

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 segment of the 20 hour online RCFE Initial Certification Program will focus on:

- ✓ Family Dynamics



Definitions

“DSS” = Department of Social Services

“AB” = Assembly Bill

“SB” = Senate Bill

“LPA” = Licensing Program Analyst

“RCFE” = Residential Care Facility for the Elderly

Sources

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

- Department of Services
- Elder-law-advocate.com/conservatorships
- Alzheimer's Association
- US National Library of Medicine
- Nursingcenter.com

Dealing with Challenging Family Members



Help! I love the
resident but can I
evict the family????

Needs and Wants

What do our families want from us?

- ❑ Help!
- ❑ Safety and security for their loved one
- ❑ The ability to go to work and sleep at night without worrying
- ❑ Support throughout the process
- ❑ Socialization for their loved one

Needs and Wants

Remember – they are giving you their most precious item – their parent.

They have very high expectations of you – many times unrealistic expectations.

You never want to over-promise and under-deliver. Review your admissions package carefully, especially the section about prohibited health conditions. Many families believe that you can keep their parent with you until death and that may not be true.

Family Involvement

When a son or daughter is placing their parent with you, they may be experiencing a range of emotions, including:

- * Guilt
- * Regret
- * Anger
- * Denial
- * Sadness



Family Involvement (cont'd)

Guilt.....

“I can't believe I had to move my mother into a facility. She raised me and took care of my when I was sick, and now I'm not doing that for her.”

Family Involvement (cont'd)

Sadness....

“I miss Dad so much. He lived with us for 5 years and now the house feels so empty. I know this is the best for him since I worked full-time, but I miss him so much!”

OR

“I can’t believe Mom has cancer. I don’t want her to die!”

Family Involvement (cont'd)

Anger.....



“Frank was supposed to be with me forever. Now he has Alzheimer’s and has to live in a facility. Why did he do this to me? What am I supposed to do now?”

Family Involvement (cont'd)

Denial.....

“My mother isn’t that old. Everyone in the facility sleeps all day – not my mom! And they say she needs help with her medications – I think that they’re just trying to take her money.”

Family Involvement (cont'd)

As we have discussed, family members can feel all types of emotions. It is important to help the family members by:

1. Reassuring them.
2. Listening to them.
3. Keeping them informed – communicating.
4. Being available to them.
5. Validating their feelings.
6. Providing excellent care.

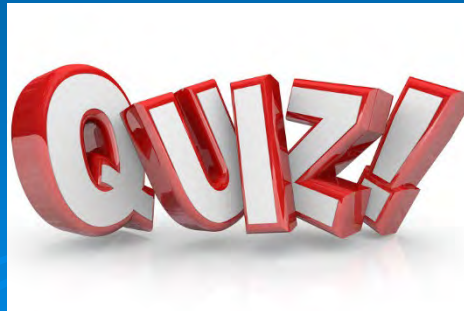
How do the residents feel?

1. Loss of independence
2. “Granny-dumped”
3. Anger and resentment towards family
4. Denial that they cannot live alone anymore
5. Depressed
6. Anxious

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 - 5 questions

Last modified: Sunday, April 30, 2017 at 12:15:19 PM

Properties

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Edit in Quizmaker



Edit Properties

The Different “Types” of Family Members

- ◆ Debbie Denial
- ◆ Daniel Downer
- ◆ Picky Peggy
- ◆ Mad Marvin
- ◆ The “Don’t let my sister see my mother” Brother
- ◆ Susan Sue
- ◆ The Dorf’s – the Disagreeing Family
- ◆ The Helicopter family

Debbie Denial

Nothing is wrong with my Mom.
She's fine. All this care you're
trying to charge me for is NOT
needed!

Debbie Denial (cont'd)

What should you say and NOT say to Debbie Denial?

No: Have you spent time with your mother recently??!

You are in denial!!

Yes: We document all care that we provide and yes, she has needed more care since she fell last month.

Daniel Downer

Why should I bother seeing my Mom? She doesn't even know me. Don't ask me to visit again.

