Medical Challenges with Residents

5 HOUR CEU COURSE FOR RCFE AND ARF ADMINISTRATORS

Copyright & Disclaimer

- COPYRIGHT - This Course Material has been copyrighted © 2023 by Assisted Living Education. All rights reserved. No part of this course material/content may be reproduced or utilized in any form, by any means, electronic or mechanical, including photocopying, recording, emailing, or any information storage and retrieval system, without permission in writing from Assisted Living Education.
- DISCLAIMER - Assisted Living Education has attempted to offer useful information and assessment tools that have been accepted and used by professionals within this industry, including the California Department of Social Services. Nevertheless, changes in health/medical care and health care regulations may change the application of some techniques and perceptions in this course material. Assisted Living Education thereby disclaims any liability for loss, injury or damage incurred as a consequence, either directly or indirectly, from the use and application of any of the contents of this course material.

Course Objectives

01

Discuss common medical conditions our residents face, such as UTI's and pneumonia

02

Discuss restricted and prohibited health conditions

03

Learn how to work effectively with home health and hospice

04

Calling 911 for emergencies

Definitions

DSS = Department of Social Services

RCFE = Residential Care Facility for the Elderly

ARF = Adult Residential Facility

LPA = Licensing Program Analyst

SNF = Skilled Nursing Facility

AB = Assembly Bill

SB = Senate Bill

Resident = anyone living in long-term care

Common Medical Conditions

As we all know, RCFE's and ARF's are a "social model", not a medical model, yet we continue to see more and more residents with serious medical conditions.

This course will help you understand how and when we can assist residents with conditions such as catheters and depression.

Course Outline – Discussion Topics

UTI's, Depression, Pneumonia

Cellulitus, Constipation, Dehydration

Diabetes, Catheters and Restricted/Prohibited Health Conditions

Urinary Tract Infections

Quiz

How much urine does the average adult pass each day ()?

a. 1 gallon
b. 1-1/2 gallons
c. A little over 2 cups
d. 1 pint

Quiz

How much urine does the average adult pass each day?

a. 1 gallon
b. 1-1/2 gallons
c. A little over 2 cups*
d. 1 pint

*Source: https://www.google.com/search?q=how+many+cups+of+urine+is+normal+for+a+day&rlz=1C1CHBF_enUS819US819&ei=1V0jZOy5B-GdkPIPsqC0-Aw&ved=0ahUKEwis-JS0yv_9AhXhDkQIHTIQDc8Q4dUDCBE&uact=5&oq=how+many+cups+of+urine+is+normal+for+a+day&gs_lcp=Cgxnd3Mtd2l6LXNlcnAQAzIGCAAQFhAeMggIABCKBRCGAzIICAAQigUQhgM6CAgAEIoFEJECOhEILhCABBCxAxCDARDHARDRAzoLCAAQgAQQsQMQgwE6CAgAEIAEELEDOg4ILhCABBCxAxDHARDRAzoFCC4QgAQ6CAguEIAEELEDOgUIABCABDoLCC4QgAQQxwEQ0QM6CwgAEIoFELEDEIMBOgsILhCKBRCxAxCDAToLCC4QgAQQsQMQgwE6BwgAEIoFEEM6CwgAEIoFELEDEJECOgcIABCABBAKOggIABAWEB4QDzoFCCEQoAE6BQghEKsCOggIRAWEB4QHUoECEEYAFAAWKRIYlxKaARwAHgAgAHbAYgBvjSSAQYwLjQ1LjGYAQCgAQHAAQE&sclient=gws-wiz-serp

Quiz

Which is a common UTI risk factor in adults?

a. Enlarged prostate
b. Catheter usage
c. Diabetes
d. All of the above

Quiz

Which is a common UTI risk factor in adults?

a. Enlarged prostate
b. Catheter usage
c. Diabetes
d. All of the above

Quiz

How many people in the U.S. visit the doctor each year to be treated for a UTI (per the National Institute of Health):

a. More than 1 million

b. 540,000

c. 100,000

d. 3,567

Quiz

How many people in the U.S. visit the doctor each year to be treated for a UTI (per the National Institute of Health):

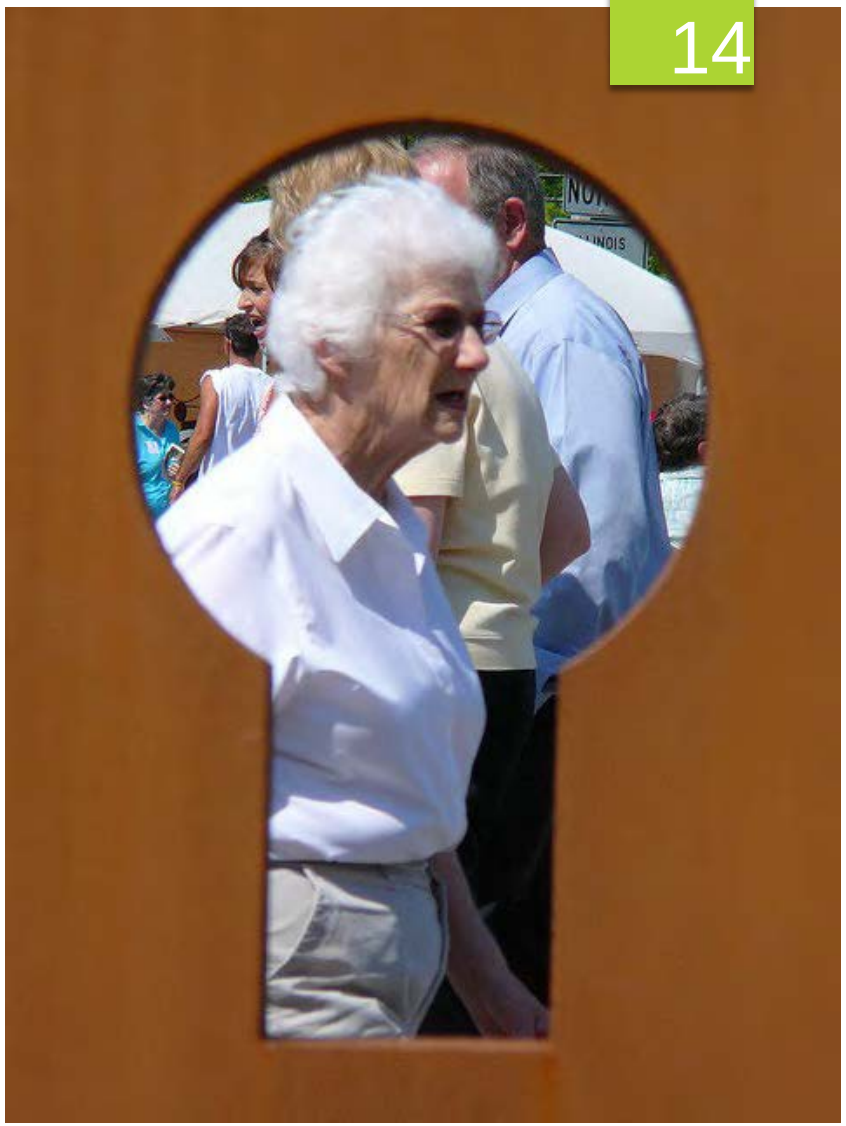
a. More than 1 million*
b. 540,000
c. 100,000
d. 3,567

*Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8931190/#:~:text=There%20are%20%3E1%20million%20emergency,over%20%243.5%20billion%20per%20year.

Quiz

According to the National Library of Medication, what percentage of women who have a UTI will have another?

a. 5%
b. 50%
c. 20%

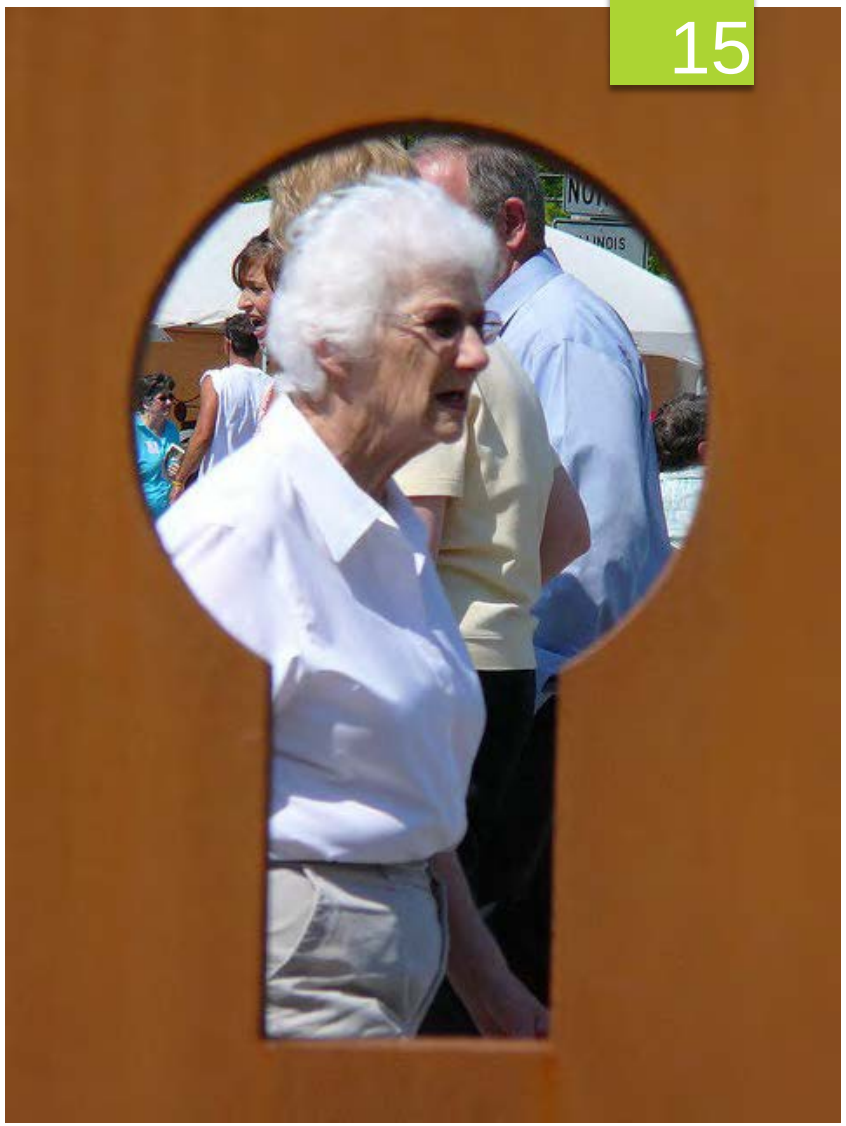


Quiz

What percentage of women who have a UTI will have another?

a. 5%
b. 50%
c. 20%*

Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3749018/



UTI's (cont'd)

- A urinary tract infection (UTI) is an infection involving the kidneys, ureters, bladder, or urethra.*
- Any part of this system can become infected. As a rule, the farther up in the urinary tract the infection is located, the more serious it is.

*These are the structures that urine passes through before being eliminated from the body.

Urinary Tract Infections

Per WebMD:

If you're a woman, your chance of getting a urinary tract infection, or UTI, is high; some experts rank your lifetime risk of getting one as high as 1 in 2 -- with many women having repeat infections, sometimes for years on end!

UTI's (cont'd)

- In the United States, UTIs account for over 6 million patient visits to physicians per year in the United States; approximately 20% of those visits are to Emergency Departments*

- About 60% of women and 12% of men have a urinary tract infection at some time in their life.**

*Source: https://emedicine.medscape.com/article/233101-overview#:~:text=United%20States%20statistics,those%20visits%20are%20to%20EDs.

**Source: https://www.urologyhealth.org/urology-a-z/u/urinary-tract-infections-in-adults

UTI's (cont'd)

Causes:

- Urine is normally sterile; an infection occurs when bacteria get into the urine and begin to grow.
- The infection usually starts at the opening of the urethra where the urine leaves the body and moves upward into the urinary tract.
- The culprit in at least 90% of infections is the bacteria *E. coli*. *

*Source: https://www.ucsfhealth.org/conditions/urinary-tract-infections#:~:text=Other%20bacteria%20can%20cause%20UTI,gets%20into%20the%20urinary%20tract.

UTI's (cont'd)

Causes (cont'd):

- If the bacteria reaches the kidneys, it may cause a kidney infection, which can become very serious.
- Men are less likely to develop UTIs because their urethra (tube from the bladder) is longer. There is a drier environment where a man's urethra meets the outside world, and fluid produced in the prostate can fight bacteria.

UTI's (cont'd)

Other conditions that would make one more susceptible to a UTI:

- Women with diabetes may be at higher risk (because their compromised immune systems make them less able to fight off infections like UTIs)
- Multiple sclerosis
- Any condition that affects urine flow, such as kidney stones, stroke, and spinal cord injury.

UTI's (cont'd)

Symptoms:

- pain or burning during urination
- more frequent urination, often with only a small amount of urine
- sense of urgency to urinate
- cloudy, bad-smelling, or bloody urine
- lower abdominal pain
- fever, chills or nausea
- change in mental status (confusion, etc.)

UTI's (cont'd)

Confusion:

Per SeniorLiving.org, "The reason for confusion in cases of UTIs in our senior population seems to be directly linked to the fact that they are an infection, after all."

Why would a simple UTI cause so much confusion? All infections lead to dehydration, and that this affects the medication that residents may be on for other illnesses. Also, that any type of infection could cause an increase in temperature and brain inflammation, and therefore lead to mental changes.

