>Facility Incident:</b> defined as water being left on, car in the parking lot unattended left on property, broken window, broken locks, lost keys, etc. Incidents that do not require emergency services.</p> <p><b>Critical Incident:</b> defined as an event which results in a situation where emergency services are necessary. Any 911 call is a critical incident.</p>
Training	<p>One employee from each department will attend the State of Alaska Critical Incident training annually. Employees will then train remaining staff during an all-staff training annually. All employees will sign documentation for attending all-staff training annually. Any employees who are not able to attend all-staff training will be individually trained by one of the employees who attended the State training.</p>
Reporting	<p>All Incidents and Critical Incidents must be reported to Executive Director within 24 hours using the HSC Incident Report Form.</p> <p><u>All Critical Incidents must be reported to SDS and Licensing within 24 hours.</u></p> <p>Executive Director will ensure all Critical Incidents will be reported. Adult Day Services Manager will ensure all Critical Incidents are reported to Executive Director and SDS within 24 hours. RN Manager will ensure all assisted living Critical Incidents are reported to Executive Director, SDS and licensing.</p>
Reporting Timeline	<p>Within 24 hours</p> <ul style="list-style-type: none"> <li>Staff convictions</li> <li>Unable to correct a violation</li> <li>Physical restraint</li> <li>Resident dies</li> <li>Medication Errors that result in Medical Intervention</li> <li>Medical emergency/injury requiring emergency services</li> <li>Assaultive behavior</li> <li>Resident absent for 24 hours w/o prior 72 hour notice</li> <li>Termination of a resident's residential services contract</li> </ul>

## Grievance Policy

### Grievance Policy

#### Highlights

#### Policy Statement

It is the policy of Homer Senior Citizens, Inc. (HSC) to handle complaints and grievances in a timely manner and to resolve complaints as soon as possible.

#### Policy Interpretation and Implementation

The Terrace Assisted Living and Friendship Center Adult Day Services each have a grievance and complaint procedure specific to that program. These can be found in their respective procedures manuals.

Assisted Living and Adult Day participants have the right to file a grievance anonymously following the same procedures as the general public.

For complaints and grievances from members of HSC or the general public, the following procedure will be followed if the complaint cannot be solved on an informal basis:

1. A person submitting the complaint, the Complainant. Must file their complaint in writing with the Executive Director or designee of HSC within ten days of the occurrence upon which the complaint is based.
2. Within ten days of the complaint being filed, the Executive Director or designee will meet with the person filing the complaint to discuss resolution to the complaint.
3. Within ten days of the meeting between the Executive Director or designee and the Complainant, the Executive Director will issue a written decision regarding the complaint.
4. If the Complainant is not satisfied with the resolution of the complaint, a written appeal may be filed with the HSC Board of Directors. The appeal must be filed within ten days of receipt of the decision of the Executive Director.
5. The HSC Board of Directors shall hear the appeal within 30 days of receipt of the written appeal. At the meeting, the Complainant will be allowed to present information on the appeal of the complaint according to guidelines established by the Board.
6. Based on the information presented at the meeting, the Board will issue a written decision on the appeal within ten days. The decision of the Board shall be final.
7. The Quality Assessment and Assurance Committee will include all grievances in their review and make recommendations to Executive Director to improve operations.

Failure of a complainant to comply with the above procedures shall constitute a waiver of the right to file a complaint or have the complaint heard.

### Emergency Response Plan Procedure

Please reference the Emergency Response Plan Procedure given to you separately.

## Confidentiality Policies

### Confidentiality of Information Policy

Highlights	Policy Statement
	HSC shall treat all resident/participant information confidentially.
	<b>Policy Interpretation and Implementation</b>
Confidentiality of Information	1. The facility will safeguard all resident/participant records, whether medical, financial, or social in nature, to protect the confidentiality of the information.
Access to Medical Records	2. Access to resident/participant medical records will be limited to the staff and consultants providing services to the resident/participant (Note: Representatives of state and federal regulatory agencies have access to resident/participant information without the resident/participant's consent.)
Access to Financial Data	3. Only those personnel concerned with the fiscal affairs of the resident/participant will have access to financial data.
Release of Information	4. Release of resident/participant information, including video, audio, or computer stored information, will be handled in a manner to protect resident/participant rights.
Request to Release Information	5. Resident/participants may initiate a request to release information contained in their records and charts to anyone they wish. Such requests will be honored only upon the receipt of a written, signed, and dated request from the resident/participant or representative (sponsor).
Transfer of Resident/participant to Another Facility	6. Should the resident/participant be transferred to another facility, medical information pertaining to the resident/participant's plan of care, diagnosis, etc. may be released to such facility in accordance with current transfer/discharge regulations with the resident/participant's written permission.

### Confidentiality and Non-Disclosure Agreement Policy

Highlights	Policy Statement
	Users who are granted access to our facility's protected health and financial information will be required to sign a Confidentiality and Non-Disclosure Agreement.
	<b>Policy Interpretation and Implementation</b>
Purpose of Policy	1. The purpose of this policy is to maintain an adequate level of security to protect resident and facility information from unauthorized access, use or disclosure.
Resident/Participant Notification	2. All Residents/Participants will be provided with Notice of Privacy and Non-Disclosure Agreement at time of admission into programs.
Access Limitations	3. Only authorized users are granted access to resident and facility information. Such access is limited to specific, defined, documented and approved applications and level of access rights.

## Confidentiality Policies cont'd

### Confidentiality and Non-Disclosure Agreement Policy cont'd

	<b>Policy Interpretation and Implementation cont'd</b>
Confidentiality and Non Disclosure Agreements	4. As a condition to receiving passwords and user ID codes for accessing our resident and facility information (either by electronic or hard copy access), each employee must agree (in writing) to comply with established terms and conditions. Failure to comply with such terms and conditions may result in the denial of access to resident or facility information.
Violation of Terms of the Confidentiality and Non-Disclosure Agreements	5. A violation of the terms of the confidentiality and non-disclosure agreement may be grounds for disciplinary action, including termination of employment, loss of privileges, legal action for monetary damages or injunction, or both, or any other remedy available to the facility.
Availability of Confidentiality and Non-Disclosure Agreements	6. A dated and signed copy of the Confidentiality and Non-Disclosure Agreement will be filed in the employee's employment file and a copy will be provided to the employee. (Note: Copies of the Confidentiality and Non-Disclosure Agreement are available from the Administration Office.)

### Confidential Information Policy

<b>Highlights</b>	<b>Policy Statement</b>
	<p>Information pertaining to participants/residents, employees, finances and litigation is privileged and confidential. Confidential information will be accessed, used, or disclosed only as necessary to carry out assigned duties.</p> <p style="text-align: center;"><b>Policy Interpretation and Implementation</b></p> <p>Participant/Resident care information known by staff or contained in the person's medical record is confidential and will be used only for official business purposes. Participant/Resident care information will be released in appropriate circumstances by the department managers/directors. It is the responsibility of the department manager/director to record the transmission of confidential information as to whom it was sent to or shared with outside the organization and why it was sent.</p> <ol style="list-style-type: none"> <li>1. Confidential information will be distributed by facsimile only when the original record or mailed delivered copies will not meet the needs of immediate participant/resident care or required by a third party payer for ongoing certification of payment. The fax cover letter must contain the approved HSC confidentiality notice.</li> <li>2. Participant/Resident identifiers shall be removed when appropriate, such as in statistical reporting and in medical research studies.</li> <li>3. Participant/Resident financial information shall not be disclosed except as necessary for billing or other official purposes as authorized by law and professional standards.</li> <li>4. Only the HSC Executive Director or their designee will release employee information.</li> <li>5. Only the HSC Executive Director or their designee will give news releases.</li> </ol> <p>All employees are responsible for enforcing this policy and in reporting violations of privacy policies to the Privacy Officer. Inappropriate disclosure of confidential information will be grounds for disciplinary action up to and including immediate termination of employment for cause and under certain circumstances, may warrant legal action.</p>