Daniel Downer (cont'd)

What should you say and NOT say to Daniel Downer?

No: You're right – she has no idea who you are. Don't bother.

Yes: Even though she may not know who you are, your visit brings joy into her life for that hour.

Picky Peggy

You're not doing it right. The caregivers are wrong. I'll show you how to do it better. You don't know what you're doing.

Picky Peggy (cont'd)

What should you say and NOT say to Picky Peggy?

No: You're right – why don't you take her home with you because you obviously can do better?!?!

Yes: Tell me how you feel we can do better.
What is it you feel we're doing wrong?

Mad Marvin

Stop repeating yourself,
Mother! It's driving me crazy! I
already told you what time it is!
Make her stop!

Mad Marvin (cont'd)

What should you say and NOT say to Mad Marvin?

No: Stop it! Don't you understand that's not how you treat her??!

Yes: Marvin – she is not purposely trying to drive you crazy. This is part of the disease process. She forgets that she asks the question and then she forgets the answer. Let's try redirecting her.

The “Don’t let my sister see my mother” Brother

My sister is a drug addict and steals from my mother so DO NOT let her visit. I am the ONLY one that can see my mom.

Don't Let Her... (cont'd)

What should you say and NOT say to Mr. Don't Let Her?

No: You're not a very nice person and I don't believe you!

Yes: I'm sorry but legally, I have to let your sister visit if your mother wants to see her. If I don't let her, I will be violating your mother's rights. Why don't visit on a different day?

Susan Sue

You let my mother fall and
break her hip! You promised
me she wouldn't! Now I'm
going to sue you.

Susan Sue (cont'd)

What should you say and NOT say to Susan Sue?

No: I never promised that and your mother is clumsy! I'm just going to evict your mother now!

Yes: I'm sorry your mother fell. Before she moved in, we talked about how her falling episodes might continue to happen in our facility. I'm glad we were here to call 911 immediately.

The Dorf's – the Disagreeing Family

This is the family who wants to fight about their parents' care – in front of their parent sometimes.

The Dorf's – the Disagreeing Family (cont'd)

What should you say and NOT say to the Dorf's?

No: Stop it, you evil children!

Yes: Please stop acting this way in front of your dear parents. Let's take this outside so we can chat privately. What is the disagreement?

The Dorf's – the Disagreeing Family (cont'd)

- Family dynamics and sibling roles often are intensified when there is a family crisis or stressful situation, like placing a family member.
- It is important to recognize that people may react to stress in many different ways.

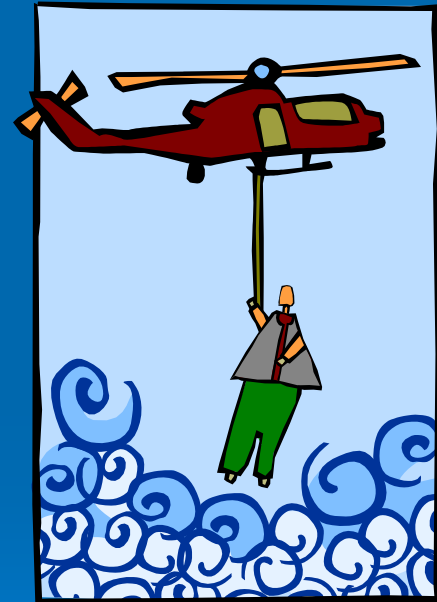
The Dorf's – the Disagreeing Family (cont'd)

- Suggest a family meeting with a mediator, perhaps a social worker or senior case manager.
- Ask the Ombudsman to help.



The Helicopter Family

You know the one – they swoop in and land like a helicopter, wreak havoc on you and your staff, and then leave.



The Helicopter Family (cont'd)

What should you say and NOT say to the Helicopter family?

No: Stop coming – you're extremely disruptive!

Yes: Why don't you call me before you come so we can discuss any issues you have rather than discussing them in front of your mother and potentially upsetting her?

