



**OFFICE OF HEALTH FACILITY
LICENSURE AND CERTIFICATION**

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ASSISTED LIVING UPDATE

Diabetic Diet: Keep it Simple

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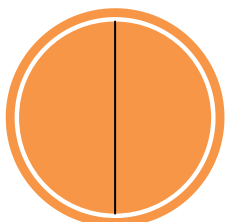
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Did you know that there is nothing special about a diabetic diet? There are many ideas out there, but in general, they often do not work because people don't want to be different from everyone else. There are many ways to handle this issue, but in keeping with the title of this article...

Let's keep it simple.

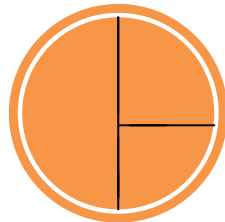
Portion control is one way to assist diabetics in controlling their blood sugar levels. The American Diabetes official website has some wonderful ideas to help with portion control. The idea which I find easiest is the plate divisions' trick.

You take a regular round plate and divide it in half:



Then, divide one half of the plate in half again.

This leaves the plate with three (3) sections to be filled as follows:



Large section - fill with foods that are low-starch vegetables such as: carrots, green beans, broccoli, cauliflower, tomatoes, lettuce, spinach, greens, bok choy, onion, cucumber, mushrooms, okra, peppers, turnips, or beets. These cause less of an increase in blood glucose levels than any other foods.

1st small section - serve a starchy food such as: whole grain breads, cooked oats, limas or pinto beans, cereal, rice, crackers, dried beans, potatoes, or corn.

2nd small section - serve meat. By using lean meats, such as: skinless chicken, turkey, fish, assorted seafood, pork chops, low-

fat cottage cheese, and lean beef, you can cut down on the fat content. Fats are stored in the body as glucose, so you want to decrease the amount of fat you serve.

Portion control provides a healthy meal, meeting all of the daily requirements. The best thing is that the meals are the same for everyone. The important difference is the alternatives which are served as requested. To fill the need for dessert, offer a half (1/2) cup of fruit, fruit salad, or yogurt. If you must use canned fruit, use the ones canned in natural juices or light syrup. Again, this is the same for everyone. There are fat free or low fat cream toppings for desserts, sugar free syrups, and artificial sweeteners which can be served to those residents who have orders for "no concentrated sweet" diets.

Assisted Living Program

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* To submit a question for the newsletter, contact any listed staff member.

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YOUR RN FOR THE**



Diabetic Diet cont.

They look and taste almost the same as the real thing. You may want to sample it before serving, as not all things are created equal. A great rule of thumb is: if you wouldn't eat it, don't serve it!

There are special occasions when tradition calls for something high in starch and low nutritional value, things like: cake, cookies, soda, chips, popcorn or candy. You can serve diabetics the same thing you serve everyone else; you just don't want to serve it every day and you should consider adjusting the portions. Go easy on the icings; they are pure sugar and fat. These should be reserved for special occasions, such as: birthdays, holidays, or at times when you are having a party.

If you serve the same items for all of your residents, you can cover most dietary restrictions, including the sodium restriction,



low fat, and low cholesterol diets. You can meet the low sodium restriction by excluding salt in your preparation. Remember, many frozen meals are high in sodium and should not be utilized on a sodium restricted diet

To get the physician on board with your facility dietary plan, provide a form prepared by your facility, stating you offer the following diets: no added salt (NAS), no concentrated sweets (NCS), and regular (R). If this is acceptable to the physician, have the Doctor sign the order.

We hope this helps you continue to provide excellent care for your residents while making it a little easier to prepare meals. By following these simple steps, you ensure your residents are getting their needs met and you are practicing within the guidelines of the rule.

For more information visit www.diabetes.org

References:

<http://www.diabetes.org/food-nutrition-lifestyle/nutrition/meal-planning/create-your-plate.jsp>

<http://www.diabetes.org/food-nutrition-lifestyle/nutrition/meal-planning/carbohydrate-counting.jsp>

Having a **DEFICIENCY FREE SURVEY** can be accomplished. Knowing and understanding the Assisted Living licensing regulations and being prepared for your survey will help you meet that objective.

CONGRATULATIONS to:

Angel Avenue	June 4, 2009
Carolyn's Care Home	April 28, 2009
Colonial Place	April 4, 2009
D & D Quality Care	June 3, 2009
Elmhurst	April 21, 2009
Midland Meadows	June 24, 2009
Ravenswood Care Center	April 14, 2009
Ridgemont at Edgewood Summit	May 19, 2009
Serra Manor	June 9, 2009
Virginia Manor	April 13, 2009
The Welty Home	May 4, 2009

Pre-Pouring Medications

Medications cannot be poured into any type of container prior to administering medications to residents. The nurse or AMAP could not check the six rights of administering medications if they were already pre-poured prior to administration. **A few points to remember:**

- You should NEVER administer medications and sign another person's initials/name on the medication record.
- You should NEVER administer medications that someone else has prepared.
- You should NEVER administer medications unless you have the legal authority to administer medications.
- You should NEVER document that medications have been administered until after the resident receives the medications.

If you have any questions concerning the above practice, please contact Sharon Kirk, RN, MSN/Program Manager.

Training Tag Tips on Regulations 5.5.a, 5.5.b, and 5.5.c

Keep in mind, as you review these tips, there is no "one-size-fits-all"; so, you must decide what method of documentation works best in your facility.

TIP #1: Many homes use a checklist to document training provided for new employees. This type of tool works well in most instances. When using a checklist, be sure it **CLEARLY** identifies *each* required topic listed in the regulation.

