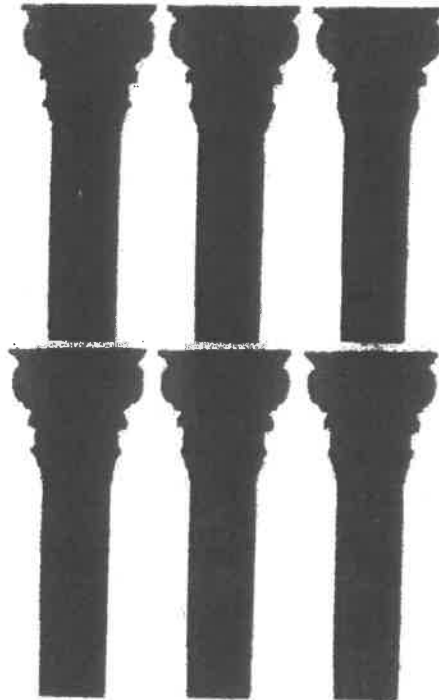


**VISION—MISSION—CORE VALUES STATEMENT
OF SUNNY HILL NURSING HOME OF WILL COUNTY**

Our Pillars of Excellence

OUR VISION:

**To Serve the
Community by
Meeting the
Ever-changing
Needs of
Our Elders.**



OUR MISSION:

**Sunny Hill is a
Person-Centered
Community of
Individuals Who
Build Relationships
with People Who
Choose to Call
Sunny Hill Their
Home.**

CORE VALUES:

QUALITY OF LIFE—Honor Resident Wishes.

QUALITY OF CARE—Increase Resident Satisfaction Outcomes

CHARACTER—Promote Service Excellence Through Teamwork and Professionalism

COMPLIANCE—Display Ethical Behavior and comply with Code of Conduct.

PERSONAL DEVELOPMENT—Improve Staff Recruitment and Retention Process.

DIGNITY AND PRIVACY

1. Keep residents covered when giving care.
2. Close cubicle curtain
3. Close door
4. Close drapes
5. All treatments/care must be done in the residents room – not in public.
6. Knock on the door and WAIT for the resident to answer.
Tell them:
 - Who you are.
 - What you are.
 - Why you are in their room.
7. Do not discuss the resident in public places.
 - Hallways
 - Elevators
 - Lunchroom/Employee break room
 - Outside of work
8. All resident information being centered electronically into facility care kiosks and computer equipment must be protected from staff, residents and visitors that may be passing by at the time of your entering the information. NEVER share information with anyone outside of the treatment/care team UNLESS that is within your assignment (Example – If a family member wants to know medical information, C.N.A. is not to share but manage up to the unit nurse, etc.) NEVER SHARE YOUR PASSWORD!!!!

ADL's

- Only give a resident a shower or bath as care planned or when directed by the unit charge nurse. Skin checks are to be done and shower sheet filled out. Report any new bruises, problems to unit charge nurse immediately.
- Bed linens are to be changed only on shower day or when needed (incontinence, etc.) and requested by the unit charge nurse. Don't waste linen!
- Engage the resident whenever possible in any ADL activity. Always tell the resident what you are about to do before doing it!
- The resident's appearance is your responsibility! Faces and hands washed, unstained clothing, hair combed, oral care performed, men shaved, nails clean, shoes and socks on, glasses/hearing aids/dentures in place, personal requests fulfilled (e.g. perfume/aftershave, make-up, etc.)
- Follow dignity/privacy practices when providing care!

Skin Care and Continence Care

- Use the property assessed continence items – this information is found in PCC kardex only, not on face sheet.
- No used continence items are to be disposed of in the resident's bathroom or bedroom garbage containers.
- **DO NO FLUSH THE WIPES!!! THEY ARE NOT BIODEGRADABLE AND WILL DAMAGE SUNNY HILL'S PLUMBING! Dispose of them as instructed.**
- No resident is to use more than one pad on their bed.
- No resident is to use a continence item AND a bed pad, unless specifically care planned that way.
- Use preventive creams where care planned.
- Follow dignity and privacy practices when providing care!

Many residents are on a toileting program – follow the care plan! Anticipate need!

Toilet before and after meals and activity programming so the resident can enjoy their meal/programming without having an accident or needing to leave the meal/program.

REHAB

- Always have a gait belt – this is part of your uniform! This is for the resident's and your safety!!!
- Follow care plan for transfer information, turning schedule, positioning information, protective materials, feeding guidelines, etc.

SUBJECT: ABUSE, NEGLECT AND MISTREATMENT PROHIBITION PROGRAM - RESIDENT
DEPARTMENT(s): Administration
EFFECTIVE DATE: Existing
REVISED DATE: January 12, 2023
REVIEWED DATE: December 8, 2023
APPROVED BY: M. McDowell, Administrator
POLICY NO: ADM-164

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ABUSE, NEGLECT AND MISTREATMENT PROHIBITION PROGRAM - RESIDENT

POLICY:

Sunny Hill Nursing Home of Will County affirms the right of our residents to be free from verbal, sexual, physical, and mental abuse, neglect, misappropriation of resident property, corporal punishment and involuntary seclusion. This facility therefore maintains a zero-tolerance policy for any proven allegations of abuse, neglect, and mistreatment of its residents, and has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of mistreatment, neglect, or abuse of our residents by:

- Conducting pre-employment screening of employees and pre-admission screening of residents
- Orienting and training employees on how to deal with stress and difficult situations, and how to recognize and report occurrences of mistreatment, neglect, and abuse.
- Establishing an environment that promotes resident sensitivity, resident privacy and confidentiality, resident security and prevention of mistreatment.
- Identifying occurrences and patterns of potential mistreatment.
- Immediately protecting residents involved in identified reports of possible abuse.
- Implementing systems to investigate all reports and allegations of mistreatment promptly and aggressively, and making the necessary changes to prevent future occurrences; and
- Filing accurate and timely investigative reports.

This facility is committed to protecting our residents, regardless of resident's cognitive status, from abuse by anyone, including, but not limited to, facility staff, other residents, consultants, volunteers, staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals.

This facility will not knowingly employ individuals who have been convicted of abusing, neglecting or mistreating individuals.

SUBJECT: ABUSE, NEGLECT AND MISTREATMENT PROHIBITION PROGRAM -
RESIDENT
POLICY NO: ADM-164 PAGE(S) 2 of 13

All allegations and/or reasonable suspicion of a crime (resulting in either a serious bodily injury or not) must be reported immediately to the Administrator. Subsequent notification of supervisors and DON is expected of staff.

DEFINITIONS:

- **Abuse:** any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Abuse is the willful (a deliberate action – not accidental or inadvertent) infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. This also includes the deprivation by an individual, including a caretaker, of goods and services that are necessary to attain and/or maintain physical, mental, and psychosocial well-being. This assumes that all instances of abuse of residents, even those in a coma, cause physical harm or pain or mental anguish.
 - **Physical abuse:** the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention. Includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment.
 - **Sexual abuse:** includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault. Anytime the facility has reason to suspect that a resident may not have the capacity to consent to sexual activity, the facility will take steps to ensure that the resident is protected from abuse. These steps will include evaluating whether the resident has the capacity to consent to sexual activity.
 - **Verbal abuse:** the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or families, or within their hearing or seeing distance, regardless of their age, ability to comprehend or disability. Examples of verbal abuse include, but are not limited to, threats of harm, saying things to frighten a resident, such as telling a resident that he/she will never be able to see his/her family again.
 - **Mental abuse:** includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, including abuse that is facilitated or caused by nursing home staff taking, using photographs or recordings and/or posting/sharing of these items through the available arenas of social media in any manner that would demean or humiliate a resident(s). This would include, but is not limited to, photographs and recordings of residents that contain nudity, sexual and intimate relations, bathing, showering, toileting, providing perineal care such as after an incontinence episode, agitating a resident to solicit a response, derogatory statements directed to the resident, showing a body part without the resident's face whether it is the chest, limbs or back, labeling resident's pictures and/or providing comments in a demeaning manner, directing a resident to use inappropriate language, and showing the resident in a compromised position.

SUBJECT: ABUSE, NEGLECT AND MISTREATMENT PROHIBITION PROGRAM -
RESIDENT
POLICY NO: ADM-164 PAGE(S) 3 of 13

- **Misappropriation of resident property/Theft:** the deliberate misplacement, exploitation or wrongful, temporary, or permanent, use of resident's belongings or money without the resident's consent. Examples of allegations of misappropriation of resident property and exploitation that must be reported include, but are not limited to:
 - Theft of personal property, including but not limited to jewelry, computer, phone, and other valuable items such as eyeglasses and hearing aids;
 - Unauthorized/coerced use by staff of resident's personal property;
 - Theft of money from bank accounts;
 - Unauthorized or coerced purchases on a resident's credit card;
 - Unauthorized or coerced purchases from resident's funds;
 - Staff who accept money from a resident for any reason including when staff have made the resident believe that staff was in a financial crisis or the resident believes that he/she is in a relationship with the staff person;
 - A resident who provides a gift to staff in order to receive ongoing care, based on staff's persuasion; and
 - Missing prescription medications or diversion of a resident's medication(s), including, but not limited to, controlled substances for staff use or personal gain

- **Examples of allegations that would not be reported are:**
 - Theft of nominal items with little to no monetary or sentimental value
 - Lost items that are not listed under "must be reported."

