

<b>Campbell County Health Facility Assessment Plan Department: <u>Long Term Care</u></b>	
<b>The scope and complexity of services provided by this department is...</b>	Long Term Care, also referred to as LTC or The Legacy, provides services 24 hours a day to those in need of focused rehabilitation, intensive skilled nursing, intermediate and memory support care in a resident-centered homelike environment. LTC is licensed for 160 skilled nursing beds. Average daily census ranges from 140-151 with admission occurring 7 days a week. Admission range from 1-3 a day with discharges 1-3 a week from short term rehab primarily. See policy for development and maintenance of facility assessment
<b>Resident Profile</b>	
<b>Demographics/Scope of Service</b>	<p>Long term care population consists of adult and geriatric age groups. Level of care served include but are not limited to:</p> <ol style="list-style-type: none"> <li>1. Skilled nursing</li> <li>2. Rehabilitation (PT/OT/Speech)</li> <li>3. Nutrition Support</li> <li>4. Restorative Care</li> <li>5. Intermediate care</li> <li>6. Memory Care</li> <li>7. Hospice Care</li> <li>8. Dementia Care</li> </ol> <p>Resident population includes ages 19- death</p> <p>Age appropriate care is provided to all residents based on assessment, including cognitive adjustments as needed</p> <p>Competency checklists per role are developed and available on hire and on annual skill stations or as needed.</p> <p>Care provided is based on ADL assistance required as well as RUG level based on skilled need</p> <p>Admission process includes the use of admission matrix see attached. Admission matrix approved by medical director and Quality committee</p> <ul style="list-style-type: none"> <li>• Admission interdisciplinary team includes Care manager, Social Services, Administrative Director of nursing or Administrative Director and Medical Director as needed.</li> </ul> <p>See supporting documentation regarding the following</p> <ul style="list-style-type: none"> <li>• Common resident medical diagnosis</li> <li>• Common Acuity levels and ADL levels</li> </ul>

## Services and Care We Offer Based on our Residents' Needs

### Care and Services Provided

Appropriate care based on resident assessment will be provided in conjunction with mission, vision and values of organization. Attention to ADL, psychosocial, quality of life and resident rights as well as person centered care is part of our mission. Periodic review of ADL distribution, CMI and RUG distribution is reviewed by Administrative Director of Nursing, Nurse Directors and other supervisors and VP to determine appropriateness of services. Daily review of resident needs via rounding and huddle meetings also determines staffing adjustments. The following services are available through LTC /CCH organization or contracted for through community resources (but not limited to)

- Lab
- Nutrition
- Pharmacy
- Radiology
- Dental and Eye services
- Hospice
- DME
- Emergency services
- Physician/Provider services
- Linen/Environmental Services
- Chaplain/Pastoral care
- Volunteer services
- Activities
- Nursing services
- Financial services
- Communication as appropriate to resident needs
- Transportation services if appropriate
- Behavioral Health services
- Quality Services
- Biomed Services
- Gift shop
- Bistro
- Consultant Services related to MDS and Rehabilitation as needed

#### LTC Nursing Services

- Provision of ADL care
- Medication Administration
- Physical psychosocial and emotional assessment, intervention and evaluations
- MDS assessment and followup
- Pain Management
- Wound and skin management
- Hospice care/Palliative care in conjunction with Hospice department
- Family support

- Infection Prevention
- Activities and Functional Activity program
- Transportation
- Dementia and post trauma nursing care
- Restorative program to include bowel and bladder, functional and mobility and fall prevention
- Collaboration and Communication with providers
- Person centered care planning

LTC Rehabilitation services

- Post acute rehabilitation services to include physical therapy, occupational therapy and speech therapy
- Wound care
- Assistive device and seating screens
- Support groups
- Staff education

LTC Billing Services/Medical Records

- Billing and medical record support services in conjunction with organization and MDS
- Resident Trust management
- Beautician services

LTC Social Services

- Medical Social Services
- Discharge planning
- Psychosocial support

LTC Activities and Transportation

- Evaluate resident needs and preferences
- Develop activity programs to meet the needs of the residents as well as one to one activity
- Functional activities as appropriate to maintain functional wellbeing of the residents
- Transportation and assistance while at appointments, (medical, dental or vision)

LTC Nutrition

- Provision of medically directed diets in conjunction with dietitian oversight and speech therapy insight
- Development of menus in accordance with resident preferences and diets required
- Provision of Therapeutic diets and enteral diets as ordered

