

# Carrington Court Assisted Living

## Core Competencies of Facility Training

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Carrington Court is passionate about providing positive living and working environments for our residents and staff members. Carrington Court is committed to maintaining a culture where each person is valued, respected, well-trained, and has an opportunity for personal and professional growth. We are dedicated to making a positive impact within and without the communities we serve and pledge to exceed the needs and expectations of our facility residents and staff members.

The following topics presented are the main 12 “**core training competencies**” presented to us by the State of Utah Health Department. They complement and will remain a key emphasis in achieving our vision of excellence for staff training as an organization. This training document will be provided upon hire to each staff member. Each core competency will be individually readdressed in each monthly facility staff meeting for complete compliance with the State of Utah Health Department guidelines for proper facility staff training. In addition to the curriculum, each facility will be provided a tracking sheet per staff member that will allow facility administration to adequately track and demonstrate proof to the State of Utah Health Department, that the specified core principles and subtopics are being addressed and actively utilized within each facility.



# Carrington Court

## Core Competency Training

### Section 1: Proper Communication in Healthcare

The U.S. Department of Health and Human Services: National Institute of Aging studies have demonstrated that effective communication is a teachable skill. Facility staff members who receive communication training improve dramatically in speaking with, assessing, and building relationships with facility residents and their family members.

#### Recommendations when speaking with residents:

- ❖ **Use Proper Form of Address:** Establish appropriate respect by using formal language. Use "Mr.," "Mrs.," "Ms."; and so on. Or you might simply ask the resident about his/her preferred forms of address and how she or he would like to address you. Avoid using terms, such as "Dear" and "Hon," which may come across as patronizing. All facility staff should be aware of the importance of always being respectful. No matter the established relationship.
- ❖ **Establish A Rapport:** A proper introduction goes a long way. Introduce yourself clearly and do not speak too quickly. Demonstrate from the very beginning that you accept the resident and want them to express any concerns or needs. With new residents, try a few comments to establish a rapport and promote conversation such as: "***Are you from this area?***" or "***Do you have family nearby?***"
- ❖ **Avoid Interrupting:** Interrupting someone conveys to that individual that what they are saying is not important to the interrupter. Once interrupted, a resident is less likely to voice any of his or her concerns.
- ❖ **Use Active Listening Skills:** Face the patient, maintain eye contact, and when he or she is talking, use frequent, brief responses that show engagement, such as "okay," "I understand," and "uh-huh." Active listening keeps the discussion focused and lets residents know you understand their concerns. Follow-up questions, that might restate their concerns, validates them.

***(U.S. Department of Health and Human Services: National Institute of Aging  
<https://www.nia.nih.gov/health/tips-improving-communication-older-patients>)***

### **Demonstrate Appropriate Empathy**

Take advantage of opportunities to respond to patients' emotions and validate them. Acknowledge them with phrases such as "***That sounds difficult,***" or "***I'm sorry you're facing this problem***"; "***I think I can help you.***" Clinical empathy has shown to be a skill that is learned and can be easily practiced in an assisted living environment. It also can be very rewarding in terms of the resident feeling satisfied, validated, and achieving greater positive outcomes.

### **Compensating for Hearing Deficits**

Age-related hearing loss is common. About one quarter of people between the ages of 65 and 75, and half of those over the age of 75 have disabling hearing loss. Here are a few tips to make it easier to communicate with a person who has lost some hearing:

- Make sure your patient can hear you. Ask if the patient has a working hearing aid.
- Talk slowly and clearly in a normal tone. Shouting or speaking in a raised voice distorts language sounds and can give the impression of anger.
- Avoid using a high-pitched voice; it is hard to hear.
- Face the person directly, at eye level, so that he or she can lip-read or pick-up visual cues. Keep your hands away from your face while talking, as this can hinder lip-reading ability.
- Be aware that background noises, such as whirring computers and facility music, can be difficult to understand what is being said.
- If your patient has difficulty with letters and numbers, give context for them. For instance, say, "'m' as in Mary," "'two' as in twins," or "'b' as in boy." Say each number separately (for example: **"five, six" instead of "fifty-six"**). Be especially careful with letters that sound alike (for example: "m" and "n", and "b, d, e, t, & v").
- Keep a notepad or whiteboard handy so you can write what you are saying. Write out words and other important terms.
- Tell your patient when you are changing the subject. Give cues, such as brief pause, speaking a bit more loudly, gesturing toward what will be discussed, gently touching the patient, or asking a question.

### **Compensating for Visual Deficits**

Visual disorders become more common as people age. Here are some things you can do to help manage others vision difficulties:

- Make sure there is adequate lighting, including sufficient light on your face. Try to minimize any form of glare.
- Check that your resident has brought and is wearing eyeglasses, if needed.
- Make sure handwritten instructions are clear.

- If your patient has trouble reading, consider alternatives such as recording instructions, providing large pictures or diagrams, or using aids such as specially configured pillboxes.
- When using printed materials, make sure the type is large enough and the typeface is easy to read. The following print size (14 pt.) works well.

### **Recommendations when speaking with resident's family members either in person or over the telephone**

The manner in which you communicate with resident family members, either by phone or in person, is a reflection not only of you but also of the facility and its staff. When communicating with a resident family member, please remember that you are representing the facility and should do so in a professional manner. Here are some recommendations to follow when communicating:

1. Always wear your facility name tag while on shift.
2. Answer the phone with your facility's name or take the initiative to introduce yourself. Then identify yourself and offer assistance. For example, ***"Hello, this is (facility name). This is Jane, how may I assist you?"***
3. Convey a positive attitude always. One way to do this is to present yourself with a smile and then begin speaking with the individual in question.
4. Politely ask for the caller's name or the individual who has presented themselves to ask their question. For example, ***"May I ask who's calling?"*** or ***"May I ask your name?"***.
5. Allow the individual you are speaking with, to explain their needs. Be sure you understand what is being said. Take notes so you will remember the pertinent information. Be sure to write down all messages and phone numbers and give them to the right person as soon as possible.
6. Always do your best to speak with respect and courtesy. Make the individual feel important. Avoid becoming defensive if the caller is demanding or critical.
7. Be accurate. Be sure the information you give is right. If on the phone, make sure to appropriately transfer the call to someone else if you cannot give the caller the information or seek after someone in facility administration. You might say, ***"I don't know the answer to that, but I think our Administrator will have the information you need. I'll see if he/she is available."***
8. Be careful about the type of information you give out. The facility strictly adheres to all HIPAA laws. Know whom you are talking to and what you should and should not disclose. You must respect the resident's confidentiality. If you are unsure about giving out any information, refer the call to the Administrator.

## **Validation therapy methods**

Communication is essential to all human beings and ensures they are being validated. However, as we have been reading, achieving such becomes even more difficult with those struggling with dementia. We must communicate with those with dementia, in a way that acknowledges their words and actions with respect and empathy, rather than making them feel embarrassed, dismissed, or angry. Other forms of validation come from the following methods:

- **Redirecting:** the act of shifting one's attention away from a situation that causes anger, fear, anxiety, or general distress. Redirecting someone with dementia allows them to feel validated, cared for, and safe.

### **Redirecting techniques-**

- Go outside for a walk.
  - Introduce them to a meaningful activity.
  - Communicate in simple terms.
  - Assess their environments to reduce triggers.
- **Reassuring:** the act of saying or doing something to remove any doubts or fears of something. Reassurance goes a long way when episodes of panic, confusion, and distress occurs.

### **Reassurance techniques-**

- Try to create and maintain a calm environment.
  - Use all your senses to listen and validate your loved one and their emotions.
  - Reinforce that you are there to help them and not going anywhere.
  - Distract with positive feedback.
- **Reality orientation:** the act of presenting information about time, place, or a person to help an individual better understand their surroundings and situation. Information is then repeated at regular intervals. The outcome is designed to improve cognitive and psychomotor function for those experiencing early-stage dementia.

### **Reality orientation techniques-**

- Use familiar people's names frequently.
- Discuss current events.
- Refer to clocks and calendars.
- Place signs and labels on items.
- Ask questions about photos or memorabilia.

# Core Competency Training

## Section 2: Person Centered Care Principles and Practices

According to the Alzheimer's Association, ***“person centered care is a focus on elders’ (residents' and clients') emotional needs and care preferences that is consistent with their lifestyle”***. ***“Person Centered Care”*** principles focus on nurturing and empowering individuals to live life to its fullest, even if that environment is in long-term care facility. The goal of ***“person centered care”*** promotes an idea of living with a purpose that has meaning.

Everyone, no matter their age, wants to feel in control of their lives and feel that they have a voice, especially regarding their healthcare needs. Historically, the predominant healthcare model culture that existed for the elderly was a ***“Medical Model”***. This model focused more on the task-centered approaches to healthcare that focused on their physical health only. A shift was made in the 1990's to another healthcare model culture, called the ***“Social Model”***.

This model focused more on the relationships between healthcare provider(s) and recipients and the interaction and support that is provided to each person's needs and preferences. The ***“medical model”*** model ensured good quality care, but the ***“social model”*** addressed having not only good quality care, but also a good quality of life. A life that honors experiences, choices, routines, and the natural daily rhythms.

### Core “Social Model” Characteristics include:

- Respecting and valuing the individual as a full member of society.
- Providing individualized emotional and physical spaces for care that are in tune with people's changing needs.
- Understanding the perspective of the individual in all care and activities.
- Providing supportive opportunities for social engagement to help people live their lives and experience well-being.

### Cultural changes in long-term care

The culture of long-term healthcare needed to change. Issues such as the terminology used; how healthcare providers or facilities interacted with their residents; to the individuals living environments; all needed to change. Ideals were fostered that were intended to change all that. The ideals proposed and promoted in the 1990's, are now commonplace today and should be the overall standard goal of all staff members.

These practices include:

- Having the facility resident voice their opinion(s) on the direction of their care and their personal daily activities. **(Example: facility administration hosting consistent care conferences)**
- Living in a more home-like atmosphere, rather than a more sterile institutional environment. **(Example: having facility decorations and foliage, newspapers, couches, relaxation spaces)**
- Fostering closer relationships amongst other residents, their family members, and facility staff. **(Examples: consistent facility activities, birthday parties, facility social's, resident and family councils)**
- Allowing the staff to empower the resident by always asking what the resident prefers.
- Ensuring there is more collaborative decision making between the resident and others that participate in their healthcare.
- Constantly reviewing facility quality improvement processes and measures.

### **The Importance of Language in Changing Culture**

According to the Alzheimer's Association, ***"Language is important in the change to person centered care. Language can either support change efforts or undermine them. Concepts of personalization and relationship-building cannot take root when antiquated or current culturally inappropriate language or terms are applied"***. As discussed in "Core Competency #1", appropriate communication is vitally important in establishing a rapport and maintaining positive outcomes towards an individual's well-being. Those we serve in our communities, need to feel validated and respected. Saying the right thing, at the right time, will go a long way towards establishing a culture of positive person-centered care.

A handout is provided in this section to better educate staff members as to what you should and should not say while communicating with our residents. We might all be guilty of having used some of these terms in the past. But it is our obligation to use the most culturally appropriate terms, phrases, and language, when communicating with one another and with those we serve. Please refer to the handout included for examples of such.

### **Making a Difference to those You Serve**

Carrington Court sincerely appreciates all its dedicated staff members. **You are important and can make a world of difference for those you serve.** You not only do the actual work of caring for those in the assisted living community, but more importantly, you are instrumental in creating (or potentially not creating) a safe, pleasant, welcoming, and nurturing environment. A person-centered work culture should always value and consistently recognize its staff members. Please always remember that you work in our resident's home. We are their guests. The golden rule should always apply: ***"Treat others, as you would like to be treated"***. Thank you for all your efforts in caring for those who value you greatly.

