



CONTRACT STAFF ORIENTATION

Kane Community Living Centers are comprised of 4 skilled care facilities owned and operated by Allegheny County and are located in Glen Hazel, McKeesport, Ross, & Scott townships. The centers have the capacity to care for over 1100 residents ranging in age from early 20's to over 100 years old. The length of stay for residents at our facilities varies from short term (3 weeks or less) to long term care. Residents are admitted for a variety of reasons which include therapy (PT, OT, ST), orthopedic care, stroke, cardiac rehabilitation, wound care, pain management, post-op care, respite, neurological diseases, dementia, palliative care, end of life, & inability to care for self. The Centers provide the necessary care and services to each resident to attain or maintain his/her highest practicable physical, mental, and psychosocial well-being in accordance with their comprehensive **person-centered** plan of care that is **culturally competent**, and **trauma informed**. The Centers also develop, implement and maintain an effective, ongoing, and comprehensive data-driven **Quality Assurance Process Improvement** plan that focuses on indicators of the outcomes of care, resident choice and quality of life.

MISSION STATEMENT

To provide quality nursing & rehabilitative services through shared values to enhance the lives of our residents, families, & community.

VISION STATEMENT

We, the dedicated employees of the Kane Community Living Centers, will lead the future of short & long-term care.

KANE VALUES

1. **Honesty.** We act with absolute honesty, integrity, and fairness in the way we conduct ourselves.
2. **Compassion.** We treat all those we serve with compassion, kindness and appreciation.
3. **Respect.** We recognize and affirm the unique and intrinsic worth of each individual.
4. **Quality.** We consider quality to mean the highest possible quality and continuously improving services. We strive to attain the residents' highest practical physical, mental well-being.
5. **Teamwork.** We trust our employees as valuable members of our healthcare team and pledge to treat one another with loyalty, respect, and dignity.
6. **Accountability.** Our conduct is always responsible, trustworthy, and safe. We make personal commitments to residents, families, and colleagues. We hold ourselves accountable for these commitments, and we take individual responsibility for our decisions and actions to get results.

ARRIVING AT THE CENTERS

Please Park in the employee lot at each center & enter the building through the MAIN entrance. Each center has a code to get into the building.

SCANNING IN & OUT

Please clock in for your shift upon arrival & out at the completion of your shift. Security and/or the Staffing Specialists will enroll you into the payroll system. It is your responsibility to make sure that you scan in & out in a timely manner. You may scan 7 minutes prior to the start of & 7 minutes following the end of your shift. Please alert supervisor if unable to comply with time restrictions. Overtime is strictly prohibited unless prior approval is obtained from the facility Administrator.

STAIRWELL CODES

Once inside the centers, you will find that certain rooms & stairwells require a code to enter & exit. These codes can be obtained from Security or supervisors at each center.

MEALS

Our cafeterias serve lunch & dinner. Contract employees are entitled to a 30-minute unpaid lunch.

SMOKING/ALCOHOL

Residents, visitors, & staff are permitted to smoke at each of the centers at designated times & only in designated locations. Please familiarize yourself with your centers process. There is absolutely no smoking permitted inside the buildings.

All residents are to be supervised while smoking & no resident may possess matches or lighters at any time.

Use of electronic cigarettes is prohibited on all Allegheny County property. No employee may possess or consume alcohol while on county property.

CELL PHONES

Cell phones & other electronic devices are not to be carried on your person or used while working. Items may be utilized while on break or at lunch in non-resident areas.

DRESS CODE

1. Clothing must be modest, clean, neat, wrinkle-free & may not have writing on it that is suggestive, vulgar or controversial.
2. Clothing must be worn to protect the health and safety of employees and residents. Clothing, jewelry, and other accessories must be worn to avoid hazards when using equipment and providing resident care. Hair must be pulled back and/or up.
3. Photo ID Badges must be worn at all time.
4. Fingernails are to be kept clean and neat. Nails should be no longer than 1/4 inch in length. Acrylic or Gel nails, enhancements, & chipped nail polish are prohibited.
5. Dark lenses and sunglasses are not appropriate eyeglass wear in the workplace.
6. All uniform tops must be scrubs. Hoodies, Sweatshirts, Sweatpants, and shorts are not acceptable.
7. Shoes should be leather or canvas athletic shoes, clinic shoes, or washable shoe clogs with skid resistant soles, and all shoes must have closed-in back and no air holes on the shoe. Boots are not allowed.

SAFETY/ACCIDENT PREVENTION

1. Pick up after yourself, clean up spills (even if you did not cause them), use proper body techniques, and use equipment properly. If you are unsure of how to use a particular piece of equipment, please ask for guidance. Every Hoyer lift transfer requires 2 staff to always assist. Also, any resident being taken into the shower room, requires 2 staff to assist. Take out of service and report any broken equipment or malfunction equipment immediately.
2. Call **4444** for any emergency/disaster.
3. To protect the safety and welfare of our residents and employees, the centers reserve the right to inspect all packages, bags, boxes, containers, coats, purses, and similar items of any visitor or employee at any time while on the premises.
4. At each center, you will have access to Safety Data Sheets (SDS) which provide information about hazardous chemicals that you may encounter while working. Please ask security or nursing supervisor at your designated center the location of these books. A description of the sheets and labels and pictograms that are utilized on the SDS' can be found at:
www.osha.gov/Publications/OSHA3514.html

FIRE SAFETY

If you see or smell smoke &/or fire:

R: RESCUE	Remove everyone in immediate danger
A: ALARM	Activate the alarm at closest pull station Call the operator at 4444 & give the following Information: name, location, what is burning.
C: CONTAIN	Close doors, small fires may be extinguished using A fire blanket or extinguisher
E: EVACUATE	Take residents to a safe area behind fire doors

When using an extinguisher:

P: PASS	Pull the pin
A: AIM	Aim the nozzle at the base of the fire
S: SQUEEZE	The top handle
S: SWEEP	Sweep side to side until fire is out

- Familiarize self with the location of pull stations & extinguishers & response team duties for your work area.
- Fire blankets are in the upper cabinets of the residents' closets & are marked with a red string. They may be used to extinguish small fires & provide protection to residents during evacuation.
- Each time that the fire alarm is triggered, staff must complete the process of accounting for all residents & completing the appropriate forms.
- If you have any questions regarding your role in the event of a fire or drill, please direct questions to security or the nursing supervisor @ your designated center.

SEVERE WEATHER/DISASTER PREPAREDNESS

Advisory: is issued when severe weather is expected to cause a significant inconvenience, but not serious enough to warrant a warning and occurs over an extended period.

Watch: Be prepared! Issued when severe weather is possible in and near the area. It does not mean that it will occur.

Warning: Take action! Issued when severe weather is occurring or imminent in the area.

Follow instructions as directed by Administrative Charge Person (ACP), security &/or nursing supervisor. Disaster Preparedness Manuals (red binders) are located on each nursing unit. Familiarize yourself with the locations.

ELOPEMENT/WANDERGUARD

Each center is equipped with a Wanderguard system. Please check with security and/or nursing supervisor at your designated center for process and deactivation codes.

All employees are responsible to respond to the Wanderguard when it alarms. Redirect the resident back inside or back onto the units. Leave the alarm sound & wait for help if necessary. Do not deactivate the alarm until the resident is safely returned to their unit.

The centers utilize the Amber Alert process to locate missing residents. Please familiarize yourself with each center's process.

HIPAA/CONFIDENTIALITY

Protected Health Information (PHI) includes oral, recorded, written, or electronic information about a resident. Examples: name, address, room number, social security or other ID #s, physician or nursing notes, billing information, care plan. “Need to know” basis: release info for the right reason, in the right way, at the right time, and to the right people. Minimum necessary to do the job. Do not leave PHI on the desk or in full view. Do not leave the EMR open when walking away. Employees are prohibited from using social media in any way that might compromise residents PHI: You may at any time contact the Privacy Officer.