LTC EVS and Plant Operations

- Environmental cleanliness per policy and infection prevention guidelines
- Maintenance of building and equipment per policy and guidelines

LTC Volunteer and Chaplain services

- Provide adjunct and support for psychosocial and spiritual needs
- Assist in activities and enhance the wellbeing of residents

Consultant services

	<ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Dental</li> <li>• Vision</li> <li>• Specialty medical care</li> </ul>
<p align="center"><b>Facility Resources Needed to Provide Competent Support and Care for Our Resident Population Every Day and During Emergencies</b></p>	
<p><b>Authority and Responsibility/Staff Type</b></p>	<p>The Medical Director is responsible for oversight of care provided to all residents of LTC. He/She functions as resource to staff and physicians regarding care at LTC. The role of the Medical Director includes oversight and or direction but is not limited to:</p> <ul style="list-style-type: none"> <li>• Administrative functions (function, P and P, education)</li> <li>• Organization and coordination of Professional Services</li> <li>• Participates in Quality Assurance</li> <li>• Education program development as indicated</li> <li>• Employee Health as needed</li> <li>• Community liaison</li> <li>• Resident Rights</li> <li>• Regulatory functions</li> <li>• Promotion of person directed care</li> <li>• Antibiotic Stewardship activities and evidence based care</li> </ul> <p>The VP Continuing Health Services Administrator assumes 24-hour responsibility for administrative and clerical development and implementation of the Long-Term Care goals and objectives. The Administrative Director must be a licensed Nursing Home Administrator as recognized by the National Administrator’s Board (NAB) and the Wyoming Board of Nursing Home Administrators. Staff directly reporting to the Administrative Director includes:</p> <ul style="list-style-type: none"> <li>• Administrative Director of Nursing</li> <li>• Billing Office Supervisor</li> <li>• Rehab Supervisor</li> <li>• Resident and Family Relations Coordinator</li> <li>• Administrative Secretary</li> <li>• Respiratory Therapy</li> </ul> <p>The Administrative Director of Nursing:</p> <ol style="list-style-type: none"> <li>a. Has the authority for the allocation and utilization of staffing resources, quality assessment activities, overseeing the nursing department orientation program, and assumes 24-hour responsibility for the administrative and clinical operations of the LTC nursing department within the LTC division.</li> </ol>

- b. Works in conjunction with the Administrative Director to ensure departmental results and goals are in alignment with CCH overall strategic direction.
- c. Oversees the administrative and clinical goals of all nursing units within LTC. Supports efforts to continually improve the quality and safety of resident care with ongoing measurement, staff education, and best practice implementation.
- d. Staff directly reporting to the Administrative Director includes:
  - a. the Nurse Directors
    - i. The Nurse Director directly supervises the professional nursing staff RN/LPN, nursing assistants (CNA, CNA II and Ma-C), Care Assistants, Restorative Aides and Clinical Supervisors.
  - b. Care Manager,
  - c. MDS Coordinator,
  - d. Nursing Department Secretaries,
  - e. Activity Aides,
  - f. Social Services and
  - g. Transportation Aides.

The Billing Office Supervisor:

- a. Has the authority for the allocation and utilization of staffing resources, quality assessment activities within the Administration department, overseeing the Administration department orientation program, and assumes 24-hour responsibility of the administrative and clerical operations of the Billing Office within LTC.
- b. Supports efforts to continually improve the quality and accuracy of the billing functions including timely filing, coding accuracy, accounts receivable balances, medical record retention, staff education, and best practice implementation.
- c. The Billing Office Supervisor directly supervises
  - a. the Patient Accounts Rep,
  - b. Receptionist and
  - c. Beautician.

Social Services

- a. Facilitate admission, discharge and transfer processes for LTC residents.
- b. Serves as resource for medical social services and appointments referrals.
- c. Leads and coordinates the care planning meetings.
- d. Resident advocate and resident and family satisfaction.

