

Initial RCFE Administrator Certification



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Online Class Rules

Navigation Tips and Features of this class:

- This class is narrated.
- The class and each slide is timed. You must wait until the narration for each slide is complete.
- Press the next slide button at the bottom of each slide to go to the next slide.
- You may view and listen to a prior slide by using the back button at the bottom of each slide.

Online Class Rules

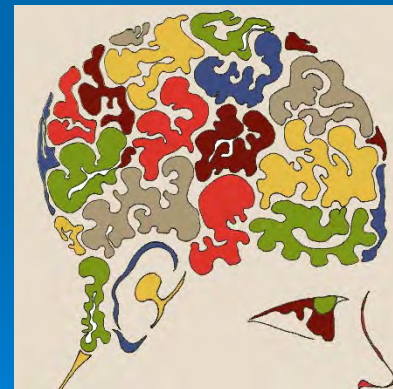
Navigation Tips and Features of this class:

- Throughout the course, there will be short quizzes. These will prepare you to take and pass the final test.
- The final test is 20 questions that you must pass in order to complete this section of the online Certification course. If you do not pass the test, 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:

- ✓ Dementia and Alzheimer's disease



Definitions

“DSS” = Department of Social Services

“AB” = Assembly Bill

“SB” = Senate Bill

“LPA” = Licensing Program Analyst

“RCFE” = Residential Care Facility for the Elderly

“AD” = Alzheimer’s disease

Sources

Many sources were consulted to create this course content. They include, but are not limited to:

- California Department of Social Services
- Alzheimer's Association
- Wikipedia
- WebMD
- Mayoclinic

Course Objectives

This Online class will focus on:

- the reversible dementias;
- how dementia and Alzheimer's disease is detected;
- treatment options for the disease and symptoms associated with the disease;
- possible causes of Alzheimer's disease;
- the Department of Social Services regulations as they pertain to dementia residents; and
- how to assist your resident with dining.

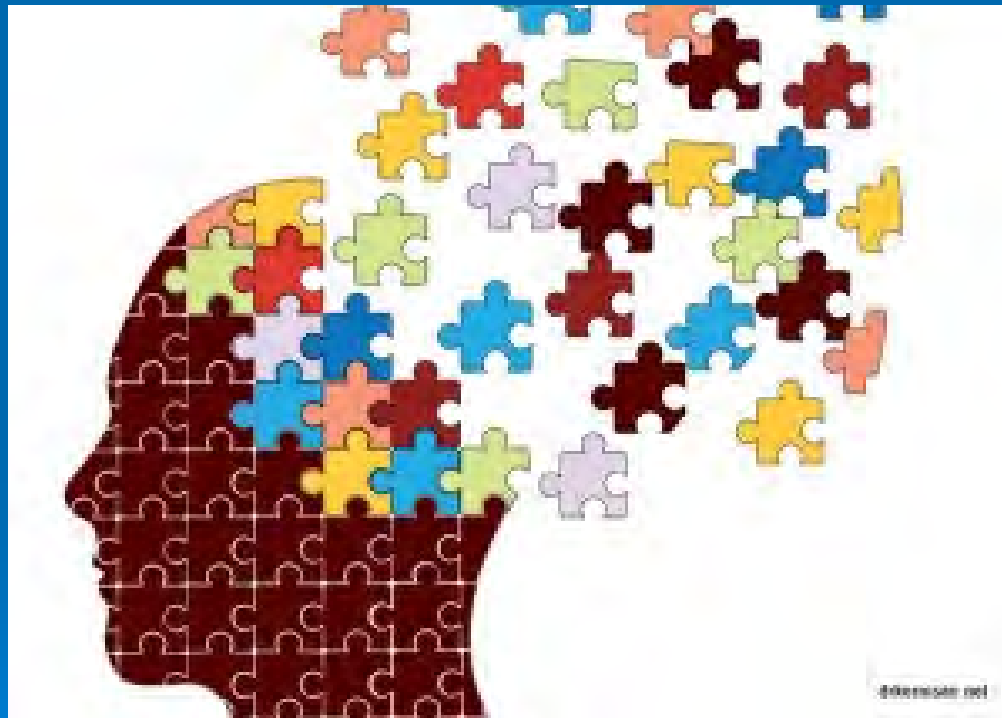
Course Objectives

Another Online portion of this Course focuses on the irreversible dementias other than Alzheimer's disease, such as Parkinson's disease.

The Live portion of this Initial Certification Course focuses on:

- the difference between dementia and Alzheimer's disease;
- the stages of each; and
- how to care for your residents with AD.

Reversible Dementias



What is a “reversible dementia?”

Many factors can cause symptoms that mimic Alzheimer’s disease.

These symptoms are known as **reversible dementias**. Unlike Alzheimer’s disease, they can be cured or “reversed” with proper treatment.

Reversible Dementias

- 1) Substance abuse
- 2) Medications
- 3) Infections
- 4) Metabolic disorders
- 5) Depression and stress
- 6) Poor eating habits
- 7) Brain tumor or subdural hematoma
- 8) Normal pressure hydrocephalus

Substance Abuse

Substance abuse can include:



- Alcohol abuse
- Drug abuse, including:
 - Opiates
 - Illegal drugs, such as cocaine and marijuana

Substance Abuse (cont'd)

Consuming excessive amounts of alcohol for a decade or more can cause a dementia that resembles Alzheimer's disease.

Memory, orientation and attention are impaired, although verbal skills are not always severely affected.