INFECTION CONTROL

- Most residents’ infections are spread through the hands of the healthcare workers. Proper hygiene is the best way to prevent these infections.
- Gloves should never be worn in the hallways. Gloves are not to be discarded in the trash in the residents’ room.
- Clean linen should not come in contact with clothing and must be at least 6 feet away from dirt linen or trash. The clean linen cart should be always covered.
- Soiled linen must be placed in hampers with lids and must be removed from hallways during mealtimes, should not come in contact with clothing, and should not be placed on the floor, over bed table, or nightstand. Never drag soiled linen bags on the floor.
- Residents on precautions should have a container in their rooms for trash. There is no need to isolate the linen. It can be bagged as all other linen. They also have a cabinet on the outside of their door indicating what type of isolation they are on and will have necessary PPE (gloves, gowns, and masks) available.
- This process may be different on COVID positive units and exposure rooms. Please check with the nursing supervisor for direction and/or refer to the Nursing and Administrative Policy and Procedure Manuals that are available on each of the nursing units.

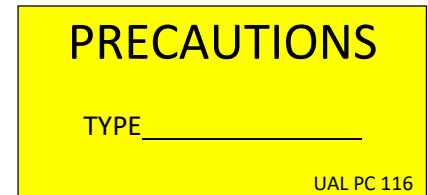
PRECAUTION GUIDELINES STICKER SYMBOLS

CONTACT-NO DOT

Examples: Shingles, scabies, etc.

Upon entering room, use gloves & gown

Resident may leave room if source of infection is covered or contained.

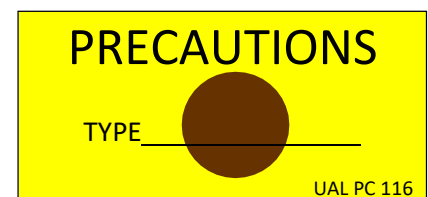


CONTACT, Enteric-BROWN DOT

Examples: GI- salmonella, Noro virus, C-diff, etc.

Upon entering room, use gloves & gown.

Use soap & H2O hand washing.



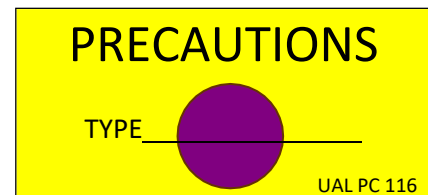
CONTACT, MDRO-PURPLE DOT (Multiple

Drug Resistant Organisms)

Such as VRE, MRSA, ESBL, any drug-resistant *bacteria*, etc. in a UTI, wound, or skin infection **Upon entering room, use gloves &**

gown

Resident may leave room if source of infection is covered or contained.

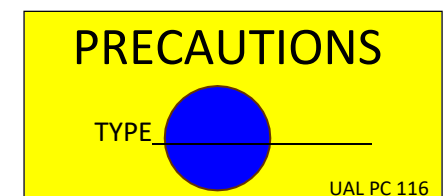


DROPLET-BLUE DOT

Examples: Flu, pneumonia, etc.

Upon Entering room, use gloves, gown, & mask





Resident may leave room with mask on



ENHANCED BARRIER-PINK DOT

Wear gloves, and gowns for High-Contact Resident Care Activities-Dressing, Bathing/Showering, Transferring, changing linens, changing briefs, Device care/use (central line, urinary catheter, feeding tube, tracheostomy care). Wound Care.

SYMBOL IDENTIFICATION

Risk or Alert	Sticker	Location
Allergies		<ul style="list-style-type: none"> • ID Band • Identification Card above bed
Code Status-Full		<ul style="list-style-type: none"> • Green armband insert. • Identification Card above bed
Code Status-DNR		<ul style="list-style-type: none"> • Red armband insert. • Identification Card above bed
Dysphagia		<ul style="list-style-type: none"> • Identification band • Identification Card above the bed

CALL BELLS

- Should be answered promptly: within 7 minutes.
- Always knock on the resident's door and introduce yourself.
- Cancel the call light once need has been met and make sure the call bell is within reach.
- If you are unable to meet the resident's need, leave the bell on and immediately get the appropriate staff member.

DOCUMENTATION

Documentation must be done timely and accurately.

Required Daily Documentation

- All vital signs
- Anyone on the 24-hour report
 - Incidents
 - New admissions/hospital returns

- Antibiotic therapy
- Change in condition
- Observation and Assessment
- Any noteworthy occurrence
- Skilled charting
 - This should be contained on the unit charting list
- Weekly summary notes
 - Follow the schedule; do not work ahead
- Address the BM list

RESIDENT MEAL TRAYS

Please familiarize yourself with the times that trays arrive on the units from the kitchen. Trays must be passed promptly to ensure food is delivered at an acceptable temperature. Once the meal has been completed, consumption amounts should be recorded as the tray are being picked up. Food is recorded in percentages. 0%, 25%, 50%, 75% and 100%. Liquids are consumed in cc's or ml's.

LOCKED UNITS (SECURED)

- Do not enter the locked unit if a resident or someone you are unsure of is by the entry door.
- Do not exit the locked unit if a resident or someone you are unsure of is by the exit door.
- Ask for help from staff if a resident or someone you are unsure of is preventing entry or exit to the unit.

Methods of Effective Communication

- Identify yourself and use the resident's name each time you speak with them.
- Use the proper names for people, places, and objectives, avoid saying he, she, it, or they so that the resident can understand. Allow extra time.
- Many residents have conditions which require longer information processing time.
- Avoid distraction, and maintain eye contact, if culturally appropriate.
- Listen carefully to the resident's responses and directly respond to the questions and concerns give residents an opportunity to ask questions and express themselves.
- Sit face to face, residents may have vision and hearing loss, and reading your lips may be crucial. Even if the resident uses a hearing aid, it can be difficult for the resident to understand you because a hearing aid amplifies all sounds, including background noise.
- Speak slowly, clearly and in a normal tone, and use short, simple words (no medical or slang jargon).
- Maintain a positive attitude, including a pleasant tone of voice and facial expression. Residents with dementia respond to the feelings you convey more than the actual words.
- If the communication form is written, simplify the questions, and stick to one topic at a time. Frequently summarize the most important points.
- Be aware of a resident's body language communications.
- Eliminate assumptions, make adjustments to the communication method as required during conversation.
- Visual aids may be required as communication methods.
- Repeat back what the person has said to make sure that you understand. Ask for clarification if you aren't sure what the person means.

RESIDENT RIGHTS & ABUSE

All persons employed at any of the centers must understand the rights of the residents and their role in safeguarding those rights. Information regarding Residents Rights & Abuse can be found on the Centers for Medicare and Medicaid Services website and posted at various locations throughout the facilities. All employees are required to report any occurrence or allegations of abuse or any reasonable suspicion that a crime has occurred timely to the supervisor. Refer to Policy A-A-05 (attached).

ABUSE--The willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain or mental anguish, or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. This presumes that instances of abuse of all residents, even those in a coma, cause physical harm, or pain or mental anguish. The term includes the following types of abuse:

Verbal abuse--Any use of oral, written, or gestured language that includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend or disability.

Sexual abuse—non-consensual sexual contact of any type with a resident. sexual assault.

Physical abuse--Includes hitting, slapping, punching, and kicking. The term also includes controlling behavior through corporal punishment.

Mental abuse--Includes humiliation, intimidation, threatening demeanor, harassment, threats of punishment or deprivation, or denial of food or privileges.

Involuntary seclusion--Separation of a resident from other residents or from his room or confinement to his room (with/without roommates) against the resident's will, or the will of the resident's legal representative. Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs.

Neglect—The failure of the facility, its employees or service providers to provide goods & services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress. Neglect occurs on an individual basis when a resident receives a lack of care in one or more areas (e.g., absence of frequent monitoring for a resident known to be incontinent, resulting in being left to lie in urine or feces).

Misappropriation & theft of a residents' property - Means the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent. This may include medical diversion.

Exploitation- taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion.

