Initial RCFE Administrator Certification
Part 7 of 10
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Online Class Rules

Some required rules for this online class are:

- You can always navigate back to a prior slide for review.
- There is a 20 question test that you must pass in order to complete this section of the online Certification course. You must score at least 70%, which is 14 or more correct answers, to pass the test.
- If you do not pass, you will be directed to retake the test.
DSS Training Requirements

Per DSS requirements, this 2 hour segment of the 20 hour online RCFE Initial Certification Program will focus on:

- LGBT Residents
- Preparing a Care Plan
Definitions

“DSS” = Department of Social Services
“AB” = Assembly Bill
“SB” = Senate Bill
“LPA” = Licensing Program Analyst
“RCFE” = Residential Care Facility for the Elderly
“NIA” = National Institute on Aging
“ADL” = Activities of Daily Living
Sources

Many sources were consulted to create this course content. They include:

- National Resource Center on LGBT Aging
- Services & Advocacy for Gay, Lesbian, Bisexual and Transgender Elders ("SAGE")
- Department of Social Services
- Assembly Bill 1570
LGBT Residents
LGBT stands for “Lesbian, Bisexual, Gay, Transgender”.

In 2008, California passed a law requiring the Department of Public Health (skilled nursing facilities) to design and implement regular cultural competency training on LGBT issues. In 2015, the Department of Social Services established this training requirement.
LGBT

Be aware: You may not agree with the resident’s lifestyle and choices, but you must be RESPECTFUL. Do not discriminate; not only is it morally wrong, but you could be sued for discrimination.
LGBT

Can you imagine growing up when people were thrown in jail due to their sexual orientation or gender identity? Or when members of the LGBT community were forced into psychiatric hospitals, where they received cruel and invasive treatments?

Having lived during that time, our LGBT seniors are fearful of the discrimination they face in long-term care settings. To cope, many go back in the closet, which makes them feel even more isolated.
LGBT

- Per the National Resource Center on LGBT Aging, there are an estimated 1.5 million adults over the age of 65 who identify as lesbian, gay or bisexual.
- By 2030, those estimates rise to nearly 3 million.
- There is no precise data on those who are transgender, but the estimate is there are hundreds of thousand seniors who are.
LGBT

• Transgender seniors may face additional challenges than their non-transgender peers.

• According to the National Resource Center on LGBT Aging, the term “transgender” is used to describe the experience and feeling of a persistent disconnect between one’s “sex at birth” (sometimes called “sex assigned at birth”) and one’s gender identity and expression.
LGBT Residents

Transgender people may or may not use medical interventions such as hormones or surgery to bring their bodies’ characteristics more in line with their gender identity. They may legally change their names and paperwork (i.e., driver’s license). A person’s gender identity should be respected and honored.
Because our culture tends to de-sexualize ALL seniors or developmentally developed people anyway, why does this matter?

The more we know about ANY person, the better we can meet their needs and care for them!
LGBT

Facts from the SAGE* 2014 LGBT Seminar in Santa Clara, CA:

• LGBT older adults have a higher chance of social isolation, depression and becoming victims of elder abuse;
• LGBT seniors report a fear of moving into an Assisted Living facility because of discrimination – but not just from staff – from other residents; and
• LGBT seniors are more likely to be childless, single and living alone.

*SAGE = Services & Advocacy for Gay, Lesbian, Bisexual and Transgender Elders
LGBT

Due to the effects of a lifetime of stigma, discrimination and rejection, LGBT seniors are at greater risk for physical and mental illnesses, such as:

- Social isolation
- Depression
- Anxiety
- Chronic illness
- Poverty
- Delayed care-seeking
- Increased chance of becoming an elder abuse victim
- Poor nutrition; and
- Premature death
Recently, the findings from a study called “Caring and Aging with Pride”, the first national, federally funded project examining LGBT aging and health, were released.

Key findings from the study include:

- Lesbian, gay, and bisexual older adults report higher rates of disability and mental distress than heterosexual older adults. Nearly a third report depression, and over half experience loneliness.
Key findings from the study include (cont’d):

- Some 68% report experiencing verbal harassment, and 43% say they have been threatened with physical violence due to their sexual or gender identity.