Staff responsible for service lines within Long Term Care but do not report directly to the VP Continuing Health Services Administrative Director are:

	<ul style="list-style-type: none"> <li>• Nutrition Services Manager <ul style="list-style-type: none"> <li>○ Provision of therapeutic and dietary services in the LTC facility</li> </ul> </li> <li>• Environmental Services Manager <ul style="list-style-type: none"> <li>○ Responsible for cleanliness of environment</li> </ul> </li> <li>• Plant Operations</li> <li>• Quality Director</li> <li>• Professional Development</li> <li>• Infection Prevention</li> </ul> <p>All of the above meet monthly with the VP Continuing Health Services for consistent communication and alignment with strategic goals. Also participate in Quality meeting for the facility</p> <p>The Scope of Service related to these service lines can be found within their department's documentation.</p> <p>See attached organizational chart</p>
<p><b>The method(s) used to assess the community and/or patient/resident needs in order to customize the services provided are...</b></p>	<p>Resident and family satisfaction surveys are utilized to collect data on resident experience Resident Quality of Life</p> <ul style="list-style-type: none"> <li>• Resident individual needs are determined based on assessment/evaluation of physical, psychosocial and spiritual needs and addressed in an individualized plan of care.</li> </ul> <p>Organization community needs assessment is completed to ensure community needs are addressed in facility. See attached.</p> <p>An annual Hazard Vulnerability Assessment is completed for LTC and CCH See attached</p> <p>Review of services offered, staffing needs and skill mix is reviewed at each budgeting period to determine ability to project for additional staff or ability to offer services</p> <p>Resident council members are representative of the general population and meetings are utilized to elicit information regarding concerns, commendations and desires of residents.</p> <p>Because the Long Term Care facility is a community organization, dedicated to providing quality resident care to citizens of Campbell County, it is important and beneficial to the residents and their families that an Advisory Board be appointed to serve as liaisons to the community members served by The Legacy. The role of the Advisory Board is advisory and not fiduciary in respect to the facility. See Advisory Board Bylaws for further clarification of role of</p>

	<p>Advisory Board.</p> <p>CCH Board of Trustees is the governing board and have ultimate oversight of LTC</p>
<p><b>Staff Training,/education and competencies</b></p> <p><b>Qualifications</b></p> <ul style="list-style-type: none"> <li>- Skill mix</li> <li>- Staffing (describe minimum staffing and adjusting by acuity and volume)</li> <li>- Required certifications</li> </ul>	<p><b>Staffing:</b></p> <p>Each department will identify core staffing requirements based on department functions and resident needs. Core staffing is the model for all departments. Core staffing is determined based on unit needs and reviewed with each new admission See attached matrix</p> <p><b>Education requirements:</b></p> <p>Competency assessment may be didactic with hands on demonstration, quiz, completion of skill station or may be remediation in nature.</p> <p>Will be based on needs and learning skills specific to the department (at least 12 contact hours /year) All staff will complete hospital, LTC specific orientation and unit specific competency based orientation. Licensed nurses will also complete nursing orientation</p> <ul style="list-style-type: none"> <li>• Feeding assistant program will be as needed</li> <li>• All staff at The Legacy will demonstrate competency for department and mandatory education completion</li> <li>• Mandatory education throughout the year may include but not limited to the following: <ul style="list-style-type: none"> <li>○ Organization mandatory education</li> <li>○ Restraint training</li> <li>○ CPI</li> <li>○ Annual skill stations</li> <li>○ All staff meetings</li> <li>○ Resident rights</li> <li>○ Grievance process</li> <li>○ Regulatory or survey education requirements</li> <li>○ Medication Administration</li> <li>○ Nursing process to include delegation</li> <li>○ ADL</li> <li>○ Documentation</li> <li>○ High risk, low volume, problem prone processes</li> <li>○ Dementia care</li> <li>○ Pain Management</li> <li>○ Infection Prevention and Blood Borne Pathogens</li> <li>○ Emergency Preparedness</li> <li>○ Corporate compliance</li> <li>○ Cultural Diversity</li> <li>○ Employee safety</li> <li>○ Communication including handoff report</li> <li>○ Resident Satisfaction</li> <li>○ Antibiotic Stewardship</li> </ul> </li> </ul>

- Survey Readiness
- Behavior assessment and interventions
- Resident safety
- Violence in the Workplace
- Substance Abuse
- Behavior Management/Team Training

- Orientation program for new staff will consist of an individualized orientation program focusing on the skills required to provide safe resident care in LTC. The new staff member will transition from having a preceptor (novice), to utilizing a mentor, to becoming independent (expert).

**Certification/Licensure Requirements:**

**All staff at the Legacy are CPR certified**

RN: Current Licensure in the State of Wyoming,  
Current CPR

LPN: Current Licensure in the State of Wyoming  
Current CPR  
Advanced IV therapy within one year.