Intimidation- an act or omission by any person or entity toward another person which is intended to, or with knowledge that the act or omission will obstruct, impede, impair, prevent, or interfere with the administration of the act.

Serious Bodily Injury-an injury involving extreme pain, substantial risk of death, protracted loss or impairment of the function of a body member, organ, or mental faculty, or requiring medical intervention such as surgery, hospitalization, or physical rehabilitation.

Criminal Sexual Abuse-serious bodily injury/harm shall be considered to have occurred if the conduct causing the 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.

Willful-the individual must have acted deliberately, not that the individual must have intended to inflict injury/harm.

Injury of unknown source-an injury should be classified as an "injury of unknown source" when the source of the injury was not observed by any person, and the source could not be explained by the resident and is suspicious because of the extent or location of the injury or the number of injuries observed at one particular point in time or the incidence of injuries over time.

If call bell is not working properly, report to supervisors. Hand bells are available for use.

DOCUMENTATION

All staff must sign each resident's signature key, MR303. Once you have signed this form, you may record your initials only on the MARs, TARs, & ADL flow

sheets. Full signatures must still be used when completing daily documentation in the medical record.

Documentation must be done timely & accurately.

Required Daily Documentation

- All vital signs
- Anyone on the 24-hour report
 - Incidents
 - New admissions/hospital returns
 - Antibiotic therapy
 - Change in condition
 - O & A
 - Any noteworthy occurrence
- Skilled charting
 - This should be contained on the unit charting list. It is usually kept in a binder on each of the units
- Weekly summary notes
 - Follow the schedule. Do not work ahead
 - 7-3 nurses to also address the ADL restorative portion
- Bath assessment sheets
- I &O/IV flow sheets
- Address the BM list
- Blue behavior sheets
- Accu-checks
- Seizures
- ADL documentation for CNA's

Stop & Watch/SBAR

Stop & Watch forms are available throughout the facilities & should be utilized when staff notice changes in the residents' condition: mood, behavior, appetite, pain, bathroom habits, etc... Once completed, these forms should be given to the charge nurse or nursing supervisor for follow up. After assessing the resident, the nurse should complete the appropriate SBAR form prior to communicating with the practitioner regarding the change in the resident's condition.

MEAL TRAYS

Please familiarize yourself with the times that trays arrive on the units from the kitchen. Trays must be passed promptly to ensure food is delivered @ an acceptable temperature. Once the meal has been completed, the feed books should be completed as the trays are being picked up & placed back onto the steamers. Food is recorded in percentages: 0%, 25%, 50%, 75%, & 100%. Liquids are consumed in cc's or ml's.

ALL CONTRACT STAFF

Each facility must receive a copy of your license, CPR, proof of PPD, references & competencies (abuse, residents rights, HIPPA, confidentiality, & fire safety) prior to working the 1st assigned shift. Proof of influenza vaccine will also be requested during influenza season.

The facility must also receive the following completed Kane Community Living Centers forms: D243: Confidentiality Stmt, D349: Infection Control Program & Plan Acknowledgment, Resident Rights & Abuse, Abuse Definitions Signature Form, & D390: Compliance with Section 1150B of the Social Security Act.

RN contract employees are required to work 8.5 hours (30-minute unpaid lunch).

RNs work 6:45a-3:15p, 2:45p-11:15p, or 10:45p- 7:15a.

LPN/CNA contract employees are required to work 8 hours (30-minute unpaid lunch).

LPNs/CNAs work 7a-3p, 3p- 11p, or 11p- 7a.

Each contract employee will receive at least 4 & up to 8 hours of orientation on the 1st day at the facility.

RNs/LPNs will be expected to complete a medication pass & treatment competency on that 1st day. Samples of these competencies are attached.

Attachments:

Policy A-I-20: Infection Control Program & Plan

Policy A-A-05: Abuse & Reasonable Suspicion of a Crime

MR303: signature key

D198: Kane Regional Centers Medication Administration Audit

D202: Kane Regional Centers Treatment Audit

The following must be completed & returned to the facility prior to the 1st scheduled shift:

D423: Employee Confidentiality Statement form

D349: Infection Control Acknowledgement form

Residents Rights & Abuse signature form

Abuse Definitions Signature form

D390: 1150B Acknowledgement form

**JOHN J. KANE REGIONAL CENTERS
POLICY AND PROCEDURE**

SUBJECT: Infection Control Program and Plan	POLICY NUMBER: A -1 • 20
	EFFECTIVE DATE: 06/12/08
SECTION: ADMINISTRATIVE	PAGE NUMBER: 1 of 7
Cross Reference: CDC Guidelines for Isolation Precautions 2007; Pennsylvania Act 52 of 2007; 42 CFR §483.65(inclusive); Revised CMS Nutrition and Sanitation guidelines 2008, 483.35 (i)(1)(2); Facility Policies: N-A-01, All Nursing Policies; urinary catheters- N-C-05 to N-C-60; N-H-15, Handwashing; N-1-07, Infection Control Reporting; N-1-57, IVs, Infection Control; N-L-05, Labels, Precautions; N-P-15, Pediculosis; Precautions- N-P-61 to N-P-66; N-S-05, Scabies; Tuberculosis: N-T-08, Tuberculin Testing, Residents; A-T-77, Tuberculosis, Post Exposure Procedure; A-T-80, Tuberculin Testing for Employees; Wounds N-W-20 -N-W-60; A-1-25, IC, Cohorting; A-1-30, IC Exposure Control Plan; A-1-35, IC, Terminal Cleaning Resident Rooms; Immunization: A-1-10 - A-1-15; A-1-18, Infectious Waste Handling and Disposal; A-D-50, Dishmachine, Sanitizing Serviceware, Chemical Sanitizing Procedures; A-H-20, Hazardous Spill Clean-up; A-C-10, Cleaning and Preventative Maintenance, Resident Rooms and Equipment; A-L-20, Legionella Infection and Prevention; A-P-20, Pet Therapy; N-N-10, N-1-59, IV, Interlink Needleless System; N-N-10, Needle Puncture Wound;	REVISION DATE: 12/19/08
	Executive Director's Signature: Original signature copy on file in the office of the Executive Director

POLICY: It is the policy of John J. Kane Regional Centers to implement an internal infection control plan aimed at improving the health and safety of residents and workers.

The Infection Control Program proactively aims to help reduce and/or prevent the development and transmission of disease and infection, and to provide a safe, sanitary, and comfortable environment for staff, residents, and visitors. The Infection Control Department is in compliance with federal, state, and local regulations. Employees and contracted staff are required to adhere to this and other infection control related policies listed in the cross reference.

PURPOSE: To provide a succinct and comprehensive description of policies, protocols and measures utilized by the Regional Centers to meet the federal, state and local regulations related to infection control including, but not limited to detection, control and prevention of health care-associated infections.

PROTOCOLS/DEFINTIONS:

BIOTERRORISM & PANDEMIC PREPAREDNESS- Bioterrorism refers to the deliberate introduction of infectious agents such as small pox to induce widespread illness, incapacity, or havoc; pandemic illness refers to a naturally spread illness with devastating or fatal outcomes, such as a type of influenza, which would be widespread - regionally, nationally or even world wide. The Regional Centers follow state and county health department pandemic and bioterrorism emergency preparedness planning guidelines. The Centers participate in Allegheny County Health Department (ACHD) and Hospital Council of Western Pennsylvania (HCWP) planning meetings as goals and plans are developed and amended for the county and the southwestern Pennsylvania region.

JOHN J. KANE REGIONAL CENTERS
POLICY AND PROCEDURE

SUBJECT: Infection Control Program and Plan	POLICY NUMBER: A-1-20
	EFFECTIVE DATE: 06/12/08
SECTION: ADMINISTRATIVE	PAGE NUMBER: 2 of 7
Cross Reference: See Page One	REVISION DATE: 12/19/08

The Regional Centers infection-control intervention protocol includes: infection control precautions, based on nationally recognized standards for general surveillance of infected or colonized residents; intervention protocols based on evidence-based standards; isolation procedures; physical plant operations related to infection control; appropriate use of antimicrobial agents; mandatory educational programs for personnel; and fiscal and human resource requirements.