Tip #2: Specialty care training is required for all new employees within fifteen days of hire and prior to scheduling them to work unsupervised. The topics that must be covered for this training are going to vary from home to home and within each home over time as residents and their care needs change. Some examples of this type of training include: catheter care, diabetic care, blood thinner precautions, etc. Specialty care training should be geared toward providing specific guidance to your direct care staff and should include any precautions or limitations that apply, symptoms they should look for, and the circumstances under which they should notify the nurse. The nurse should assist in identifying these training needs and coordinating training. Though this training is not specifically required under tag 5.5.b (annual training), the **BEST PRACTICE** is to provide training on all applicable specialty care topics at least annually to ensure that your employees are familiar with any special care issues that may apply for these residents.

Tip #3: For **ALL** training, make sure your documentation includes: the topic being covered, the name/title of the trainer, the date on which the training was provided, the name of each participant, and written content that documents what specifically was covered in the training. Since there is 2-hour requirement for the Alzheimer's training in tag #5.5.c., documentation for this training should also include the duration of the training. If the required components are done at different times, the cumulative total should equal the required two hours. If an employee receives training on an individual basis or as a make-up session following a group training session, be sure all the same information is documented for each individual.

Tip #4: To ensure that all employees receive their annual training in a timely manner, here is an example of what works in some facilities:

1. Do training on one or two of the required topics each month.
2. File the participant list (including date, topic(s), name of trainer, and participant names) and the content for each training session by month in a training manual.

This ensures that all topics are covered at least every twelve months. If you include all topics required for *new* hires in this manual, you already have the material needed to train new employees compiled in one location.

Tip #5: For a large residence, it can be difficult to know who has received training and who needs to do so in a make-up session. One way to simplify this process is to use a participant list that is pre-printed with the names of all employees and a place for them to sign beside their name to verify their attendance. With this type of list, you can see at a glance who has received the training.

Tip #6: Incorporate random verbal quizzing of your staff and/or a post-test into your training process for each topic to evaluate staff understanding of the topics covered.

**AMAP RN Orientation:
Now available online!**

Don't forget! All nurses who work with AMAP staff must have the AMAP RN orientation.

This includes both the Training and Supervising Registered Nurses.

Make 2009 the best year you have!



WEST VIRGINIA
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HUMAN RESOURCES

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We're on the Web!
wvdhhr.org/ohflac

Visit our website. You will find useful information. The revised ALR rule (effective May 1, 2006) is available. Several forms are also available including the Waiver form and the revised Pre-admission Screening form (PAS) which is now called the "Resident Assessment". This form is not required, but contains all the necessary admission and annual health assessment information. Those who currently use the PAS may want to use this form. You can find copies of all ALR newsletters there too!

MOST FREQUENTLY CITED DEFICIENCIES

2nd Quarter 2009

5.1.g. - This regulation states that PRIOR to Hire, an employee must have the required check of the central abuse and nurse aid abuse registries. When completing the fingerprint cards, copies of these must be maintained in the employee file until results of the background check have been received. The date of submission of the prints must be documented. Facilities can easily check the nurse aid abuse registry through OHFLAC's website at www.wvdhhr.org. Documentation can be printed from the website and placed in the employee file. Surveyors have also identified inconsistencies in the dates on the documents provided for review in these files. Each facility should develop a system to assure these requirements are completed and accurately documented at the time of hire.

5.5.a - Surveyors are continuing to find that facilities are not completing the required training as mandated by regulation. New employee training must be completed within 15 days of hire and the employee cannot work alone until the training is complete. When surveyors are attempting to determine whether the training has been completed, they are finding documentation in the employee file, but the employee cannot recall or describe the topic of training. Facilities should review their training process and documents used for training to assure the employee is provided adequate training. Staff should also be "quizzed" to ensure that they retained all necessary information.

7.3.d. - When any significant change in a resident's condition occurs, the service plan and assessment must be updated to reflect this change. The service plan and assessment must be updated at least annually even if there is no change. The provider can avoid a deficiency for this regulation by having an appropriate system in place to assure that the person responsible for updating these documents are made aware that changes in the resident's health status have occurred. This designated person (sometimes the RN) must then review the both documents and update or revise it if needed.

7.5.c. - If a resident has an illness or accident, staff on duty are required to monitor the resident for at least 24 hours. Continued monitoring by staff, after an illness or accident, offers protection to the resident by assuring that timely and potentially necessary care or treatment can be obtained.

7.4.a.* - This regulation requires compliance with medication administration and often is cited due to the RN's failure to monitor and document that AMAP staff have met all requirements to participate in the program, been appropriately trained and/or retrained to administer medications and have complied with all limitations of the program. The RN must review each MAR monthly to ensure that it is accurate and matches the physician orders before the AMAP uses the MAR for medication administration. Quarterly monitoring and two year retraining of unlicensed staff must be completed by the RN for compliance with the medication administration rule. If the RN is appropriately monitoring these unlicensed staff, deficiencies should not occur. If the facility is continuing to have deficiencies related to medication administration, the facility RN should review the medication rule and develop a system to assure compliance.

3rd Quarter: 1) 7.4.b. 2) 5.5.a. 3) 7.4.a.* 4) 5.5.b. 5) 5.5.c. (2008)

4th Quarter: 1) 7.4.b. 2) 5.5.b. 3) 5.5.a. 4) 11.1.b. 5) 9.1.c. (2008)

1st Quarter: 1) 7.4.a.* 2) 7.4.b. 3) 5.5.a. 4) 7.3.a. 5) 11.1.b. (2009)