In this type of dementia, abstinence may partly restore mental functioning.



Substance Abuse (cont'd)

Korsakoff Syndrome:

- A chronic memory disorder caused by severe deficiency of thiamine (vitamin B-1).
- Most commonly caused by alcohol misuse.
- Causes problems with learning new information and the inability to remember recent events. Also causes long-term memory gaps.

Substance Abuse (cont'd)

Delirium can be caused by:

- Alcohol withdrawal syndrome
- Abrupt withdrawal from barbiturates or benzodiazepines, a group of anti-anxiety drugs that includes diazepam (Valium), chlordiazepoxide (Librium) and alprazolam (Xanax).

Medications



Adverse drug reactions are one of the most common reasons older persons experience symptoms that mimic dementia. All medications, prescriptions, over-the-counter pills and herbal remedies should be monitored by a physician to reduce the possibility of side effects.

Medications (cont'd)

With aging:

- the liver becomes less efficient at metabolizing drugs
- the kidneys eliminate them from the body more slowly
- As a result, drugs tend to accumulate in the body
- Elderly people in poor health and those taking several different medications are especially vulnerable.

Medications (cont'd)

The list of drugs that can cause delirium and dementia-like symptoms is long.

It includes:

antidepressants

narcotics

anti-anxiety medications

anticonvulsants

sedatives

antihistamines

anti-Parkinson drugs

cardiovascular drugs

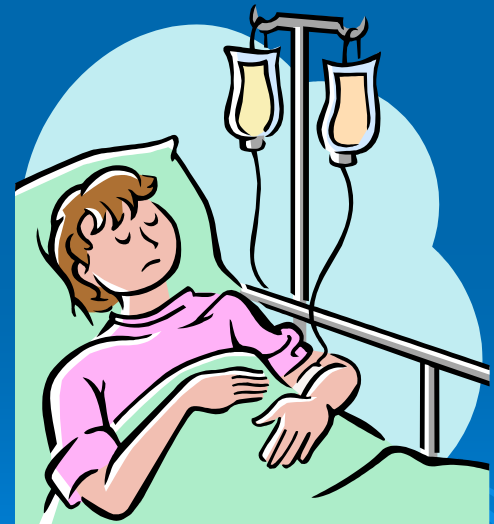
corticosteroids

Infection

Confusion can be a symptom of an infection and needs to be brought to the attention of the physician.

Possible infections include:

- urinary tract infections
- cold and flu
- staph infection
- dehydration



Metabolic Disorder

Confusion or appetite, sleep and emotional changes can be caused by medical conditions including:

- diabetes;
- hypoglycemia (low blood sugar);
- renal and liver failure;
- hypercalcemia (high calcium);
- electrolyte imbalances (blood chemistry levels); and
- diseases of the liver and pancreas



Depression

- Depression or major life changes such the loss of a spouse, moving from a long-time home or divorce can affect one's physical and mental health.
- A physician should be informed about major stressful life events.



Depression (cont'd)



A memory problem may improve when the depression is treated, whether or not the depression is caused by the dementia.

Depression (cont'd)

Signs of depression:

- ☹ memory problems, slowed movement and speech
- ☹ frequent crying
- ☹ weight loss
- ☹ complaints of fatigue
- ☹ change in sleep patterns, like insomnia
- ☹ preoccupation with health problems

Stress

- Studies show that too much stress in life can ultimately lead to depression and dementia, scientists have warned.
- Chronic stress and anxiety can damage areas of the brain involved in emotional responses, thinking and memory = leading to depression and even Alzheimer's disease.

Poor Eating Habits

- Vitamin B deficiencies
- Anemia
- Anorexia
- Bulimia



Brain Tumor or Subdural Hematoma

Brain Tumors

- Can interfere with cognitive functioning and cause personality changes.
- Depending on their location, they can trigger other symptoms, such as headaches, seizures, or vomiting.
- However, the first symptoms of slow-growing tumors frequently resemble dementia, especially in older people.

Brain Tumor or Subdural Hematoma

Subdural Hematomas:

- Hematomas = blood clots caused by bruising.
- When located in the subdural area, between the brain surface and the thin membrane that covers it (the dura), they can cause symptoms that mimic Alzheimer's disease.
- Such subdural hematomas can also be life-threatening, causing coma and death.

Brain Tumor or Subdural Hematoma

Subdural Hematomas:

- Elderly people sometimes develop subdural hematomas after a very minor (and, therefore, often forgotten) head injury.
- As blood oozes into a closed space, the hematoma enlarges and begins to interfere with brain function. Removing the clot within weeks of the injury may restore mental function.
- However, the symptoms often evolve so slowly that diagnosis is delayed for months.

Normal Pressure Hydrocephalus

- Hydrocephalus = "water on the brain"
- Normal-pressure hydrocephalus - an excess of cerebrospinal fluid around the brain
- Occurs in a small number of elderly people
- Can result from head trauma, brain hemorrhage, or meningitis, but most cases occur spontaneously without an obvious preceding illness

Normal Pressure Hydrocephalus

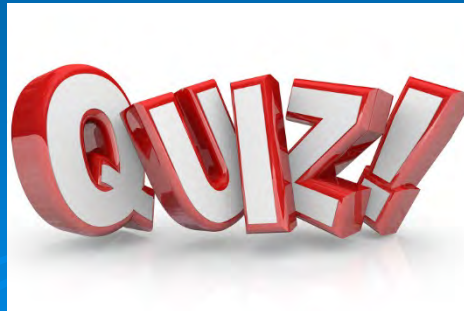
In addition to developing dementia, people with this condition lose bladder control and walk in a slow, hesitant manner, as if their feet are stuck to the floor.