- **Physical Restraint:** A physical restraint is any manual method, physical or mechanical device/equipment or material that limits a resident's freedom of movement and cannot be removed by the resident in the same manner as it was applied by staff. The resident's physical condition and his/her cognitive status may be contributing factors in determining whether the resident has the ability to remove it. Example, a bed rail is considered a restraint if the bed rail keeps a resident from voluntarily getting out of bed in a safe manner due to his/her physical or cognitive inability to lower the bed rail. Similarly, a lap belt is considered to be a restraint if the resident cannot intentionally release the belt buckle.

- **Catastrophic Reaction:** Are inappropriate emotional outbursts due to the resident's inability to cope with real or imagined events. Catastrophic Reactions may be related to past events, unhappy memories, or tasks and communications, or instructions being too complicated.

SUBJECT: ABUSE, NEGLECT AND MISTREATMENT PROHIBITION PROGRAM -
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- **Healthcare workers are Mandated Reporters:** Mandated Reporters are people who have regular contact with vulnerable people and are therefore legally required to ensure a report is made.
- **Involuntary seclusion:** separation of a resident from other residents, or from his/her room – or confinement to his/her room against the resident’s will or the will of the resident’s legal guardian.
 - Emergency or short-term monitored separation of a resident from other residents is not considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation in accordance with existing care plan interventions or until professional staff can develop a care plan to meet the resident’s needs.
- **Neglect:** Failure to provide, or willful withholding of, adequate medical care, mental health treatment, psychiatric rehabilitation, personal care, or assistance with activities of daily living that is necessary to avoid physical harm, mental anguish, or emotional distress of a resident. The facility will provide necessary staff, supplies, services, policies, training, or staff supervision and oversight to meet the resident’s needs. Neglect occurs when the facility is aware of, or should have been aware of, goods or services that a resident(s) requires but the facility fails to provide them to the resident(s), resulting in, or may result in, physical harm, pain, mental anguish, or emotional distress. Sunny Hill Nursing Home has implemented an effective communication system across all shifts for communicating necessary care and information between staff, practitioners, and resident representative.
- **Psychosocial Outcome Severity Guide:** Sunny Hill Nursing Home is our resident’s “home” where there is an expectation that he/she is safe, has privacy, and will be treated with respect and dignity. Our residents trust and rely on facility staff to meet their needs. The reasonable person concept is applied to determine the severity the psychosocial outcome may have had on a reasonable person in the resident’s position. There are situations that are likely to cause psychosocial harm which may sometimes take months or years to manifest and have long-term effects on the resident and his/her relationship with others:
 - Sexual assault (e.g., rape)
 - Unwanted sexual touching
 - Sexual harassment
 - Any staff to resident physical, sexual, or mental/verbal abuse [NOTE: Sexual abuse does not include the rare situation where a nursing home employee has a pre-existing and consensual sexual relationship with an individual (i.e., spouse or partner) who is then admitted to the nursing home unless there are concerns about the relationship not being consensual]

SUBJECT: ABUSE, NEGLECT AND MISTREATMENT PROHIBITION PROGRAM -
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POLICY NO: ADM-164 PAGE(S) 5 of 13

- Staff posting or sharing demeaning or humiliating photographs or videos of nursing home residents.
- When facility staff, as punishment, threaten to take away the resident's rights, privileges, or preferred activities, or withhold care from the resident.
- Any resident-to-resident physical abuse that is likely to result in fear or anxiety.

PROCEDURES:

Pre-Employment Screening of Potential Employees

Sunny Hill Nursing Home of Will County will not knowingly employ any individual convicted of resident abuse, neglect or misappropriation of property. The facility will not knowingly employ any staff convicted of any of the crimes listed in the Illinois Healthcare Worker Background Check Act (unless waived under the provision of the Act), or with the findings of abuse listed on the Illinois Health Care Worker Registry. Prior to a new employee starting a work schedule, this facility will:

- Initiate a reference check from previous employer(s), in accordance with facility policy;
- Obtain a copy of the state license of any individual being hired for a position requiring a professional license;
- Check the Illinois Health Care Worker Registry on any individual being hired for prior reports of abuse, previous fingerprint check results, and the sex offender Website links on the Registry; and
- Initiate an Illinois State Police livescan fingerprint check for an unlicensed individual being hired without a fingerprint check. The facility policy and procedures for conducting a livescan fingerprint Health Care Worker Background Check will be followed.

Pre-Admission Screening of Potential Residents

It is the policy of this facility not to admit or retain any resident who is an identified offender due to the facility's inability to provide special facilities, services, and oversight.

This facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. Prior to a new resident being admitted to the facility, this facility will:

- Check for the resident's name on the Illinois Sex Offender Registration Web site. www.isp.state.il.us
- Check for the resident's name on the Illinois Department of Corrections sex registrant search page. www.idoc.state.il.us
- Conduct a Criminal History Background Check according to the Facility Identified Offender Policy and Procedure.

SUBJECT: ABUSE, NEGLECT AND MISTREATMENT PROHIBITION PROGRAM -
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POLICY NO: ADM-164 PAGE(S) 6 of 13

- If for any reason, the facility unknowingly admits an individual who is an identified offender, the facility will immediately begin the process of discharging the resident following the guidelines of the Illinois Department of Public Health's requirements for an involuntary discharge under section 300.3300 of the nursing home rules. The facility will follow the guidelines set forth in Public Act 096-1372.

Orientation and Training of Employees

During orientation of new employees, the facility will cover at least the following topics:

- Sensitivity to resident rights and resident needs;
- What constitutes abuse, neglect and misappropriation of resident property;
- Staff obligations to prevent and report potential and or actual abuse, neglect and misappropriation of property; and how to distinguish misappropriation from lost items and willful abuse from insensitive staff actions that should be corrected through counseling and additional training;
- How to assess, prevent and manage aggressive, violent and/or catastrophic reactions of residents in a way that protects both the residents and staff;
- How to recognize and deal with burnout, frustration, and stress that may lead to inappropriate responses or abusive reactions to residents.

On at least an annual basis, staff will receive a review of the above topics. On an annual basis, supervisory personnel will receive training on their obligations under law when receiving an allegation of abuse, neglect, or misappropriation of property, and how to monitor and correct inappropriate or insensitive staff actions, words or body language.

Establishing a Resident Sensitive Environment

This facility strives to prevent abuse, neglect, or misappropriation of property by establishing a resident sensitive and resident secure environment. This will be accomplished by a comprehensive quality management approach involving the following:

- **Concern Identification and Follow-up:** Resident and family concerns will be recorded, reviewed, and addressed, and responded to using the facility's concern identification procedures. Residents and families will be informed of the facility's concern identification procedures. An essential element of "customer satisfaction" is a timely response back to the family or resident to concerns expressed. At least quarterly, the reported concerns from residents and families and the facility response will be reviewed by the facility Quality Assurance Committee to assure that individual concerns are being addressed and to assess any patterns that might indicate needed changes in facility practices.
- **Environmental Assessment:** On a regular basis and or as needed, an interdepartmental team will both tour the facility assessing the safety of the facility

environment, and review both accident reports and concern identification reports to identify any physical features that should be modified for greater resident and staff safety and protection. That report will be presented to the Quality Assurance Committee. The safety report will comply with the OBRA requirements under CFR 483.12 and OSHA requirements for Violence Prevention.