- Access to health care remains a concern. Some 21% of study participants indicate that they do not disclose their sexual or gender identity to their physician; 15% fear accessing health care outside the LGBT community; 22% of transgender older adults can’t afford needed medical care; and 13% say they have been denied health care or provided with inferior care, as a result of their sexual or gender identity.
Key findings from the study include (cont’d):

• Caregiving was an important focus of this study. The investigators found that 30% of women and 26% of men surveyed were acting as a caregiver to a partner or spouse, friend, parent, adult child, or other relative. Caregivers were more likely than non-caregivers to report disability, depression, victimization, and verbal and physical abuse.

• Nevertheless, LGBT older adults report tremendous resilience, with 91% engaging in regular wellness activities and 89% indicating that they feel positive about belonging to their LGBT communities.
LGBT Residents

Because our culture tends to de-sexualize ALL seniors anyway, why does this matter?

The more we know about ANY person, the better we can meet their needs and care for them!
LGBT Resident Admissions

While it is important to ask about sexual orientations and gender identity along with all other key components of care, LGBT people have a significant history of discrimination and stigma, which makes them far less willing to disclose these parts of their identities.

Suggestion: ask the questions as you would any other factual question, but do not force anyone to answer. They may not want to disclose this because they may have gone back into the closet – and may not want to come out again!
LGBT Resident Admissions

A good way to ask about this is to ask the resident “Who in your life is especially important?” Or “who do you consider family?”

Obviously, any personal information given to you must be kept confidential.
LGBT Resident Admissions

Admission paperwork:

You may want to update your forms to include relationship options such as “partner” or “significant other”, rather than “spouse”. Also, your intake forms may only ask “male” or “female” so you may consider leaving a blank line and they can fill that information in themselves.
LGBT Resident Admissions

Marketing Material:

When preparing your facility’s marketing material, you may want to consider featuring opposite-sex couples along with ethnically diverse photos.
LGBT Resident Admissions

Can you refuse to allow same-sex partners to room together?

No, this will be a violation of their Resident Rights which state that they have a right to choose their roommate.
LGBT Residents

There was a gay gentleman living in an assisted living facility back east. He was being harassed by the other residents so they moved him into the Dementia Unit, figuring the residents there wouldn’t harass him. He was so depressed by this that he committed suicide.

How do you feel about this?
LGBT Residents

Remember – do not discriminate against someone because of their:

sex, race, color, religion, national origin, marital status, registered domestic partner status, ancestry, actual or perceived sexual orientation, or actual or perceived gender identity.

This statement needs to be in your Admission Agreement, also.
LGBT Training

You must train your staff on your anti-discrimination and elder abuse policies and confidentiality.

If your staff discriminates against your LGBT residents, it can cause a hostile environment that can lead to a lawsuit against your facility.
LGBT Training

The National Resource Center on LGBT Aging has prepared a fantastic and informative 6 Module training session on LGBT seniors that you can use for staff training. The link is below:

http://lgbtagingcenter.org/training/buildingRespectModule1.cfm
LGBT Training

You should also promote and discuss your non-discrimination policies to your residents, as well, and let them know that harassment and discrimination will not be tolerated in your facility.
Care Plans
Purpose of a Care Plan

The purpose of a Care Plan is to determine *what* type of care a resident needs and *when*. The next step is determining *if* you have the staff to perform this care and if so, *who* will perform the care.

For example, do they need a.m. care (i.e., help getting ready in the morning)?
Purpose of a Care Plan

Also, you need to assess their needs so you can determine how much to charge them and IF you can take care of them and meet their needs.
Note: While DSS regulations do not specifically discuss a formal care plan, they do expect that for every resident you have a current and realistic care plan prepared upon admission and updated either annually or upon change of condition.
Planning Care

Let’s start with a general Care Plan. Tools to use:

1. Personal face-to-face meeting with the resident and/or responsible party
2. Input from current caregivers
3. Pre-placement Appraisal
4. Physician’s Report
5. Resident Appraisal Needs & Services Plan
Planning Care