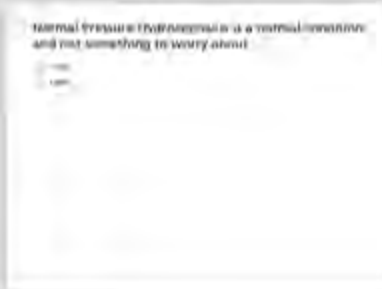


Quiz

This is a short quiz to test your knowledge.

You will not be graded on this quiz – it will help prepare you to take the final test at the end of the course, which you will be required to pass in order to receive credit for this course.





Quiz 1

Quiz - 3 questions

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Edit Properties

DETECTING ALZHEIMER'S DISEASE

Detecting AD

The only definitive way to diagnose Alzheimer's disease is to find out whether there are plaques and tangles in brain tissue.

To look at brain tissue, doctors must wait until they do an autopsy, which is an examination of the body done after a person dies.

Detecting Dementia and AD (cont'd)

Therefore, doctors must make a diagnosis of "possible" or "probable" Alzheimer's disease.

At specialized centers, doctors can diagnose Alzheimer's disease correctly up to 90%* of the time.

*Source: www.alzforum.org/early-onset-familial-ad/diagnosisgenetics/diagnosis-early-onset-Alzheimer-disease

Tools to diagnose “probable” AD

- a complete medical history, including information about the person's general health, past medical problems, and any difficulties the person has carrying out daily activities;
- medical and neuropsychological tests;
- and/or
- brain scans allow the doctor to look at a picture of the brain to see if anything does not look normal.



Physical Exam

1. Test for muscle tone and strength = reflexes may become sluggish or nonexistent, loss of muscle tone and body strength.
2. Evaluating coordination and eye movements = decrease in tracking objects with their eyes, difficulty walking

Physical Exam (cont'd)

3. Performing routine tasks, like brushing the hair = AD patients have difficulty in these functions
4. Checking speech = speech involves the brain coordinating the movement of lips, tongue, teeth and vocal cords to produce intelligible sounds.
5. Understanding language, taking directions

Physical Exam (cont'd)

6. Checking sensory abilities = “can you see this and explain what it is?”
7. Ruling out stroke, Parkinson’s disease, or any other diseases



CAT Scans

Computer Axial Tomography: A series of X-rays that show the human body in slices.

The X-ray mechanism, which surrounds the body, "inches" its way along the area being examined, taking multiple tomograms (slices). The computer is used to turn the tomograms into pictures.

These scans can offer physicians the opportunity to differentiate, for example, between Alzheimer's disease and multi-infarct dementia.

MRI's

Magnetic resonance imaging (MRI) is the newest, and perhaps most versatile, medical imaging technology available.

Doctors can get highly refined images of the body's interior without surgery using MRI.