## Transportation Policy

### Transportation Policy

Highlights	Policy Statement
Guidelines	<p>It is the policy of Homer Senior Citizens, Inc. to provide transportation targeted toward seniors who are 55 years or older who are frail, low-income or isolated. In addition, HSC will provide transportation as time permits according to the following policy guidelines for any seniors 55 years or older and handicap individuals eighteen years or older who require the use of a "wheelchair".</p> <p style="text-align: center;"><b>Policy Interpretation and Implementation</b></p> <p><b>A. General Guidelines:</b></p> <ol style="list-style-type: none"> <li>1. Eligibility:             <ol style="list-style-type: none"> <li>a. Any person 55 years or older.</li> <li>b. Persons 18-55 if they require the use of a "wheelchair" and van with a handicap lift.</li> </ol> </li> <li>2. Geographic Area of Service:             <ol style="list-style-type: none"> <li>a. The general area of service is within a ten (10) mile radius of the senior center which extends on the east to the Homestead Restaurant on East End Road, on the north to the end of East and West Hill Road, on the south to the end of the Spit Road and on the west to the Old Sterling Highway Loop Road (Eight Mile).</li> <li>b. Special rides may be provided to individuals living outside these areas as time, vehicles and personnel permit.</li> </ol> </li> <li>3. Winter Driving:             <p>Transportation for all activities, including delivery of meals, will be at the discretion of the Maintenance Manager in conjunction with the Van Drivers. If transportation will not be provided, it is the responsibility of the Maintenance Manager to notify anyone who is scheduled to be transported for that day.</p> </li> <li>4. Tires:             <p>The Van Driver will not change tires due to flats/repairs unless directed to do so by the Maintenance Manager. The driver will in all cases call the Maintenance Manager for assistance.</p> </li> <li>5. Off Road Travel:             <p>Transportation will not be provided off of paved roads without the approval of the Maintenance Manager.</p> </li> <li>6. Reservations:             <p>Transportation will be provided on first come, first serve reservation basis. Reservations should be made with the Transportation Department (Maintenance Manager or Van Drivers) at least one day in advance of the proposed travel. Residents of Assisted Living and participants of Adult Day Services do not have priority over other individuals requesting transportation and must schedule or make reservations in advance.</p> </li> </ol>



### Transportation Policy cont'd

#### Transportation Policy cont'd

<b>Guidelines</b>	<p><b>Policy Interpretation and Implementation cont'd</b></p> <p><b>B. Eligible Transportation:</b>                  Transportation services are limited to the following:</p> <ol style="list-style-type: none"> <li>1. Medical and medical related appointments (i.e. physical therapy, dentist, and optometrist).</li> <li>2. Shopping</li> <li>3. Post Office</li> <li>4. Pharmacy</li> <li>5. Transport to and from home or hospital to Adult Day Services</li> <li>6. "Banking"</li> <li>7. Delivery of home delivered meals</li> <li>8. Scheduled events for Adult Day Services or Assisted Living.</li> <li>9. Transportation for such things as hair appointments and recreational activities (appropriateness of items in this category will be determined by the Maintenance Manager).</li> </ol> <p><b>C. Transportation Rates:</b>                  Individuals who use HSC transportation will be charged the full cost for each one way ride at the rate established by Medicaid.</p>
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### Termination of Provider Services Policy

#### Termination of Provider Services Policy

<b>Highlights</b>	<b>Policy Statement</b>
	<p>When a resident's/participant's discharge is anticipated, a discharge summary and post-discharge plan will be developed to assist the resident/participant to adjust to his/her new living environment.</p>
<b>Determination</b>	<p><b>Policy Interpretation and Implementation</b></p> <ol style="list-style-type: none"> <li>1. The RN Manager/ADS Manager and Executive Director will be responsible for initiating the termination of services process.</li> </ol>
<b>Discharge Summary and Plan</b>	<ol style="list-style-type: none"> <li>2. When HSC anticipates a resident's/participant's discharge to a private residence, another nursing care facility a discharge summary and a post-discharge plan will be developed which will assist the resident/participant to adjust to his or her new living environment.</li> </ol>
<b>Content of the Discharge Summary</b>	<ol style="list-style-type: none"> <li>3. The <b>discharge summary</b> will include a recapitulation of the resident's/participant's stay at HSC and a final summary of the resident's/participant's status at the time of the discharge in accordance with established regulations governing release of resident/participation information and as permitted by the resident/participant. The discharge summary shall include a description of the resident's/participant's:                         <ol style="list-style-type: none"> <li>a. Medically defined condition and prior medical history (medical history before entering the facility and current medical diagnoses, including any history of mental retardation and current mental illness);</li> </ol> </li> </ol>

## Content of Post Discharge Plan

- b. Medical status measurement (objective measurements of a resident's/participant's physical and mental abilities including, but not limited to, information on vital signs, clinical laboratory values, or diagnostic tests);
  - c. Physical and mental functional status (ability to perform activities of daily living including bathing, dressing and grooming, transferring and ambulating, toilet use, eating, and using speech, language, and other communication systems. Includes determining the resident's/participant's need for staff assistance and assistive devices or equipment to maintain or improve functional abilities and the resident's/participant's ability to form relationships, make decisions including health care decisions, and participate (to the extent physically able) in the day-to-day activities of the facility);
  - d. Sensory and physical impairments (neurological, or muscular deficits; for example, a decrease in vision and hearing, paralysis, and bladder incontinence);
  - e. Nutritional status and requirements (weight, height, hematological and biochemical assessment, clinical observations of nutrition, nutritional intake, resident/participant's eating habits and preferences, and dietary restrictions);
  - f. Special treatments or procedures (treatments and procedures that are not part of basic services provided; for example, treatment for pressure sores, specialized rehabilitation services, and respiratory care);
  - g. Mental and psychosocial status (the resident's/participant's ability to deal with life, interpersonal relationships and goals, make health care decisions, and indicators of resident/participant behavior and mood);
  - h. Discharge potential (the expectation of discharging the resident/participant from the facility within the next three months);
  - i. Dental condition (the condition of the teeth, gums, and other structures of the oral cavity that may affect a resident's/participant's nutritional status, communications abilities, quality of life, and the need for and use of dentures or other dental appliances);
  - j. Activities potential (the resident's/participant's ability and desire to take part in activity pursuits which maintain or improve physical, mental, and psychosocial well-being. Activity pursuits refer to any activity outside of ADLs which a person pursues in order to obtain a sense of well-being. Includes activities which provide benefits in the areas of self-esteem, pleasure, comfort, health education, creativity, success, and financial or emotional independence, and the resident's/participant's normal everyday routines and lifetime preferences);
  - k. Rehabilitation potential (the ability to improve independence in functional status through restorative care programs);
  - l. Cognitive status (the resident's/participant's ability to problem solve, decide, remember, and be aware of and respond to safety hazards); and
  - m. Drug therapy (all prescription and over-the-counter medications taken by the resident/participant including dosage, frequency of administration, and recognition of significant side effects that would be most likely to occur in the resident).
4. The **post-discharge plan** will be developed by the RN Manager/ADS Manager with the assistance of the resident/participant and his or her family and will contain, as a minimum:
- a. A description of the resident's/participant's and family's preferences for care;
  - b. A description of how the resident/participant and family will access such services;

### Termination of Provider Services Policy cont'd

	<ul style="list-style-type: none"> <li>c. A description of how the care should be coordinated if continuing treatment involves multiple caregivers;</li> <li>d. The identity of specific resident/participant needs after discharge (i.e., personal care, sterile dressings, physical therapy, etc.); and</li> <li>e. A description of how the resident/participant and family need to prepare for the discharge.</li> </ul>
Notice of Discharge	5. The resident/participant or representative (sponsor) should provide the facility with a minimum of a seventy-two (72) hour notice of a discharge to assure that an adequate discharge plan can be developed.
Availability of Discharge Summary and Plan	6. A copy of the post-discharge plan and summary will be provided to the resident/participant and receiving facility and a copy will be filed in the resident's/participant's medical records.
Records Retention	7. All medical records retention will be maintained following the Retention Policy of seven (7) years.
Notification	8. Written notice will be provided to the State of Alaska Senior and Disabilities Services, Licensing and Care Coordinator following the Discharge Notice Policy.

