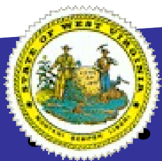
WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES



OFFICE OF HEALTH FACILITY LICENSURE AND CERTIFICATION

Volume 5 , Issue 3

Third Quarter

ASSISTED LIVING UPDATE

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Diabetes + Flu = Toil and trouble

That might be a bit of an exaggeration, but when the diabetic resident becomes ill, it is best practice to have a plan in place to handle the problems associated with it. The American Diabetes Association (ADA) recommends that you have a "sick-day plan" (ADA, 2009). Your registered nurse can speak with the attending physician of each of your diabetic residents and develop a sick-day plan of care/ service plan which addresses the issues associated with colds and flu. This may include more frequent monitoring for increased blood sugars, dietary changes/ additions, medication administration adjustments, and any other issues the physician or nurse feels are essential for the resident's care.

Illness/flu or infection can cause changes in the diabetic resident's care needs. They may experience increased blood sugars in spite of eating very little. Therefore, it is important to monitor blood sugars every four (4) hours and to have orders for coverage with insulin if blood sugars are high. High blood sugars can lead to coma for any diabetic. This is more likely to occur when a resident is experiencing an acute illness such as the flu or other increased stress in their lives (ADA, 2009).

The resident may also experience a decreased appetite when sick. Therefore, frequent snacks that are higher in carbohydrates should be offered. Now is the time to avoid sugar-free snacks. This is the time when the resident could eat ice creams, puddings, gelatins, regular sodas, etc. Offer them whatever you can get them to eat. It is more important that they eat, than it is to watch what they eat. Remember, anyone who is experiencing flu-like symptoms is at risk for dehydration, so be sure to increase fluid intake.

Now that we understand the problem, let's come up with a plan to address it. The first thing that you need to do is to identify your diabetic residents. The physician usually documents this during their history and physical. Once you have a diagnosis of diabetes, your registered nurse needs to be informed. She can then initiate a plan for sick-day care and incorporate it into the diabetic service plan/care plan. This plan should include how often to check blood sugars (every 4 hours is recommended); dietary changes/suggestions; insulin coverage; notification of nurse/physician; and what to document.

The doctor may order additional medications during an illness. These medications can affect blood sugar levels. For example, "aspirin and some antibiotics may cause blood sugars to drop" while some decongestants and cough syrups might cause an increase in blood sugar levels (ADA, 2009). These medications help to alleviate some of the symptoms associated with colds/ flu and are generally safe to administer; however, it is important to closely monitor blood sugar levels and administer additional insulin when indicated and ordered.

As with anyone who is experiencing an illness, the diabetic may not have much of an ap-

Assisted Living Program

- Sharon Kirk 558-3151
- Rebecca Dunn 558-2475
- Robin Roberts 558-3312
- Linda Cottrill 558-4286

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

AMAP RN ORIENTATION NOW ONLINE- CONTACT THE NURSE AIDE PROGRAM TO SCHEDULE YOUR RN FOR THE ORIENTATION!

Diabetes + Flu cont.

petite during an illness. Therefore, it is important to have snacks available during the cold/flu season. These snacks might include: ice cream (regular), low fat ice cream, fruit juice bars, gelatin (regular), toast, soup, juices, ginger ale, sports drinks, fruit, popsicles (regular), etc. (ADA, 2009). Did you notice that none of the choices was sugar free? During illness, it is important to provide the body with carbohydrates to burn for energy. You may be able to avoid sugar-free products during illness or times of increased stress.

The minimum documentation a surveyor would expect to see when reviewing the record of a diabetic resident would include: a service plan/care plan which addresses diabetic care, including sick-day care, weekly documentation of the registered nurse assessment of blood sugars ranges and patterns, dietary compliance, sliding scale insulin usage, skin integrity, and any signs or symptoms of hyper/ hypo glycemia, and twenty-four (24) hour documentation of the registered nurse's assessment when experiencing an acute illness. This service plan/care plan should address the items listed in the **blue circle**. For every episode of illness, there should be a service plan/care plan, which contains the necessary documentation. This tells us that you are doing everything that you can to assist your residents through various illnesses and injuries. Additionally, you will provide training for your staff regarding the implementation and utilization of the service plan/care plan. This training can be added as part of your annual diabetic training. Remember, anytime you start a new process, you must provide training to all of your staff members before implementation.

Since we are getting into the cold and flu season, now would be a good time to have your annual infection control training. Remember to include your residents as members of the infection control team. Provide tissues, wastebaskets, sanitizing gel, and good old soap and water. Good hand washing practices by residents and staff is critical. Keeping everything and everybody clean is the best way to prevent colds and flu from spreading. Teach your residents how to cover the mouths and nose when they cough or sneeze. It is your and your staff's responsibility to protect all of the residents in your facility. You and your staff are the only protection many of your resident's have.

References:

1. American Diabetes Association. (2009. American Diabetes Association: Cure-Care- Commitment.) Retrieved August 31, 2009 from https://www.diabet3es.org/utils/printthispage.jsp?PageID+TYPE1DIA...