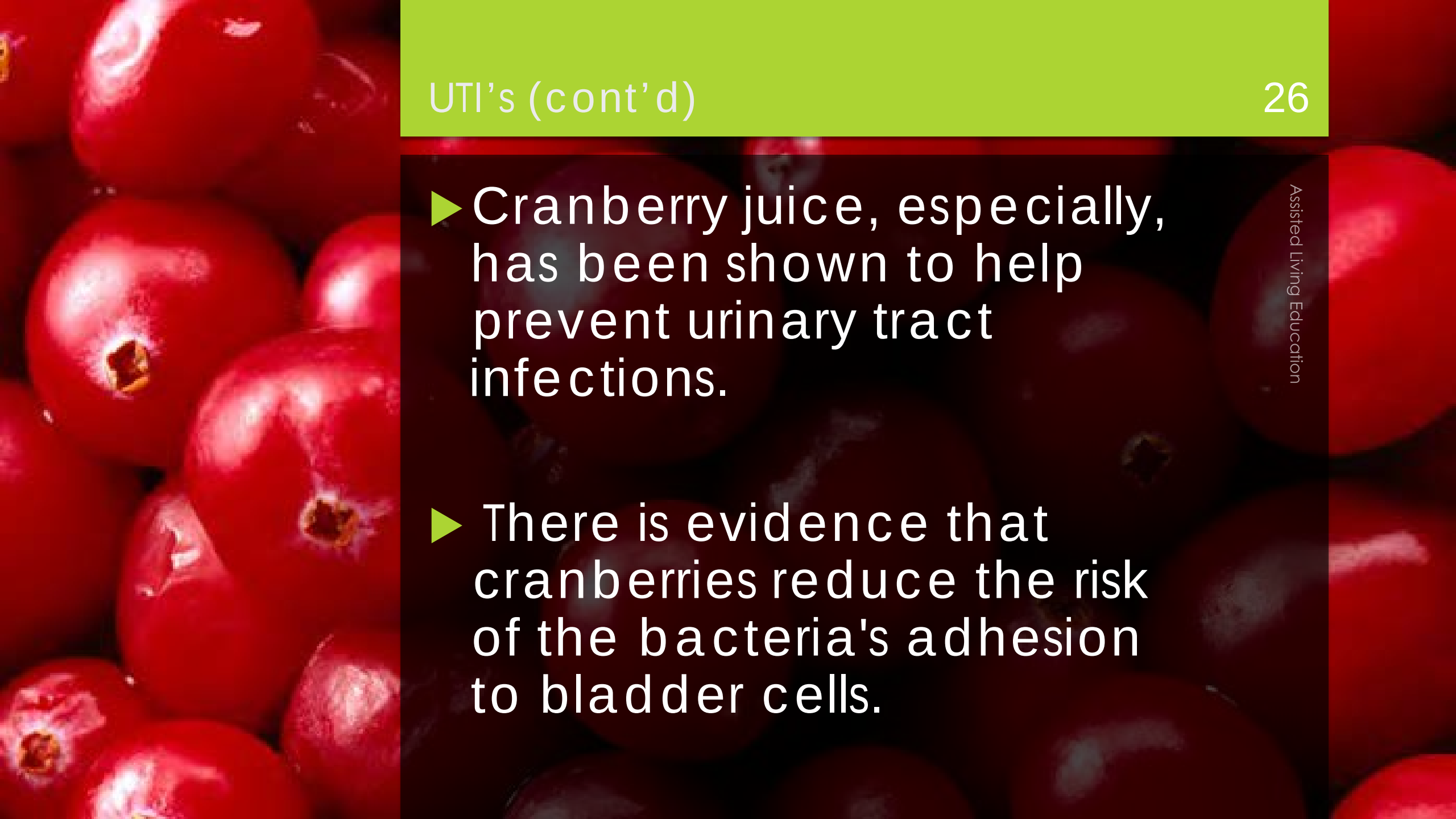
UTI's (cont'd)

- ✓ **A UTI will not go away by itself – the patient must receive medical treatment.**
- ✓ **A culture will be done to detect bacteria and antibiotics will be prescribed.**
- ✓ **To alleviate burning pain during urination, phenazopyridine (Pyridium) or a similar drug, can be used for one to two days.**

UTI's (cont'd)

Prevention:

- Women should wipe from front to back (not back to front) after going to the bathroom; this helps prevent bacteria from the anus entering the urethra.
- Try to ensure that the resident empties their bladder regularly and completely.
- Remind the resident to drink plenty of fluids.



UTI's (cont'd)

- Cranberry juice, especially, has been shown to help prevent urinary tract infections.
- There is evidence that cranberries reduce the risk of the bacteria's adhesion to bladder cells.

Preventing UTI's

1. Put the resident on a urination schedule.
2. Implementing better hygiene to keep their midsection area clean and dry is also key.
3. Residents should regularly wear and change loose, breathable cotton underwear that can be cleaned easily.
4. A ritual of wiping from front to back when using the bathroom is also critical.

Depression

Depression

Imagine this scenario:

Your daughter has decided that you are no longer safe living by yourself. (You do not agree. The fire in the house – it wasn't your fault!!!!!) She sells your house with all of your treasured memories, sells all of your furniture, including your king-sized bed and antiques, takes your car keys away from you....and moves you to a small facility where you will be sharing a room with Mildred (who has a *mild* snoring problem).

Depression (cont'd)

Imagine this scenario (cont'd):

Your furniture would not fit in the room so you are forced to sleep now in a twin-sized bed. You used to shower in the morning, but now you are forced to shower before bedtime (due to staffing issues). You don't like Bingo, but you are wheeled into the dining room at 2:00 each day to play. You loved to cook but now you aren't allowed in the kitchen. If you have a headache, you have to ask the staff for an Advil.

Depression (cont'd)

....or you move from your own house to the hospital after a fall and now you are in skilled nursing for months.

....or you are forced to move from your long-term ARF to another because it is closed down.

Depression (cont'd)

DON'T THESE ALL SOUND DEPRESSING?!?!??!

Depression (cont'd)

Depression in general (source: WebMD):

Most people have felt sad or depressed at times. Feeling depressed can be a normal reaction to loss, life's struggles, or an injured self-esteem.

But when feelings of intense sadness -- including feeling helpless, hopeless, and worthless -- last for many days to weeks and keep one from functioning normally, the depression may be something more than sadness. It may very well be clinical depression -- a treatable medical condition.

Depression (cont'd)

According to the DSM-5 (a manual used to diagnose mental disorders), depression occurs when one has at least 5 of the following symptoms at the same time:

- A depressed mood during most of the day, particularly in the morning
- Fatigue or loss of energy almost every day
- Feelings of worthlessness or guilt almost every day
- Impaired concentration, indecisiveness
- Insomnia (an inability to sleep) or hypersomnia (excessive sleeping) almost every day
- Markedly diminished interest or pleasure in almost all activities nearly every day
- Recurring thoughts of death or suicide (not just fearing death)
- A sense of restlessness or being slowed down
- Significant weight loss or weight gain

Depression (cont'd)

For a diagnosis of depression, these signs should be present most of the day either daily or nearly daily for at least 2 weeks*.

In addition, the depressive symptoms need to cause clinically significant distress or impairment (they cannot be due to the direct effects of a substance, like a drug or medication, nor can they be the result of a medical condition such as hypothyroidism).

*Source: https://www.nimh.nih.gov/health/statistics/major-depression

Depression (cont'd)

According to the National Institute of Mental Health, common symptoms that people with depression experience include:

- Difficulty concentrating, remembering details, and making decisions
- Fatigue and decreased energy
- Feelings of guilt, worthlessness, and/or helplessness
- Feelings of hopelessness and/or pessimism
- Insomnia , early morning wakefulness, or excessive sleeping
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable, including sex
- Loss of pleasure in life
- Overeating or appetite loss
- Persistent aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment
- Persistent sad, anxious, or "empty" feelings
- Thoughts of suicide or suicide attempts

Depression (cont'd)

How common is depression?

- In the U.S., about 21 million adults suffer from major depression, according to the National Institute of Mental Health*.
- It is estimated that, by the year 2020, major depression will be second leading cause of disability in the world (ischemic heart disease will be number one).
- For people between the ages of 10 and 24, suicide is the third leading cause of death.

*Source: https://www.nimh.nih.gov/health/statistics/major-depression

Depression (cont'd)

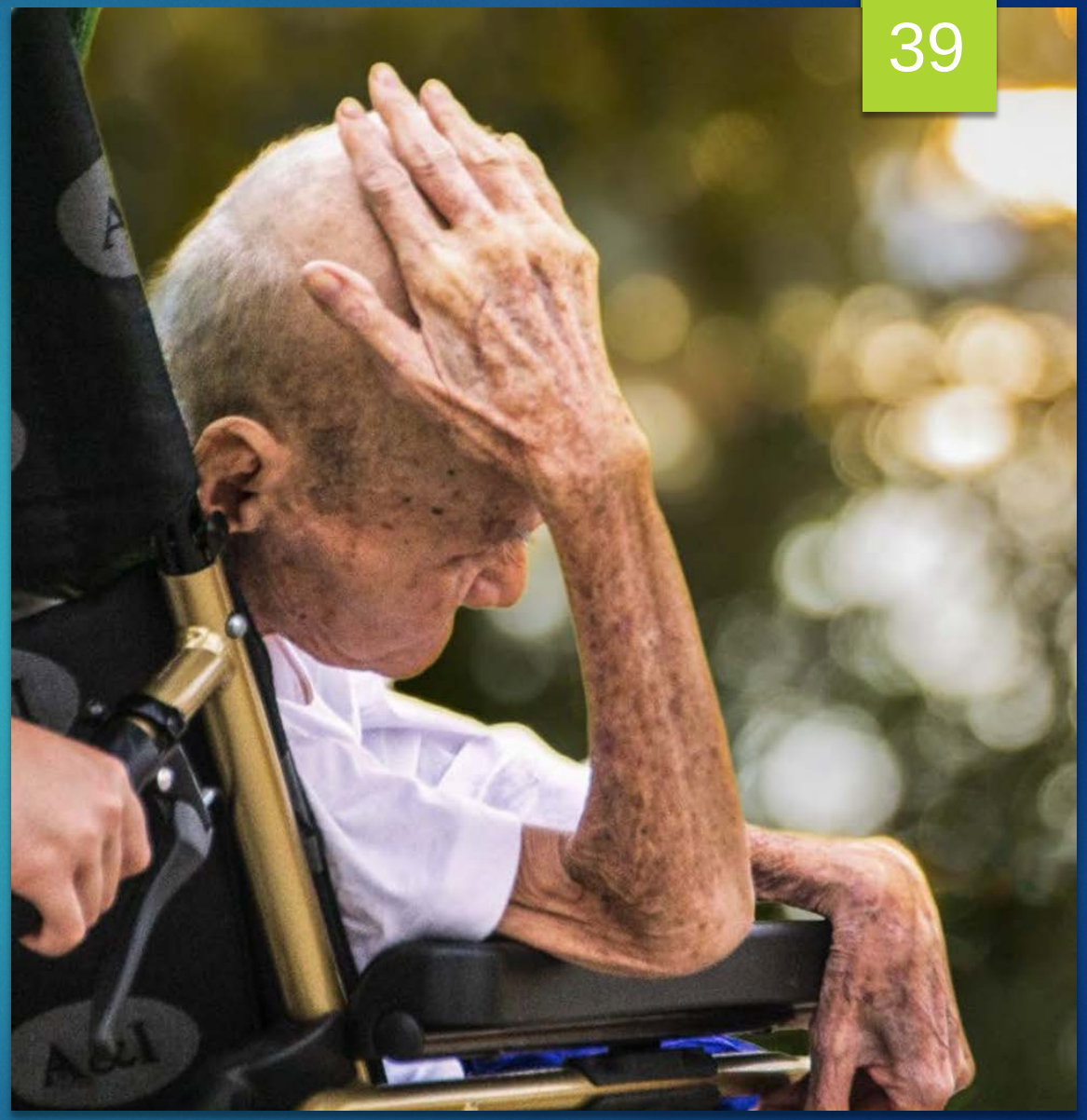
Depression and the older adult:

According to HelpGuide.org, the changes that often come in later life—retirement, the death of loved ones, increased isolation, medical problems—can lead to depression.

Depression (cont'd)

Signs of depression in seniors:

- Loss of self-worth (worries about being a burden, feelings of worthlessness, self-loathing)
- Social withdrawal and isolation (reluctance to be with friends, engage in activities, or leave home)
- Abandoning or losing interest in hobbies or other pleasurable pastimes
- Sadness



Depression (cont'd)

Signs of depression in seniors (cont'd):

- Fatigue
- Weight loss or loss of appetite
- Sleep disturbances (difficulty falling asleep or staying asleep, oversleeping, or daytime sleepiness)
- Increased use of alcohol or other drugs
- Fixation on death; suicidal thoughts or attempts

Depression (cont'd)

While depression and sadness might seem to go hand and hand, many depressed seniors claim not to feel sad at all.

They may complain, instead, of a lack of energy, low motivation, or physical ailments. In fact, physical complaints, such as arthritis pain or worsening headaches, are often the predominant symptom of depression in the elderly.

Depression (cont'd)

Possible causes of depression in the elderly:

- Reduced sense of purpose – Feelings of purposelessness or loss of identity due to retirement (or age) or physical limitations on activities.
- Health problems – Illness and disability; chronic or severe pain; cognitive decline; damage to body image due to surgery or disease.
- Loneliness and isolation – Living alone; losing a spouse or loved one; a dwindling social circle due to deaths or relocation; decreased mobility due to illness or loss of driving privileges.

Depression (cont'd)

Possible causes of depression in the elderly:

- Fears – Fear of death or dying; anxiety over financial problems or health issues; being a burden to their loved ones; being gone and leaving behind a spouse who needs care.
- Recent deaths - the death of friends, family members, and pets; the loss of a spouse or partner.

Depression (cont'd)

Let's revisit loneliness and isolation…..

Per the CDC*, Loneliness and social isolation in older adults are serious public health risks affecting a significant number of people in the United States and putting them at risk for dementia and other serious medical conditions.

A report from the National Academies of Sciences, Engineering, and Medicine (NASEM) points out that nearly one-fourth of adults aged 65 and older are considered to be socially isolated.

*Source: https://www.cdc.gov/aging/publications/features/lonely-older-adults.html

Depression (cont'd)

Per the CDC*:

Loneliness is the feeling of being alone, regardless of the amount of social contact.

Social isolation is a lack of social connections. Social isolation can lead to loneliness in some people, while others can feel lonely without being socially isolated.

*Source: https://www.cdc.gov/aging/publications/features/lonely-older-adults.html

Depression (cont'd)

Recent studies* have shown that:

- Social isolation significantly increased a person's risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.
- Social isolation was associated with about a 50% increased risk of dementia.
- Poor social relationships (characterized by social isolation or loneliness) was associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.
- Loneliness was associated with higher rates of depression, anxiety, and suicide.
- Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.

*Source: https://www.cdc.gov/aging/publications/features/lonely-older-adults.html

Depression (cont'd)

Click on this link to view the National Institute on Aging at NIH free publication regarding loneliness and social isolation. It can be downloaded or a hard copy can be ordered for your review.

https://order.nia.nih.gov/sites/default/files/2021-01/understand-loneliness-and-social-isolation.pdf

Depression (cont'd)

Medical conditions can cause depression in older adults, either directly or as a psychological reaction to the illness. Any chronic medical condition, particularly if it is painful, disabling, or life-threatening, can lead to depression or make depression symptoms worse.

These include:

- Parkinson's disease
- Heart disease
- Diabetes
- Vitamin B12 deficiency
- Dementia and Alzheimer's disease
- Stroke
- Cancer
- Thyroid disorders
- Lupus
- Multiple sclerosis

Depression (cont'd)

Prescription medications can also cause depression in older adults; in fact, symptoms of depression are a side effect of many commonly prescribed drugs.