Standard Precautions- "are intended to be applied to the care of all patients in all healthcare settings regardless of suspected or confirmed presence of an infectious agent; are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents." (CDC Guideline for Isolation Precautions, 2007) (See policy N-P-66, Precautions, Standard).

Contact Precautions- a transmission based precaution for residents known or suspected to be infected or colonized with an epidemiologically important infectious agent; intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the resident or the resident's environment." (CDC Guideline for Isolation Precautions, 2007); (See policy N-P-61, Precautions, Contact).

Droplet Precautions- a transmission based precaution for residents known or suspected to be infected or colonized with an epidemiologically important agent; intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions (CDC Guideline for Isolation Precautions, 2007); (See policy N-P-62, Precautions, Droplet).

MORO Precautions- a transmission based precaution for residents known or suspected to be infected or colonized with an epidemiologically important agent which is drug resistant; intended to prevent transmission of pathogens spread through direct or indirect contact with the resident or the resident's environment (See policy N-P-64, Precautions, Contact, Multiple Drug Resistant Organism (MORO)).

Enteric Precautions - a transmission based precaution for residents known or suspected to be infected or colonized with an epidemiologically important agent who may be transmitted by contact with substances from the gastrointestinal system (See policy N-P-63, Precautions, Contact, Enteric).

The Regional Centers utilize a system of easily identifiable labeling that alerts staff to special precaution measures while providing confidentiality in health care information (See policy N-L-05, Labels, Precautions).

The Regional Centers adhere to regulations pertaining to the safe handling and disposal of infectious waste and provide direction and training to employees in the safe handling and disposal of infectious waste (See policy A-1-18, Infectious Waste Handling and Disposal; and, A-H-20, Hazardous Spill Clean-up).

In an effort to decrease the burden of vaccine preventable illnesses and in compliance with immunization requirements and standards, the Regional Centers have an Immunization Program.

Immunization Program- state and federal authorities' recommendations to reduce vaccine preventable illness among health care workers such as Hepatitis B, and to reduce the incidence of flu in residents and staff, and reduce pneumonia in residents (See policies A-1-10, Immunization Program (IP), Hepatitis B Vaccine(Employees); A-1-12, IP, Influenza Vaccine (Employees); A-1-13, IP, Influenza Vaccine (Residents); A-1-15, IP, Pneumococcal Vaccine (Residents)).

JOHN J. KANE REGIONAL CENTERS
POLICY AND PROCEDURE

SUBJECT: Infection Control Program and Plan	POLICY NUMBER: A-1-20 EFFECTIVE DATE: 06/12/08
SECTION: ADMINISTRATIVE	PAGE NUMBER: 3 of 7
Cross Reference: See Page One	REVISION DATE: 12/19/08

The Regional Centers have procedures and protocols for individuals who may have had potential exposure to a resident known to be colonized or infected with MRSA or MDRO or bloodborne pathogen which includes cultures and screenings, prophylaxis and follow up care.

PROTOCOL FOR POSSIBLE EXPOSURE- The Regional Centers take reasonable measures to prevent unnecessary or unsafe exposure to harmful pathogens, including the use of safety needles and interlink needleless IV systems in an attempt to prevent needle sticks and exposure to bloodborne pathogens (See policy N-1-59, IV, Interlink Needleless System). In the event that exposure occurs, as may be the case with a needle stick puncture, the Centers follow exposure protocols as described below and including first aide treatment of the wound (See policy N-N-10, Needle Puncture Wound). It is the employee's responsibility to report any and all incidents to their immediate supervisor as soon as possible. This includes possible exposure to blood-borne pathogens or drug resistant organisms. Follow-up via workers compensation panel physicians, an employee's personal care physician, and County Health Department personnel is conducted on an individual basis and followed by the Employee Health Nurse and the Risk Manager. The Regional Centers have post exposure plans including residents and employees as outlined in policies A-T-77, Tuberculosis, Post Exposure Procedure; A-1-30, Infection Control, Post Exposure Plan; N-S-05, Scabies; N-P-15, Pediculosis; and, A-L-20, Legionella Infection and Prevention.

SURVEILLANCE AND REPORTING:

Resp. Person/
Department:

Infection Control
Coordinator

Action:

1. Examines all aspects of the spread of infection pertinent to Infection Control.
2. Collects data including surveillance cultures.
 - A. MORO culture reports obtained by the hospital/healthcare prior to admission (Form D254 from Admissions).
 - B. Resident and facility specific culture and sensitivity reports for pertinent healthcare associated infections (HAI) and follow-up on certain community associated infections (CA-I).
 - C. Infection reports submitted to Infection Control, Forms D254 (Admissions) and D181, Infection Report (Nursing).
3. Determines whether an infection is present using McGeer definitions for infection as criteria.
4. Tabulates and consolidates data using "per 1000 resident days" for infection statistics.
5. Evaluates, analyzes, and interprets data.
6. Documents findings of infections meeting criteria on individual facility unit Floor Plan.
7. Disseminates data to appropriate persons.
8. Determines cause, leads to control and prevention of transmission of infections.

**JOHN J. KANE REGIONAL CENTERS
POLICY AND PROCEDURE**

SUBJECT: Infection Control Program and Plan	POLICY NUMBER: A- I - 20
	EFFECTIVE DATE: 06/12/08
SECTION: ADMINISTRATIVE	PAGE NUMBER: 4 of 7
Cross Reference: See Page One	REVISION DATE: 12/19/08

REPORTING:

**Resp. Person/
Department**

Action:

- | | |
|------------------|--|
| ICC | 1. Reports HAI's to DOH per Act 52 regulations following set protocol for electronic reporting. |
| DON | 1. Reports "reportable" illnesses to the PA Department of Health as per PA Licensure Regulations and to ACHD. |
| Nurse/UC | 1. Transfers information on residents who have acute or colonized MRSA infections or other infections of 'epidemiologically important' organisms using D 181 Infection Report (See policy N-1-07, IC Reporting). Sends report to ICC with copy to Clinic Nurse; or to Admission Department when facilitating an inter-regional transfer of a resident. |
| Nurse/Unit Clerk | 1. Places appropriate precaution sticker on chart and doorway pursuant to nursing policy N-L-05, Labels Precautions. This identifying information is taught to staff and posted at the nursing station, Form D286, Precaution Guidelines and sticker symbol key. |
| ICC | 1. Monitors and reports on adverse events to the facility DON, Administrator and Medical Director as they occur.
A. The ICC and DON work with staff to determine root causes and possible solutions.
2. Reviews the Infection Control Program policies and State Plan as needed and no less than annually and proposes recommendations as needed.
A. Schedules Executive Staff review of Infection Control policies and plan annually and facilities signature page indicating and documenting Executive Staff review. Provides copies of completed signature page to Administrators each year. |

COLLECTING, AGGREGATING, AND ANALYZING DATA

**Resp. Person/
Department**

Action:

- | | |
|-----|--|
| ICC | 1. Collects and analyses data using infection control surveillance processes following infection control industry standards for methodology.
2. Performs Tuberculosis risk assessment annually, resident and staff data collected on an ongoing basis.
3. Trends and tracks Incidences of HAI and CA-I on an ongoing basis and reports with the monthly analysis.
4. Monitors adverse events as reported, initiates outbreak investigation, evaluates interventions, and generates reports daily or as needed.
5. Benchmarks each facility positively or negatively, against their own usual rate per industry standards, and reports in monthly and quarterly data analysis.
6. Analyzes laboratory culture and sensitivity reports monthly with any new pathogen or antimicrobial resistance trends reported monthly to the administrative staff. |
|-----|--|

JOHN J. KANE REGIONAL CENTERS
POLICY AND PROCEDURE

SUBJECT: Infection Control Program and Plan	POLICY NUMBER: A-1- 20
	EFFECTIVE DATE: 06/12/08
SECTION: ADMINISTRATIVE	PAGE NUMBER: 5 of 7
Cross Reference: See Page One	REVISION DATE: 12/19/08

INFECTION CONTROL EDUCATION

The Regional Centers are in compliance with the requirements contained in PA Act 52 of 2007. An Infection Control Plan was submitted to the PA Department of Health as required. Compliance with the Infection Control Plan is enforced by the Facility.

