SharCare, LLC
CONSULTATION SUMMARY

Facility: Jill's House **On-site date: 08/05/16**

Consultant: Sharon Kennell, RN, C, CLNC

Activity Summary:

The purpose of this initial visit was to meet with the implementation team, become familiar with the design and focus of facility operations, and discuss services SharCare can provide as this project moves forward toward initial licensure. I was introduced to the Regional Director and the Wellness Director, and was accompanied during a tour of the physical plant. The Wellness Director asked many very pertinent questions regarding clinical processes. I introduced her to several SharCare policies related to her questions. I also provided SharCare policy templates for review and customization.

Review Summary:

1. The main entrance is equipped with key card and key code security pads for both entrance and exit. Staff will need to accompany residents and guests during exit. Residents who are considered at risk for elopement will be provided a pendant or bracelet transmitter that will prevent the doors from opening if the transmitter is within a certain distance of the doors. Families will be able to enter and exit the building through the lower level entrance from the parking garage. The fact that residents will not be able to exit the facility without staff assistance raises the question whether this restricts the resident's freedom of movement about the property. Residents who reside on secured specialty units dedicated to the care of persons with memory loss must have a physician's order to reside on a secured unit. See recommendations.

2. A tour of the kitchen revealed the following:

    A. The portion of the kitchen where dishwashing will occur is equipped with a standard size reach-in refrigerator and freezer. A second freezer is planned for placement in the small food storage area. Despite the relatively small number of meals that will be prepared for a maximum of 37 residents, I question whether the reach-in refrigerator will provide adequate space for storage of foods that must be maintained at 41 degrees or less. See recommendations.
    B. I question whether the two drawers available in this area will provide adequate space for storage of cooking utensils, cleaning cloths, and other cooking and other food preparation / baking tools that are typically stored in drawers. I anticipate that additional storage shelving will be needed for sanitary storage of baking and cooking pots and pans, clean serve ware (various sizes of plates, cups, glasses, etc). There are wire shelf units in close proximity to the

dishwasher that will work well as drying racks, but I question whether there will be adequate space for both this and inverted storage after drying. Everything must be allowed to air dry prior to inverted or stacked storage, and must be stored in a manner to prevent contamination prior to use.

C. The homelike kitchen space adjacent to the food preparation and serving area will be utilized by caregiver staff to engage residents in cooking and baking activities. The caregiver staff will also be responsible for specific housekeeping tasks. See recommendations.

3. The carpeted portion of the dining room is obviously not large enough to accommodate space for the maximum resident occupancy of 37 to eat at one established meal seating. There is additional space in the adjacent common area for tables to be placed. The Regional Director indicated there will likely be 2 or 3 seatings planned once the census grows, and a continental breakfast will be served in the small homelike kitchen portion. See recommendations.

4. Inspection of several windows in units on the ground level found there had been no window stoppers installed. The Regional Director indicated these are planned to be in place on all windows. See recommendations.

5. The design of the 2nd and 3rd units on the left in the main hallway is such that the closet is immediately inside the entrance and the closet door opens toward the unit entrance door. The bathroom is next to the closet and this door also opens toward the entrance door. This could be a safety hazard if someone attempts to enter the unit while the resident is entering either the closet or the bathroom, especially if the resident requires the use of a walker for ambulation.

6. The unit entrance doors are required to have automatic closures, and several were observed releasing rather quickly. I have personally observed this to be a major safety hazard especially for residents with unsteady gaits who require use of an assistive device while ambulating. See recommendations.

7. There are ten units that have bathtubs in the bathrooms rather than a shower unit. There were no safety grab bars or hand held shower heads available. See recommendations.

8. The laundry rooms on both levels are not equipped with a hand wash sink. See recommendations.

9. There are janitor closets on both levels that are equipped with floor sinks. There is currently no hopper sink to enable rinsing of heavily soiled linens or personal clothing. See recommendations.

10. Staff will utilize washers in the laundry rooms for all resident linens and personal laundry. These washers will also be available for residents who prefer to complete their own laundry, and for family members if they desire to wash the resident's

laundry. There needs to a plan for laundering contaminated linens and personal laundry when a resident is receiving active treatment for a communicable and/or resistant bacterial organism which requires precautions beyond standard precautions. See recommendations.

11. The very small open area designated as the nursing office space has limited room for storage of resident charts, charting supplies, internal and external communication documents, and nursing supplies including but not limited to stethoscopes, BP cuffs, thermometers, treatment supplies, bandage scissors, syringes, secured narcotic storage, emergency drug kits, drug disposal supplies, CPR supplies, and numerous other items. A central room for storage of medication and treatment supplies is an essential area in a licensed health care facility; however, this was not planned in the physical plant design. See recommendations.