The personal face-to-face meeting and assessment:

**Determine:**

1. What type of care are they currently *receiving* now?
2. What type of care are they currently *needing* now?
3. What type of care are they *expecting* from you?
4. *Can you* provide that care to them?
Planning Care

Interview current caregivers to determine:

1. What type of care is currently being given to the resident?
2. Is it adequate?
3. Is the resident accepting of care or do they refuse?
4. Are there any challenges you are facing providing care to this resident?
Planning Care

Preplacement Appraisal

Use the LIC 603 “Preplacement Appraisal Information” form from DSS to meet this regulation, Section 87457.

Suggestion: rather than just giving this to resident or responsible party to complete, complete this together and then have them sign it.
Planning Care

Physician’s Report:

This will give you insight into the medical status and needs of the resident.

The most important areas to take under consideration are:

1. What is/are their diagnosis(es)? Can you take proper care of them and meet their needs?
Planning Care

Physician’s Report:

The most important areas to take under consideration are (cont’d)

2. Are they aggressive or combative?
3. Do they have wandering behavior?
4. Do they have sundowning behavior?
5. Are they at risk if allowed direct access to personal grooming and hygiene items?
Planning Care

Physician’s Report:

The most important areas to take under consideration are (cont’d)

6. Are they able to do their own ADL’s? Which ones?
7. Do they have a special diet that I can accommodate?
8. Are they able to handle their own meds? If so, which ones? PRN’s?
9. What is their ambulatory status?
Appraisal/Needs and Services Plan:

DSS would like us to complete the LIC 625 form for each resident.

Although on this form it states that “NOTE: For Residential Care Facilities for the Elderly, this form is not required at the time of admission but must be completed if it is determined that an elderly resident’s needs have not been met”, most LPA’s are requiring this form for each resident.
Planning Care

Appraisal/Needs and Services Plan:

How often should these be completed/updated?

It is not stated on the form but at least annually or upon change of condition, whichever comes first, is recommended.

This should be signed by the Administrator or Licensee and the resident and/or responsible party.
Planning Care

The following slides illustrate the LIC 625 Form and suggestions on completing the form.

Note: this form focuses on 4 aspects of care: socialization, emotional, mental and physical/health but does not specifically address care such as bathing and grooming.
### Planning Care

#### Assisted Living Education

<table>
<thead>
<tr>
<th>NEEDS</th>
<th>OBJECTIVE/PLAN</th>
<th>TIME FRAME</th>
<th>PERSON(S) RESPONSIBLE FOR IMPLEMENTATION</th>
<th>METHOD OF EVALUATING PROGRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOCIALIZATION</strong> — Difficulty in adjusting socially and unable to maintain reasonable personal relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EMOTIONAL</strong> — Difficulty in adjusting emotionally</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Planning Care

LIC 625 form:

The first column discusses their needs. For example, their socialization need may be that the new resident is lonely.

The second column discusses the objective or plan. You may state that you will involve the resident in activities and introduce them to other residents.
Planning Care

LIC 625 form:

The third column addresses the *timeframe*. This would typically be “ongoing”.

The fourth column wants to know who will be responsible for implementing the *plan*. Typically, this is “all staff” but can be more specific if you would like.
Planning Care

LIC 625 form:

The last column asks the *method of evaluation*. Generally, this is “observation”.

Make sure the both you (or the Licensee’s representative) AND the resident/responsible party sign and date this form.
So, you have all the tools now to create the Plan.

What should be on your Plan?

The following slides will discuss what DSS wants to see on your Plan.
DSS Requirements

This is what DSS is expecting you to address:

Title 22, Section 87459 FUNCTIONAL CAPABILITIES states:

a. The facility shall assess the person's need for personal assistance and care by determining his/her ability to perform specified activities of daily living. Such activities shall include, but not be limited to:

1. Bathing, including need for assistance:
   a. In getting in and out of the bath.
DSS Requirements

1. Bathing, including need for assistance: (cont’d)
   b. In bathing one or more parts of the body.
   c. Through use of grab bars.