### Prohibited Practices

#### Homer Senior Citizens, Inc.

1. May not establish or apply a policy, procedure or rule that is inconsistent with or contrary to the rights of Participants or other legal rights;
2. May not deprive a Participant of the rights, benefits or privileges guaranteed to the Participant by law;
3. May not impose religious beliefs or practices upon a Participant or require a Participant to attend religious services;
4. May not place a Participant under physical or chemical restraint; this paragraph does not prevent a Participant from voluntarily taking tranquilizers or other medication, prescribed by a licensed physician;
5. May not restrain, interfere with, coerce, discriminate against, or retaliate against a Participant for asserting a right specified by this handbook or other law;
6. May not have an owner, administrator, employee or agent of Homer Senior Citizens, Inc. as a representative of a Participant.

## Non Smoking

Homer Senior Citizens, Inc. is a non-smoking campus. There is no smoking allowed in any buildings or on the property.

## Adult Day Services Nutrition Policy

### Adult Day Services Nutrition Policy

**Highlights**

**Policy Statement**

Good nutrition is an essential component and necessary for the maintenance of health for participants in HSC's Adult Day Services program. HSC will provide a nutritious and attractive meal that meets the participant's needs. HSC will make meal time a pleasant and sociable experience. The Adult Day Services Program is allowed to purchase breakfast, snacks and lunches from the Nutrition Program for the participants.

**Policy Interpretation and Implementation**

**Breakfast**

A breakfast meal may be available on a case by case basis and upon staff availability.

**Lunch**

A lunch will be prepared by the HSC Food Services Department following the D.A.S.H. diet. All menus are approved by a Registered Dietician and the State of Alaska Nutrition, Transportation and Support Services (NTS) Program.

**Snack**

A snack shall include at least two of the four menu components (meat or meat alternate, 100% juice, fruit or vegetable, whole grain or enriched grain/bread, milk can be included but not required\*).

The snack items must come from two different component groups (See attached chart). For example, orange juice and fruit cocktail would not be a creditable snack because both items come from the fruit/vegetable component group.

### Four Components in Menu Planning

Meat/Meat Alternates (m/ma)	Milk
<p>Includes lean meat, poultry, fish, cheese, egg, cooked dry beans/peas, Nuts and seeds, nut and seed butters, alternate protein products, Yogurt (creditable at lunch, supper and snack only)</p> <p><b>Specifics</b></p> <ul style="list-style-type: none"> <li>• Required at Lunch and Supper as main dish; m/ma may be served as an extra food item at breakfast, but it is not required</li> <li>• Nuts/seeds/nut butters can meet only 1/2 of m/ma at lunch/supper - an additional m/ma is required. Meets full m/ma requirement at snacks</li> <li>• A combination food served as an entrée (main dish) may be credited as the m/ma plus up to 2 other meal components (3 total) provided each component meets the <i>minimum</i> meal pattern requirement</li> <li>• Lunch meat/cold cuts, hot dogs and sausage products may be served <i>no more than 1 time per week</i></li> <li>• Commercially processed food must have processed food documentation (CN label, product formulation or center product analysis) to be creditable</li> <li>• No more than 2 different m/ma items are creditable at 1 meal</li> </ul>	<p>Participants 2 years of age &amp; older must be served fat-free (skim) or low-fat (1%) milk, lactose-reduced (1%), lactose-free (skim), 1% or skim buttermilk, or 1% or skim acidified milk. Whole &amp; Reduced fat (2%) may NOT be served to participants two years of age and older.</p> <p><b>Specifics</b></p> <ul style="list-style-type: none"> <li>• Must be pasteurized fluid milk, flavored or unflavored</li> <li>• Is a required component at breakfast, lunch and supper*</li> <li>• Milk may be served as a beverage, on cereal or used for some of both at breakfast and snack</li> <li>• Milk used in cooking may not be credited</li> <li>• Infants birth through 11 months must be provided breast milk or iron-fortified formula</li> <li>• Whole milk is recommended for children 12 months through 23 months but any milk type may be served (2%, 1%, skim, etc.)</li> <li>• Milk may not be served for snacks when juice is served as the second component</li> <li>• *Milk is not a required supper component in adult day care centers</li> </ul>
<p style="text-align: center;"><b>Vegetables/Fruits</b></p> <p>Includes fresh, canned, frozen, dried fruit, juice and vegetables, Juice must be 100% full strength fruit or vegetable juice</p> <p><b>Specifics</b></p> <ul style="list-style-type: none"> <li>• One serving is required at Breakfast</li> <li>• At least 1/8 cup (2 tablespoons) must be served to meet the minimum creditable portion; an additional fruit/vegetable must be served to meet the total requirement by age</li> <li>• Cooked dry beans/peas may be counted as a vegetable OR a meat alternate, but not as both in the same meal</li> <li>• Juice may count up to 1/2 of the total requirement for lunch or supper</li> <li>• Juice may not be served at snack meal when milk is served as the second component</li> <li>• Two different fruits and/or vegetables must be served at lunch/supper.</li> <li>• Combinations such as fruit cocktail, mixed vegetables or fruit salad may be credited to meet one of the two required components at lunch or supper</li> </ul>	<p style="text-align: center;"><b>Grains/Breads</b></p> <p>All grains/breads must be whole grain or enriched or made from whole grain or enriched flour or meal, bran or germ. Cereal must be whole grain, enriched or fortified</p> <p><b>Specifics</b></p> <ul style="list-style-type: none"> <li>• Required at Breakfast, Lunch, and Supper</li> <li>• Minimum creditable amount is one quarter (1/4) of a serving</li> <li>• Ready-to-eat cereal may be served at breakfast and snack only</li> <li>• Grain-based chips are creditable and may be served up to 2 times a week at lunch and snack only; however puffed snack products (Cheetos, Fritos, etc.) are NOT creditable</li> <li>• Sweet bread items such as coffee cake, muffins, granola bars, doughnuts or sweet rolls are creditable at breakfast and snack only and can be served <i>no more than 1 time per week at breakfast</i></li> <li>• At lunch and supper, the grains/breads may not be a dessert. Cookies and other dessert grains are creditable only at snacks and <i>no more than 2 times per week</i></li> </ul>

## Hydration Management Policy

### Hydration Management Policy

Highlights	Policy Statement
<p>Fluids of Preference</p> <p>Documentation &amp; Review</p> <p>General Guidelines</p>	<p>Adult Day Services staff shall ensure that Participants are provided with fluids of preference on an hourly basis that are safe and adequate in quantity according to their Plan of Care.</p> <p style="text-align: center;"><b>Policy Interpretation and Implementation</b></p> <p>Fluids of preference are limited to the HSC Kitchen and/or ADS inventory.</p> <p>Documentation of fluid intake will be entered into Electronic Medical Record.</p> <p>Nurse will review fluid intake reports.</p> <ol style="list-style-type: none"> <li>1. Everyone should be encouraged to consume adequate amounts of fluid each day. This includes all liquids (e.g., ice cream, soup, gelatin, juice, and water) taken by mouth.</li> <li>2. Extra fluid should be provided in hot weather.</li> <li>3. Water should be available at all locations where people participate in activities.</li> </ol>

