# VERMONT

# ASSISTED LIVING TOOL KIT

## Operations and Financial Tools
## for
## Assisted Living Providers and/ or Developers

## December 2007

*Made possible by the generous support of the*
*Robert Wood Johnson Foundation's Coming Home Program,*
*in coordination with the*
*Vermont Department of Disabilities, Aging and Independent Living and*
*the Vermont Housing Finance Agency*

This manual has been developed as part of a set of sample policy and procedure manuals for use by Vermont Assisted Living Residences. Users of the manual are encouraged to develop facility-specific policies and procedures, and thus may modify this manual to best meet the needs of each Residence. All use of the manual, however, is subject to the End-User License Agreement provided by Vista Senior Living, Inc., on the web site for the Vermont Department of Disabilities, Aging and Independent Living (www.dail.vermont.gov).

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# *VERMONT ASSISTED LIVING TOOL KIT*

This toolkit is made available thanks to a generous grant from the **Robert Wood Johnson Foundation** to the Vermont Department of Disabilities, Aging and Independent Living (DAIL) and the Vermont Housing Finance Agency (VHFA).

It includes operations and financial tools that may be helpful for developers and operators of assisted living residences.

The Toolkit operations manuals, handbooks and forms supplements (Sections I-III) may be accessed on-line at the DAIL website (http://www.dail.state.vt.us).

The **TOOL KIT** includes the following resources designed for individuals and organizations interested in developing an assisted living residence in the State of Vermont.

**SECTION I:** The **Operations Toolkit** includes sample Policy and Procedure Manuals developed for use in Vermont assisted living residences. The manuals cover the following areas**: Food Services; Health Services; Housekeeping and Laundry services; Life Safety; Maintenance; Marketing; Occupancy; Personnel, with an addendum of Job Descriptions; and Social/Recreation**.

**SECTION II:** The **Sample Handbooks** include the following: **Employee Handbook; Emergency Handbook; and Resident Handbook, with an addendum Resident Agreement.**

**SECTION III:** The **Sample Forms Supplement** provides examples of forms that may be useful in the application of several sections of the Policy and Procedure Manuals.

The Development Tool Kit (Section IV.) may be accessed through the VHFA web site (http://www.vhfa.org/developers/assisted_living.php).

**SECTION IV** The **Financial Feasibility Analysis Model for Assisted Living Residences** was developed for use in determining the financial viability of proposed assisted living residences in Vermont. The model allows for analysis of multi-use projects, including assisted living, independent senior housing, congregate, skilled nursing care, adult day care, and/or leased commercial space.

The **Instruction Guide for the Financial Feasibility Analysis Model for Assisted Living Residences** provides step-by-step instructions for using the feasibility model. The Instruction Guide also includes guidelines for determining private-pay rates and estimating the operating costs for proposed assisted living residences.

The **Financial Guidelines and Comparative Data for the Operation of Vermont Assisted Living Residences** provides guidelines and comparative data for operating projections developed for Vermont-based assisted living residences.

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# FOOD SERVICES

# POLICY & PROCEDURE MANUAL

## USE OF THIS MANUAL

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## MENU PLANNING AND NUTRITIONAL MANAGEMENT

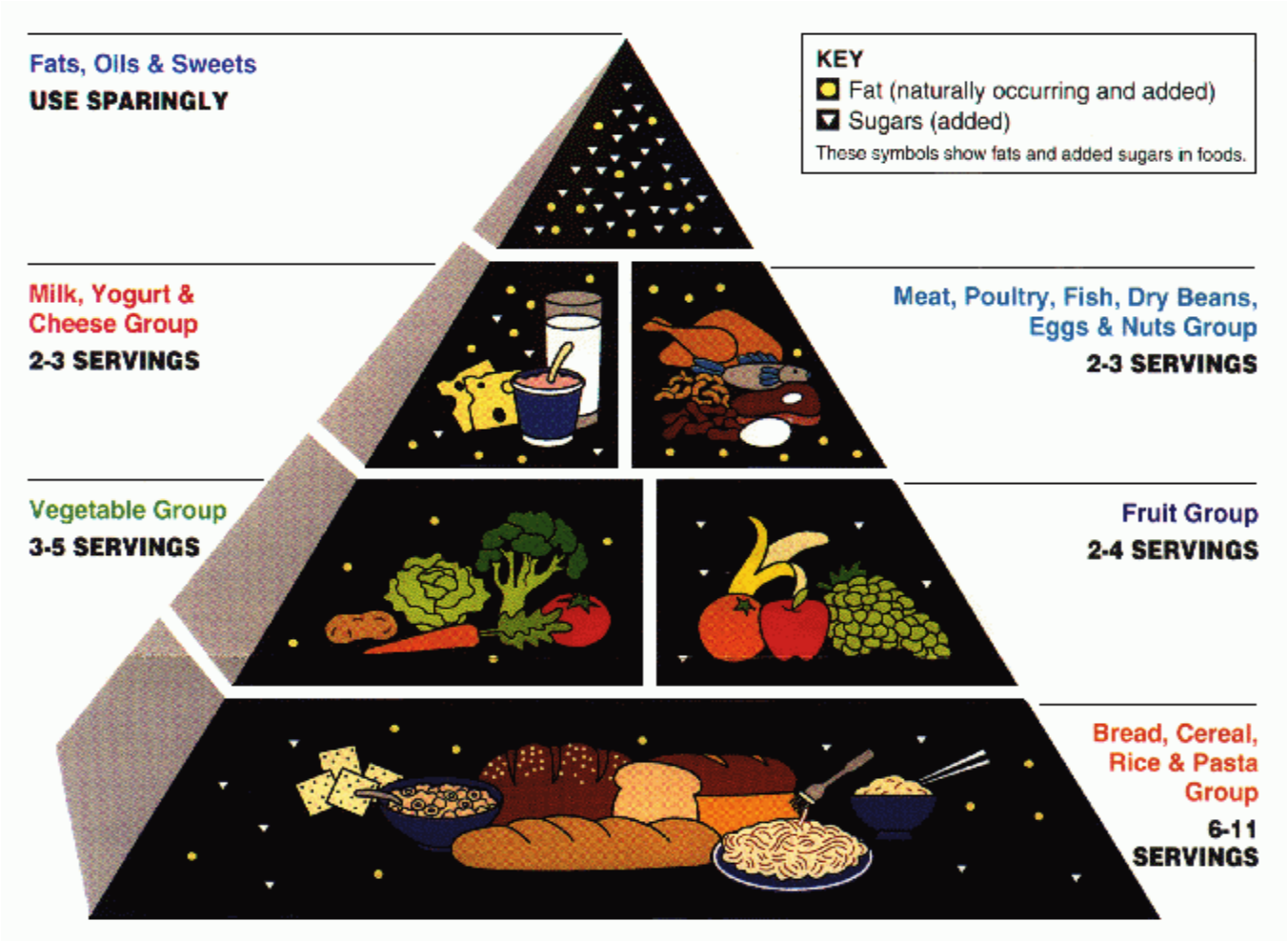
**POLICY**: Food service staff shall provide meals that are accepted and enjoyed by residents, guests and staff and that meet the guidelines of applicable licensing and governmental agencies.

**PROCEDURES:**

1. Nutritionally balanced menus must be prepared to ensure that nutritional standards are maintained. To facilitate the menu preparation process, the Residence may contract with a dietary consultant for provision of the following services:

   - Seasonal-based menus, typically on six to eight week cycles
   - Recipes that correspond to the menus
   - An ordering guide to facilitate the purchase of needed food and supplies
   - A production guide that provides guidelines for meal preparation and physician-ordered (i.e. special or therapeutic) diets
   - On-site consultation as needed for staff and/or residents regarding physician-ordered diets.

2. The menus used by the Residence should follow the guidelines developed by US Department of Agriculture, as shown in the following visual aid:




Food Pyramid Developed by the US Department of Agriculture

3. Offer at least a main entrée and an alternate entrée for each meal to support resident choice and ensure that sufficient quantities of both entrées are prepared for each meal.

4. Post the current menu in an easily accessible place in the common areas for residents to review at their convenience. The menu must be in a large font to ensure that it is readable by those who are visually impaired. The menu for the current week may be posted (e.g. on a bulletin board), with the menu for the current day written on a dry-erase board. Menus may also be distributed to residents/families in monthly newsletters.

5. Provide the opportunity for residents to provide feedback regarding the menus through participation in the Resident Council and/or Food Committee (see the section on Resident Food Committee in this manual).

## MENU SUBSTITUTIONS

**POLICY:** A written, posted menu must be followed, with documentation made of any substitutions made to the menu on the written menu (refer to Section 7.1.a of the Vermont Residential Care Home Licensing regulations). Copies of menus for previous months must be maintained in an administrative file.

**PROCEDURES:**

**1.** When changes are made to the pre-prepared menu by dietary staff, ensure that the substitute items are selected from similar food groups. Following is a brief outline of those foods which fall into the various food groups:

- **Fruits and Vegetables:** Foods in this group include fresh, canned or frozen fruits and vegetables and their juices. This food group is a good source of carbohydrates, dietary fiber, and vitamins.

- **Breads and Cereals:** This group includes grains and starches. Typical foods from the bread and cereal group include whole grain or enriched breads, rolls, English muffins, biscuits, bagels; whole grain or graham crackers; whole grain muffins; cornbread; tortillas; pita bread; bread sticks; whole grain or fortified cereals (ready-to-eat and cooked cereals); granola; pasta; and brown or enriched rice. Whole grain or enriched/fortified breads and cereals provide B-vitamins, iron and carbohydrates, including dietary fiber.

- **Milk and Milk Products (dairy):** These foods include milk, buttermilk, yogurt, cheese, cottage cheese, pudding and custard made with milk, ice cream, or ice milk. This food group is a good source of calcium and protein.

- **Meat and Meat Substitutes (protein):** Foods in this group include poultry, fish, shellfish, beef, veal, pork, lamb, liver and other organ meats, eggs, dried peas, beans lentils, peanut butter, and nuts. This food group is a good source of protein and iron.

2. When making a menu substitution, keep in mind the following equivalent servings:

| One-Serving Equivalents | | | |
|---|---|---|---|
| **Milk, Yogurt, and Cheese:** | 1 cup of milk or yogurt, or | 1 1/2 ounces of natural cheese, or | 2 ounces of process cheese |
| **Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts:** | 2-3 ounces of cooked lean meat, poultry, or fish, or | 1/2 cup of cooked dry beans, 1 egg, or 2 tablespoons of peanut butter count as 1 ounce of lean meat | |
| **Vegetable:** | 1 cup of raw leafy vegetables, or | 1/2 cup of other vegetables, cooked or chopped raw, or | 3/4 cup of vegetable juice |
| **Fruit:** | 1 medium apple, banana, orange, or | 1/2 cup of chopped, cooked, or canned fruit, or | 3/4 cup of fruit juice |
| **Bread, Cereal, Rice, and Pasta:** | 1 slice of bread, or | 1 ounce of ready-to-eat cereal, or | 1/2 cup of cooked cereal, rice, or pasta |

3. Document the date, original food served, nutritionally equivalent food served, and the reason for the substitution on the menu. Then, initial or sign next to the substitution. Keep the original menus and record of substitutions on file for at least one year.

## FOOD SANITATION

**POLICY:** The food service staff shall prepare and serve meals in a safe and sanitary manner and in accordance with all applicable government regulations.

**PROCEDURES:**

1. The Administrator or Food Service Director shall inform all staff working in food preparation and service areas how illness may be transmitted through the unsafe handling of food and what actions may be taken to maintain sanitary surroundings and food that is safe to eat.

2. A food-borne illness results from eating food that contains something that makes people ill. The food eaten might contain germs or it might contain germ products which can be poisonous. Chemical agents on food can also cause illness.

3. Many people mistakenly believe they can decide if food is "spoiled" by how it looks, smells, or tastes. However, a germ that may cause a food-borne illness might not change the look, smell, or taste of the food. The only way to ensure that food will not cause a food-borne disease is to handle the food in a sanitary manner.

4. Safe storage; the safe sanitation of counters, cutting boards, and utensils; and proper cooking temperatures are all important factors in the prevention of food-borne disease.

5. Be very careful in handling meats, eggs, milk, sour cream, and mayonnaise. Prepare food or recipes containing these products quickly, and refrigerate them immediately. Do not take these items out of the refrigerator until they are ready to be served.

6. The symptoms of food-borne illnesses in many cases are similar to the symptoms of illnesses that are not related to food. These symptoms may include:

   - Nausea
   - Chills
   - Vomiting
   - Cramps
   - Diarrhea
   - Fever

7. Symptoms may vary between individuals even when the same foods have been eaten. The symptoms can occur almost immediately (especially in chemical poisoning) or several weeks later (with some water-borne germs). Most symptoms, however, appear within two to 24 hours and typically last for several hours.

8. Death, although rare, can occur from food borne illness. Botulism and chemical poisoning are the most frequent causes of death from food-related illnesses.

9. To prevent food-borne illness, all dietary staff must maintain a sanitary environment by following guidelines for good personal hygiene and work habits.

10. Hands are a common source of food contamination, with effective and frequent hand washing critical to the prevention of food-borne illness. Wash your hands with warm water and hand soap in the following situations:

    - Before handling food, food utensils, and/or food equipment
    - After using the restroom or smoking
    - After handling money and soiled articles
    - After coughing and/or sneezing
    - After hands have touched your hair, face, or mouth
    - After having contact with any person with a contagious disease
    - After handling uncooked meat / poultry / seafood and unwashed produce etc.

11. Wash your hands only in approved hand washing sinks. Do NOT use dishwashing sinks, culinary sinks, or produce sinks for hand washing.

12. Effective hand washing must include:

    - The use of soap and warm water
    - Vigorous washing under a stream of warm running water
    - Washing between fingers and cleansing under finger nails
    - Drying hands well with a paper towel
    - Turning off the faucet with a paper towel

13. The hands of all staff working in food preparation or service areas MUST be free of cuts and abrasions:

    - Bandage small wounds that are NOT infected. Then cover the hand with a waterproof, leak proof protector, such as a tight-fitting plastic glove.
    - Do NOT work with food or handle utensils if large cuts or wounds that are infected are present.
    - Consult with the Administrator or RN if there are any questions as to whether it is safe to work due to a cut or wound on the hand.

14. Staff who are ill, have a communicable disease, or have an infection that can be transmitted through food or utensils may NOT work in food preparation or service areas. Consult with the Administrator or RN if there are any questions as to whether it is safe to work due to a health-related condition.

15. When preparing or serving food, handle all food items as little as possible. If food or utensils must be handled, do so only with clean hands and fingers. Use tongs or scoops for picking up butter, rolls, or ice, and avoid handling the eating surface of glasses, dishes or silverware.

16. When preparing food, carefully follow the guidelines outlined below for heating, cooling and defrosting in order to keep the food safe (refer to the section on Storage of Products in this manual for additional temperature guidelines). Dietary staff must wear clean aprons, hair restraints, and gloves when processing non-cooked foods. Follow the recommended practices below for each type of food:

.

a. **Cooling Hot Foods:**

- After cooking food which will be refrigerated, do NOT allow the food to cool to room temperature before storing it in a cooling unit. If the food was cooked in a large container, immediately transfer the food into shallow pans and refrigerate it. Food placed in shallow pans should not be more than two inches deep until it reaches 45° F (7° C) or less. The cooling period must never exceed four hours. Once the food is cooled, it may be transferred into a larger container for storage.

- Other options for cooling hot foods include using a cooling stick or placing the food container in an ice-water bath and stirring the food product frequently until the food temperature has reached 45° F (7° C).

b. **Heating Refrigerated Foods:**

- If refrigerated foods will be stored in a "warmer" or on a steam table, first rapidly heat the food to at least 165° F (74° C). This heating can be done in a microwave, steamer, oven, or on top of a stove or grill. The food may then be transferred to the hot holding device, which must maintain food temperatures of at least 140° F (60° C).

c. **Defrosting Frozen Foods:**

- When defrosting food, be sure the frozen product is not set out at room temperature as by the time the center has thawed, the outside will have been too warm for too long. Instead, defrost frozen food under cold running water, under refrigeration, or in a microwave. If frozen meat is defrosted in a refrigerator, place the meat in a container to prevent the juice from dripping onto food below.

17. Wash all fruits and vegetables before they are served. The sink used to wash the produce must be washed and sanitized before use.

18. If the food being prepared is tasted before being served, use only a clean utensil. Move away from the container before tasting the food. After tasting it, do not allow the utensil to contact the food again. If another taste is needed, use a different, clean utensil. Under no circumstances should fingers be used for tasting purposes.

19. Food must be served at appropriate temperatures. To measure food temperatures, a probe thermometer may be used. Serve hot foods at the following temperatures to ensure they arrive at the table hot:

| | | | |
|---|---|---|---|
| Vegetables | 160° F | - | 170° F |
| Meats | 155° F | - | 160° F |
| Hot Soup/Hot beverages | 140° F | - | 190° F |

Note: *Ground beef and foods containing ground beef must be cooked to an internal temperature of 165° F.*

20. Foods that are to be served chilled should remain in the refrigeration unit until served. Chilled foods should be served at 40° F.

21. All kitchen staff must be familiar with the Food Sanitation Rules published by the State of Vermont Health Division. A copy of these rules should be kept in the kitchen at all times, with the rules followed by all staff.

## THERAPEUTIC DIETS

**POLICY**: Food service staff will make modifications in the planned menu to meet the special nutritional or therapeutic needs of residents on an as needed basis.

**PROCEDURES:**

1. Therapeutic diets represent modifications from the regular menu and must be ordered or prescribed by a resident's health care provider (physician). As deviation from special diets may result in serious health consequences for residents, physician-ordered diets must be followed carefully. For example, if a diabetic resident does not receive the properly ordered diabetic diet, he/she could suffer consequences ranging from dizziness to a diabetic coma or even death.

2. If a dietician is not available to provide assistance with special diet needs, the RN should check with each resident's physician when special diets are ordered to determine if the house diet is sufficient to meet the resident's needs.

3. The types of therapeutic diets that may be ordered for residents include:

   - **Mechanical soft.** This type of diet is typically ordered for residents who have difficulty chewing hard foods. For example, cooked carrots might be offered instead of carrot sticks. With mechanical soft diets, texture modification is provided for all meats.

   - **2 Gram Sodium.** A two-gram sodium diet is also known as a low-salt diet and is ordered for residents who must restrict their sodium intake (e.g. because of heart problems or edema). An order for a low-salt diet may be written as "2 gm Na".

   - **Bland / Soft.** These diets are frequently prescribed on a short term basis for residents who have digestive, dental or swallowing problems.

   - **Low fat / Low cholesterol.** A low fat diet is designed to reduce fat consumption to a designated percentage (typically 30%) of the total daily calories. Most American diets include about 40% fat. In a low fat/low cholesterol diet, skimmed milk and cheeses may be used, and portion control of high fat items is essential.

   - **1200 Cal, 1500 Cal, 1800 Cal ADA.** These are diabetic, calorie-controlled diets which limit the amount of food in each food group. Typically, these diets are prescribed to balance insulin with food carbohydrates. The diet may also be prescribed to control weight.

   - **General/No added Salt.** Residents on a no-added salt diet may be served the regular meal, but should not add salt to the food at the table. This diet may also be called a "4 gm Na" diet.

- **General / Limited concentrated sweets.** Residents on this type of special diet may be served the regular meal, but should use dietetic jam/jelly and syrup. Calorie-controlled desserts should also be served instead of regular desserts.

- **General/ skim milk, no gravy or fried foods.** This type of diet limits total fat and cholesterol, yet encourages overall adequate intake.

- **General / high fiber.** High fiber diets may be ordered for several reasons, but improving bowel function is the most common. This is a diet with additions or substitutions such as whole wheat bread (instead of white bread); raw fruits and vegetables, and bran cereal.

4. Although dietary prescriptions must be followed, consult with each resident's physician to ensure the least restrictive diet possible to maximize nutritional intake and resident food satisfaction. Note the following diet liberalization guidelines:

| DIET ORDER | REQUEST CHANGE TO |
|---|---|
| 2 gram sodium | General no added salt |
| Low Fat, Low Cholesterol | General with skim milk, no gravy or fried foods |
| 1200 - 1800 Calories | General limited concentrated sweets |
| 1200 - 1400 Calories | General, limited concentrated sweets, small portions |
| 1200 - 1800 Calories | General no concentrated sweets and no added salt |
| 1800 - 2200 Calories | General, limited concentrated sweets, large portions |

5. As noted in the Menu Planning and Nutritional Management section of this manual, a consulting dietitian can provide modification of the planned menu for special diets. The dietitian should also be available to provide instruction for special diets to residents and/or staff as needed.

6. In addition to meals, provide nutritional supplements for residents as ordered by residents' physicians, with charges for these items billed to each resident, if the resident does not provide them him/herself.

7. When a resident moves into the Residence, the Administrator (or designee) should note any special diet that has been ordered for the resident on the resident's Dietary Information form.

8. File this form in the resident's record and give a copy of the form to the Food Service Director and the RN if any special diets are indicated.

9. The Food Service Director (or other designated staff) should review the Dietary Information form and place the form in a diet binder kept in the kitchen. Transfer any special diet needs noted on the Dietary Information form to an easy-to-reference sheet that summarizes the special diet needs and food preferences for all residents. This sheet should be posted in an easily-accessible location in the food preparation area so it is available to all Food Service personnel for review.

10. Review orders for modified diets at service planning meetings and on an as-needed basis. If a resident's special diet order is changed, complete a new Dietary Information form for the resident.

11. If a resident chooses not to follow a special diet, provide him/her with information about the importance of the diet and work to identify other options that would meet his/her dietary needs. Involve the RN and/or the resident's physician in this process as appropriate, and develop a Negotiated Risk Agreement with the resident if indicated (see the section on Negotiated Risk Agreements in the Health Services Policy and Procedure manual).

12. If a resident's physician orders more than one special diet, all ordered diets should be followed. If further assistance is needed in determining what to serve a resident, notify the Administrator and/or RN.