The facility met its additional obligation to notify all health care workers, physical plant personnel and medical staff of the facility's infection control plan by providing all current workers and physicians with a copy of this policy and the plan that was filed with the State. The ICC will inservice all current workers on the policy and plan.

To remain in compliance with this requirement, the Infection Control Policy and plan will be provided to newly hired workers during their 1st day Orientation program by Staff Development; and to new medical staff with their approved credential letter by the Administrator's Administrative Assistant; and will be covered with all workers annually in the syllabus in the mandatory inservice day .

Resp. Person/
Department

Action:

ICC/ Staff Dev

1. Teaches Infection Control Policy and Plan in new orientation education, annual education, and as needed for the facility, department, unit, or individual.
The following areas are included:
 - o Personal hygiene
 - o Chain of infection
 - o Preventative measures
 - o Standard Precautions including sharps safety, respiratory hygiene and respiratory etiquette
 - o Transmission based Contact Precautions and Droplet Precautions, including Enteric and MORO Precautions
 - o Resident and staff safety including handling of linens and waste
 - o Management of blood-borne pathogens and MORO exposure
 - o Exposure Control Plan
 - o Employee responsibilities

QUALITY IMPROVEMENT PRIORITIES

Resp. Person/
Department

Action:

ICC

1. Develops quality improvement priorities based on the mission and strategic plan.
These may include:
 - o Practices or processes that place residents and staff at risk
 - o Infection Control Indicators that have exceeded the usual rate for the facility
 - o Resident safety issues
 - o Federal or state guideline updates and areas of focus. Additionally, pursuant to the HAI Act, distributes Patient Safety Advisory (PSA) advisories to the Administrators, Executive Staff and Medical Directors.
 - o Influenza and pneumococcal vaccine compliance
 - o Preventing and controlling healthcare associated infections and colonization focusing on MRSA and MDROs

JOHN J. KANE REGIONAL CENTERS
POLICY AND PROCEDURE

SUBJECT: Infection Control Program and Plan	POLICY NUMBER: A-1-20
	EFFECTIVE DATE: 06/12/08
SECTION: ADMINISTRATIVE	PAGE NUMBER: 6 of 7
Cross Reference: See Page One	REVISION DATE: 12/19/08

Resp. Person/
Department

Administrators

Action:

1. Distributes PSA advisories to medical staff. Posts PSA advisories on the Employee Bulletin Board for 30 days then files advisories in a binder which is accessible to healthcare workers and medical staff.

Prevention of Foodborne Pathogen Illness:

General: All food and beverages shall be in sound condition; at required temperatures, and under refrigeration if applicable; free from spoilage, filth, adulterants or other contaminants; and shall be safe for human consumption. All processed foods shall be obtained from food processors that are inspected and licensed by a regulatory authority.

Food Protection: At all times, including while being stored, prepared, displayed, served, dispensed, packaged, or transported, food shall be protected from cross-contamination between foods and from potential contamination by insects, insecticides, rodents, rodenticides, unclean equipment and utensils, unnecessary handling, flooding, draining, and overhead leakage or condensation, or other agents of public health significance. The temperature of potential hazardous food shall be maintained at 41°F or below, or 140°F or above at all times, except as otherwise provided by County Food Handling regulations.

Food Worker: A person infected with a disease such as Salmonella, Shigella, E coli 0157:H7, Campylobacter, Giardia, Yersinia, or Hepatitis A virus that can be transmitted by foods or on a food contact surface shall be restricted or excluded from working in a food facility. Persons afflicted with a boil, an infected wound, diarrhea, vomiting, or an acute respiratory infection shall not work in a food facility.

Serviceware: It is the policy of the Regional Centers to clean and sanitize serviceware, pots, pans and utensil appropriately to prevent foodborne illness.

Heat Sanitization:

1. 150 to 165 degrees Fahrenheit wash (or according to manufacturer's specification).
2. 180 degrees Fahrenheit final rinse (160 degrees F at the rack level/dish surface reflects 180 degrees F at the manifold) and not more than 194 degrees F; or 165 degrees F for a stationary rack, single temperature machine).

Chemical Sanitization:

1. After washing and rinsing dishes and utensils are sanitized by a chemical sanitizing solution used according to manufacturer's instructions. See administrative policy A-D-50.

The Food Service Department maintains a procedure and protocol manual for Food Safety and Standards.

Resp. Person/
Department

Food Service

Manager

Action:

1. Assures that Food Safety and Standards manual is present in the Department and accessible to all staff for reference.
2. Assures that all food service personnel are trained and deemed to be competent in all aspects of food safety and handling and Department sanitation controls.
3. Assures that applicable staff have completed and passed the ACHD Food Handling course.

JOHN J. KANE REGIONAL CENTERS
POLICY AND PROCEDURE

SUBJECT: Infection Control Program and Plan	POLICY NUMBER: A-1-20
	EFFECTIVE DATE: 06/12/08
SECTION: ADMINISTRATIVE	PAGE NUMBER: 7 of 7
Cross Reference: See Page One	REVISION DATE: 12/19/08

Resp. Person/
Department

Action:

All staff and
Volunteers in
Contact with
Resident food

1. Wears gloves when having direct contact with ready to eat food when preparing or assisting residents with food. Bare hands contact with resident food is prohibited. Changes gloves and performs hand hygiene between contacts with resident's food.

Therapy, Nursing,

Activities Staff, Dietary,
Volunteers

1. Wears gloves when having direct contact with ready to eat food for residents. Does not have any bare hand contact with resident food.
2. Changes gloves and performs hand hygiene when going from one resident to another resident in the course of assisting residents with food items.

Food Service

1. Procures food from sources approved or considered satisfactory by federal, state or local authorities; and stores, prepares, distributes and serves food under sanitary conditions and at required temperatures.
2. Delivers meals to the unit under safe handling and food temperature requirements.
 - A. Delivers food items for recreational activities which are properly labeled with applicable time expiration for cold and hot items, i.e., cold and hot items labeled with temperature taken when transported and including time that item needs to be discarded or temperature taken again (2 hours from time labeled and transported). Temperatures of cold food upon delivery should be 40 degrees Fahrenheit or lower and cannot be over 50 degrees during the 2 hour period or the food should be discarded. Hot food should be delivered at 140 degrees Fahrenheit or above and remain at such during the 2 hour period or food should be discarded.
 - B. Sanitizes and delivers utensils, dishes, etc. used by Activity staff for activities that include food.

Activity Staff

1. Assures that residents are not served home-made food items or food items which have not been secured through the Food Service Department or from a non-approved/licensed purveyor.
2. Assures that applicable hot/cold food items are served to residents within the directed time frame on the label or discards expired food items and doesn't serve them.
3. Assures that Housekeeping sanitizes tables and other surfaces with approved facility disinfectant when serving food items as part of Activity with residents.
4. Uses only sanitized utensils, dishware etc. or disposable paper/plastic products when preparing and serving food items to residents.
5. Follows steps for prevention of food borne pathogen illness on page 6 when providing cooking, baking, food preparation related activities with residents.