CNA: Current certification in the State of Wyoming  
Current CPR

CNA II: Current CNA certification and completion of state  
approved CNAII program  
Current CPR

Medication Aide certified (MA-C):  
CNA II certification  
Current CPR  
Current certification and completion of state  
approved Medication Aide program

US: Current CPR  
NAHUC certification encouraged

Activity Director: Current certification or licensure as Activity  
Director/Recreational Therapist

RT/Therapy: Licensure in the State of Wyoming  
Current CPR

Administrative Director: Licensed Nursing Home Administrator

Nutrition department is managed by a CDM with Registered Dietitian consultation once to twice a week dependent upon resident's needs.

Staff in the kitchen completes Serve Safe training within 6 months of hire. Core competencies completed on hire and annually as indicated by staff and resident assessments

- Service model is at table side and room trays as requested. Food is transported to the serveries via hot carts and transferred into a tableside serving cart. Resident choice is honored in terms of menu or additional choice
- Menu development is overseen by Dietitian for nutritional value and appropriateness for therapeutic



	<p>diets. See example of menu including instructions for serving and workflow.</p> <ul style="list-style-type: none"> <li>• Respiratory Therapy staff one RT/CRTT per day, competencies completed on hire and annually through organization department.</li> <li>• EVS/Laundry <ul style="list-style-type: none"> <li>• Competencies on environmental cleaning and infection prevention completed on hire and annually</li> </ul> </li> <li>• Plant operation staffing plan includes 2 plant operation staff M-F 0700-1600 with on call coverage for other hours of the day and weekends.</li> </ul>
<p><b>Policy/Procedures</b></p>	<p>Policies and Procedures are both facility and organization specific Policies are reviewed every two years with the exception of the following</p> <ul style="list-style-type: none"> <li>• Infection Prevention</li> <li>• Nutrition</li> <li>• Emergency Preparedness starting in 2017</li> </ul> <p>Prior to any new piece of equipment being used, a policy will be developed, educated and competency developed on the equipment.</p>
<p><b>The regulatory agencies that are relevant to this service are...</b></p>	<p>CMS Department of Health Veteran's Affair Ombudsman Medicare/Medicaid/Private Insurance/Workers Comp Wyoming Department of Health</p>
<p><b>The days and hours of operation of the department are....</b> <b>- Availability of staff</b></p>	<p>VP Continuing Health Services Administrative Director or Nursing Leadership are on call for staff in regards to administrative concerns. The VP delegates administrative authority to the Administrative Director of Nursing in his/her absence.</p> <p>The Administrative Director of Nursing delegates nursing authority to Nurse Director or Clinical Supervisor as appropriate in his/her absence.</p> <p>LTC is staffed 24 hours a day with nursing staff (RN, LPN, Medication Aide, CNA staff) under the direction of the Nursing leadership. On shift scheduling is method of scheduling for nursing staff.</p> <p>There is a Registered nurse in the building 24 /7. There is a</p>

	<p>director/supervisor on duty for at least 8 hours 5 days a week, RN's are the charge nurse the rest of the time.</p> <p>Administrative staff or designee: Monday-Friday 0800-1700  Billing office staff: M-F 0730-1700  Social Services available Monday –Friday 0800-1700 (excluding holidays)  Activities staff (3) :0900-1700 7 days a week  Rehab staff: 0700-1700 5days a week on call for weekends  Plant Operations staff: 0700-1600, call provided through CCH for emergencies  RT staff 0600-1800 7 days a week  Transportation staff 06-1700 M-F and as needed on the weekend  Pharmacy consultant is available by phone daily and on site monthly  Patient and Guest Relations 08-1630 M-F</p> <p>See attached core staffing matrix</p>
<p><b>Community and Medical Staff communication</b></p>	<p>The Medical Director of the Legacy is a board certified Internal Medicine Geriatrician</p> <ul style="list-style-type: none"> <li>• Admission privileges to the Legacy are through credentialing and privileging through the organization Credentialing committee</li> <li>• Two nurse Practitioners associated with Medical Director practice also practice at the Legacy under the supervision of the Medical Director</li> <li>• Community providers are also privileged to practice at the Legacy and care for residents per their choice and preference.</li> <li>• Peer review is through the organization Peer review committee</li> </ul> <p>Multiple consultants are available both in the community and region for resident care. Consultant appointments are generally in the consultant office and transportation is through facility transportation services.</p> <p>CCH (organization) completes a recruitment plan every 2 years and through Joint Conference evaluates community need for practitioners.</p> <p>Communication and education occurs through CME and newsletters as well as articles as appropriate to current needs from both providers and Medical Director. Topics include but not limited to</p> <ul style="list-style-type: none"> <li>• Medical Record completion</li> <li>• Documentation needs</li> <li>• Regulatory updates</li> <li>• Infection Prevention</li> <li>• Medication prescribing practices</li> </ul>