## ORDERING PRODUCTS

**POLICY**: The food service staff shall purchase on an established schedule both food and non-food supplies that meet facility standards and government regulations.

**PROCEDURES:**

1. All food used by the Residence must be purchased from sources that comply with all laws relating to food and food labeling.

2. Order the majority of food products used by the Residence from a primary food vendor to gain efficiencies in the ordering process and maximize any volume discounts that may be available.

3. Use a separate vendor for bakery and dairy goods if contracting locally provides better prices and quality, and purchase certain meat cuts through different vendors if needed to obtain quality, availability, and/or pricing advantages.

4. Establish a regularly scheduled ordering process with the representative from each food vendor(s). These representatives will typically contact or visit the Residence on a weekly basis to receive your order, although orders can also usually be placed via the internet.

5. The day before your scheduled appointment with the food service representative, review the menu for the following week.

    - If the vendor comes on Tuesday and delivers on Wednesday, the order should include items needed for Thursday through Wednesday of the following week.

    - To complete the order, review the meals to be served for that week and refer to the corresponding recipes to determine the needed ingredients for the meal.

    - Determine whether the needed quantity of each ingredient is already on hand. If a sufficient quantity is not available, determine the amount which should be ordered.

6. Note that some items may be ordered in partial case quantities. Typically, needed food items should be purchased in the smallest quantities possible to keep the inventory of food products to a minimum. For example, salad dressing is usually available in gallon containers, with four gallons to a case. Ask the sales representative if the case can "be broken" so that only one gallon may be ordered instead of all four as it would likely take a long time to use four gallons of dressing.

7. Supplies used in food preparation, meal service, and kitchen clean-up can also usually be ordered through the primary food vendor. Such supplies may include cleaning products such as dishwashing soap, hand soap or floor cleaner; paper products such as napkins, placemats or paper towels; and other products such as plastic utensils or garbage bags. Mark any needed supplies on the Ordering Guide.

8. After all needed items have been marked on the Ordering Guide, the order may be placed. After a particular item has been ordered, place a check mark in the Ordering Guide on the line for the appropriate week.

9. Occasionally an item may need to be added to the Ordering Guide. In such a case, tell the vendor's representative what product is needed. Write the name of the new product in the section with similar products in the "Description" column. Ask the representative for the item number for the product and write this number in the "Item #" column.

10. Avoid the purchase of food or kitchen on an unscheduled basis from non-vendors to keep food service costs within budget.

## RECEIVING AN ORDER

**POLICY**: The food service staff shall receive products according to a regular schedule, inspecting all items to ensure quality and ensuring that credit is received for items that are returned.

**PROCEDURES:**

1. Arrange a regularly scheduled day and time for receiving orders with the representative from each food vendor, ideally on a day when the person who placed the order is working. Orders should also be received during a time when the cook will have extra time (e.g. NOT when meals are being served).

2. All staff must wear back support belts when unpacking orders and putting stock away to minimize the risk of injury.

3. Inspect all products received to ensure that they are in good condition. Do not accept cans that have large dents on the rims or seams or cans that appear unsafe (e.g. are swollen). When cans and packages are damaged, the contents could be contaminated and cause illness.

4. Check each item that is delivered against the order by placing an "x" over the checkmark on the Ordering Guide for each item received in good condition.

5. If an item is received in damaged condition or an item that was not ordered is received, return the product and note the return on the Ordering Guide. If the product is not accepted, do not "x" over the checkmark - instead write "return" on the line.

6. Visibly mark those items that are to be returned (i.e. with a red adhesive dot available through office supply stores). This is to ensure that all dietary staff know which products are to be returned.

7. Returned items should be credited on the following week's invoice. Check the invoice to ensure that proper credit is given. If not, contact the vendor’s representative and report the problem. Continue to monitor the situation until credit is given for the returned product(s).

## STORAGE OF PRODUCTS

**POLICY**: All food shall be stored in a safe and sanitary manner.

**PROCEDURES:**

1. Put food products away as soon as possible after they are received. If any frozen products have been purchased in a larger quantity than is needed, divide the product into appropriate quantities for later use.

   - Wrap the product in freezer bags.

   - Label the item with a description of the product and the date it was wrapped/and placed in the freezer.

2. Be sure to store all food at proper temperatures, as 90% of all food borne disease outbreaks occur because food has been stored at improper temperatures. Perishable foods must be stored at or below 40° F or above 140° F. Foods considered perishable are those that contain animal proteins or other foods that support the rapid growth of bacteria. The following are potentially hazardous foods if not cooked, held or served at proper temperatures:

   - Milk and milk products

   - Eggs

   - Shellfish, fish, poultry and other meat products

3. Do not store certain perishable foods where they will maintain a temperature of 41° F to 140° F for more than one hour.

   - The danger zone between 41° F to 140° F will allow bacteria, if present, to multiply. Storing food at these temperatures will also permit poisons, which can cause illnesses, to form. To grow rapidly, bacteria need food, moisture and the proper temperature. Thus, the growth of bacteria can be halted by controlling the temperature.

   - Store all perishable items either in refrigerators with temperatures of 40° F or below or in freezers with temperatures of 0° F or below.

4. Wrap, cover or seal all refrigerated foods <u>and</u> label the product with the preparation date. Never use aluminum foil or similar material to cover refrigerator shelves, as this prevents air from circulating properly. As a result, all areas will not cool properly and spoilage will result.

5. Store frozen foods in freezers with temperatures of 0° F or below, with freezer thermometers used to ensure that appropriate temperatures are maintained. Follow these guidelines for frozen foods:

- Keep all frozen foods tightly wrapped in their original packaging or in moisture-proof packaging.

- Never thaw frozen foods at room temperature, as this will allow bacteria to grow.

- Put frozen foods in the refrigerator to thaw a day or two ahead or overnight.

6. Dry storage is appropriate for foods which are nonperishable, such as canned goods, flour, sugar, salt, and dry cereals.

   - These products must be protected and be stored off the floor on a sealed base, on a wheeled platform, or on shelving which is at least eight inches off the floor.

   - Dry storage areas should be maintained at temperatures between 40° F and 70° F (preferably in the lower range).

   - Once opened, food that has been stored in dry storage should either be refrigerated (canned fruits, vegetables, gravy, etc.) or sealed in airtight containers and returned to dry storage (flour, dry cereal, cookies, pasta, etc.).

7. Store all similar products together to maximize efficiency when taking inventory. For example, all canned fruit should be stored in the same location, with all peaches together and all pears together.

8. When placing products in storage, put the new inventory behind product already on the shelf, so the older stock is used first. Rotating food products in this way will ensure that no products become outdated. A First-In, First-Out (FIFO) inventory process should be used for all food types.

9. Store all products with the heaviest items on the bottom and the lightest items on the top. Make sure that products are stored securely and are not likely to fall.

10. Food should not be stored on the floor of the refrigerator or freezer, and potentially hazardous foods, such as eggs or thawing meat, MUST be stored on the bottom shelf of the refrigerator.

11. Follow these additional guidelines to ensure the proper storage of food products:

    - **Tin Cans.** After opening a tin can containing acidic food (such as tomatoes), remove any left-over product and store it in an air-tight container. The acid in the food may react with the metal in the can in the presence of oxygen.

      If a commercially canned food shows any sign of spoilage - bulging can, leakage, spurting liquid, off-odor, or mold - return it to the vendor. Do not taste the food in the can.

- **Nesting.** When storing a container of food on top of another container of food, separate the two containers with a sanitary barrier, such as a cover.

- **Scoops.** Use a scoop or utensil with a handle to dispense ice or food. Do not use bowls, cups, or other items for dispensing. To store the scoop, place it so the handle is not in contact with the ice or food.

- **Left-over and Prepared Food.** Store prepared food in a container covered with an air-tight lid or cellophane, and label the container with the type of food and the date. If prepared food is to be frozen, wrap the product in cellophane. Then wrap the product in freezer paper and label and date the item with freezer tape.

  Handle foods to be frozen as little as possible to avoid spreading bacteria. Freezing does not kill bacteria; it simply stops their growth. The bacteria continue to multiply after the food is thawed.

  Left-over foods which have not been frozen must be discarded after **three** days if not used. Do NOT rely on reheating to make leftovers safe. Staph bacteria produce a toxin that is not destroyed by heating. If the odor or color of any food is poor or questionable, do not taste it. Throw the food out.

  Food which has been served MUST be discarded (it cannot be handled as a left-over). The only exception is that unopened, individually wrapped and sealed packages of food may be re-served. Examples of such products include sealed crackers and unopened jelly containers.

## FOOD PRESENTATION

**POLICY:** Food service staff shall ensure that all meals served are presented in a manner that is appealing to residents.

**PROCEDURES:**

1. For people to maintain good nutrition, food must be presented in a manner that is visually appealing. This is even more critical when working with older adults because of the decline that often occurs in the sensitivity of taste and smell as individual's age. This change in the senses can dramatically affect the pleasure and satisfaction obtained from eating.

2. Following are some of the age-related changes which may affect the sense of taste:

   - The number and sensitivity of the taste buds decrease with age. After age 50, the ability to perceive each of the taste sensations - sweet, salty, bitter, and sour - declines, but not at the same rate. This decline appears to be the greatest for salt sensitivity.

   - Saliva, which is necessary for taste, also decreases in later life. Some medications may also decrease saliva flow.

3. Older people who experience a change in their sense of taste may complain that "Everything tastes flat". When food no longer tastes good, individuals may lose their interest in eating, which may in turn lead to weight loss and/or malnourishment. Other individuals may overeat in an attempt to achieve a favorable taste sensation. Residents may also begin to use more salt, sugar or spices to compensate for the lack of taste.

4. Because of the sensory changes which may occur in later life, it is critical that food is presented is such a way as to be as appealing as possible. Food must be served and seasoned attractively, as how food looks on the plate will often determine whether or not it is eaten. It is important to vary foods in color, shape, texture, and temperature.

   6. Enhance the taste of food by adding mild spices or serving food with different textures. For example, crunchy, tender and soft food could all be offered in one meal.

   7. Serving foods warm rather than cold may enhance the aroma of the food.

5. Offer softer foods for residents who have difficulty swallowing or chewing. Dental issues can be a reason for declining appetite in a resident. Also, residents may be sensitive to hot and cold temperatures, resulting in a loss of appetite.

6. Foods that tend to "run" should be served in separate dishes. Examples of such foods are:

   - Pears, peaches, fruit cocktail or applesauce

   - Carrot salad, pasta salad, or cottage cheese

7. Place foods that should remain dry (e.g. bread, dinner rolls or biscuits) near the edge of the plate or on a separate plate.

8. Serve foods of different colors to make a plate more attractive. Following are examples of plates which have been prepared in a more attractive versus less unattractive manner:

| **Attractive Plate** | **Unattractive Plate** |
|---|---|
| Roast Beef (red/brown) | Chicken (white) |
| Mashed Potato (White) | Cauliflower (white) |
| Green Beans (green) | Bread (white) |

9. Use garnishes to add to the attractiveness of a plate. The garnish should be placed next to the edge of the plate near the entree. Following are examples of food items which may be used as garnishes:

   - Parsley sprig
   - Orange slice
   - Spiced apple ring
   - Assorted vegetables (tomato, green pepper slice, pickle)

10. Ensure that each plate has a neat appearance, with no food spilling over the edge of the plate.

## DINING ROOM SERVICE

**POLICY**: The meal service staff shall be responsible for the effective and efficient management of the meal service area.

(*NOTE: Some Residences/residents may prefer family style dinning; if you plan to serve family-style meals, modify the procedures in this section as appropriate).*

**PROCEDURES:**

1. Table-waited meal service is generally available for residents during the following times:

   - Breakfast: 8:00 am - 9:00 am
   - Lunch: 12:00 pm - 1:00 pm
   - Dinner: 5:00 pm - 6:00 pm

2. Pre-set all tables in the dining room at least a half hour before the meal is to be served with the following items:

   - A table cloth or place mat at each table setting, with contrasting colors for napkins, placemats, etc.
   - A napkin, folded and set on the right hand side of the place setting
   - A knife, fork and spoon on the napkin
   - A cup and saucer at the upper left hand corner of the place setting
   - A water glass at the upper right-hand corner of the place setting
   - Condiments (salt, pepper, sugar, creamer, etc.) in the middle of the table

3. Directly prior to the scheduled meal time (i.e. 8:00 am, 12:00 noon or 5:00 pm), staff who will be assisting with meal service should wash their hands. Hands must be washed prior to handling ANY food items, dishes or utensils.

4. Place all available beverages on a food cart. The selection of beverages should typically include coffee, tea, juice, cocoa, milk, and soda. Ask each resident for his/her choice of beverage, and place the requested drink at his/her place setting.

5. Make sure that hot beverages are served in cups with saucers. Cold beverages should be served in glasses. Check to be sure that appropriate portions are served for those residents who are on special diets (e.g. a diabetic diet). For example, if a resident is to have a half-cup of orange juice the juice could be served in a 6-ounce juice glass.

6. After each resident has been offered his/her choice of beverage, serve salads (if offered at that meal) and/or the main course. If a resident is served the main entree and asks for an alternate, check with the cook to determine what else is available. Then serve the resident the alternate entree.

7. As residents finish the main course, clear the dishes so that dessert may be served.

8. Throughout the meal, offer assistance to residents as needed with cutting food and obtaining beverage refills.

9. Offer residents second servings after everyone has been served.

10. Clear the tables in the dining room after residents have finished with dessert. Do not leave dirty dishes on the tables (see the section on Dining Room Clean-up in this manual).

## DELIVERED MEAL SERVICE

**POLICY:** The food service staff shall make meal service available to residents in their apartments on an as-needed basis.

**PROCEDURES:**

1. Deliver meal service to a resident's unit as requested or as a regular part of the resident's Service Plan.

2. When tray service is needed, set up a tray with a place mat, napkin, knife, fork, spoon, and a beverage of the resident's choice.

   - Prepare a plate with all foods being served at that meal, taking into consideration the resident's special diet needs and/or preferences.

   - Cover hot food with a plastic cover to keep the food warm, and leave cold foods in the cooler until the tray is to be taken to the resident. (Delivery temperatures are not only important for food safety, but also for resident satisfaction. Hot foods should arrive at resident apartments 150° F or hotter and cold foods 45° F or cooler).

3. After all meals have been served in the dining room, take the tray to the resident's unit. Pick up the tray after the dining room tables have been cleared.

4. If tray service is not a regular part of the resident's Service Plan, document the service in the resident's Service Notes.

5. Frequent requests for delivered meal service should be included on the resident’s Service Plan.

6. Tray service may be provided at no extra charge according to the frequency specified in the resident agreement (i.e. ____ times per month).

## ISOLATION MEAL SERVICE

**POLICY**: Staff shall maintain standards for infection control to maximize the comfort and safety of all residents.

**PROCEDURES:**

1. If a resident has a condition that may be contagious, tray service should be provided in his/her apartment. Examples of contagious conditions are influenza (flu), measles, pneumonia and chicken pox. Residents who have an elevated temperature or are coughing up sputum may also be contagious. Direct any questions regarding the need for tray service because of a contagious condition to the RN.

2. When providing tray service to residents who are contagious, use latex gloves when handling the dirty dishes and used tray. Pick up the tray as soon after the resident has finished eating as possible, and take the tray directly back to the kitchen. Rinse the dishes immediately and run both the dishes and the tray through the dishwasher so contamination does not occur.

3. If a resident has tuberculosis or hepatitis, disposable items should be used when providing tray service for meals. Use plastic utensils and glasses and styrofoam or plastic plates and bowls.

4. When picking up the meal tray, double-bag the disposable items in plastic garbage bag and throw the bag away immediately. Do NOT take these items back to the kitchen. The tray should be taken immediately to the kitchen and run through the dishwasher.

5. Unknown illnesses should be treated as contagious until properly diagnosed.

## DINING ROOM CLEAN-UP

**POLICY**: The dining room should have a tidy, attractive appearance before, during and after meals.

**PROCEDURES:**

1. After each meal, clear ALL dishes and silverware from the tables, including those which have not been used. All tables must be set with clean place settings before each meal.

2. Wipe tables with a clean cloth and a solution of germicidal disinfectant cleaner. Remove any loose food from chairs and push the chairs under the tables. Vacuum the dining room after each meal.

3. Clean containers for condiments that must be refrigerated in the dishwasher before they are refilled.

4. Clean and refill condiment containers that are left on tables, such as salt and pepper shakers, on a regular schedule.

## WASHING AND SANITIZING DISHES / UTENSILS

**POLICY:** All dishes, utensils, and pots and pans must be washed and sanitized according to established procedures and in compliance with regulatory guidelines.

**PROCEDURES:**

1. Sanitization is a process by which an agent or substance is applied to a clean surface to destroy any germs that may cause an illness. Washing and sanitizing dishes and utensils are important procedures in order to prevent the spread of disease. This process may be accomplished either by machine washing or hand washing, as long as all guidelines in the Food Sanitation rules published by the Vermont Department of Health are followed.

2. **Machine Washing.** If a commercial dishwasher is used, follow these procedures:

   - Pre-rinse the dishes and utensils to remove large and/or stuck-on food particles.

   - Follow the operating instructions by the manufacturer of the machine (these instructions should be posted by the machine). Ensure that the machine reaches the proper temperatures (the wash water must be a minimum of 140° F and the rinse water must reach 180° F).

   - Air dry the dishes and utensils (do NOT use towels for drying dishes or utensils as this could spread contamination).

3. **Hand Washing.** If the commercial dishwasher is not working properly and thus cannot be used, dishes may be washed by hand. However, these procedures must be followed to ensure appropriate cleaning and sanitization:

   - Scrape and/or pre-rinse large particles of food from the dishes and/or utensils. This first step will improve cleaning and will conserve water, soap, and chemicals.

   - Wash the dishes/utensils with detergent and hot water (120° F)

   - Rinse the dishes with clear, hot water to remove soap and food particles.

   - Sanitize the dishes for one minute to kill any remaining bacteria with a solution consisting of one tablespoon of household bleach to one gallon of clean water that is at least 75° F.

   - Air dry the dishes and utensils. Do not use towels for drying since towels can spread contamination.

## EQUIPMENT MAINTENANCE AND SAFETY

**POLICY**: Food service staff shall maintain all kitchen equipment in a safe and sanitary condition and in compliance with all applicable regulations.

**PROCEDURES:**

1. Inform all food service staff that kitchen equipment that is not kept clean or properly maintained can lead to food-related illnesses.

2. Check the gauges on all refrigerators and freezers every day to prevent food spoilage and minimize any needed repair costs. Staff should complete a daily temperature log for refrigerators, freezers and dishwashers, and must immediately inform the Food Service Director if a temperature is outside the acceptable range.

   - Refrigerators should maintain temperatures of between 34° F and 40° F. Refrigerators cycle to defrost throughout the day, which raises the temperature to approximately 40° F. When the refrigerator is finished cycling, the temperatures should drop again; otherwise, notify the Administrator.

   - Freezers should maintain temperatures of 0° F or below.

3. Freezers, refrigerators and ice machines have coils that should be cleaned every two to three months by the Residence's maintenance person or by a local refrigeration repair vendor.

4. Wash and sanitize any equipment that comes in contact with food on a regular basis.

   - Such equipment includes meat slicers, knives, choppers, food processors and blenders. When this type of equipment is used, food particles are deposited on the parts and surfaces of the equipment.

   - If not washed and sanitized, any new food product that comes into contact with the equipment could be contaminated by the food particles on the equipment.

   - ALL equipment must be washed and sanitized if food particles have been on the equipment for two or more hours OR between any contact with raw and cooked foods.

5. All staff must be trained on how to use equipment in the kitchen and/or dining room PRIOR to use. In addition, instruction manuals should be kept in a file or binder in the kitchen for easy access.

## KITCHEN SAFETY AND SANITATION

**POLICY**: Meal service staff shall adhere to regulations of federal, state and local governmental agencies with respect to sanitation, safety and maintenance.

**PROCEDURES:**

1. Food preparation and serving areas must be cleaned on a regular basis, with all work surfaces cleaned and sanitized after each use. All guidelines in the food sanitation rules published by the Vermont Department of Health must be followed by the kitchen staff.

2. Store cloths used for cleaning in a sanitizing solution. If bleach is used to prepare a sanitizing solution, use one tablespoon of bleach per gallon of clean water, or 1/4 cup of bleach per five gallons of water.

3. Wash, rinse and sanitize sinks before using them for food preparation purposes or for dishwashing. Never use food preparation or dishwashing sinks for hand washing purposes or to hold mops or other cleaning equipment.

4. Keep garbage containers covered and reasonably clean at all times.

5. A monthly cleaning schedule for deep cleaning should be maintained and followed. All items on the cleaning schedule must be completed as scheduled and checked off.

6. Maintain Material Safety Data Sheets (MSDS) for all cleaning products used (see the section on Hazardous Materials Communication Program in the Life Safety Policy and Procedure Manual). An MSDS book must be kept in the kitchen and at the front desk.

7. Store all cleaning products and/or other chemical compounds separately from all food supplies and food preparation equipment.

8. Take appropriate safety precautions to avoid common kitchen safety hazards, including: wet floors, exposed knives, broken glass, tin cans and metal shavings, can openers, reaching and climbing, and carrying dishes instead of using a cart.

9. Residents may enter the kitchen when the kitchen is supervised by the cook or other staff persons. Ensure that the resident follows applicable sanitation procedures if he/she will be in the area where food is being prepared.

## RESIDENT FOOD COMMITTEE

**POLICY:** A resident food committee shall meet at least quarterly to elicit feedback from residents about food served at the Residence.

**PROCEDURES:**

1. Inform all residents of the resident Dining and Food Committee and encourage participation in the meetings.

2. Hold Food Committee meetings at least once a quarter, with the meeting date and time posted on the activity calendar and included in the resident/family newsletter.

3. The Food Service Director should facilitate the meetings, encouraging active discussion and participation from all residents in attendance. Encourage residents to offer suggestions on any topic related to food service (e.g., meal selection, choice of snacks, table settings, etc.).