- **Resident Assessment:** As part of the resident social history evaluation and MDS, staff will identify residents with increased vulnerability for abuse, neglect, mistreatment or who have needs and behaviors that might lead to conflict. Through the care planning process, staff will identify any problems, goals and approaches, which would reduce the chances of abuse, neglect or mistreatment for these residents. Staff will continue to monitor the goals and approaches on a regular basis.
- **Pattern Assessment:** At least quarterly, the Quality Assurance Committee will review concern identification reports, accident reports, missing items reports, and safety committee reports to assess possible patterns or trends of suspicious bruising of residents, unexplained accidents, or any unusual occurrences that may constitute abuse, neglect or misappropriation. Based on an assessment of the reports, the Quality Assurance Committee will further investigate and/or determine whether a change in facility practices is warranted.
- **Staff Supervision:** On a regular basis, supervisors will monitor the ability of the staff to meet the needs of residents, staff understanding of individual resident care needs, and situations such as inappropriate language, insensitive handling, or impersonal care will be corrected as they occur. Incidents not found to be willful abuse will be handled through counseling, training and, if necessary or repeated, the facility's progressive discipline policy.
- **"Covered Individual"** is anyone who is an owner, operator, employee, manager, agent, or contractor of the facility (see section 1150B(a)(3) of the Act).
- **"Crime"** Section 1150B(b)(1) of the Act provides that a "crime" is defined by law of the applicable political subdivision where the facility is located. A political subdivision would be a city, county, township or village, or any local unit of government created by or pursuant to State law.
- **"Law enforcement,"** as defined in section 2011(13) of the Act, is the full range of potential responders to elder abuse, neglect, and exploitation including: police, sheriffs, detectives, public safety officers; corrections personnel; prosecutors; medical examiners; investigators; and coroners.
- **"Serious Bodily Injury"** means an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; requiring medical intervention such as surgery, hospitalization, or physical rehabilitation; or an injury resulting from criminal sexual abuse (see sections 2011(19)(A) and (B) of the Act).
- **"Criminal Sexual Abuse"** In the case of "*criminal sexual abuse*" which is defined in section 2011(19)(B) of the Act, serious bodily injury/harm shall be considered to

SUBJECT: ABUSE, NEGLECT AND MISTREATMENT PROHIBITION PROGRAM -
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have occurred if the conduct causing the injury is conduct described in section 2241 (relating to aggravated sexual abuse) or section 2242 (relating to sexual abuse) of Title 18, United States Code, or any similar offense under State law. In other words, serious bodily injury includes sexual intercourse with a resident by force or incapacitation or through threats of harm to the resident or others or any sexual act involving a child. Serious bodily injury also includes sexual intercourse with a resident who is incapable of declining to participate in the sexual act or lacks the ability to understand the nature of the sexual act.

Internal Reporting Requirements and Identification of Allegations

- Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, or mistreatment they observe, hear about, or suspect and/or reasonable suspicion of a crime (resulting in either a serious bodily injury or not) to the administrator immediately. Employees are also expected to notify supervisory staff.
- All residents, visitors, volunteers, family members or others are encouraged to report their concerns or suspected incidents of alleged or possible abuse, neglect, or mistreatment to the administrator.
- Such reports may be made without fear of retaliation. Anonymous reports will also be thoroughly investigated.
- An investigation will be immediately initiated.
- The nursing staff is additionally responsible for reporting on a facility incident report the appearance of suspicious bruises, lacerations, or other abnormalities as they occur. Upon report of such occurrences, the nursing supervisor is responsible for assessing the resident, reviewing the documentation and reporting to the administrator or their designee.
- The attending physician will be notified of potential/actual abuse and neglect.
- Family will be notified.

Protection of Residents

- The facility will take steps to prevent mistreatment while the investigation is underway:
 - Residents who allegedly mistreated another resident will be removed from contact with other residents during the course of the investigation. The accused resident's condition shall be immediately evaluated to determine the most suitable therapy, care approaches, and placement, considering his or her safety, as well as the safety of other residents and employees of the facility.
 - Accused individuals not employed by the facility will be denied unsupervised access to the residents during the course of the investigation.
 - Employees of this facility who have been accused of abuse, neglect or mistreatment will be removed from resident contact immediately until the results of the investigation have been reviewed by the administrator or

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designee. Employees accused of possible abuse, neglect or misappropriation of property shall not complete the shift as a direct care provider to the residents.

Internal Investigation of Abuse, Neglect or Misappropriation Allegations and Response

- All incidents will be documented, whether or not abuse occurred, was alleged or suspected.
- Any incident or allegation involving potential/actual abuse, neglect or misappropriation will result in an abuse investigation.
- If there is a bruise of unknown origin, the person gathering facts will complete documentation utilizing facility determined forms.
- For any other incident or pattern involving “*reasonable cause to suspect abuse, neglect or misappropriation*” (210 ILCS 30/4), the administrator or designee will appoint a person to gather further facts prior to making a determination to conduct an abuse investigation. An injury should be classified as an “injury of unknown source” when both of the following conditions are met:
 - The source of the injury was not observed by any person, or the source of the injury could not be explained by the resident; and
 - The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in any area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.

Confidentiality. The investigator shall do as much as possible to protect the identities of any employees and residents involved in the investigation, until the investigation is concluded. After a conclusion of the investigation, internal reports, interviews and witness statements shall be released only with the permission of the administrator or the facility attorney. Even if the facility investigation is not complete, the administrator will cooperate with any Illinois Department of Public Health investigation in the matter.

Updates to the Administrator. The person in charge of the investigation will update the administrator or designee during the process of the investigation. The administrator or designee will keep the resident or resident representative informed of the progress of the investigation.

Reporting Reasonable Suspicion. Sunny Hill has a notice posted in a conspicuous location (time clock area with other employee notices) of employee rights, including the right to file a complaint with the State Survey Agency if they believe the facility has retaliated against an employee or individual who reported a suspected crime and how to file such a complaint. Sunny Hill Nursing Home has developed and implemented policies and procedures that promote a culture of safety and open communication in the work environment. This is

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accomplished through prohibiting retaliation against an employee who reports a suspicion of a crime. Actions that constitute retaliation against staff include:

- When a facility discharges, demotes, suspends, threatens, harasses, or denies a promotion or other employment-related benefit to an employee, or in any other

manner discriminates against an employee in the terms and conditions of employment because of lawful acts done by the employee.

- When a facility files a complaint or a report against a nurse or other employee with the state professional licensing agency because of lawful acts done by the nurse or employee for reporting a reasonable suspicion of a crime to law enforcement.
- Examples of crimes that must be reported. Examples that reflect situations that would likely be considered crimes in all subdivisions would include but are not limited to:
 - Murder
 - Manslaughter
 - Rape
 - Assault & Battery
 - Sexual Abuse/Theft/Robbery
 - Drug Diversion for personal use or gain
 - Identity Theft
 - Fraud & Forgery

Final Abuse Investigation Report. The investigator will report the conclusions of the investigation in writing to the administrator or designee within five working days of the reported incident. The final investigation report shall contain the following:

- Name, age, diagnosis and mental status of the resident allegedly abuse or neglected.
- The original allegation (note day, time, location, the specific allegation, by whom, witnesses to the occurrence, circumstances surrounding the occurrence and any noted injuries).
- Summary of facts determined during the process of the investigation, review of medical record and interview of witnesses.
- Conclusion of the investigation based on known facts.
- If there is a police report, attach the police report.
- **If the allegation is determined to be valid and the perpetrator is an employee, include on a separate sheet the employee's name, address, social security number, phone number, title, date of hire, copies of previous disciplinary actions and status (still working, suspended, or terminated).**

The administrator or designee will review the report. The administrator or designee is then responsible for forwarding a final written report of the results of the investigation and of any corrective action taken to the Illinois Department of Public Health within five working days of the reported incident. The administrator or designee is also responsible

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for informing the resident or their representative of the results of the investigation and of any corrective action taken.

Quality Assurance Review. Any investigation that concluded that abuse occurred shall be reviewed by the Quality Assurance Committee for possible changes in facility practices to ensure that similar events do not occur again.

External Reporting of Potential Abuse

Initial Reporting of Allegations: If a report of alleged mistreatment has occurred, the resident's representative and the Illinois Department of Public Health shall be informed that an occurrence of potential mistreatment has been reported and is being investigated as soon as possible within 24 hours. The report shall be faxed to the regional IDPH office.

A written report shall be sent to the Illinois Department of Public Health regional office. The written report shall contain the following information, if known at the time of the report:

- Name, age, diagnosis and mental status of the resident allegedly abused or neglected
- Type of abuse reported (physical, sexual, misappropriation, neglect, verbal or mental abuse)
- Date, time, location and circumstances of the alleged incident
- Any obvious injuries or complaints of the injury
- Steps the facility has taken to protect the resident

The administrator or designee will also inform the resident or resident's representative of the report of an occurrence of potential mistreatment and that an investigation is being conducted.

Five-day Final Abuse Investigation Report: Within five working days after the report of the occurrence, a complete written report of the conclusion of the investigation, including steps the facility has taken in response to the allegation, will be sent to the Illinois Department of Public Health. The Public Health requirements for a final investigation report are detailed in paragraph five of the Internal Investigations section of this procedure.

For the protection of all individuals involved, copies of any internal reports, interviews and witness statements during the course of the investigation shall be released only with the permission of the administrator or the facility attorney.

Informing the Resident's Representative. The administrator or designee will inform the resident or resident's representative of the conclusions of the investigation.

SUBJECT: ABUSE, NEGLECT AND MISTREATMENT PROHIBITION PROGRAM -
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Inquiries about the Occurrence: Inquiries concerning abuse reporting and investigation should be referred to the administrator or designee.