FamilyNisitors

1. Does not distribute any food items for consumption by residents other than their own family member.

Attachment:

1. Facility Infection Control Plan filed with the PA Department of Health
2. CDC Guidelines for Isolation Precautions 2007

**JOHN J. KANE REGIONAL CENTERS
POLICY AND PROCEDURE**

SUBJECT ABUSE - RESIDENT And Reasonable Suspicion of a Crime	POLICY NUMBER: A-A-05
	EFFECTIVE DATE: 06/04/1993
SECTION: ADMINISTRATIVE	PAGE NUMBER: 1 of 5
Cross Reference: Applicable State and Federal Regulations and facility policy	REVISION: 10/16/95;04/01/1998:07/01/99; 07/24/10;09/11/10; 10/03/11;11/08/11: 06/01/17; 10/5/17
	Executive Director's Signature: In ED office

POLICY: It is the policy of the John J. Kane Regional Centers that every resident in the Kane Regional Centers shall be treated with consideration, respect and full recognition of his/her dignity and individuality. All management and staff are jointly and individually responsible to insure every resident shall be free from mental abuse, physical abuse and crime

PURPOSE: To provide direction to staff, venders, contractors, students and management regarding procedures required to protect residents from abuse, to respond appropriately to allegations of abuse, to satisfy reporting and notifications obligations and to conduct abuse investigations.

Every complaint or allegation of resident abuse shall be promptly reported to the Administrator of the Regional Center where the incident is alleged to have occurred. Each report shall be treated promptly and with discretion, with the following priorities of concern:

- (1) Protection of the person and rights of the resident (and alleged victim).
- (2) Compliance with pertinent laws and regulations.
- (3) Protection of the rights of the alleged abuser, whether employee, contractor, volunteer, visitor, another resident, or other.
- (4) Sexual contact between a resident and an employee (direct or indirect), or Volunteer is prohibited and subject to disciplinary action regardless of resident consent. Sexual contact between a resident and any individual may be restricted based upon a resident's medical/mental ability to consent and any party taking advantage of a resident who is incapable of consenting to sexual contact may be subject to criminal penalties.
- (5) Maintenance of order and smooth operation of the Regional Center: Abuse or neglect of residents will not be tolerated, and any suspected occurrence will be vigorously investigated, and where possible, prosecuted. The facility will not employ or retain individuals, who have been found guilty by court of law of abusing, neglecting, exploiting, or mistreating individuals, misappropriation of property or those who have been convicted of crimes as listed by the Commonwealth; or have had a finding entered into the Nurse Aide Registry or professional licensing board concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property. Appropriate reference checks will be conducted by the Human Resources, including but not limited to The Nurse Aide Registry enrollment and status on the registry; licensing boards for professionals licensed by the Commonwealth. Definitions of resident abuse, neglect, exploitation and misappropriation of residents' property and in-service for all employees and contract employees will also be given at least annually. The HR Department verifies continued licensure and enrollment status periodically throughout employment. HR completes required criminal background checks pre-employment. Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff.

The Regional Centers comply with the Affordable Care Act/ Section 11508:

1. Covered Individual: a "covered individual" is defined as anyone who is an owner, operator, employee, manager, agent or contractor of the long term care facility.
2. Pursuant to Affordable Care Act/ Section 11508: anyone who has "any reasonable suspicion of a crime against a resident" is required to report the event to law enforcement.
3. Includes applicable language regarding reporting obligations associated with "suspicion of crime" in all agreements and contracts with venders, agents, and other entities doing business with the Centers and require all employees doing business in the Centers.

JOHN J. KANE REGIONAL CENTERS
POLICY AND PROCEDURE

SUBJECT: ABUSE - RESIDENT AND REASONABLE SUSPICION OF A CRIME	POLICY NUMBER: A-A-05
SECTION: ADMINISTRATION	PAGE NUMBER: 2 of 5

4. Provide notice and training to all employees when hired and annually thereafter on his or her individual responsibilities associated with reporting incidents which result in "any reasonable suspicion of a crime against a resident" to law enforcement and the State Agency (DOH). Includes information about penalties associated with failure to report without delay; and, the non-retaliatory policy of the Regional Centers for individuals who report any reasonable suspicion of a crime against a resident.
5. Posts in conspicuous place information about the responsibilities associated with reporting incidents which result in "any reasonable suspicion of a crime against a resident" to law enforcement and the State Agency (DOH) including contact information. Includes Notice of penalties associated with the failure to report without delay; and, the non-retaliatory policy of the Regional Centers for individuals who report any reasonable suspicion of a crime against a resident.
6. Timing of Reporting: If the events that cause the suspicion:
 - (a.) Result in serious bodily injury (see definition below) the individual shall report the suspicion immediately, but not later than 2 hours after forming the suspicion; and
 - (b.) Do not result in serious bodily injury, the individual shall report the suspicion not later than 24 hours after forming the suspicion.

1. Definitions:

ABUSE. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. *Willful*, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. The terms include the following:

A. **Types of abuse include:** the following words and terms, when used in this subpart, have the following meanings, unless the context clearly indicates otherwise.

Verbal Abuse: any use of oral, written or gestured language that includes disparaging and derogatory terms to the resident or their families, or within their hearing distance, regardless of their age, ability to comprehend or disability.

Examples of verbal abuse include:

- (1.) Threats of harm.
- (2.) Saying things to frighten a resident, such as telling a resident that the resident will never be able to see his family again.

Sexual abuse: non-consensual sexual contact of any type with a resident.

Physical abuse: Includes hitting, slapping, pinching and kicking. The term also includes controlling behavior through corporal punishment.

"Serious Bodily Injury" is 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; or requiring medical intervention such as surgery, hospitalization, or physical rehabilitation.

- In case of criminal sexual abuse which is defined in Affordable Care Act/ Section 1150B, Serious Bodily Injury/ harm shall be considered to have occurred if the conduct causing the injury is conduct related to aggravated sexual abuse or sexual abuse or any similar sexual offense under the law.
- **"Serious Physical Injury"** is an injury that:
 - (1.) Causes a person severe pain; or
 - (2.) Significantly impairs a person's physical functioning, either temporarily or permanently.

Mental abuse: Includes, but is not limited to humiliation, intimidation, threatening demeanor, harassment, threats of punishment or deprivation, or denial of food or privileges.

Involuntary seclusion: Separation of a resident from other residents or from his room or confinement to his room (with/without roommates) against the resident's will or the will of the resident's legal representative. Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs (note: by facility this type of separation requires physician order, consult with the resident representative and behavior management goal and care plan). Temporary monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used as a therapeutic intervention to reduce

JOHN J. KANE REGIONAL CENTERS
POLICY AND PROCEDURE

SUBJECT: ABUSE - RESIDENT AND REASONABLE SUSPICION OF A CRIME	POLICY NUMBER: A-A-05
SECTION: ADMINISTRATION	PAGE NUMBER: 3 of 5

agitation as determined by professional staff and consistent with the resident's plan of care. (NOTE: Seclusion may also be warranted pursuant to Isolation requirements related to infection and will be outlined in the plan of care.)

Neglect: the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.

Misappropriation and theft of a resident property- the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent.

Exploitation. Exploitation means taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion.

Mistreatment means inappropriate treatment or exploitation of a resident.

Intimidation refers to an act or omission by any person or entity toward another person which is intended to, or with knowledge that the act or omission will, obstruct, impede, impair, prevent or interfere with the administration of the act

B. **"Immunity"** - any person participating in the making of a report or who provides testimony in any administrative or judicial proceeding arising out of a report shall be immune from any civil or criminal liability on account of the report or testimony unless the person acted in bad faith or with malicious purpose. This immunity shall not extend to liability for acts of abuse, neglect, exploitation or abandonment, even if such acts are the subject of the report or testimony. **NON-RETALIATION POLICY:** The Centers will NOT retaliate against an individual who lawfully reports a reasonable suspicion of a crime under section 1150B to the state survey agency and law enforcement, including but not limited to discharge, demotion, suspension, promotion or other employment related benefit to an employee, or in any other manner discriminate against an employee in the terms and condition of employment because of lawful acts done by the employee, or file a complaint or a report against a nurse or other employee with the appropriate state professional disciplinary agency because of lawful acts done by the nurse or employee.

2. Interpretation: Any act of abuse is an act of resident abuse for which any complaint, whether or not confirmed, must be reported to the Administrator, PA Department of Health (DOH), the Area Agency on Aging, Compliance Officer, and to the Executive Director, and a full investigation conducted. Anyone who has reasonable cause to suspect that a resident is the victim of sexual abuse, serious physical injury or serious bodily injury, or that death is suspicious shall, in addition to contacting the DOH and the Area Agency on Aging must also immediately contact law enforcement officials and the PA Department of Aging.