4. Follow-up on residents' suggestions with the food service staff and/or the Administrator as appropriate.

5. Document the discussion occurring at each meeting and file the meeting notes in the administrative office.

# HEALTH SERVICES

# POLICY & PROCEDURE MANUAL

## USE OF THIS MANUAL

This manual has been developed as part of a set of sample policy and procedure manuals for use by Vermont Assisted Living Residences. Users of the manual are encouraged to develop facility-specific policies and procedures, and thus may modify this manual to best meet the needs of each Residence. All use of the manual, however, is subject to the End-User License Agreement provided by Vista Senior Living, Inc., on the web site for the Vermont Department of Aging and Independent Living (www.dail.vermont.gov).

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# PROCEDURES FOR NEW RESIDENTS

## NEW RESIDENT MEDICATION RECORD

**POLICY:** Establish medication records for residents moving into the Residence according to established procedures. *(The RN for each AL Residence is expected to develop facility-specific procedures for establishing new resident medication records. This policy and the following procedures are provided only as an example of what might be developed for a Residence).*

**PROCEDURES:**

1. Establish a medication record at the time of move in for each resident for whom medication assistance will be provided. In addition, ask residents who will be self-administering their medications if they would like to have a medication record set up and maintained for them, as this would allow information about their current medications to be given to emergency medical personnel were an emergency to occur.

2. When a new resident moves into the Residence, the RN or Administrator should ensure that orders have been received from the resident's physician. These orders must be received before a new resident moves into the Residence.

3. For each resident for whom a medication record will be established, write on a clean medication record the name of the Residence, resident name, primary physician and phone number, allergies, move-date, apartment number, age, and sex.

4. Indicate in the first space on the medication record (in the "Treatment" column) whether the resident will receive assistance by staff with medications by writing either "Staff to Assist with Medications" or "Resident to Self-Administer Medications".

5. Then write in this same space the resident's preference for the initiation of CPR in the case of an emergency by writing either "NO DNR ORDER" or "DNR ON FILE". This information may be found on the resident's DNR status form.

6. Referring to the Physician's Report to obtain needed information, write the following information (as applicable) on the resident's medication record:

   - Write any physician orders for vital sign monitoring (e.g., weekly blood pressure) in the second space in the "Treatment" column.

   - Write in the next available space(s) in this column any medication(s) listed on the resident's physician's orders.

   - Write the routine medication orders before any orders for PRN medications. When transcribing a medication order, write the current date on the first line of the space. Then write the name of the medication, the strength, the route of administration, the frequency, the reason the medication was ordered, and the number of refills. Write all of this information in lay person's language (do not use medical terminology or abbreviations).

- Count the number of tablets/capsules of the medication brought into the Residence by the resident. Write this number next to the date.

- Write in the “Hour” column the time(s) the medication should be taken. Then draw a line or highlight the row for each time(s) written on the record up until the day that staff will begin assisting the resident with the medication.

- After all orders for routine and PRN medications have been recorded, write in any treatment orders noted on the physician’s orders. In the next clean space in the “Treatment” column, write in the current date. Then write in the order for the treatment, including the frequency, reason for the treatment, and any special instructions for staff to follow. Write in the "Hour" column the time(s) assistance with treatment should be provided. Then draw a line or highlight the row for each time(s) up until the day staff will begin providing assistance.

7. Note that if the medications the resident brought with him/her to the Residence do not match the orders indicated on his/her physician’s orders, the discrepancy must be clarified with the resident’s physician before staff provides the resident assistance with medications. If the Residence is providing assistance with medications, a written physician’s order must be on record at the Residence for each medication taken by a resident (see the section in this manual on Physicians’ Orders).

8. Place the resident’s medication record behind the divider tab for the appropriate apartment number in the medication book.

9. Take a picture of the resident and affix the picture to the unit divider tab to assist new staff members in identifying those residents for whom they are to provide medication assistance.

## MEDICATION SELF-ADMINISTRATION

**POLICY:** Residents may self-administer their medications if it is determined that that they are capable of managing and storing their medications safely. *(The RN for each AL Residence is expected to develop facility-specific procedures for medication self-administration. This policy and the following procedures are provided only as an example of what might be developed for a Residence).*

**PROCEDURES:**

1. When conducting a resident's assessment, the Administrator (or designee) should ask the resident if s/he would like to self-administer his/her medications or if s/he would like staff to provide assistance with medications.

2. If a resident wishes to self-administer his/her medications but the Administrator and/or RN have concerns regarding the resident's ability to do so safely, the RN should speak with the resident (or legal representative) about the concerns. If appropriate and desired by the resident, the RN may then conduct a Medication Self-Administration Assessment with the resident to identify any potential safety issues and develop a plan to address the concerns.

3. When conducting a Medication Self-Administration Assessment, have the resident demonstrate all items listed on the form. For example, ask the resident to open a medication bottle or punch out pills from a bubble-packed container instead of just telling you he/she is able to do this task. If possible, conduct the assessment at a time when the resident is due to take medication so that he/she may be observed actually walking through the process.

4. The RN and/or Administrator should encourage residents who will be self-medicating to document their medication usage on a medication record. Consistent use of this system can provide a tool to determine whether the resident is taking his/her medications appropriately. The medication record can then be reviewed by the RN or other designated employee on a regular basis (e.g., weekly or monthly) as desired by the resident.

5. In addition, the RN or Administrator should discuss with the resident if he/she would like staff to provide any additional oversight. That is, some residents might prefer/need staff to check their medications on a regular basis to ensure that all medications were taken as per their medication orders. For example, if bubble-packed cards or medi-boxes are used, staff could determine whether the appropriate amount of medication is left in the container (e.g., on a daily or weekly basis).

6. Residents may wish to partially self-administer their medications, with the resident self-administering some medications and staff providing assistance with the remaining medications. For instance, a resident may wish to self-administer his/her inhalers, with staff providing assistance with all other medications.

7. The RN or Administrator should also discuss with the resident which medication packaging and storage system he/she would like to use. That is, a resident could store his/her medications in bubble-packed cards, in bottles, or in a medi-box. Ask the resident who will be responsible for re-ordering and obtaining his/her medication on a routine and as-needed basis.

8. Document on a resident's Service Plan if he/she will self-administer and store his/her medications. Additional items that should be noted on the Service Plan include:

   - How the medication will be packaged
   - What oversight, if any, the resident would like staff will provide
   - Who will be responsible for obtaining new medication for the resident

9. If the RN and/or Administrator have concerns about a resident's ability to safely self-administer his/her medications and the resident will not agree to have assistance provided, entering into a Negotiated Risk Agreement with the resident may be appropriate (see the section on Negotiated Risk Agreements in this manual).

10. If a resident will be self-administering his/her medications, having staff maintain a current list of his/her medications to ensure that accurate information is available to emergency medical personnel should an emergency occur is helpful. Thus, when the resident moves into the Residence, generate a medication record for the resident according to those procedures outlined in the New Resident Medication Record section in this manual. (Note that a resident cannot be required to have a medication record established and maintained if they are self-administering their medication, but can be encouraged to do so by outlining the benefits associated with the practice.)

11. File the medication record in the Self-Administration section of the medication book behind a tab with the appropriate apartment number. Give a copy of the record to the resident.

12. To ensure that an accurate record of the resident's medications is maintained, ask the resident to notify staff of any changes that are made in his/her medication orders. Incorporate these changes into the resident's medication record.

13. Staff should also ask the resident on a monthly basis (e.g., during cycle fill) to review his/her medication record and note any order changes that are not reflected on the current medication record. The pharmacy should incorporate these changes onto the resident's record during the next monthly cycle-fill process (see the section in this manual on Re-Ordering Routine Medications).

14. If a question arises regarding the resident's ability to safely manage his/her medication, the RN and/or Administrator should talk with the resident (or legal representative) regarding their concerns. If appropriate, the RN could offer to conduct an assessment of the resident's ability to continue to self-administer medications and then discuss the results of the assessment with the resident (or legal representative). Note reassessments of a resident's ability to self-administer his/her medications in his/her Service Notes.

15. If staff are to begin assisting a resident who has been self-managing his/her medications, document this change on the resident's Service Plan. Document the conversation informing the resident of the need for the change in the resident's Service Notes.

# PHYSICIAN ORDERS

## PHYSICIAN ORDERS

**POLICY**: A physician's order shall be on file at the Residence for every medication and treatment for which staff will be providing assistance. *(The RN for each AL Residence is expected to develop facility-specific procedures for obtaining physician orders. This policy and the following procedures are provided only as an example of what might be developed for a Residence).*

**PROCEDURES:**

1. **Physician Orders** should be obtained from a resident's physician before he/she moves into the Residence (see the section in this manual on New Resident Medication Record). The Physician Report form associated with this manual may be used to obtain these orders.

2. **Physician Telephone Orders** are used to document in writing physician orders taken over the telephone. Only a licensed nurse may take phone orders. If a physician's office wants to give an order over the phone and a nurse is not available, staff should ask the physician (or physician's nurse) to fax the order to the Residence. After a phone order has been taken:

   - Mail the original (white) copy of the order to the physician's office for signature, along with a self-addressed stamped return envelope. Place one copy of the order in the resident's service record. The RN should keep the remaining copy to use as a reminder to ensure that the original order is signed and returned by the resident's physician.

   - If the telephone order has not been signed by the physician and returned to the Residence within seven to 10 days, staff should contact the physician's office. Make follow-up calls to the physician's office on a weekly basis until the order has been signed and returned.

   - Once the original, signed order has been received, file it in the resident's service record, replacing the copy that was previously filed in the record. Give the copy to the RN to notify him/her that the signed order was received from the physician's office.

3. Residents should take **Medical Visit forms** to physician appointments to provide physicians with a summary of the resident's status and any pending issues. Staff should attach to the Medical Visit form a copy of the resident's current medication record (or a list of his/her current medications and dosages, if he/he self-administers medications and does not wish to have a medication record maintained by staff). The physician should write any new orders on the Medical Visit form, which should then be returned to the Residence (see the section on this manual on Coordinating Resident Medical Visits).

4. **Discharge Orders** are provided by a hospital or nursing facility when a resident is discharged from the facility. These orders, if signed by a physician, serve as physician orders.

5. File all physician orders in the resident's record.

## NEW ORDERS

**POLICY:** Implement new physician orders in a timely and efficient manner according to established procedures. *(The RN for each AL Residence is expected to develop facility-specific procedures for the implementation of new physician orders. This policy and the following procedures are provided only as an example of what might be developed for a Residence).*

**PROCEDURES:**

1. When a physician's order is received for a new medication or treatment, fax the order to the pharmacy, initialing and noting on the order the date and time it was faxed.

2. The RN or a staff person designated by the RN should enter the new order on the resident's medication record. In the next available space on the resident's medication record write the current date, name of the medication, the strength, the route of administration, the frequency, the reason the medication was ordered, and the number of refills. Write this information in lay person's language (do not use medical terminology or abbreviations).

3. Write in the "Hour" column the time(s) the medication should be taken. Draw a line or highlight the row for each time(s) written on the record up until the day the order is to start.

4. If the order is time-limited (such as an antibiotic), write in the "Hour" column the time(s) that the medication should be taken. Draw a line or highlight the row for each time(s) written on the record up until the day that the order is to start and through the days after the medication should be stopped.

5. Place the order in the RN's box for his/her review. The next time the RN is in the Residence, he/she should review the order, verifying the accuracy of the entry in the medication book. The RN should then initial and date the order. File the form in the resident's record.

6. When a new medication ordered by a physician is received from the pharmacy, staff should ensure that the order that has been entered in the medication book matches that on the medication label EXACTLY. If these do not match, call the RN for further instructions.

7. **If a Multi-Dose Packaging system is being used**, a procedure to facilitate new medication orders should be established with the pharmacy. That is, it may be most cost-effective and efficient for the new medication to be delivered in a separate container so that all of the resident's medications do not have to be re-packaged. The new medication could be packaged with the rest of the resident's medications during the next packaging cycle.

## CHANGE OF ORDERS

**POLICY:** Implement changes in medication and treatment orders in a timely and efficient manner according to established procedures. *(The RN for each AL Residence is expected to develop facility-specific procedures for all changes in physician orders. This policy and the following procedures are provided only as an example of what might be developed for a Residence).*

**PROCEDURES:**

1. At times a physician may order a change in a resident's current medication or treatment order. In such a case, fax the order into the pharmacy.

2. The RN or a staff person designated by the RN should enter the order on the resident's medication record according to the following procedures:

   - Discontinue the prior order on the resident's medication record by highlighting the directions with a yellow highlighter and/or marking through the directions with a large "X". Write D/C, your initials, and effective date of the order change next to the old directions.

   - Draw a line through the boxes for the days the medication should not be taken and/or write D/C and the effective date through this space.

   - Write the new order in lay person's language in the next available space on the medication record, including the current date; name of the medication; the strength, route of administration, frequency, and reason for the medication; and the number of refills.

   - Write in the "Hour" column the time(s) that the medication should be taken. Draw a line or highlight the row for each time(s) written on the record up until the day that the order is to start.

3. Place the order in the RN's box for his/her review. The next time the RN is in the Residence, he/she should review the order, verifying the accuracy of the entry in the medication book. The RN should then initial and date the order and place it in an appropriate place for filing in the resident's record.

4. When the discontinued order is for a medication, remove all of the remaining medication containers (i.e. bubble-packed cards, bottles, etc.). Place the medication in an appropriate place to be disposed of or returned to the pharmacy (see the section in this manual on Disposal of Medications).

5. When the new medication is received from the pharmacy, staff should ensure that the order that has been entered in the medication book matches that on the medication label EXACTLY. If these do not match, call the RN for further instructions.

6. **If a Multi-Dose Packaging system is being used,** a procedure to facilitate new medication orders should be established with the pharmacy. That is, it may be most cost-effective and efficient for the new medication to be delivered in a separate container so that all of the resident's medications do not have to be re-packaged. The medication could be packaged with the rest of the resident's medications during the next packaging cycle.

# PHARMACY SERVICES

## PHARMACY SERVICES

**POLICY:** Maintain a contract with a pharmacy supplier to provide residents with prescription and over-the-counter medications and provide the Residence with needed pharmacy services. *(The RN for each AL Residence is expected to develop facility-specific procedures for all pharmacy services, consistent with Section 5.0 of the Vermont Residential Care Home regulations). This policy and the following procedures are provided only as an example of what might be developed for a Residence).*

**PROCEDURES:**

1. Working with a primary pharmacy vender (i.e. a "House" pharmacy) can greatly increase the efficiency of the medication ordering process and provide cost savings for the residents.

2. Services that may be provided by a House pharmacy include:

   - Providing routine pharmacy services five days per week and emergency pharmacy services 24 hours a day, seven days per week.

   - Labeling all medications in accordance with local, state, and federal laws, rules and regulations.

   - Providing daily delivery of medications.

   - Maintaining a medication profile on each resident in the Residence, providing a medication record for each resident on a monthly basis.

   - Providing all routine medications on a monthly cycle-fill process.

   - Providing audits of the Residence's medication records on a regular basis and providing consultation to Residence staff for specific medication-related issues on an as-needed basis.

   - Billing residents directly for their medications and any supplies ordered through the pharmacy.

3. The Residence cannot require residents to use a House pharmacy. However, staff can encourage residents to do so by sharing the benefits derived by using the House pharmacy. Typically using the House pharmacy is beneficial to both the Residence and to residents (or legal representatives).

4. If a House pharmacy will be used, the Residence should negotiate a written agreement with the pharmacy. Maintain a copy of this agreement in the administrative offices at the Residence.

## RE-ORDERING ROUTINE MEDICATIONS

**POLICY:** The House pharmacy may deliver routine medications and new medication records for all residents on a regular, monthly basis. *(The RN for each AL Residence is expected to develop facility-specific procedures for the ordering of routine medications. This policy and the following procedures are provided only as an example of what might be developed for a Residence).*

**PROCEDURES:**

1. If the House pharmacy delivers medications to the Residence as part of their service agreement, all routine medications should be delivered on the same date each month, so that all residents are on the same medication "cycle". The process by which routine medications are refilled by the pharmacy is thus called "cycle-fill."

2. On a monthly basis approximately one week before the new medication cycle begins, the RN or other designated staff member should:

   - Remove the carbon copy of residents' current medication records from the medication book.

   - Give all residents who self-manage their medications and have medication records maintained by the residence the carbon copy of their current medication record(s) to review for accuracy, and ask them to notify the RN or his/her designee of any changes (e.g., new or changed orders that are not reflected on the medication record). Mark these corrections on the medication record(s).

   - Send the carbon copy of all medication records to the pharmacy via the pharmacy's delivery service.

3. The pharmacy should then generate new medication records for each resident. These records should include all changes that were written in by hand on the medication records the prior month.

4. When the new medication records are delivered by the pharmacy, the RN or a staff member designated by the RN should carefully compare the information on the new records with the current medication records (the original copies of the current medication records should still be in the medication book). To ensure the accuracy of the new records the RN or other designated staff member should:

   - Verify for each medication the name of the medication, the date, route of administration, frequency, reason being taken, and time of administration, strength, dose, and number of refills.

   - Verify for each treatment all instructions provided and the time the treatment is to be given.

- Verify that any changes made by hand on the current medication records have been incorporated into the new records.

- Write in any changes that need to be made on the new medication records, so that all of the information is exactly the same on both sets of records.

5. The RN or other designated staff member should return or fax (if only a few corrections are needed) the corrected records to the pharmacy.

6. The final medication records should be delivered by the pharmacy three to four days prior to the beginning of the new medication cycle. When these records are received, the RN or designated staff member should again compare the new records with the records still in the medication book to verify the accuracy of all information on the new records.

7. If any error is noted on the final medication records, the error should be reported to the RN or Administrator, who should either make the needed correction on the record(s) or notify the pharmacy of the error so a new record(s) may be generated.

8. Just before the new medication cycle is to begin, a designated staff member should replace the medication records from the previous month (those still in the medication book) with the new records.

9. Place each resident's medication record(s) from the prior month in his/her service record.

10. Routine medications should be delivered just before the new medication cycle is to begin, along with a delivery slip confirming the contents of the delivery. When the medications are delivered, a designated staff person should:

    - Verify that all medications listed on the delivery slip are included in the delivery.

    - Compare all labels on the medication cards or containers with the corresponding orders in the medication book to ensure accuracy. Notify the Administrator or RN of any discrepancies found.

    - Write the medication assistance time (e.g., 8:00 am, 12:00 noon, etc.) on the top of the bubble-pack card or multi-dose medication container.

    - Place the bubble-pack cards or multi-dose medication containers in the appropriate storage locations, in order by the time the medication is to be taken.

11. If a resident uses a pharmacy other than the House pharmacy, procedures for reordering his/her medications should be documented on his/her Service Plan.

## REORDERING NON-ROUTINE MEDICATIONS

**POLICY:** Order all non-routine medications in a timely and efficient manner and according to established procedures. *(The RN for each AL Residence is expected to develop facility-specific procedures for the reordering of non-routine medications. This policy and the following procedures are provided only as an example of what might be developed for a Residence).*

**PROCEDURES:**

1. All non-routine medications (i.e., PRN medications, liquid, cream, ointment, eye drops or ear drops) must be reordered by the Residence, as the pharmacy will not refill these medications automatically. To ensure that these medications are ordered and received in a timely manner, an inventory should be taken of all non-routine medications on a weekly basis.

2. If any non-routine medication has less than a ten-day supply left at the time the inventory is taken, the medication should be reordered. To facilitate this, pull the tab from the label of each medication to be reordered and place the tab on a sheet of paper (the pharmacy may supply blank reorder sheets). Once the tabs from the labels of all medications to be reordered are on the reorder sheet, submit the order to the pharmacy by:

   - Faxing a copy of the reorder sheet to the pharmacy;

   - Calling the reorder into the pharmacy, providing the pharmacist with the information from each reorder tab on the paper, OR

   - Making a copy of the reorder sheet and placing the sheet in the pharmacy box for pick-up.

3. When the reordered medications are received, the label on each new medication should be compared to the label on the reorder sheet to ensure the accuracy of the new medication label. Make sure the labels contain the EXACT same information. If an error is found, notify the pharmacy so a new label can be generated.

4. After verifying the accuracy of the information on the new medication labels, place the medication in the appropriate storage location(s) (see the section in this manual on Storage of Medications).

5. If a resident uses a pharmacy other than the House pharmacy and/or self-manages his/her medications, follow the procedures for the ordering of medications that are included on his/her Service Plan.

# MEDICATION DELIVERY AND STORAGE

# MEDICATION PACKAGING SYSTEMS

**POLICY:** When the Residence assists a resident with medication administration, the resident's medications must be packaged in accordance with a system approved by the Residence. *(The RN for each AL Residence is expected to develop facility-specific procedures for the medication packaging systems used by the Residence. This policy and the following procedures are provided only as an example of what might be developed for a Residence).*

**PROCEDURES:**

1. Residents for whom staff provides medication assistance are required to use a medication packaging system that conforms to that used by the Residence. Inform residents of this policy during their pre-move in assessment and/or when the determination is made that staff will provide assistance with medication administration.

2. If a resident is unable to obtain his/her medications in the preferred packaging (i.e., the medications are obtained through the VA or a private insurance carrier that does not offer the preferred packaging option), discuss possible alternatives with the RN.

3. Several different types of medication packaging systems may be used. Typically these fall within two general categories – a unit-dose (bubble-packed) system and a multi-dose system.

***Unit- Dose (Bubble-Packed) System:***

4. When a bubble-packed system is used, all medications in tablet or capsule form are packaged in a bubble-packed card. Each card is labeled by the pharmacy with the resident's name, name of the medication, directions, expiration date and number of refills.

5. One bubble-packed card should be received from the pharmacy for each time a medication is to be taken. That is, a medication taken three times a day should have three separate cards.

6. The bubbles on bubble-packed cards are numbered to correspond to the days of the month.

***Multi-Dose Packaging System:***

7. When a multi-dose packaging system is used, all routine medications in tablet or capsule form that are to be taken at the same time are packaged together (i.e., in a larger bubble on a card, in a plastic envelope, etc.). Each package for a medication time must be labeled with the resident's name, the time the medications are to be taken, the expiration date, the number of refills, and the medications that are enclosed in the package.