Informing Law Enforcement Authorities: If the facility's investigation determines that an unlicensed staff member has committed abuse, the facility will fax the final report to both the Illinois Department of Public Health regional office and the central office of the IDPH Division of Long-Term Care operations at 217/785-9182. If there is a finding of abuse by licensed staff, the facility will notify the Illinois Department of Financial and Professional Regulation. The facility will also notify the Illinois State Police, for further investigation of the employee.

Reporting: Sunny Hill Nursing Home ensures reporting of crimes in accordance with section 1150B of the Act by annually notifying covered individuals, as defined at section 1150B(a)(3) of the Act, of that individual's obligation to comply with the following reporting requirements:

- Sunny Hill Nursing Home will report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility.
- Sunny Hill Nursing Home will report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury.

The facility shall immediately contact local law enforcement authorities (i.e. telephoning 9-11 if situation/severity warrants or non-emergency to Joliet Police department # 815.727.8575) in the following situations:

- Physical abuse involving physical injury inflicted on a resident by a staff member or a visitor.
- Physical abuse involving physical injury inflicted on a resident by another resident.
- Sexual abuse of a resident by a staff member, another resident or a visitor
- When a crime has been committed in the facility by a person other than a resident
- When a resident death has occurred other than by disease processes.
- Report of a suspicion of a crime (resulting in serious bodily injury or not).

Adding of an "Abuse Icon" to facilities cited for abuse



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POLICY NO: ADM-164 PAGE(S) 13 of 13

CMS as part of its five-part strategy to ensure safety and quality in America's nursing homes wants to make it easier for consumers to identify facilities with instances of non-compliance related to abuse. Beginning October 23rd, 2019, the new alert icon was added to the "*Nursing Home Compare*" website for facilities cited on inspection reports for one or both of the following: 1) abuse where residents were found to be harmed (Scope/Severity of G or higher) on the most recent standard survey, or on a complaint survey within the past 12 months; or 2) Facilities cited for abuse where residents were found to be potentially harmed (Scope/Severity of D or higher) on the most recent standard survey or a complaint survey within the past 12 months, and on the previous (i.e., second most recent) standard survey or on a complaint survey in the prior 12 months (i.e., from 24 months ago to 12 months ago). This initiative and information will hopefully provide additional transparency and help consumers make more informed decisions.

SUBJECT: CALL LIGHTS
DEPARTMENT(s): Nursing
EFFECTIVE DATE: Exiting
REVISED DATE: December 2, 2019
REVIEWED DATE: January 20, 2024
APPROVED BY: Dawn Green, DON
POLICY NO: NRS-180

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CALL LIGHTS

POLICY:

It is the policy of Sunny Hill Nursing Home to assure residents' needs are met in a timely manner

PROCEDURE:

A call light system will be provided in all resident rooms and bathroom/bathing rooms as a means of directly contacting staff at the nurse's station and/or on the units.

Call lights will be answered by staff, in person, as soon as possible.

Adaptive call lights will be provided whenever possible for residents unable to use a standard push button type call light.

Residents, who are unable to use a call light, due to physical and/or mental disabilities, will be checked per staff at least every two hours or as needed depending on condition.

Call lights may ONLY be turned off at the desk by the NURSE when appropriate.

1. Always place call light in easy reach of the resident.
2. Secure call light in place near resident's hand by use of clip device attached to cord.
3. Obtain an adaptive call light (i.e. pressure sensitive pad, hand bulb, etc. as available) as appropriate for residents unable to press push button standard device.
4. When a call light goes on, go the source as soon as possible, turn off the light and assist the resident as requested/needed. This is the responsibility of all staff seeing/hearing the call light.
5. Assure call light is replaced in easy access to the resident each time resident is moved or repositioned.
6. Call lights should be kept visible and in easy access even when residents are out of their room. Place call light across the bed and ready for use.
7. Never leave call light hanging from wall, always put across bed or in resident reach.

8. For bathroom use place call light cord in the residents.
9. Make rounds to physically check on residents unable to use a call light at least every two hours and more often as needed to assure needs are met.



NURSING HOME OF WILL COUNTY

JENNIFER BERTINO-TARRANT
WILL COUNTY EXECUTIVE

MARGARET MCDOWELL, LNHA, RN
ADMINISTRATOR

P. (815) 727-8710
F. (815) 727-8637
W. willcountyillinois.com/sunnyhill

Sunny Hill Nursing Home
421 Doris Avenue
Joliet, IL 60433

TO: All Sunny Department Staff
FROM: Maggie McDowell, Administrator
DATE: 10/30/2024
SUBJECT: Cell Phone/Earphone Policy

Sunny Hill Nursing Home recognizes that cell phones/earphones have become an integral part of everyday life. Invariably, they may be a great asset if used correctly for productivity apps, calendars, business calls etc. but cell phones may also cause problems when used imprudently or excessively.

Recurrent concerns have been raised by residents regarding staff talking on their phones in resident areas and while rendering and delivering care. Additionally, residents have voiced concerns regarding staffs' use of earphones while passing medications. This is a prohibited activity and presents as an unsafe situation. Staff are unable to fully engage in or know or respond to what is going on around them. Invariably staff cannot be listening to and having a conversation via earphone and paying attention to the task at hand.

Striking a balance between staff using phones effectively and protecting resident dignity and privacy is critical and key.

Sunny Hill Nursing Home policy for "Social Media" defines social media: *"Includes, but not limited to online forums, blogs, microblogs, wikis or vlogs (e.g., Facebook, LinkedIn, Myspace, YouTube, Instagram, Twitter, health pages and blogs, media sites or similar types of online forums). New social networking websites allowing/encouraging online collaboration and/or commentary are being added constantly. This policy covers all existing and future social networking media"*

The policy is not intended to restrict the flow of useful and appropriate information that may improve the facility's ability to meet its mission and professional care responsibilities for the facility's residents and programming/services offered.

Sunny Hill Nursing Home of Will County will utilize social media channels as a method of providing our residents, families, referral sources, employees and communities with a convenient platform to learn more about the facility's services, mission and values and culture. The facility's goal is to provide content that is valuable, relevant, timely and informative, and by doing so, provide additional opportunities for engagement and two-way communication.

At this juncture it is important to review the facility:

Guidelines for facility participation in social media:

"THE LEADER IN RESIDENT CENTERED CARE AND ACTIVE LIVING"

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- Staff is not allowed to post content or otherwise speak on behalf of the facility unless authorized to do so and follow all applicable policies of Sunny Hill.
- Be Respectful. Communicate clearly and courteously. Before hitting send or submit, take a moment to reflect on how what you have written will be perceived by its audience. If someone posts something with which you disagree, do not escalate the conversation to an argument. Hard as it may be to believe, others might not always share your point of view. Accept and respect that.
- Be Honest. Respect the intellectual property of others, post only what you have the rights to post. When in doubt, ask permission.
- Be Discrete. Online posting can have a lengthy lifespan – assume what you post will be around for a long time. Be careful to protect your privacy. Personal and professional lives often become blurred on social media – be thoughtful about how you present yourself online.
- Be Authentic. If are addressing a topic related to long term care, you should not hide your affiliation as an employee of Sunny Hill. On the flip side, don't represent yourself as an official spokesperson for Sunny Hill if you are not.
- Be Helpful. Make your posts meaningful – think of how it could benefit others. Add value whenever possible. Conversely, do not try to respond if you don't know the answer. If you see misrepresentations about Sunny Hill, you should inform Sunny Hill Administration and they will decide what, if any, response will be taken.
- Be Engaging. Effective use of social media tools requires listening and responding. If you're not willing to engage in the conversation, reconsider whether you should delve into social media.

Staff Participation in Social Media

All policies and procedures that apply to uses and disclosures of Protected Health Information in day-to-day work applies with equal force to uses and disclosures of Protected Health Information in the context of social media.

There is no reasonable expectation of privacy in any social media communications (including real time) Communications are never to be considered secure.

It is the policy of Sunny Hill Nursing Home of Will County that Protected Health Information of residents is not to be posted on social media, including email/texting, by any Sunny Hill employee, vendor, volunteer, visitor or resident, including, but not limited to:

- Photographs of, or including a resident, since that photograph may directly or indirectly identify the individual's health care condition. Staff is **NOT** allowed to take photos or videos of residents on personal devices, including mobile phones.
- Discussion regarding a resident in a social context, which may inadvertently include Protected Health Information and may thus identify that resident.
- NO disclosure of resident identifiable information of any kind is allowed, even if the resident is not identified by name.