Seniors are particularly at risk if they're taking multiple medications (poly-pharmacy). While the mood-related side effects of prescription medication can affect anyone, older adults are more sensitive because, as we age, our bodies become less efficient at metabolizing and processing drugs.

Depression (cont'd)

Medications that can cause or worsen depression include:

- Blood pressure medications (Lisnopril)
- Beta-blockers (Lopressor)
- Sleeping pills (Ambien)
- Tranquilizers (Valium, Xanax, Halcion)
- Ulcer medication (e.g. Zantac, Tagamet)
- Steroids (e.g. cortisone and prednisone)
- High-cholesterol drugs (e.g. Lipitor, Mevacor, Zocor)
- Painkillers and arthritis drugs
- Estrogens (e.g. Premarin, Prempro)

Depression (cont'd)

Since depression and dementia share many similar symptoms, including memory problems, sluggish speech and movements, and low motivation, it can be difficult to tell the two apart.

There are, however, some differences that can help you distinguish between the two.

Depression

Is it Depression or Dementia?

Symptoms of Depression	Symptoms of Dementia
Mental decline is relatively rapid	Mental decline happens slowly
Knows the correct time, date, and where he or she is	Confused and disoriented; becomes lost in familiar locations
Difficulty concentrating	Difficulty with short-term memory
Language and motor skills are slow, but normal	Writing, speaking, and motor skills are impaired
Notices or worries about memory problems	Doesn't notice memory problems or seem to care

Depression (cont'd)

Why are seniors reluctant to get help for depression?

1. They may be reluctant to talk about their feelings or ask for help.
2. They may assume they have good reason to be down or that depression is just a normal part of aging.
3. They may be isolated—which in itself can lead to depression—with few around to notice their distress.
4. They may not realize that their physical complaints are signs of depression.

Depression (cont'd)

What can help combat depression?

1. Physical exercise - research suggests it may be just as effective as antidepressants in relieving depression.
2. Healthy, nutritious diet – avoid alcohol, sugar and fatty foods.
3. Socialization – attend activities, maintain friendships.
4. Pets – bring in the visiting pets.

Depression (cont'd)

Treatment of depression – antidepressants:

A major National Institute of Mental Health study* showed that fewer than 50% of people become symptom-free on antidepressants, even after trying two different medications.

Recent studies have also found that SSRIs such as Prozac can cause rapid bone loss and a higher risk for fractures and falls.

*Source: https://www.ncbi.nlm.nih.gov/books/NBK361016/

Depression (cont'd)

Typical Antidepressants:

SSRIs (selective serotonin reuptake inhibitors) are the most commonly prescribed class of antidepressants. They act on a chemical in the brain called serotonin.

Common SSRI drugs include Prozac, Zoloft, and Paxil.

Depression (cont'd)

Common SSRI side effects:

- Nausea
- Dizziness
- Tremors
- Dry mouth
- Headaches
- Constipation
- Drowsiness or fatigue
- Anxiety and restlessness
- Insomnia
- Weight gain or loss
- Sweating
- Decreased sex drive
- Diarrhea

Depression (cont'd)

Beware:

Like all antidepressants, SSRIs can cause an increase in *suicidal thoughts and behaviors*. They also carry a risk for *increased hostility, agitation, and anxiety*.

Also, SSRIs can also cause serious withdrawal symptoms if someone stops taking them abruptly (difficult with residents who refuse medications!).

Depression (cont'd)

Typical antidepressants:

- Cymbalta
- Zoloft
- Lexapro
- Wellbutrin
- Prozac
- Paxil
- Celexa

Depression (cont'd)

Some things the may be helpful to say to your resident:

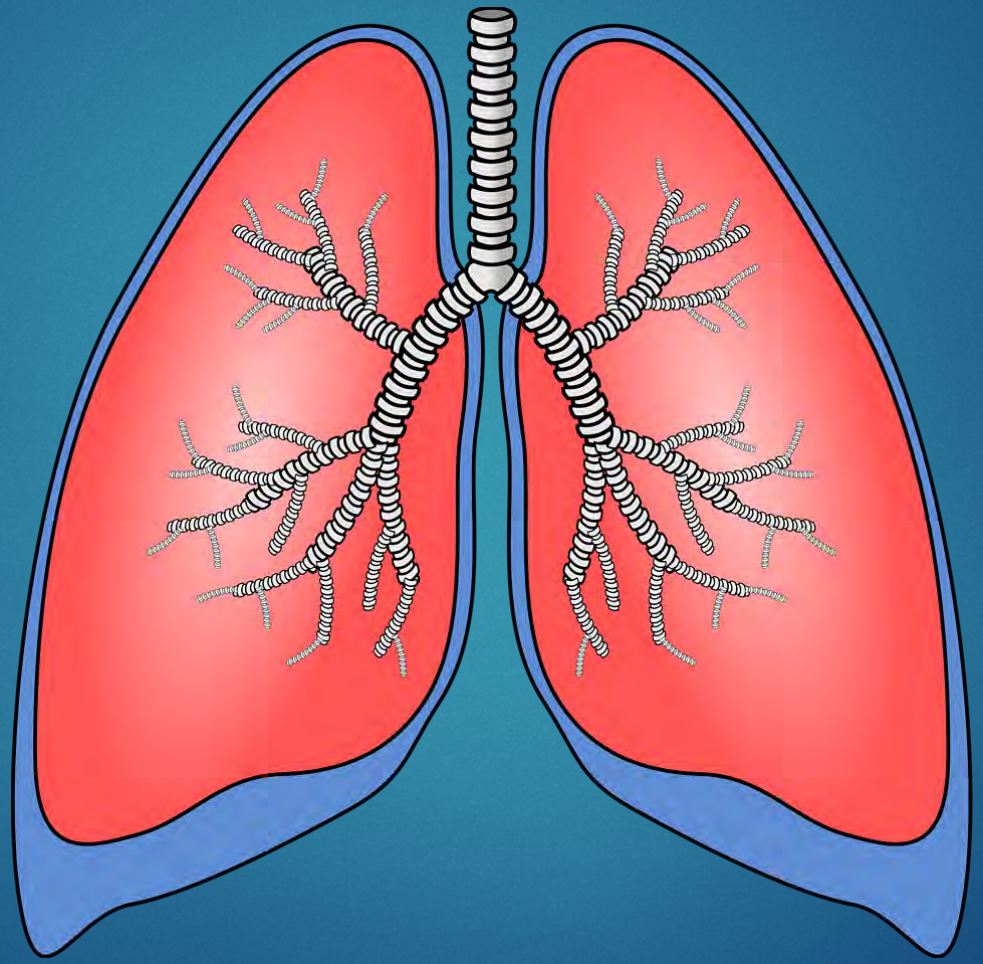
I care about you.

You are not alone.

Do you want a hug?

You are really important to me.

Pneumonia



Pneumonia

Per WebMD*:

- Lung infection caused by a bacteria or virus.
- Symptoms can include a cough, fever, and a hard time breathing.
- Usually starts when breathing germs into the lungs; easier to contract after the flu or a cold.

*Source: https://www.webmd.com/lung/ss/slideshow-pneumonia-facts

Pneumonia (cont'd)

Per WebMD, the symptoms can include:

- **Cough. Likely cough up mucus (sputum) from the lungs. Mucus may be rusty or green or tinged with blood.**
- **Fever.**
- **Fast breathing and feeling short of breath.**
- **Shaking and "teeth-chattering" chills.**
- **Chest pain that often feels worse when coughing or breathing in.**
- **Fast heartbeat.**
- **Feeling very tired or very weak.**
- **Nausea and vomiting.**
- **Diarrhea.**

Pneumonia (cont'd)

When the symptoms are mild, it may be called "walking pneumonia."

Symptoms caused by viruses are the same as those caused by bacteria, but they may come on slowly and often are not as obvious or as bad.

Pneumonia (cont'd)

Seniors may have different, fewer, or milder symptoms. They may not have a fever or they may have a cough but not bring up mucus.

The main sign of pneumonia in seniors may be a change in how well they think. Confusion or delirium is common. Or, if they already have a lung disease, like pulmonary fibrosis, that disease may get worse.

Pneumonia (cont'd)

Pneumonia caused by bacteria can be treated with antibiotics; pneumonia caused by a virus usually cannot be treated with antibiotics.

Encourage the resident to rest, drink plenty of liquids, and not smoke.

Pneumonia (cont'd)

Is pneumonia contagious?

Per MedicineNet.com, because pneumonia is caused by microbes, pneumonia can be contagious. How?

Bacteria or viruses are expelled when an infected person coughs to produce droplets. These expelled droplets contain the bacteria or virus that causes the pneumonia. These droplets contaminate the mouth or breathing tract of another individual to eventually infect their lungs.

Pneumonia (cont'd)

Just as you would with a resident who has the flu, try to keep this resident away from the other residents.

Wash your hands *often* to help prevent the spread. Clean surfaces in the community, especially where the resident is residing, with a cleaner that kills microbes.

Pneumonia (cont'd)

Treatment of pneumonia:

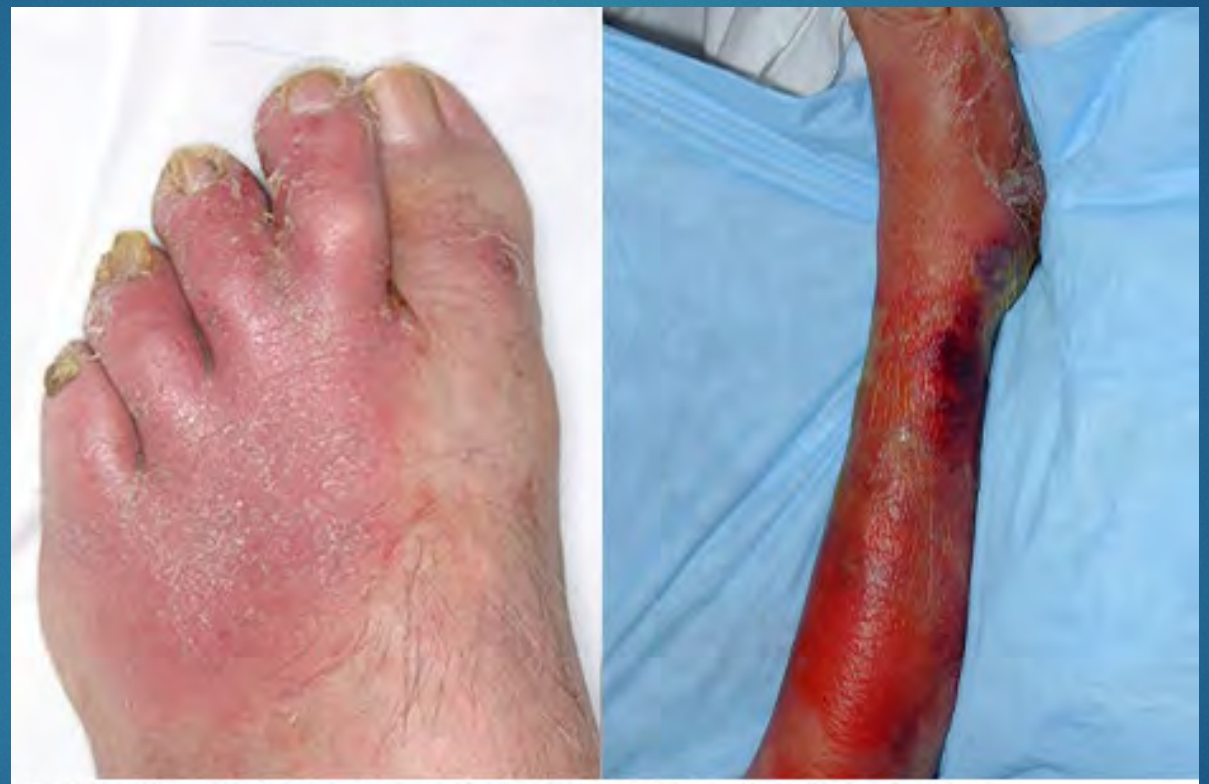
- ✓ May require hospitalization
- ✓ Antibiotic therapy
- ✓ May require a breathing treatment
- ✓ May require oxygen therapy

Pneumonia (cont'd)

Prevention of pneumonia:

1. Keep the residents as physically active as possible.
2. Encourage them to get a flu vaccination (note: this must be approved by their physician)
3. As a caregiver – wash your hands regularly.

Cellulitis


© MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH. ALL RIGHTS RESERVED.

Cellulitis (cont'd)

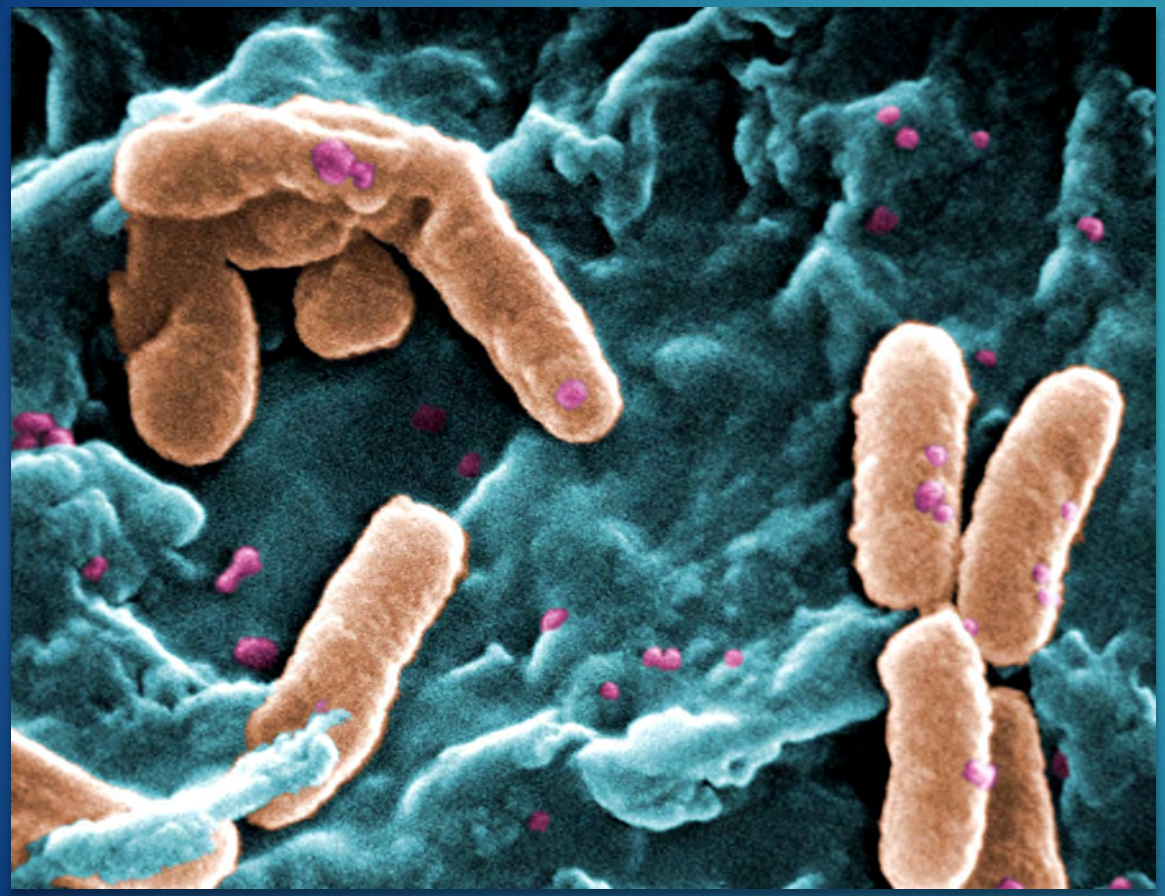
- Cellulitis* is a common, potentially serious bacterial skin infection.
- It happens when bacteria enter a break in the skin and spread (see following slides)
- It appears as a swollen, red area of skin that feels hot and tender.
- It can spread rapidly to other parts of the body.