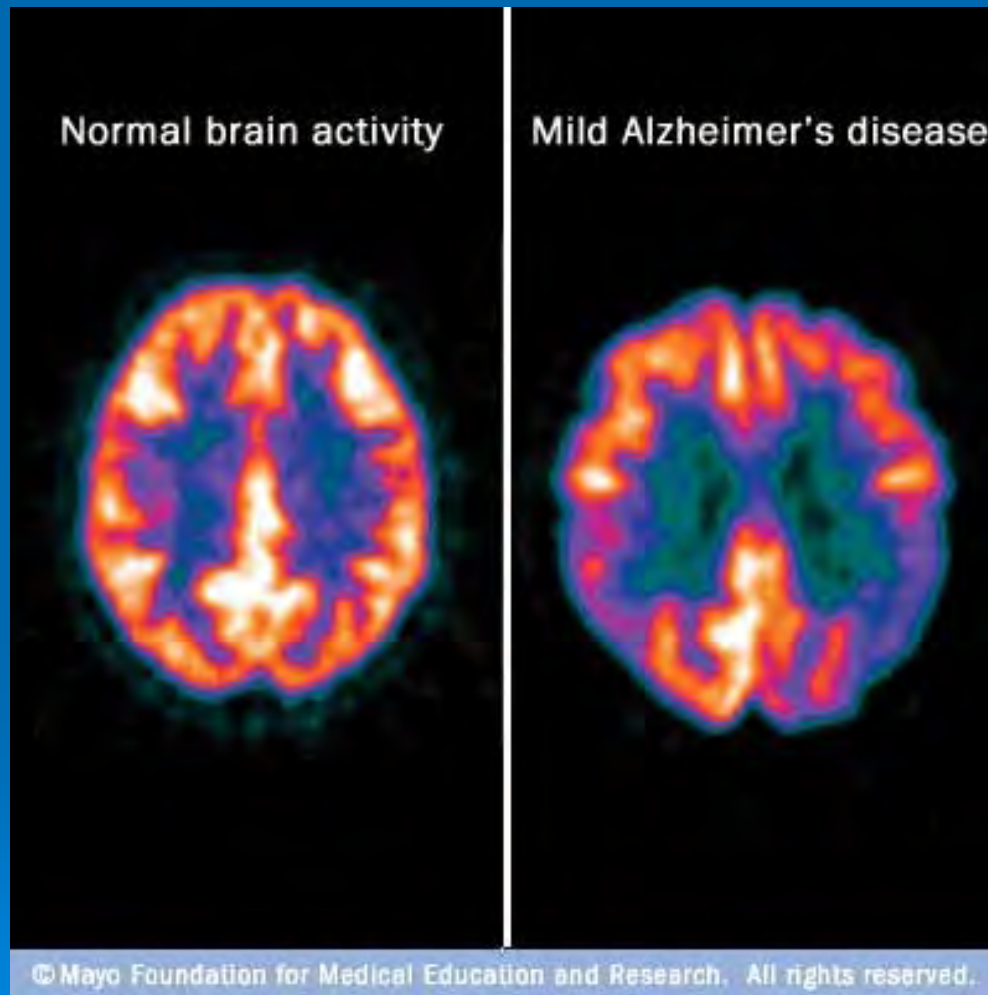


PET Scans

Positron emission tomography (PET):

- A highly specialized imaging technique using short-lived radiolabeled substances to produce powerful images of the body's biological function.
- This has become the technique of choice for investigating Alzheimer's disease.

PET Scans



Mini-mental State Exams

Also known as the Folstein Test, this offers a quick (30 questions) and simple way to quantify cognitive function and screen for cognitive loss.

It tests the individual's orientation, attention, calculation, recall, language and motor skills.

Mini-mental State Exams

The Folstein Test:

- 30 questions.
- Takes about 5-20 minutes to administer.
- Generally, 25 points out of 30 points indicates some impairment.
- Done consecutively over a period of time can identify decline in cognitive functioning.

Mini-mental State Exams

The Folstein Test:

Orientation:

What is the year, season, date and month? = *5 points*

Where are we: state, country, town or city, hospital, floor? = *5 points*

Registration:

Repeat the following: apple, table, penny. = *3 points*

Attention and Calculation:

Serial 7s: 93, 86, 79, 72, 65 or spell *world* backwards. = *5 points*

Recall:

What were the three objects above? = *3 points*

Mini-mental State Exams

The Folstein Test (cont'd):

Language:

Name a *pencil* and *watch*. = 2 points

Repeat the following: No ifs, ands or buts = 1 point

3-step command: take this piece of paper in your right hand, fold it in half and put it on the floor. = 3 points

Read and obey: close your eyes. = 1 point

Write a sentence. = 1 point

Copy the design:  = 1 point

TOTAL = 30 POINTS

POSSIBLE CAUSES

Possible Causes

Researchers are investigating genetic and lifestyle factors, such as:

- a) Age
- b) Heredity
- c) Head trauma
- d) Educational levels
- e) Dietary habits
- f) High blood pressure and cholesterol levels



Lifestyle Factors

Age –

- The greatest known risk factor for Alzheimer's is increasing age.
- Most individuals with the disease are 65 or older.
- The likelihood of developing Alzheimer's doubles about every five years after age 65.
- After age 85, the risk reaches nearly 50%!

Lifestyle Factors (cont'd)

Heredity - Research has shown that a family history of AD increases the chance of getting the disease.

Head trauma – Again, there seems to be a stronger AD chance if you have had a serious head injury.

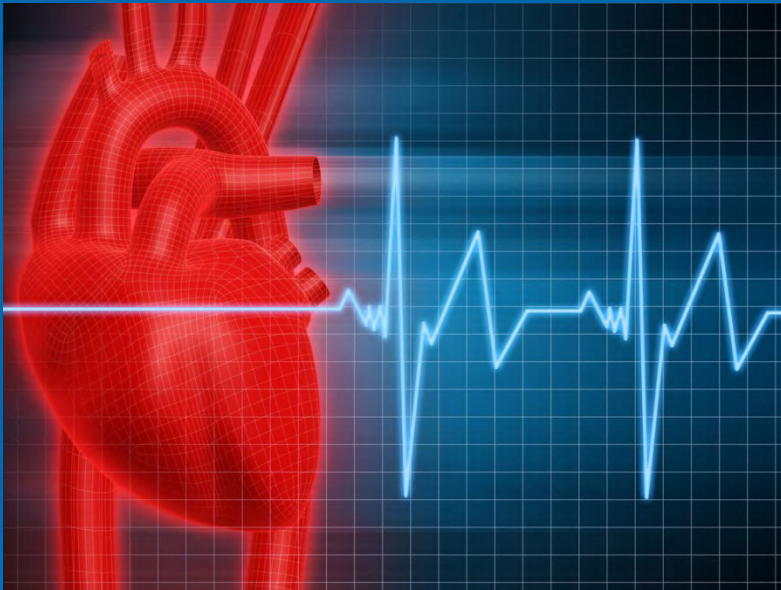
Lifestyle Factors (cont'd)

Educational level – Research is showing that the more years of formal education one has, the less likely they are to get AD.

Dietary habits – the brain benefits from a low-fat diet rich in antioxidants such as Vitamin E and C. Vitamin B is also being researched.



Lifestyle Factors (cont'd)



High blood pressure and cholesterol levels - studies are showing that what's good for the heart - keeping cholesterol and blood pressure in check - may also be good for the brain.

Keeping AD away!



EXERCISE!



Eat a low-fat diet rich in dark green vegetables and bright colored vegetables.



Keep weight at a safe and appropriate level.



Keep the brain active.



Quiz

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A Computer Axial Tomography is a series of X-rays that show the human body in slices.