"THE LEADER IN RESIDENT CENTERED CARE AND ACTIVE LIVING"



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Joliet, IL 60433

- NO statements regarding the facility, residents (past or current) and employees (past and current) or any provided services that are discriminatory/harassing in nature are allowed, including disparaging remarks about the facility or co-workers, or make threatening, harassing, profane, obscene, sexually explicit, racially, sexual orientation or gender derogatory, or other offensive comments are allowed. This will be applied and construed in accordance with Section 7 of the National Labor Relations Act Protected Activity exception.
- NO retaliation is allowed in any form against an individual who in good faith reports possible unethical or illegal conduct, facility conditions regarding public health and safety and/or suspected privacy and/or financial fraud. This includes all protections provided under the Whistleblower Protection Act as adopted by the County of Will (page 37 – The County of Will – Employee Handbook).
- Employees are not allowed to access social media sites during working hours and by using facility-owned computer and/or phone equipment for personal reasons.
- Staff is required to promptly report any identified breach of confidentiality or lack of respect for privacy.
- Employees are not allowed to make or receive personal calls during work hours, except in cases of emergency.
- Cell phones (with the exception of cell phones used on behalf of a resident), pagers/beepers (with the exception of those assigned to and utilized by Sunny Hill Supervisory staff), I-pods and any other personal communication devices (including, but not limited to ear pieces, Bluetooth, etc.) shall not be utilized in the kitchen, any residential care area and/or in the presence of a resident, with the exception of the employee break room. Out-going or in-coming calls are to be made outside of the facility or in the employee break room during non-working times only.
- During working hours all cell phones, pagers/beepers, and other personal communication devices are to be turned off or maintained in a silent mode. This also includes checking communication equipment for texts, missed calls, etc., in a resident area. Failure to comply may result in an employee's cell phone, pagers/beepers and/or other personal communication devices being banned from the building.
- Employees are not allowed to participate in any social networking processes while on duty (includes, but not limited to Facebook, Twitter, emailing, texting, etc.) and are NEVER:
- Allowed to post anything about a resident on any social media tool
- Allowed to take photos of residents at any time, including during personal care activities. This is considered an incident of ABUSE and can result in disciplinary action, including termination of employment, report to the Illinois Department of Public Health and ultimately resulting in revocation of certification and/or licensure.
- Photographs of, or including a resident, since that photograph may directly or indirectly identify the individual's health care condition. Staff is NOT allowed to take photos or videos of residents on personal devices, including mobile phones.

Managers and supervisors are also strongly discouraged from initiating and/or accepting social media connections with employees they manage, and all staff is strongly discouraged from initiating and/or accepting social media connections

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with resident family members and/or visitors. Blending professional and personal relationships via social media may create a variety of actual and/or perceived challenges in the workplace and alter the individuals' ability to effectively perform their job.

Phone use is prohibited in resident care areas. Failure to follow Sunny Hills Social Media Policy will result in progressive discipline up to and including termination.

Any questions or concerns please let me know,

Maggie McDowell, LNHA, RN
Administrator

Sunny Hill Nursing Home
421 Doris Avenue
Joliet, IL 60433

SUBJECT: APPEARANCE STANDARD POLICY
DEPARTMENT(s): Human Resources
EFFECTIVE DATE: Existing
REVISED DATE: November 28, 2019
REVIEWED DATE: January 20, 2023
APPROVED BY: S. Gonzalez, HR Manager
POLICY NO: HRP-404

PAGE(S) 1 of 5

APPEARANCE STANDARD POLICY

POLICY:

It is the policy of Sunny Hill Nursing Home that all Sunny Hill staff is required to adhere to the uniform policy while on duty including full uniform, nametag and standards as described in this policy. It is the policy of Sunny Hill Nursing Home to provide a uniform voucher to employees for the purchase of required uniform attire. Any employee not in uniform will be promptly disciplined and/or sent home. All new employees are expected to be in full compliance with the policy by their first day of work.

Administration reserves the right to determine adherence to the policy and provide any special considerations on a case-by-case basis.

PROCEDURES:

Required for ALL Sunny Hill Staff

- All departmental staff MUST wear Sunny Hill issued NAME TAG at all time while on duty. The nametag must be worn and visible on the shirt or smock between shoulder and waist level. If nametag is lost, request replacement for shift from supervisor and request a permanent replacement (if needed) from the Human Resource Department by filling out request form from reception. Wearing any other name badge than the Sunny Hill issued NAME TAG is considered a temporary measure good for one shift only, unless NAME TAG replacement paperwork is filled out and received by reception and/or Human Resource staff.
- Hose is required (nylons or socks). This is an infection control requirement.
- Shorts: Manufactured uniform shorts in designated color, bermuda (knee-length) or clam digger length only. No dangling strings or laces hanging from pants/shorts.
- Grooming: All staff is expected to present a clean, professional appearance.
- Special dress days will be allowed as designated by SHNH Administration.
- Make-up is to worn in moderation.
- Hair must be clean, neatly groomed and conform to infection control and safe work practices.
- Facial hair such as beards, mustaches and sideburns must be neatly trimmed and groomed.
- All uniforms /clothing must be clean, free of holes and/or tears and stains and be of the correct size.
- Hair must be of a color that would naturally grow (black, brown, red, blonde, gray, white). Any unnatural color is not acceptable, i.e. blue hair, pink hair, purple hair, etc.
- Refrain from wearing strong perfumes and after-shave products. Many residents have respiratory issues, allergies and/or sensitivity to scents.

DEFINITIONS:

Artificial nails: any substances or devices applied to natural nails that can enhance or extend a person's natural fingertip and include, but is not limited to: artificial tips, wraps, inlays, appliqué, acrylics, gels, powders or light contrast nails and shellac manicures.

NOT allowed for ANY Sunny Hill Staff:

- Hats/Head scarves/Do wraps/ skull caps
 - Electronic headgear – earphones (phone, radio, I-pods, etc.)
 - No flip-flops or backless shoes
 - Sunglasses
 - Leggings and/or spandex pants
 - “See-through” apparel
 - Low-cut and/or halter tops
 - Any midriff bearing apparel
 - Sweat pants/sweat shirts/athletic wear
 - No outside jackets can be worn as part of your uniform
 - Jogging or pajama pants (of any type)
 - Tee shirts or undershirts or underwear t-shirts
 - Shirts with screen printing
 - NO denim for any staff is allowed unless it is a designated “Jeans Day” by SHNH
- Administration. NO DENIM uniforms and/or Jean jackets can be worn unless it is a designated jeans day.
- Undergarments may not show through uniform. No sagging or hanging pants.
 - Employees may not wear visible, temporary tattoos. Permanent tattoos must be covered by work attire/uniform whenever possible. All permanent tattoos that contain offensive material MUST be covered.
 - Body jewelry - visible body piercings are not acceptable, included, but not limited to nose, eyebrow and/or tongue piercing(s). Must be removed or covered with bandage. Jewelry with the intent to stretch or gauge ears or nostrils is prohibited.

Specific Department Guidelines:

Life Engagement Department:

- ***Clothing***
Any colored coordinated uniform top and bottom. Male life engagement employees: any colored uniform top and tan, blue or black slacks. Caps/hats are allowed for life engagement staff working as bus driver or when doing outside work, though caps cannot be worn sideways and/or backwards.
- ***Shoes***
Non-skid soled shoes must be in good repair. Shoes MUST cover the entire foot (NO backless shoes, side of shoe openings, no open toes, etc.) No high heels are allowed. Shoelaces must be tied.
- ***Hair***
Long hair must be tied back and up off the shoulders.
- ***Nails***
NO Nail polish, (not even clear polish), artificial nails (see definition), long nails or nail jewelry/sparking ornaments are to be worn while on duty. Fingernails must be short, cleaned and trimmed (cannot extend past the fingertip) to ensure resident safety and infection control.
- ***Jewelry***
Jewelry should be kept to a minimum. Necklaces are allowed as long as they are contained within the uniform top. Please be aware that oversize jewelry is not allowed due to the

possibility of resident injury, including skin tears and personal safety (can be pulled or caught in machinery). No angling or large hoop earrings. There is to be nothing dangling from the bottom of the ear lobe. Rings are allowed, but please use common sense regarding ring style and number of rings. Management reserves the right to determine if rings being worn are excessive and/or may cause harm to a resident.

Food & Nutrition Services Department:

- ***Clothing***
Any colored uniform top and bottom and black apron. The apron must be worn correctly as inserviced.
- ***Shoes***
Non-skid soles for safety shoes must be clean and in good repair. Must cover entire foot with no openings. Canvas and/or cloth or “sport/gym” shoes cannot be worn in the kitchen or food serving area.
- ***Hair***
Hair restraints are provided by Sunny Hill and must cover all hair including bangs, braids, ponytails, wigs, hairpieces, etc.
- ***Nails***
NO Nail polish, (not even clear polish), artificial nails (see definition), long nails or nail jewelry/sparking ornaments are to be worn while on duty. Fingernails must be short, cleaned and trimmed (cannot extend past the fingertip) to ensure resident safety, infection control and meet State of Illinois Food Preparation and Handling Guidelines.
- ***Jewelry***
Jewelry should be kept to a minimum. Necklaces are allowed as long as they are contained within the uniform top. Please be aware that oversize jewelry is not allowed due to the possibility of resident injury, including skin tears and personal safety (can be pulled or caught in machinery). No angling or large hoop earrings. There is to be nothing dangling from the bottom of the ear lobe. Rings are allowed, but please use common sense regarding ring style and number of rings. Management reserves the right to determine if rings being worn are excessive and/or may cause harm to a resident.