8. With multi-dose packaging, PRN and narcotic medications are packaged separately, with each dose stored in a separate container.

## DELIVERY OF MEDICATIONS

**POLICY:** Staff shall receive medications for residents only when prior authorization has been provided by the resident and documentation of the delivery is made. *(The RN for each AL Residence is expected to develop facility-specific procedures for the delivery of medications. This policy and the following procedures are provided only as an example of what might be developed for a Residence).*

**PROCEDURES:**

1. Residence staff may receive medications for a resident only if the resident has provided his/her authorization on an Authorization Release form (see the section on Move-In Procedures in the Occupancy Policy and Procedure Manual).

***Delivery of Medications Administered by the Residence:***

2. When resident medications are delivered by a pharmacy, the staff person receiving the order should verify that all medications noted on the delivery slip are included in the delivery. He/she should then sign and date the delivery slip and place the slip in the RN's box.

3. The staff person receiving the medications (or other designated employee) should then verify that an order for each medication received was entered on the resident's medication record, and that the order in the medication book matches the information on the medication label. If the information does not match exactly, notify the RN.

4. If the order was correctly entered on the resident's medication records, the medication should be put away in the proper storage location (see the section on Storage of Medications in this manual).

***Delivery of Self-Administered Medications:***

5. When medications are delivered for residents who are self-administering their medications, staff should direct the delivery person to the resident's apartment. If the resident is not available to accept the medications, staff may accept the medication for the resident if the resident has provided his/her authorization on an Authorization Release form.

6. If there is a formal delivery slip for the medications (i.e., a pharmacy is supplying the medications), follow the procedures outlined in #2 above.

7. If a formal delivery slip for the medications (e.g., the medications are being delivered by a family member) is not available, the staff person should document the contents of the delivery (i.e., the name and quantity of each medication). Both the employee and the person making the delivery should then sign and date the documentation.

8. Give the medication to the resident when he/she returns to the Residence.

## STORAGE OF MEDICATIONS

**POLICY:** All medications that staff assists with shall be centrally stored in the medication room in a safe and efficient manner. Medications that residents are self-administering shall be kept locked in their apartments. *(The RN for each AL Residence is expected to develop facility-specific procedures for the storage of medications. This policy and the following procedures are provided only as an example of what might be developed for a Residence).*

**PROCEDURES:**

***Centrally Stored Medications:***

1. All medications centrally stored by the Residence must be maintained in a locked medication room. When medications are stored in a locking container such as a bin or cabinet, both the container and the medication room should be kept locked when not in use.

2. All centrally stored prescription and over-the-counter medications must be labeled and maintained in compliance with applicable state and federal laws. Each label must include the resident's name; the name of the prescribing physician; the medication name, strength and quantity; the date filled, the expiration date; and the number of refills. No person other than the dispensing pharmacist may alter a prescription label.

3. If a unit-dose packaging system is used, the bubble-packed cards should be stored in the order they are taken during the course of a day (each bubble-packed card should be marked with the time the medication is to be taken).

4. If a multi-dose packaging system is used, special medication storage containers may be supplied by the pharmacy. These containers should be sized to conveniently store the multi-dose packages.

5. Liquid medications, topical medications, inhalers, and eye or ear drops must be stored in a different area than those medications in tablet or capsule form. These medications should be stored in Ziploc baggies or plastic baskets that are labeled with the resident's name and apartment number, with each type of medication stored separately from other medications.

6. Insulin and other medication that requires refrigeration should be stored in the refrigerator in the medication room. Each medication placed in the refrigerator should be stored in a Ziploc baggie labeled with the resident's name, unit number, and date the medication was opened.

7. If medication stored in a refrigerator must be temporarily removed (e.g., to defrost the refrigerator), ensure that they are maintained at the appropriate temperature. A hanging thermometer must be kept in the refrigerator to ensure that it maintains a temperature appropriate for the storage of medications (i.e., 37 to 42 degrees). The medication room refrigerator should not be used to store non-medical items such as snacks.

8. If staff are assisting a resident with all of his/her medications, each of the resident's over-the-counter medications must have a physician's order and must be centrally stored in the medication room. If an over-the-counter medication is taken by a resident on a regular basis, the medication must be obtained in the Residence's preferred packaging system.

9. Medications should never be left out in the medication room or be left unattended outside the medication room. All medications must be stored in the appropriate location when not being used.

10. Each resident's medication must be stored in the container in which it was received. That is, staff cannot transfer medication from one container to another.

***Self-Administered Medications:***

11. If a resident is self-administering his/her medications, all of his/her medications (both prescription and over-the-counter) must be stored in a locked container or cabinet in his/her apartment.

12. If the resident has a private apartment and agrees to keep the door to the apartment kept locked when he/she is not in the apartment, a separate locking container is not needed. However, if the resident fails to keep the apartment locked, a locked container will then be required. If the resident should fail to keep his/her medications locked in the container, staff should centrally store and provide assistance with his/her medications (see the section in this manual on Medications Self-Administration).

***Stock Medications:***

13. A supply of over-the-counter stock medications may be maintained for use by residents as long as physician orders are maintained for the medication. Stock medications do not require pharmacy labels.

# NURSE DELEGATION AND STAFF TRAINING PROCEDURES

## STAFF TRAINING FOR HEALTH-RELATED SERVICES

**POLICY**: All staff who will be performing health-related tasks shall receive training and supervision from the RN following established procedures. *(The RN for each AL Residence is expected to develop facility-specific procedures for the training of staff for health-related services. This policy and the following procedures are provided only as an example of what might be developed for a Residence).*

**PROCEDURES:**

1. The RN should oversee all staff training for health-related tasks and procedures and ensure that staff maintain competency in these tasks.

2. **General Health Services Training**. Provide all resident assistants with training on those areas included on the General Health Services Training form. When providing this training, the RN should ensure that the staff member is able to:

   - Demonstrate the tasks listed (i.e., vital signs, hand washing, removal of gloves)

   - Communicate an adequate understanding of the subject areas included on the form (i.e., documentation, emergency medical procedures, etc.).

   Note on the form any areas needing more training, along with a plan for the training. Upon completion of the training, both the RN and the employee should sign the form. File the completed form in the staff member's personnel record (the RN may also keep a copy of these forms in a separate file for easy reference).

3. **Medication Assistance Training**. Staff members who assist with medications must be trained by the RN on medication assistance procedures, with the RN delegating the responsibility for the administration of medications to designated staff members. For this purpose, use the Medication Assistance Training form.

   The RN and staff member should sign the form once the training process has been completed. File the signed form in the employee's personnel file (the RN may also keep a copy of these forms in a separate file for easy reference).The RN should conduct an annual review and re-training for all employees responsible for medication assistance.

4. **Health-Related Services Training**. Staff members who will be assisting residents with more complex health-related tasks should receive delegation and training by the RN for each indicated task for designated residents. Refer to the section in this manual on Delegation of Nursing Tasks for comprehensive procedures for this training.

5. **Insulin.** Staff other than a nurse may administer insulin injections when:

- The diabetic resident's condition and medication regimen is considered stable by the RN who is responsible for delegating the administration; and

- The staff members who will be administering insulin to the resident have received additional training in the administration of insulin, including return demonstration, and the RN has deemed them competent and documented that assessment; and

- The RN monitors the resident's condition regularly and is available when changes in condition or medication might occur.

Follow the procedures in the section on Delegation of Nursing Tasks if unlicensed staff will be providing assistance with insulin injections.

6. When conducting any of the above training, the RN should:

   - Assess the staff member's knowledge, skill and ability to safely perform the indicated task.

   - Teach the staff member how to perform each task, by providing step-by-step verbal directions and/or written instructions.

   - Observe the staff member performing the task (for those items which are not tasks to be performed, the RN should ensure that the employee has an adequate understanding of the indicated topic).

   - Ensure that appropriate supervision is provided to the trained individual to ensure the quality of the assistance provided.

   - Re-assess or re-train the individual if there are changes in the task(s) or if additional training appears to be needed.

7. Whenever possible, the RN should conduct staff training in a small group setting to maximize time efficiency.

8. The RN should also assist the Administrator as needed in planning, coordinating, and/or conducting monthly staff in-service training sessions.

## DELEGATION OF NURSING TASKS

**POLICY:** The Residence will ensure that appropriate procedures are followed for the delegation of nursing tasks in accordance with licensing regulations and the Vermont State Board of Nursing regulations. *(The RN for each AL Residence is expected to develop facility-specific procedures for the delegation of nursing tasks. This policy and the following procedures are provided only as an example of what might be developed for a Residence).*

**PROCEDURES:**

1. Individualized training (delegation) of health-related tasks occurs when the RN transfers to an individual whom he/she has deemed as competent the authority to perform a designated nursing task in a designated situation on a designated resident.

2. The decision to provide individualized staff training (delegation) for assisting with health-related services should be based upon the following:

   - Assessment of the resident and the resident's needs - the resident's clinical status must be stable and predictable
   - The complexity and safety of the task
   - Assessment of staff competency to provide appropriate assistance
   - The availability of staff to assist with the task(s)
   - The level of supervision needed to assure safe performance of the task
   - State licensing regulations and the Vermont Nurse Practice Act

3. Functions that should <u>never</u> be taught to or performed by non-nursing staff are:

   - Tasks that require the substantial and specialized skill, judgment and knowledge of a RN
   - Tasks that require an understanding of nursing principles necessary to recognize and manage complications which may result in harm to the health and safety of the patient
   - The assessment of a resident's condition
   - The evaluation of staff competency or performance as related to tasks which the RN may train staff to assist with
   - Nursing judgment(s)
   - Other tasks which are not permitted by applicable regulations

4. When the RN determines that appropriate assistance cannot be provided by staff (i.e. because of staff competency, complexity of task, safety concerns, limited resources, etc):

   - The RN should help identify acceptable alternatives to meet the resident's health-related needs/preferences (e.g. home health, family involvement with RN training, a temporary stay in a skilled nursing facility).

   - The Administrator and RN should develop a plan in consultation with the resident (or legal representative), physician, pharmacy or other health professional.

5. The individualized delegation process, which is resident, task and staff specific, should include the following steps:

   - Verifying the knowledge, skill and competency of the individual providing assistance.

   - Explaining the concept, process, and procedures involved in providing appropriate assistance.

   - Reviewing the resident's health status with the staff member(s), noting any area of particular frailty or concern.

   - Giving step-by-step instructions on how to appropriately assist with the health-related task by providing verbal direction/explanation of the task, including:

     a. Name of the treatment
     b. Type of the treatment
     c. Purpose of the treatment
     d. Possible side effects
     e. How assistance with the treatment is given
     f. Frequency (time) of assisting with the treatment
     g. Consequences if the treatment is not performed or is performed inappropriately
     h. When to notify the RN

   - Leaving written instructions for staff to follow, including:

     a. Name of the treatment
     b. Task to be performed
     c. Possible side effects
     d. How the task is to be performed
     e. Amount of assistance to be provided
     f. Frequency (time) of assisting with the treatment
     g. Consequences if the treatment is not performed
     h. Instructions to follow in case of emergency and when to notify the RN

- Observing the individual providing the assistance with the task and verifying competent performance.

- Having the staff person sign his/her name on the Specialized Task Instruction form indicating he/she has received instruction, understands the training procedures for the task, and accepts responsibility for performing the task.

- Documenting by signing on the Specialized Task Instruction form that training has been completed - if the task was performed correctly.

- Providing appropriate supervision of the trained individual to ensure the quality of assistance provided, based on:
    a. The condition of the resident
    b. The education, skill and training of the trained individual
    c. The nature of the tasks and activities trained

- Re-training the staff person:
    a. At least once a quarter or more frequently if deemed appropriate by the RN
    b. If additional training appears to be needed (the RN should observe staff and verify the resident's condition at least every three months)
    c. If the resident's condition has changed
    d. If there have been changes in the physician's order(s) for the task

- Ensuring that the staff person signs the Specialized Task Instruction sheet when re-training has occurred.

6. The Specialized Task Instruction sheets should be kept in the Medication Administration Record binder, which is located in the medication room. File each instruction sheet under the appropriate tab for that particular resident.

7. If a treatment, task or medication is discontinued, the date the order was discontinued should be recorded on the corresponding training sheet. File the sheet in the resident's service record.

# STAFF ASSISTANCE WITH MEDICATION ADMINISTRATION

## GENERAL GUIDELINES FOR MEDICATION ASSISTANCE

**POLICY**: Staff should follow established procedures when providing residents assistance with medication administration. *(The RN for each AL Residence is expected to develop facility-specific procedures for the provision of medication assistance. This policy and the following procedures are provided only as an example of what might be developed for a Residence).*

**PROCEDURES:**

1. Only designated employees who have received training from the RN may assist with medications (see the section on Staff Training for Health-Related Services in this manual).

2. Each time a staff person provides a resident with medication assistance, he/she should ensure that he/she signs the resident's medication record (e.g., on the bottom of the form).

3. If a resident has difficulty taking his/her medication(s), the RN should consider options that might make the medication easier for him/her to take (be sure to obtain feedback from the resident's physician and/or pharmacist as appropriate). Possible alternatives might include:

   - Crushing a tablet and mixing it in food such as applesauce (this often works well if the resident has said the medication has a bitter taste). This may not be done, however, without the resident's knowledge or against his/her will.

   - Cutting a tablet in half if the resident has difficulty taking the entire tablet.

   - Obtaining the medication in liquid form if available (liquids are usually easier to take).

   - Finding a more acceptable time to take the medication (e.g., later in the day when the resident is not as groggy).

4. Medications should not be used to address behavioral issues unless other approaches have been tried first (e.g., behavior management techniques) and the medication has been ordered by the physician for this purpose. Documentation of all approaches tried, along with the corresponding results should be documented in the resident's Service Notes, and a Behavior Management Plan should be developed when appropriate (see the section on Behavior Management Plans in this manual).

## ASSISTING WITH ROUTINE MEDICATIONS

**POLICY:** Staff shall assist residents with the administration of routine medications in a manner according to established procedures. *(The RN for each AL Residence is expected to develop facility-specific procedures for the assistance with routine medications. This policy and the following procedures are provided only as an example of what might be developed for a Residence).*

**PROCEDURES:**

1. When delegated by the RN, staff assisting a resident with a medication should:

   - Read the information regarding the medication in the resident' medication record (i.e., the medication name, dosage and time the medication is to be taken).

   - Read the medication label (i.e., the medication name, dosage and time the medication is to be taken).

   - Read the information in the medication record – again – and on the label – again.

   - Ensure that the information on the medication record and the medication label match EXACTLY. If the information in the medication book does not match that on the medication label EXACTLY, contact the RN before assisting the resident with that medication.

2. If using a bubble-packed system the staff person should then:

   - Mark the side of a medication cup with a resident's initials and apartment number.

   - Punch the medication(s) into the medication cup from the bubble on the card that corresponds to the current date (e.g., on the 20th of the month, the medication should be punched from the bubble marked with a 20, on the 21st from the bubble marked with a 21, etc.)

   - Initial on the resident's medication record in the square for the appropriate assistance time for the medication, in the column for the current day.

   - Punch any additional medication(s) for that resident for the appropriate assistance time into the cup marked with the resident's initials and apartment number, and initial in the appropriate square(s).

   - Hand the medication cup to the resident. Be sure to observe the resident taking his/her medication. Do not leave the medication with the resident for him/her to take at a later time.

3. If a multi-dose packaging system is used, the staff member should:

   - Follow the instruction in #1 above (i.e., comparing the information on the medication book with that on the label).

   - Initial in the appropriate square(s) on the resident's medication record in the column for the current day, for the appropriate assistance time for each medication in the multi-dose container.

   - Have the resident remove the medication from the container if he/she is able. If the resident is not able to do this, assist the resident as needed in removing the medication from the container.

   - Observe the resident taking the medication. Do not leave the medication with the resident.

4. If a resident refuses a medication, offer it again, following any instructions on the medication record (e.g., some medication must be taken before meals). There is usually a window of time, typically one hour on either side of the assistance time noted on the medication record, during which it is acceptable to give the medication. If the medication is not taken within this time frame, follow the procedures in the "Refused Medications" section of this manual. If unsure of the appropriate window of time in which a medication may be re-offered, call the RN.

## ASSISTING WITH PRN MEDICATIONS

**POLICY:** Staff shall assist residents with PRN medications in accordance with State regulations and established policy. *(The RN for each AL Residence is expected to develop facility-specific procedures for the assistance with PRN medications. This policy and the following procedures are provided only as an example of what might be developed for a Residence).*

**PROCEDURES:**

1. Physician orders for PRN medications should include the specific symptoms that indicate the need for the medication, the exact dosage, the minimum number of hours between doses, and the maximum number of doses to be given in a 24-hour period. This information should also be on the medication label.

2. When a PRN medication is given, the staff member who has been designated and trained to perform this task should:

   - Read the information regarding the medication in the resident's medication record (i.e., the medication name, dosage and time the medication is to be taken).

   - Read the medication label (i.e., the medication name, dosage and time the medication is to be taken).

   - Read the information in the medication record – again – and on the label – again.

   - Ensure that the information on the medication record and the medication label match EXACTLY. If the information in the medication book does not match that on the medication label EXACTLY, contact the RN before assisting the resident with that medication.

3. PRN psychotropic medications may only be administered by staff other than a nurse if there is a written plan that:

   - Describes the specific behaviors the medication is intended to correct or address;
   - Specifies the circumstances that indicate the use of the medication;
   - Educates the staff about what desired effects or undesired effects the staff must monitor for; and
   - Documents the time of, reason for, and specific results of the medication use.

4. ***If using a bubble-packed system***, the pharmacy should provide a separate card for each PRN medication. PRN medication does not have to be punched from the card so as to correspond with the current date. Rather, the first dose used from a card should be punched from bubble #30, the second dose from bubble #29, etc.

5. ***If a multi-dose packaging system is used*****,** PRN medications are packaged separately from routine medications.

6. Initial on the resident's medication record in the square for the appropriate assistance time for the medication, in the column for the current day.

7. On the back of the medication record, write the date, time, medication, strength, number of tablets/capsules given, and the reason the PRN medication was given. Then initial in the "Initials" column.

8. Hand the medication cup or package to the resident. Be sure to observe the resident taking the medication. Do not leave the medication with him/her to take at a later time.

6. One to two hours after giving a PRN medication, write on the back of the medication record the results of the medication (e.g., resident sleeping, headache better, etc.).

7. If additional action is needed based on the resident's condition, contact the RN.

## ASSISTING WITH CONTROLLED MEDICATIONS

**POLICY:** Follow established procedures for the storage of and assistance with controlled medications. *(The RN for each AL Residence is expected to develop facility-specific procedures for providing assistance with controlled medications. This policy and the following procedures are provided only as an example of what might be developed for a Residence).*

**PROCEDURES:**

1. Medication containers for all narcotic or controlled medications must be marked with a "C" on the label to indicate that the medication is a "controlled substance." These medications are differentiated in this manner as special procedures must be followed for controlled substances.

2. For every medication marked with a "C", a Narcotic Inventory Sheet should be maintained. These forms are usually provided by the pharmacy, although a Narcotic Inventory Sheet is also available if needed as a Residence form.

3. The pharmacy should supply Narcotic Inventory Sheets for each controlled medication. If such a sheet is NOT received, either contact the pharmacy to obtain a sheet or remove the tab from the label on the medication container and place it on the Narcotic Inventory Sheet available through the Residence.

4. When a controlled medication is received from the pharmacy (or the resident at the time of move-in), the RN or other designated staff person should count the number of tablets/capsules and enter this number on the Narcotic Inventory Sheet in the "Amount Received" column. The date, time, and signature of the person should also be entered on this form.

5. Maintain Narcotic Inventory Sheets with the resident's current medication record.

6. When assisting a resident in taking a controlled medication, a staff member should:

   - Turn to the Narcotic Inventory Sheet with identifying information that corresponds to the label on the medication container. Write in the date, time and signature on the next blank line on the Narcotic Inventory Sheet. NEVER leave a blank line on the form.

   - Count the number of tablets/capsules available (e.g., in a bubble-packed card) and enter that number in the "Amount on Hand" column on the form.

   - Draw a line through the "Amount Received" column.

   - Write the number of tablets/capsules to be given at the designated time in the "Amount Given" column.

- Subtract the number of tablets/capsules written in the “Amount Given” column from the number in the “Amount on Hand” column. Write the resulting number in the “Amount Remaining” column (this should be the number of tablets/capsules left after the current dose is taken).

- Follow all procedures in the sections on “Assisting with Routine Medications” or “Assisting with PRN Medications” in this manual.

7. On a regularly scheduled basis, the number of each controlled medication on hand must be counted by two staff members together, with this number compared to the last number in the “Amount Remaining” column on the Narcotic Inventory Sheet.

8. If a discrepancy is discovered between the “Amount Remaining” number on a Narcotic Inventory Sheet and the number of tablets/capsules actually on hand, staff should:

   - Re-count the number of tablets/capsules actually on hand, and again compare this number to the “Amount Remaining” on the Narcotic Inventory Sheet.

   - Determine from the appropriate medication record when the medication was last given and if documentation was made on the Narcotic Inventory Sheet.

9. If these measures do not resolve the discrepancy, notify the RN or Administrator. Neither staff member involved in the count should leave the building until the reason for the discrepancy has been identified or they have been granted permission to leave by the RN or Administrator.

10. If the count is not resolved (i.e., the missing narcotic(s) have not been accounted for):

    - The RN or Administrator should conduct another count of all controlled substances, comparing this count with the “Amount Remaining” number on each Narcotic Inventory Sheet.

    - If the repeat count verifies that the medications are missing, the police, pharmacy, and/or Department of Licensing and Protection may need to be called.

    - Complete a Medication Error Incident Report form (see the section in this manual on Medication Error Incident Reports).

    - The RN and/or Administrator should conduct an investigation by interviewing all staff who may have had access to the narcotics after the last correct count was taken. These employees may either give a written or verbal statement regarding their knowledge of the incident.