Quiz 2

Quiz - 3 questions

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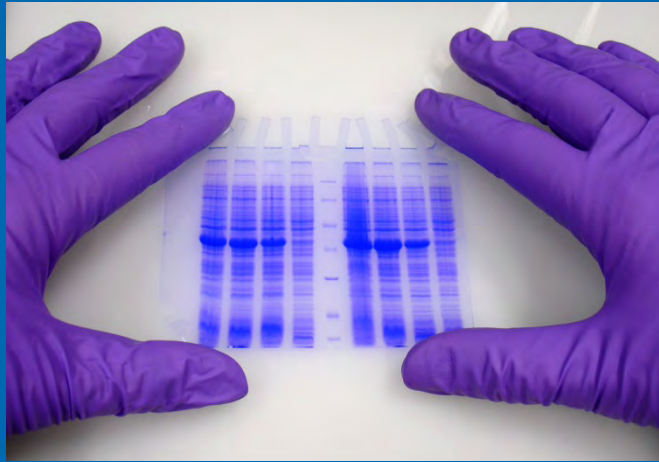
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TREATMENT

Treatments



Because there is no cure, managing the disease usually involves medications to control **symptoms**, in combination with various non-drug strategies designed to ease the suffering of the person afflicted as well as his or her family and caregiver.

Treatments

The focus of drug treatment for Alzheimer's disease is to improve **cognitive** abilities – such as memory or thinking – and slow the **progression** of these symptoms.



Treatments for Cognitive Symptoms

2 types of 5 individual drugs have been approved by the FDA for treating cognitive symptoms:

1. **Cholinesterases**
2. **Memantines**

Cholinesterases

- ❑ These prevent the breakdown of acetylcholine, a chemical messenger important for learning and memory.
- ❑ On average, these drugs delay worsening of the symptoms for 6 – 12 months

Cholinesterases

- ❑ Donepezil (Aricept) – treats all stages
- ❑ Rivastigmine (Exelon) – treats mild-moderate
- ❑ Galantamine (Razadyne or Reminyl) – treats mild-moderate
- ❑ Tacrine (Cognex) – this is rarely prescribed due to serious side effects, including possible liver disease

Cholinesterases

Aricept:

- Approved by the FDA in 1996 – 2nd AD drug
- #1 drug prescribed for AD
- It remains in the system longer than the other drugs
- 5 mg = white pill
- 10 mg = yellow pill



Aricept

- ❑ Taken in the evening before bed
- ❑ Taken with or without food
- ❑ Doctors start off with 5 mg for 4-6 weeks and then increase it to 10 mg
- ❑ It takes 15 days for patients to achieve a steady therapeutic level in their bodies
- ❑ Must take the drug every day to continue benefits

Aricept

Side effects:

increases the production of stomach acids,
leading to:

nausea

vomiting

loss of appetite

increased frequency of bowel movements

liver toxicity



Exelon

- ✓ Approved by the FDA in 2000
- ✓ Not as popular because of the gastrointestinal side effects
- ✓ Requires 2 doses daily instead of 1
- ✓ They do have a liquid form for patients with difficulty swallowing pills
- ✓ Taken with food
- ✓ Starts with 1.5 mg twice a day – goal is 6-12 mgs
- ✓ 1.5 mg = yellow pill; 3 mg = orange pill; 4.5 mg = red pill; 6.0 mg = orange and red pill

Reminyl

- Approved by the FDA in 2001
- Actually from a flower called a *snowdrop* – part of the daffodil family – relieved headaches
- This drug appears to hold AD patients at a higher level of cognitive functioning than the others – an average of 12 months compared to 6-9 for the other drugs.

Reminyl

- Delays troublesome behaviors such as agitation, aggression, apathy, hallucinations, delusions and a lack of inhibition.
- 4 mg = white tablet; 8 mg = pink tablet; 12 mg = orange-brown tablet
- Also available in oral solution
- Pills taken twice a day with meals and plenty of fluid
- Start at 4 mg – increase to 12 mg

Reminyl

Side effects:

gastrointestinal bleeding (liver disease
patients cannot take this)

nausea



Memantine (*Namenda*)

This works by regulating the activity of glutamate, a messenger chemical involved in learning and memory.

Glutamate – excess levels of this neurotransmitter contributes to the death of brain cells in people with AD.

Memantine (*Namenda*)

- ❑ Approved in 2003 for treatment of moderate-severe AD.
- ❑ Currently the only drug of its type approved to treat AD.

Drug Options

- In general, Reminyl, Exelon and Aricept are most effective when treatment is begun in the early stages.
- Namenda is the only drug shown to be effective for the later stages of the disease.
- Aricept is taken once a day, the others twice a day.

Drug Options (cont'd)

Both types of drugs have been shown to moderately slow the progression of cognitive symptoms and reduce problematic behaviors in some people, but at least half of the people who take these drugs do not respond to them.

Other Medications

- Antidepressants
- Anti-anxieties
- Anti-psychotics
- Seizure medications/mood stabilizers



Alternative Treatments



There are claims being made on the effectiveness of herbal remedies, vitamins and other dietary supplements such ginkgo biloba or coenzyme Q10.

Alternative Treatments (cont'd)

- ★ **Ginkgo biloba:** Subject of a number of ongoing studies regarding its potential to help people with AD retain memory.
- ★ **Vitamin B:** The theory is that certain B vitamins help lower the levels of the amino acid *homocysteine* in the body (high levels have been linked to an increase in AD).