Nursing Department:

- ***Clothing***
R.N./L.P.N./C.N.A./Unit Clerk/C.R.A.: Any colored-coordinated uniform top and bottom. Nursing staff MUST have gait belt on their person and available for resident use daily. Not having a gait belt and having to borrow one from the facility will result in disciplinary action. If gait belt is lost, replacement cost will be staff’s responsibility.
- ***Shoes***
Non-skid soled shoes must be clean and in good repair. Shoes MUST cover the entire foot (NO backless shoes, side of shoe openings, no open toes, etc.) No high heels are allowed. Shoelaces must be tied.
- ***Hair***
Long hair must be tied back and up off the shoulders.
- ***Nails***
NO Nail polish, (not even clear polish), artificial nails (see definition), long nails or nail jewelry/sparking ornaments are to be worn while on duty. Fingernails must be short, cleaned

and trimmed (cannot extend past the fingertip) to ensure resident safety and infection control.

- ***Jewelry***

Jewelry should be kept to a minimum. Necklaces are allowed as long as they are contained within the uniform top. Please be aware that oversize jewelry is not allowed due to the possibility of resident injury, including skin tears and personal safety (can be pulled or caught in machinery). No angling or large hoop earrings. There is to be nothing dangling from the bottom of the ear lobe. Rings are allowed, but please use common sense regarding ring style and number of rings. Management reserves the right to determine if rings being worn are excessive and/or may cause harm to a resident.

Environmental Services Department:

- ***Clothing***

Females: Any colored coordinated uniform top and bottom. Males: Any colored uniform top with tan, blue or black slacks. Baseball caps are allowed for housekeeping staff working in special projects, though caps cannot be worn sideways and/or backwards.

- ***Shoes***

Non-skid soled shoes must be clean and in good repair. Shoes MUST cover the entire foot (NO backless shoes, side of shoe openings, no open toes, etc.) No high heels are allowed. Shoelaces must be tied.

- ***Hair***

Long hair must be tied back and up off the shoulders.

- ***Nails***

NO Nail polish, (not even clear polish), artificial nails (see definition), long nails or nail jewelry/sparking ornaments are to be worn while on duty. Fingernails must be short, cleaned and trimmed (cannot extend past the fingertip) to ensure resident safety and infection control.

- ***Jewelry***

Jewelry should be kept to a minimum. Necklaces are allowed as long as they are contained within the uniform top. Please be aware that oversize jewelry is not allowed due to the possibility of resident injury, including skin tears and personal safety (can be pulled or caught in machinery). No angling or large hoop earrings. There is to be nothing dangling from the bottom of the ear lobe. Rings are allowed, but please use common sense regarding ring style and number of rings. Management reserves the right to determine if rings being worn are excessive and/or may cause harm to a resident.

Administration, Admissions, Finance, Marketing, Nursing Office Staff, Reception and Social Services:

- ***Clothing***

Professional, casual attire is required, including Sunny Hill issued nametag. Form fitting pants must be worn under clothing that is fingertip length.

- ***Shoes***

Regular shoes may be worn.

- ***Hair***

Hair may be worn loose as long as it does not interfere with job duties. Hair should be pulled back off the shoulder when assisting residents during meal times.

- ***Nails***

Nails appropriate for professional work environment that do not interfere with job duties but

shall not exceed $\frac{1}{4}$ inch.

- ***Jewelry***

Jewelry should be kept to a minimum and appropriate for a professional environment. Rings are allowed, but please use common sense regarding ring style and number of rings.

Management reserves the right to determine if rings being worn are excessive and/or may cause harm to a resident.

Point Click Care

Login

Touch the screen and enter your username (all lower case) and password (first letter is capitalized)

Editing Assignment Group

1. In the Shift Dashboard, click the Edit Assignment button. The Current Shift/Assignment Selection pop-up will be displayed.
2. Select the desired shift from the Shift drop down box.
3. Select your position.
4. Select the appropriate assignment group or unit.
5. Select Show Tasks to view all positions, select appropriate position.
6. Click OK button to confirm the change in assignment.

Quick Entry Icons & Assigned Frequency

Quick Entry icons are a row of icons that represent different tasks or activities. You can click any one of them to display the list of residents who require attention for a specific task for the current shift or assignment. You can record tasks and activities by using the Quick Entry Icons or by clicking a resident's name.

Documenting Tasks through Quick Entry Icons

1. Click the POC tab to view Resident List and the Quick Entry Icons.
2. Click the Quick Entry icon related to the task you want to document. Once the page is displayed, the Icons will be color coded indicating status of the task:
 - a. White = Future
 - b. Yellow = In progress (to be completed within an hour)
 - c. Green = Complete
 - d. Red = Overdue
3. Click Scheduled Time that appears to the right of each task to change the time, if needed.
4. Use the Name and location button at the top right corner to sort Resident List by name or location.
5. When you click on a residents name on the navigation panel on the left side of the page, the responses for the task will be displayed on the right side.
6. At the top right corner you will be able to select Resident Not Available, Resident Refused or Not applicable to answer any questions.
7. After selecting the appropriate answer for each questions click the save button.

SUBJECT: ELECTRONIC MEDICAL RECORDS
DEPARTMENT(s): Nursing
EFFECTIVE DATE: January 2015
REVISED DATE: January 2020
REVIEWED DATE: January 20, 2024
APPROVED BY: Dawn Green, Director of Nursing
POLICY NO: NRS-422

PAGE(S) 1 of 1

ELECTRONIC MEDICAL RECORDS

POLICY:

It is the policy of Sunny Hill Nursing Home of Will County to use electronic medical records in lieu of paper records when approved by the Administrator.

PROCEDURE:

1. Electronic medical record (EMR) is an acceptable form of medical record management.
2. Only authorized persons who have been issued a password and user ID code will be permitted access to the electronic medical records system.
3. The facility will make reasonable efforts to limit the use or disclosure of protected health information to only the minimum necessary to accomplish the intended purpose of the use or disclosure.
4. The Compliance and Ethics Officer/Risk Manager, HIPAA Privacy Officer and Administrator maintain a listing of each user ID code. Such listing is confidential and secured.
5. Human Resources will send change of status information for all employees to the Compliance and Ethics Officer/Risk Manager and HIPAA Privacy Officer as they occur.
6. When personnel and physician changes occur, or there is reason to believe that unauthorized access to protected information has occurred, the Administrator, Compliance and Ethics Officer/Risk Manager or the HIPAA Privacy Officer shall review the security of the information and change user ID codes if necessary.
7. Authorized federal and state survey agents, etc., as outlined in current regulations, may be granted access to electronic medical records.
8. The Compliance and Ethics Officer/Risk Manager and HIPAA Privacy Officer will conduct thorough reviews of all active accounts in the EMR on a quarterly basis.
9. Our electronic medical records system has safeguards to prevent unauthorized access of electronic protected health information (e-PHI). These safeguards include administrative, technical and physical safeguards that are appropriate for:
 - a. The probability and criticality of risks to e-PHI based on a thorough risk analysis conducted by this facility;
 - b. The size, complexity and capabilities of this organization; and
 - c. The technical infrastructure, hardware, software and security capabilities.

SUBJECT: HIPAA – RELEASE OF INFORMATION
DEPARTMENT(s): Administration
EFFECTIVE DATE: 09/13/2024
REVISED DATE:
REVIEWED DATE:
APPROVED BY: Maggie McDowell, Administrator
POLICY NO: ADM-767

Page 1 of 2

HIPAA – RELEASE OF INFORMATION

POLICY:

Sunny Hill Nursing Home maintains the confidentiality of each resident's personal and protected health information.

PROCEDURE:

1. Each resident will receive confidential treatment of his or her personal and medical records and may approve or refuse their release to any individual outside the facility, except in case of a transfer to another healthcare institution or as required by current HIPAA law.
2. Medical records are the property of the facility.
3. All information contained in the resident's medical record is confidential and may only be released by the written consent of the resident or his/her legal representative, consistent with state laws and regulations.
4. Release of resident information including video, audio, or electronically stored information will be based on the facility's concern for protecting resident rights.
5. Access to the resident's medical records will be limited to the staff and consultants providing services to the resident. (Note: Representatives of state and federal regulatory agencies have access to resident information without the resident's consent.)
6. Resident records, whether medical, financial, or social in nature, are safeguarded to protect the confidentiality of the information. Only those persons concerned with the fiscal affairs of the resident will have access to the resident's financial records as permitted by current HIPAA laws.
7. Closed or thinned medical records are maintained in the medical records department and are available only to authorized personnel. Authorized personnel include, but are not necessarily limited to:
 - a. nursing personnel
 - b. physicians
 - c. consultants
 - d. support services (i.e., dietary, activities, social, etc.)
 - e. administration
 - f. government agencies; and/or
 - g. resident/representative

8. The resident may initiate a request to release such information contained in his/her records and charts to anyone he/she wishes. Such requests will be honored only upon the receipt of a written, signed, and dated request from the resident or representative.
9. A resident may have access to his or her records within 24 hours (excluding weekends or holidays) of the resident’s written or oral request.
10. A resident may obtain photocopies of his or her records by providing the facility with at least a forty-eight (48) hour (excluding weekends and holidays) advance notice of such request. A fee may be charged for copying services.
11. The facility may recommend that the resident or representative review the active chart in the presence of a knowledgeable staff person who can discuss the information and answer questions capably.