	<ul style="list-style-type: none"> <li>• Antibiotic Stewardship</li> <li>• Complaint and Commendations</li> <li>• Staff recognition</li> <li>• Preprinted orders or protocols</li> <li>• Formulary and nutrition diet manual</li> </ul>
<p style="text-align: center;">-</p> <p><b>Special Treatments and Conditions</b> <b>Current population</b></p>	<p>Admission of residents will be per admission matrix and facility plan. Ability to meet the resident physical, psychosocial and emotional needs will be considered and identified per admission matrix.</p> <p>Admission review is exclusive of Race, sex, sexual preferences, dietary restrictions, religion. Resident rights related to above are respected and provided if it does not provide a safety risk to the facility. Accommodation to above is our priority.</p> <p>See attached admission matrix See attached for current RUG utilization See attached for current diagnosis distribution</p>
<p><b>Physical Environment</b></p>	<p>The environment is set up to provide safe hygienic environment to include furniture, adherence to space requirements and bathing safety. Tools for nursing assessment, intervention and evaluation are available to meet the needs of the residents. Attention to ergonomic work space for staff is considered.</p> <p>Inventory</p> <ul style="list-style-type: none"> <li>• Material Management services are on a par level basis depending on the unit <ul style="list-style-type: none"> <li>○ Par levels are reviewed quarterly for appropriateness and adjusted to control inventory as well as meet the needs of the resident</li> </ul> </li> </ul> <p>Equipment</p> <ul style="list-style-type: none"> <li>• Equipment is maintained and preventive maintenance per policy by Biomed and Plant Ops</li> <li>• Capital equipment requests are determined by need of the residents, age of equipment, depreciation and overall condition. Staff and leadership input is solicited annually for equipment needs</li> <li>• See attached inventory list</li> </ul> <p>Transportation</p> <ul style="list-style-type: none"> <li>• Facility vehicles are available for appointment transportation to include dental and vision appointments and consultations as well as diagnostic testing as needed</li> <li>• Vehicles are maintained per policy. Daily inspection of safety checklist is completed by transportation aides. Defensive driving course is required within 3 months of</li> </ul>

new hire.

#### Security

- Security of facility is per badge access for all doors with exception of front door during day.
- Sign in in for all visitors is requested to monitor individuals in the facility.
- Security cameras are strategically placed inside and outside the facility to monitor environment and yet still maintain privacy of residents
- Community law enforcement and organization security are external resources as needed.
- Secure dementia unit is badge access and gated with all fire safety abilities included.

#### Life Safety

- Emergency Preparedness polices are reviewed annually and two drills per year are completed per policy pertinent to LTC
- LTC participates as part of organizational emergency preparedness committee
- Fire drills are completed per policy and regulation
- Environment is ADA compliant
- Tobacco free facility with one grandfathered individual who smokes and is assessed annually or prn for smoking safety

#### EMR/Technology

- Meditech is our medical record which is shared with the organization
- Med Right is our medication administration record through contract pharmacy.
  - Medication reconciliation is through recapitulation process as well as a manual process at present
- Transfers to another facility are accomplished with a transfer sheet that is consistent in terms of information provided, (assessment, recent vitals, medication sheet, contact individual, reason for transfer, fall risk, behaviors, assistive devices)
- Downtime procedures are in place per policy
- Medical record release information is released per policy per resident or family request for preference

#### Infection Prevention

- The Infection Preventionist or designee attends all Quality meetings  
Emergency Preparedness
- LTC is part of Emergency Preparedness committee and participates in both organizational and facility Hazard vulnerability assessments as well as drills
- See attached HVA for LTC

See attached contract list

<b>Quality monitors (include indicators monitored, who they are reported to and frequency)</b>	Refer to Strategic Plan and Dashboard Quality measures developed based on regulatory requirements, survey requirements, identified trends through incident reporting, education offerings and chart audits Quality committee meets monthly and reports quarterly and annually to organization Quality committee. The VP Continuing Health Services Administrative Director also reports monthly to the Governing Board on a topic related to LTC
<b>Departmental Plan</b>	The Organization Strategic Plan is used to define needs and opportunities for improvement and growth.

Initiated 07/19/17, revised 08/17, 09/17

Committee		
Facility Assessment Committee	09/17	
LTC Quality Committee	09/17	
CCH Quality Committee	To be reviewed 10/17	