

Developing a Realistic Care Plan

2 hour CEU Course for RCFE and
ARF Administrators

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Course Objectives

1. Discuss how to assess a resident
2. Discuss what tools to use to develop a Care Plan
3. Learn what tools and forms are available from DSS to use
4. Determining how often to change or update a Care Plan
5. Preparing a Hospice Care Plan

Purpose of a Care Plan

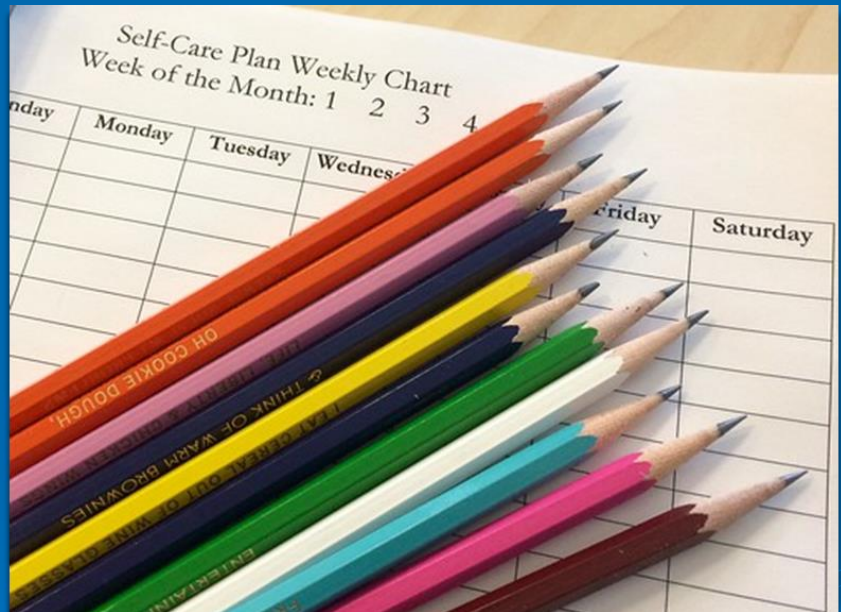


The purpose of a Care Plan is to determine *what* type of care a resident needs and *when*. The next step is determining *if* you have the staff to perform this care and if so, *who* will perform the care.

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

Purpose of a Care Plan

You also 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.



DSS Regulations



Note: While DSS regulations do not *specifically* discuss a *formal* care plan (neither do they provide a form for this), 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.

DSS Regulations

RCFE:

Title 22, Section 87459
“FUNCTIONAL
CAPABILITIES”

ARF:

Title 22, Section 85068.2
“NEEDS AND
SERVICES PLAN”





Planning Care

Types of Care
Plans:

General
Hospice
Bedridden

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

Let's start with 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?
5. What is the family *expecting* of you? (i.e., expecting 24 hour service for no additional expense)

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 RCFE 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. It will be more accurate this way.

Planning Care

Physician's Report:

This will give you insight into the medical and mental 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 you can accommodate?
8. Are they able to handle their own meds? If so, which ones? PRN's?
9. What is their ambulatory status?

Planning Care

Physician's Report:

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

10. Are they a smoker? Can you accommodate this?
11. Did the physician say no to "Able to Leave Facility Unassisted"?
12. Do they have a contagious/infectious disease? If so, which one?
13. Do they have allergies that you cannot accommodate?

Planning Care

Appraisal/Needs and Services Plan:

The LIC 625 form should be completed for each RCFE resident (no DSS form noted in the ARF regulations).

Although on this form it states that *“For Residential Care Facilities for the Elderly, this form may be completed to assist in developing a plan of action to meet the services needs of individual residents not presently being addressed as specified in California Code of Regulations, Title 22, Section 87457(c)(2)”*, LPA’s are looking to see this form for every resident.

Planning Care

Appraisal/Needs and Services Plan (LIC 625):

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.