*Source: https://www.mayoclinic.org/diseases-conditions/cellulitis/symptoms-causes/syc-20370762

Cellulitis (cont'd)

- Most commonly occurs on the skin of the lower legs, but can occur anywhere on the body or face.
- It might affect tissues underlying the skin and can spread to the lymph nodes and bloodstream.
- Cellulitis is not usually spread from person to person.

Cellulitis (cont'd)



Causes:

- Bacteria, most commonly streptococcus and staphylococcus, enter through a crack or break in the skin, but can also enter through areas of dry, flaky skin or swollen skin.
- The incidence of the more serious staphylococcus infection MRSA is increasing.

Cellulitis (cont'd)

Signs and symptoms:

- **Red area of skin that tends to expand**
- **Swelling**
- **Tenderness**
- **Pain**
- **Warmth**
- **Fever**
- **Red spots**
- **Blisters**
- **Skin dimpling**

Cellulitis (cont'd)

Treatment:

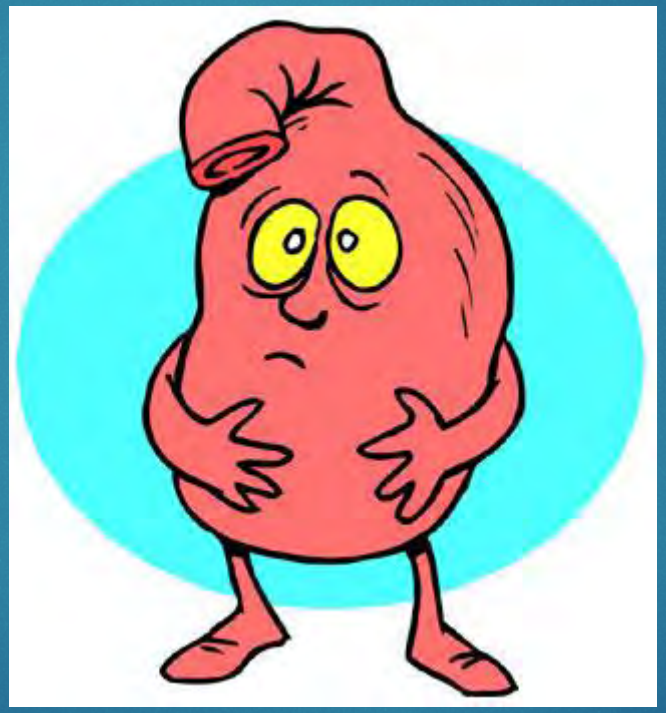
- **Generally oral antibiotics**
- **Possibly elevation of the affected area**
- **May need to be hospitalized for IV antibiotics**

Cellulitis (cont'd)

Prevention with skin wounds:

- Wash the wound daily with soap and water. Do this gently as part of normal bathing.
- Apply a protective cream or ointment. For most surface wounds, an OTC antibiotic ointment (Neosporin, Polysporin) provides adequate protection.
- Cover the wound with a bandage. Change bandages at least daily.
- Watch for signs of infection. Redness, pain and drainage all signal possible infection and the need for medical attention.

Constipation



Constipation

Per Medicinenet.com*, constipation is defined medically as fewer than three stools per week and severe constipation as less than one stool per week.

Being constipated means bowel movements are difficult or happen less often than normal.

*Source: https://www.medicinenet.com/constipation/definition.htm

Constipation (cont'd)

Symptoms:

- infrequent bowel movements
- lower abdominal discomfort
- straining to have a bowel movement
- hard or small stools
- rectal bleeding and/or anal fissures caused by hard stools

Constipation (cont'd)

Possible causes:

- Inactivity
- Narcotics, antidepressants or iron pills use
- Not enough water or fiber in diet
- Antacid medicines containing calcium or aluminum
- Changes in usual diet or activities
- Colon cancer
- Eating a lot of dairy products
- Eating disorders

Constipation (cont'd)

Possible causes (cont'd):

- Irritable bowel syndrome ("IBS")
- Neurological conditions such as Parkinson's disease or multiple sclerosis
- Overuse of laxatives (over time, this weakens the bowel muscles)
- Problems with the nerves and muscles in the digestive system
- Resisting the urge to have a bowel movement, which some people do because of hemorrhoids
- Stress
- Under active thyroid (hypothyroidism)

Constipation (cont'd)

Treating constipation:

- Extra water intake - drinking two to four extra glasses of water a day (unless their doctor told their patient to limit fluids for another health reason).
- Warm liquids, especially in the morning.
- Adding fruits and vegetables to their diet.

Constipation (cont'd)

Treating constipation (cont'd):

- Eating prunes and bran cereal.
- Stool softeners and laxatives (like Milk of Magnesia). *Note: you must have written physician's order to give the resident these items.*
- Suppositories – the resident must be able to self-administer or it must be done by a nurse or physician.

Constipation (cont'd)

Call your doctor right away if the resident has:

- Sudden constipation with abdominal pain or cramping and they are not able to pass any gas or stool.
- Constipation is a new problem for them.
- They have blood in their stool.
- They are losing weight even though they are not dieting.
- They have severe pain with bowel movements.
- Their constipation has lasted more than two weeks.

Constipation (cont'd)

Are we required in our facilities to keep a "BM" chart?

No, not technically, but we are responsible for overseeing the health and well-being of each resident and documenting and reporting any change of condition.

Constipation (cont'd)

Foods that can help prevent constipation:

1. Beans. These have a great mixture of soluble and insoluble fiber, both of which helps the food keep moving through the intestines.

2. Kiwi. One medium kiwi has about 2.5 grams of fiber and lots of vitamins and nutrients that are important for good health, including the intestines.

Constipation (cont'd)

Foods that can help prevent constipation:

3. Sweet potatoes. The skin contains most of the fiber so leave it on for the biggest benefits. Regular potatoes are good, too.

4. Popcorn. Air-popped is best, not the fat-laden movie theater popcorn.

Constipation (cont'd)

Foods that can help prevent constipation:

5. Nuts and seeds. Almonds, pecans, and walnuts have more fiber than other nuts. Sesame and pumpkin seeds are good seed choices. Remember, nuts and seeds are high in calories so keep portions low.

6. Whole grain bread. Researchers at the University of Finland in Helsinki found whole grain rye bread to be better than wheat bread and laxatives for relieving constipation.

Constipation (cont'd)

Foods that can help prevent constipation:

7. Pears, plums and apples. Just like potatoes, the skin contains most of the fiber so leave it on for the biggest benefits.

8. Berries. Raspberries, blackberries, blueberries, and strawberries are all full of fiber.

Constipation (cont'd)

Foods that can help prevent constipation:

9. Flaxseed. This is a great source of fiber, antioxidants, and omega-3 fatty acids. Most of the fiber is found in the husk of the flax seed, and ground flax seed is generally recommended for easier absorption of the fiber.

10. Broccoli. Broccoli is also high in Vitamins C and K.

Constipation (cont'd)

Foods that can help prevent constipation:

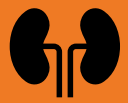
11. Dried fruit. Dried fruit actually contains more fiber than fresh fruit per serving, but it is higher in calories than fresh fruit.

12. Prunes. Prunes are high in insoluble fiber as well as the natural laxative sorbitol, which can help with bowel movements. Some studies have shown that prunes are more effective than over-the-counter laxatives!

Dehydration

Dehydration

Dehydration is a serious, sometimes fatal condition.



Dehydration = not enough body fluids and important blood salts in the body to carry on normal functions at the best level.

Dehydration occurs with a loss of fluids, not drinking enough water, or a combination of both.

Dehydration (cont'd)

- Thirst is the first warning sign that we should drink, but some of our residents cannot recognize that sign.
- A healthy adult should drink at least six 8-ounce glasses of water each day.
- If urine is pale in color and occurring every 2-3 hours, then they are drinking enough water.

Dehydration (cont'd)

Common reasons why people do not drink enough fluids:

1. not provided to them
2. lack of thirst
3. do not like to go to the bathroom

Dehydration (cont'd)

Other causes of dehydration:

Diarrhea, vomiting. Severe, acute diarrhea can cause a tremendous loss of water and electrolytes in a short amount of time. If the resident is vomiting along with having diarrhea, they lose even more fluids and minerals. Diarrhea may be caused by a bacterial or viral infection, food sensitivity, a reaction to medications or a bowel disorder.

Dehydration (cont'd)

Other causes of dehydration:

Fever. In general, the higher the fever, the more dehydrated one can may become. If there is fever in addition to diarrhea *and* vomiting, there is even a greater loss of more fluids.

Dehydration (cont'd)

Other causes of dehydration:

Increased urination. This may be due to undiagnosed or uncontrolled diabetes. Certain medications, such as diuretics and some blood pressure medications, also can lead to dehydration, generally because they cause one to urinate or perspire more than normal.

Excessive sweating. Water is lost when one sweats. Hot, humid weather increases the amount one sweats and the amount of fluid that is lost. But someone can also become dehydrated in winter if they do not replace lost fluids.

Dehydration (cont'd)

Other causes of dehydration:

Chronic illness. In addition to uncontrolled diabetes, kidney disease and heart failure also makes one more likely to become dehydrated. Even having a cold or sore throat makes one more susceptible to dehydration because they're less likely to feel like eating or drinking when they're sick.

Dehydration (cont'd)

It is important to pay attention to what residents drink and how much they urinate, especially residents with AD or dementia.

Dehydration can be extremely dangerous in the elder population and must be addressed immediately.

Dehydration (cont'd)

Mild dehydration:

- Thirst
- Dry lips and tongue
- Skin looks dry
- Headache
- Sleepiness or tiredness
- Constipation
- Dizziness

Dehydration (cont'd)

Moderate dehydration:

- Skin not very elastic, may sag and does not bounce back quickly when lightly pinched and released
- Decreased urine output
- Sunken eyes

Dehydration (cont'd)

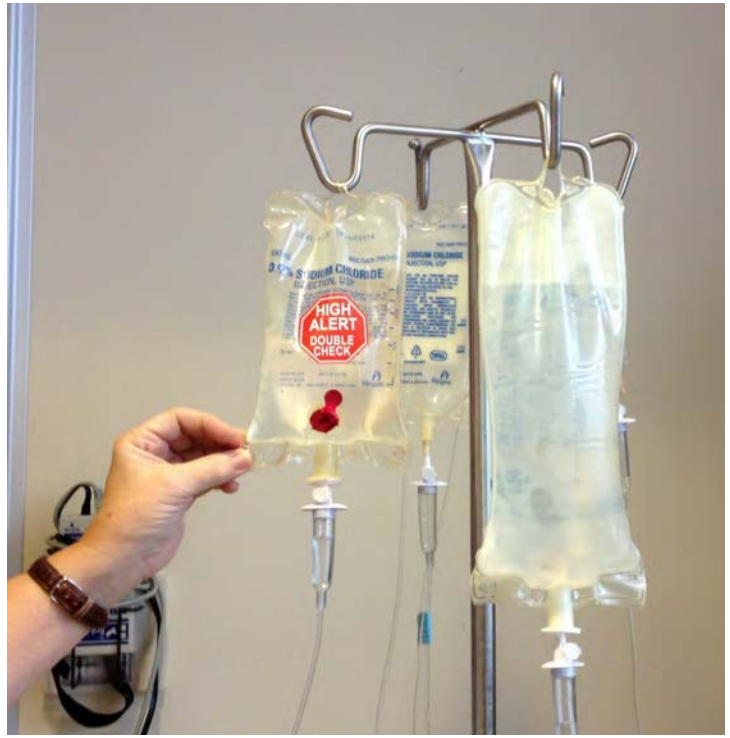
Severe dehydration:

- small amounts of dark colored urine
- low blood pressure, dizziness
- rapid breathing and heartbeat
- blue lips
- rapid, weak pulse over 100 (at rest)
- cold hands or feet
- confusion, lack of interest
- shock

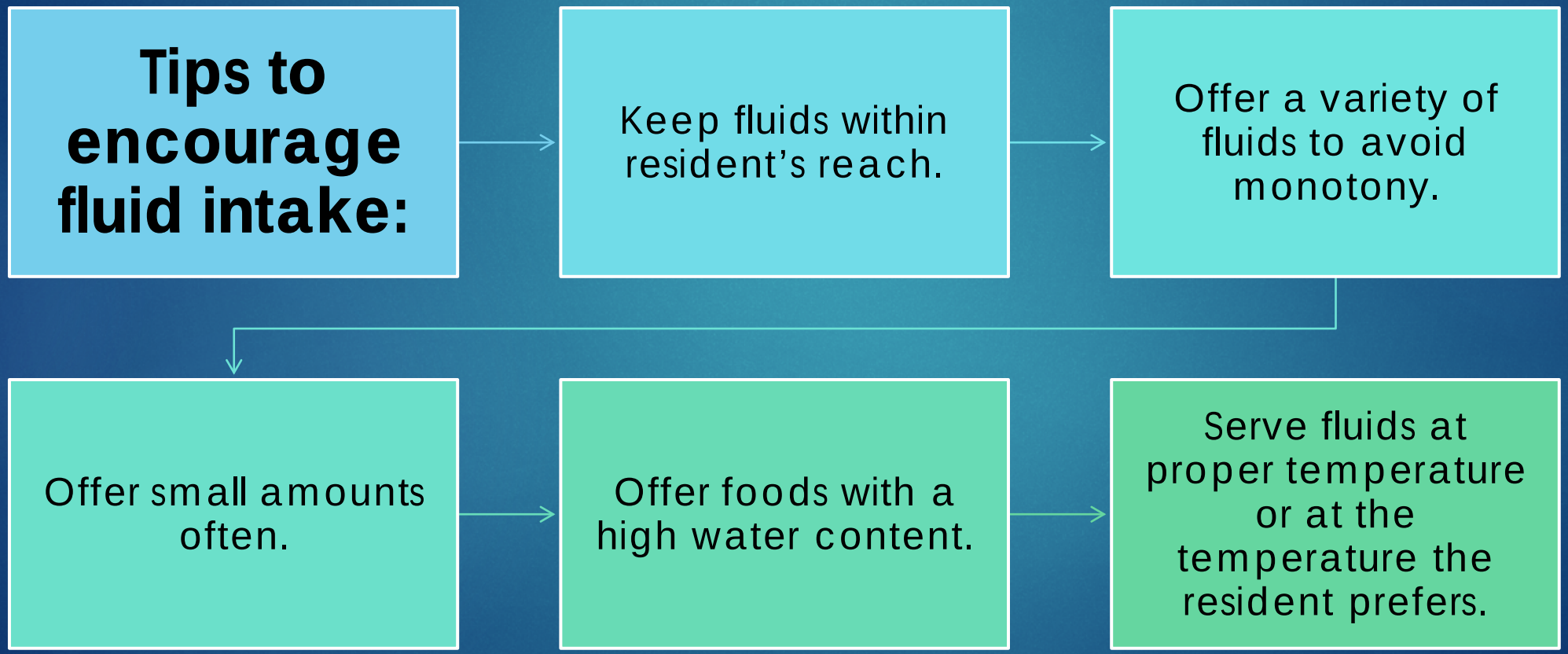
Dehydration (cont'd)

Treatment:

- Mild dehydration – give fluids by mouth.
- The MD may order an oral rehydrating solution (ORS) that replaces blood salts and water in balanced amounts – these solutions allow the intestines to absorb the maximum amount of water. Do not confuse these with sports drinks, like Gatorade – these can cause vomiting and diarrhea.
- IV fluids may be necessary for moderate to severe dehydration (NOTE: not allowed in our DSS-licensed facilities)



Dehydration (cont'd)



Diabetes

Diabetes

Diabetes: a disease in which the body does not produce or properly use insulin.