## Restrictive/Restraint Use Policy

### Restrictive/Restraint Use Policy

Highlights	Policy Statement
<p>Definitions</p>	<p>All residents/participants at Homer Senior Citizens, Inc. have "the right to be free from any physical restraints imposed for discipline or convenience, and not required to treat the resident's/participant's medical symptoms" (42 CFR 483.13(a)). It is HSC policy to not restrain residents/participants unless the resident/participant is imminent danger or a danger to other residents/participants.</p> <p style="text-align: center;"><b>Policy Interpretation and Implementation</b></p> <p><b>Physical Restraints:</b> "Any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's/participants body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body" (State Operations Manual, Appendix PP).</p> <p><b>Freedom of Movement:</b> "means any change in place or position for the body or any part of the body that the person is physically able to control" (State Operations Manual).</p> <p><b>Remove Easily:</b> "means that the manual method, device, material, or equipment can be removed intentionally by the resident/participant in the same manner as it was applied by the staff (e.g., side rails are put down, not climbed over; buckles are intentionally unbuckled; ties or knots are intentionally untied; etc.) considering the resident's/participant's physical condition and ability to accomplish objective (e.g.; transfer to a chair, get to the bathroom in time)." (State Operations Manual).</p> <p><b>Medical Symptom:</b> "is defined as an indication or characteristic of a physical or psychological condition." (State Operations Manual).</p> <p><b>Management Team:</b> is defined as the RN/LPN and the Executive Director.</p>

Procedure	<p><b>Procedure:</b></p>
Authorization	<ol style="list-style-type: none"> <li>1. Before a resident/participant is restrained, the management team will determine that the resident/participant has a specific medical symptom that cannot be addressed by another, less restrictive intervention and a restraint is required to protect the resident's/participant's safety, (and help the resident/participant attain or maintain his/her highest level of physical or psychological well-being.)</li> <li>2. Medical symptoms that warrant the use of restrains will be documented in the resident's/participant's, ongoing assessments, and care plans.</li> <li>3. Any use of restraint requires Physician, Resident/Participant representative authorization and must be documented in Medical Chart.</li> </ol>
Documentation	<ol style="list-style-type: none"> <li>4. Any use of restraint requires an Incident Report to be completed and the Incident Report Policy must be followed.</li> </ol>
Review	<ol style="list-style-type: none"> <li>5. The Quality Assessment Committee will review all use of restraints and make recommendations for improvement.</li> </ol>
Allowable – not restrictive	<p><b>ALLOWABLE INTERVENTIONS THAT ARE NOT CONSIDERED RESTRICTIVE:</b></p> <ol style="list-style-type: none"> <li>a. Prompting by using verbal cues, physical gestures or physical assistance;</li> <li>b. Simple correction by explanation, demonstration, or guidance of a recipient;</li> <li>c. Ignoring or not attending to a behavior that is inappropriate;</li> <li>d. Offering alternatives or non-threatening discussion of possible consequences;</li> <li>e. Use of incentive;</li> <li>f. Teaching and encouraging;</li> <li>g. Cancelling an activity for a resident/participant if resident/participant is agitated at time of activity;</li> <li>h. Requesting a resident/participant to leave an area or room for protection;</li> <li>i. Use of medical alert devices for seizures, falls or wandering.</li> <li>j. Use of door and window alarm or alert system for resident/participant safety and security;</li> </ol>
Allowable – restrictive	<p><b>ALLOWABLE RESTRICTIVE INTERVENTIONS:</b></p> <ol style="list-style-type: none"> <li>1. When attempting to interrupt or prevent a behavior, the least restrictive methods possible should be applied first to de-escalate a situation. All restrictive interventions must be time-limited and appropriate to the level of seriousness of the behavior.</li> <li>2. Controlling access to medications and hazards that may be harmful;</li> <li>3. Physically blocking without holding a recipient for protective purposes;</li> <li>4. Management team shall structure restrictive intervention so that the least restrictive and most positive approach is implemented first, followed by a hierarchy of more restrictive actions applied only when the preceding approach proves ineffective.</li> <li>5. Time away or time out in a separate area or unlocked room is allowed if the resident/participant consents to this method of intervention.</li> <li>6. Use of a mechanical or therapeutic device or restraint that is prescribed by a physician, consented to by the resident/participant or their legal representative, and used as prescribed; devices may include wheel chair safety straps, bed rails, lap trays, leg brace, gait belt, chair cushions, car safety straps or seat belts that are required by law during travel in a vehicle.</li> <li>7. Under the above stated conditions the following are allowable restrictive interventions in an approved behavioral support plan:             <ol style="list-style-type: none"> <li>a. Interrupting or preventing a challenging or dangerous behavior that is harmful to recipient or others</li> <li>b. Interrupting or preventing a challenging or dangerous behavior that may cause significant emotional or psychological stress to recipient or others;</li> <li>c. Interrupting or preventing a challenging or dangerous behavior that cause significant damage to the property of others;</li> <li>d. Physically moving a recipient from an area for protection of the recipient or others;</li> </ol> </li> </ol>

## Restrictive/Restraint Use Policy cont'd

### Allowable – restrictive cont'd

- e. Use an alert or alarm system to monitor recipients who present a risk to others;
- f. Necessary supervision to prevent dangerous behavior;
- g. Taking away of items that could be used as weapons when the recipient has a history of making threats or inflicting harm which those items such as knives or matches;
- h. Removing recipient property that is being used to inflict injury on one's self, others, or property;
- i. Physical restraint to limit the free movement of part of the body in an emergency situation with the exception of any intervention or technique listed in the prohibition section of these standards;
- j. Mechanical restraint to prevent injury or mechanical devices that are used as prescribed and intended (e.g. helmet, arm splint, etc.) or
- k. Medication which may include medication for acute episodic behavior; this is prescribed and monitored by a physician; self-administered by resident/participant and consented to by legal representative as part of an ongoing treatment plan.

### Prohibitions

#### PROHIBITIONS:

- a. Seclusion; defined as involuntary confinement of a resident/participant to an area or preventing a resident/participant from exiting a room by mechanical or physical means.
- b. Physical or mechanical restraint; defined as holding or restraint all or part of a recipient's body while the resident/participant is in a prone or supine position;
- c. Any restrictive intervention that limits a resident's/participant's ability to move away from pressure to the chest, stomach or neck such as leaning a resident/participant against an object or hard surface or straddling a resident/participant;
- d. Any restrictive intervention that obstructs circulation or breathing or does not give adequate care and protection to the head;
- e. Corporation punishment;
- f. Overcorrection where a resident/participant is compelled to repeat an action repeatedly.
- g. Infliction of pain, such as abuse of pressure points, hyperextension of joints for the purpose of changing a behavior or gaining compliance.
- h. Forced compliance including exercise or physical work;
- i. No intervention or technique that involves the resident/participant being off balance, taken to the floor or allowed to free fall without support;
- j. Humiliating or cruel actions;
- k. Verbal abuse or ridicule
- l. Discipline of one resident/participant by another;
- m. Method which involves denial of meals, sleep, clothing, or shelter;
- n. Use of aversive techniques such as electric shock, spraying water on resident/participant, or using noxious substances;
- o. Use of medication that was not prescribed or consented to and limits or restricted a resident's/participant's movement or function. It is prohibited to use chemicals to restrain a participant or resident.
- p. Denial of contact with family, legal representative, or other support.