2. American Diabetic Association. (2009). Surviving Sick Days. American Diabetic Association. http://www.diabetes.org/youthzone/surviving-sick-days.jsp. Retrieved August 31, 2009.

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:

Aging with Grace	**Sept. 17, 2009**
Ann's Country Retreat	**July 21, 2009**
Concord II	**August 12, 2009**
Decker's RB & C	**Sept. 16, 2009**
Johnson's Valley Elder Care	**August 17, 2009**
Love and Care	**July 21, 2009**
Meadow Brook	**August 11, 2009**
Parkersburg Health Partners	**Sept. 16, 2009**
Serenity Care Home	**July 14, 2009**
Woodlands Retirement	**Sept. 24, 2009**
Young's Care Home II	**July 29, 2009**

Prevention of the spread of Flu

Help you staff and residents by getting prepared for an influenza outbreak now. Review infection control practices with your staff and residents. To prevent the spread of the seasonal and H1N1 Flu follow these simple steps:

*Wash hands frequently

*Cough or sneeze into your arm or sleeve

*Avoid touching eyes, mouth or nose

*If you feel sick, stay away from others

*Get both H1N1 and seasonal flu shots

Policies and Procedures

5.1.a. The licensee shall develop and adopt written policies and procedures that are consistent with this rule and specific to the assisted living residence governing the care and safety of residents, and all other policies and procedures required by this rule. The licensee shall sign and date the policies and procedures at the time of adoption and of any changes.

Cambridge Dictionary of American English defines **policy** as a set of ideas or a plan for action followed by a business, a government, a political party, or a group of people. **Procedure** is defined as an order or method of doing something.

Each Assisted Living Facility is required to develop and implement written policies that are consistent with regulations and specific to their facility. Each policy is a means of providing direction to employees regarding specific situations or responsibilities. These policies are also a means of providing direction for resident care, as well as consistency in the treatment of facility employees.

Employee policies may include topics such as conduct, dress code, smoking, vacation, information required upon employment such as the nurse aide registry check, Criminal Background Checks, tuberculosis screenings and disciplinary actions. Employees must be familiar with each policy and know the location of the manual at all times. A copy of the policies and procedures must be available for review on request by employees, residents and the public (5.1.b.). During admission (5.7.d.6.) the resident and legal representative must be made aware of how they can access the residence's policies and procedures.

The facility manual must contain polices addressing abuse and neglect for: employee to resident, resident-to-resident abuse, as well as family to resident abuse. The policy must include the reporting procedures to Adult Protective Services that are consistent with W. Va. Code ' 9-6-9. The policy must address what steps should be taken by the facility to protect the victim, as well as guidance on how to conduct a thorough investigation and required documentation. The policy and procedure must also address what actions will be taken if the abuse allegations are substantiated.

The manual must also contain resident care policies and procedures that include all aspects of resident care. Examples include, but are not limited to the following: bed baths, incontinence care, turning and repositioning, ambulation, oral care, diabetic care, lifting, transfers, medication administration, storage and destruction, sharps disposal, infection control, complaints, confidentiality, resident admission, discharge and transfer, emergency and disaster plans, dietary policy, maintenance policies, specialty care including catheter care and any other facility resident care needs, and, if applicable, Medication Administration Polices for Unlicensed Personnel.

Remember, the policies and procedures should be consistent with the Assisted Living rule, and be comprehensive for all employees. When surveyors are in the facility they may ask employees questions to verify the employees know where the policies are, and may ask questions to verify if the employee can verbalize information in the facility policy and procedures.

Flu Season: Be Prepared

There are many web sites available on the internet to provide you with the latest information available on the seasonal flu and H1N1 Swine Flu. Please review the insert provided with this newsletter. For additional information you may check the following sites:

Centers for Disease Control and Prevention: http://www.cdc.gov

Federal Government: http://www.flu.gov

WV Department of Health and Human Resources: http://www.wvdhhr.org

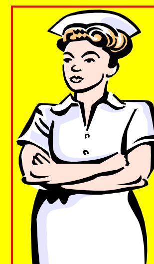
State of West Virginia: http://www.wvflu.org

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.



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DEPARTMENT OF HEALTH AND HUMAN RESOURCES

OFFICE OF HEALTH FACILITY LICENSURE AND CERTIFICATION

1 DAVIS SQUARE, SUITE 101
CHARLESTON, WV 25301-1799
Phone: (304)558-0050
Fax: (304)558-2515

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 3rd Quarter 2009

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.

7.4.b. - The RN is responsible for assuring that a physician's order is on file for every medication that is administered to the resident. It is often found that medications are on the MAR without an order or there is an order without the medication being on the MAR. The way to prevent this from occurring is for the RN to check each medication against the physician order at the beginning of the month. There must be a system in place to assure the RN is notified if additional prescriptions are written so that she can accurately document on the MAR prior to having unlicensed staff administer the meds. The RN must review, **sign and date** the MAR prior to AMAP use each month.