12. The low wall that is currently placed in the double occupancy rooms will be acceptable when such a unit is occupied by spouses, but will not provide adequate privacy if this type of unit is occupied by non-related residents. The RCF regulations at R0185 state that a cubicle curtain or screen must be provided only if the resident requests it in a shared room; however, the resident's right to privacy during personal care and treatment would be cited at R0055 if a roommate and/or visitor could visualize personal care or treatments being rendered to the other occupant. See recommendations.

13. There is currently no space equipped with ventilation to the outside for storage of emergency oxygen supplies. Although an emergency oxygen supply is not specifically required by regulation, it is prudent practice for a licensed health care facility that must be able to provide cardiopulmonary resuscitation, and is expected to provide residential nursing care in accordance with professional standards of nursing practice. See recommendations.

Recommendations:

1. I will contact Debbie Beers at ISDH for guidance on the secured entrance doors. I will not reveal the name of my client with the inquiry. She is always very helpful in answering questions.

2. A. I suggest purchase of additional refrigerated storage. The ideal would be a walk-in refrigerator, but I do not know if space is available for this on the first floor. Although it would be a major inconvenience, both non-refrigerated and refrigerated food storage on the lower level is not prohibited. I anticipate you will need at least one additional freezer, and a walk-in is the standard design even in facilities of similar size that I have worked with in the past.

B. I recommend that additional drawers and storage shelving be provided for sanitary storage of all baking, cooking and serving equipment, utensils, table ware, etc.

C. All staff involved in food preparation that will be consumed by residents must receive training in sanitary food preparation, handling, and serving practices to prevent foodborne illness. The homelike kitchen area will need to be maintained in a sanitary manner just the same as the main kitchen area. All requirements for food employees in 410 IAC 7-24 sections 119 through 138 must be met. I am not certain about the need for caregivers to wear hair restraint during food preparation, but I assume this will be the expectation. Your consultant RD should be able to provide specific guidance on this. Protective clean clothing covers (i.e. aprons) should be worn during food preparation and serving, especially since the caregivers will be involved in housekeeping duties. Strict handwashing procedures must be implemented and closely monitored.

3. I recommend that table placement be carefully planned to allow sufficient room for easy evacuation in the event of an emergency, and easy access by residents who ambulate per wheelchair, especially motorized chairs. I frequently identify potential safety concerns when table placement is not adequately spaced out. I also have heard residents complain when they have difficulty maneuvering wheelchairs between tables.

4. I recommend window stoppers be installed on all windows and placed on a routine schedule for inspection to ensure they remain securely in place. I have known residents who were capable of removing these.

5. I suggest that you monitor the functional needs of the occupants who move into the two units identified in the summary at #5. If they require the use of a walker while accessing the closet and the bathroom, the closet and bathroom doors may need to be reversed to open the opposite direction to prevent accidents when someone enters the unit.

6. The automatic closures on unit entrance doors should be capable of adjustment to allow delayed release. I recommend these be adjusted to allow more time for the resident to exit and enter through the doors.

7. The bathrooms with bathtubs will need at least 2 safety grab bars installed in each tub, one to enable safe entrance/exit, and another that can be grabbed as the person attempts to stand from a sitting position in the tub. Hand held shower heads needs to be installed in all. The tubs may need to be cut down in the future to enable safe entrance/exit for the resident.

8. Laundry rooms on both levels should be equipped with a hand wash sink.

9. I recommend that a hopper sink be installed in one of the janitor closets.

10. The concern regarding laundering of contaminated linens and personal clothing items was discussed during the environmental tour. I suggested several solutions; one is that staff utilize an effective sanitizing cleanser after washer use when this situation is known. The other possibility to consider is installation of a commercial washer that can be utilized for all contaminated linens. This can include all linens that have been soiled from urinary and/or fecal incontinence. This is the option I recommend, and I believe that the additional washer will be needed as your census grows.

11. I suggest you request architectural review of any available space to designate as a secured medication / treatment storage room. The only other option is mobile carts that can be secured for such storage, but it will be very challenging to store all the additional supplies, complete drug disposal in a confidential manner, store sharps containers in a secured manner, and a number of additional tasks that are typically completed in a secured room.

12. I recommended that privacy screens be planned for availability that will completely enclose the resident's space when a double occupancy room is shared by non-related residents.

13. I recommended that the physical plant layout be reviewed to identify a small space that can easily be vented to the outside to enable storage of emergency oxygen.

Respectfully submitted,

Sharon Kennell

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