3. Protection of Resident Abuse and Crime

- A. **Failure to Report Resident Abuse** - A person who fails to report resident abuse can receive disciplinary action including termination of employment and may be subject to civil and/or criminal proceedings.
- B. **Failure to Cooperate with a Resident Abuse Investigation** - A person who willfully fails to cooperate with a resident abuse investigation can receive disciplinary action including termination of employment and may be subject to civil and/or criminal proceedings.
- C. **Interference with a Resident Abuse Investigation** - A person who willingly interferes with a resident abuse investigation can receive disciplinary action including termination of employment and may be subject to civil and/or criminal proceedings.

4. Prevention of a resident abuse and crimes against residents:

- A. Background Checks
- B. Annual Training
 - a. **Annual notification** to covered individuals
- C. An active program to ensure security and supervision.
- D. Conspicuous postings
- E. Social Service will be responsible for discussing resident rights upon admission and when needed.
- F. The Business Office will notify resident and responsible party of the PA Credit Reporting Agency Law, Act 163 of 2006 designed to combat identity theft and provide them with information to use in preventing identity theft.
- G. Monitoring and intervention of resident behaviors that may provoke a reaction by others.

JOHN J. KANE REGIONAL CENTERS
POLICY AND PROCEDURE

SUBJECT: ABUSE - RESIDENT AND REASONABLE SUSPICION OF A CRIME	POLICY NUMBER: A-A-05
SECTION: ADMINISTRATION	PAGE NUMBER: 4 of 5

**RESPONSIBLE PERSON/
DEPARTMENT**

ACTION

Employees, visitors, volunteers, contractors

1. Reports all allegations of resident abuse promptly to his/her supervisor and House RN Supervisor at the time of the allegation and provides a detailed account of alleged incident.
2. Complies with all reporting requirements to the state survey agency and law enforcement associated with reasonable suspicion of a crime.

House RN Supervisor/Administrator/Designee

1. Initiates investigation promptly and makes all applicable notifications following and completing notification information in form 0149 Abuse Notification Report. Assures that the Administrator and DON are notified promptly of allegation and consulted.
2. Interviews and obtains written statements from complaining party and witnesses and documents responses.
 - a. Uses form 0165 for residents and workplace investigation form 0195 for all other parties involved.
 - b. When interviewing employees offer union steward or peer assuring the steward or peer is not a potential witness.
3. Notifies resident representative of allegation.
4. Removes alleged perpetrator immediately from situation.
5. Interviews alleged perpetrator and obtains written statement from party. Offers union steward or peer assuring the steward or peer is not a potential witness. Assures that the individual being interviewed has directly responded to all allegations both in the interview and in written statements provided.
 - a. Note: if the individual refuses to cooperate in investigation, assure that he/she is reminded that failure to answer questions and cooperate in the investigation, in and of itself, is grounds for disciplinary action up to and including termination of employment.
6. Separates the individual involved from the work and completes indefinite suspension documentation for employees, unless it can be determined thru investigation the allegation is unsubstantiated. Faxes indefinite suspension document to Union when employee is under a Collective Bargaining Agreement and sends originals to the Administrator for distribution as applicable. Completes Incident Report and notifies physician when applicable. Obtains physician orders as applicable from physician, including but not limited to, hospital transfer and/or diagnostic testing. Updates resident care plan promptly as needed. Notifies social service of incident and consults with social service for care plan updates associated with resident behavior and/or assistance in addressing visitor problems which may require visitation restrictions.
7. Reviews applicable medical record information and assures that arrangements are made for continuation and completion of abuse investigation.
8. Compiles with and performs reporting obligations to the state survey agency via electronic report submission and law enforcement within the time constraints identified by the type of alleged abuse and/or crime against a resident.
9. Implements changes to prevent further abuse and monitors the victim for psychological, behavioral or psychosocial distress.

JOHN J. KANE REGIONAL CENTERS
POLICY AND PROCEDURE

SUBJECT: ABUSE - RESIDENT AND REASONABLE SUSPICION OF A CRIME	POLICY NUMBER: A-A-05
SECTION: ADMINISTRATION	PAGE NUMBER: 5 of 5

**RESPONSIBLE PERSON/
DEPARTMENT**

ACTION

Administrator/Designee, DON/Designee

1. Participates and continues in investigation of abuse allegation until investigation completed.
2. Assures that all required notifications have been made.
3. Reviews findings of investigation and consults with Human Resources and/or Executive Director, completes Discipline Report, and addresses required employee/individual action as needed and in consultation with Human Resources/Executive Director.

Social Service

1. Assists in communications with resident and resident representative to assure that applicable parties are made aware of the status of the complaint and/or the results of the investigation.

Compliance Officer/ QAA Committee

1. Monitors allegations of potential and actual abuse.
2. Makes recommendations as needed for further training or change to policy.

Attachments:

Interview of Resident D 165
Abuse Notification Report D 149
Work Place Investigation D 195
Resident Abuse Investigation D 164
1150-B

KANE COMMUNITY LIVING CENTERS

SIGNATURE KEY

Must be completed by all staff once for each resident

Addresso ra h _____

Initial	Print Name	Title	Signature	Initial	Print Name	Title	Signature

Kane Regional Centers Medication Administration Audit

D Glen Hazel

D McKeesport

D Ross

D Scott

Nurse **Audited**-----

Title

Unit_____

Observer_____

InitialID

Annual D

Other_____

CRITERIA	1	2	3	4	5	CRITERIA	1	2	3	4	5
Washed hands prior to and after medication pass and after each resident contact. Used facility approved hand sanitizer. Soap and water used after eye drops, patches, injections etc., according to facility policy.						Positioned resident properly before medication administration.					
Read MAR compare and verifies medication label with MAR.						Placed barriers on over-bed table or nite stand before placing medications down					
Removed drug from container using appropriate infection control technique.						Obtained applicable VS (correctly and in privacy) prior to med administration. Medications with specific parameters separate for others.					
Checked drug for expiration date						Administered medications via correct route.					
Measured liquids at eye level. Used syringe for odd doses.						Rotated and recorded injection sites. Did not recap needle, diseased of in shams container					
Crushed only medications identified as crushable and with MD order present.						Administered ophthalmic medications according to facility policy.					
Mixed powders and crushed medications thoroughly in appropriate food or liquid.						Removed all prior patches. Date, time and initial prior to applying patch. Sites noted and documented on MAR					
Shook suspension medication.						Administered inhalers according to facility policy & manufactures directions.					
Administered bulk laxatives with 8 oz. water, unless directed otherwise.						Checked GING tube placement prior to giving enteral medication while wearing gloves.					
Followed special directions for preparation and administration.						Administered 30cc water before and after enteral medication administration.					
Used appropriate pain scale for documenting resident's pain prior to administration of all pain meds, documented on Pain MAR.						Administered 5cc of water between each enteral medication. Each liquid medication administered separately.					
Crushed medications and enteral medications given in private.						Removed gloves after administering and washed hands					
Knocked on door and provided privacy. Identifies resident by picture, ID Band. Follows policy for missing ID band. Identifies self prior to administration.						Accomplished medication pass within one hour before or after ordered time. (except AC or PC medication)					

*Note Comments or Corrective Actions -----

Nurse Audited Signature

Date-----

Observer Signature

Date-----

DON Signature

Date-----

Kane Regional Centers Medication Administration Audit

D Glen Hazel

D McKeesport

D Ross

D Scott

Nurse Audited-----

Title_____

Unit_____

Observer_____

Initial D

Annual D

Other____

CRITERIA	Y	N	NA	CRITERIA	Y	N	NA
Kept MAR closed when unattended (HIPAA)				Medications dispensed from pharmacy remained in bag/box			
PRN med administered for reason ordered and not given before ordered time frame. Documented on MAR.				Observed all medication orders name, strength, frequency, route and reason for PRN use			
Documented medications on MAR immediately after administering.				Checked stock medication for list of residents prior to pouring medication			
Circled initials if medication not administered and noted reason on back of MAR				Used only residents labeled medication (including stock medications). Did not borrow medications from another resident			
Locked medication cart when unattended or not in view				Notified pharmacy immediately if dose missing			
Medication room locked, keys in possession at all times				Handled discontinued medications properly			
Scheduled drugs locked in separate box				Initialed all blocks on MAR, signed Signature Key			
Kept medication cart clean and orderly				Disposed of garbage bag after each medication round.			
Documented removal of controlled medication, maintained accurate count on MR306				If entering Precaution room, properly dressed and removed contaminated attire & washed hands			
Did not pre-pour medications				Medication prepared and administered by same nurse			
Kept oral, injectable, externals, ophthalmic, inhalers, otics, nasal, etc medications separately stored				Nurse remained with resident until all medication taken.			