Procedures Continued

- 6. If the resident's/participant's care plan indicates the need for restraints, the management team will work towards a systematic and gradual process to reduce the restraint.
- 7. Physical restraints, as an intervention, are used in conjunction with identifying and addressing the physical or psychological condition causing the medical symptoms(s).
- 8. Physical restrains may be used as an intervention when they are immediately necessary to prevent a resident/participant from injuring him/herself or others and/or to prevent the resident/participant from interfering with life and well-being of other residents/participant.
- 9. If a resident/participant needs emergency care, staff is to call 911 and notify emergency services to assists. Restraints may be used for brief periods until the ambulance arrives, unless the resident/participant or legal representative has previously made a valid refusal of the treatment in question.
- 10. A resident/participant whose unanticipated violent or aggressive behavior places him/her in imminent danger does not have the right to refuse the use of restrains, as long as those restraints are used as a last resort to protect the safety of the resident/participant or others and use is limited to the immediate episode.
- 11. Staff will review the policy with the resident/participant before any necessary restraint is applied.
- 12. When a restraint(s) is used the following "Informed Consent for use of Restraint" must be signed by the resident/participant or legal representative. In order for the resident/participant/legal representative to be fully informed, the facility will explain, the potential risks and benefits of all options under consideration including using a restrain, not using a restraint, and alternative to restraint use.
- 13. Guardian will be informed when use of restraints is necessary.

Documentation

HSC staff will document the use of restrictive interventions in resident/participants electronic health record.

State of Alaska Critical Incident Report will be submitted if a restrictive restraint was used.

"Informed Consent for use of Restraints"

I understand that restraints may be required until the ambulance arrives to protect myself or other residents/participants. I understand this is temporary and is a last resort for the HSC Staff.

\_\_\_\_\_  
Resident/Participant/Guardian

\_\_\_\_\_  
Date



## Medication Management Policy

### Medication Management Policy

Highlights	Policy Statement
Preamble	<p>Medications must be administered according to physician orders and be administered, supervised, stored, disposed of and documented correctly.</p> <p style="text-align: center;"><b>Policy Interpretation and Implementation</b></p> <ol style="list-style-type: none"> <li>1. The appropriate prescription of medication can treat disease, control symptoms, and improve resident/participant health and comfort.</li> <li>2. The inappropriate administration of medication can harm a resident/participant. Staff should ensure the safe storage and accurate administration of all medications in accordance with State legislation/regulation requirements. The physiological effects of an aging body limit kidney and liver function and the older person is more vulnerable to adverse events related to medication administration.</li> </ol> <p>For the purpose of this program the definition of medication includes:</p> <ol style="list-style-type: none"> <li>a. Prescription medications</li> <li>b. Sample medications</li> <li>c. Herbal remedies</li> <li>d. Vitamins</li> <li>e. Over-the-counter drugs</li> <li>f. Vaccines</li> </ol>
AS 47.33.020 Health Related Services Allowed in Assisted Living Homes	<p>This chapter does not prohibit the resident/participant from self-administering the resident's/participant's own medication, unless the plan of care specifically recommends otherwise.</p> <ol style="list-style-type: none"> <li>A. Program Staff may provide, obtain, or offer to provide or obtain the health related services described in (c)-(i) of this section...</li> <li>B. If self-administration of medications is included in the plan of care, the Program Staff may supervise the self-administration of medications, notwithstanding a limitation imposed by AS 08 or by a regulation adopted under AS 08.</li> <li>C. ADS Staff shall offer administration of medication and assistance with self-administration of medication</li> </ol>
7 AAC130.227	<p>The supervision may be performed by a <u>Trained Program Staff</u> and may include:</p> <ol style="list-style-type: none"> <li>1. Reminding a resident/participant to take medication;</li> <li>2. Opening a medication container or prepackaged medication for a resident/participant;</li> <li>3. Reading a medication label to a resident/participant;</li> <li>4. Observing a resident/participant while the individual takes medication;</li> <li>5. Checking a resident's/participant's self-administered dosage against the label of the medication container;</li> <li>6. Reassuring a resident/participant that the individual is taking the dosage as prescribed; and</li> <li>7. Directing or guiding, at the request of the resident/participant, the hand of a resident/participant who is administering their own medications.</li> <li>8. ADS Staff may request HSC Nurse Assistance at any time for administration of medication. ADS Staff will be trained according to the State of Alaska Medication training program (<u>Approved by the Alaska Board of Nursing for training Unlicensed Assistive Personnel</u>) conducted by HSC Quality Assurance Nurse. HSC will train in ASAM (assistance with administration) in accordance with 7AAC130.227 under the direction of a nurse.</li> </ol>
Procedures	<ol style="list-style-type: none"> <li>A. <u>Administration/Supervision</u> <ol style="list-style-type: none"> <li>1. Medication orders must be legible, signed and dated in the physician's handwriting in permanent ink or electronic signature.</li> </ol> </li> </ol>

## Procedures cont'd

2. Only medications ordered by the physician or qualified prescriber are to be given.
3. All medication that have an expiration date after opening (e.g. eye ointments and drops; insulin) should have the date the bottle/tube was opened recorded on the bottle/tube.
4. A RN/LPN who is concerned that a resident/participant may require a medication that has not been ordered should contact the resident's/participant's doctor to examine the resident/participant and determine the need for additional medication.
5. A RN/LPN administering medications must use his or her professional judgment in determining the appropriateness of all medication. The nurse should contact the doctor or pharmacist who ordered/dispensed the medication if there is any question regarding the medication, before the medication is administered.
6. Assisted Living and ADS Staff administering medications must attend HSC's Medication training designed by State of Alaska Board of Nursing held by the HSC Training and Quality Assurance Nurse. Training is reviewed quarterly.
7. Resident/Participant Representative or Guardian must complete Delegation of PRN Medication Authorization Form.
8. Emergency medication is usually given in the ER. Then prescriptions are sent to the pharmacy, and physician's office calls with the orders and faxes the orders to the Assisted Living/ADS.
9. If there is an emergency and a phone order is required, a RN/LPN qualified to administer medication must listen to the telephone order and record the details of the order in the 'once only' administration section in the medication chart. If more than one dose is to be administered, each dose should be written separately. The physician will fax an order with an electronic signature to the Assisted Living/ADS and to the Pharmacy.
10. If the resident/participant is unable to swallow tablets, a liquid or other alternative shall be obtained by contacting the qualified prescriber and the pharmacist to determine the most appropriate type.
11. Only RN/LPNs who have appropriate qualifications may administer medications. If RN assigns or delegates this duty to staff, RN assures staff is dutifully trained and RN observes medication dispensing by staff prior to delegation of tasks. RN must sign off on all delegation of authority assuring staff are prepared and understand medication management.
12. Medications are not to be left at the resident's bedsides; administering staff must remain with the resident/participant until the medication is observed being swallowed.
13. If a resident/participant is cognitively able to administer their own medications, and wishes to do so, staff should support this decision and enable the process. A Physician and/or RN/LPN must document their assessment that determines the resident/participant is capable of undertaking this responsibility. Residents/Participants who wish to administer their own medications must be informed of their responsibility to ensure all medications are secured when unattended; to maintain an accurate record of medications they are taking; to provide such record to the Homer Senior Citizen, Inc. staff; and to inform staff if they require any further assistance.
14. Administering staff are to either observe the resident/participant self-administering their medication, or if the resident/participant prefers, to ask if the medication has been taken. Following appropriate verification that self-administration has occurred, "self-administered" is to be written in the medication chart.
15. Medications may be placed in food/beverage items only as directed by RN or Physician. Foods such as yogurt, applesauce, fruit puree or jam may be used. The placement of the medication in the food or drink should not be contra-indicated and administering staff must witness the resident/participant consuming/taking all medication.