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

Planning Care

LIC 9172 – “Functional Capability Assessment”

Required for
ARF's;
recommended
for RCFE's

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION	
FUNCTIONAL CAPABILITY ASSESSMENT			
<p>Licenses of Adult Residential and Social Rehabilitation Facilities must obtain the following information prior to placement. The Licensee can obtain this assessment information from the applicant or his/her authorized representative. Adult Day Care Facilities and Adult Day Support Centers may use this form to identify the functional ability of the applicant as required. The licensee must maintain this information in the client's file as a part of the Needs and Services Plan.</p> <p>Note: Residential Care Facilities for the Elderly may use this form to assess the person's functional capabilities as required in Section 87584 of the regulations.</p>			
CLIENT'S NAME	DATE OF BIRTH	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Check the box that most appropriately describes clients ability:		Check the box that most appropriately describes clients ability:	
<p>BATHING:</p> <p><input type="checkbox"/> Does not bathe or shower self.</p> <p><input type="checkbox"/> Needs help with bathing or showering.</p> <p><input type="checkbox"/> Bathes or showers without help.</p> <p>DRESSING:</p> <p><input type="checkbox"/> Does not dress self.</p> <p><input type="checkbox"/> Needs help with dressing.</p> <p><input type="checkbox"/> Dresses self completely.</p> <p>TOILETING:</p> <p><input type="checkbox"/> Not toilet trained.</p> <p><input type="checkbox"/> Needs help toileting.</p> <p><input type="checkbox"/> Uses toilet by self.</p> <p>TRANSFERRING:</p> <p><input type="checkbox"/> Unable to move in and out of a bed or chair.</p> <p><input type="checkbox"/> Needs help to transfer.</p> <p><input type="checkbox"/> Is able to move in and out of a bed or chair.</p>		<p>REPOSITIONING:</p> <p><input type="checkbox"/> Unable to reposition.</p> <p><input type="checkbox"/> Repositions from side to side.</p> <p><input type="checkbox"/> Repositions from front to back and back to front.</p> <p>WHEELCHAIR:</p> <p><input type="checkbox"/> Unable to sit without support.</p> <p><input type="checkbox"/> Sits without support.</p> <p><input type="checkbox"/> Uses wheelchair.</p> <p><input type="checkbox"/> Needs help moving wheelchair.</p> <p><input type="checkbox"/> Moves wheelchair by self.</p> <p>VISION:</p> <p><input type="checkbox"/> Severe vision problem.</p> <p><input type="checkbox"/> Mild/moderate vision problem.</p> <p><input type="checkbox"/> Wears glasses to correct vision problem.</p> <p><input type="checkbox"/> No vision problem.</p> <p>HEARING:</p> <p><input type="checkbox"/> Severe hearing loss.</p> <p><input type="checkbox"/> Mild/moderate hearing loss.</p>	

Developing the Care Plan

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:

RCFE 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.

DSS Requirements

- 6. Eating, including the need for:
 - a. Adaptive devices.
 - 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

DSS Requirements

Again, you may use the LIC 9172 form for both ARF and RCFE assessments.

Note: best done with the resident/responsible party's input. Also, make sure it is signed by the resident/responsible party and the Licensee (or their designated representative).

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 but there are several options you can use which are discussed in this class.

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

Developing the Care Plan

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 the ADL Care Sheet (see upcoming slides) to do this, or you can create your own staff assignment policies and procedures. Large facilities generally use a software program for this.

Do you have sufficient staff to provide the care???

Sample Care Plans

RESIDENT PERSONAL CARE PLAN

RESIDENT NAME: _____

ROOM NUMBER: _____

PREPARED BY: _____

DATE: _____

Resident Personal Care Services	Frequency (# of times per week)	Estimated Time to Provide Service	Estimated Time Per Week
Grooming:			
Oral Hygiene			
Hair Combed and Shaved			
Assist with Dressing: A.M. []			
P.M. []			
Escort Services:			
Breakfast			
Lunch			
Dinner			
Beauty Shop			
Other			
Room Check:			
Make Bed			
Straighten Room			
Empty Trash			
Launder Personal Laundry			
Assist with Showering:			

Sample Care Plans

ADL CARE SHEET																																
DIRECTIONS: Initial items when completed. If not completed, circle initials and chart reason on reverse.																																
NAME OF RESIDENT:					ROOM #:					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
ESCORTS:	Bkfst																															
Meal	Lunch																															
Activities	Dinner																															
Beauty Shop	Activity																															
TRAYS	Bkfst																															
	Lunch																															
	Dinner																															
SAFETY CHECKS	PRN																															
	PRN																															
	PRN																															
TOILET ASSIST	PRN																															
	PRN																															
	PRN																															
INCONTINENT CARE	PRN																															

Hospice Care Plans

Per DSS RCFE 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.

Hospice Care Plans

The Hospice Care Plan:

The hospice plan must be kept current, accurately match the services actually being provided and sufficient in that the resident's needs are being met at all times.

It is done collectively by
the hospice nurse and
You!