Insulin is a hormone that is needed to convert sugar, starches and other food into energy needed for daily life.

The cause of diabetes continues to be a mystery, although both genetics and environmental factors such as obesity and lack of exercise appear to play roles.

Diabetes (cont'd)

Type 1 diabetes

Results from the body's failure to produce insulin, the hormone that "unlocks" the cells of the body, allowing glucose to enter and fuel them.

It is estimated that 5-10% of Americans who are diagnosed with diabetes have type 1 diabetes.

Diabetes (cont'd)

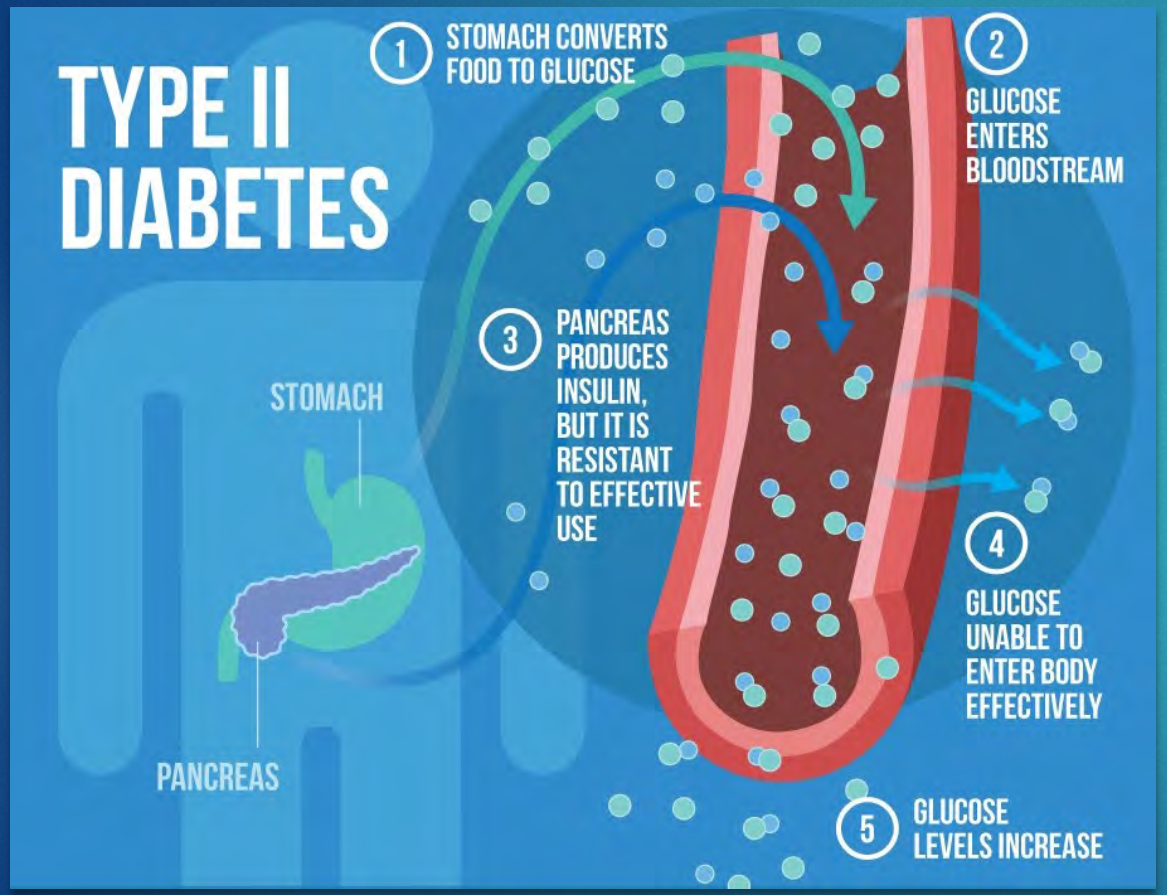
Type 2 diabetes

Results from insulin resistance (a condition in which the body fails to properly use insulin), combined with relative insulin deficiency. Most Americans who are diagnosed with diabetes have type 2 diabetes.

Gestational diabetes

Pregnancy-related diabetes.

Diabetes (cont'd)



Type 2:

- The most common form of diabetes.
- Millions of Americans have been diagnosed with type 2 diabetes, and many more are unaware they are at high risk.
- Some groups have a higher risk for developing type 2 diabetes than others; it's more common in African Americans, Latinos, Native Americans and Asian Americans/ Pacific Islanders, as well as seniors.

Diabetes (cont'd)

Who's at risk?

1. People over age 45
2. People with a family history of diabetes
3. People who are overweight
4. People who do not exercise regularly
5. People with low HDL cholesterol or high triglycerides, high blood pressure
6. Certain racial and ethnic groups
7. Women who had gestational diabetes, or who have had a baby weighing 9 pounds or more at birth

Diabetes (cont'd)

Some diabetes symptoms include:

- **Frequent urination**
- **Excessive thirst**
- **Extreme hunger**
- **Unusual weight loss**
- **Increased fatigue**
- **Irritability**
- **Headaches**
- **Infections that don't heal quickly**
- **Blurry vision**

Diabetes (cont'd)

Diagnosing diabetes:

- evaluating your medical history
- doing a physical exam
- ordering a blood glucose test. [A blood glucose test is a blood test that measures the amount of sugar in your blood; the test is usually done first thing in the morning, before you eat or drink anything.]

Diabetes (cont'd)

80 -120 before meals
100 -180 1-2 hours after meals
100 –140 at bedtime

- Treatment for diabetes also includes checking blood sugar levels to make sure that the disease is under control. It is important to watch for signs of high and low blood sugar; both can cause problems and need to be treated.
- Blood sugar goals for the diabetic are shown to the left.

Diabetes (cont'd)

These diabetic conditions require ***immediate*** treatment:

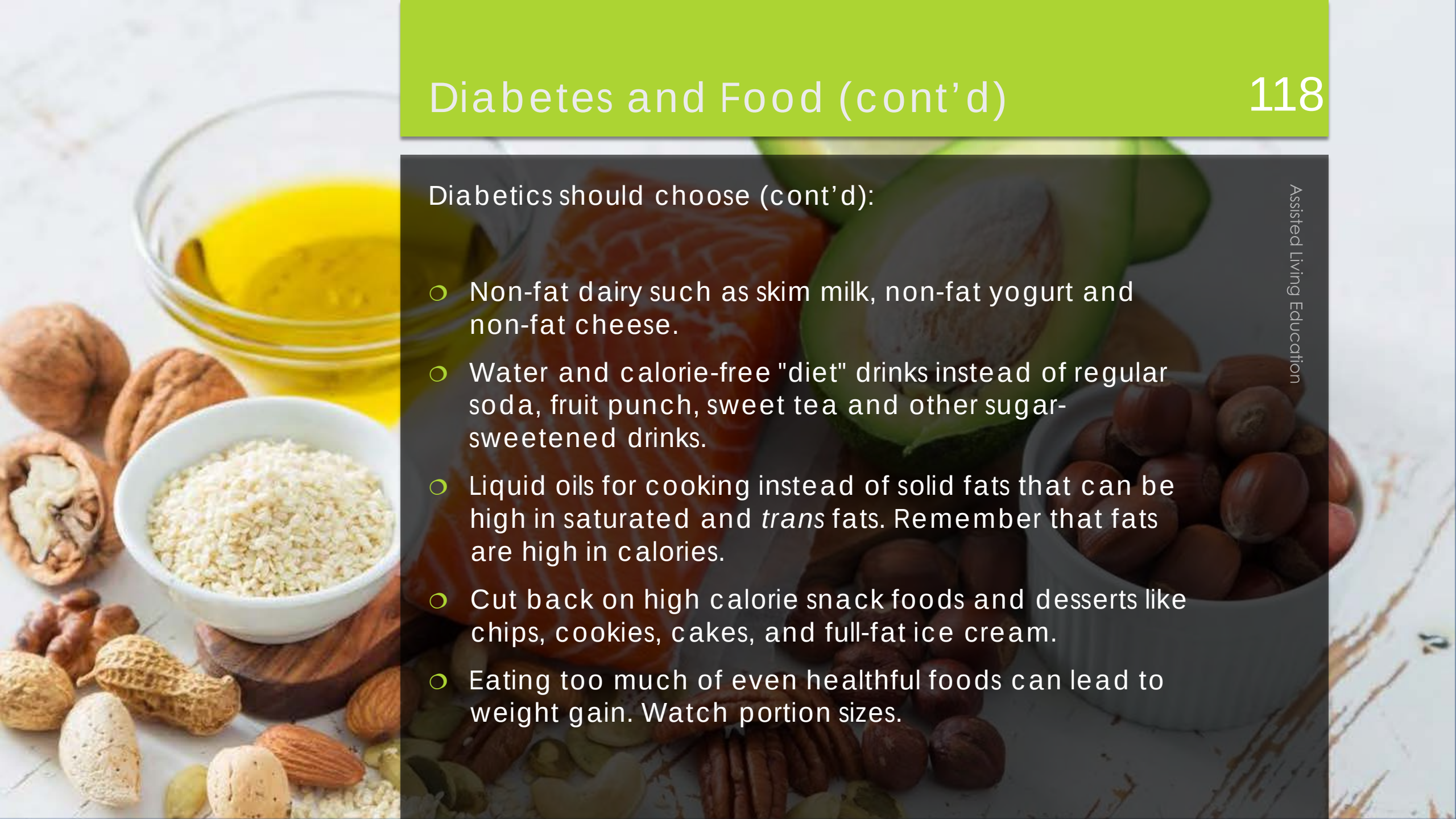
- Hypoglycemia – blood sugar level less than 70
- Hyperglycemia – blood sugar level greater than 180
- Diabetic ketoacidosis – body does not have enough insulin

Diabetes and Food

Diabetics should choose:

- Lots of vegetables and fruits from the rainbow of colors available to maximize variety.
- Non-starchy vegetables such as spinach, carrots, broccoli or green beans with meals.
- Whole grain foods over processed grain products - brown rice or whole wheat pasta.
- Dried beans (like kidney or pinto beans) and lentils.
- Fish 2-3 times a week.
- Lean meats like cuts of beef and pork that end in "loin" such as pork loin and sirloin.
- Remove the skin from chicken and turkey.

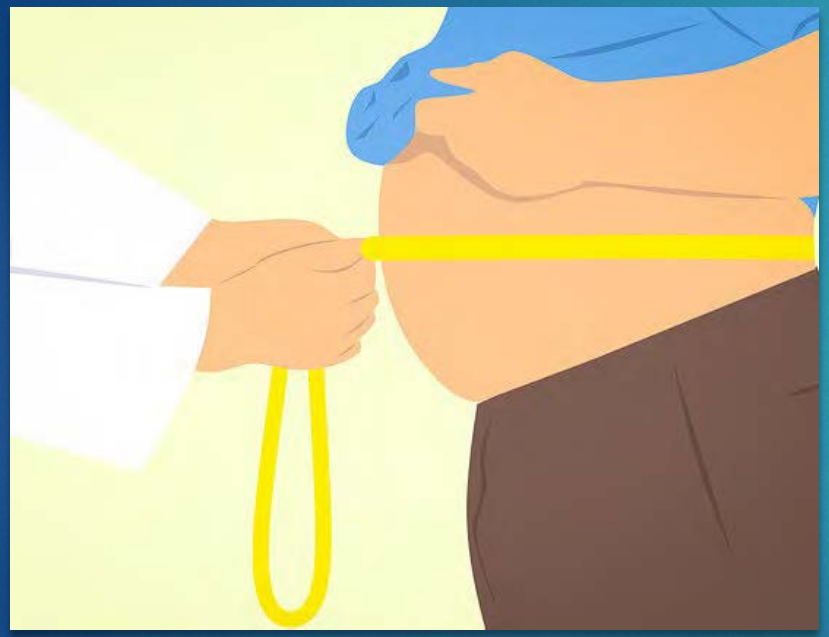
Diabetes and Food (cont'd)



Diabetics should choose (cont'd):

- Non-fat dairy such as skim milk, non-fat yogurt and non-fat cheese.
- Water and calorie-free "diet" drinks instead of regular soda, fruit punch, sweet tea and other sugar-sweetened drinks.
- Liquid oils for cooking instead of solid fats that can be high in saturated and *trans* fats. Remember that fats are high in calories.
- Cut back on high calorie snack foods and desserts like chips, cookies, cakes, and full-fat ice cream.
- Eating too much of even healthful foods can lead to weight gain. Watch portion sizes.

Diabetes (cont'd)



Diabetics and sweets:

The myth that sugar causes diabetes is commonly accepted by many people. Research has shown that it is not true. Eating sugar has nothing to do with developing type 1 diabetes.