Family Case Studies



Family Case Study #1

FACTS

Mrs. Jones was recently moved into your facility by her daughter, Sue. Mrs. Jones has Alzheimer's disease and suffers from hypertension. She is also incontinent.

Family Case Study #1

SUE'S COMPLAINTS

“My mother has been here for 3 months and she’s getting worse! I’m paying you a lot of money to keep her here and I expect her to improve. Instead, she’s getting more and more forgetful. Today, she didn’t even know where she used to live. And another thing.....the last few days when I’ve visited in the afternoon, my Mom has been very agitated. But I don’t want you to put her on any drugs. She was never this bad before I brought her here!”

Family Case Study #1

Discussion Points:

First of all, what is going on here with Mother?

Second, what are you going to do with Sue?

Family Case Study #1

1. **Denial.** This daughter is in denial that her mom has an incurable disease.
2. **Education.** This daughter needs to be educated on the course of this disease and what to expect in each stage.
3. **Sundowning.** If this agitated behavior is occurring in the afternoon, this is most likely sundowning. Suggest that the daughter visit in the morning.

Family Case Study #2

FACTS

Mrs. Smith, who is somewhat confused, was placed in your facility two weeks ago. She has a son, Bob, and a daughter, Sally. They do not get along. Bob has the power of attorney for financial affairs.

Family Case Study #2

FAMILY COMPLAINTS

Sally tells you that “there is absolutely no reason for my mother to be here. I’ve made arrangements to take her home with me tomorrow. The only reason my brother put her here was to make it easier to take her money.” Bob complains that Sally “likes to interfere and throw her weight around. If she tries to move Mom, I’m calling the cops!”

Family Case Study #2

Discussion Points:

Who is in charge of Mrs. Smith's decisions?

What should the facility do if Sally comes to move her Mom?

Can Bob ban his sister from visiting?

Family Case Study #2

1. Contact the Ombudsman to intervene.
2. If Sally comes to remove her mother from the facility, you should contact both Bob and the police.
3. Unfortunately, Bob only has the power of attorney for financial affairs so he cannot legally make care or visitor decisions on behalf of his mother.

Family Case Study #3

FACTS

Mr. Jones has been living in your board and care for several months. His son, Mike, has flown in to see his father and talk to you about the unpaid bill. Mike holds the power of attorney for his dad.

Family Case Study #3

MIKE's COMPLAINTS

“I can't believe that Medicare hasn't paid my Dad's rent here! Why haven't you submitted a claim to them? After all, you are providing medical care here, so I'm *sure* it's covered by Medicare. By the way, I hope you're not looking at ME to pay the bills. I can barely make the payments on my house, yacht and brand new Mercedes. I'm sure I told you that I got laid off two months ago. It's a good thing my Dad has a government pension or I'd really be out of luck!”

Family Case Study #3

Discussion Points:

Does this sound like potential elder abuse?

Does Medicare pay for RCFE's?

What should you do now?

Family Case Study #3

1. Yes, this sounds like it may be financial elder abuse. This must be reported.
2. Refer Mike back to the Admissions Agreement he signed and remind him that as the signer, he is responsible for the payments and you can take him to court to retrieve the unpaid funds.
3. Also remind him of the eviction policies (non-payment of rent).

Family Case Study #4

FACTS

Mrs. Davidson is a resident who lives in the Memory Care Unit in a large assisted living facility. Her family has placed beautiful pictures and expensive figurines in her room. A few confused residents often wander into her room and sometimes they will take some of the items with them.

Family Case Study #4

FAMILY COMPLAINTS

“Why do you let these people come in here and steal my Mom’s stuff? We paid good money for those items and they keep touching them and moving them. If this continues, we’ll have to move Mom out.”

Family Case Study #4

Discussion Points:

Does this family need education about dementia?

Yes – they need to understand that the other residents are not purposely stealing these items, they simply do not know they are not theirs.

What should be done with the figurines? These should be taken home and possibly replaced with one or two that are less expensive.

Challenging Family Members

What if the family member becomes **angry**?