Observe five (5) residents for a minimum of 15 medications administered. Observe for:

- Omission of ordered medication
- Drug administered without physicians order
- Wrong Dose, Dose Form, Route, Drug, Time,
- Failure to complete parameters (vital signs)
- Failure to accurately and timely document

Calculate medication error: $\frac{\text{Total Number of errors}}{\text{\# Doses given + doses ordered but not given}} \times 100 = \underline{\hspace{2cm}}$

- Error rate should be less than 5%

*Note Comments or Corrective Actions _____

Nurse Audited Signature

Date-----

Observer Signature

Date-----

DON Signature

Date-----

Kane Regional Centers Treatment Audit

D Glen Hazel

D McKeesport

D Ross

D Scott

Nurse Audited-----

Title _____ Unit_____

Observer-----

Initial D Annual D Other_____

CRITERIA	Yes	No	N/A	CRITERIA	Yes	No	N/A
Read TAR				Used clean cloths to cleanse wound area.			
Washed hands prior to and after procedure				Cleansed wound site per MD order if nothing ordered, used NSS			
Checked expiration dates on all medication supplies; Ointments, pharmacy solutions, cleansers				Change gloves prior to applying dressing. Did not touch environmental surfaces with contaminated gloves.			
Assembled and prepared all supplies on treatment cart before entering room. Did not take medications tubes or containers into resident room				Disposed of bagged soiled items into waste receptacle on treatment cart			
Treatment cart not taken into resident room. Treatment cart locked at all times				Kept treatment cart neat and orderly, disposed of waste after each treatment administration/rounds			
Cleaned surface with germicidal wipes, allowed for 'wet contact time' per manufacture direction				Assessed resident response during and after treatment			
Placed barrier on work surface for suoolies				Initialed TAR after completed			
Properly Identified resident, provided privacy and explain procedure				Documented any unusual occurrences in General Progress Note.			
Put on clean gloves prior to beginning procedures				Complete MR 241 for Pressure Ulcers, daily Documentation			
Wore gloves to remove soiled dressings. Did not touch environment surfaces with contaminated gloves				Maintained Sterile technique, if applicable			
Placed soiled dressing and contaminated items into plastic bag in close proximity to dressing location. Did not place on bedside or over bed table. Kept contaminated items away from clean dressings				**Note: If resident is in Precautions - applicable attire worn and removed per protocol			
Washed hands or used hand sanitizer between each glove change and after procedure completed				Disposed of sharps in Sharps Container.			

*Note Comments or Corrective Actions-----

Kane Regional Centers

Dress Code

General Guidelines

1. Clothing worn by employees must be presentable and appropriate for the duties performed. Kane Regional center employees are in constant contact with the public and must present themselves in a manner in keeping with the professional care that the Kane Centers provide for patients.
2. Clothing must be clean and in good repair. Clothing must be modest, not low cut or too short especially when bending, lifting, reaching, etc. are part of job duties. Clothing may not have writing on it that is suggestive, vulgar or controversial.
3. Clothing must be worn to protect the health and safety of employees and residents. Clothing, jewelry, and other accessories must be worn so as to avoid hazards when using equipment and provided patient care. Hair will be neat and clean. Persons using equipment must have their hair at such a length or fixed in such a manner as to avoid an entanglement in the equipment. (NOTE: Expensive jewelry is not appropriate for the work environment.)
4. ID Badges must be worn at all times. (Picture Side Forward)
5. Body Piercing and Jewelry – Visible body piercing is prohibited for both resident and employee safety. Ear lobe piercing, in one or two sites on the ear lobe is permitted. Long dangling hoop or chain earrings, or any piercing on face (lip, eye brow, nose, mouth, tongue, belly button etc) which can be easily grabbed by a resident in which could cause an employee injury during routine nursing care is prohibited.
6. Baseball Caps and Hats – It is not appropriate for employees to wear baseball caps, and or hats in the workplace. Additionally, laborers who work outside may wear an appropriate (Plain/non-writing) hat to protect them from the sun and outside elements.
7. Fingernails – Fingernails are to be kept clean and neat. Nails should be no longer than 1/4 inch in length. Acrylic nails are prohibited for nursing staff.
8. Dark lenses and sunglasses are not appropriate eyeglass wear in the workplace.
9. All uniform tops must conform to either a scrub or a collared shirt. Sweatpants and shorts are never acceptable in the workplace and not acceptable as uniforms.
10. Nursing staff (RN, LPN, NA, Unit Clerk) must wear white leather or canvas athletic, clinic shoes, or washable shoe clogs with skid resistant soles, and a back strap and no air holes in the body of the clog.

I. Nursing – White Uniform or Scrub Uniform Color of Choice

Registered Nurse	Licensed Practical Nurse
RN Resident Care Coordinator	Nursing Assistant
Unit Clerk	Therapy Restorative Aide

Note: Nursing staff (RN, LPN, NA, Unit Clerk) must wear white leather or canvas athletic, clinic shoes, or washable shoe clogs with skid resistant soles, and must have back strap. Uniform bottom can be of the Capri style (mid calf or longer).

II. Housekeeper / Laundry Worker / Material Handler

Khaki bottom and Navy blue top
Uniform bottom can be of the Capri style (mid calf or longer).
Work shoes or appropriate rubber soled shoes

II. Food Service

Note: Hair Nets and Rubber Gloves are required when working in all Food Service areas.

- A. **Dietitian & Food Service Supervisor** – white lab jacket/street clothes; work shoes or appropriate rubber soled shoes
Pant bottom can be of the Capri style (mid calf or longer).
Food Service Worker Full and Part Time – Dark Green Bottom and Top, stockings/socks, work shoes or appropriate rubber soled shoes. Uniform bottom can be of the Capri style (mid calf or longer).
- B. **Cook** – White bottom and top, dark checkered cook bottom, white paper, cloth hat or hairnet, stockings/socks, work shoes or appropriate rubber soled shoes.

III. Building Trade Personnel

- A. Painter – White bottom and shirt and appropriate work shoes
B. Stationary Engineer – Dark work pants, shirt and work shoes
C. Electrician – Dark work pants, shirt and work shoes
D. Plumber – Dark work pants, shirt and work shoes
E. Carpenter – Dark work pants, shirt and work shoes
F. Laborers - Dark work pants, shirt and work shoes

IV. Pharmacy Technicians

Royal blue bottom and top and work shoes or appropriate rubber soled shoes. Uniform bottom can be of the Capri style (mid calf or longer).

V. Recreation – Therapist and Aide

Business casual presentable clothing (no blue jeans, shorts, halters, etc.), appropriate work shoes.

Pant bottom can be of the Capri style (mid calf or longer).

VI. Barber/Beautician

Black bottom and white top, appropriate work shoes

Uniform bottom can be of the Capri style (mid calf or longer).

VII. Office Staff

Presentable business office attire (no blue jeans, shorts, ripped pants, t-shirts, halters, etc.)

Pant bottom can be of the Capri style (mid calf or longer).

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