### Transforming the Language of Culture Change

Old Language	New Language
Victims of... suffering from	Living with
Wing, unit, floor, division	Community, neighborhood, household
Alzheimer's special care unit or locked unit	Memory Care community
Allow	Encourage, offer, help with
Diaper , pampers, pull-ups	Panties, briefs, (protective) underwear
Patient	Person, resident, individual, elder (use their name!)
Feeder, feeder table	Assist/help with dining; dining/kitchen table
Nurse aide , CNA, front-line staff	Care partner, care manager, care associate
Locked/locked down unit	Secured area/neighborhood, household
Admission / Place At/ Put In..., Placement	Move in
Lobby , common area	Living room, foyer
Facility, skilled care, nursing home	Community, living center
Eloped, escaped	Left unescorted, left the building/area
She's a falls risk	There's a good chance she might fall
Behavior problems	Having difficulty with..., an emotional outburst
Wanderers	People who like to walk/roam around...
Toilet (mom, the resident)...	Take to/help in the bathroom/powder room
Activity Director	Life Enrichment Coordinator, event planner
Nurses station	(home)Office, work area, desk area
Supplement, Nourishment	Snack, treat, food, drink, shake
Needs hydration/hydrated	Needs a drink, has be given something to drink
Bib	Napkin, clothes protector, dining scarf, cover-up, apron
Transport	Escort, assist to, help go to...
"You need to..."	"Would you like to... I would like for you to..."
"Sit down. You're going to fall..."	"May I help you walk...?"
"Your tray is here..."	"Dinner is served. It's lunchtime"
"She's a 2 person transfer..."	"She needs the help of a couple of people to move..."
"Sorry, that's not my job... I don't do that..."	"Let me see how I can help you"
"I/ We can't do that"/ "That's not allowed"	"Let's try to figure a way, let's try to figure this out..."

([https://www.alz.org/media/greatermissouri/person\\_centered\\_care.pdf](https://www.alz.org/media/greatermissouri/person_centered_care.pdf))



Core Competency Training



## Section 3: Observation Principles in Healthcare

### What is “Observation” and why is it important in healthcare?

Observation is important in all healthcare settings. In an assisted living environment, you as the primary healthcare provider, are interacting with facility residents and constantly observing changes that might be subtle or very apparent. Using your awareness and physical senses of sight, hearing, smell, and touch; you should monitor the overall well-being of those that you serve and assist. Your interactions, combined with your knowledge of the resident, allow you to observe any changes to their health. Any significant observed changes in a resident’s health, should be shift noted, the Director of Nursing immediately notified, and a verbal report provided to those coming on shift to relieve you.

### Types of Observation (2)

- **Objective Observation:** measurable factors

Objective observations are visible and measurable signs that can be monitored and recorded. They could include vital signs, such as breathing, blood pressure, pulse, and temperature. But can also include blood in urine or stools, bruises, rashes, and allergic reactions, using pain factor scales, etc. It is your responsibility to constantly observe, report, and accurately report these observations to the Director of Nursing or another supervising registered nurse. Once recorded and reported to a registered nurse, the nurse can compare them against prior readings and monitor any changes or progression in the residents’ conditions and report their findings to the resident’s physician and loved ones.



- **Subjective Observation:** non-measurable factors

Subjective observations are generally signs that cannot be measured. They are observed during conversations with the resident and can be verbal and non-verbal. The resident might comment on how they are feeling either physically or emotionally. They could mention feeling nauseous, having an upset stomach, sore muscles, or a headache.

These too are observations that should be shift noted and potentially reported to the registered nurse and physician to be investigated further.



#### **Levels of Observation (4)**

- **Level 1: General Observation- “As necessary”**

**“General observation”** is the first level of observation. All facility aides should have an awareness as to the whereabouts of residents that are under their care while on shift. This level of observation does not mean you must always keep them in your sight. But does require at a minimum, rounding on them as designated in their service plan, or efficiently responding to call lights when pressed.

- **Level 2: Intermittent Observation- “Potential of risk”**

**“Intermittent observation”** is the second level of level of observation. This level of observation is applied to those residents who are potentially, but not immediately, at risk to themselves or others. You are required to regularly check on them as requested by the facility Director of Nursing or supervising registered nurse. Circumstances for this type of observation could include individuals: prone to wandering, prone to falls, suffering from a urinary tract infection, who might have hit their head and are under concussion protocols, or any other condition/circumstance that demands more constant welfare checks or rounding.

- **Level 3: Constant Observation- “Within eyesight” (Generally not assisted living appropriate)**

**“Constant observation”** is the third level of observation. Applied to those individuals who could cause harm and present an immediate risk to themselves or others. The resident/staff ratio is generally 1:1. The individual should be constantly monitored and kept within eyesight while they are a risk.

- **Level 4: Close Proximity Observation- “Within arm’s reach” (Not assisted living appropriate)**

**“Close proximity observation”** is the highest level of observation and the most demanding. It is for an individual who is at risk of harming themselves or others. It also might require

more than one staff member to assist. This level of observation should be temporary and requires an immediate assessment from the facility Director of Nursing or supervising registered nurse.

If this level of observation is prolonged, most likely this individual will no longer be appropriate for assisted living levels of care and will require being discharged to a skilled nursing facility. Staff should maintain a heightened awareness regarding the privacy, dignity, and any environmental dangers to this individual.

### **How to Document and Record Observations**

The principles of observation are important, but so is documenting and reporting your observations to those who supervise. Remember, if you do not chart or record your observations and actions, it never happened and cannot legally be accounted for. A good rule of thumb is to always chart more than less. Be detail oriented in your observations and charting. You will never go wrong.

Fortunately, documenting and recording your observations can be quite simple in today's world. Software medical packages (Bluestep®) are plentiful and well designed and can easily facilitate documenting your observations. A portion of your onboarding training will have included learning and utilizing the facility charting software effectively. The software program is detail rich for observation and reporting information.

All residents upon entrance, will have a care plan and chart details of their health conditions, types of medications, baseline and monthly vitals, and a place to include your regular observations in a facility shift note or incident report. Please always include accurate and essential information such as the date and time, an accurate and detailed observation as what took place, and who was contacted and informed. Your observations could potentially be critical and may make a world of difference in an individual's health. Please do not ever disregard or discount those "***gut feelings***" that tell you something is not right. Act on them! Always better to be more vigilant than not.

# Core Competency Training

## Section 4: Crisis Prevention and Intervention

Life can be stressful! Stress and frustration are issues that affect everyone, no matter the age, or mindset. How one can cope with life's stressors can make a world of difference towards their overall physical and mental well-being. Some of the most common elements that promote distress in those that we serve in our facilities, typically surround issues of declining physical abilities, dementia, and other significant changes. This section of the core competency training will address what you as a staff member can do to better mitigate events that promote distress or a crisis and how to intervene during these incidents more effectively.

### What is a crisis?

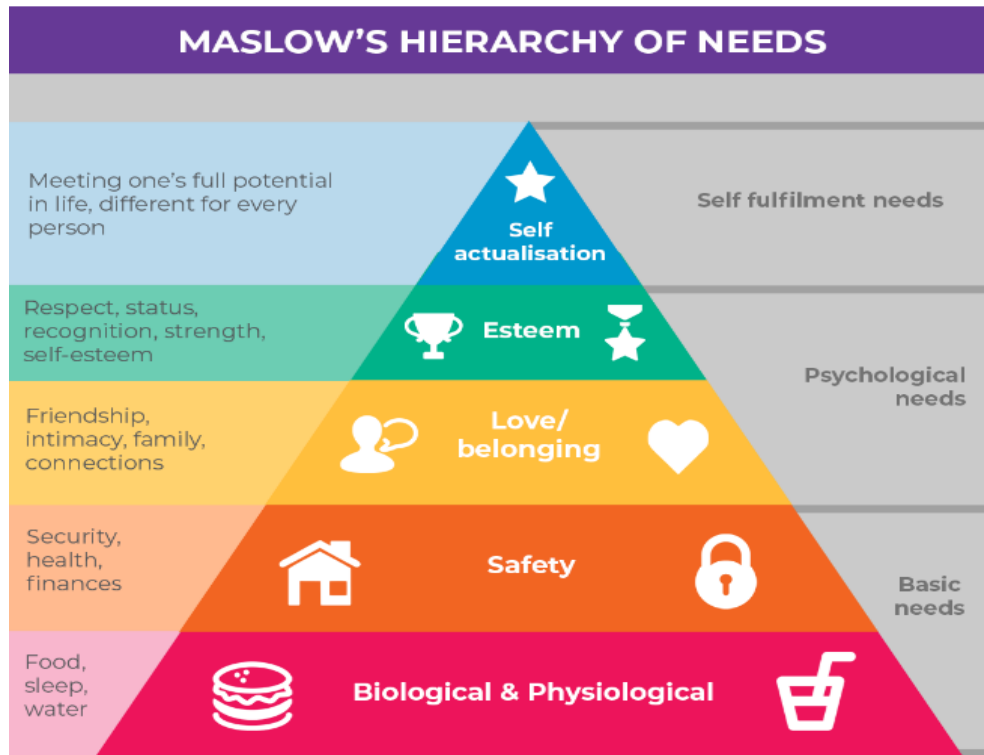
A crisis could be defined as ***“one’s perception or experience of an event or situation that promotes an intolerable difficulty that exceeds the persons current resources and coping mechanisms”***. A crisis incident can vary from person to person and is considered subjective. Meaning, it can be perceived in differing ways by those who experience it.

### Causes of Crisis?

The causes of crisis are as varied and unique as the people that experience them. Crisis can erupt when individuals experience:

- Major life changes (loss of a job, divorce, relocation)
- Anxiety, large amounts of stress, being overstimulated
- The effects of drug or alcohol abuse
- Financial loss or hardship
- The death of a loved one
- The lack of necessities such as food, shelter, clothing, etc.

There are certain fundamental necessities that human beings require to experience fulfillment to not experience feelings of threat that would induce a crisis. Abraham Maslow, an American psychologist, attempted to visually depict these needs in the form of a pyramid example. He demonstrated these ***“hierarchy of needs”*** from the most basic to the more complex. The included graph depicts the various levels of human needs and what they entail.



### **What is the goal of crisis intervention?**

The primary goal of any crisis intervention is to aid or de-escalate those experiencing the crisis and assist them in returning to their customary levels of functioning and to prevent or alleviate any potential harm or negative outcomes. The ability of a care giver to implement strategies to stabilize the individual experiencing the crisis, is paramount. However, the ultimate goal of any care giver, is to prevent the crisis from ever beginning. This comes by implementing and applying other core principles discussed in our training that address observation, proper communication, and person-centered principles.

### **Have a Plan when Crisis Occurs**

Crisis can occur quickly and without little warning. You might be doing your best to observe, communicate, and apply the person-centered principles you have been trained on. But when someone is struggling with their self-esteem, loses their support network, or feels powerless; you might find yourself in a situation that requires a plan of action. So what can you do?

#### **Do**

- Be safe and aware, assess your safety.
  - Are there any objects nearby that could be used to harm you or them?
- Call for assistance if possible.
- Do your best to maintain control of the situation.

- Give the person space, maintain a distance.
- Remain as calm as possible.
- Acknowledge and reassure the individual.
- Ask what they might need. Give them choices if necessary.

#### Do Not

- Threaten them, verbally or physically.
- Attempt to restrain or confine.
- Raise your voice.
- Mock or disparage.

### **Crisis Interventions and Prevention with those struggling with Dementia**

Dementia is a disease that frustrates both caregivers and those that suffer with the disease. The disease causes changes in a person's cognition, physical and motor abilities, perception, communication, feelings, and personality. Dementia only compounds the ability for an individual to rationally process information that presents itself. Your ability as a caregiver to manage the day-to-day circumstances effectively, might prevent any potential crisis issues. The following are recommendations that might diffuse a volatile dementia event from occurring:

- **Speak simply:** Asking open-ended questions such as, ***"What would you like to eat for lunch today?"*** Seemingly easy for you and I to answer, someone experiencing dementia might struggle with such a question. Dementia does not allow the individual to connect information into clear ideas and responses. Reduce their anxiety, or if they are struggling greatly, maybe ask if they would like a certain food. Ask questions that can be responded to with just a **"yes"** or **"no."**
- **Always remain patient:** Sometimes it is easier said than done. But patience is truly a virtue when interacting with those struggling with dementia. The disease challenges their memory and ability to effectively communicate. This would frustrate and agitate anyone. Do your best to always try and relieve the emotional and mental pressures they are under or perceive they are under. You may have a lot on your plate yourself, but ultimately, rushing the person you provide care to will not help the situation. It will likely lead to agitation for both of you. Take time for the individual to respond and be ready to potentially repeat.