Alternative Treatments (cont'd)

- ★ **Vitamin E:** Strong evidence that 1,000 I.U. of Vitamin E taken twice a day may slow the progression of AD in some people.
- ★ **Estrogen:** Studies show that estrogen may affect brain regions relevant to memory, but it is still being studied.

Quiz

This is another short quiz to test your knowledge.

Just like the others, you will not be graded on this quiz – it will help prepare you to take the final test at the end of the course, which you will be required to pass in order to receive credit for this course.

There are currently only two types of drugs used to treat the symptoms of Alzheimer's disease. They are cholinesterases and memantine.

Quiz 3

Quiz - 4 questions

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Dining with Dementia

Our goal is to create *the most positive* dining experience for our residents with dementia as we can.



Licensing Requirements

Regulations state that we must serve the residents “an appropriate variety of foods and shall be planned with consideration for cultural and religious background and the food habits of the residents.”

- What is appropriate for our residents with AD?
- How do we find out what they like?

Food Choices for Residents with Dementia

Small, “finger foods”:

- Finger foods can help increase food intake and encourage independence in eating.
- They help to preserve eating skills.
- They can renew interest in food and stimulate appetite.
- They can improve food intake and leave less waste.
- They can boost confidence and self esteem at mealtimes.
- They allow greater choice at mealtimes and freedom to eat as desired.

Food Choices for Residents with Dementia

Finger food ideas:

- Sandwiches cut into small pieces
- Vegetables: cooked al dente, for example, broccoli pieces, carrot sticks, green beans and baby corn
- Fruits: orange and apple wedges, melon slices
- Meats: cubes of turkey, meatballs, sliders, baked fish sticks
- Desserts: cup cakes, tarts and cookies
- Muffins, cereal bars, waffles for breakfast
- Mini-quiches, cheese and crackers
- Wraps: tortillas, filo pastry, pancakes, spring rolls

Food Choices for Residents with Dementia

- Not too many items on the plate
- Peas, small bits of food are hard to scoop up
- Try rough textured food, like toast, that stimulates the person's tongue and encourages chewing
- Mashed or pureed fruits or vegetables
- Scrambled eggs, puddings, chicken fingers
- Sandwiches into quarters
- Use bendable straws
- Residents with dementia love sweets!

Food Choices to Avoid

Hard candy

Taffy

Hot dogs

Nuts

Crunchy foods like chips or crackers

Peanut butter

Gum

Grapes or cherries

Thin liquids if given too rapidly



Helping the Resident Eat

Issues that may cause problems with eating:



- 🍴 Not enough light, or glare
- 🍴 Noise and distractions
- 🍴 Too many choices
- 🍴 Unpleasant smells
- 🍴 Unappetizing food
- 🍴 Anxiety over being rushed

Helping the Resident Eat (Cont'd)

Personal conditions that may disrupt eating:

1. Mouth discomfort
2. Side effects of medication (can make food taste bitter)
3. Inability to recognize hunger
4. Constipation (which can cause stomach pain)
5. Agitation (being rushed)
6. Forgetting how to eat or use utensils

Eating Tips & Techniques

1. Eating with one or two other people in a quiet room.
2. Restless residents should be encouraged to eat with other residents and have frequent nutritious snacks.
3. Sleepy residents should also be encouraged to eat with other, interactive residents.
 1. Do not try to serve a resident that is too sleepy – they may choke.

Eating Tips & Techniques (cont'd)

4. Do not use plastic utensils (this creates a very undignified dining experience) but you can use a plastic tablecloth or placemats.
5. Use a placemat that is a different color than the plate.
6. Avoid glass if the resident has difficulty seeing it.
7. Make sure the resident's dentures are in place and they fit properly.

Eating Tips & Techniques (cont'd)

8. Keep food simple!
9. Offer one choice at a time.
10. Play soft, relaxing music at mealtime.
11. Pay attention to your residents; do not socialize with other staff during mealtimes.
12. Vinyl or plastic bibs – it is understandable that you do not want the resident to dirty themselves, but bibs are demeaning. Why not use a scarf for dining that is made of colorful fabric that color-coordinates with what the resident is wearing?

Eating Tips & Techniques (cont'd)

- 13. Allow and encourage residents to feed themselves as much as they can.
- 14. Plan the meal around resident food likes/dislikes.
- 15. Pay attention to food temperature – is it too hot or cold?
- 16. NO alcohol!
- 17. Remove condiments (salt, pepper, etc.) from the table if the resident is confused by them.
- 18. If the resident is confused by too many silverware choices, only give them one.

Eating Tips & Techniques (cont'd)

Do not have on the table:

- ✖ items that look like food, but are not (i.e., fake fruit)
- ✖ salt, pepper, hot sauce, vinegar
- ✖ plants