## Medication Management Policy cont'd

### Procedures cont'd

#### B. Storage/Labeling/Controlled Substances

1. Medications must be stored in individual resident/participant containers in a locked storage facility cupboard.
2. All medications must be clearly labeled with a resident's/participant's name. Any items which are not named must be disposed of. Medication is not to be shared between residents/participants.
3. The medication fridge must be locked at all times when not in used and must only contain medication.
4. Controlled drugs (Schedule II pharmaceuticals) must be securely stored in a locked safe. Schedule II pharmaceuticals must be checked out, administered and signed for by two RN/LPNs (whenever possible). Controlled drugs, which are used occasionally, will be in the safe in the RNs Office.
5. All controlled drugs present in the facility **must be checked at the beginning and end of each shift when possible but no less than once per day** by Program Staff and relevant details recorded in the controlled drug sheets. RN must sign off on all counts weekly.

#### C. Disposal

1. Medications no longer being used by the resident/participant for the following reasons are to be kept separate from current medications and are to be disposed of by a registered pharmacist:
  - a. Medications discontinued by order of the physician;
  - b. Medications that remain after a resident/participant is deceased;
  - c. Medications that have passed the expiration date.
2. Needles or hypodermic syringes with needles attached filled with medications must be disposed of by a pharmacist.
3. Medications kept in a central storage area are released to discharged resident/participant when a receipt has been signed by the resident/participant or responsible party.

### Clinical Charts

#### D. Documentation

1. Medications must be signed by administering staff immediately after administration, and not before. All medication dispensing must follow the five rule check.
  - 1) Correct resident/participant
  - 2) Correct drug number of pills
  - 3) Correct time
  - 4) Correct route of administration
  - 5) Documentation
2. If a medication is not given, this must be documented on the medication chart with the reason noted. The qualified prescriber should be contacted for further orders.
  1. Any discrepancy or incident related to medication administration or orders is to be written on an incident report and forwarded to the RN and the Executive Director for incident reviews.
  2. Residents/Participants with similar or same names must have brightly colored alter stickers present on their charts.
  3. The following details must be written legibly in all clinical charts:
 

#### Resident/Participant Face Sheet

    - a. Complete name of resident/participant
    - b. Date of birth of resident/participant
    - c. A record of allergies and any details

#### Resident/Participant medication List must include but is not limited to:

    - a. Medication names;
    - b. All routes of administration;
    - c. Correct dosages for the medication ordered;
    - d. Correct frequency identified from the doctor's orders;
    - e. Electronic or written physician signature for every medication ordered;

Clinical Charts cont'd

- f. Electronic or written physician signature for every medication ordered;
  - g. Every order dated by the physician;
  - h. Administering nurse's signature following administration;
  - i. The date of the next administration of infrequent medicines (e.g. medicines given 2-3x monthly), even if the administration does not occur within the time span covered by that chart;
  - j. If alternative methods of administering medications are necessary, (e.g. crush medications able to be crushed);
  - k. PRN medication orders;
  - l. Medication phone orders;
  - m. Date/s of reviews by the accredited pharmacist and physician;
  - n. Details of resident/participants self-administered medications.
4. All medication changes which occur will be noted on the Residents/Participants Medications List in the Communication Log and on the Marker Board by the RN/ LPN. All staff must initial in the Communication Log at the beginning of each shift, which documents assurance of understanding of the medication changes and administering orders.

Management Team

- 1. The Management Team consisting of RN, LPN, Executive Director and the ADS Program Manager shall conduct a meeting bi-monthly to discuss medication management and quality control. The team shall take minutes of meetings and submit recommendations to the Quality Improvement Program.
- 2. Activities of the Management Team shall be included in the Homer Senior Citizens Inc.'s Quality Improvement Program.

### Quality Assessment and Assurance Committee Policy

Highlights

**Policy Statement**

Homer Senior Citizens, Inc. shall establish and maintain a Quality Assessment and Assurance Committee that oversees the identification and handling of quality issues.

**Policy Interpretation and Implementation**

The Executive Director shall delegate the necessary authority for actions and processes to the Quality Assessment and Assurance Committee. The committee shall be a standing committee of the facility, and shall provide reports to the Executive Director and HSC Board.

Goals of the Committee

- The primary goals of the Quality Assessment and Assurance Committee are:
- 1. To monitor and evaluate the appropriateness and quality of care provided within the framework of the Quality Assessment and Assurance Plan;
  - 2. To oversee facility systems and processes related to improving quality of care and services;
  - 3. To promote consistent facility systems and processes and appropriate practices in resident and participant care;
  - 4. To help identify negative outcomes relative to participant resident care and resolve them appropriately;
  - 5. To help departments, consultants and ancillary services implement plans to correct identified issues in quality of care;
  - 6. To coordinate the development, implementation, monitoring, and evaluation of action plans to achieve specified quality goals;
  - 7. To help departments, consultants and ancillary services establish effective accountability for care quality; and
  - 8. To coordinate and facilitate communication regarding the delivery of quality participant and resident care within and among departments and services, and between facility staff, residents, and family members.

Please refer to the HSC Policy Binder for the full Quality Assessment and Assurance Committee Policy.



### **Our Mission:**

To offer seniors "essential services" housing (assisted and independent), adult day services, nutrition, education, transportation, and social activities that promote independence and a healthy continuum of care.

### **Our Values:**

Respect, Accountability, Trust/Integrity, Quality

### **Our Vision:**

All Homer Senior Citizens have opportunities to live life to its fullest!

**Homer  
Senior  
Citizens,  
Inc.**

3935 Svedlund St.  
Homer, AK 99603

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## Homer Senior Citizens, Inc.

### Emergency Response Plan Procedure

- A. This emergency response plan covers the following:
1. Fire
  2. Earthquake/Windstorm/Typhoon
  3. Flood/Tsunami
  4. Bomb Threat
  5. Heavy Snowfall
  6. Chemical or gas explosion
  7. Structural Damage to Building
  8. Power Outage
  9. Other
- B. The following are designated as areas of response for purposes of coordinating the emergency response:
1. Homer Senior Center (includes main office, Mtg.Room, and Recreation Room)
  2. Adult Day Services and Restrooms
  3. Dining Room Area (includes kitchen, freezer, cooler, bathrooms, dining room)
  4. Assisted Living
  5. Kachemak Bay Senior Housing/Pioneer Vistas Senior Housing/Bartlett Terrace Senior Housing/Swatzell Terrace Senior Housing
  6. Garage/Storage Facility
- C. The following general principles apply to all areas:
1. The chain of command as Incident Commander in emergencies is as follows:  
  
Executive Director, Maintenance Manager, Administrative Assistant, RN Manager, Adult Day Services Manager, Food Services Manager. Each person, once notified, shall have responsibility for notifying the next person on the list if the situation is needed.  
  
**Notification of Resident/Participant Representative:**  
Resident/Participant Master List is included in the Emergency Preparedness Totes located in the Assisted Living and the Adult Day Services. The Incident Commander will appoint staff member to ensure resident/participants representatives are notified.  
  
**Notification of Staff:**  
Staff Call List is included in the Emergency Preparedness Totes located in Assisted Living, Adult Day Services and Administration. The Incident Commander will initiate call list. The initial person called will also be the last

Homer Senior Citizens, Inc. Emergency Response Plan

person called to complete the call cycle. Staff members scheduled to come in will follow the call list. It is the responsibility of all staff to assist in an emergency if directed by the Incident Commander.

In the event an emergency occurs at night, on a holiday, or in the evening, personnel who are on duty shall call the first person listed in the chain of command (Taking into consideration that the first responsibility may be to notify emergency personnel and take care of residents) as indicated below.