The biggest dietary risk factor for developing type 2 diabetes is simply eating too much and being overweight – your body does not care if the extra food comes from cookies or cake, it is gaining weight that is the culprit.

Diabetes (cont'd)

Complications from diabetes:

- Eye complications
- Foot complications
- Skin complications

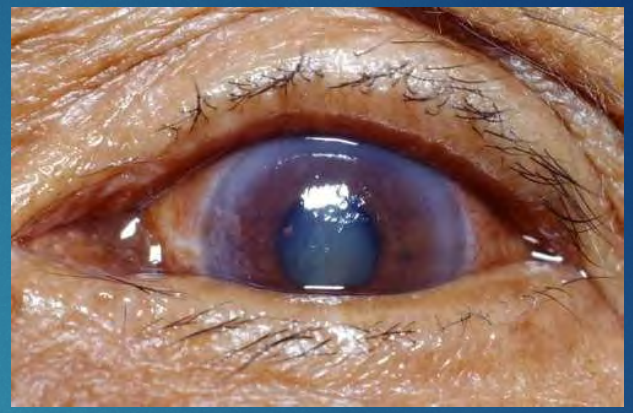
Diabetes (cont'd)

People with diabetes are at increased risk for eye complications:

- Most people with diabetes will get some form of retinopathy, a disorder of the retina.
- People with diabetes are 40% more likely to suffer from glaucoma than people without diabetes*, and the longer someone has had diabetes, the more common glaucoma is.
- People with diabetes are 60% more likely to develop cataracts*.

*Source: https://www.health.ny.gov/publications/0939/#:~:text=A%20person%20with%20diabetes%20is,older%20with%20diabetes%20have%20glaucoma.&text=A%20cataract%20is%20the%20clouding,more%20likely%20to%20develop%20cataracts.

Diabetes (cont'd)

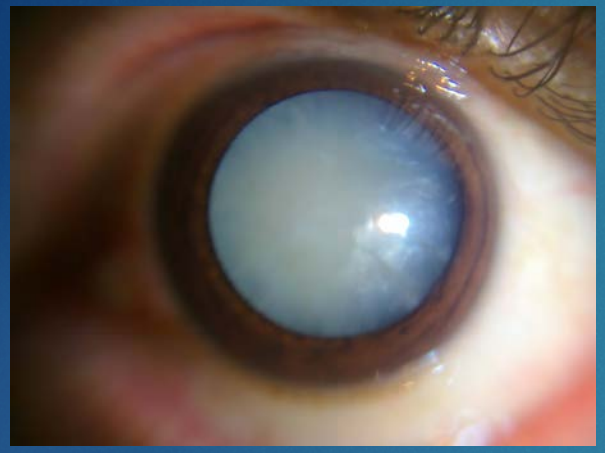


Glaucoma:

- Occurs when pressure builds up in the eye.
- The pressure pinches the blood vessels that carry blood to the retina and optic nerve; vision is gradually lost because the retina and nerve are damaged.
- There are several treatments for glaucoma; drugs to reduce pressure in the eye or surgery.

Diabetes (cont'd)

Cataracts:



- With cataracts, the eye's clear lens clouds, blocking light.
- For cataracts that interfere greatly with vision, doctors usually remove the lens of the eye.
- In people with diabetes, retinopathy can get worse after removal of the lens, and glaucoma may start to develop.

Diabetes (cont'd)

Foot complications:

- Foot problems most often happen when there is nerve damage, also called *neuropathy*, which results in loss of feeling in the feet.
- Diabetic nerve damage can also lessen the ability to feel pain, cold and heat.
- The feet can become very dry, leading to peeling and cracking, thus increasing the chance of infection (the nerves that control the oil and moisture in the foot no longer work).

Diabetes (cont'd)

Foot complications (cont'd):

- Calluses occur more often and build up faster on the feet of people with diabetes.
- If not trimmed, calluses can get very thick, break down, and turn into ulcers.
- A medical professional should care for calluses.
- Foot ulcers are also very common with diabetics. Untreated, these can lead to infection.

Diabetes (cont'd)

Foot complications (cont'd):

- Diabetes causes blood vessels of the foot and leg to narrow and harden, thus leading to poor circulation (reduced blood flow).
- If your resident's feet are cold, have them wear socks – do not put them in hot water as they may not feel the pain and burn their feet.
- Exercise is good for poor circulation; it stimulates blood flow in the legs and feet.

Diabetes (cont'd)

Foot complications (cont'd):

- Amputations - People with diabetes are far more likely to have a foot or leg amputated than other people.
- Why? Many people with diabetes have artery disease, which reduces blood flow to the feet.
- Also, many people with diabetes have nerve disease, which reduces sensation. Together, these problems make it easy to get ulcers and infections that may lead to amputation.

Diabetes (cont'd)

Skin complications:

- Skin problems are sometimes the first sign that a person has diabetes.
- These can include bacterial infections, fungal infections and itching.
- Due to poor circulation, even minor scrapes can result in open sores that heal slowly.

Diabetes (cont'd)

Skin complications (cont'd):

- *Digital Sclerosis** - happens to about one third of people who have type 1 diabetes.
- This is a condition in which the back of the hands develop tight, thick, waxy skin.

*Source: https://www.verywellhealth.com/digital-sclerosis-5180121

Diabetes (cont'd)

Diabetes and kidney disease –

The kidney's job is to remove waste products from the blood.

High levels of blood sugar make the kidneys filter too much blood; all this extra work is hard on the filters which can cause kidney failure.

Diabetes (cont'd)

Treatment:

Insulin is required for type 1 diabetics.

It is sometimes necessary for type 2 diabetics.

Syringe is the most common route but the use of insulin pens and pumps is increasing.

Injections should be done in same general area of the body for consistency, but not in the *exact* same place each time.

Diabetes (cont'd)

Assisting your resident who is diabetic:

1. If the resident cannot perform their own testing and injections, then the ONLY person that can do that is a licensed medical professional (a nurse). NO un-licensed person can do this in the facility!!!

Diabetes (cont'd)

Assisting your resident who is diabetic:

2. Assist them in controlling their diabetics, mainly the simple carbohydrates (white flour, etc.)
3. Encourage them to exercise, as appropriate.

Catheters

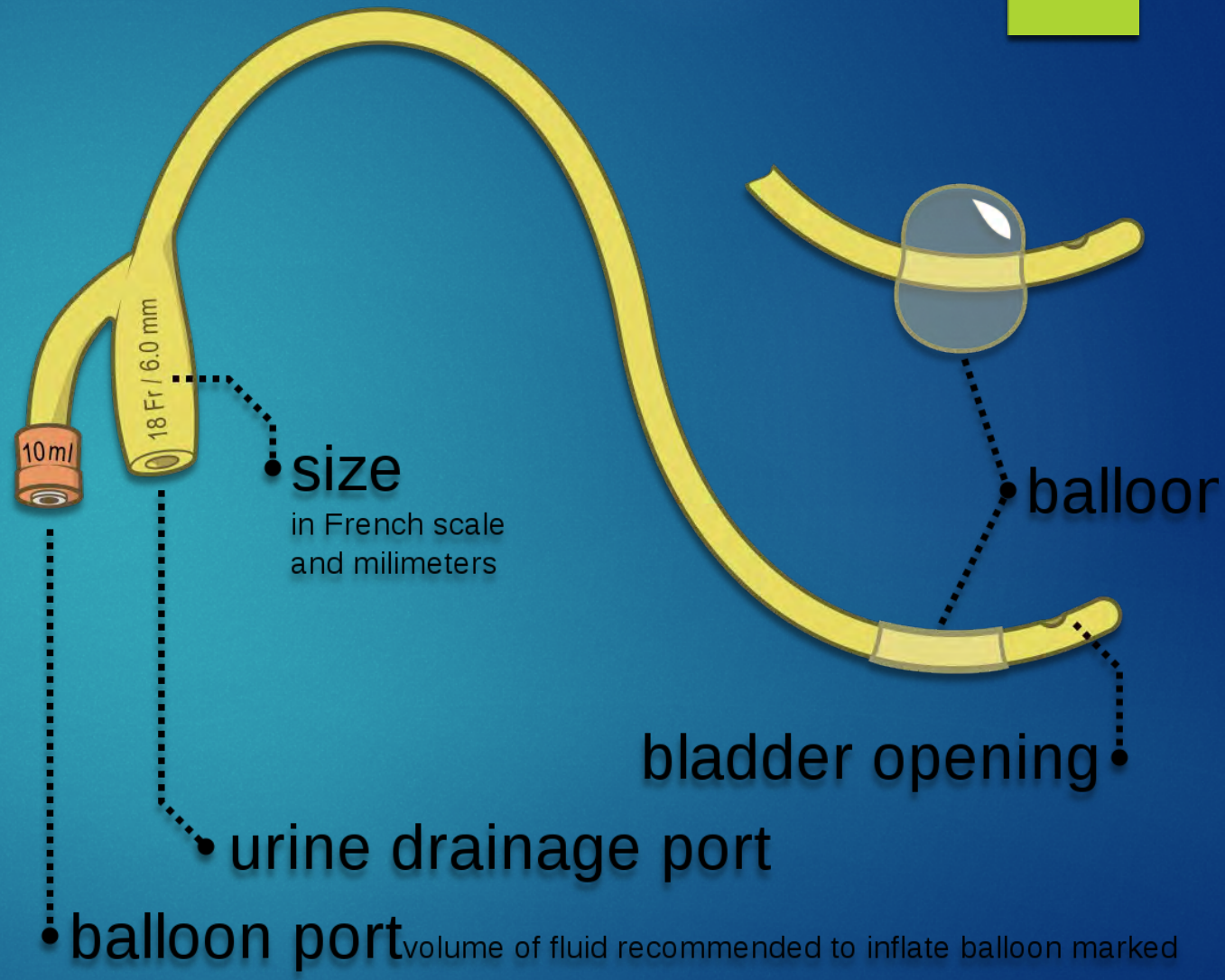
Catheters

- Urinary catheters are used to drain the bladder.
- A resident may have one if they have:
  - Urinary incontinence
  - Urinary retention (being unable to empty the bladder when needed)
  - Surgery on the prostate or genitals
  - Other medical conditions such as multiple sclerosis, spinal cord injury, or dementia

Catheters (cont'd)

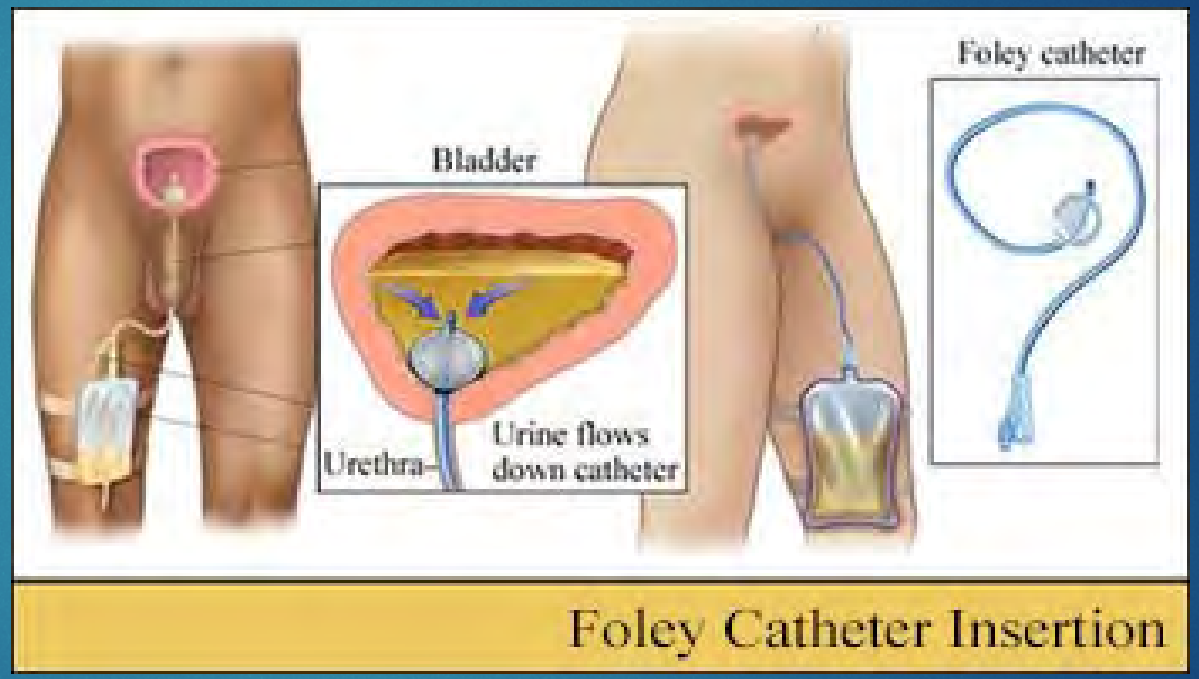
Catheters come in many sizes, materials (latex, silicone, Teflon), and types (Foley, straight and coude tip).