- **Laughter is the best medicine:** Dementia is complex and varies per person. Dependent upon the person, there may be many or few ways to connect with them. However, keeping your conversations light and incorporating laughter, may be one way to diffuse a tense situation. Studies have shown that laughter can be very therapeutic for those with memory loss. Laughter releases endorphins in the brain. An Australian study demonstrated that telling jokes can function the same way that using medication to relieve stress does. Laughter lightens your load mentally, but also stimulates the heart, muscles, and lungs. However, there might be those that you care for that might only communicate through facial expression and body language. Be sure to sit at their level and find meaningful ways to connect with them. Although they might not show it, they are still able to perceive and feel.
- **Stimulate them:** The use of light and color does wonders for those with dementia. Heck, it does wonders for everyone. Do your very best to provide opportunities to use natural daylight to soothe. SAD lamps (*Seasonal Affective Disorder*) are also important for those suffering with dementia during the colder darker winter months. Use of SAD lighting in the evenings, can be a huge benefit to their well-being. But please always remember that those with dementia need their sleep. So please respect their need for darkness during the night and quietly enter their room when rounding.

Studies have shown that people with dementia benefit from strong contrasting colors. As we age, our eyes and vision, age with us. The use of these strong colors during physical activities or even at the dinner table, might be a benefit. Patterns that are busy however, might be too confusing to them. Keep things bright and simple. And as always, ask what they prefer. Tailor their care to their likes and dislikes (person-centered care).

- **Keep them active:** Research shows that the more physically active you remain, the better off you will be long-term. The same is true for the brain. Physical activity slows the brain from aging. A sedentary lifestyle increases the probability of getting dementia or making it progress faster. Regular cardiovascular activity, for as little as 20 minutes per day, can promote more clarity and focus. Do simple activities that allow them to be active and safe.

# Core Competency Training

## Section 5: Safety



One of the largest motivating factors of families placing their loved ones in an assisted living environment, is to safeguard their safety and welfare. Families quickly realize that as their parents age, living in their homes presents many obstacles to ensure their safety. From medication management, high potential for tripping or falling, wandering, and constant welfare checks; there are many positives that assisted living facilities provide that gives these families peace of mind that their loved ones are safe. It is the duty of **“All”** facility staff to be constantly vigilant about maintaining an environment that is safe and secure.

State and federal safety guidelines ensure that a facility maintains an environment that is free from hazards that might have been present at home. Some of the biggest safety threats in a long-term care facility include the following:

- Lack of a safety alert system (call pendants)
- Poor lighting in common areas and resident rooms
- Improper medication administration
- Obstructed hallways
- Chairs lacking adequate armrests
- Poor floor coverings (trip hazards)
- Abuse (physical, mental, emotional, financial)
- Poor security (lack of cameras, secure memory care units)
- Infection control measures (pressure ulcers, UTI's, proper sanitizing)

### What “YOU” can do to promote safety

Everyone that works in the facility has the obligation to ensure the safety of all that enter the facility. If you encounter a safety issue, please notify the facility administration immediately,



create a maintenance request, and go the extra mile by reporting it via a facility shift note. Here are some other proactive safety habits that you can implement personally. These could include:

- Always observe if there are any facility issues that are apparent when you drive up to the property grounds or walk into the facility. These could include parking lot lights that might not be on or burnt out, ice or snow on facility property walkways, or elevated concrete seams that could be tripping hazards.
- When walking into the facility, are there any entry floor mats that are curled up, or are there any items in the hallway that someone could trip over? Arrange the mat properly and pick up the item that could cause a fall.
- When on shift, warmly greet visitors that enter the building. Make sure that they know you are there and are available to assist them. You should make a conscious effort to be aware who is in the building visiting.
- When entering a resident's room, make sure all is tidy and off the floor. Try to remove as many of the trip or fall risks present. Oxygen tubing, lamp cords, clothing, or towels. There are many things that end up on the ground that could be a potential fall risk.
- Are any resident room lights burnt out or any facility hallway lights out? Please report as soon as possible. As we discussed in another core principle, good lighting is important.
- Doors to the laundry room, cleaning closets, utility rooms, and fire extinguisher cabinets should remain locked. Any chemicals, cleansers, odor sprays, and even hydrogen peroxide; should be promptly used and put away behind locked doors.
- Be aware, and consistently practice, all emergency protocols and drills. Know where facility fire pull stations and fire extinguishers are located. Your facility administration, upon your hire, should better acquaint you with the facility by taking you on a personal facility tour. The Administration will demonstrate where all utility services (gas, electric, water, fire system) shut offs are and how to turn them off if necessary.

### **Ensuring welfare and safety for all residents**

Everyone, whether an employee or not, is required by Utah State law to report to the proper authorities if they have reason to believe that a vulnerable individual is or has been a victim of abuse, neglect, or exploitation. Willful failure to report such abuse, neglect, or exploitation is a ***“Class B misdemeanor punishable by imprisonment for a term not exceeding six months, a fine of \$1,000, or both. A covered provider or covered contractor that knowingly fails to report suspected abuse or neglect is subject to a private right of action and liability for the abuse or neglect of another person that is committed by the individual who was not reported to Adult Protective Services”*** (<https://apps.rainn.org/policy/policy-state-laws-export.cfm?state=Utah&group=5>).

**Will I be punished for reporting such an issue?** No! Anyone who makes a report in good faith or otherwise notifies a law enforcement agency or Adult Protective Services (APS) of suspected abuse, neglect, or exploitation will remain immune from any civil and criminal liability in connection with the report or other notification. If you are ***“threatened, intimidated, or***

***attempts are made to intimidate you or a vulnerable adult who is the subject of a report, a witness, the person who made the report, or any other person cooperating with an investigation conducted pursuant to this chapter is guilty of a Class B misdemeanor”***  
(<https://apps.rainn.org/policy/policy-state-laws-export.cfm?state=Utah&group=5>).

**What should I do if I witness any abuse, neglect, or exploitation?**

1. Immediately report the incident to the facility administration.
2. Facility administration should immediately make a written report of all incident details from all witnesses and document the details on the attached form (***“Resident Concern/Grievance Report Form” (attached)***). Anonymity should be given to the individual(s) reporting the incident to ensure there is no potential retaliation from other involved staff member(s).
3. Facility administration must report the incident within 24-hours either to a peace officer or by phone or website to Adult Protective Services. Phone: (800) 371-7897. Website: <https://daas.utah.gov/adult-protective-services/>.
4. As a courtesy, please also report the issue via fax to the State of Utah Health Department. The fillable PDF template can be accessed at completed at <https://health.utah.gov/hflcra/forms/Complaint/EntityReportStatic.pdf>. You can fax it to the State Health Department at (801) 274-0658. (*Example of form located at end of module*).

***\*The individual(s) implicated with the incident will be immediately placed on unpaid administrative leave until a thorough investigation is conducted. The results of the investigation will either result in either immediate termination of the accused or complete exoneration. If exonerated, the individual(s) will resume their normal working schedules as soon as possible.***

### **Falls and large bruising policy**

Transparency and proper communication are essential to a well-functioning facility. It is a priority to always do your best to reassure residents family members that the welfare of their loved one is a priority and that they are being safeguarded. Resident families should always be informed of a change in their loved one’s condition(s). Therefore, it is a requirement to contact resident family members listed on the medical record call list if you discover that a facility resident has either fallen or there is an unknown cause for large bruising discovered.

#### **Falls-**

Falls can be very traumatic for the elderly. This is especially true if they hit their head or land on their hips. **Any fall, at any time of day**, should be incident reported, vitals taken immediately, administration notified, and RN notified, and a resident family member called and informed. Head bumps/trauma should be assessed with a neuro-check as soon as possible by the facility nurse.

Please continue calling resident family members until you either get a family member live on the phone or if unable to reach a resident family member on the phone, please make sure that you leave messages on their voicemails. Please document on the incident report who was notified (family member and administration) or with who messages were left. Also, please make a shift note and monitor the resident for the remainder of your shift.

**\*Attention Facility Administrator's:** It is a New Choice Waiver requirement for facilities whose residents participate on the Waiver, for you to submit incident reports for those participating in the New Choice Waiver program. It is preferable that you submit all incident reports via fax to their case workers (for documentation, always retain the fax confirmation sheet if faxing), within a 24-hour period from the date of incident to the case workers who represent residents on the New Choice Waiver. However, if offsite, you can also create a PDF of the incident report and send the incident report to caseworkers via email. This applies on holidays, nights, and weekends. Please retain all sent NCW incident report information (including fax confirmation sheets) in the residents file for future State audits.



### **Bruising-**

Bruising is another issue Eldercare Management asks that you report. However, when discovered, please use discretion when notifying the family members. Although important, family members should be notified by phone at a reasonable hour of the day. However, as with falls, the bruise should be documented with measurements on an incident report and resident

asked as to how the bruising occurred. Please also make a shift note informing other staff members of the bruise so that repeated calls to resident family members are not made.

### **Silver Alert**

A “**Silver Alert**” is similar to an “**Amber Alert**” and is a public notification system implemented and utilized in Utah and other states in the country. It broadcasts information via multiple technologies concerning missing person(s) to locate them quickly. Specifically, in Utah, senior citizens over the age of 60 that may suffer from Alzheimer's disease, dementia, or other mental disabilities, may be issued a Silver Alert.

All facility residents leaving the facility should sign in and out in the facilities registry book. It is also appropriate to have residents and their family members notify staff members when they anticipate coming back to the facility. Staff members, please take the time to shift note when the resident left, where and who they might be going with, and when they anticipate coming back.

In the case of a resident leaving the facility either due to confusion or elopement, the following should be completed:

1. If elopement is discovered, immediately notify all staff members on shift within the facility. Have one staff member notify facility administration and begin assisting other facility employees in looking for the individual inside and outside of the facility.
2. Facility administration, if not already present at the facility, should travel to the facility and assist staff in finding the resident. Begin by verifying facility camera surveillance. If the resident is not found quickly (within 30 minutes of discovered elopement), facility administration will notify the local police department first, followed by the designated facility EMR listed resident family members. The local police department will respond to the elopement call, investigate the details, and initiate a formal Silver Alert to the Utah Department of Public Safety. Which will then be broadcast state-wide.
3. An incident report should be made by the staff member who discovered the resident elopement after a search is conducted.