1. Maintain your cool.



Speak to the person in a calm, clear, even tone. Do not engage in a yelling match and do not match insults with the person.

Challenging Family Members (cont'd)

2. *Listen.*

You know, they may have a good point! When you listen, reflect the other person's feelings. "What I hear is that you're angry about Caregiver Ann." Use non-defensive body language and use appropriate eye contact. Try to find out what the real problem is – it may not be what they're yelling about!!!

Challenging Family Members (cont'd)

3. Give up your need to be right.

Listen to the person's perspective, even if you do not agree. Do not attempt to force your perspective onto that person. You can agree to disagree... "sounds like you and I see things differently."

Challenging Family Members (cont'd)

4. Do not become defensive.

Defensiveness usually leads to an attack, and that starts the attack/defend cycle. Take a break in the conversation, if necessary.

5. Realize that you may not come up with a resolution.

But you may need to come up with a compromise...

Other Tips

- ❖ Communicate with the families and encourage them to do the same.
- ❖ Seek help from the Ombudsman if you need it.
- ❖ Change your own behavior. Do not sigh or complain when they need help. Do not rush to get them off the phone. Smile and listen to them.

Other Tips

- ❖ The family may need their feelings validated.
- ❖ Provide good quality of care.
- ❖ Do not over-promise and under-deliver!
- ❖ Be VERY clear before move-in that residents may fall and that you cannot guarantee that they will never fall!
- ❖ Feelings escalate during the hospice stage – ask your hospice provider for help.

What if I suspect elder abuse?

Mandated reporters in RCFE's must follow the reporting requirements as outlined in Assembly Bill 40.

Types of abuse to be on the look-out for:

- Physical and mental abuse
- Financial abuse
- Abandonment

Quiz

This is another short quiz to test your knowledge.

Just like the first one, 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.

You should tell the helicopter family to stop coming because their visits are too stressful for you and your staff.

100%

Quiz 2

Quiz - 5 questions

Last modified: Monday, April 5, 2021 at 9:37:52 AM

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Giving out Info

- How much can and should you tell families?
- What about HIPAA?
- What is our legal obligation with POA's, Durable POA's, etc.?
- What if the resident with dementia finds a new "friend"? Do we tell the family now?

HIPAA

- The **Health Insurance Portability and Accountability Act** (HIPAA) was passed by Congress in 1996.
- HIPAA affects all individuals, providers, payers and related entities involved in health care and was created to protect confidential medical information of patients.

HIPAA

Per HIPAA, I cannot communicate with the resident's family or responsible party?

As long as the resident does not object, HIPAA's Privacy Rule permits you to share needed information with the family, responsible party, or anyone else the resident identifies with as involved with his/her care.

Conservators

Your resident may be “conserved”.

This generally means that they are unable to make decisions on their own behalf so someone must be assigned to do so for them.

This person, who is authorized by a court of law, is called a conservator.

Conservators

Conservators can:

- ✓ decide where the person will live (they must notify the court when they move and they cannot move them out of state).
- ✓ be in charge of their food, health care, clothing and personal care.
- ✓ oversee their health care needs – they cannot give or deny consent for medical treatment if the person does not agree, unless the court gives them that exclusive right.

Conservators

Conservators cannot:

- ✓ Limit visitors to the resident until this is written specifically in a court document.

You should ask for a copy of the conservator documents for the resident's file.

Power of Attorney

- Otherwise known as a “POA”
- The authorization to act on someone else’s behalf in a legal or business matter, such as signing an Admission Agreement or other admission paperwork.
- POA’s may think they have the right to direct the resident’s care (like what they are fed, etc.), but they do not.

Durable Power of Attorney

- ❖ An authorization to act on someone else's behalf if they become incapacitated.
- ❖ Can also be called a “*Health Care Power of Attorney*” - an advance directive which empowers the attorney-in-fact (proxy) to make health-care decisions for the grantor, up to and including terminating care and making decisions to keep a critically and terminally ill patient alive.