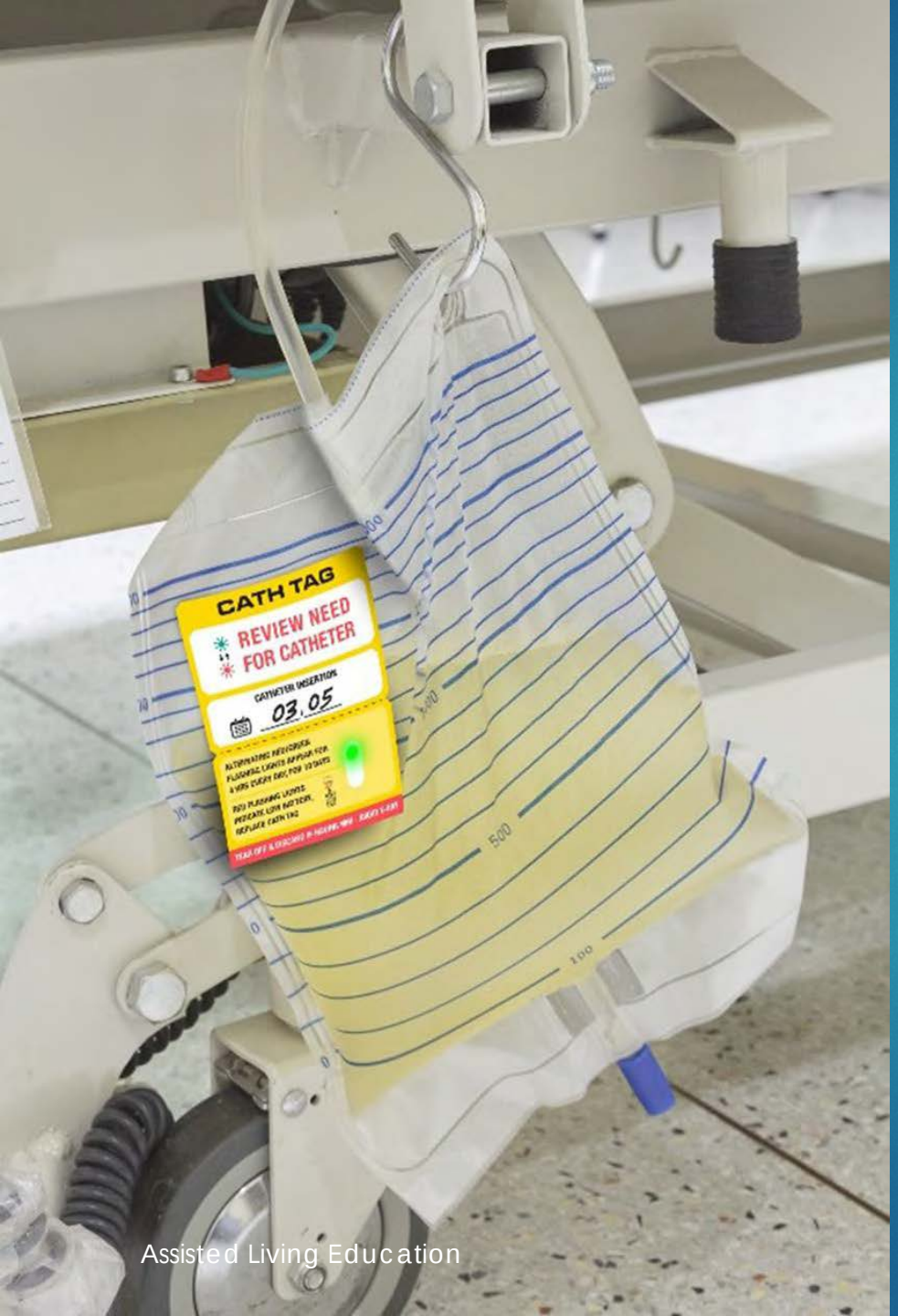
A Foley catheter is a soft, plastic or rubber tube that is inserted into the bladder to drain the urine.



Catheters (cont'd)

Picture of a Foley Catheter





Catheters (cont'd)

- An indwelling urinary catheter is one that is left in the bladder.
- It may be used for a short time or a long time.
- An indwelling catheter collects urine by attaching to a drainage bag.
  - A newer type of catheter has a valve that can be opened to allow urine to flow out.

Catheters (cont'd)

An indwelling catheter may be inserted into the bladder in two ways:

1. Most often, the catheter is inserted through the urethra. This is the tube that carries urine from the bladder to the outside of the body.
2. Sometimes, the health care provider will insert a catheter into the bladder through a small hole in the belly. This is done at a hospital or health care provider's office.

Catheters (cont'd)

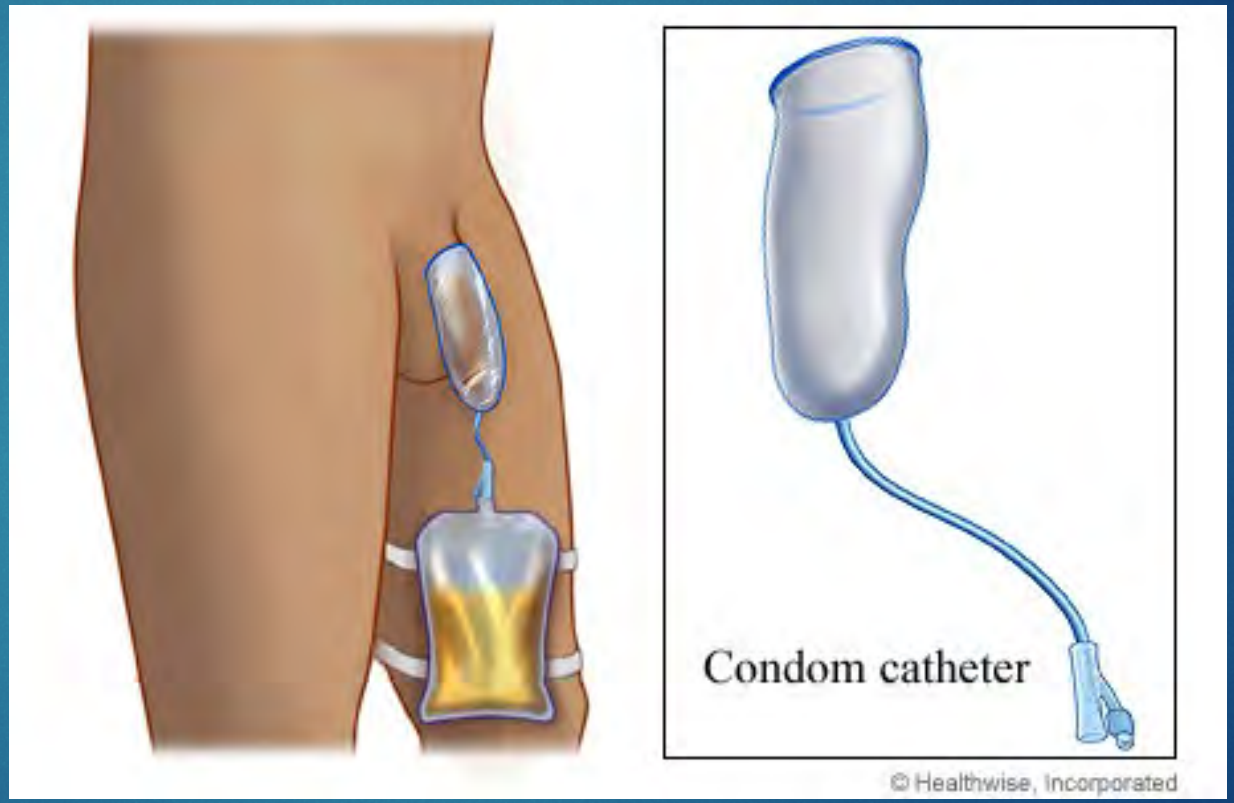
- An indwelling catheter has a small balloon inflated on the end of it.
- This prevents the catheter from sliding out of the body.
- When the catheter needs to be removed, the balloon is deflated.

Catheters (cont'd)

- Condom catheters are most often used in elderly men with dementia.
- There is no tube placed inside the penis. Instead, a condom-like device is placed over the penis. A tube leads from this device to a drainage bag.
- The condom catheter must be changed every day.

Catheters (cont'd)

Picture of a condom catheter



Catheters (cont'd)

Drainage Bags:

A catheter is usually attached to a drainage bag. There are two types of bags:

- A leg bag is a small device that attaches by elastic bands to the leg. It holds about 300 to 500 milliliters (ml) of urine. It is worn during the day, because it can be hidden under pants or a skirt. It can easily be emptied it into the toilet.
- A larger drainage device can be used during the night. It holds 1 to 2 liters of urine. It can be hung on the bed or placed on the floor.

Catheters (cont'd)

Drainage Bags:

- Keep the drainage bag lower than the bladder so that urine does not flow back up into the bladder. Empty the drainage device at least every 8 hours, or when it is full.
- To clean the drainage bag, remove it from the catheter. Attach a new drainage device to the catheter while you clean the old one.
- Clean and deodorize the drainage bag by filling it with a mixture of vinegar and water. Or, you can use chlorine bleach instead. Let the bag soak for 20 minutes. Hang it with the outlet valve open to drain and dry.

Catheters (cont'd)

So who can do what?:

1. The resident must be physically and mentally able to care for all aspects of the condition except insertion and irrigation.
2. Irrigation is done by an appropriately skilled professional.
3. Catheter is inserted and removed by an appropriately skilled professional only.

Catheters (cont'd)

Indwelling urinary catheter (cont'd):

- ☒ The bag can be emptied by facility staff who receive training from an appropriately skilled professional.
- ☒ Training is done at least annually and must be documented.

Catheters (cont'd)

Call the physician immediately if the resident has:

- Bladder spasms that do not go away
- Bleeding into or around the catheter
- Fever or chills
- Large amounts of urine leaking around the catheter
- Skin sores around a suprapubic catheter
- Stones or sediment in the urinary catheter or drainage bag

Catheters (cont'd)

Call the physician immediately if the resident has:

- Swelling of the urethra around the catheter
- Urine with a strong smell, or that is thick or cloudy
- Very little or no urine draining from the catheter and the resident is drinking enough fluids

If the catheter becomes clogged, painful, or infected, it will need to be replaced immediately.

Restricted and Prohibited Health Conditions

Restricted Conditions

These are the RCFE Restricted Health Conditions, per DSS:

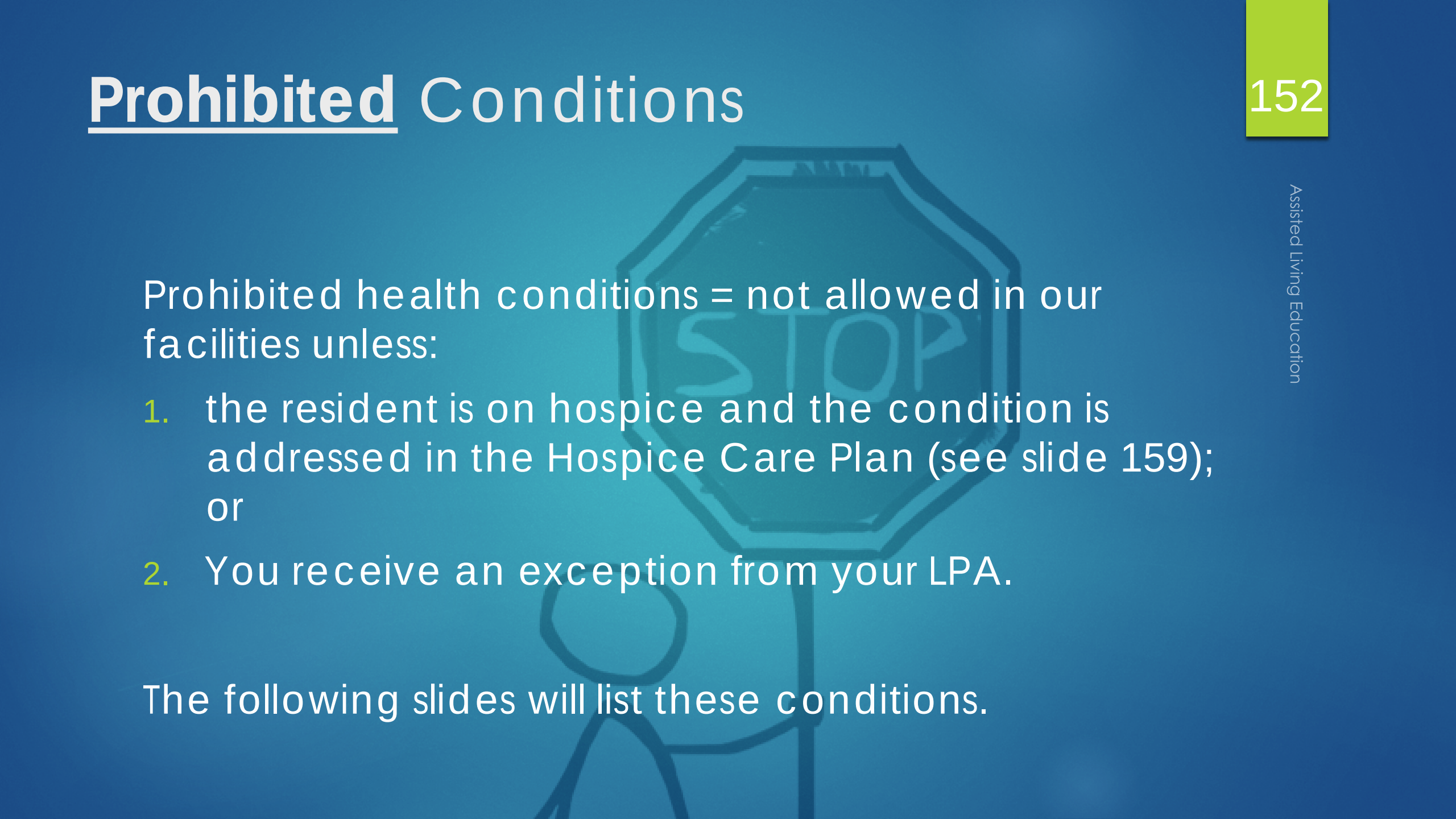
- Administration of oxygen
- Catheter care
- Colostomy/ileostomy care
- Contractures
- Diabetes
- Enemas, suppositories and/or fecal impaction
- Incontinence of bowel and/or bladder
- Injections
- Intermittent Positive Pressure Breathing Machines
- Stage 1 and 2 dermal ulcers
- Wound care

Restricted Conditions

When a resident has a restricted health condition:

- communicate with all persons providing care;
- staff assisting with the restricted condition must be trained properly and by the proper person;
- document and report every change of condition; and
- notify the physician and responsible party if the resident refuses care.

Prohibited Conditions

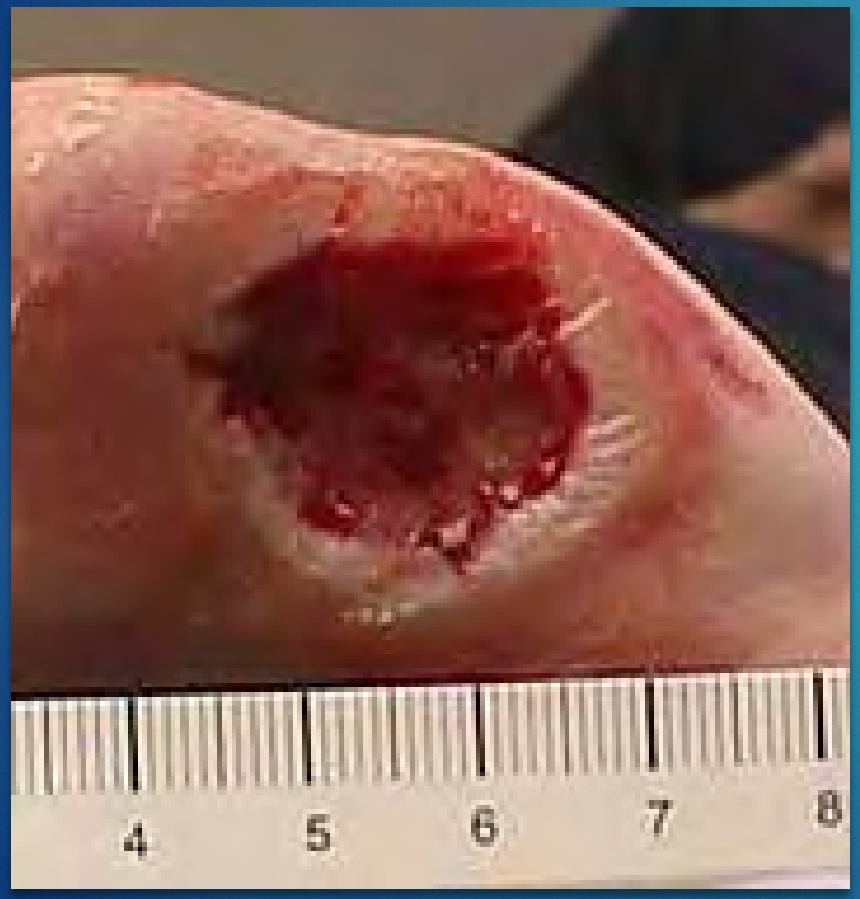


Prohibited health conditions = not allowed in our facilities unless:

1. the resident is on hospice and the condition is addressed in the Hospice Care Plan (see slide 159); or
2. You receive an exception from your LPA.