## **RESIDENT CONCERN/GRIEVANCE REPORT FORM**

Resident:	Apt:
Family/Other:	Relationship:
Address:	
Phone:	

Date of incident:

Nature of concern or grievance: (Please be specific and detailed. All information will remain confidential)

---

---

Facility personnel involved:

---

Facility Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **FACILITY ADMINISTRATOR FOLLOW UP/RESOLUTION**

Community:

---

Resident:	Apt:
Family/Other:	Relationship:
Address:	
Phone:	
Date of phone call/letter/meeting/other:	
Follow up plan of action (include departments/individuals assigned to follow up):	

---

Resolution:

Was concern /grievance resolved?	(Y) Yes, describe resolution	(N) No, explain why not
Date and method(s) used to notify the resident and/or representative or resolution:		
Completed by:	Date:	
Facility Administrator Signature:	Date:	



UTAH DEPARTMENT OF  
**HEALTH**

**UTAH DEPARTMENT OF HEALTH  
BUREAU OF LICENSING AND CERTIFICATION**

Print Form

PO BOX 144 103  
SALT LAKE CITY, UT 84114-4103  
(801) 273-2994  
(800) 662-4157 toll free  
(801) 274-0658 Fax  
HealthFacilityComplaint@utah.gov

**INITIAL ENTITY REPORT**

REPORTING INDIVIDUAL

EMAIL ADDRESS

PHONE NUMBER

FACILITY NAME

ADDRESS

**TYPE OF REPORT**

☐ RESIDENT TO RESIDENT ☐ STAFF TO RESIDENT ☐ UNKNOWN INJURY ☐ MISAPPROPRIATION ☐ ELOPEMENT

OTHER

**INDIVIDUAL(S) INVOLVED**

RESIDENT(S) INVOLVED

STAFF INVOLVED & POSITION

ALLEGED PERPETRATOR & RELATIONSHIP TO RESIDENT

**OTHERS CONTACTED**

(Please select all that apply)

☐ APS

CASE NUMBER

DATE REPORTED

☐ OMBUDSMAN

☐ FAMILY

☐ POLICE

CASE NUMBER

DATE REPORTED

☐ PHYSICIAN

**INCIDENT**

DATE OF INCIDENT

TIME OF INCIDENT

WHAT OCCURRED

WHAT ACTION HAS THE FACILITY TAKEN? (Suspension, Moved, Terminated, Etc)

NOTE: THE FACILITY MUST FAX IN A FINAL INVESTIGATION REPORT WITHIN 5 WORKING DAYS TO 801-536-0967

Version: 11/29/2017

# Core Competency Training

## Section 6: Professionalism and Ethics

Workplace professionalism and ethics are essential factors for positive working and living environments. All staff members working within an assisted living facility play an essential role in always presenting and maintaining a professional demeanor. Professionalism encompasses many items such as: personal grooming, appropriate communication skills, being competent and knowledgeable, responsible, and maintaining specific certifications/requirements. Above all, the goals of professionalism should culminate in ultimately protecting the residents' dignity and well-being.

Ethics too play a major role in your professional behaviors. Your ethics as a staff member, govern your behaviors and how you conduct yourself both privately and in public. The facility's code of ethics, and you as an extension of the facility, should be committed to honoring all aspects of a residents' quality of life. This includes not only their physical condition, but also their spiritual, emotional, and psychosocial well-beings. All facility staff members should treat all patients equally regardless of their gender, race, religious, or ethnic background.

Working in an assisted living can be intense and stressful at times, but the desire to assist residents and display compassion towards all should remain your highest priority. Effective communication, collaboration, and teamwork can provide great job satisfaction. Being committed to professionalism and ethics builds trust and confidence in those you work with and in the resident's that you care for.

### **Hippocratic Oath: "Do No Harm"**

The Hippocratic Oath was created by the Greeks in fifth and third centuries BC. The "***Hippocratic Oath***" is one of the oldest binding documents in history and the oldest in medicine. Its principles are held sacred by medical professionals to this day. The "Oath" basically states that **ALL** within medicine should treat the sick to the best of one's ability, preserve patient privacy, and teach the secrets of medicine to the next generation. Today almost all medical programs and their graduating physicians take the oath upon graduating from medical school.

**How does this apply to you?** Although you might not be a physician graduating from med school, Eldercare Management also believes in similar principles that ALL staff members should care for the residents to the best of their ability, preserve their privacy, and learn and exemplify these principles to all.

### **HIPAA and Ethics**



The HIPAA laws (***Health Insurance Portability and Accountability Act***) were established in 1996 by the United States Department of Health and Human Services to establish a national standard for the protection of health information. Ethics are at the core of the HIPAA laws and other privacy laws.

Basic principles should guide all your care decisions no matter the capacity you work in within the facility. First and foremost, the foundational principle is based on the “***Hippocratic Oath***” of doing no harm. The others include:

- **Regard autonomy:** Patients will always maintain their right to make their own decisions regarding their healthcare. HIPAA allows the resident to control their medical information and use it to make the most appropriate decisions regarding their health. Only the facility administration should provide the resident, or their designated power of attorney, protected health information listed on the medical record.
- **Non-maleficence.** The term “***non-maleficence***” basically means it is everyone’s duty to make certain our residents are never without care because of neglect. It is everyone’s duty to protect resident’s personal medical information from being exploited or used in a harmful way.
- **Beneficence:** Is the obligation of all staff members to always ensure the residents well-being is their highest concern.
- **Justice:** Requires giving residents access to care and treatments they need to heal. HIPAA applies standards of privacy and security to ensure that justice is always being applied to those that are most vulnerable.

### **Tips to Improving your Professionalism**

- **Residents always come first:** Treat them with respect and compassion.
- **Observe HIPAA:** Protect residents’ medical information.
- **Be courteous and polite:** To everyone you encounter.
- **Work hard:** Complete the tasks that are asked of you.
- **Go above and beyond:** Stand out from others by going the extra mile.
- **Learn something new daily:** Take advantage of teaching moments from those in administration or other visiting professionals.
- **Dress professionally:** First impressions go a long way. Arrive with appropriate, clean, and neatly pressed attire.
- **Do not gossip:** Gossip is considered highly unprofessional. Rise above it. Do not participate in it.
- **Do not take calls or texts on shift:** Your focus should be solely on the resident, while on duty. Taking calls or texts while on shift, especially in front of a resident, is considered very unprofessional. Please wait to respond when you go on break or when your shift is over.

## 5 Traits of a Professional

1. **Be Competent:** That does not mean you need to know everything. However, be as knowledgeable and competent as possible. If you do not know the answer, own it! Be ready to ask someone who might know and learn from the experience.
2. **Stand for Something:** Take the time to discover and create what your personal ethics are. People who maintain their “moral compass” and stick to it, will always be more highly respected than those that compromise their ethics when an ethical dilemma presents itself.
3. **Your Word is Your Bond:** If you commit yourself to something, finish it. Complete the task at hand and do it well.
4. **Be Honest:** Be honest with yourself always. Even when you might have done something wrong or incorrectly. Failing is a part of life. How you respond to it demonstrates maturity and growth. Being honest with yourself and others will always prove beneficial.
5. **Support Others:** Be there for others when they need you the most. Even when its inconvenient. Take the time to build people up with a compliment, teach when someone fails, and listen. Respect is galvanized when you go the extra mile to support someone else.



# Core Competency Training

## Section 7: Resident Empowerment and Advocacy

Eldercare Management Group takes resident ***“Empowerment and Advocacy”*** seriously. The definition of ***“empowerment”*** according to Oxford Dictionary is, ***“authority or power given to someone to do something”***. **Advocacy** is defined as, ***“public support for or recommendation of a particular cause or policy”***. How does empowerment and advocacy relate to the work you do in long-term care? A lot!

It is the responsibility of all staff members to safeguard the dignity and rights of all residents. The geriatric population is considered a vulnerable population. Any vulnerable populations (ex. geriatric, pediatric, disabled) require oversight assistance and advocacy to ensure there is not any form of abuse and neglect occurring. Empowering and advocating for vulnerable populations allows their voices to be heard and their rights and freedoms to choose for themselves to be protected.

As staff members, it is your duty to report any negligence or abuse that you might witness. Failure to do so signifies that you too are complicit of the offense in which you did not directly participate. Failure to report an incident will result in employment termination. Please be vigilant in ensuring each resident’s rights are always regarded and protected.

### Who to contact when you do witness an inappropriate incident?

As stated above, we expect all to advocate and safeguard the dignity and well-being of our residents. Doing so should be done with discretion and respect for everyone that might be involved. It should also be done promptly (***preferably immediately or within 24-hours***) to ensure that any potential victim is protected from it happening again. Who should you contact in case such an event occurs?

1. **Facility Administration:** Facility administration generally consists of the Administrator, the Director of Nursing, or the Resident Care Coordinator (If present). It is the responsibility of the facility administration to quickly act upon the information that is provided and immediately begin investigating the incident. The individual reporting the information should be discrete and provide as much detail as possible. Administration should document all incident details in writing on the ***“Resident Concern/Grievance Report Form” (attached)***. Anonymity should be given to the individual(s) reporting the incident to ensure there is no potential retaliation from other involved staff member(s). All involved in the incident should be investigated and their accounts documented in writing. The individual(s) implicated will be immediately placed on unpaid administrative

leave until a thorough investigation is conducted. The results of the investigation will either result in either immediate termination of the accused or complete exoneration. If exonerated, the individual(s) will resume their normal working schedules as soon as possible.

Both an Adult Protective Service report, and a State of Utah Health Department “Initial Entity Report”, must be filed by facility administration within 24-hours (if not sooner), as required by law.

**(Administration:** see the attached “*Resident Concern/Grievance Report Form*” form below for more information as to how to fill out the form. Adult Protective Services online reporting: ([https://utahaps.com/LeapsIntake/NewPublicIntakeReport\\_301.aspx](https://utahaps.com/LeapsIntake/NewPublicIntakeReport_301.aspx). Phone: (800) 371-7897). The State of Utah Health Department “Initial Entity Report”

If the reporting staff member does not feel as if the facility administration is addressing the severity of the incident appropriately, they are encouraged to reach out to Adult Protective Services and potentially to your local county Long-Term Care Ombudsman.

2. **Long-Term County Ombudsman:** The local Long-Term Care (LTC) County Ombudsman’s main job task is to work to resolve issues related to the health, safety, welfare, and rights of individuals who live in long-term care facilities. They advocate for residents and ensure their rights are regarded. They oversee nursing homes, board and care facilities, assisted living facilities, and other residential care communities. The following are the State of Utah’s LTC County Ombudsman’s numbers to call in counties where Eldercare Management Group services are offered:

- **Weber County: (801) 625-3783**
- **Davis County: (801) 525-5060**
- **Salt Lake County: (385) 468-3255**
- **Utah County: (801) 229-3809**

3. **State of Utah Health Department:** All long-term care facilities are overseen by the State of Utah Health Department. Most, if not all, concerns should be resolved primarily by the facility administration before they ever escalate to a State level. But if you feel more of an investigation is necessary, the following number is where you would call:

- **State Health Department hotline: (800) 662-4157**

### **Resident Rights**

In 1987, the Federal Government enacted the “*Nursing Home Reform Act*”. This law required each long-term care facility to care for its residents in a manner that promotes and enhances the quality of life of each resident, ensuring dignity, choice, and self-determination. In addition

to this federal law, the State of Utah has also passed additional laws that safeguard residents' rights in nursing homes, licensed assisted living, adult care homes, and other board and care facilities. The following bullet points are what the Nursing Home Reform Act mandates for all those living in long-term care facilities:

### **Resident's Bill of Rights**

- Necessary care (medical, physical, psychological, and social)
- Privacy
- Security of possessions
- Welcome visitors or refuse visitors
- Remain in the facility until transfer or discharge
- Participate in resident and family groups
- Be treated with dignity
- Exercise self-determination (freedom to make their own choices)
- Communicate freely
- Participate in the review of their care plans
- Be fully informed in advance about changes in care, treatment, or status in the facility
- Voice grievances without retaliation or discrimination
- Choose a physician
- Refuse medication or other treatments
- Freedom from abuse, mistreatment, and neglect
- Freedom from physical restraints

### **Eldercare Management Group's "Resident Incident Report Form"**

Any facility resident, resident family member, facility staff member; or any other representative or advocate, may file a grievance regarding resident treatment, service, behavior of other

residents, staff members, theft of property etc., without fear of threat or reprisal in any form. Grievances may be presented in person or in writing in the following manner:

1. Obtain a “**Resident Incident Report**” form (example included within core competency module training packet) from a staff member. **(Forms must be present in an easily accessible area)**
2. Complete all sections of the form as accurately and thoroughly as possible.
3. Complete the fillable PDF State of Utah “Initial Entity Report” and officially report <https://health.utah.gov/hflcra/forms/Complaint/EntityReportStatic.pdf> ((example included within core competency module training packet)
4. The completed report form must be given directly to a facility administration member.