- The Administrator or RN should maintain a record of all steps taken to account for the missing narcotic. Keep this record, along with all verbal and written statements obtained, in an investigation file in a locked file cabinet in the Administrator's office.

- If the reason for the missing narcotics is determined, take appropriate disciplinary action (see the section in the Personnel Policy and Procedure manual on Disciplinary Action).

11. If a resident who has narcotic medications plans to be away from the building during a time period(s) when he/she would be assisted with the medication, staff must follow special procedures in releasing the medication to the resident (see the section in this manual on "Out-of-Building Medications"). In such a situation the resident or the person who will be responsible for the resident's medications while he/she is away from the building must sign for release of the medications on the Narcotic Inventory Sheet for each medication.

## REFUSED MEDICATIONS

**POLICY:** Staff should consult with the RN regarding a resident's refusal to take medication(s). Depending on the medication and frequency of dosage, notification of the resident's physician may be required. *(The RN for each AL Residence is expected to develop facility-specific procedures for refused medications. This policy and the following procedures are provided only as an example of what might be developed for a Residence).*

**PROCEDURES:**

1. When a resident refuses a medication or treatment, initial on the resident's medication record in the corresponding square for that order on the appropriate date and circle your initials.

2. On the back of the medication record write the date, time, medication name, dose (strength and quantity), and the reason the medication was not taken.

3. The first time a resident refuses a medication contact the RN for appropriate instructions. As appropriate, the RN may then include parameters with the medication instructions on the medication record as to whom, if anyone, to notify upon future refusals of the medication by the resident and/or what actions the staff should take.

4. On the back of the medication record write the date, time, medication name and dose (strength and quantity), and the reason the medication was not taken.

5. Dispose of the refused medication according to those procedures outlined in the section in this manual on "Disposal of Medications."

6. If a resident consistently refuses to take a prescribed medication:

   - Direct care staff should ask the resident why he/she is refusing the medication and should consult with the RN; and

   - The RN should attempt to address the resident's concern and may determine it is necessary to contact the resident's physician and/or pharmacist to determine if there if a viable alternative.

## "OUT OF BUILDING" MEDICATIONS

**POLICY:** Staff shall release medications to residents (or legal representatives) when residents plan to be absent from the Residence according to established procedures. *(The RN for each AL Residence is expected to develop facility-specific procedures for "out-of-building" medications. This policy and the following procedures are provided only as an example of what might be developed for a Residence).*

**PROCEDURES:**

1. If staff are providing a resident with medication assistance, follow the procedures listed below if the resident plans to be out of the building when medication assistance would be provided:

***When a Bubble-Packed System is Used:***

2. Staff should prepare an out-of-building medication envelope for each medication dose the resident will miss (e.g., if he/she will miss his/her 8:00 am and 12:00 pm medications, two envelopes should be prepared).

3. On each envelope, the staff member should write the time and date the medication is to be taken, the resident's name, the physician's name, and instructions for the medication (including dose, strength, and how to take). Complete a separate envelope for each medication.

4. If a resident who receives assistance with medications plans to be away from the building for an extended period of time, the resident's bubble-packed cards should be sent with the resident (or legal representative).

5. Staff should find out how long the resident will be away from the Residence and mark in red on his/her bubble-packed cards the doses that should be taken. Review with the resident and/or responsible party the doses that are to be taken, and inform them that the medication cards must be returned when the resident returns to the Residence.

6. **IF THE RESIDENT HAS NARCOTIC MEDICATIONS**, these cards should not leave the building. Rather, follow these procedures:

   - If the resident will be gone from the Residence for less than three days, place the appropriate medications in out-of-building envelope(s), as per the instructions outlined above. In addition, however, the resident (or legal representative) must sign the Narcotic Inventory sheet for each narcotic taken from the building (see the procedures in this manual for Assistance with Controlled Medications).

- If the resident will be absent from the Residence for a period longer than three days, the RN or Administrator should consult with the pharmacist regarding possible alternatives for supplying the resident with his/her medications. Alternatives may include having the medications repackaged so the resident can take only the medications that will be needed during his/her absence or obtaining a new medication order from the resident's physician for this period of time.

***If Using a Multi-Dose Packaging System:***

7. If a multi-dose system is used, determine which labeled medication packages correspond to the times and dates the resident will be away from the building. Give these packages to the resident or the person who will be responsible for the resident's medications and explain what medications should be taken when. Ask that any unused medications be returned to the Residence.

8. If the resident has any narcotic medications, the resident or person who will be responsible for his/her medications must sign for the release of the medications on the Narcotic Inventory Sheet corresponding to each medication.

***For All Out-of-Building Medications:***

9. When releasing a resident's medications to a resident (or legal representative), the RN, Administrator, or other designated staff member should document the release on the back of the resident's medication record:

    - Note the date, time and medication (name, strength and quantity released) in the appropriate spaces.

    - Initial in the "Initials" column

    - In the "Reason" column, state "Released to" and the name of the person to whom the medications were released. Have this individual sign the record in the "Results" column.

10. At each medication assistance time that the resident is away from the building, staff should make a box around the square corresponding to the time and date for that particular medication.

11. When the resident returns to the building, ask him/her to return the used medication containers (e.g., envelopes, bubble-packed cards, etc.). Determine whether those medications that the resident should have taken while away from the building were removed from the container(s).

12. If staff determine that some medications were not taken (either because the medications have not been removed from the container or by report from the resident (or legal representative)), initial in the box for the day and time the medication was not taken.

13. The refusal should then be recorded on the back of the medication sheet by noting the day, time, “medication refused while resident out of building”, and the reason for the refusal if known.

14. Any refused medications returned to the building should be disposed of according to the procedures in the section on “Disposal of Medications” in this manual.

## DISPOSAL OF MEDICATIONS

**POLICY**: Medications shall be disposed of according to state and federal regulations and established procedure, with appropriate documentation made. *(The RN for each AL Residence is expected to develop facility-specific procedures for the disposal of medications. This policy and the following procedures are provided only as an example of what might be developed for a Residence).*

**PROCEDURES:**

1. Medication must be disposed of when it is refused by a resident, becomes outdated (i.e., expired), or is discontinued by the resident's physician. Depending upon the situation, destroy the medication at the Residence or return it to the pharmacy.

2. Check expiration dates for all medications (prescription and over-the-counter) on a regular basis to ensure that all medications are current.

3. Dispose of a single dose of medication (e.g., a medication that was refused by a resident) by placing the medication in a medication disposal container (typically supplied by the company supplying the Residence's sharps containers). Two individuals must dispose of the medication, one of which must be the RN, Administrator, or another employee given this authority by the RN.

4. If disposing of larger quantities of medications (e.g., due to a change in order, discontinued order, or the death of a resident), the medications should be returned to the issuing pharmacy. The House pharmacy may have a policy that any unused bubble-packed medications and unopened tubes/bottles of medications supplied by the House pharmacy may be returned with credit provided to the resident.

5. When a resident's medications are returned to the pharmacy, a Medication Destruction Record must be completed. In the "Disposal Date" column, write "Return" in addition to the date to clarify that the medication was returned instead of destroyed. The Administrator or person authorized by the Administrator should sign the form, and notify the pharmacy of the medications to be returned. Place these medications in the pharmacy pick-up box.

6. When a representative from the pharmacy arrives at the Residence to pick up the medications, he/she should sign the Medication Destruction Record in the "Signature of Witness" column. He/she should also write the name of the pharmacy in this space. Give a copy of the Medication Destruction Record to the pharmacy representative if requested, with the original form maintained in the medication book behind the resident's medication record(s).

7. Typically, controlled medications (i.e., those marked with a “C”) cannot be returned to the pharmacy. Thus, when these medications need to be destroyed, they must be placed in a medication disposal container.

8. Document the disposal on a Narcotic Inventory Sheet, with the date, time, amount and method of disposal noted. Both employees witnessing the disposal must sign the Narcotic Inventory Sheet (i.e., the RN and Administrator or another employee designated by the RN).

9. Dispose of medications as soon as possible after the need for disposal has been determined (e.g., the resident refuses a medication, a medication has expired, an order has been discontinued, etc.).

## MEDICATION ERRORS

**POLICY:** Report any medication error to the RN (and other parties as appropriate), with appropriate follow-up action taken and documentation made. *(The RN for each AL Residence is expected to develop facility-specific procedures for medication errors. This policy and the following procedures are provided only as an example of what might be developed for a Residence).*

**PROCEDURES:**

1. A medication error may be defined as any one of the following:

   - Wrong Dose – any medication given at a dose not ordered by the physician
   - Missed Dose – Any dose of medication that is not administered
   - Extra Dose – Any dose of medication given in excess of the number of daily doses ordered by the physician.
   - Wrong Route – Any dose of medication administered by a different route than that ordered by the physician.
   - Wrong Resident – Any dose of medication administered to the wrong resident.
   - Wrong Time – Any dose of medication administered more than one hour before or after the designated time of administration as ordered by the physician (i.e., as written in the medication book).
   - Missing Medication – Any medication that cannot be accounted for.
   - Given after the "D/C" Date – Any medication given after it has been discontinued by the physician.
   - Given with No Order – Any medication given without a physician's order

2. When any of these errors occur, notify the RN immediately. Follow all instructions provided by the RN.

3. Document the error on the appropriate resident's medication record. The staff member who made the medication error should:

   - Initial on the resident's medication record in the square that corresponds to that medication's assistance time and the current day of the month, and circle the initials.

- On the back of the medication record, write the date, time, actual medication and dosage that was given, “Med Error”, the nature of the error, any action taken (RN notified, physician called, etc.) and any additional comments.

- Initial the back of the medication record in the appropriate space.

4. If a medication is given to the wrong resident, the staff person who made the error should document the error on the medication record for the resident to whom the wrong medication was given. The information recorded should include the date, time, medication given, “Med Error” and a description of the error, any action taken and any additional comments. The staff person should then initial on the back of the record and consult with the RN immediately.

5. The staff member involved in the medication error should also complete a Medication Error Incident Report.

   - On a Medication Error Incident Report form, describe the incident, note all action taken, and sign the form. Under the “Action Taken” part of the form, document all individuals contacted regarding the incident (e.g., physician, family, licensing agency, etc.).

   - The RN and Administrator should note any additional action needed. Develop a plan to prevent recurrence of the incident. Both the RN and Administrator should review and sign the Medication Error Incident Report form.

6. Document the original incident and all follow-up action taken in the resident’s Service Notes (this can be a summary of the incident with a reference to the Medication Error Incident Report).

7. Provide appropriate follow-up and training to the staff person who made the medication error, with disciplinary action taken if needed. Document all action taken in the employee’s Personnel Notes.

# HEALTH MONITORING / INTERVENTION

## MONITORING / OBSERVATION BY STAFF

**POLICY:** Staff shall monitor for changes in resident status, report any changes observed to the RN and provide appropriate documentation in a timely manner according to established procedures.

**PROCEDURES:**

1. All employees should, on an ongoing basis, observe for changes in the status of residents. Train staff on the types of changes to look for and reinforce that monitoring is the responsibility of ALL employees – not just those providing personal care or health-related services.

2. Examples of resident changes that staff may observe include *(the RN at each AL Residence should provide specific direction to staff as to the signs and symptoms they are to observe and report)*:

   - Increased swelling in the ankles, fingers, feet and/or hands
   - Rashes, bruising, skin tears, or a change in the condition or color of the skin
   - A change in appetite, fluid intake, or weight loss/gain
   - A change in mood, emotion, or daily habits
   - A change in sleeping patterns
   - A change in the color, odor, and/or consistency of urine or bowel movements
   - A change in the resident's normal temperature, pulse, or blood pressure.

3. Staff should report any changes to the RN and document the changes in the resident's Service Notes. When staff report changes in a resident's condition to the RN, he/she must determine what action should be taken. Interventions that might be appropriate include:

   - Assisting the resident with administration of a PRN medication.
   - Continued observation / monitoring by staff.
   - Additional evaluation by the RN and/or other health care professional.
   - Informing the resident's physician of the concern and following any instructions provided by him/her.

- Scheduling an appointment for the resident with his/her physician.
- Calling 911 for emergency assistance.

4. Document any intervention taken in the resident's Service Notes, along with any follow-up action taken. Continue documentation until resolution of the concern is noted.

## ROUTINE MONITORING OF VITAL SIGNS

**POLICY:** Take vital signs on a monthly basis or more frequently if ordered by a resident's physician or directed by the RN and document the results according to established procedures.

**PROCEDURES:**

1. Encourage residents to have their vital signs taken on a monthly basis in order to establish a baseline for the resident's health condition. This enables the RN and/or the resident's physician to detect deviations from the baseline and be proactive in the resident's healthcare.

2. Do not include the routine monitoring of vital signs as an order on residents' medication records unless specifically ordered by a resident's physician. Rather, document monthly vital signs at the bottom of the resident's medication record in the appropriate spaces (those marked temp, pulse, etc.).

3. After taking a resident's vital signs and recording the results in the medication book, the readings should be transferred to a Resident Vital Signs form. Keep this form in the medication book behind the resident's medication records. Use the Resident Vital Signs form to identify trends or changes in a resident's condition (e.g., an increase in blood pressure or weight loss).

4. To ensure consistency between readings each month, take vital signs in same way, at the same location, and at approximately the same time of day to the extent possible (e.g., before breakfast, using the scale in the medication room, etc.).

5. In addition to monthly vital signs, some residents may have a physician's order for the routine monitoring of specific vital signs on a more frequent basis. Transcribe these orders onto the resident's medication record (see the section on New Orders in this manual). In such a case, when a staff member takes the ordered vital sign(s), document the reading on the resident's medication record in the appropriate square for that day of the month, along with the staff person's initials.

6. Some residents who have a physician's order for the monitoring of vital signs may require close monitoring due to a general health condition and/or medication they are taking. In these situations, the RN should ensure that specific instructions to staff are included on the resident's medication record (e.g., call the RN or hold a specific medication if the resident's blood pressure is below a pre-determined reading).

7. Document any follow-up action taken as a result of a vital sign reading in the resident's Service Notes (e.g., calling the RN, calling the resident's physician, holding a medication, etc.).

## COORDINATING RESIDENT MEDICAL VISITS

**POLICY:** Staff should facilitate the use of Medical Visit Forms to ensure effective communication between resident physicians and the Residence, and should ensure that resident authorization has been provided before releasing any information to outside healthcare providers.

**PROCEDURES:**

1. Document on a resident's Service Plan who will be responsible for scheduling medical appointments for the resident (i.e., the resident, legal representative, a family member, staff, etc.).

2. When a resident (or legal representative) prefers to schedule appointments for the resident directly, they should notify staff in advance of the date and time of the appointment. Such notification allows staff to prepare the needed documentation to be taken to the appointment.

3. Staff should note all scheduled medical appointments on a master appointment calendar, kept in a location easily accessible by staff (e.g., the front desk).

4. On the day of a resident's appointment, the RN or other designated staff member should complete a Medical Visit Form (i.e., the resident's name, appointment date, and most current vital signs, reason for the visit and any concerns / questions). Attach a copy of the resident's current medication record to the form (ensure that the resident has provided authorization to release his/her information on an Authorization Release Form).

5. Give the completed Medical Visit Form to the resident (or legal representative). They should then give the form to the physician and ask that he/she complete the lower portion of the form (i.e., a brief summary of the visit and any new orders). The resident (or legal representative) should return the form to staff at the Residence following the appointment.

6. The RN (or other designated staff member) should review the completed form and implement any new orders indicated on the form by the physician (see the section in this manual on New Orders). File the form in the resident's record under the tab for "Physician Orders."

## OUTSIDE PROVIDERS

**POLICY**: When third-party providers (such as home health or hospice agencies) are utilized to provide services to residents, appropriate documentation should be made and oversight given to ensure the continuity and appropriateness of resident services (refer to Section 5.9.d of the Vermont Residential Care Home Licensing Regulations).

**PROCEDURES:**

1. Third-party providers may be used if a resident needs or prefers services that are not available through Residence staff. Following are examples of such situations:

   - State regulations prohibit Residence staff from providing the service

   - Residence staff members do not have the appropriate training/credentials to provide the service (e.g., physical therapy, speech therapy, hospice care, etc.)

   - The service goes beyond that which is included in the Residence's regular monthly service fees (e.g., one-on-one companionship, skilled nursing care)

2. Informing prospective residents and their family/family member(s) of the Residence's limitations in service provision BEFORE the resident makes a decision to move into the Residence is important.

3. If a third-party provider is to be used, approval must first be obtained from the resident's financially responsible party, as all expenses incurred in the use of outside providers are the responsibility of the resident. Document this approval in the resident's Service Notes, along with specific information about the service to be provided.

4. Some services provided by third-party providers will be ongoing or routine in nature (e.g., hospice care, one-on-one companionship, etc.). In such a case, document the service in the resident's Service Plan, along with any coordination efforts required by Residence staff.

5. The Administrator (or designee) should review with each third-party provider documentation guidelines for the Residence which the provider is expected to follow:

   - Each time the provider visits a resident, he/she must provide a brief summary of the visit in the resident's Service Notes (e.g., the service provided, changes noted in the resident's status, need for future visits, etc.). Documentation in the resident's Service Notes is required even if the provider is willing to provide the Residence with a copy of his/her own progress notes.

   - The provider must then note the resident's apartment number in the Staff Communication Log to alert staff to the entry in the resident's Service Notes.

6. The RN must monitor any nursing tasks performed by third-party providers to ensure continuity of service and the appropriateness of resident care.

## COORDINATING LABORATORY SERVICES

**POLICY**: Residence staff shall provide any assistance needed or preferred by residents in the coordination and implementation of laboratory procedures.

**PROCEDURES:**

1. When a physician orders lab work for a resident, the RN should determine who is coordinating implementation of the order (e.g., the physician's office, the resident, legal representative, family, and/or staff). If this coordination has not been planned, the RN should ensure that any necessary steps to facilitate the lab work are taken, with notification made to the resident / family member(s) and documentation made in the resident's Service Notes.

2. If any special procedures are required prior to and/or after the lab test(s), the RN should provide specific instructions, as needed, for staff and/or the resident (e.g., fasting before a procedure or special care needed after a test, etc.).

3. Document any instructions given to the resident and/or special care provided by staff prior to/after the lab work is conducted in the resident's Service Notes.

4. After review by the RN, file all lab work in the resident's record.

5. If a resident has lab work performed on a regular basis, information regarding the type and frequency of the lab work, the service provider (i.e., which lab), and any assistance needed/preferred by staff should be documented on the resident's Service Plan.

# MANAGING DIFFICULT BEHAVIORS

## INAPPROPRIATE BEHAVIORS

**POLICY:** Staff must monitor for and respond to inappropriate or difficult-to-manage behavior in a timely manner and according to established procedures (refer to Section 7.1(b) and (c) of the Vermont Assisted Living Residence Regulations)

**PROCEDURES:**

1. Some residents living at the Residence may at times exhibit inappropriate behavior (i.e., behavior that is not socially acceptable). Such behavior may take a variety of forms. Examples of inappropriate behavior include:

   - Taking food from the plates of other residents
   - Taking dentures out and setting them on a dining room table
   - Spitting out food while eating in the dining room
   - Inappropriate grabbing or touching of staff members and/or others
   - Speaking to staff members and/or others in sexually suggestive or explicit terms
   - Undressing or otherwise exposing oneself in a public area
   - Dressing in inappropriate attire in common areas (e.g., in a nightgown or underclothes)
   - Turning doorknobs, entering other residents' apartments and/or knocking on other residents' apartment doors
   - Gossiping in a malicious way about other residents or staff members
   - Disrupting scheduled activities at the Residence
   - Provoking arguments with other residents or with staff members

2. Inappropriate behavior may have a variety of causes and contributing factors. For example, the behavior may:

   - Be the result of Alzheimer's disease or another form of dementia. That is, the resident may not be aware of his/her behavior or may be unaware that the behavior is inappropriate.

   - Be associated with a psychiatric disorder such as schizophrenia.

   - Stem from a cognitive and/or physiological impairment (e.g., from a stroke).

   - Be associated with a substance abuse problem (e.g., alcohol or drugs).

   - Be a behavior in which the resident engages to gain some form of positive reinforcement (e.g., attention from staff, family and/or other residents).

3. When a resident engages in inappropriate behavior, address the behavior immediately. If the resident is alert and cognizant of his/her behavior, the Administrator should discuss the inappropriate behavior directly with the resident and explain to him/her why such behavior is not acceptable. This should be done in a manner and in a setting that will respect the privacy and dignity of the resident. Document both the behavior and the ensuing conversation with the resident in his/her Service Notes.

4. If the behavior continues after the Administrator has addressed the situation with the resident, he/she should speak with the resident again regarding the behavior. If this is still unsuccessful in stopping the behavior, and staff feel that consulting the resident's family member(s) may be helpful, ask the resident for his/her permission to do so. Make appropriate documentation in the resident's Service Notes.

5. Some residents may be unaware that their behavior is inappropriate and/or may be unable to control the behavior. In such a case, try to redirect the resident who is engaging in the behavior. Diverting the resident's attention to another activity may be effective in stopping the behavior. Document the incident in the resident's Service Notes. Note when and what occurred, including the resident's response to the redirection.

6. If appropriate, consult with the resident's family member(s) for input and suggestions on how to handle the inappropriate behavior. Document the conversation in the resident's Service Notes.

7. If a resident has demonstrated a tendency to engage in inappropriate behavior, document the behavior on the resident's Service Plan, along with techniques that have been shown to be effective in addressing the behavior.

8. If a resident consistently engages in behaviors that put him/her at risk of ridicule and/or cause embarrassment, discomfort or alarm among others, a behavior management plan should be developed and implemented (see the section on Behavior Management Plans in this manual).

## BEHAVIOR MANAGEMENT PLANS

**POLICY:** Develop and implement Behavior Management Plans when residents exhibit patterns of disruptive or inappropriate behavior.