Hospice Care Plans

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Collectively prepare a Hospice Care Plan:

1. Name, office address, business phone # and 24-hour emergency phone # of hospice agency and the resident's physician;
2. Description of services to be provided by the hospice agency –
 - a. Type of services to be provided
 - b. Frequency of services

Hospice Care Plans

Collectively prepare a Hospice Care Plan (cont'd):

3. A list of our responsibilities, like:

staff duties

record keeping



communicating with the hospice agency, the resident's family and/or responsible person and physician.

Hospice Care Plans

Collectively prepare a Hospice Care Plan (cont'd):

3. A list of our responsibilities, like (cont'd):

who's handling meds (see next slide)

who's storing meds

who's maintaining medical supplies,
equipment

Hospice Care Plans

Collectively prepare a Hospice Care Plan (cont'd):

3. A list of our responsibilities, like (cont'd):
 - who's handling meds (see next slide)
 - who's storing meds
 - who's maintaining medical supplies,
equipment

Hospice Care Plans

Collectively prepare a Hospice Care Plan (cont'd):

3. A list of our responsibilities, like (cont'd):

Section 87633(b)(4)(B):

....by name or job function, the licensed health care professional from hospice who will be controlling and supervising the storage of the controlled drugs (Schedule II – V).

Hospice Care Plans

Collectively prepare a Hospice Care Plan (cont'd):

Schedule II – V drugs include:

Schedule II = a category of drugs considered to have a strong potential for abuse or addiction but that also have legitimate medical use. Included are Methadone, morphine, Fentanyl and Oxycodone.

Hospice Care Plans

Collectively prepare a Hospice Care Plan (cont'd):

Schedule II – V drugs include:

Schedule III = a category of drugs that have less potential for abuse or addiction than Schedule I or II drugs and have a useful medical purpose. Included are short-acting barbiturates and amphetamines, like codeine-combos.

Hospice Care Plans

Collectively prepare a Hospice Care Plan (cont'd):

Schedule II – V drugs include:

Schedule IV = a medically useful category of drugs that have less potential for abuse or addiction than those of Schedules I, II, and III. Included is Diazepam, Xanax, Valium and Ativan.

Hospice Care Plans

Collectively prepare a Hospice Care Plan (cont'd):

Schedule II – V drugs include:

Schedule V = a medically useful category of drugs that have less potential for abuse or addiction than those of Schedules I through IV. Included are anti-diarrheals and Robitussin .

Hospice Care Plans

Collectively prepare a Hospice Care Plan (cont'd):

4. Training –

- a. Identify the need
- b. Who needs to be trained
- c. Who will provide the training

Training will include:

typical needs of the hospice patient (i.e., turning, incontinence care to prevent skin breakdown, hydration and infection control)

Hospice Care Plans

The Hospice Care Plan:

All hospice-related training is kept for a period of **3** years.

Includes:

- name of trainer
- trainer credentials
- persons in attendance
- subject matter covered
- date and duration of the training session

Who does what?

Hospice:

You 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.

Bedridden Resident Care Plan

Per the H&S Codes:

A Care Plan will be developed that addresses the needs of the resident and updated quarterly or upon change of condition, whichever is sooner, to reflect the resident's:

- 1) Need for repositioning
- 2) Need for assistance with proper food and liquid consumption
- 3) Toileting/incontinence needs
- 4) Skin care needs
- 5) Psychosocial needs

Charging for Care

Is your facility plan (cost) all-inclusive of care?

If yes: you must be very specific on what type of care you will provide – when, how, what, by whom, etc.

If no (you are charging separately for care): you also must be very specific on what you will be providing and how MUCH you will be charging for the care.



My resident needs more care!

If your facility is **charging separately** for care, then you must provide the care immediately. Within 2 business days, you must notify the resident and/or responsible party of the care increase and increase in fees, if applicable.

If your facility is **all-inclusive**, then you must provide the care immediately and you can give the resident/responsible party a written 60 day notice of fee increase.



My resident needs more care!

RCFE Health and Safety Code Section 1569.655 states:

(a) If a licensee of a residential care facility for the elderly increases the rates of fees for residents or makes increases in any of its rate structures for services, the licensee shall provide no less than 60 days' prior written notice to the residents or the residents' representatives setting forth the amount of the increase, the reason for the increase, and a general description of the additional costs, except for an increase in the rate due to a change in the level of care of the resident.

Care Plans - Conclusion

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 AND what the cost will be.

Sources

California Department of Social Services:

- Title 22 for both ARF and RCFE
- Health and Safety Codes for both ARF and RCFE
- DSS Forms for both ARF and RCFE

Conclusion

Thank you for attending our course. We look forward to seeing you again in the future!

The Assisted Living Education Staff