Individuals submitting a grievance/concern form to the facility administrator will be informed orally of the results of the investigation by the Administrator within ten (10) working days of filing the report. A written summary will also be provided **(NOTE: Allegations of abuse, harassment or mistreatment will be investigated immediately by the facility administrator and an oral report of findings, recommendations and/or corrective actions taken within five (5) working days of filing the report).**

Allegations of abuse (emotional, sexual, physical) must be reported within 24-hours to the appropriate state agencies (Adult Protective Services) in accordance with state and federal law. All individual(s) implicated of abuse will be asked to immediately interview in person by the Facility Administrator. The Facility Administrator will interview and provide his or her written documentation of the interview findings and those implicated will be requested to provide written statements as to their accounts. The individual(s) implicated will be immediately placed on unpaid administrative leave until a thorough investigation is conducted. The results of the investigation will either result in either immediate termination of the accused or complete exoneration. If exonerated, the individual(s) will resume their normal working schedules as soon as possible.

It is the policy of this community to assist all residents in filing a grievance/concern form. Any resident, family member, representative or advocates who feel they have not been properly assisted or feel threatened as a result of filing a concern, are encouraged to report such incidences to the Administrator, if necessary, to the State Health Department.



UTAH DEPARTMENT OF HEALTH  
BUREAU OF LICENSING AND CERTIFICATION

Print Form  
PO BOX 144103  
SALT LAKE CITY, UT 84114-4103  
(801) 273-2994  
(800) 662-4157 toll free  
(801) 274-0658 Fax  
HealthFacilityComplaint@utah.gov

**INITIAL ENTITY REPORT**

REPORTING INDIVIDUAL

EMAIL ADDRESS  PHONE NUMBER

FACILITY NAME  ADDRESS

**TYPE OF REPORT**

☐ RESIDENT TO RESIDENT ☐ STAFF TO RESIDENT ☐ UNKNOWN INJURY ☐ MISAPPROPRIATION ☐ ELOPEMENT

OTHER

**INDIVIDUAL(S) INVOLVED**

RESIDENT(S) INVOLVED

STAFF INVOLVED & POSITION

ALLEGED PERPETRATOR & RELATIONSHIP TO RESIDENT

**OTHERS CONTACTED**

(Please select all that apply)

☐ APS CASE NUMBER  DATE REPORTED  ☐ OMBUDSMAN ☐ FAMILY

☐ POLICE CASE NUMBER  DATE REPORTED  ☐ PHYSICIAN

**INCIDENT**

DATE OF INCIDENT  TIME OF INCIDENT

WHAT OCCURRED

WHAT ACTION HAS THE FACILITY TAKEN? (Suspension, Moved, Terminated, Etc)

NOTE: THE FACILITY MUST FAX IN A FINAL INVESTIGATION REPORT WITHIN 5 WORKING DAYS TO 801-536-0967

Version: 11/29/2017

## **RESIDENT INCIDENT REPORT FORM**

Resident:	Apt:
Family/Other:	Relationship:
Address:	
Phone:	

Date of incident:

Nature of incident: (Please be specific and detailed. All information will remain confidential)

---

---

Facility personnel involved:

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Facility Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FACILITY ADMINISTRATOR FOLLOW UP/RESOLUTION FORM**



Community:

Resident:	Apt:
Family/Other:	Relationship:
Address:	
Phone:	
Date of phone call/letter/meeting/other:	
Follow up plan of action (include departments/individuals assigned to follow up):	

---

Resolution:

Was concern /grievance resolved?	(Y) Yes, describe resolution	(N) No, explain why not
Date and method(s) used to notify the resident and/or representative or resolution:		
Completed by:	Date:	
Facility Administrator Signature:	Date:	

## Core Competency Training

## Section 8: Health and Wellness

Anyone, no matter the age, generally desires to be healthy, fit, and maintain a greater quality of life. However, there may also be limitations to being so when one is struggling with a chronic illness or other physical disabilities. Ensuring that there is an appropriate focus on exercise, proper nutrition and preventative health go a long way toward keeping one injury-free and maintaining their greatest quality of life possible.

Wellness is another component of an individual's overall health and well-being. It generally addresses the mental, physical, social, spiritual, and emotional components of our lifestyles. The National Wellness Institute defines wellness as, ***"an active process through which people make health and lifestyle choices toward a better life"***. Our residents at times may suffer from issues of depression, decreased levels of mobility and independence, safety concerns, and age-specific health concerns that affect their health and well-being. We must always be patient and ready to assist them in achieving any health and wellness goals they might have.



## Benefits of wellness

- Improves quality of life
- Prevents social isolation
- Boosts cognitive function
- Encourages independence
- Promotes emotional health

## Components of wellness and health

- **Exercise:** Any form of exercise is of great benefit for seniors. Exercise has been shown to reduce risk of cardiovascular disease, hypertension, type 2 diabetes, osteoporosis, obesity, colon cancer, and breast cancer. It also decreases the risk of falls and fall-related injuries. The more you can motivate residents to participate in exercise related activities, go for a walk within the facility, or just get out of their rooms and go and socialize with other residents; will greatly help them in many ways.
- **Nutrition:** As we age, so does our sense of taste. The quantity of taste buds we have also decreases with age. The taste buds that tend to remain most active in our older years are those especially receptive to our sense of “sweet”. Eating foods, especially sweet tasting foods, brings us satisfaction and pleasure.

However, proper nutrition is essential to the elderly. All facility menus and nutrition are overseen by dietitians who ensure that adequate amounts of fats, proteins, carbohydrates, are provided. Although energy needs may decrease with age, the need for certain vitamins and minerals, including calcium, vitamin D, and vitamins B6 and B12, increases after age 50.

- **Mental Health:** A study performed by the Centers for Disease Control (CDC) specifically addressed mental health in older adults aged 55+. It was estimated that close to 20% of seniors experience some type of mental health concern or condition. The most common conditions surrounded anxiety, depression, mood disorders, or a significant cognitive impairment.

What can be done to help our residents and their mental health?

- **Encourage playing games that stimulate the mind:** traditional and crossword puzzles, matching games, card games, bingo, etc.
- **Play, or learn to play, an instrument:** Many of our residents have already learned to play the piano or have other musical talents. Encourage them to be used. Or, if you have a musical or other talent yourself, try and see if they have any interest in learning. You might be surprised. Plus, you might form a lasting friendship and bond which they will greatly value.
- **Encourage them to stay connected to friends and loved ones:** We live in an era of incredible technology. With a little help from you, they can learn to use social media, email, or video conferencing apps. The use of the Internet has greatly expanded the possibilities.
- **Volunteering within the facility:** Our residents have a lot to offer. Use them as much as possible to volunteer and help within the facility.

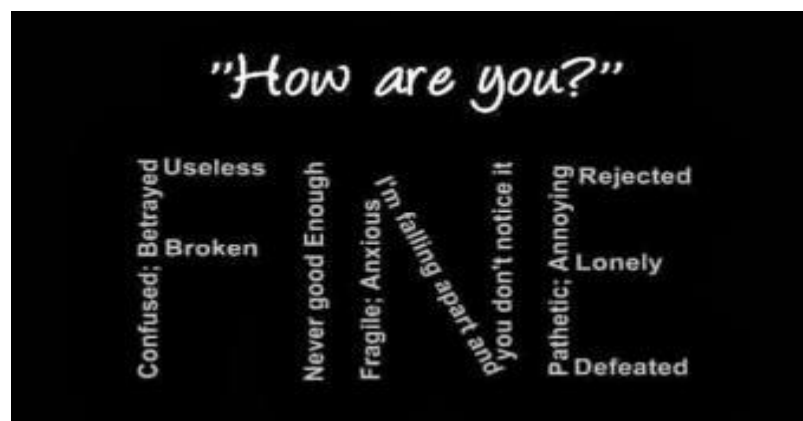
## Health and wellness for those struggling with mental and physical limitations

Health and wellness become exceptionally difficult when individuals struggle with mental illness and physical disabilities. Either they mentally cannot comprehend what they must do to stay well, or they have desires to do so, but cannot physically accomplish it. The main goal shifts from keeping individuals well and healthy to simply keeping them safe. The following information is presented to provide additional safety education specifically for those suffering from dementia, psychiatric, and physical limitations:

- **Dementia safety risks:** According to the Alzheimer's Association, *"6 in 10 people living with dementia will wander at least once, many will do so repeatedly"*. Wandering can be a very common occurrence. This becomes an issue within an assisted living environment when residents seek to exit the facility confused and unaware. When this occurs, a secure memory care unit is quickly recommended. Although common, wandering can be dangerous and even life threatening.
- **Psychiatric safety risks:** Those living in long-term care facilities can be at high risk of developing depression and even thoughts of suicide. This can become more prevalent during the colder months of the year where sunlight is not as plentiful. Ensuring that facility staffs are adequately trained on what to watch for and what mental health interventions can prevent future severe health risks to residents and could dramatically improve their quality of life. Research has shown that roughly half of the seniors living in long-term care facilities can suffer from either diagnosed depression or show the symptoms of depression or suicide.

### **Symptoms to watch for:**

- Repetitive health or anxiety issues.
- Constant feelings of sadness, anger, or fear.
- Consistent tearfulness.
- Consistent negative statements.



- **Risk Factors for Depression and Suicide:**
  - **Loss and grief:** Losing friends or loved ones may trigger a depressive episode that may make them feel hopeless and helpless. Long-term grieving can be harmful.
  - **Isolation:** Residents can feel isolated from friends and family. This is especially true as of late as we have gone through the COVID pandemic and related facility lock downs. Often, their physical condition also may not allow them to leave the facility. Feelings of being trapped may result.
  - **Overall declining health:** As people age, their health generally also tends to worsen. Declining health causes mobility issues and pain. In turn, pain and mobility problems lower the residents' quality of life, causing symptoms of depression and anxiety.

### **Physical safety risks for staff and residents: Transferring Residents**

One of the most common ways to harm yourself as a caregiver, and the safety of a resident, is during a transfer with improper technique. A resident that requires more than two people to transfer them from one position to another, is considered “inappropriate” for an assisted living. A 2+ person transfer individual, most likely will need the care assistance of a skilled nursing facility, which have Hoyer lifts. NEVER place yourself in a position during a resident transfer, where you feel inadequate and prone to straining or injuring your back. Please always seek out another caregiver to assist you in your efforts to safely transfer a resident.