References	
OBRA Regulatory Reference Numbers	<p>§483.10(b)(6) If the facility has reason to believe that a resident representative is making decisions or taking actions that are not in the best interests of a resident, the facility shall report such concerns when and in the manner required under State law.; §483.10(g)(2) The resident has the right to access personal and medical records pertaining to him or herself.; §483.10(g)(3) With the exception of information described in paragraphs (g)(2) and (g)(11) of this section, the facility must ensure that information is provided to each resident in a form and manner the resident can access and understand, including in an alternative format or in a language that the resident can understand. Summaries that translate information described in paragraph (g)(2) of this section may be made available to the patient at their request and expense in accordance with applicable law.; §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.; §483.20(f)(5) Resident-identifiable information.; §483.70(i) Medical records.</p>
Survey Tag Numbers	F551; F573; F583; F842
Other References	2001 MED-PASS, Inc (Revised November 2009)
Related Documents	Release of Information – Minimum Necessary Use
Version	1.1 (H5MAPL0731)

SUBJECT: MEDICATION ADMINISTRATION
DEPARTMENT(s): Nursing
EFFECTIVE DATE: February 1, 2016
REVISED DATE: December 8, 2023
REVIEWED DATE: December 8, 2023
APPROVED BY: Dawn Green, DON
POLICY NO: NRS-558

PAGE(S) 1 of 2

MEDICATION ADMINISTRATION

POLICY:

It is the policy of Sunny Hill Nursing Home to ensure that medications are administered safely as prescribed.

All medications shall be administered as prescribed by licensed personnel authorized to do so in accordance with standard nursing practice and current regulations. Residents are permitted to self-administer medications when specifically authorized by the physician and if determined able in accordance with policies and procedures for self-administration of medication.

PREREQUISITES:

1. Physician's orders
2. Medication Administration Records (MARs) or Electronic Medication Administration Records (eMAR)
3. Treatment Administration Records (TAR)
4. Associated supplies

PROCEDURE:

1. Infection control policies are followed at all times during medication administration.
2. The resident is identified prior to administration by:
 - a. Checking the photograph of the resident and/or;
 - b. Checking the identification wristband and/or by;
 - c. Asking the resident to identify him/herself by name
3. Medications are prepared and administered by the same nurse. Administration should occur at the time of preparation. The nurse will administer medications and witness the resident taking medication.
4. Prior to administration, the nurse must verify medications and orders by comparing the medication label with the physician's order on the MAR/eMAR. Any discrepancies must be followed up by checking the original physician's order.
5. Each dose administered shall be properly recorded on the resident's MAR, TAR, or eMAR, immediately following administration. On paper records, initials are verified by signature each month in the section provided on the back of the MAR/TAR.
6. If the physician's medication order cannot be followed, the physician should be notified, depending upon the situation. On paper records, the nurse's initials are circled on the front

of the MAR indicating the dose was not given; reason is recorded on the back. If an eMAR is being utilized, document in the record the reason the medication was not given.

7. Medications prescribed for one resident shall not be administered to another resident.
8. Medications are administered within one (1) hour of prescribed time. Unless otherwise specified by the physician, routine medications are administered according to established medication administration schedule.
9. When PRN medications are given, the nurse administering must record all pertinent information on the MAR/eMAR:
 - a. Reason for giving
 - b. Date, time, and initials of nurse
 - c. Route
 - d. Results
10. During the medication pass, the medication/treatment cart is kept in visual control. If unable to maintain control, the cart must be locked. If leaving the cart to administer medications, only one resident's medication may be taken. No medications are kept on top of the cart.
11. All necessary items/supplies should be readily available for the proper administration of medication.
12. Medication and drug reactions must be immediately reported to the Director of Nursing and the physician. The Consultant Pharmacist should also be notified. Document any drug reactions.

SUBJECT: NATURAL NAIL POLICY FOR DIRECT/INDIRECT RESIDENT CARE STAFF
DEPARTMENT(s): Nursing, Human Resources
EFFECTIVE DATE: May 18, 2016
REVISED DATE: December 20, 2023
REVIEWED DATE: December 20, 2023
APPROVED BY: Dawn Green/S. Gonzalez, Director of Nursing/Human Resources
POLICY NO: NRS/HRP-444 PAGE(S) 1 of 2

NATURAL NAIL POLICY FOR DIRECT/INDIRECT RESIDENT CARE STAFF

POLICY

It is the policy of Sunny Hill Nursing Home of Will County to promote natural fingernails and hand hygiene and define expectations and restrictions of artificial and natural nails and to reduce the transmission of pathogenic microorganisms to residents, employees, other staff and visitors throughout the facility.

DEFINITION

Artificial nails are any substances or devices applied to natural nails that can enhance or extend a person's natural fingertip and include, but is not limited to: artificial tips, wraps, inlays, appliques, acrylics, gels, powders or light contrast nails and shellac manicures. No nail jewelry or sparking ornaments.

I. LENGTH OF NAILS

- A. Fingernails should be kept clean, healthy and short (1/4 inch [5mm] or less beyond the tip of the finger).
- B. Long nails, both artificial and natural, harbor more microorganisms than short nails.
- C. Long nails may pose a hazard to resident safety when moving or positioning the resident.
- D. Long fingernails require extra effort when cleaning subungual areas.

II. ARTIFICIAL NAILS

- A. NO artificial nails or nail enhancements (see definition) can be worn by any person whose responsibilities that include, but is not limited to, the handling of sterile and or cleaning equipment/supplies and/or direct hands-on resident contact.
 1. Numerous studies validate the increased number of bacteria cultured from the fingertips of persons wearing artificial nails, both before and after hand washing.
 2. Outbreaks of infections have been traced to the artificial fingernails of healthcare workers.
- B. Employees are required to practice health care practiced hand hygiene by adhering to specific infection prevention practices.

SUBJECT: NATURAL NAIL POLICY FOR DIRECT/INDIRECT RESIDENT
CARE STAFF

POLICY NO: NRS/HRP-444

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III. NAIL POLISH AND/OR NAIL JEWELRY

- A. NO nail polish (not even clear coat) is to be worn by any person whose responsibilities that include, but is not limited to, the handling of sterile and or cleaning equipment/supplies and/or direct hands-on resident contact.
 - i. Please refer to SHNH Employee Handbook for specific guidelines per department as stated under Appearance Standard Policy on pages 104, 105 and 106.
- B. Nail jewelry or sparkling ornaments are not to be worn due to posing a safety hazard in resident care and/or glove protocol.

SUBJECT: NURSING - CNA ASSIGNMENTS
DEPARTMENT(s): Nursing
EFFECTIVE DATE: February 24, 2003
REVISED DATE: July 14, 2017
REVIEWED DATE: January 20, 2024
APPROVED BY: Dawn Green, DON
POLICY NO: NRS-155

PAGE(S) 1 of 1

NURSING - CNA ASSIGNMENTS

POLICY:

It is the policy of Sunny Hill Nursing Home to assure CNA functional duties are based on residents assessed needs as identified in the resident's Care Plan and additional duties as assigned/directed are completed.

PROCEDURE:

1. Charge nurses are responsible to:
 - a. Monitor resident care and assign special duties as deemed necessary to assure resident and avenue needs are met.
 - b. Supervise CNAs' job performance & work rule compliance and give directions as necessary.
 - c. Report violations to the RN Supervisor for follow up.
 - d. Assure CNAs document each shift.
2. CNAs are responsible to:
 - a. Check in at nursing office & report on duty to the charge nurse.
 - b. Make rounds and get report.
 - c. Communicate with co-workers and make a plan to complete required duties
 - d. Review the resident care plan on PCC daily.
 - e. Follow care plan and assure all resident needs are met.
 - f. Make rounds with and give report to on-coming shift.
 - g. Complete all required documentation in PCC and report off to the charge nurse.
 - h. Report all resident change in condition and resident complaints to charge nurse immediately.