**PROCEDURES:**

1. Develop Behavior Management Plans when residents exhibit patterns of behavior that are disruptive or inappropriate. Following are examples of such behavior:

   - Tapping repeatedly on the dining room table
   - Trying to enter other residents' apartments
   - Using verbally abusive language when staff attempt to provide assistance with bathing

2. Behavior Management Plans are typically developed when residents have some form of cognitive impairment (e.g., dementia, stroke, etc.), although they may also be used for residents who have other emotional difficulties (e.g., depression, anxiety or paranoia).

3. If a resident has exhibited disruptive or inappropriate behavior on a number of occasions and talking with the resident about the behavior has not been effective, a Behavior Management Plan may be indicated. Consult with an outside consultant for assistance in developing such a plan.

4. When developing a Behavior Management Plan, obtain input about the resident's behavior from as many sources as is appropriate (e.g., staff who work closely with the resident, legal representative, family, etc.), including the resident. Try to determine if there is a pattern to the behavior and/or something that seems to trigger the behavior. For example, does the behavior tend to occur:

   - At approximately the same time each day (e.g., before breakfast, at bedtime, etc.)?
   - Before, during or after similar events (e.g., birthday parties, assistance with showers, visits from a family member, etc.)?
   - When a particular person or persons are present (e.g., a certain staff member or volunteer, a family member, visiting children, etc.)?

5. Observing the behavior over a period of several days and keeping a log of the behavior(s) will help staff accurately determine any patterns that are occurring may be necessary. Document such observations in the resident's Service Notes.

6. Write down possible patterns and/or triggering events on a Behavior Management Plan form, along with a description of the difficult behavior.

7. Obtain input from all pertinent sources (e.g., staff, family, resident, etc.) on possible alternatives to break the pattern, prevent the triggering event from occurring, or at least minimize the impact of the triggering event. Be as creative as possible, looking at this as a

brainstorming session (i.e., no idea is a bad idea). List all ideas generated on the Behavior Management Plan form.

8. Then, determine which idea(s) seem to represent the best possible solution (i.e., which alternative appears to have the closest link to the behavior). Write these idea(s) on the Behavior Management Plan form in the "Plan of Action" section.

9. Notify staff of the plan by incorporating all tasks related to the plan in the resident's Service Plan and on corresponding staff task lists.

10. Document the development and implementation of the plan in the resident's Service Notes and on the Staff Communication Log.

11. File the Behavior Management Plan in the Service Plan book behind the resident's Service Plan (all staff should review both the Behavior Management Plan and the revised Service Plan as the plan will be effective only if implemented consistently by all staff).

12. Monitor the resident's behavior to determine the effectiveness of the plan, documenting all observations in the resident's Service Notes.

13. If a Behavior Management Plan does not produce a desired change in behavior, consult with the Division of Licensing and Protection. It may be helpful to review the Behavior Management Plan and consult with a behavior management specialist, adding any new information regarding the pattern and/or any additional alternatives. It may also be helpful to begin the brainstorming process again. Depending on the extent of the revisions, changes may be made directly on the original plan, or a new plan may be developed.

14. If a behavior poses a risk of injury to the resident or to others, and the resident is competent to make independent decisions, entering into a Negotiated Risk Agreement as described in the Vermont Assisted Living Regulations (Sections 7.1 (d) and 9.1 – 9.5) with the resident is required (see the section in this manual on Negotiated Risk Agreements).

15. If neither a Behavior Management Plan nor Negotiated Risk Agreement is effective in reducing the severity of the behavior, the resident may need to move from the Residence if he/she no longer meets the residency criteria (see the section on Discharge Policy in this manual).

## NEGOTIATED RISK AGREEMENTS

**POLICY:** Responsible Residence staff shall initiate a Negotiated Risk Agreement for services when it is determined that a resident's decision, behavior or action places the resident or others at risk of harm (see Section 9 in the Vermont Assisted Living Residence Licensing regulations), provided that the resident is capable of understanding such an agreement. If the resident is not capable of making independent decisions, the resident's legal representative can enter into a Negotiated Risk Agreement on the resident's behalf.

**PROCEDURES:**

1. If a resident's decisions or requests may place him/her, others or property at risk, develop a Negotiated Risk Agreement with the resident. Following are examples of situations in which Negotiated Risk Agreements may be appropriate:

   - A resident has exhibited forgetfulness in taking his/her medication, but does not want staff to provide assistance with medication administration.
   - An insulin-dependent diabetic frequently chooses to eat regular desserts instead of the diabetic desserts offered to him/her.
   - A resident doesn't like to use his/her walker even though he/she has fallen several times as a result of his/her unsteady gait.

2. In completing a Negotiated Risk Agreement, first write the resident's name, unit number, and date at the top of the form.

3. Complete the "Issue(s) of Concern" section by stating the reason a Negotiated Risk Agreement is indicated (i.e. the behavior that has raised concern).

4. In the "Statement of the Resident's Desire/Preference" section, write the resident's preference in regards to the issue of concern (e.g. to continue to self-administer his/her medications; to continue to eat desserts, to continue to not use his/her walker).

5. State under "Possible/Probable Consequences of the Resident's Desire" what could happen if the resident were to continue his/her pattern of behavior.

6. Under "Alternatives Offered to Minimize Risk", list all possible options which might reduce the risk associated with the resident's decisions and/or behavior.

7. In the section for "Final Agreement Between Resident, Family/Significant Other(s), and Staff", state the agreed upon plan to minimize the risk to the resident and/or others while still acknowledging the resident's preferences.

8. Incorporate the final agreement into the resident's Service Plan, and document any action taken as a result of the Negotiated Risk Agreement in the resident's Service Notes.

9. Place a copy of the Negotiated Risk Agreement in the resident's Service Record and inform staff of the Agreement via the Staff Communication Log and the resident's Service Notes.

10. Monitor the effectiveness of the agreement reached, and amend the agreement if necessary to include other options. If the Negotiated Risk Agreement is not effective in reducing the risk to the resident and/or others, it may be appropriate to review the Residence's residency criteria to determine whether the resident may need to move to another setting.

11. If the Residence and resident (or legal representative) are unable to reach a mutually agreed upon plan, the Residence shall notify the state long term care ombudsman if the failure to reach agreement results in a notice of discharge (see Section 9.4 of the Vermont Assisted Living Residence Licensing regulations).

## WANDERING

**POLICY:** Assess residents for their potential to wander and other difficult-to-manage behaviors prior to move-in and on an ongoing basis while residing at the Residence. Staff should be proactive in attempts to prevent wandering episodes and should follow established procedures if a resident should wander from the building.

**PROCEDURES:**

1. When an initial assessment is conducted on a prospective resident, his/her potential tendency to wander should be assessed. If an applicant has a demonstrated pattern of wandering from the location where the prospective resident is currently residing, he/she would not be considered appropriate for admission to the Residence.

2. If a resident develops a tendency to wander while residing at the Residence, staff should develop a Negotiated Risk Agreement to see if the behavior can be managed appropriately at the Residence (see the section in this manual on Negotiated Risk Agreements).

3. Monitoring a resident's tendency to wander via the use of a wanderguard-type bracelet may be appropriate. When a resident wears such a bracelet, if he/she tries to exit the building through an exit wired with the wanderguard system an alarm will sound. The system will also activate the call system pagers worn by resident assistants on duty at the building. *(Note: If your Residence does not have a wanderguard-type system or other mechanism of monitoring the whereabouts of residents, you may want to include wandering tendencies in your Residence's admission criteria).*

4. The resident's legal representative should be included in discussions regarding possible use of the wanderguard system, with such conversations documented in the resident's Service Notes. Provide the legal representative with information regarding the system. Incorporate the use of the system in the resident's Service Plan, which is signed by the resident's responsible party.

5. Exit doors in the building that are not wired for the wanderguard system may be equipped with delayed egress with an alarm that will sound if a resident exits through the door. This alarm will also send a signal to the pagers worn by the resident assistants on duty at the building.

6. Other prevention strategies that should be used include taking attendance at meals as a regular safety check and asking residents to sign out when they leave the building so staff know when a resident's absence is not an emergency.

7. If an alarm from an exit door sounds (from either the wanderguard system or a delayed egress exit), staff should respond immediately. The signal on the pager should indicate which door was exited. At least one staff member should approach that door to determine

who left the building. If the resident who exited the door is in still in close proximity to the building, the staff member should redirect him/her back into the building.

8. If the resident is no longer close to the building, the staff member should notify other employees that he/she is going to leave the building to locate the resident. Employees should not leave the building if doing so would place any other residents in danger.

9. If an alarm sounds on an exit door and staff cannot determine if a resident has left the building, a "head count" should be conducted to determine that all residents are present and safe.

10. If a resident is not present and cannot be located, staff should contact the Administrator and follow instructions from him/her. Typically the local police department should be contacted, in addition to the resident's legal representative. Provide a photograph of the resident to the police department to facilitate the identification and safe return of the resident.

11. After the resident has been located, document the incident in the resident's Service Notes. Complete an Incident Report form with appropriate agencies notified (see the section on Resident Incidents in this manual).

12. If a resident exhibits a repeated pattern of wandering (or attempting to wander) from the building, he/she may no longer be appropriate for residency at the Residence. Discuss the situation with the resident's family member(s) as appropriate (see the section in this manual on Discharge Policy).

## SMOKING

**POLICY:** Residents should be informed before admission that smoking is allowed only in designated area(s) outside the building. If residents smoke in any other areas the behavior should be addressed in a timely manner to ensure that it does not reoccur.

**PROCEDURES:**

1. Smoking is not allowed in the building at any time. If a resident wishes to smoke, he/she may do so in designated area(s) outside the building. Inform applicants of this policy before they move into the Residence. *(Note that this policy assumes a non-smoking building and may be revised if smoking will be allowed in all or designated areas of the building.)*

2. If a resident is found smoking inside the building or in an area outside the building not designated for smoking, the Administrator (or designee) should speak with the resident regarding the behavior. Remind the resident of the designated smoking areas. Try to determine the reason that he/she smoked in a non-designated area (e.g., memory loss, felt it was too cold outside, was angry at not being able to smoke as he/she chooses, etc.).

3. If the resident is alert and cognizant of his/her behavior, tell him/her that smoking in non-designated areas could result in eviction from the Residence. Discuss any issues he/she has with the smoking policy and try to develop a plan to address his/her concerns.

4. If the resident is cognitively impaired and is not able to remember the locations of the appropriate smoking areas, develop a plan to ensure that the resident will not continue to smoke within the building. For example, the resident's cigarettes might be kept at the front desk, with the resident notifying staff when he/she wishes to smoke.

5. Document all conversations with the resident regarding inappropriate smoking in the resident's Service Notes, with any plan developed to address the issue incorporated in the resident's Service Plan.

## RESTRAINTS

**POLICY:** Mechanical restraints may only be used in an emergency to prevent injury to a resident or others and may not be used as an ongoing form of treatment. (See Section 5.14 of the Vermont Residential Care Home Licensing Regulations).

**PROCEDURE:**

1. Mechanical restraints include any equipment, material, or device applied to a resident or his/her environment to restrict his/her activity, such as full bed rails, gates, half doors, geri chairs, roll bars, dignity aprons, wrist and ankle restraints, vests, and pelvic restricts.

2. Mechanical restraints may be applied to a resident or his/her environment to restrict his/her activity ONLY in an emergency to prevent injury to the resident and/or others. If a temporary mechanical restrain is applied to a resident, a physician must be consulted immediately, with written approval for continuation of the restraint obtained.

3. The written physician's order for the restraint must include:

   - The resident's name
   - The date and time of the order
   - The reason for restraint
   - The means of restriction
   - The period of time the resident is to be restrained

4. Restraints must be removed at least every two hours when in use, with documentation provided in the resident's Service Notes each time the restraint is applied or removed. A resident in a restraint must be under continuous supervision by staff.

5. If a restraint is used, the Residence must notify the licensing agency and the resident's representative within 24 hours and must reassess the resident within 72 hours to determine if the resident's needs can be met by the Residence. This reassessment must include the physician and resident or resident representative.

6. If a chemical or mechanical restraint is used, the resident must be notified of his/her right to challenge the use of the restraint by meeting with the Administrator, the licensing agency, and/or the Commissioner of the licensing agency. If a resident does challenge the use of a restraint, the Residence must inform the licensing agency at the time the challenge is raised.

# UNIVERSAL PRECAUTIONS

## UNIVERSAL PRECAUTION GUIDELINES

**POLICY:** Staff should perform all tasks at the Residence as if all blood and specified body fluids were infected with HIV, HBV, or other infectious diseases.

**PROCEDURES:**

1. Staff should assume that all human blood and specified body fluids (e.g., semen, vaginal secretions, saliva, wound drainage, or body fluids containing visible blood) are infected with HIV, HBV, or other infectious diseases. When it is difficult to differentiate between body fluids, all body fluids should be considered potentially infectious. This concept is known as "Universal Precautions".

2. In addition to body fluids, all instruments, surfaces, and materials that have the potential to be contaminated with blood or other infectious materials should also be treated as if they are infectious.

3. To provide proper protection against infectious diseases, staff must follow established guidelines for washing their hands and wearing protective clothing/equipment.

4. The Residence must make available disposable gloves and a hand sanitizer in accessible locations throughout the Residence to ensure that any needed supplies are readily available to implement universal precautions.

5. Staff should wash their hands immediately and thoroughly in the following situations:

   - After any contact with blood or other potentially infectious body fluids or materials, or after contact with items that may have been contaminated by blood or other body fluids.

   - Before assisting a resident with a task that may involve contact with blood or body fluids (e.g., assisting with eye medications, catheter care, or incontinent care).

   - After removing personal protective equipment (such as gloves, gowns, etc.).

   - Before handling items in the food preparation and handling area.

   - Before and after handling any medications and/or treatments.

6. When hand washing facilities and/or supplies are not immediately available, staff may use a hand sanitizer in place of hand washing. When a sanitizer is used, wash hands with soap and water as soon as possible and/or in accordance with the manufacturer's instructions.

7. Use an antimicrobial soap for all hand washing.

8. Staff must also wash ANY skin that comes into contact with blood or other potentially infectious materials as soon as possible following the contact. Flush eyes for a minimum of 15 minutes using the designated eyewash station.

***Guidelines for Wearing Personal Protective Equipment:***

9. The Residence must provide appropriate personal protective equipment (PPE) to all employees who may be exposed to blood or other potentially infectious material. Such equipment must include exam gloves, utility gloves, gowns, masks, and goggles.

10. Use appropriate personal protective equipment during any task that involves the potential for skin contact with any of the following substances:

    - Blood
    - Urine/feces
    - Semen
    - Tears
    - Saliva
    - Vaginal secretions
    - Other bodily fluids

11. The Residence is responsible for the cleaning or disposal of all PPE, as well as the repair and replacement of PPE, at no cost to the employee.

12. Remove all protective garments penetrated by blood or other potentially infectious materials as soon as possible. Employees must remove all PPE prior to leaving the work area, and must place the PPE in the designated container(s) for storage, washing, decontamination or disposal.

13. All employees are required to use personal protective equipment as appropriate. If an employee is not using PPE when indicated, ask him/her to do so. Continued failure to use PPE should result in disciplinary action.

***Disposable Gloves:***

14. Disposable gloves must be worn when it is likely that an employee may have hand contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, and when handling or touching potentially contaminated items or surfaces. Thus, disposable gloves must be worn when staff:

    - Touch blood or bodily fluids
    - Assist residents with hands-on care that may involve bodily fluids (e.g., incontinent care, oral hygiene, etc.).
    - Touch the non-intact skin of residents (e.g., applying a topical medication, applying a bandage, etc.)

- Handle items or surfaces soiled with blood or bodily fluids
- Handle soiled laundry
- Clean a resident's apartment (in this case utility gloves may be used instead of disposable gloves).

15. The Residence must provide hypoallergenic gloves, glove liners or powderless gloves for those employees who are allergic to standard gloves. The charges for these items may not be passed on to residents.

16. Replace disposable gloves as soon as possible when contaminated with blood or other potentially infectious material, or if they are torn, punctured, or when their ability to function as a barrier is compromised.

17. Disposable gloves should never be washed or decontaminated for re-use (utility gloves may be decontaminated as long as they show no signs of wear).

18. Staff should follow these guidelines when removing disposable gloves:

    - Immediately and thoroughly wash your hands after removing the gloves.

    - If the gloves are contaminated with any body fluids (e.g., urine, feces, blood, vomit, etc.), they may be disposed of in a resident's apartment ONLY if the trash is immediately removed from the apartment and disposed of appropriately. Otherwise, dispose of the used gloves in a sealed plastic bag and remove the bag from the apartment. (An exception to this may be made if a resident has a lined <u>and</u> covered container used to dispose of incontinent supplies. In this situation, used gloves may be disposed of in this container.)

    - If gloves are saturated (i.e., dripping) with blood or other potentially infectious materials, they should be placed in a secured plastic bag and disposed of immediately in a biohazard container.

    - If the gloves are dry (i.e., are not contaminated with any body fluids), the gloves may be turned inside out, wrapped in themselves, and disposed of in the resident's wastebasket.

***<u>Guidelines for Wearing Other Personal Protective Equipment:</u>***

19. Other types of personal protective equipment (i.e., gowns, masks, goggles) should be used by staff if soiling or splattering is likely to occur while performing a task or cleaning up a spill.

20. Place used disposable gowns, masks, or other types of personal protective equipment in a plastic bag at the place of removal (e.g., the resident's apartment) and place the item(s) in a trash container immediately.

21. If a used article(s) of disposable personal protective equipment is saturated (i.e., dripping) with blood or other potentially infectious materials, place the article(s) in a red bag and immediately dispose of it/them in the biohazard container.

22. Using an appropriate germicidal disinfectant, decontaminate re-usable masks, goggles, face shields, utility gloves, or other non-disposable personal protective equipment that comes into contact with blood or other potentially infectious materials as soon as feasible after use.

    If an article cannot be immediately decontaminated, place it in a plastic bag, label the bag as potentially hazardous (i.e., by using either a biohazard sticker or a red bag), and store the bag in the soiled laundry room. Decontaminate the item as soon as possible, disposing of the bag used to temporarily store the article(s) in the biohazard box.

23. Discard non-disposable personal protective equipment if it is cracked, peeling, torn, punctured, exhibits other signs of deterioration or when its ability to function as a barrier is compromised.

24. A staff member must wear a surgical mask if he/she has a cold and has close resident contact, or if a resident has an infectious condition that requires the use of a surgical mask.

***When Cleaning Contaminated Equipment:***

25. Equipment which comes into contact with blood or bodily fluids must be cleaned and decontaminated using an appropriate germicidal disinfectant immediately or as soon as is feasible.

26. If the equipment cannot be immediately decontaminated, place it in a red plastic biohazard bag (or a bag labeled with a biohazard sticker), store the bag in the soiled laundry room and decontaminate the item as soon as possible. The bag used to temporarily store the equipment until decontamination must be disposed of in the biohazard box.

27. If the equipment needs to be sent off-site for servicing or shipping, the equipment must first be decontaminated. If decontaminating all or part of a particular piece of equipment is not possible, a label must be attached to the equipment stating which portions remain contaminated. All affected staff, the servicing representative, and/or manufacturer as appropriate, should be informed of the possible contamination.

***Food and Drink in the Workplace:***

28. Employees must not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work areas where a potential for contamination with infectious materials exists.

29. Do not keep food or drink in refrigerators, freezers, shelves, cabinets, countertops or bench tops where infectious materials may be present.

***Other Guidelines:***

30. Staff who have open lesions or weeping dermatitis must refrain from all direct resident care and from handling resident-care equipment until the condition heals.

31. Any broken glassware that may be contaminated with blood or other body fluids should not be picked up by hand. Rather, tongs, forceps or a brush and dustpan must be used.

32. Clean large blood spills or other spills of other potentially infectious materials with materials in a Spill Kit, in accordance with instructions included with the Spill Kit. If a Spill Kit is not available, the following procedures should be followed:

- Put on gloves (utility gloves may be needed). Other personal protective equipment, such as a gown and/or face protection, should be worn if soiling and/or splattering is likely.
- Wipe up the spill with dry paper towels.
- Disinfect the area with a germicidal disinfectant according to the manufacturer's instructions.
- Wipe up the disinfectant and clean the disinfected area according to the manufacturer's instructions.
- Place the gloves and paper towels in a red biohazard bag and secure the opening of the bag.
- Dispose of the red bag in the biohazard container.
- Wash hands appropriately.

## HANDLING SHARPS

**POLICY:** Handle and dispose of sharps only according to established procedures.

**PROCEDURES:**

1. Sharps containers should be used for the disposal of sharp objects that have come into contact with residents or other individuals, including but not limited to lancets (used to obtain blood sugar readings), syringes and needles.

2. Never bend, shear, remove, or recap contaminated needles and other contaminated sharps (e.g., syringes).

3. Place contaminated sharps, as soon as possible after use, in containers designated for the storage of sharps. These containers must be closeable, puncture-resistant, leak-proof on the sides and bottom, labeled and color coded. In addition, a sharps container must have a lid, and must be maintained in an upright position to keep liquids and the sharps inside.

4. Staff must never reach into a sharps container. In addition, staff should never open, empty, or clean sharps containers.

5. Keep sharps containers in the apartments of residents who use sharps on a regular basis if safe to do so. Maintain sharps containers in an upright position throughout use and replace the containers on a regular basis to ensure they are not overfilled.

6. When a sharps container is ¾ full, have it disposed of by a waste management company (see the section on Disposal of Hazardous Waste in the Life Safety Policy and Procedure manual). The lid on the container should be closed immediately prior to removal or replacement to prevent spillage or the protrusion of contents during handling, storage, transport, or shipping.

7. If any chance of leakage from the sharps container exists, place it in a secondary container that is closable, labeled or color-coded, and leak-resistant.

# MEDICAL EMERGENCIES

## FIRST-AID PROCEDURES

**POLICY:** All staff who perform direct resident care must be trained in first-aid and shall respond in an appropriate and timely manner if first-aid is needed.

**PROCEDURES:**

1. All direct-care staff must be first-aid certified before beginning employment at the Residence, and must maintain first-aid certification throughout their employment at the Residence.