### **General Safety Precautions When Transferring**

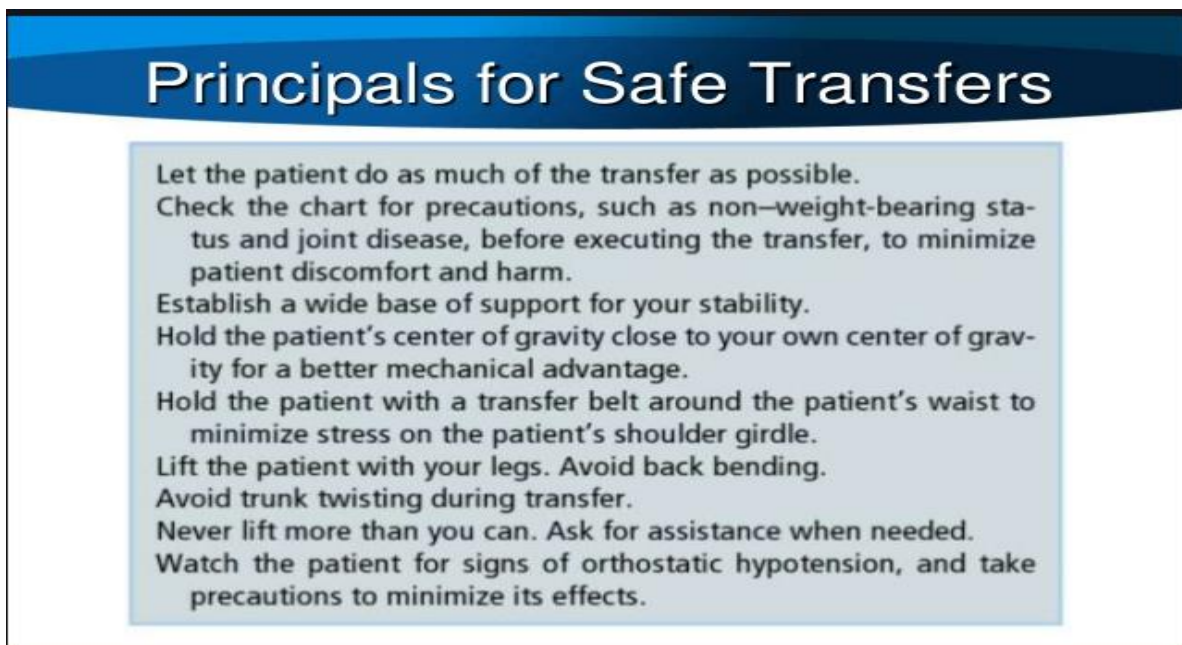
- **Use the correct form:** As stated earlier, one of the most important measures to take, is always to protect your lower back. Keep your body straight, with a straight back and bent knees. Do not stretch your back or turn at your waist during a transfer. Widen your stance so that your feet are wider than your shoulder width. Do your very best to ensure that resident's head, torso, and legs are in line during a transfer. Stand as close as possible to the person before you move them.
- **Move the resident safely:** A transfer or lift should always be done with your legs. Again, never strain your back. Place the person's arms so that they are crossed over their chest. Doing so will better protect you and prevent the person's arm from becoming trapped. It is not ergonomically appropriate to allow the person to wrap his or her arms around your neck or back. Too much strain will be produced this way and can injure your back or neck. Do not pull the person by the arms.
- **Ask for help:** If the resident is able, always have them try to help you transfer themselves as much as possible. Sharing the weight bearing responsibility is always better than doing it yourself. Also, it is recommended to have the person scoot to the edge of the bed if able. If this cannot be done, request another aide to assist you. When

tandem transferring, make the effort to coordinate your efforts by counting out loud to help the person stand or move.

- **Limit quick or sudden movement:** Sudden movements in a position can cause falls, injuries, or pain. Skin tears can also result. Slow down your movement and communicate with your resident when moving.

### What do I need to do after I transfer the person?

- **Always ensure those transferred are comfortable:** The worst thing is to be uncomfortable and not be able to take care of it yourself. Please ensure that the resident you transfer confirms with you that they are comfortable. If not, it's only a matter of time before they call you right back and ask you to help them again. Use pillows, recline their chair, bring them a blanket. Going the extra mile, will do you both a lot of good.
- **Ensure their posture is appropriate:** If the person is in a wheelchair, place his or her feet and arms on the chair rests.
- **Check all medical equipment and their room:** Before leaving the room, make sure that the room is free of debris on the floor and that all their medical equipment is functioning properly. Oxygen tubes, catheter bag and lines, the room temperature; the more comfortable the resident remains, the less likely they are to try to fix it themselves and fall. Make sure it is running correctly.



## Principals for Safe Transfers

- Let the patient do as much of the transfer as possible.
- Check the chart for precautions, such as non-weight-bearing status and joint disease, before executing the transfer, to minimize patient discomfort and harm.
- Establish a wide base of support for your stability.
- Hold the patient's center of gravity close to your own center of gravity for a better mechanical advantage.
- Hold the patient with a transfer belt around the patient's waist to minimize stress on the patient's shoulder girdle.
- Lift the patient with your legs. Avoid back bending.
- Avoid trunk twisting during transfer.
- Never lift more than you can. Ask for assistance when needed.
- Watch the patient for signs of orthostatic hypotension, and take precautions to minimize its effects.

<https://www.slideshare.net/sehlawi/rad-104-hospital-practice-and-care-of-patients-7-safe-patient-movement-and-handling-2016>

# Core Competency Training

## Section 9: Community Living Skills and Supports

Winston Churchill once said, ***“We shape our homes and then our homes shape us”***. You will quickly discover that most who arrive at assisted living facilities to reside, take some time to completely make the transition to a new community and a new lifestyle of living. They most likely left homes where they felt safe, comfortable, and at peace. Many had lived with their spouses, raised their children, and created hundreds of memories. As you can imagine, the need to demonstrate a greater abundance of compassion and empathy is a must as they make these transitions.

All residents that come to reside within our facilities will naturally begin the process of learning a set of new community living skills. But you may ask yourself, “What necessarily are community living skills”? Community living skills include all skills necessary to thrive in a new living environment. They include such issues and needs as: ***orientation, socialization and communication, personal hygiene, health care, nutrition and meals, medication management, personal safety, mobility and transportation, and any other daily necessities***. To clinical staff, many of these needs are otherwise known as ADL’s or “*activities of daily living*”.

### 5 traits that differentiate great staffs from good staffs

Many of the traits we will address in this section have already been discussed in other various sections of the core competency training manual. But Eldercare Management Group has identified 5 traits that set apart good staffs from great staffs, especially as they assist a resident navigate through the new community living transition. They include:

1. **Having greater empathy and compassion:** A great staff discovers ways to provide routine care in non-routine ways. We understand that you will perform routine ADL’s on a daily basis that might seem mundane. Great staff members go out of their way to discover ways to better connect with the resident and create a relationship with them. Your ability to empathize with residents is essential to providing high-quality care. A great caregiver understands what the resident is going through. They will anticipate a resident need beforehand and deliver care in a way that is positive and effective without being intrusive or overwhelming.
2. **Remember-the resident comes first:** The resident will quickly discern between those that have their best interest in mind and those that do not. Having a positive attitude, and putting the needs of the residents first, will have a long-lasting impact. What can you do to make our residents feel valued and appreciated? The little things like knowing

the residents by name, likes and dislikes, favorite treats, taking the time to get to know them and their loved ones. If there is time, go ahead and participate with the residents in activities and events. Always take the time to socialize with them and provide companionship.

3. **Being patient and accommodating:** Everyday, you are assisting residents with some of their most intimate activities such as bathing, toileting, dressing, and hygiene related cares. Declining physical abilities make this challenging for both you and them. This becomes even more challenging when those you care for suffer from dementia. Please do whatever it takes to remain calm and patient. It is wrong to raise your voice or say denigrating comments. Being patient, calm, and adaptable at all times is essential to caregiving. Doing so will diffuse mood swings, prevent unacceptable behaviors, and allow you to more easily navigate the difficult situations that might arise.



4. **Foster great communication skills:** A great communicator is a sign of a great leader. Caregiving and communication (verbal and non-verbal), go hand in hand. Communication will always remain a significant part of healthcare. From communicating with residents and other staff members, to keeping in touch with the resident's family and other medical caregivers, communication is key. Great communication skills include making incident reports when incidents occur, messaging in non-emergent resident details in the shift change acknowledgement report and providing a detailed report at shift change. Communication keeps everyone current and residents safe and comfortable. Great communication skills allow practitioners to detect minor health issues early, so that don't become more serious later.
5. **Be well-trained:** Facilities that are known for being great, typically have well-trained staffs. Do your part! Push yourself personally to be well-trained and current on your CPR, first aid, and the role you play in the facility. Hold your facility administrators



accountable to host monthly in-services that are effective and make you better. This training manual will assist them and you. But you can still do more.

You as a caregiver, should be proud to demonstrate that you are fully trained and certified according to the state guidelines. Facility Administrators should host educational community events and continuing education courses. Staff skill development and the improvement of facility services you deliver, should be paramount.



### **Community Living Skills**

As staff members of the facility, it is your duty to assist our residents in acclimating to their new living arrangements and gaining new community living skills as quickly as possible. Your assistance in these endeavors makes the transition from home to facility, a more smooth transition. Please take the time to review the following examples of community living skills and your supporting role as staff members in this process of residents acquiring them. As a reminder, each resident will acquire and acclimate differently based on their physical, cognitive, and emotional needs.

- **Orientation:** Take the initiative to orient a new resident more fully to the various parts of the building that they live in. If physically and cognitively capable, take them on a tour when they first arrive and demonstrate the locations of the hair salon, dining room, administrators' office, and director of nursing office. Help them understand the facility routines, where the activity calendar is, meal and activity times, and transportation days. The more they feel capable and independent, the more in control they will feel.

- **Socialization and Communication:** As discussed in prior Core Competency manual sections, socialization and communication remain paramount to a healthy lifestyle. The faster a resident can gain friendship and belonging, the faster they will acclimate to their new lifestyle. Do your very best to place the resident where you feel they will most fit in at mealtimes. Introduce them to other facility residents who are friendly. Invite them to facility activities or have other facility residents stop by and introduce themselves if they feel comfortable doing so.

Communication can be verbal and non-verbal. Make sure your communication is positive and reassuring. Those with dementia struggle with complex questions or requests. Keep it simple with them. With a little trial and error, adapt your communication efforts to what the resident is capable of understanding. The more you gain from your interactions, the better off you will be in catering to their individual needs and the more empowered they will become. It does not matter the age, giving someone power to make their own decisions as to what they eat, what they wear, how they like to be showered, etc.; will demonstrate to them that you truly care about them and their needs. Push yourself to be communicative and assist them in problem solving.

- **Personal hygiene:** As we age, our dexterity and physical abilities to groom and take care of ourselves adequately wanes. An individual's hygiene, and your participation in the process of administering it as a caregiver, requires immense trust due to the vulnerability of helplessness it exposes. Everyone wants to retain their ability to stay independent and empowered for as long as possible. Remember, good communication is key with assisting other with their personal hygiene. Please always ask for feedback as to what the resident would like done or what you could have do differently to assist them. Again, observe and adapt to their needs, but allow them to choose how much you participate. It's a process that takes time and familiarity.
- **Healthcare:** There is a Proverb saying that states, "It takes a village to raise a child". Well, in long-term healthcare, great things are never done by just one person, they are done by a team of people committed to the success of an individual. One of the most important community living skills you will participate in of course will be in improving or maintaining the health of our residents. This is done by performing monthly weight checks, taking consistent vital signs, assisting them in medication management, encouraging them to participate in exercise activities, and collaborate with a resident's family and other outside healthcare practitioners. One of the most motivating aspects of why residents arrive at our doors, is to receive great healthcare assistance. Help them achieve their goals of maintaining their health and allow them to make their own healthcare decisions if cognitively possible.

- **Nutrition and meals:** It is a requirement from the State of Utah Health Department to provide our residents with dietician approved meals that are nutritious and well-rounded. However, as we age, our tastes and likes in foods literally change with us. One thing is for certain, our residents love sweet things to eat. Mealtimes not only encourage socialization, but it allows you to observe how well someone is eating and could tip you off as to why there has been weight loss or gain. Be conscious of the following: specific physician orders regarding food if a residents food needs to be prepared in a certain way (ie. mechanical chopped, pureed), any known allergies, of if they are gluten intolerant/free or diabetic. Knowing their likes and dislikes will go a long way.
- **Medication Management:** Eldercare Management Group has well-trained Medicine Technicians that dispense prescribed medications under the supervision of the Director of Nursing. Medication management is another key motivator for residents to come and reside in our facilities. It is essential that any authorized clinical staff member dispensing prescribed medications, especially narcotics, double check their work and administer the appropriate medication at the prescribed time of day. Please also take the time to discuss with the resident what medication you are dispensing, prior to dispensing it. Always ensure to physically witness that the resident did indeed take the medication dispensed. If any concerns arise concerning a medication from either resident or resident family member, notify the Director of Nursing right away to resolve any confusion. The Director of Nursing will escalate the issue with the prescribing physician.
- **Personal safety:** Our residents need to feel safe in their living environment. As discussed in prior Care Competency manual sections, do your part to look for any hazards that might be present around the facility on in the residents' rooms. If residents voice any concern, validate their concerns immediately, and advise your facility administration. Abuse of any form is not tolerated and must be reported promptly.

Make sure that facility doors are promptly locked at 10 PM and opened at 6 AM. Monitor and remove any potential trip hazards such as electrical cords or items laying on the ground. Ensure that all cleaning agents, or any other substances, are behind locked doors.