- a. If the emergency is in Assisted Living:

RN Manager  
Maintenance Manager  
Executive Director

- b. If the emergency is in Independent Housing (KBSH/PVSH/BTSH/STSH):

Maintenance Manager  
Housing Administrative Assistant  
Executive Director  
RN Manager

- c. If the emergency is located in any other building or on Corporation property:

Maintenance Manager  
HR Administrative Assistant  
Executive Director  
RN Manager

2. The Incident Commander has a responsibility to monitor local radio stations in the event of an area wide emergency and keeping individual Emergency Response Leaders informed of the situation. This will involve if necessary, sending two individuals to the police or fire station to relay information if telephone and radio stations are not working. The Incident Commander also has a responsibility to check with each area Emergency Response Leader as soon as possible in the case of a localized emergency, such as a fire, to assess the situation in that area and give further direction. The Incident Commander shall be the person who acts as the liaison between emergency personnel and the Center.
3. Each area as listed in "B" above shall have a designated Emergency Response Leader who will be responsible for directing individuals in their area to safety. Each area shall have a designated Emergency Response Leader on each employee shift as described below:
- a. Homer Senior Center – Executive Director or in the absence of the Executive Director, the Administrative Assistant.
- b. Adult Day Services – Program Manager or in the absence of the Program Manager, the Assistant Program Manager.

## Homer Senior Citizens, Inc. Emergency Response Plan

- c. Dining Room Area – Food Services Manager or in absence of the Food Services Manager, the Lead Cook.
  - d. Terrace Assisted Living – RN Manager or in the absence of the RN Manager the LPN.
  - e. Kachemak Bay Senior Housing/Pioneer Vistas Senior Housing– Maintenance Manager or in the absence of the Maintenance Manager, the Housing Administrative Assistant.
  - f. Garage/Storage Facility – Maintenance Manager.
2. In the event the designated Leader or the next designated person in line is not on site, an employee who is on duty in each area will be designated by the Program Manager for that area, in writing, as the Emergency Response Leader.
  3. The Emergency Response Leader is responsible for the following:
    - a. Directing individuals in what response to take, including directing individuals to evacuate the building.
    - b. Calling 911 if appropriate.
    - c. Taking a head count of individuals who have evacuated the building to a specified location.
    - d. Checking all parts of their designated area to make sure that all individuals have evacuated the building. (Kitchen personnel should make sure there are no individuals in the cooler or freezer who may not have heard the alarm before locking all doors and evacuating)
    - e. Turning off all electrical main breakers, gas and oil lines if time permits. See attachments to this Response Plan for locations and instructions.

### D. Emergency response protocol.

1. Fire/Bomb Threat/Chemical or Gas Explosion/Structural Damage to Building
  - a. Homer Senior Center, Adult Day, Dining Room Area

In the event of a fire alarm or actual detection of a fire in any of these areas, all individuals will evacuate the building to assigned areas after receiving instructions from the Emergency Response Leader. In the case of an actual fire, the person detecting the fire should immediately activate any fire alarm systems, call 911, notify the Emergency Response Leader, and evacuate the building. Personnel should evacuate or assist in evacuation as follows:

- (1) Personnel who are working in Adult Day Services will assist participants out of the building. All individuals from this area will evacuate to the Northeast corner of the parking lot. If possible and time permits, the Van should be moved to the Northeast corner of the parking lot and participants loaded into the Van and private cars in the event participants need to be moved. Should the moving of



## Homer Senior Citizens, Inc. Emergency Response Plan

participants be necessary they should be taken to the location designated by the Emergency Response Leader

- (2) Personnel who are working in the Kitchen or dining room area should assist individuals who are in the dining room area. Individuals should evacuate to the Southeast Corner of the parking lot if exit is possible in that direction. If exit is not possible in that direction, evacuation should be through the hallway to the lobby area of assisted living. If there are no people in the dining room area and access is possible, kitchen staff should move to Adult Day to assist with the evacuation of adult day participants and then report to the Southeast corner of the parking lot.
- (3) Personnel in the Homer Senior Center Office should assist any people in the Center to evacuate and then move to Adult Day to assist with evacuation of this area. Personnel from the Senior Center should evacuate to entrance driveway area of the parking lot.

(See attached map of building locations and evacuation points)

If the fire is located in Assisted Living, personnel and participants in Adult Day should remain there until told by the Executive Director or Incident Commander to evacuate. Personnel in the HSC Office and the Kitchen should remain but evacuate all community members from the center and dining area and await further instructions from Assisted Living personnel. Personnel may be needed to help in evacuation of residents.

### b. Terrace Assisted Living Evacuation Plan

Personnel in Assisted Living will respond to an alarm according to the following procedures unless directed to do differently by the Emergency Response Leader. **Dial 911**. In all circumstances the immediate response shall be as follows:

- (1) General Alarm (**All strobe lights will be blinking, and alarms will be heard**). This will occur if the cause for the alarm is located in a common area or the local room alarm has been active for more than two minutes.
  - (a) Check the area that you are in for signs of a fire or why the alarm may have been set off. This should be a visual check and not a room by room search.
  - (b) If you find a problem, take care of it if possible. This means without placing yourself in unnecessary risk, clear the area of smoke if for instance; someone has burnt toast in a common area or someone was smoking and dropped a cigarette and it is smoldering in a common area.
  - (c) If there is no immediate indication of why the General Alarm has been activated, return to the lobby and Check the alarm display panel (See Diagram).

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- (d) If lights are **NOT** blinking, do not punch any buttons.
  - (e) If lights **ARE** blinking, Punch ALARM ACK, then AUD SIL and then F1.
  - (f) Look for trouble on panel and respond to that area.
  - (g) Determine source of problem.
  - (h) If false alarm, return to panel and call the Homer Police Department to report a false alarm.
- (2) Local Unit (room) Alarm (**Unit (room) entry light will be blinking in the hallway with the strobe light blinking in the unit and the alarm going off in that room**)
- (a) If there is a unit (room) light blinking and an alarm, respond to that room.
  - (b) Take precautions before entering and make sure it is safe to open the door by placing the back of your hand on the door to test for heat. If it is not safe to open the door, proceed to general evacuation procedures for that wing.
  - (c) If it is safe to enter, extinguish the cause of the alarm and/or ventilate the room of smoke.
  - (d) If the wing is secure, proceed to the alarm display panel.
  - (e) Check alarm display.
  - (f) If lights are **NOT** blinking, do not punch the buttons.
  - (g) If lights **ARE** blinking, punch only lights that are blinking, SUPV ACK or TRBL ACK and call police to report the problem has been solved.
  - (h) If you hear an alarm and you have determined it is not in your wing, proceed to the alarm display panel.
  - (i) Check alarm display.
  - (j) If lights are **NOT** blinking do not push buttons.
  - (k) If lights **ARE** blinking, punch only lights that are blinking, SUPV ACK or TRBL ACK.
  - (l) Respond to area of trouble and follow procedures as if you were a first responder.
  - (m) If there is a unit (room) light blinking and an alarm, respond to that room.
  - (n) Take precautions before entering and make sure it is safe to open the door by placing the back of your hand on the door to test for heat. If it is not safe to open the door, proceed to general evacuation procedures for that wing.
  - (o) If it is safe to enter, extinguish the cause of the alarm and/or ventilate the room of smoke.
  - (p) Once wing is secure, proceed to alarm panel and if time, call the police department and cancel the fire call.

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Actual evacuation of the building depends upon the location of the fire.

The evacuation should proceed as follows:

- (1) Keep residents calm.
- (2) Evacuate residents closest to the emergency situation.
- (3) If the entire building must be evacuated, evacuate the wing closest to the emergency, and the wing above or below the emergency and then the rest of the building.

There are many possible options; however, in general, residents are to be moved out of the wing in which the fire is located either to a safe zone in the building or outside the building. Some different scenarios are as follows (See diagrams):

- (1) If the fire is in A or C wing, residents are to be moved away from the fire. This will mean they will have to be moved from A to B and from C to D wings or outside the building.
- (2) If the fire is in B or D wing, residents are to be moved away from the fire. This will mean they will have to be moved from B to A and from D to C wings or to the Dining Room area.
- (3) If the fire is located in the central area of the building (lobby, elevator area), this will require a general evacuation of the building. A and C wings will evacuate to the outside and across the street to Independent Apartment Building D. B and D wings will evacuate to the Dining Room area.
- (4) Once evacuation has taken place, no one should leave the area until the Emergency Response Leader has taken a headcount and permission has been given to leave. The Emergency Response Leader is responsible for taking the In-Out Sign-out sheets from the lobby and the east end desk.