Durable Power of Attorney

If a resident has a Durable Power of Attorney or other advanced health care directive, make sure you have a copy of this to provide to the emergency personnel and hospital.

Sexuality Issues

What if a resident finds a new “friend”? Do you tell the family or not?

No, if neither of the residents have dementia and can make decisions on their own behalf

Yes, if one or both of the resident have dementia.

Holidays and Outings

Many times, a family wants to bring their loved one home during a holiday. They may have high expectations of recreating their family traditions.

Oftentimes, this can be very challenging for the resident, especially if they have dementia.

You may want to suggest that the family join your holiday celebration at the facility. Ask if there are any traditions or menu items that you can incorporate into your celebration to make it more personal.

Death and Dying

- Family members often react to the death of a loved one with anger and frustration.
- The family may lean heavily on the staff for support and comfort.
- This is when the hospice staff can be a huge support for both the family and your staff.

Death and Dying (cont'd)

What might a family member feel when their loved one dies?

1. Shock, denial, disbelief and confusion
2. Depression
3. Guilt
4. Anger
5. Anxiety
6. Yearning
7. Apathy or despair
8. Acceptance



Death and Dying (cont'd)

Giving support to the family:

- Share the sorrow
- Do not offer false comfort
- Offer practical help
- Be patient
- Encourage professional help when necessary



Families and Medications

The resident has passed away. Now the daughter is standing in front of you demanding that you give her the mother's medications, such as morphine and Ativan. She states that because she paid for them, they are hers.

What do you do?

Families and Medications

DSS regulations state that we do not give the medications to her.

The Federal regulations state that we do.
Who do we abide by?

We need to abide by the Federal regulations.

Families and Property

When a resident dies, it is shocking to see how many “family members” show up to start removing items from the resident’s room.

Who do you allow access to?



Families and Property

Title 22, Section 87217(j) states:

Upon the death of a resident, all cash resources, personal property, and valuables of that resident shall immediately be safeguarded.

- The executor or the administrator of the estate shall be notified by the licensee, and the cash resources, personal property, and valuables surrendered to said party.
- If no executor or administrator has been appointed, the responsible person shall be notified, and the cash resources, personal property, and valuables shall be surrendered to said person in exchange for a signed itemized receipt.

Educating Families

Many family members get frustrated with their loved ones, especially ones with Alzheimer's disease, because they do not “get” what they are doing.

Family involvement is very important in the care of the person with Alzheimer's disease, but many times the family is reluctant to participate.

Educating Families (cont'd)

You need to think before you speak to the families. For example, never tell the family that their mother needs “diapers” or a “bib”. This is very demeaning and creates a negative impression of the person with dementia.

Do not talk about other residents in a negative way – the family may think that you speak the same way about *their* loved one!

Educating Families (cont'd)

Residents with dementia can have all types of moods and behavior issues.

This can be difficult for the family to understand because it may be totally different from their past personality!

Educating Families (cont'd)

Dementia may have symptoms including agitation, depression, delusions and hallucinations and the inability to recognize familiar faces.

Alzheimer's symptoms may include apathy, hallucinations and anxiety.

Diabetes may cause extreme fatigue and irritability.

Pain may cause sleep loss and irritability.

Educating Families (cont'd)

Educational tools for families:

- ❑ “The Alzheimer’s Project” on HBO.com
- ❑ Leeza Gibbons has created a multi-DVD educational program titled “The Family Guide to Alzheimer’s Disease” which can be purchased on Amazon or through www.lifeviewresources.com
- ❑ Support groups (i.e., Alzheimer’s Association)

Families and Respect

In conclusion, we have to remember to be patient with family members as they are experiencing a range of emotions....but we deserve respect, also.



Families and Respect (cont'd)

It is important to remember:

1. Conflict is inevitable. We are not making widgets - we are taking care of lives.
2. We all have the same goal – happy, healthy and safe residents.
3. We can all win by working together and compromising, when necessary.

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!

It is just to ride from those challenging family members - eventually they may go away...

Final Test for Family Dynamics

Quiz - 20 questions

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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.