- **Mobility and Transportation:** The ability to move and remain independent is invigorating. It provides a sense of freedom that you quickly miss especially when it might be taken away from you due to age or disabilities. All Eldercare Management Group facilities provide home health services by licensed physical and occupational

therapists to assist our residents in gaining greater mobility. Please do your best to promote activities that encourage safe physical exercise and activity that gets our residents blood moving and socializing at the same time.

Eldercare Management Group also provides transportation to doctor's visits and weekly scenic rides or outings. Please do your best to encourage the resident to participate in taking advantage of these amenities. All facility activity directors should collaborate with facility administration to ensure consistent activities are being performed and transportation needs are being taken care of.



# Core Competency Training

## Section 10: Cultural and Community Inclusion

The definition of culture as per the Oxford Dictionary is, “***the customs, arts, social institutions, and achievements of a particular nation, people, or other social group***”. However, the idea of culture can be greatly expanded to address a group’s shared characteristics such as their values, behaviors, beliefs, attitudes, etc. Culture can also include community learned tendencies and patterns that are transferred to another generation or that are slowly adapted between one another.

Each of us comes from unique and diverse cultures. These cultures may seem both familiar and different. We must always respect one another’s cultural diversity. Our personal culture can strongly affect the way we think, behave, react, and feel about things that are presented to us. Someone who is “***culturally healthy***” is sensitive or aware of one another’s cultural influences, difference, but recognize how they are important. They also figure out the most effective way to interact with foreign rules, structures, and people from different cultures.



### How to be more culturally sensitive

Being culturally sensitive means that you are aware of cultural differences and similarities between people and avoiding any judgements as to whether they are good or bad,

right or wrong, or positive and negative. Those that are culturally sensitive recognize the importance of respecting their own values while also respecting and seamlessly adapting to other's cultures. Those that master this social skill will be a far more effective communicator and more successful at care delivery outcomes.

- **Diverse staff members:** Hiring a diverse staff that speaks multiple languages can be very advantageous. Language barriers can impact a staff's ability to provide appropriate care and better understand signs and symptoms of physical or mental decline. Residents should be screened for their ability to effectively speak and/or understand English so that appropriate care plans and measures can be developed and implemented. However, hiring multi-language staffs can be difficult at times. It many times is hard enough to find qualified staff members. Let alone have the luxury of them having them speak different languages or dialects.
- **Access to diverse cultural entertainment:** Acquiring and providing residents with access to foreign films, literature, and music to help them feel the comforts of their home. Outside entertainment such as dancers, musicians, and speakers can enhance cultural experiences. Local museums or cultural centers may also be a free or low-cost cultural benefit.
- **Offering ethnically diverse foods or ethnic food activities:** Hosting a monthly Resident Council regularly allows you to not only receive input from your residents, but also to hear what they would like to change or implement. Food will always be a main topic discussed. Offering an ethnic food night or offering a wider array of foods will usually be well received by many.

Ensuring that a kitchen staff is fully educated and trained on cultural dietary restrictions is a must. As well as always having an alternative meal option for those that are unable to eat certain meal options (Kosher, gluten-free, specific diet restrictions). If possible, intermittently adding more variety to a menu on a consistent basis is a productive way to expand cultural group food experiences. It will also help your residents to not become tired of the same meals every day.



### **Culture's correlation with custom's, faith, and sexuality**

The world continues to become more and more diverse. The most culturally sensitive and fiercely safeguarded topics surround an individual's custom's, faith, and sexuality. These topics

are at the core of one's being and what is cherished most about themselves. Keeping an open mind will become essential to more fully understanding an individual and what their needs are.

### **Customs or traditions:**

Humans have always had a desire to develop customs and traditions around everything. Civilizations of the world have been doing this for so long that the world has seen thousands of different customs and traditions dawn and die. One important aspect of any given culture is always being aware of its codes of etiquette.

Here are some "code of etiquette" examples that you might have heard of (or not):

- Pointing with your lips in Nicaragua
- Slurping your food in Japan
- Using the left hand for eating in the Middle East.
- Pointing with your thumb in Malaysia
- Hanging out in cemeteries in Denmark
- Tipping practices in the U.S.
- Groundhog Day in the U.S.
- Spitting on the bride at weddings in Greece.
- Day of Conception in Russia (September 12)

### **Faith:**

Life can be hard even at the best of times, especially these days. Sometimes it is only our faith and beliefs that get us through the toughest of times. Faith is the hope, that deep down inside, things will get better for us. Simply said, life would fail to have reason if we did not have faith in someone or something greater than ourselves.

Studies have shown that having a religion, not merely spirituality, is a profound predictor of health. These studies have demonstrated that spiritual practices can reduce blood pressure, strengthen the immune system, and help resist some effects of mental illness. People who are religious tend to think in ways that are healthier. Faith gives people a sense of meaning and purpose in life, which is linked to better health.

As we age, we gain life experiences that allow us to see life in a different light. We hopefully become wiser to the pitfalls that we once suffered from in our youth. Faith remains a very personal issue and adds greatly to our lifelong self-created culture. However, there are also unfortunate times where age may bring with it physical and mental challenges that might make us question one's faith. Many become preoccupied with fears of physical disability, living in a long-term care facility, suffering in loneliness, or being a burden to their loved ones.

As care providers, it is our duty to provide opportunities that buoy up one's spirituality and faith. Our age should not limit the potential for new spiritual discoveries and profound spiritual



experiences and insights. Any efforts to aide our residents with their faith and spirituality, will greatly add to their quality of life.

### **Sexuality:**

Sexuality is defined by the Oxford Dictionary as, ***“a person's identity in relation to the gender or genders to which they are typically attracted; sexual orientation”***. Sexuality, just as customs and faith, are very personal subjects. As care providers, it is our duty to respect one another's customs, beliefs, and sexual orientation. Even if you do not necessarily agree, believe in, or practice them yourself. Cultural sensitivity is paramount.

You may have heard that age is just a number. There is a misconception that as we age our sexuality or sexual desires diminish. Age alone generally does not tend to change one's sexual practices that have been enjoyed throughout life. It more often pertains to accommodating physical limitations, illnesses, or side effects from medications. Our residents have a legal right, even those living in memory care environments, to practice their sexuality as long as both parties are in agreement that the practice does not infringe on another right's or when any form of abuse is suspected.

### **The ultimate goal: fulfilling community engagement**

The ultimate goal that any long-term care facility can strive for, is to have each of their residents feel accepted, content, and consistently engaged in meaningful daily activities with others in their community. Having a sense of community, especially in an assisted living environment, unites people. Feeling as if you are engaged and a part of a community can make you feel as though you are a part of something greater than yourself. It provides opportunities to connect with others, to reach potential goals, and makes you feel more safe and secure. It is important for every resident to have a sense of community. The facility staff should do everything in their power to be creative and dedicated enough to want to achieve this goal for their residents.





# Core Competency Training

## Section 11: Dementia Care Competencies

Anyone that has worked with those suffering from dementia know that it is a frustrating and devastating disease. A diagnosis of dementia can have a dramatic and emotional impact on both the individual diagnosed and their loved ones who will help care for them. Both may experience emotions of grief, loss, anger, shock, fear, disbelief and even relief. Demonstrating compassion and patience is a must for those coping with these emotions.

Here are some quick facts from the Alzheimer Association:

- **More than 5 million Americans are currently living with Alzheimer's disease. By 2050, this number is projected to rise to nearly 14 million.**
- **Alzheimer's is the 6<sup>th</sup> leading cause of death in the United States.**
- **1 in 3 Seniors die with Alzheimer's or another form of dementia. It kills more than breast cancer and prostate cancer combined.**
- **Almost two-thirds of Americans with Alzheimer's are women.**
- **In 2020, Alzheimer's and other dementias will cost the nation \$305 billion. By 2050, these costs could rise as high as \$1.1 trillion.**

### What is dementia?

According to the Alzheimer's Association, ***"dementia' is considered "a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning"***. The illnesses or disorders grouped under the umbrella of "dementia" are caused by changes of the brain that are deemed abnormal in medicine. The progression of dementia promotes a decline in general thinking skills, or cognitive abilities, that are severe enough to impair daily life and an individual's ability to independently function. Dementia can also affect behaviors, feelings, and relationships.

### Causes of dementia:

Dementia takes a toll on the brain by damaging the brain cells. Such damage does not allow the cells within the brain to communicate effectively with each other. Ineffective brain

communication does affect an individual's ability to think, behave, and feel as they had been accustomed to.

There are specific parts or regions of our brains that control essential certain aspects of our everyday lives'. These include things such as memory, judgement, and our movements.

Depending on where the damage from dementia occurs within the brain, is where that specific region damaged cannot carry out its normal functions.

The Alzheimer's Association states, ***"Different types of dementia are associated with particular types of brain cell damage in particular regions of the brain. For example, in Alzheimer's disease, high levels of certain proteins inside and outside brain cells make it hard for brain cells to stay healthy and to communicate with each other. The brain region called the hippocampus is the center of learning and memory in the brain, and the brain cells in this region are often the first to be damaged. That's why memory loss is often one of the earliest symptoms of Alzheimer's".***

#### Types of dementia:



#### Stages of dementia:

There are "stages" of dementia represented on a scale used to determine where along the scale an individual might be. The stages include:

**Stage 1:** No impairment. The patient has no problems.

**Stage 2:** Questionable impairment. The patient begins to have some difficulty but can still function independently.

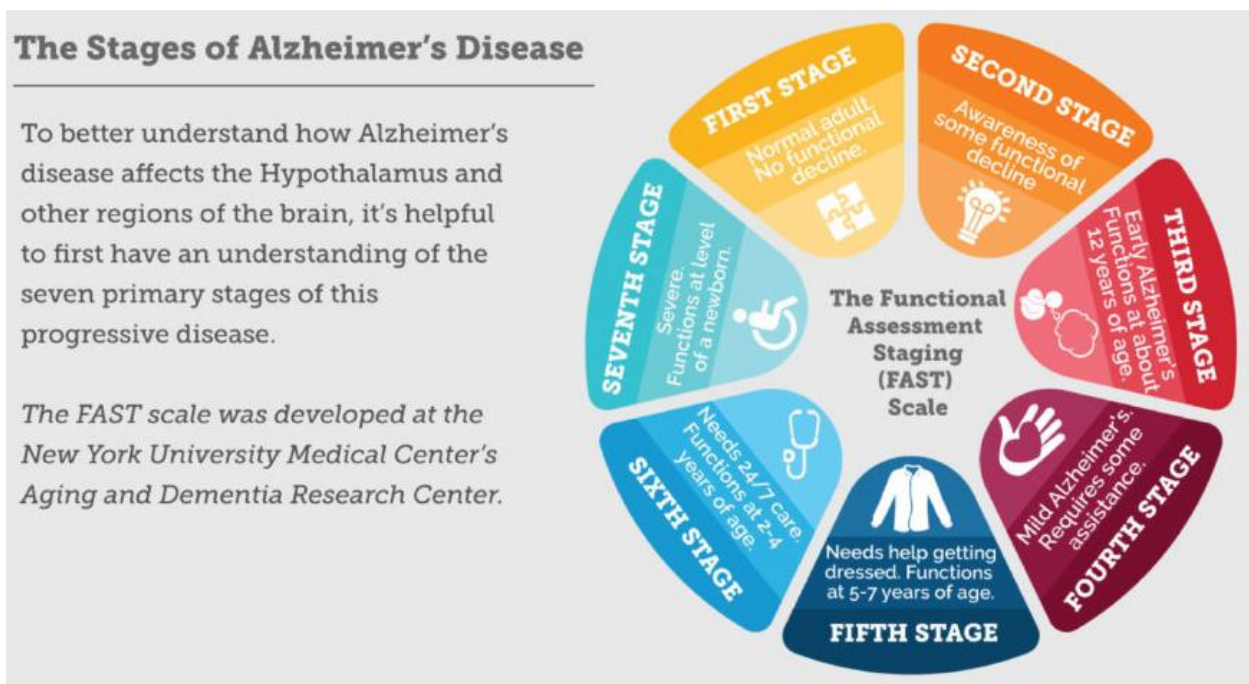
**Stage 3:** Mild impairment. The patient has obvious, but still mild difficulty with daily activities.