During evacuation, shift personnel listed below will be allocated as follows:

- (1) Full Evacuation of the Building
  - (a) Each Care Provider is responsible for their assigned hall to evacuate. Housekeepers are available for each floor. Nurses will assist with the evacuation.
- (2) Day & Evening Shift Evacuation
  - (a) Care Providers on duty will evacuate the wings to assigned safe zones according to the evacuation plan.
  - (b) Residents should be evacuated dealing with the most mobile and responsive individuals first.

Homer Senior Citizens, Inc. Emergency Response Plan

- (c) Personnel from the dining room area and the Homer Senior Center will assist with evacuation at the direction of the Emergency Response Leader if **personnel feel competent to do so.**

**In the event that residents of Assisted Living must be relocated, the RN Manager or Emergency Response Leader will make arrangements to transport all residents as follows:**

- (1) Residents with family or friends located in Homer who are to be notified in emergencies will be transported to those locations once it has been verified that the family or friend is at home.
- (2) Other residents to designated locations, such as the hospital, school, churches or hotels depending on the health of the individual and availability of space.

The RN Manager or Emergency Response Leader is responsible for recording where individual residents have been transported and for providing employees to care for individuals if needed.

**Evacuation Diagrams:  
Location of Fire\***



- (a) Evening and Night Shift Notification of Evacuation:

Initiate the staff call list found in the Emergency totes. Also staff must contact the RN Manager.

**Earthquake/Windstorm/Typhoon/Flood/Tsunami/Heavy Snowfall**

- (1) All personnel should remain in the building in which they are located. Residents and participants should remain in the area they are located. As soon as the emergency is over, or it is safe for people to leave the Emergency Response Leader for that area may allow people to leave.

## Homer Senior Citizens, Inc. Emergency Response Plan

- (2) In the event of an earthquake, which causes structural damage and would be hazardous to the occupants, evacuation procedures should be followed as if there were a fire. The Emergency Response Leader in each area will determine if evacuation is required.

### 3. Electrical Outage

- a. In the event of an electrical outage, which does not involve any other emergency and it is anticipated to last more than four hours, the Senior Center should be secured and nonessential personnel and participants sent home. The Executive Director will determine which personnel should remain. In Assisted Living the RN Manager will be responsible for determining which personnel will remain and if arrangements need to be made to move residents to another location. Residents of Kachemak Bay Senior Housing/Pioneer Vista Housing/Bartlett Terrace Senior Housing/Swatzell Terrace Senior Housing are responsible for themselves.
- b. If the electricity is to be off for an extended period of time, which could cause major damage to water lines, the Maintenance Manager in conjunction with the Executive Director will determine if water and heating pipes need to be drained.

### 4. Other Emergencies

The Incident Commander will determine procedures for other emergencies such as, loss of water and sewer, at the time they occur.

### E. Procedures for Sheltering Persons at the Senior Center

If the Senior Center and other facilities are needed to serve as an emergency relief building for the general population, the Executive Director shall have the responsibility for deciding to turn over authority to use the building by Red Cross.

Persons may be sheltered at the Senior Center on a temporary basis for not more than six hours with the present equipment. Red Cross supplies cots, blankets, food and an alternate source of heat may be provided, the Senior Center and other buildings could provide shelter for a longer period of time.

The Senior Center has stocks of food at all times to provide two/three meals a day for up to 100 people for two/three days. The first priority for food will be to Assisted Living residents and personnel. If water is readily available and an alternate source of food is provided, additional people could be housed and fed. The Executive Director or the Incident Commander shall decide if additional people will be housed. First priority will always be to Assisted Living residents.

### F. Emergency Supplies and Equipment

## Homer Senior Citizens, Inc. Emergency Response Plan

Each Area will have an emergency kit, which contains the following:

1. Power Cords
2. First Aid Kit and Supplies
3. Water purification containers
4. Four Flashlights
5. Radio
6. Batteries
7. Blankets (4)
8. Plastic Bags
9. Camp Stove (Sterno or propane)
10. 20 feet of rope
11. Matches
12. Two rolls of duct tape
13. Candles

Food located in the Kitchen, Coolers and food storage areas may be utilized in the case of emergencies to feed residents and employees. Eating and drinking utensils stored in the dining room, food storage areas and commons areas of Assisted Living may be utilized in the case of emergencies.

Emergency kits are available in Assisted Living, Senior Center Office, Adult Day. Kits and Independent Housing units. All kits are inspected every six months. An inspection tag will be placed on each kit, which is to be signed off at each inspection.

## WHAT TO DO WHEN THERE IS A POWER OUTAGE IN ASSISTED LIVING

1. **The doors to the hallways will close automatically.** DO NOT PROP THEM OPEN! This is part of the Fire Alarm System so the doors should not be reopened until the Power comes back on.



2. **The elevators will not operate.** Therefore residents should be made comfortable where they are at least until the estimated duration of the power outage is learned. If someone is stuck on the elevator the door can only be opened by Maintenance or the Fire Department.



Notify the following people that there is a power outage so that if the outage is extensive help is available. **Maintenance: 399-6048 RN: 399-1751 Executive Director: 235-4551** Error! Not a valid link.

**Report outage to Homer Electric at 1-888-868-8243** and to determine duration.

3. **The Fire Alarm System will be on Backup** When the alarm on the Alarm Panel in the lobby goes off, read the messages: \*If the message says the boiler is not working, don't worry about it until the electricity is back on. If the boiler alert is still on after the electricity is on, call Maintenance Supervisor to reset it. **If the message says supervisory or trouble, a resident may have pulled the pull cord/switch in their apartment. The message will tell you in which room the switch was pulled. Check that resident immediately. Acknowledge and reset the alarm.**
4. **The Paging System will not work as usual.** The pendants will not ring through to the RAs pagers. They will, however, ring into the Code Alert back up display in A2. The backup will beep and will only display the **pendant number** that is calling. Refer to the Transmitter List to determine the name and Apt. of the resident calling. RAs need to advise every resident that the power is off but their pendants still work. Assure them that you will be checking them frequently. That means patrolling the halls. The resident's doors may be propped open so that they are aware of your presence. If residents are anxious they may prefer to be together in a Com room or in the lobby.



5. **Meals: The kitchen and the Adult Day Services are on a separate grid so they may have power.** If residents from C & D hall are unable to walk downstairs to the Dining Room they will need to be fed in C Com. Load food for upstairs residents on cart. Take cart to bottom of D Hall stairs. Have C Com cart waiting and carry food up the stairs, place on cart and transport to C Com. If all power is out at mealtime the kitchen will make an alternate meal (eg. sandwiches) which can be delivered to the Coms. We have plenty of resources to be sure no one will go hungry.



**When the Power comes back on Push the ON button on the desktop Monitor in A2 and Open Hallway doors.**



# Homer Senior Citizens, Inc.

3935 Svedlund Street

Homer, Alaska 99603

(907) 235-7655 Fax: (907) 235-3739

## Homer Senior Citizens - Adult Day Services

By signing below, I am agreeing that I have received, read and understood a copy of the following:

- Notice of Participants Rights & Prohibited Practices/Non-Smoking
- Grievance Policy
- Restraint Policy
- Emergency Response Plan
- ADS Handbook

Participant/POA Signature \_\_\_\_\_ Date \_\_\_\_\_

ADS Manager \_\_\_\_\_ Date \_\_\_\_\_

Executive Director \_\_\_\_\_ Date \_\_\_\_\_



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