2. Dressing and grooming, including the need for partial or complete assistance.

3. Toileting, including the need for:
   a. Assistance equipment.
      b. Assistance of another person.

4. Transferring, including the need for assistance in moving in and out of a bed or chair.

5. Continence, including:
   a. Bowel and bladder control.
6. Eating, including the need for:
   b. Assistance from another person.

7. Physical condition, including:
   a. Vision
   b. Hearing
   c. Speech
   d. Walking with or without equipment or other assistance.
   e. Dietary limitations.
   f. Medical history and problems
   g. Need for prescribed medications
Developing the Care Plan

DSS does not provide a *true* Care Plan form for us to use that identifies all needs, including ADL needs.

You will need to develop your own form or plan. The following slides shows an example of an ADL Care Sheet that can be created to document care given.
ADL Care Sheet

**ADL CARE SHEET**

**DIRECTIONS:** Initial items when completed. If not completed, circle initials and chart reason on reverse.

**NAME OF RESIDENT:**

**APT. #:**

**DATE OF SERVICE:**

**MONTH/YEAR:**

| DATE | MEAL  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| 8    | ESCORTS |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 9    | Meal    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 10   | Activities |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 11   | Beauty Shop |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 12   | TRAYS   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 13   | Lunch   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 14   | Dinner  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 15   | SAFETY CHECKS |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 16   | PRN     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 17   | PRN     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 18   | PRN     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 19   | PRN     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 20   | PRN     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 21   | PRN     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 22   | PRN     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 23   | PRN     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 24   | PRN     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
ADL Care Sheet

When care is performed, the caregiver initials in the corresponding box.

This chart is extremely helpful when you need to:

- Prove that care was done
- Prepare daily work schedules for staff
- Charge for care given
Developing the Care Plan

Items to address:

- ADL assistance, including medication and supervision, bathing and toileting
- AM care procedures, including dressing, grooming and personal hygiene
- PM care procedures (same as above)
- Misc. care needs, such as nail care, use of special devices, equipment or supplies
- Toileting needs
Items to address (cont’d):

- Behavior intervention, including cueing, protective oversight and support for confusion
- Methods and approaches that are most successful to ensure best results
- *How* the resident likes to have things done
Developing the Care Plan

Once you have determined their care needs, then you will need to assign staff to provide the care.

You can use an ADL Care Sheet to do this, or you can create your own staff assignment policies and procedures.

Do you have sufficient staff to provide the care???
Hospice Care Plans

Per DSS regulations: 87633 HOSPICE CARE FOR TERMINALLY ILL RESIDENTS

A current and complete hospice care plan shall be maintained in the facility for each hospice resident.

This is discussed in depth during the Live portion of this Certification Course.
Hospice Care Plans

You (the facility) are responsible for carrying out your part of the Care Plan, such as ensuring that residents receive their medication(s) at the appropriate times and meeting the non-related hospice needs of the resident.
Hospice Care Plans

The Hospice Care Plan:

How often is the Care Plan updated?

At least annually or upon change of condition.

Do I need to send it to my LPA every time it changes? No – but you must keep it on file for their review, upon request.
If a resident has a diagnosis of dementia, then additional Care Planning will be necessary, along with residents who are bedridden.

Make sure on any care plan you identify WHAT the resident needs and HOW you will be providing it.
You have completed the class presentation and now you must take the 20 question Final Test.

You must score at least 70%, which is 14 or more correct answers, to pass the test. If you do not pass the test, you will be redirected to take the test again.

Proceed to the next slide to begin your Final Test.

Good Luck!
P7 Final Test for LGBT and Preparing a Care Plan

Quiz - 20 questions

Last Modified: Dec 29, 2015 at 06:27 PM

PROPERTIES

On passing, 'Finish' button: Goes to Next Slide
On failing, 'Finish' button: Goes to Slide
Allow user to leave quiz: After user has completed quiz
User may view slides after quiz: At any time
Show in menu as: Multiple items

Edit in Quizmaker  Edit Properties
Completion

Congratulations on completing this online class for your RCFE Administrator Certification.

You are now ready to proceed to Part 8 of 10.