2. A copy of current first-aid certification must be kept in each employee's personnel file.

3. Keep first-aid kits at the front desk / staff work area and in the kitchen. At a minimum each kit must contain sterile first-aid dressings, bandages or roller bandages, paper tape, scissors, tweezers, Band-Aids, and thermometers. Replenish these supplies as needed to keep the first-aid kits fully stocked.

4. Keep first-aid reference guides with the first-aid kits for reference by staff in the case of an emergency.

5. Inform all staff of the location of the first-aid kits and reference books during their initial orientation and during appropriate in-services.

6. If first aid is needed for a resident, employee, or visitor to the Residence, staff should follow the instructions received during their first-aid course, referring to the first-aid reference guide as needed. Call the RN if any questions arise regarding appropriate first-aid procedures or after first aid has been administered to determine if any further action steps should be taken.

7. If a staff person is injured while on the job and requires first-aid treatment, all procedures for reporting injuries should be followed (see the section in the Life Safety Policy and Procedure manual on Staff Accident Reporting / Prevention).

8. If a resident is injured, complete an Incident Report Form and document the incident and all follow-up action taken in the resident's Service Notes. Notify the licensing agency, in the most expeditious means available; of any accident causing substantial injury (see the section in the Occupancy Policy and Procedure Manual on Resident Incidents and Injuries).

## MEDICAL EMERGENCIES / DNR STATUS PROCEDURES

**POLICY:** Staff should determine and document a resident's preference for resuscitation in the case of an emergency and should follow established procedures should an emergency occur.

**PROCEDURES:**

1. All staff members who provide direct care to residents must be CPR certified prior to beginning employment at the Residence, and must maintain current CPR certification throughout the duration of their employment at the Residence.

2. Prior to move-in, provide all residents (or legal representative) (s) with a DNR Status form and information regarding Advanced Directives (see the section in the Occupancy Policy and Procedure Manual on Pre-Move In Forms / Information).

3. Each resident should indicate on the DNR Status form if he/she would like to have CPR initiated in the case of a medical emergency. Maintain this form in the resident's record; with a copy placed in the service planning book for easy access by staff should an emergency occur.

4. The resident's DNR preference should also be noted in his/her apartment by placing a red circle sticker (DNR designation) in a designated place in his/her unit if he/she does not want CPR initiated, or by placing a green circle sticker in the designated place if he/she would like CPR initiated in the case of medical emergency. The designated place where these stickers are placed should be out of sight so as to protect the resident's privacy, but in a location that is easily accessible by staff (e.g. on the inside of a specific kitchen cabinet door). This location should be the same in all resident units so the sticker can be easily located by staff in the case of an emergency.

5. When a resident experiences a medical emergency, staff should:

   - Immediately telephone 9-1-1 to summon assistance.
   - Verify the resident's DNR preference (i.e., whether he/she wishes to have CPR initiated) by checking either his/her DNR Status form in the Service Planning book or his/her service record or by checking to see whether there is a green or red circle in the designated area in his/her apartment.
   - If the resident wants to have CPR initiated (as indicated on his/her CPR Status form or by a green circle sticker placed in the designated location in his/her unit), follow the procedures taught in the CPR certification course.
   - If more than one staff member is present, the second employee should direct emergency medical personnel to the resident when they arrive at the Residence, providing them with a copy of the resident's medication record(s) and Resident Information form. If the resident's preference on the DNR Status form is to not have CPR initiated, a copy of this form should also be given to the medical emergency personnel.

6. If a resident has indicated on his/her DNR Status form that he/she does not want to have CPR initiated, staff should stay with the resident until emergency personnel arrive, providing whatever comfort and/or care may be appropriate.

7. Staff should notify the Administrator and RN of the emergency as soon as possible (e.g., after the resident's emergency medical needs have been addressed). The Administrator or RN should then inform the resident's legal representative as appropriate of his/her status, and document the notification in the resident's Service Notes.

8. Staff should take care to calm other residents who may have become aware of the situation. Provide them with basic information about the resident's condition without violating the resident's confidentiality.

## DEATH OF A RESIDENT

**POLICY:** The death of residents should be handled in a professional and appropriate manner, according to established procedures (refer to Section 5.17 of the Vermont Residential Care Home Licensing regulations).

**PROCEDURE:**

1. When a resident passes away in the Residence, staff must notify the RN immediately so the RN can verify the death. The Administrator should also be notified as soon as possible.

2. If the resident's death was untimely or unexpected, the RN or Administrator must immediately notify the regional medical examiner (see Section 5.17.a of the Vermont Residential Care Home Licensing regulations).

3. If the resident died unexpectedly or within 48 hours of a fall or injury, the RN or Administrator must, in addition to notifying the medical examiner, also send a report to the licensing agency with the following information:

   - The name of the resident;
   - The circumstances of the death;
   - The circumstances of any recent injuries or falls; and
   - A list of all medications and treatments received by the resident during the two weeks prior to the death.

4. In those instances where notification of the medical examiner is not required, follow the instructions of the deceased, legal representative, if any, next of kin, or other relative regarding funeral and other related arrangements.

5. If the services of the undertaker are not immediately available, and the resident shared a room with another resident, arrange for the immediate removal of the body of the deceased resident to a separate, unoccupied room.

6. Ensure that the deceased resident's body is removed from the Residence within four hours, providing assistance to the undertaker in transferring the body as needed to ensure that the body is removed in a dignified manner.

7. Make appropriate documentation in the resident's Service Notes, including the circumstances surrounding the death, all contacts made, and the removal of the body.

8. Ensure that the resident's apartment is locked.

9. Assist in tending to the spiritual and emotional needs of the deceased resident's family or significant others, staff and other residents.

# HOUSEKEEPING
# &
# LAUNDRY

# POLICY & PROCEDURE MANUAL

## USE OF THIS MANUAL

This manual has been developed as part of a set of sample policy and procedure manuals for use by Vermont Assisted Living Residences. Users of the manual are encouraged to develop facility-specific policies and procedures, and thus may modify this manual to best meet the needs of each Residence. All use of the manual, however, is subject to the End-User License Agreement provided by Vista Senior Living, Inc., on the web site for the Vermont Department of Aging and Independent Living (www.dail.vermont.gov).

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## SAFETY PROCEDURES

**POLICY:** Staff should follow general safety procedures when performing housekeeping and/or laundry duties.

**PROCEDURES:**

1. The Administrator shall ensure that staff performing housekeeping or laundry tasks should be familiar with Material Safety Data Sheets (MSDS) for all chemicals or cleaning products used in the Residence. These sheets provide important information regarding these products, including the proper use of the product and possible risks associated with the product.

2. Keep a binder containing all Material Safety Data Sheets in the housekeeping closet and/or on the housekeeping cart so as to be easily referenced by housekeeping staff if necessary.

3. Never leave chemicals or cleaning products unattended in a location accessible by residents. When cleaning resident apartments, the housekeeping cart MUST be taken into each apartment unless all chemicals on the cart are secured (i.e., locked up).

4. Never leave equipment (e.g., cords, ladders, or chemicals) unattended in areas that are accessible to residents. When not is use, store equipment in a locking cupboard, cabinet, or storage area.

5. Follow manufacturers' instructions for the use of all chemicals and cleaning products.

6. Adhere to common sense and basic safety practices during all housekeeping and laundry tasks.

7. Ensure that all floor surfaces are level and slip resistant.

8. Clean lint from clothes dryer filters on a regular basis.

9. Refer to the Life Safety Policy and Procedure Manual for more complete guidelines regarding safety.

## INFECTION CONTROL PROCEDURES

**POLICY:** Staff shall follow established infection control guidelines when performing housekeeping and laundry tasks. The Residence shall make available in readily accessible locations disposable gloves, anti-bacterial cleanser and similar infection control materials and shall provide instruction and guidance to staff in the use of such materials.

**PROCEDURES:**

1. All staff must be aware of and follow general procedures for infection control (refer to the section on Universal Precautions in the Health Services Policy and Procedure manual).

2. **Assume that all human blood and specified body fluids (e.g., semen, vaginal secretions, saliva, wound drainage, or body fluids containing visible blood) are infected with HIV, HBV, or other infectious diseases.** When it is difficult to differentiate between body fluids, consider all body fluids to be potentially infectious. This concept is known as "Universal Precautions".

3. In addition to body fluids, treat all instruments, surfaces, and materials that have the potential to be contaminated with blood or other infectious materials as if they are infectious.

4. To provide proper protection against infectious diseases, follow established guidelines for hand washing and wearing protective clothing/equipment, as noted below:

5. ***Hand Washing Guidelines:***

   a. Wash your hands immediately and thoroughly in the following situations:

      - After any contact with blood or other potentially infectious body fluids or materials, or after contact with items that may have been contaminated by blood or other body fluids.

      - After removing personal protective equipment (such as gloves, gowns, etc.)

   b. When hand washing facilities and/supplies are not immediately available staff may use a hand sanitizer in place of hand washing. However, when a sanitizer is used, wash hands with soap and water as soon as possible and/or in accordance with the manufacturer's instructions.

   c. Use an antimicrobial soap for all hand washing.

   d. Wash ANY skin that comes into contact with blood or other potentially infectious materials as soon as possible following the contact. Flush eyes for a minimum of 15 minutes using the designated eyewash station.

6. ***Guidelines for Wearing Personal Protective Equipment:***

   a. Provide appropriate personal protective equipment (PPE) to all employees who may be exposed to blood or other potentially infectious material. Such equipment must include exam gloves, utility gloves, gowns, masks, and goggles.

   b. Use appropriate personal protective equipment during any task that involves the potential for skin contact with any of the following substances:

      - Blood
      - Urine/feces
      - Semen
      - Tears
      - Saliva
      - Vaginal secretions
      - Other bodily fluids

   c. The Residence is responsible for the cleaning or disposal of all PPE, as well as the repair and replacement of PPE, at no cost to the employee.

   d. Remove all protective garments penetrated by blood or other potentially infectious materials as soon as possible. Remove all PPE prior to leaving the work area, and place the PPE in the designated container(s) for storage, washing, decontamination, or disposal.

   e. All employees are required to use personal protective equipment as appropriate. If an employee is not using PPE when indicated, ask him/her to do so. Continued failure to use PPE will result in disciplinary action.

7. ***Disposable Gloves:***

   a. Disposable gloves must be worn when it is likely that an employee may have hand contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, and when handling or touching potentially contaminated items or surfaces. Thus, disposable gloves must be worn when staff:

      - Touch blood or bodily fluids
      - Handle items or surfaces soiled with blood or bodily fluids
      - Handle soiled laundry
      - Clean a resident's apartment (in this case utility gloves may be used instead of disposable gloves).

   b. The Residence must provide hypoallergenic gloves, glove liners or powderless gloves for those employees who are allergic to standard gloves.

c. Replace disposable gloves as soon as possible when contaminated with blood or other potentially infectious material, or if they are torn, punctured, or when their ability to function as a barrier is compromised.

d. Disposable gloves should never be washed or decontaminated for re-use (utility gloves may be decontaminated as long as they show no signs of wear).

e. Follow these guidelines when removing disposable gloves:

- Immediately and thoroughly wash your hands after removing the gloves.

- If the gloves are contaminated with any body fluids (e.g., urine, feces, blood, vomit, etc.), the gloves may be disposed of in a resident's apartment ONLY if the trash is immediately removed from the apartment and disposed of in a covered trash container. Otherwise, dispose of the used gloves in a sealed plastic bag and remove the bag from the apartment. (*An exception to this may be made if a resident has a lined and covered container used to dispose of incontinent supplies. In this situation, used gloves may be disposed of in this container.)*

- If gloves are saturated (i.e., dripping) with blood or other potentially infectious materials, the gloves should be placed in a secured plastic bag and disposed of immediately in a biohazard container.

- If the gloves are dry (i.e., are not contaminated with any body fluids), the gloves may be turned inside out, wrapped in themselves, and disposed of in the resident's wastebasket.

8. ***Guidelines for Wearing Other Personal Protective Equipment:***

a. Use other types of personal protective equipment (i.e., gowns, masks, goggles) if soiling or splattering is likely to occur while performing a task or cleaning up a spill.

b. Place used disposable gowns, masks, or other types of personal protective equipment in a plastic bag at the place of removal (e.g., the resident's apartment) and immediately place the bag in a trash container.

c. If used article(s) of disposable personal protective equipment are saturated (i.e., dripping) with blood or other potentially infectious materials, place the article(s) in a red bag and immediately dispose of the bag in the biohazard container.

d. Re-usable masks, goggles, face shields, utility gloves, or other non-disposable personal protective equipment that comes into contact with blood or other potentially infectious materials must be decontaminated as soon as feasible after use with an appropriate germicidal disinfectant.

e. If an article cannot be immediately decontaminated, it should be placed in a plastic bag, labeled as potentially hazardous (i.e., either using a biohazard sticker or placing it in a red bag), stored in the soiled laundry room and decontaminated as soon as possible. Dispose of the bag used to temporarily store the article(s) until decontamination in the biohazard box.

f. Discard non-disposable personal protective equipment if it is cracked, peeling, torn, punctured, exhibits other signs of deterioration or when its ability to function as a barrier is compromised.

g. Staff must wear a surgical mask if he/she has a cold and has close resident contact, or if a resident has an infectious condition that requires use of a surgical mask.

9. ***When Handling Laundry:***

a. Staff should wear disposable gloves when handling laundry. In addition, when handling soiled laundry (i.e., laundry that is wet with any body fluid such as urine, feces, vomit, blood, etc.), staff must also:

- Wear a protective gown, goggles, and/or mask as appropriate if splattering or soiling is likely.
- Bag the soiled laundry in a red bag at the place of use (e.g., the resident's apartment) and immediately take it to the soiled laundry room.
- Handle the laundry as little as possible.
- Wash the soiled laundry immediately (if this is not possible the soiled laundry must be stored in a secure plastic bag in a separate, covered container that is labeled for soiled laundry in the soiled laundry room until it can be washed).

b. When washing soiled laundry (laundry that is wet with any body fluid such as urine, feces, vomit, blood, etc.) staff should:

- Ensure that the soiled laundry is washed separately from all other laundry
- Rinse the soiled laundry in the hopper before placing it in the washing machine
- Wash the soiled laundry with a disinfectant and on the hottest water setting

10. ***When Performing Routine Housekeeping Tasks:***

a. Staff should always wear gloves when providing housekeeping services in resident apartments (these may be utility gloves instead of disposable gloves).

11. ***When Cleaning up Contaminated Surfaces:***

a. Clean and decontaminate with an appropriate germicidal disinfectant all surfaces (e.g., counters, floors, carpets) that come into contact with blood or body fluids immediately or as soon as is feasible.

b. Decontaminate bins, pails, and cans on a regular basis and whenever visibly contaminated with blood or potentially infectious materials.

c. Place any disposable items used to clean contaminated surfaces (e.g., paper towels) in a plastic bag at the place of use (e.g., the resident's apartment) and dispose of them in a trash container immediately. If items are saturated (i.e., dripping) with blood or other potentially infectious materials, put the item(s) in a red biohazard bag and disposed of in a biohazard container.

d. Launder non-disposable items used to clean contaminated surfaces (e.g., cloth towels, sponges, brushes, etc.) following procedures for soiled laundry or clean and decontaminate immediately or as soon as feasible with a germicidal disinfectant. If the item cannot be immediately decontaminated, place it in a red biohazard bag, store the bag in the soiled laundry room, and decontaminate the item as soon as possible.

e. Any broken glassware that may be contaminated with blood or other body fluids should not be picked up by hand. Rather, tongs, forceps or a brush and dustpan must be used.

f. Clean large blood spills or other spills of other potentially infectious materials with materials in a spill kit, in accordance with instructions included with the spill kit. If a spill kit is not available, the following procedures should be followed:

- Put on gloves (utility gloves may be needed). Other personal protective equipment, such as a gown and/or face protection should be worn if soiling and/or splattering is likely.
- Wipe up the spill with dry paper towels.
- Disinfect the area with a germicidal disinfectant according to the manufacturer's instructions.
- Wipe up the disinfectant and clean the disinfected area according to the manufacturer's instructions.
- Place the gloves and paper towels in a red biohazard bag and secure the opening of the bag.
- Dispose of the red bag in the biohazard container.
- Wash hands appropriately.

12. ***When Cleaning Contaminated Equipment:***

a. Equipment which comes into contact with blood or bodily fluids must be cleaned and decontaminated using an appropriate germicidal disinfectant immediately or as soon as feasible.

b. If the equipment cannot be immediately decontaminated, place it in a red plastic biohazard bag (or bag labeled with a biohazard sticker), store the bag in the soiled laundry room, and decontaminate the equipment as soon as possible. The bag used to temporarily store the equipment until decontamination is possible must be disposed of in the biohazard box.

c. If the equipment needs to be sent off-site for servicing or shipping, the equipment must first be decontaminated. If decontaminating all or part of a particular piece of equipment is not possible, attach a label to the equipment stating which portions remain contaminated. Inform all affected staff, the servicing representative, and/or manufacturer, as appropriate, of the possible contamination.

## CLEANING RESIDENT APARTMENTS

**POLICY:** Resident apartments will be cleaned in a manner that supports the needs and preferences of residents, as indicated on their service plans.

**PROCEDURE:**

1. The Administrator (or designee) shall provide a summary of residents' housekeeping needs and preferences to the housekeeping staff (this information is determined as part of the assessment process).

2. As with all services offered in the Residence, housekeeping services should be individualized for each resident. Typically, apartments are cleaned on a weekly basis. However, residents may wish to do part or all the cleaning themselves if they are able. Other residents may need or prefer more frequent cleaning. Following are examples of how the cleaning of apartments may vary between residents:

   - A resident may wish to clean his/her apartment without any assistance
   - A resident may want staff to vacuum and clean the bathroom; he/she will do the rest of the cleaning (e.g., dusting, changing the bed, cleaning the kitchen, etc.)
   - A resident who has difficulty with incontinence may require daily assistance in emptying a container for used incontinence products

3. The Administrator (or designee) should document the needs and preferences of each resident regarding the cleaning of his/her apartment on his/her service plan (see the section on Developing Service Plans in the Occupancy Policy and Procedure Manual). These services should be reviewed, and the plan revised if needed, when residents are reassessed.

4. Also note on the resident's service plan if the resident has NOT given authorization to clean his/her apartment in his/her absence. Note this authorization on a Release Authorization form (see the section on Move-In Procedures in the Occupancy Policy and Procedure Manual).

5. When cleaning apartments, housekeepers are in an excellent position to notice signs of possible changes in the condition of residents. For example, a housekeeper might notice:

   - Dishes stacked up in the kitchen sink of a resident's apartment who usually keeps his/her place very tidy

   - Soiled clothes smelling of urine crumpled in a corner of the resident's closet

   - Blood stains on a resident's pillow

6. Document all such observations in the resident's Service Notes and report the observations to the Administrator, RN or other designated staff member.

7. Housekeeping staff should also look for any possible maintenance needs in resident apartments. For example, a housekeeper might notice if a toilet is not flushing properly or a window is not sliding as it should. Report these needs in the resident's Service Notes, with a Maintenance Request completed and given to the Maintenance Director.

8. If a resident refuses his/her regular housekeeping service, document the refusal in the resident's Service Notes (see the section on Refusal of Service in the Occupancy Policy and Procedure Manual). If a resident refuses housekeeping services on a regular basis, inform the Administrator so a plan can be developed to address the resident's concerns and ensure a sanitary and safe environment.

## APARTMENT CLEANING PROCEDURES

**POLICY**: Clean resident apartments in an efficient manner and in such a way as to support the needs and preferences of each resident, following safety guidelines and precautions where necessary.

**PROCEDURES:**

1. Staff should never enter a resident's apartment without first knocking and waiting an appropriate amount of time for the resident to respond.

2. Never leave the housekeeping cart unattended (always take the cart into the apartment and close the apartment door) unless all chemicals are locked in a compartment on the cart or are taken into the apartment as the cleaning is being performed.

3. Typically, when an apartment is cleaned the housekeeper will also change the bed and take the dirty linens and clothes to the laundry room. Do the laundry that night and return it to the resident the following day. Note exceptions to this on the resident's service plan.

4. Following are the specific tasks involved in the routine cleaning of an apartment (note that these tasks may vary between the type of apartment and from resident to resident based on resident preferences).

   a. <u>Bathroom Cleaning</u>:

      - Remove dirty towels; replace with clean towels.
      - Clean the toilet (including the outside of the tank and the bowl) and spray disinfectant into the bowl.
      - Clean the shower, including the shower walls and floor.
      - Clean the shower curtain or door (if needed) and shower fixtures.
      - Clean the mirror, sink and counter; polish fixtures.

   b. <u>Furniture and Fixture Cleaning</u>:

      - Dust the tops, sides and front of furniture.
      - Wipe windowsills and air conditioning units.
      - Clean any mirrors or glass in the apartment (excluding windows).

   c. <u>Kitchen Cleaning:</u>

      - Clean the sink, counter top, microwave and/or stove (as applicable).
      - Wipe the top and door of the refrigerator.
      - Check the refrigerator for old/outdated foods. Discard, with the resident's permission.

d. Changing the Bed:

- Remove all linen from the bed and remake the bed with clean linens.
- Remove the dirty linens.

e. Floors / Carpeted Areas:

- Change the vacuum bag if needed.
- Vacuum the living room, bedroom(s), kitchen area and bathroom
- Mop the kitchen (if linoleum) and bathroom (NEVER use the kitchen mop in resident apartments).
- Spot clean any soiled areas on carpet (complete a Maintenance Request form if the carpet is excessively soiled and may need to be extracted).

f. Other:

- Remove the resident's laundry from the hamper or basket and place it with the towels and linens for delivery to the laundry room.
- Empty all wastebaskets and remove other trash as needed/desired by the resident.

## RESIDENT LAUNDRY SERVICES

**POLICY:** Do resident laundry in an efficient manner and in way that supports the needs and preferences of the residents.