7.5.c. - If a resident has an illness or accident, staff on duty are required to monitor the resident every eight (8) hours for at least 24 hours at a minimum. Documentation of the monitoring must be completed and address signs and symptoms related to the specific injury/illness. 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.

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.

5.5.b. - This requirement for training applies to tenured employees who have not received their annual training update. Again, review of training content reveals that many of the facilities have failed to include specific training information or other state requirements and staff are often unable to recall how to respond to specific questions or situations.

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)**
2nd Quarter;	**1) 5.1.g.**	**2) 5.5.a.**	**3) 7.3.d.**	**4) 7.5.c.**	**5.) 7.4.a.* (2009)**

About the Flu

Flu refers to illnesses caused by a number of different influenza viruses. Flu can cause a range of symptoms and effects, from mild to lethal. Two strains of flu, seasonal flu and the H1N1 (Swine) flu, are currently circulating in the United States.

Most healthy people recover from the flu without problems, but certain people are at high risk for serious complications.

Flu symptoms may include fever, coughing, sore throat, runny or stuffy nose, headaches, body aches, chills and fatigue. In H1N1 (Swine) flu infection, vomiting and diarrhea may also occur.

Annual outbreaks of the seasonal flu usually occur during the late fall through early spring. Most people have natural immunity, and a seasonal flu vaccine is available. In a typical year, approximately 5 to 20 percent of the population gets the seasonal flu and approximately 36,000 flu-related deaths are reported.

Seasonal Flu Basics

Influenza (the flu) is a contagious respiratory illness caused by influenza viruses. It spreads from person-to-person and can cause mild to severe illness; and in some cases, can lead to death.

- In the United States, yearly outbreaks of seasonal flu usually happen during the fall through early spring.
- The best way to prevent the flu is by getting a flu vaccination each year.
- Flu viruses can cause illness in people of any age group. Children are most likely to get sick because their immune systems aren't strong enough to fight off the infection.
- Some groups are more likely to have complications from the seasonal flu. These include:

    -those age 65 and older

    -children younger than 2 years old

    -people of any age who have chronic medical conditions (e.g. diabetes, asthma, congestive heart failure, lung disease)

- Complications from the flu can include:

    - bacterial pneumonia

    - ear or sinus infections

    - dehydration

    - worsening of chronic medical conditions

(information obtained from www.cdc.gov)

2009 H1N1 Vaccine

Every flu season has the potential to cause a lot of illness, doctor's visits, hospitalizations and deaths. CDC is concerned that the new H1N1 flu virus could result in a particularly severe 2009-2010 flu season. Vaccines are the best tool we have to prevent influenza. CDC hopes that people will start to go out and get vaccinated against seasonal influenza as soon as vaccines become available at their doctor's offices and in their communities. The seasonal flu vaccine is unlikely to provide protection against 2009 H1N1 influenza. A 2009 H1N1 vaccine is currently in production and ready for the public. **The 2009 H1N1 vaccine is not intended to replace the seasonal flu vaccine – it is intended to be used along-side seasonal flu vaccine.**

CDC's Advisory Committee on Immunization Practices (ACIP), a panel made up of medical and public health experts, met July 29, 2009, to make recommendations on who should receive the new H1N1 vaccine when it becomes available. While some issues are still unknown, such as how severe the flu season, the ACIP considered several factors, including current disease patterns, populations most at-risk for severe illness based on current trends in illness, hospitalizations and deaths, how much vaccine is expected to be available, and the timing of vaccine availability.

The groups recommended to receive the 2009 H1N1 influenza vaccine include:

- **Pregnant women** because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated;
- **Household contacts and caregivers for children younger than 6 months of age** because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants younger than 6 months old might help protect infants by "cocooning" them from the virus;
- **Healthcare and emergency medical services personnel** because infections among healthcare workers have been reported and this can be a potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce healthcare system capacity;
  - **All people from 6 months through 24 years of age**
- **Children from 6 months through 18 years of age** because cases of 2009 H1N1 influenza have been seen in children who are in close contact with each other in school and day care settings, which increases the likelihood of disease spread, and
- **Young adults 19 through 24 years of age** because many cases of 2009 H1N1 influenza have been seen in these healthy young adults and they often live, work, and study in close proximity, and they are a frequently mobile population; and,

- **Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.**

No shortage of 2009 H1N1 vaccine is expected, but vaccine availability and demand can be unpredictable and there is some possibility that initially, the vaccine will be available in limited quantities. So, the ACIP also made recommendations regarding which people within the groups listed above should be prioritized if the vaccine is initially available in extremely limited quantities.

Once the demand for vaccine for the prioritized groups has been met at the local level, programs and providers should also begin vaccinating everyone from the ages of 25 through 64 years. Current studies indicate that the risk for infection among persons age 65 or older is less than the risk for younger age groups. However, once vaccine demand among younger age groups has been met, programs and providers should offer vaccination to people 65 or older. (information obtained from www.cdc.gov)