HOW TO USE AN ELECTRIC HOYER

1. Turn lift "ON" by turning the red "RESET" button clockwise until it pops up. Ensure that at least one green light is on battery indicator. Three green lights indicate fully charged battery. Do not use lift if no green light is on.
2. Position the base of the lift under the bed.
3. Widen the base. DO NOT LOCK BRAKES.
4. Fold the sling in half under the patient.
5. Roll patient and pull the sling through underneath the patient so that they are on top of the sling. Ensure the back strap on the sling is facing downwards on the bed (on the outside of the patient.)
6. If using a Universal (U-shaped) sling: pull both of the lower flaps between the legs. Feed left strap through the right strap creating a criss-cross and attach straps to the patient lift.
7. Attach upper straps to lift on first and second pair of hooks.
8. Ensure all straps are secure.
9. Instruct patient to remain relaxed in sling.
10. Press the "Up" button on the hand control.
11. Ensure the sling is secured and patient is positioned facing the actuator (cylinder) of the lift.
12. Press the "Up" button until the patient's body has completely left the bed.
13. Close the base, and pull the lift away from the bed.
14. Ensure the lift is properly positioned, with the base spread, before lowering. Lower the patient to the object intended.
15. Turn the lift "OFF" by pressing down the "RESET" button.

HOW TO USE AN ELECTRIC STAND ASSIST

1. Turn lift "ON" by turning the red "RESET" button clockwise until it pops up. Ensure that at least one green light is on battery indicator. Three green lights indicate fully charged battery. Do not use lift if no green light is on.
2. Position the base of the lift around or under the chair.
3. Widen the base and apply the brakes in both rear casters.
4. Position patients feet on the foot platform and knees against the knee pad.
5. Position the sling behind the back with the two red pans under the arms and the single red lumbar pas against the small of the back.
6. Attach Velcro strap and plastic clip in front of the chest.
7. Attach upper straps to lift on first or second pair of hooks.
8. Pull both of the lower flaps between the legs. Feed left strap through the right strap creating a criss-cross and attach straps to patient lift.
9. Instruct patient to grip both handles and have feet securely on platform with knees against kneepad. Have patients hold their arms around their chest if they cannot hold handles.
NOTE: Stand assist patient lifts require some level of upper body strength to maintain grip on the handles.
10. Press the "Up" button on the hand control.
11. Ensure the sling is secured and patient's knees are against the knee pad.
12. Press the "Up" button until the patient's body has completely left the chair.
13. Release the brakes, close the base, and pull the lift away from the end.
14. Ensure to lock the brakes on the lift and lock any brakes on the object the patient is being lowered onto (i.e. wheelchair) before lowering. Lower the patient to the object intended.
15. Turn the lift "OFF" by pressing down the "RESET" button.

SUBJECT: TRANSFER - ELECTRIC LIFT
DEPARTMENT(s): Nursing
EFFECTIVE DATE: May 2, 2003
REVISED DATE: April 28, 2021
REVIEWED DATE: December 31, 2021
APPROVED BY: D. Stanko, DON
POLICY NO: NRS-184

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TRANSFER - ELECTRIC LIFT

POLICY:

It is the policy of Sunny Hill Nursing Home to use an electric lift appropriately to facilitate safe transfers of resident.

The electric lift is also used to reduce injury risk to employees, by limiting, as much as possible, manual lifting for employee.

PROCEDURE:

1. The electric lift is used by all nursing personnel per care plan. At least two (2) people are present during transferring the resident. You **MUST** have **HANDS ON** the resident at **ALL** times during the transfer. One of the persons **MUST** have **HANDS ON CONTACT** with the resident during the **ENTIRE** transfer.
2. Lift is to be used **FOR RESIDENT TRANSFER ONLY** and should **NOT** be used for transporting resident from one location to another.
3. Document transfer technique on Nursing Care plan, including number of personnel required to safely transfer the resident.
4. The **maximum weight** that can be safely lifted is 600 pounds unless otherwise identified on the lift.
5. Lift Operation
 - a. Lift battery must be charged nightly and when not in use. There are the following types of batteries and chargers:
 - 1) Internal battery is charged by plugging a charger into outlet on base of lift and charger cord into electrical outlet.
 - 2) External battery located on column of lift is charged by removing battery and placing it into a charger base, which is plugged into an electrical outlet.
 - 3) Battery and charger located within the lift and is charged by plugging cord that is permanently attached to lift into electrical outlet. Green light meaning power and yellow light signifying charging will illuminate on the charger. When battery fully charged yellow charge light will shut off.

6. Transfer from Bed to Chair / Wheelchair / Recliner

- a. Unplug and take the lift, sling, and chair to bedside.
- b. Inspect the lift and sling to make sure they are undamaged and in good working condition (see #8.).
- c. Explain procedure to resident.
- d. Position chair/wheelchair/recliner to allow room for maneuvering the Lift's U-base between the bed and chair.
- e. Turn resident to opposite side of bed. Be sure siderail is securely locked in place before turning resident. Place folded sling
 - 1) Soft side towards resident
 - 2) Place upper edge of sling even with shoulder
- f. Roll resident back onto sling
 - 1) Sling even, free of wrinkles and supporting resident.
 - 2) Pull lower straps up through resident's legs and crises cross the straps.
 - 3) Elevate head of bed to sitting position.
- g. Move lift to side of bed so that open end of U-base is pushed under the bed.

STAFF ALERT

DO NOT LOCK THE WHEELS when lifting the resident

- h. Attach sling straps to lift bars. Ensure all four loops on lifting sling are correctly attached to hooks to prevent resident from sliding or falling out of sling.
- i. Instruct resident to hold straps if able. Place arm of helpless resident in lap.
- j. Complete safety check
 - 1) U-base (lift legs) in wide open position. Press and hold down lever on top of back wheels of lift, in order to adjust width of U-base.
 - 2) Red Emergency Stop Button in UP position.

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- g. Regulate descent of resident onto bed.
 - h. Remove sling from under resident and assist to comfortable position.
 - i. Close base of Lift, return to storage area and plug charger in.
 - j. Place sling in designated storage area after cleaning with germicide.
8. Inspect the lift and sling to make sure they are undamaged and in good working condition prior to use each time needed. If lift and/or sling is found damaged, DO NOT USE, REMOVE FROM UNIT.
- a. If the lift does not operate properly, i.e. control does not work, will not go up/down, take lift to maintenance department. Place a written communication on equipment of what does not work.
 - b. If the sling is defective, i.e. loose/missing stitches, tears, take sling to nursing office.
9. Inspection of lift and sling will be done monthly by maintenance department for lift and designated nursing staff for slings.
10. Sling size will be determined by Restorative ADON or designee. Size is determined by weight and shoulder circumference.
- a. medium 37"-57" shoulder circumference (purple)
 - b. large 47"-67" shoulder circumference (green)
 - c. x-large 57"-80" shoulder circumference (blue)
 - d. weight 100-180 lbs. med (purple)
 - e. weight 150-280 lbs. large (green)
 - f. weight 200-400 lbs. x-large (blue)

SUNNY HILL

NURSING HOME OF WILL COUNTY

JENNIFER BERTINO-TARRANT
WILL COUNTY EXECUTIVE

MARGARET MCDOWELL, LNHA, RN
ADMINISTRATOR

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Sunny Hill Nursing Home
421 Doris Avenue
Joliet, IL 60433

MEMO:

ATTN: All Staff
FROM: Maggie McDowell, Administrator
DATE: 6/3/24
SUBJECT – Sewer Blockages & Overflow

As staff are already aware Sunny Hill has experienced periodic and ongoing issues with backed up sewer lines and water and sewerage backups, and subsequent overflows as a result.

More recently this issue has been occurring more frequently and posing a major operational disruption and cost for ensuing repairs.

Effective since last Friday May 31, 2024, **NO** wipes, face masks, gloves, feminine products, incontinent products, wash cloths are to be flushed down the toilet. These outlined items are predominantly products removed from the various blockages.

To remediate effects the facility has switched to using a smaller, biodegradable wipe which should **NEVER** be flushed down the toilet. These wipes were distributed to all Avenues on Friday afternoon and all other wipes were removed.

Approaches adopted to date include the following: Nursing posted a notice on the Dashboard in PCC system to nursing staff. Concern was voiced and reviewed with nursing staff at walking rounds by nursing management. InServices were commenced by House Supervisors over the weekend. A mandatory meeting is scheduled for Monday, 6/3 with the Leadership Team. Administrator will review, discuss and reinforce the overall concern/issue and share a memo to be inserviced by respective managers/directors to all their department staff relative to appropriate disposal of various products. This memo will also be shared with all nursing Agencies to share with their staff who come to and are assigned to Sunny Hill. Visual instruction reminders will be placed in all bathrooms reflecting appropriate disposal of various items. Requesting preventative maintenance be undertaken such as routine monthly checks of clean outs. Requested feasibility and exploration of checking and scoping the runs at routine intervals to proactively determine potential blockages

Optimistic that a combination of efforts to remediate the issues will hopefully prevent any further episodes occurring.

Thank you everyone for your anticipated cooperation.

Maggie McDowell, LNHA, RN
Administrator

"THE LEADER IN RESIDENT CENTERED CARE AND ACTIVE LIVING"