The following slides will list these conditions.

Prohibited Conditions - Ulcers



Prohibited Health Conditions:

- Stage 3 and 4 pressure sores (dermal ulcers)

Prohibited Conditions – G Tubes

Prohibited Health Conditions:

- Gastrostomy care

A *gastrostomy tube* is a tube that is inserted through the abdominal wall into the stomach. The tube is used for feeding or drainage.

Prohibited Conditions – Naso-gastric Tubes

Prohibited Health Conditions:

- Naso-gastric tubes

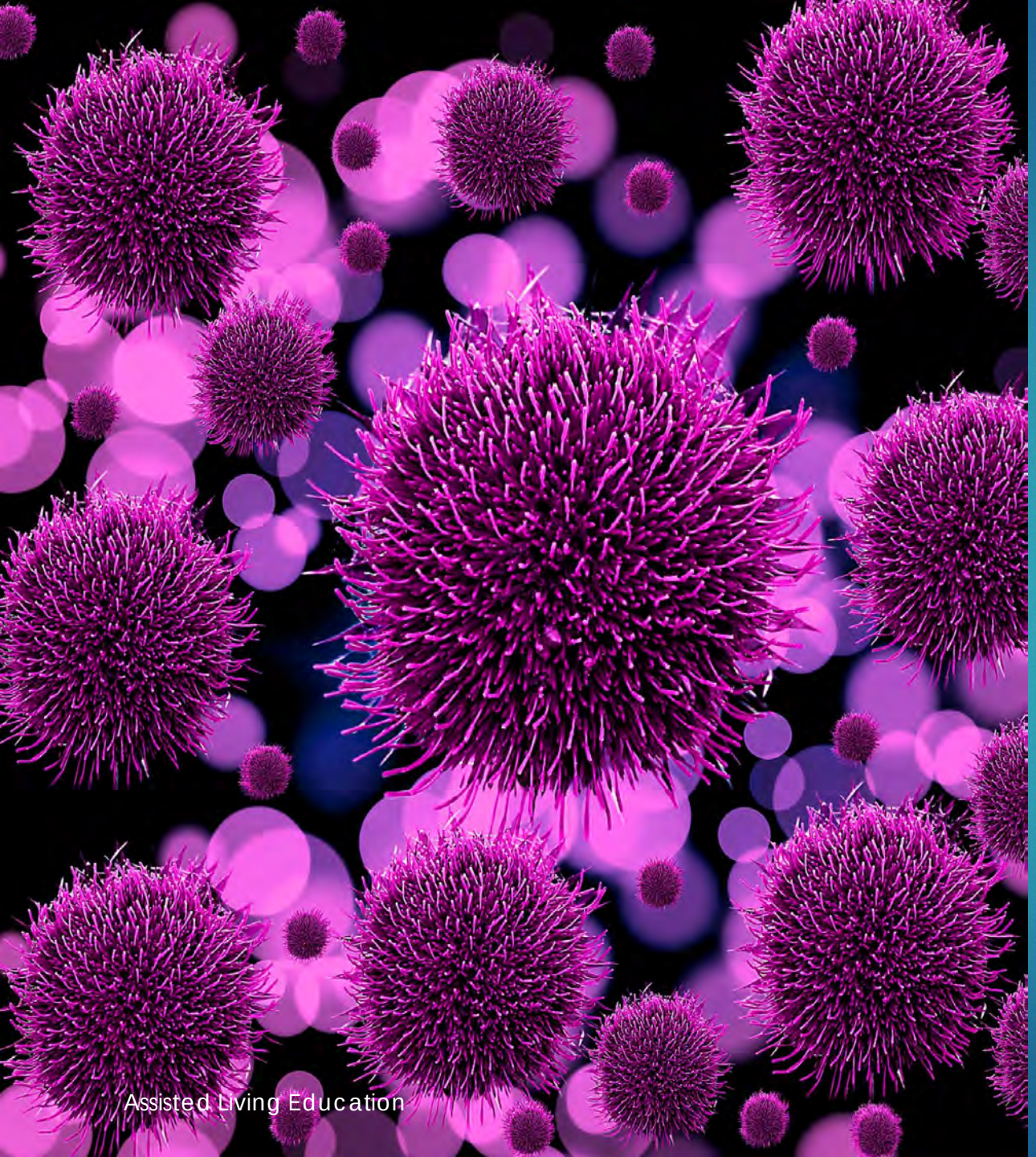
The insertion of a plastic tube through the nose, past the throat, and down into the stomach. This is used for feeding or administering drugs.

Prohibited Conditions – Tracheotomies

Prohibited Health Conditions:

- Tracheotomies

Through a cut or opening that is made in the windpipe (trachea), a tube is inserted into the opening to bypass an obstruction to allow air to get to the lungs or remove secretions.



Prohibited Conditions – Infections

Prohibited Health Conditions:

- Staph infection or other contagious infection

  This can include MRSA, c. Diff in most instances, VRE, etc.

Residents with Colonized Infections (MRSA, C. diff)

If you are granted an exception, you may be able to keep resident with an antibiotic-resistant infection in your facility.

The exception to your LPA must include:

- A statement from the resident's physician that the infection is not a risk to other residents.

Residents with Colonized Infections (MRSA, C. diff)

The exception to your LPA must include (cont'd):

2. A plan to monitor the resident's ongoing ability to care for his/her own condition by complying with the instructions of the appropriately skilled professional who is managing the client's care.

Residents with Colonized Infections (MRSA, C. diff)

The exception to your LPA must include (cont'd):

3. If applicable, documentation from an appropriately skilled professional stating what aspects of care will be delegated to facility staff responsible for providing the care and that the appropriately skilled professional will train those staff persons prior to delegating care.

Residents with Colonized Infections (MRSA, C. diff)

The exception to your LPA must include (cont'd):

4. A statement from licensee ensuring that an appropriately skilled professional assesses the infection and evaluates the treatment at intervals set by the physician or an appropriately skilled professional designated by the physician.

Residents with Colonized Infections (MRSA, C. diff)

The exception to your LPA must include (cont'd):

5. A statement from licensee ensuring that prior to providing care, staff are trained in and follow Universal Precautions and any other procedures recommended by the appropriately skilled professional for the protection of the resident who has the infection, other residents and staff.

Residents with Colonized Infections (MRSA, C. diff)

The exception to your LPA must include (cont'd):

6. A statement from the licensee ensuring all aspects of care performed in the facility by the appropriately skilled professional and facility staff are documented in the resident's file.

Prohibited Conditions – Dependent Residents

Prohibited Health Conditions:

- Residents who depend on others to perform all ADL's

This means that the resident cannot perform a *single* ADL. This resident should now be transferred to skilled nursing.

Prohibited Health Conditions – Exceptions!!!

RCFE Title 22, Section 87616 “Exceptions for Health Conditions” (c):

Facilities that have satisfied the requirements of Section 87632, Hospice Care Waiver, are not required to submit written exception requests under this section for residents or prospective residents with restricted health conditions under Section 87612 and/or prohibited health conditions under Section 87615 provided those residents have been diagnosed as terminally ill and are receiving hospice services in accordance with a hospice care plan as required under Section 87633, Hospice Care for Terminally Ill Residents, and the treatment of such restricted and/or prohibited health conditions is specifically addressed in the hospice care plan.

Using Home Health

Using Home Health

Per Title 22, Section 87609:

Incidental medical care may be provided to residents through a licensed home health agency provided the following conditions are met:

1. The licensee is in substantial compliance with the requirements of Health and Safety Code Sections 1569-1569.87, and of Chapter 8, Division 6, of Title 22, CCR, governing Residential Care Facilities for the Elderly;

Using Home Health

Per Title 22, Section 87609:

2. The licensee provides the supporting care and supervision needed to meet the needs of the resident receiving home health care.
3. The licensee informs the home health agency of any duties the regulations prohibit facility staff from performing, and of any regulations that address the resident's specific condition(s).

Using Home Health

Per Title 22, Section 87609:

4. The licensee and home health agency agree in writing on the responsibilities of the home health agency, and those of the licensee in caring for the resident's medical condition(s).
    a) The written agreement shall reflect the services, frequency and duration of care.
    b) The written agreement shall include day and evening contact information for the home health agency, and the method of communication between the agency and the facility, which may include verbal contact, electronic mail, or logbook.

Using Home Health

Per Title 22, Section 87609:

4. (cont'd)

   c. The written agreement shall be signed by the licensee or licensee representative, and representative of the home health agency, and placed in the resident's file.

5. The use of home health agencies to care for a resident's medical condition(s) does not expand the scope of care and supervision that the licensee is required to provide.

Using Home Health

To summarize these regulations, make sure:

1. **your home health nurses understands our licensing limitations (i.e., no IV's);**
2. **you meet with them immediately after the visit to give you a "411" on your resident and their condition; and**
3. **you utilize them for training, when needed or required.**

Calling 911

Calling 911

Title 22, Section 87465 (Incidental Medical and Dental Care Services):

The licensee shall immediately telephone 9-1-1 if an injury or other circumstance has resulted in an imminent threat to a resident's health including, but not limited to, an apparent life-threatening medical crisis except as specified in Section 87469(c)(2), (c)(3), or (c)(4).

Calling 911

Section 87469(c)(2), (c)(3), or (c)(4) states:

A facility that has obtained a hospice waiver from the department pursuant to this section need not call emergency response services at the time of a life-threatening emergency if the hospice agency is notified instead and all of the following conditions are met (see following slide):

Calling 911

Section 87469(c)(2), (c)(3), or (c)(4) states:

1. The resident is receiving hospice services from a licensed hospice agency;
2. The resident has completed an advance directive (DNR); and
3. The facility has documented that facility staff have received training from the hospice agency on the expected course of the resident's illness and the symptoms of impending death.

Calling 911

Scenario: The resident falls and is complaining of right hip pain. The staff does not call 911, but calls the daughter (who is a nurse) instead because that is what the daughter has told them to do. She drives over to assess her mom.

What do you think of this scenario?

NO!!!!!!!! Do NOT do this!!! Call 911 first!!!!!

Documenting Care

Documenting Care

Do we HAVE to formally document care that we provide?

The Regulations do not state this *directly*.

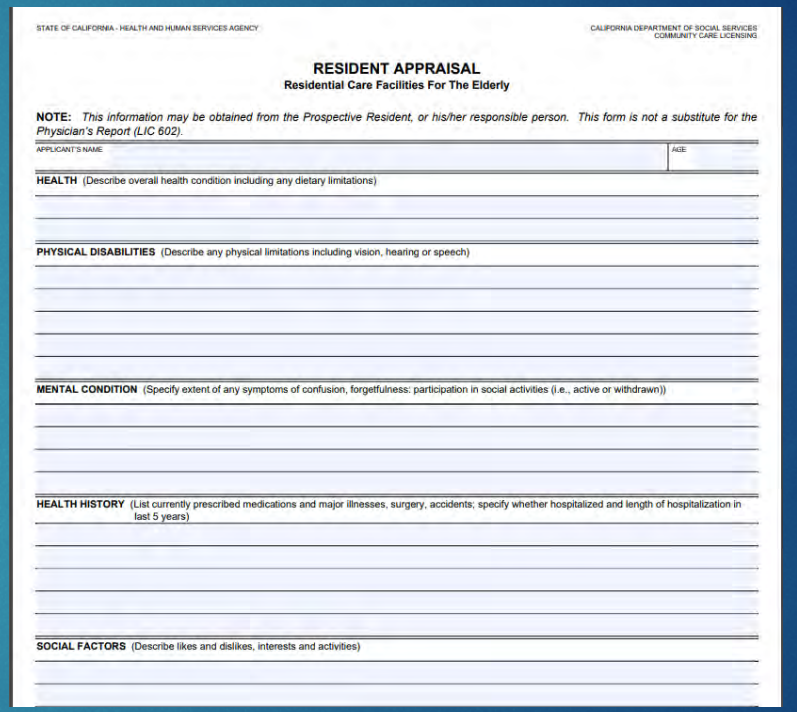
Question: if you do not document care that you provide, how to do you prove it to the LPA and family that you ARE providing it? How do you charge for it?

Documenting Care

How often do you reappraise a resident (603A)?

How often do you complete a new Appraisal Needs and Services Plan (LIC 625)?

The answer is.....at least annually or upon change of condition.



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

RESIDENT APPRAISAL
Residential Care Facilities For The Elderly

NOTE: *This information may be obtained from the Prospective Resident, or his/her responsible person. This form is not a substitute for the Physician's Report (LIC 602).*

APPLICANT'S NAME | AGE

HEALTH (Describe overall health condition including any dietary limitations)

PHYSICAL DISABILITIES (Describe any physical limitations including vision, hearing or speech)

MENTAL CONDITION (Specify extent of any symptoms of confusion, forgetfulness: participation in social activities (i.e., active or withdrawn))

HEALTH HISTORY (List currently prescribed medications and major illnesses, surgery, accidents; specify whether hospitalized and length of hospitalization in last 5 years)

SOCIAL FACTORS (Describe likes and dislikes, interests and activities)

Documentation Summary

Remember, if it wasn't documented.....

it didn't happen!

Common Medical Conditions Summary

As we all know, RCFE's and ARF's are a "social model", not a medical model, yet we continue to see more and more residents with serious medical conditions.

We hope this course helped you understand how and when we can assist residents with conditions such as catheters and depression and what is allowed and not allowed in our facilities.

Sources

Department of Social Services

WebMD.com

Ncbi.nlm.nih.gov

Medicinenet.com

HelpGuide.org

Mayoclinic.org

Emedicine.com

Urologyhealth.com

Ucsfhealth.org

Nimh.nih.gov

Conclusion

Assisted Living Education thanks you for attending this Course.

We look forward to seeing you again at another of our Courses!