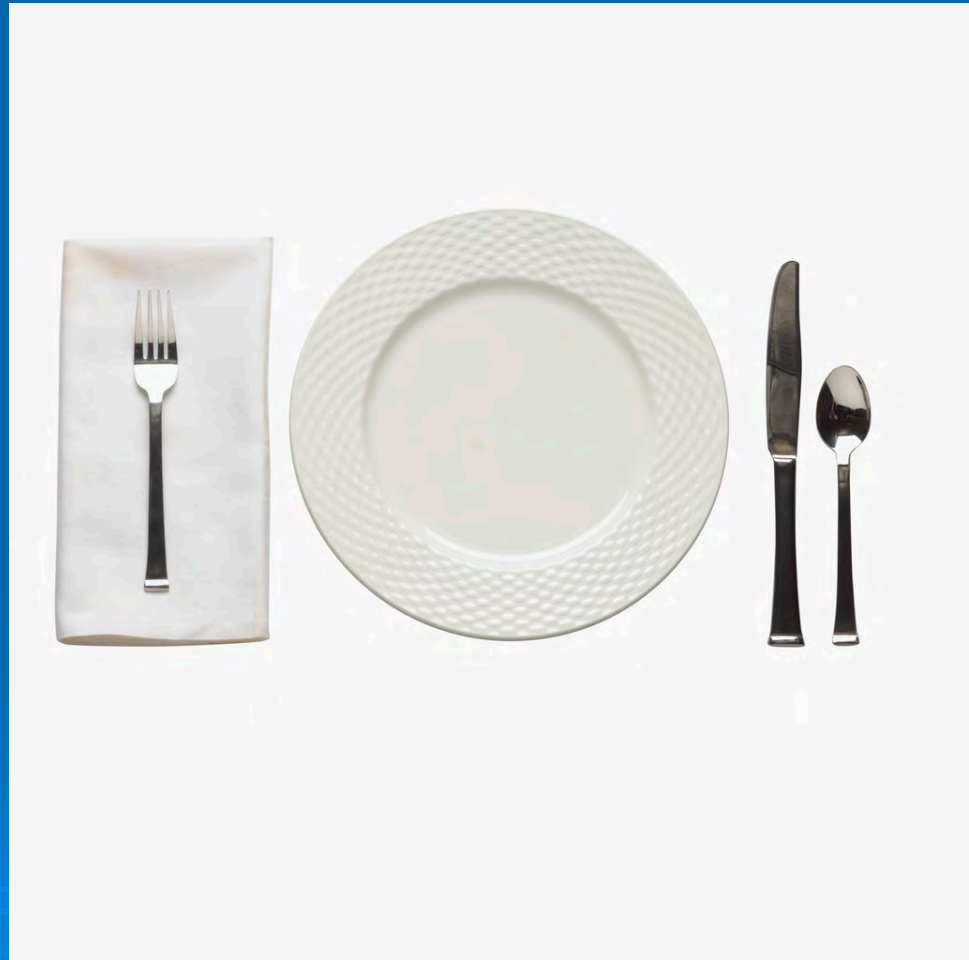


Food Presentation

- ❑ Serve meals on colorful dishes with contrasting colors since residents with dementia cannot always differentiate between a piece of white chicken on a white plate.
- ❑ Opt for red or green plates where food becomes easily visible.

Food Presentation

NO!



Eating Challenges

Someone with dementia can have mood and behavioral changes that impact their ability to receive a good, balanced diet.

They may be highly distractible, talkative, apathetic, anxious, agitated or display wandering behavior that may inhibit their ability to eat.

Resistance

Issue: Refusing to eat

Possible causes:

- Unpleasant presentation of food
- Too many choices
- Noise and confusion in dining room, smells
- Approach of caregiver
- Dry mouth from medications
- Pain from dentures or teeth issues
- Inability to recognize sensation of hunger
- Fear of poisoning (distrust of caregiver)

What to try

- Give them foods that they like!
- Try sweet foods, like fruit or applesauce
- Keep noise and activities to a minimum
- Check for chewing problems
- Keep a routine
- Find that favorite caregiver to assist
- Encourage physical activity
- Consult their physician

Resistance

Issue: Eating all the time

Possible causes:

- Short-term memory loss
- Lack of routine
- Burning calories from pacing, agitation
- Boredom
- Former smoker

What to try

- Feed them more frequently (try 5-6 meals each day), and smaller amounts at each meal
- Keep a routine
- Give them something to drink
- Have low calorie snacks available, such as apples and carrots
- Consider whether other activities such as walks, or increased social contacts, may help

Resistance

Issue: Unable to sit still

Possible causes:

- Short attention span
- Foods presented in complicated way
- Agitation from confusing environment
- Inactivity during non-meal times

What to try

- Give the resident “to-go” foods (small pieces of sandwiches, etc.)
- Make the dining room as inviting as possible
- Play their favorite music
- Have a caregiver sit with them
- Keep them busy during the day!



Resistance

Issue: Difficulty eating and swallowing

Possible causes:

- Brain damage from the disease
- Need for cues or modeling
- Mouth discomfort
- Dry mouth from medications
- Throat infection
- Inappropriate sizes/texture/form of food

What to try

- Check medications for side effects
- Schedule a dental exam
- Offer soft foods or small bites one at a time
- Cut food into small pieces or chop/grind
- Moisten foods with gravy or sauce
- Provide hydration
- Serve liquids with a straw
- Have a caregiver sit with the resident and cue them

Resistance

Issue: Eating inappropriate things

Possible causes:

- Inappropriate things on dining table
- Things that look edible, like wax fruit
- Smells good
- Poor lighting
- Diminishing eyesight

What to try

- Never put inedible items, like pine cones, on the dining table
- Supervise the residents while eating
- Ensure there is adequate lighting
- Serve familiar food

NO!



Resistance

Issue: Forgetting they just ate

Possible causes:

- o Memory loss from brain damage
- o Lack of routine
- o Craving other foods/sweets
- o An activity cues the person to eat
- o Time change (daylight savings)
- o Boredom
- o Confusion other symptoms, like dehydration, with hunger

What to try

- Maintain a routine
- Involve them in an activity
- Provide high-calorie foods or large portions (if they are still hungry)....or
- Provide smaller meals more often
- Keep them hydrated – offer a beverage

Resistance

Issue: Forgetting that they have NOT eaten

Possible causes:

- Time change (if it is dark, they must have eaten, right?)
- Change in routine
- Constipation
- Unable to recognize hunger
- Actually have been eating/snacking all day

What to try

- Keep them on a schedule – maintain the mealtime routine.
- If they are constipated, call their physician and follow the orders.
- Limit the amount of snacks or volume of snack food so they can sense hunger better.