**Stage 4:** Moderate impairment. The patient needs help with caring for him or herself as well as with carrying out daily activities.

**Stage 5:** Moderate to severe impairment

**Stage 6:** Severe Impairment; patients are unable to function independently.

**Stage 7:** Very severe impairment. Body and mental functions begin to fail.



*(New York University Medical Center's Aging and Dementia Center)*

# Centers for Disease Control and Prevention

## “The Truth About Aging and Dementia”

### Normal Aging

- **Heart and blood vessels:** Stiffening of arteries and blood vessels makes the heart work harder. Physical activities such as walking long distances or walking uphill may become more difficult.
- **Bones:** Bones shrink and reduce in density, making them more fragile and likely to break. Cartilage in joints may start wearing away, which can cause some pain or stiffness.
- **Muscles:** Muscles lose strength, flexibility, and endurance over time. Muscle mass decreases 3-5% every decade after 30 years of age, and that rate increases over age 60.
- **Bladder and bowel:** The ability for the bladder to stretch and then go back to its normal shape may be reduced. This may cause the bladder to hold less urine than before, resulting in more frequent trips to the bathroom. Changes in bowel can lead to constipation.
- **Vision:** Changes in vision can include far-sightedness, a result of the hardening of the lens. Cataracts, a clouding of the lens in the eye that affects vision, may develop. This can cause blurry vision and ultimately blindness if not treated.
- **Mental health:** Aging is a process with many changes. Some people may be depressed, although others may have a sense of fulfillment and feel happy with their lives.

### Abnormal Aging

Dementia is a term for a collection of symptoms of cognitive decline including disruptions in language, memory, attention, recognition, problem solving, and decision-making that interferes with daily activities. Although 5.8 million people in the U.S. have dementia, it is not a form of normal aging in the brain.

- Not being able to complete tasks independently.
- Difficulty with naming items or close family members.
- Forgetting the function of items.
- Repeating questions.
- Taking much longer to complete customary tasks.
- Misplacing items frequently.
- Being unable to retrace steps and getting lost.

(<https://www.cdc.gov/aging/publications/features/dementia-not-normal-aging.html>)



## **Communication challenges within dementia stages**

Communication is essential to thrive in life. This is especially true when achieving positive healthcare outcomes for those we serve who might be struggling with dementia. Anyone that has traveled to another country knows, how frustrating it can become when you do not feel as if you are being properly understood. Those struggling with dementia speak a different “language”. It is up to us to assist them in being understood and assisting them in their cares. The following are the challenges that you will face as individuals suffering from dementia, progress through the stages of dementia.

**Early-stage dementia (mild dementia):** the individual is still able to socially engage and have conversations that are productive. However, they might become more easily anxious, overwhelmed, and repeat themselves. Here are some suggestions to effectively communicate with those with mild dementia-

- Do not make assumptions about a person’s ability to communicate because of an Alzheimer’s diagnosis. The disease affects each person differently.
- Do not exclude the person with the disease from conversations.
- Speak directly to the person rather than to his or her caregiver or companion.
- Take time to listen to the person express his or her thoughts, feelings and needs.
- Give the person time to respond. Do not interrupt unless help is requested.
- Ask what the person is still comfortable doing and what he or she may need help with.
- Discuss which method of communication is most comfortable. This could include face-to-face conversation, email, or phone calls.
- It is OK to laugh. Sometimes humor lightens the mood and makes communication easier.
- Do not pull away; your honesty, friendship and support are important to the person.

([www.alz.org](http://www.alz.org))





**Mid-stage dementia (moderate dementia):** the most prolonged stage of dementia. The individual will have a tougher time communicating and will require more one on one care. Here are some suggestions to effectively communicate with those with **moderate** dementia-

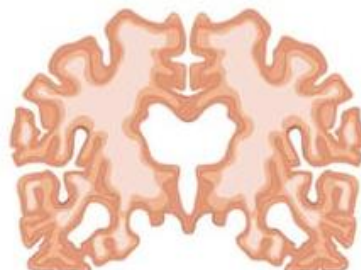
- Engage the person in one-on-one conversation in a quiet space that has minimal distractions.
- Speak slowly and clearly.
- Maintain eye contact. It shows you care about what he or she is saying.
- Give the person plenty of time to respond so he or she can think about what to say.
- Be patient and offer reassurance. It may encourage the person to explain his or her thoughts.
- Ask one question at a time.
- Ask yes or no questions. For example, ***“Would you like some coffee?”*** rather than ***“What would you like to drink?”***
- Avoid criticizing or correcting. Instead, listen and try to find the meaning in what the person is saying. Repeat what was said to clarify.
- Avoid arguing. If the person says something you do not agree with, let it be.
- Offer clear, step-by-step instructions for tasks. Lengthy requests may be overwhelming.
- Give visual cues. Demonstrate a task to encourage participation.
- Written notes can be helpful when spoken words seem confusing.

([www.alz.org](http://www.alz.org))

### Progression of Alzheimer's Disease



**Healthy Brain**



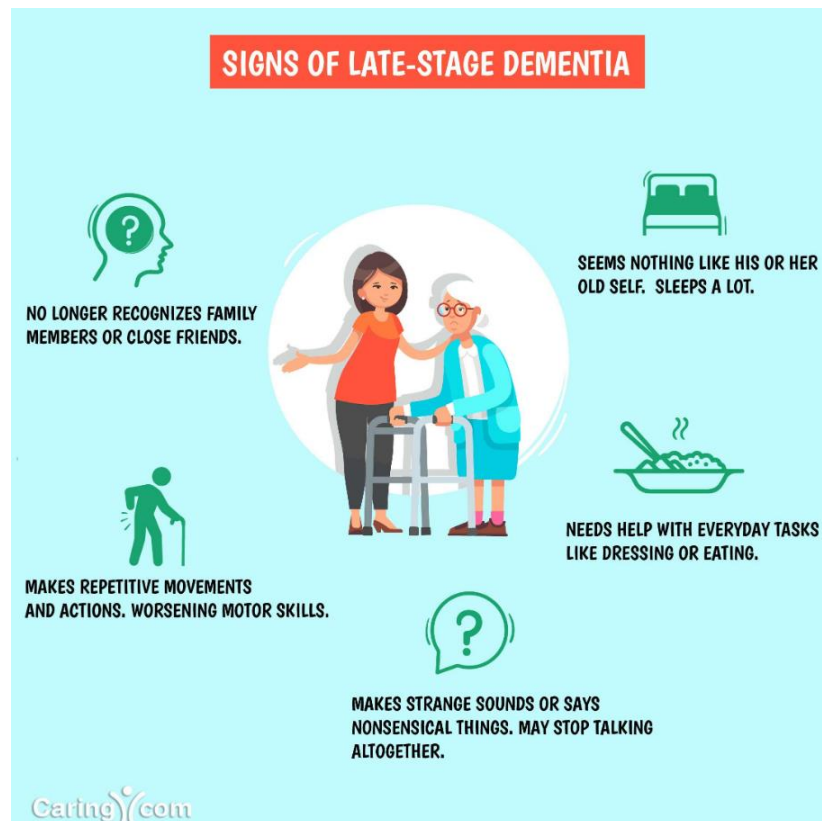
**Mild Alzheimer's Disease**



**Severe Alzheimer's Disease**

**Late-stage dementia (severe dementia):** may last for week to years. Most likely will be non-verbal and may rely on means to communicate with you. Communication could include facial expressions, vocal sounds, hand gestures. This stage requires the most one on one direct care. Here are some suggestions to effectively communicate with those with **severe** dementia-

- Approach the person from the front and identify yourself.
  - Encourage nonverbal communication. If you do not understand what the person is trying to say, ask him or her to point or gesture.
  - Use touch, sights, sounds, smells, and tastes as a form of communication with the person.
  - Consider the feelings behind words or sounds. Sometimes the emotions being expressed are more important than what is being said.
  - Treat the person with dignity and respect. Avoid talking down to the person or as if he or she is not there.
  - It is OK if you do not know what to say; your presence and friendship are most important.
- ([www.alz.org](http://www.alz.org))



## Core Competency Training

### Section 12: Training and Self Development

(Maintain updated and documented trainings/in-services and seek opportunities to improve skills and work practices through further education and training's)

**All Facility employee's**-please remember to stay current and renew or receive the following:

- Food handlers permit: every 3 years
- CPR and first aid training: every 2 years
- TB test: every 2 years
- Annual dementia training: 4 hours every year for all facility staff members
- Various State of Utah Health Department "approved" trainings can be accessed at:  
[https://drive.google.com/file/d/143vBxcNI07YQcWDOGG93z\\_00H0IID91J/view](https://drive.google.com/file/d/143vBxcNI07YQcWDOGG93z_00H0IID91J/view)

**Administrators**-please refer to the State of Utah Health Department webpage for all important facility forms, questions, or updates you might have:

<http://health.utah.gov/hflcra/forms.php>



## Direct Care Worker Core Competency Training Scoresheet

Name of Organization: \_\_\_\_\_

Date: \_\_\_\_\_

	<u>Competency</u>	<u>Met</u>	<u>Not Met</u>	<u>Notes</u>
<b>1</b>	<b>Communication</b>			
	Communicate with residents and caregivers in a respectful and culturally appropriate way;			
	Understand the communication methods and appropriate use;			
<b>2</b>	<b>Person Centered Care Principles and Practices</b>			
	Provide supports and services to help the resident achieve their care plan goals;			
	Maintain safety in all resident environments;			
<b>3</b>	<b>Observation</b>			
	Monitor a resident's physical and emotional health;			
	Gather information about the resident and communicate with care team members at shift change and as needed;			
<b>4</b>	<b>Crisis Prevention and Intervention</b>			
	Understand risks and behaviors that can lead to a crisis (disruptive episodes requiring non-routine interventions);			
	Utilize strategies to prevent crisis and promote health and safety;			
	Understand triggers and interventions/practices to avoid or diffuse conflict;			
<b>5</b>	<b>Safety</b>			
	Know and understand all safety policies and procedures of the facility;			
<b>6</b>	<b>Professionalism and Ethics and Resident's Rights</b>			
	Know and understand facility's policies and procedures regarding professionalism and ethics;			
	Maintain confidentiality in all spoken and written communication and follow all the rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA);			
<b>7</b>	<b>Empowerment and Advocacy</b>			
	Understand the role of the state ombudsman program;			
	Know, understand, promote and protect the rights of each resident placing a strong emphasis on dignity and self-determination;			
<b>8</b>	<b>Health and Wellness</b>			
	Support the physical, spiritual, emotional and social well-being of the resident;			
	Understand safety risks for specific conditions including dementia, psychiatric and physical limitations;			
	Know, understand and facilitate resident care plans			
<b>9</b>	<b>Community Living Skills and Supports</b>			
	Assist the resident to meet their physical and personal needs considering any cognitive or physical impairments in providing supportive care (All ADLs);			
<b>10</b>	<b>Cultural Competency and Community Inclusion</b>			
	Support, understand and respect resident preferences and differences (i.e. religious, cultural, ethnic, sexual orientation, etc.). Encourage the resident to engage with the community;			
<b>11</b>	<b>Dementia Care Competencies</b>			
	Know the types and stages of dementia including information on the physical and cognitive declines as diseases progress;			
	Understand challenging behaviors and non-verbal communications promoting empathy and validation of their reality;			
	Understand safety risks specific to a dementia care environment;			
<b>12</b>	<b>Training and Self-Development</b>			
	Maintain updated and documented trainings/in-services and seek opportunities to improve skills and work practices through further education and training.			

Approved		
Denied		
Date		
Signature		
Print Name		



UTAH DEPARTMENT OF  
**HEALTH**