Resistance

Issue: Weight loss, even with eating

Possible causes:

- Pacing/agitation
- Inappropriate diet
- Physical problem (unable to absorb nutrients)
- Acute illness/disease (cancer)



What to try

- This could indicate a serious illness or disease – schedule a doctor's appointment.
- If the doctor prescribes a nutritional supplement, serve it to the resident as directed. **Do NOT do this without a doctor's order.**
- Provide higher calorie meals or more frequent meals.

DSS Regulations for Dementia Residents

DSS Regulations

- Section 87705 (Care of Persons with Dementia) applies to licensees who accept or retain residents diagnosed by a physician to have dementia.
- Note: Mild cognitive impairment is not considered to be dementia.

DSS Regulations

In addition to the requirements in Section 87705, Care of Persons with Dementia:

- licensees who advertise, promote, or otherwise hold themselves out as providing special care, programming, and/or environments for residents with dementia or related disorders shall meet the regulations in Section 87706 and 87707.

Staff Training - Dementia

Caregivers must receive 20 hours of training before working independently with residents.

Of these 20 hours, 6 hours must be in dementia care training.

Staff Training - Dementia

Dementia care topics need to include, but are not limited to:

- The use and misuse of drugs such as antipsychotics
- The non-pharmacologic, person-centered approach to dementia care
- Hydration
- Assisting with Activities of Daily Living (“ADL’s”)
- Skin care
- Communication
- Therapeutic activities
- Environment
- Recognizing symptoms that may cause or aggravate dementia behaviors
- Recognizing the effects of medications commonly used to treat the symptoms of dementia; and
- Security and supervision of the residents.

Staff Training – Dementia

- Caregivers must also receive **an additional** 20 hours of training within the first 4 weeks of employment.
- Of these additional 20 hours, at least **6** more must be dementia care training.

Staff Training – Dementia

Annual caregiver training:

20 hours =

- 6 hours must be in dementia care training
- 4 hours must be in postural supports, restricted health conditions and hospice care

Section 87705

In addition to your facility's Plan of Operation (see Section 87208), you will need to address:

1. Procedures for notifying the resident's physician, family members and responsible persons who have requested notification, and conservator, if any, when a resident's behavior or condition changes.
2. Safety measures to address behaviors such as wandering, aggressive behavior and ingestion of toxic materials.

Section 87705

3. Residents with dementia must reside in a non-ambulatory cleared room.
4. The Emergency Disaster Plan, as required in Section 87212, addresses the safety of residents with dementia.
5. Staff is trained (refer to preceding slides).
6. There is an adequate number of direct care staff to support each resident's physical, social, emotional, safety and health care needs as identified in his/her current appraisal.

Section 87705

7. Each resident with dementia shall have an annual medical assessment and a reappraisal done at least annually (see upcoming slide).
8. The activity program must be appropriate for residents with dementia.
9. Ranges, heaters, wood stoves, inserts, and other heating devices cannot be accessible to residents.
10. Swimming pools and other bodies of water shall be fenced.

Section 87705

11. The following must be stored inaccessible to residents with dementia:

- Knives, matches, firearms, tools and other items that could constitute a danger to the resident(s); and
- Over-the-counter medication, nutritional supplements or vitamins, alcohol, cigarettes, and toxic substances such as certain plants, gardening supplies, cleaning supplies and disinfectants.

Section 87705

You must inform the families that they **CANNOT** bring medications, such as cough drops, Tylenol, vitamins, etc. into the facility to give to the resident.

Any medication that is given to resident **MUST** have a written physician's order for it and it **CANNOT** be in the resident's possession.

Section 87705

12. Outdoor facility space used for resident recreation and leisure must be completely enclosed by a fence with self-closing latches and gates, or walls, to protect the safety of residents.
13. The licensee shall have an auditory device or other staff alert feature to monitor exits, if exiting presents a hazard to any resident.

Care Plans and Physician Reports

	Updated Annually	Updated upon change of condition
Physician Reports	✓	✓
Care Plans	✓	✓

Sections 87706-87707

Additional regulations:

- More detailed Plan of Operation
- Additional requirements in the Admissions Agreement
- Keep copies of all advertising/marketing material for a minimum of 3 years

Conclusion

As our aging population increases, and the baby boomers start to reach their 70's and 80's, more funding and time will be allocated to finding a cure for Alzheimer's disease.

Until then, we will continue to care for our residents, providing the dignity and safety that they need and deserve.

Proceed to Test

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!

stroke. Alzheimer's disease, reversible dementia can be fixed with proper treatment.

Final Test for Dementia AD

Quiz - 20 questions

Last modified: Monday, February 17, 2020 at 5:59:05 PM

Properties

On passing, 'Finish' button: [Goes to next slide](#)

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Allow user to leave quiz: [At any time](#)

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Edit in Quizmaker



Edit Properties

Completion

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

You are now ready to proceed to the next section.



THANK YOU !

**Thank You for taking our
Certification Course.**

We hope you will enroll in our live
classes or online classes in the future.