**PROCEDURES:**

1. The needs and preferences of residents regarding their personal and linen laundry will be determined in discussion with the resident as part of the overall assessment process. As with all services offered in the Residence, individualize laundry services for each resident. Typically, residents' linen and personal laundry is done on a weekly basis. However, residents may wish to do part or all their laundry themselves if they are able. Other residents may need or prefer more frequent laundry services. Following are examples of how the provision of laundry services may vary between residents:

   - Residents may wish to do all of their laundry without assistance
   - Residents may want staff to carry their laundry basket to the laundry room, but prefer to actually do the laundry themselves
   - Residents may want staff to do both their linen and personal laundry, and may need laundry done more than once a week due to difficulties with incontinence

2. The Administrator (or designee) should document the needs and preferences of residents regarding their laundry service on their individual service plans (see the section on Developing Service Plans in the Occupancy Policy and Procedure Manual).

3. Review the agreed-upon laundry services with the resident and revise the plan if needed, during the resident's reassessment process.

4. If a staff person notices a change in the type of service needed by a resident and/or if the resident (or legal representative) requests a change in service, the staff member should make a note in the resident's Service Notes. He/she should also notify the Administrator or other designated staff member so a change may be made in the resident's service plan.

5. When assisting residents with their laundry, staff members may observe changes in a resident's health status that might otherwise go unnoticed. For example, they might notice blood stains on a resident's clothing or smell urine on his/her sheets. Note these observations in the resident's Service Notes and report the observations to the Administrator or other designated staff member.

6. If a resident refuses his/her regular laundry service, document the refusal in the resident's Service Notes by briefly describing what took place when the resident refused the service.

## LAUNDRY PROCEDURES

**POLICY:** Perform laundry-related services in a manner that is efficient and that adheres to established infection control procedures.

**PROCEDURES:**

1. Staff should not sort, rinse, or store dirty laundry in a resident's apartment or in any area other than the soiled laundry room.

2. When doing laundry staff must follow all procedures in the Infection Control Procedures section of this manual.

3. Wash incontinent clothing and/or linens as soon as possible after the soiling has occurred to minimize any unpleasant odors. If for some reason incontinent laundry cannot be washed immediately, it should be stored in a separated covered storage container in the soiled laundry room until it is washed.

4. Infectious laundry (as designated by the RN) must be sealed in a plastic bag until it is laundered. Do not mix infectious laundry with other items during sorting or washing.

5. When doing resident laundry, check each item to be sure the item is machine washable. Items that are labeled as requiring dry cleaning, hand washing or line drying should not be washed without the permission of the resident (or legal representative). Also check to make sure that resident laundry is marked. If a resident's laundry is not marked, ask the resident (or legal representative) to mark the laundry with either a permanent pen or a sewn-in label.

6. If dry cleaning, hand washing, ironing and/or mending is required, the Administrator or other designated staff member should make arrangements with the resident (or legal representative). Note one-time arrangements for such services in the resident's Service Notes; incorporate ongoing or routine arrangements into the resident's service plan.

7. Laundry should be done in order of the following priorities:

   - Infectious laundry
   - Incontinent laundry
   - Residents' personal laundry
   - Residents' linen laundry
   - Uniforms and/or aprons
   - Kitchen and dining room laundry

8. Care should be taken to launder items in the following way:

   - Keep infectious laundry separate from all other laundry
   - Keep incontinent laundry separate from all other laundry
   - Keep each resident's laundry separate from other residents' laundry
   - Keep building laundry separate from resident laundry

9. Check colored items to ensure that the color won't run or fade by placing the item(s) under running hot water. If the color runs, wash the item(s) only with other like colors.

10. To prepare laundry for washing:

    - Remove any solid fecal matter from the laundry and pre-rinse the item(s) in the hopper which is located in the soiled laundry room.

    - Pre-spot or pre-soak oily or grease-stained items with an appropriate chemical.

    - Set the appropriate load size, water temperature and cycle setting for each load.

    - Load machines to the appropriate level. Keep small, personal items belonging to residents in mesh laundry bags for washing. Avoid small or partial loads whenever possible to conserve resources.

    - Add non-chlorine bleach to incontinent laundry or Residence laundry (e.g., uniforms or kitchen laundry), following the instructions by the manufacturer on the bleach container and/or for the washing machine.

    - Add other additives as necessary (e.g., water softeners, whiteners, etc.).

11. NEVER LEAVE CHEMICALS OUT IN AN AREA THAT IS ACCESSIBLE TO RESIDENTS – ALWAYS LOCK UP ALL CHEMICALS (E.G., SOAPS, BLEACH, ETC.) BEFORE LEAVING THE LAUNDRY ROOM.

12. Load items into the dryer as appropriate for similar cycle settings (e.g., permanent press, heavy duty, etc.). Do not load the dryer over two-thirds full, as overloading can cause unnecessary wrinkles and longer drying times. Do not put plastic or rubber-backed items into the dryer.

13. Set the dryer on the appropriate cycle.

14. When the drying cycle is complete, remove the laundry from the machine as soon as possible to prevent wrinkling. Promptly fold or hang the laundry.

15. Remove lint from the dryer traps after each use.

16. Ensure that all laundry is returned to the proper owner. Unless noted on a resident's service plan, leave folded items at the foot of the resident's bed and place all hanging laundry in the closet.

17. Place unmarked items in the location designated for lost and found.

18. When the owner of the item(s) has been found, encourage him/her to mark all clothing and linens to minimize the chance that it will be misplaced again.

19. Notify the Administrator (or designee) of any problems that occur while doing laundry, such as items that are missing, damaged, and/or unmarked.

20. After completing all laundry:

    - Ensure that all chemicals are stored in a locked area (i.e., locking cabinet, the soiled laundry room, etc.) before leaving the laundry room.
    - Remove lint from dryer traps and on and around all equipment.
    - Wipe down all machines and counters; pick-up any litter and empty the wastebasket.
    - Sweep the floor and damp mop any areas with spills or stains.
    - Check to make sure an iron and ironing board are available for resident use (the iron must turn off automatically when not being used).
    - Report any malfunctioning equipment by completing a Maintenance Request form (e.g., leaks, frayed cords, or improperly working equipment).

## RESIDENT HOUSEKEEPING / LAUNDRY SCHEDULE

**POLICY**: The Administrator (or designee) shall develop a regular housekeeping and laundry schedule for resident apartments that shall be followed by the housekeeping staff.

**PROCEDURE:**

1. Maintain a regular a schedule for housekeeping and laundry to ensure these services are provided to residents on the same day each week.

2. Upon move-in, residents will be told when (i.e., what day of the week) their housekeeping and laundry assistance will be routinely provided. Note this information on a Resident Services Schedule and give a copy of the schedule to the resident.

3. When a resident requests assistance with both housekeeping and laundry, pick up his/her laundry when the resident's apartment is cleaned. Do the laundry that night and return it to the resident's apartment the following morning.

4. If for some reason it is not possible to provide the agreed-up service on the resident's regularly scheduled day, notify the resident as soon as possible. Tell him/her when the service will be provided, and note the conversation in the resident's Service Notes.

## COMMON AREA CLEANING

**POLICY**: Housekeeping staff will maintain all common areas of the Residence in a clean and sanitary manner.

**PROCEDURES:**

1. Maintain a schedule of those housekeeping tasks to be provided on a routine basis in all common areas of the Residence. Incorporate these tasks into staff task lists so that all staff members are familiar with the schedule.

2. The following are guidelines for the frequency and type of common area cleaning to be provided:

**Daily** Vacuum carpets/floors and pick up any clutter in all common areas (hallways, living / activity areas, dining room, etc.).

Clean public (and staff) bathrooms – clean the sink, toilet, and mirror; sweep/mop the floor; re-fill toilet paper and paper towels if needed.

Clean all condiment containers on the dining room tables.

Clean the sink/counter and sweep/mop the floor in the medication room.

Pick up and clean the floor mats in the kitchen; sweep/mop the floor; replace the mats.

Sweep the front porch area; clean glass in the front door (if applicable).

**3 x Week** Dust furniture, pictures and windowsills in all common areas (e.g., living room, T.V. room, activity room, etc.):

Dust the dining room chairs and table bases.

Clean the whirlpool room (the tub, tub door, sink, toilet, window sill); sweep/mop the floor.

Wipe the washers, dryers, and windowsills in the laundry room; sweep/mop the floor; disinfect the hopper; clean sinks; clean dust and lint from behind the dryers.

Clean the sink, counter, table, and window in the staff lounge; sweep/mop the floor.

Clean the sink, counter, and chairs in the beauty / barber shop; sweep and mop the floor.

Sweep and mop the floor in the housekeeping closet(s) and storage area(s); straighten supplies if needed.

**2 x Year** Clean all windows (inside and outside)

3. If use of an area results in spots, dirt, lint, etc. on the floor/carpet/furniture, clean the area as soon as possible after noticing the problem.

4. Ensure that common area carpets are extracted or cleaned by an outside service every six months or more often if needed.

## USE OF LINENS

**POLICY:** Linens should be available at the Residence for use by residents if needed.

**PROCEDURE:**

1. Maintain at least two sets of linens (i.e., sheets, pillowcases, and towels) for use by residents, if needed. If a resident needs to use the emergency linens, document the use in the resident's Service Notes.

2. Use the emergency linens for limited amounts of time only. Assist the resident in securing his/her own linens if needed.

3. Notify the Administrator (or designee) of an inadequate supply of emergency linens, or if the linens are missing or torn.

## LOST AND FOUND

**POLICY:** Keep unmarked and unclaimed items in a designated "lost and found" area and make efforts to locate the owner of the item(s). Staff are expected to assist residents in locating lost items.

**PROCEDURES**:

1. If an item is unmarked and unclaimed, set the item aside in the designated "lost and found" area.

2. Notify other staff members of the lost article by briefly describing the item in the Staff Communication Log.

3. Remind residents as appropriate that the marking of their belongings can reduce the chance that it will be misplaced. As needed, assist residents in marking their belongings.

## HOUSEKEEPING SUPPLIES AND EQUIPMENT

**POLICY:** The housekeeping staff shall ensure that adequate amounts of housekeeping supplies are maintained by informing the Administrator (or designee) when additional supplies are needed.

**PROCEDURES:**

1. At the beginning of each work day, housekeeping staff should inventory the housekeeping cart(s) to ensure the following items are stocked:

   - Vacuum
   - Mop bucket
   - Wet mop
   - Broom and dust pan
   - Bag of cleaning and drying rags
   - Toilet bowl brush, caddy and cleaner
   - Air freshener
   - Window/glass cleaner
   - All purpose cleaner
   - Disinfectant cleaner
   - Dusting spray
   - Carpet spot remover
   - Plastic bag for soiled cleaning/drying rags
   - Rubber gloves
   - Plastic trash can liners
   - Paper towels (to restock residents' supplies when needed)
   - Liquid soap (to refill resident dispensers)
   - Feather duster

2. Each housekeeping staff person is responsible for re-stocking and organizing the housekeeping cart at the end of the work day.

3. Take an inventory of housekeeping supplies on a regular basis to ensure an adequate supply of all needed products at all times. The housekeeper will notify the Administrator (or designee) of any needed supplies.

4. Housekeeping staff must read and follow all warning labels for flammable and combustible liquids, and ensure that there is adequate ventilation and no potential ignition source in the area where these materials are used.

# LIFE SAFETY

# POLICY & PROCEDURE MANUAL

## USE OF THIS MANUAL

This manual has been developed as part of a set of sample policy and procedure manuals for use by Vermont Assisted Living Residences. Users of the manual are encouraged to develop facility-specific policies and procedures, and thus may modify this manual to best meet the needs of each Residence. All use of the manual, however, is subject to the End-User License Agreement provided by Vista Senior Living, Inc., on the web site for the Vermont Department of Aging and Independent Living (www.dail.vermont.gov).

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## EMERGENCY HANDBOOK

**POLICY:** The Residence shall keep an Emergency Handbook in an easily accessible location so it can be referenced by staff as needed in the case of an emergency.

**PROCEDURES:**

1. The Emergency Handbook contains information that should be referenced in case an emergency occurs within the Residence. The Handbook is written in an outline format to make it as easy as possible to locate needed information quickly.

2. Keep the Emergency Handbook at the front desk in a location easily accessible by staff. All staff should become familiar with the emergency procedures outlined in the Handbook. In the case of an emergency staff should use the Handbook for verification of procedures and/or to obtain other needed information.

3. Notify staff via the Staff Communication Log if any procedures in the Emergency Handbook are modified. Staff should become familiar with the new procedures.

4. Keep all information included in the Emergency Handbook current and up-to-date. The Maintenance Director is responsible for ensuring the accuracy of information included in the Emergency Handbook by making any needed changes on a monthly basis.. Each month, the Maintenance Director should also document on the Preventative Maintenance Record that the Handbook was updated as needed (see the section on Preventative Maintenance in the Maintenance Policy and Procedure Manual).

# EXPOSURE CONTROL

## EXPOSURE CONTROL PLAN

**POLICY:** Staff should be familiar with the Residence's Exposure Control Plan and follow the guidelines contained therein in all applicable situations.

**PROCEDURES:**

1. The exposure control plan developed for the Residence must be followed at all times to:

   - Eliminate or minimize employee occupational exposure to blood or other body fluids.

   - Identify employees who may be exposed to blood or other potentially infectious materials while performing their regular job duties.

   - Provide employees exposed to blood or other potentially infectious materials with information and training (a copy of this plan shall be made available to all employees at the Residence).

***2. <u>Exposure Determination:</u>***

   a. The following positions may be exposed to blood or other potentially infectious materials:

      - Resident Assistants
      - RN
      - Housekeeper(s)
      - Kitchen workers

   b. The tasks and procedures performed by these staff members that have the potential for exposure to blood pathogens include:

      - Assisting residents with peri-care
      - Handling soiled clothing and/or linens
      - Disinfecting the whirlpool
      - Assisting residents with health-related tasks, such as catheter care, ostomy care, skin care, eye/ear/nose medications, and inhalers
      - Handling sharps (e.g., needles, lancets, etc.)
      - Cleaning/disinfecting resident bathrooms and other areas that have been soiled by potentially infectious body fluids
      - Emptying urinals or commodes

### 3. ***Information and Training:***

a. The Administrator (or designee) must ensure that training for employees where occupational exposure may occur is provided at the time of initial assignment and that the training is repeated within 12 months of the previous training (e.g., at an annual in-service). Provide training if a new, or modified, procedure and/or task affect the occupational exposure of an employee.

b. Training on exposure control must include the following information:

- A general discussion of blood borne diseases and their transmission
- A description of the exposure control plan, including those positions and tasks most likely to have risk of exposure
- An explanation of the methods that will prevent exposure
- Information on the proper use, location, handling, disposal, and decontamination of personal protective equipment
- An explanation of signs, labels, and color-coding.
- Information on the Hepatitis B vaccine
- Information on the appropriate actions to take in an emergency involving blood or other potentially infectious materials
- Procedures to follow if an exposure incident occurs

c. The training must also include a time for questions and answers and the person conducting the training must be knowledgeable in the subject matter.

### 3. ***Compliance Methods:***

a. To minimize the risk of exposure, use the concept of universal precautions. That is, all body fluids, as well as instruments, environmental surfaces, materials, etc., with the potential to be contaminated with blood or other infectious materials should be treated as if they are infectious.

b. Details regarding the implementation of universal precautions, including policies and procedures for hand washing and wearing personal protective equipment, are provided in the section in this manual on "The Use of Universal Precautions." This section also provides procedural guidelines for those tasks that may involve exposure to blood or other potentially infectious materials.

c. Definitions that may be helpful in understanding the exposure control plan and universal precautions may be found in the section in this manual on "Exposure Control Plan Definitions."

d. Additional procedures related to implementation of the exposure control plan are addressed in the sections in this manual on "Procedures for Handling Sharps" and "Disposal of Hazardous Waste" and in the "Universal Precautions" section of the Health Services manual.

4. ***Hepatitis B Vaccination:***

   a. The Residence offers the Hepatitis B vaccination to all employees at no charge to the employee. Information regarding this vaccine is provided in the section in this manual on "Hepatitis B Vaccine."

5. ***Post-Exposure Procedures:***

   a. Guidelines for the evaluation of exposure incidents and procedures for follow-up of the incident are addressed in this manual in the section on "Post Exposure Procedures."

   b. Procedures for the maintenance of all required records may be found in the section in this manual on "Exposure Control Recordkeeping."

## EXPOSURE CONTROL PLAN DEFINITIONS

**POLICY:** The Residence shall offer an annual in-service training to familiarize staff should be familiar with those terms used in the policies and procedures for exposure control.

**PROCEDURES:**

1. The following terms are used throughout the exposure control plan. These terms may be defined as follows:

   a. **"Appropriate Personal Protective Equipment (PPE)"** is clothing and/or equipment that does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under conditions of use and for the duration of the time that the equipment will be used.

   b. **"Blood borne Pathogens"** means pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, the Hepatitis B virus (HBV), HIV and MRSA.

   c. **"Contaminated"** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

   d. **"Decontamination"** is the use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is considered safe for handling, use or disposal.

   e. **"Occupational Exposure"** is a reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

   f. **"Potentially Infectious Materials"** include the following human body fluids: semen, vaginal secretions, cerebrospinal fluids, pleural fluid, synovial fluid, pericardia fluid, peritoneal fluid, amniotic fluid, saliva, and any body fluid that is contaminated with blood.

   g. **"Regulated Waste"** refers to mucous, urine, blood, semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological microbiological wastes containing blood or other potentially infectious materials.

h. **"Soiled Laundry"** is laundry that is wet with any body fluid (e.g., urine, feces, vomit, blood, etc.).

i. **"Universal Precautions"** is a concept of care based upon the assumption that all blood and body fluids, and materials that have come in contact with blood or body fluids are potentially infectious. That is, all human blood and certain body fluids are treated as if known to be infectious for HIV, Hepatitis B Vaccine (HBV), or other infectious disease.

## DISPOSAL OF HAZARDOUS WASTE

**POLICY:** Dispose of all hazardous waste at the Residence according to established procedures and applicable regulations.

**PROCEDURES:**

1. The Residence must maintain a contract with a waste management company to dispose of sharps and biohazard containers. These contracts typically contain the following information:

   - Services/supplies included (e.g., red bags, biohazard containers, pick-up of sharps and biohazard container)
   - The cost of the service
   - The frequency of the service (e.g., as needed, quarterly, etc.)
   - How to prepare containers for pick-up

2. The waste management company will supply the biohazard containers that are stored in the soiled laundry room. Use these containers for disposing of any items or materials that are saturated (i.e., dripping) with blood or other bodily fluids, excluding urine, feces, sweat, and tears, unless these fluids contain visible signs of blood.

3. Biohazard containers must be:

   - Closeable and leak proof.
   - Constructed to contain all contents during handling, storage, transport or shipping.
   - Labeled or color-coded in accordance with OSHA regulations.
   - Closed prior to be removal.
   - Placed in a secondary container if outside contamination of the first container occurs.
   - Disposed of in accordance with all applicable regulations.

## HEPATITIS B VACCINE

**POLICY:** Offer all employees the Hepatitis B vaccine at no charge to minimize the risk of infection from the Hepatitis B virus (HBV).

**PROCEDURES:**

1. The Residence must offer a three-injection vaccination series at no charge to all employees who are exposed to blood or other potentially infectious materials as part of their job duties. Offer this vaccine as part of the employee's initial orientation or within ten days from the employee's date of hire.

2. When employees are offered the HBV vaccination, they must complete a Hepatitis B Vaccination Option form, to signify whether they wish to be given the series of injections or decline the vaccine.

3. Refer those employees who wish to have the vaccine series to a healthcare provider designated by the Residence. The employee is responsible for scheduling the required appointments with the Residence's contracted provider.

4. The second injection should be given one month after the first injection was given, and the third injection six months after the initial dose. To ensure immunity, individuals must receive all three injections (more than 90 percent of those vaccinated will develop immunity to the Hepatitis B virus).

5. If an employee initially declines the vaccination series and later wishes to receive the vaccinations, the Residence must provide the series at no charge to the employee. In this case, the employee should complete another Hepatitis B Vaccination Option form.

6. If an employee experiences an incident where he/she may have been exposed to HBV (e.g., a needle stick), he/she must receive a confidential medical evaluation and appropriate follow-up from a licensed health care professional (see the section in this manual on Post-Exposure Procedures).

## POST-EXPOSURE PROCEDURES

**POLICY:** When an employee may have been exposed to HBV, HIV, or another infectious condition, post-exposure follow-up procedures must be followed to assure that the necessary evaluation and treatment is received by the employee.

**PROCEDURES**:

1. An exposure incident is any occurrence that results in the transfer of blood or potentially infectious body fluids to broken skin, including a contaminated needle stick, exposure to mucous membranes, exposure to non-intact skin with large amounts of blood, and/or prolonged contact with blood.

2. If an exposure incident should occur, notify the Administrator and RN of the incident immediately. The exposed employee should complete an Incident Report form, detailing the circumstances of the incident.

3. The Administrator or RN shall have the exposed employee and the source individual sign a Consent Form for the Collection of Blood.

4. If either individual declines to sign a consent form, note the refusal on the form. Document any refusal by a staff member in his/her employee record.

5. The Administrator or RN shall counsel the employee about the incident and the potential risks, and refer the employee for a confidential post-exposure evaluation through a licensed RN or physician at a location designated by the Residence. The Residence will cover the cost of the evaluation. Complete this evaluation as soon as possible, but at least within two days of the incident.

6. The Administrator or RN shall complete an Exposure Incident Documentation form, following all steps outlined on the form.

7. The following information shall be sent to the healthcare professional providing the evaluation:

   - A description of the employee's duties as they relate to the exposure
   - Documentation of the route of exposure and circumstances under which exposure occurred (i.e., a copy of the Exposure Incident Documentation form)
   - Any employee medical records relevant to treatment of the employee, including the employee's vaccination status

8. The healthcare professional performing the evaluation must provide a written opinion regarding the evaluation and any needed follow-up for the employee.

9. Keep copies of the lab results from the exposed employee and source individual in a confidential file in the Administrator's office. Also keep information obtained from the healthcare professional evaluating the employee confidential.

## EXPOSURE CONTROL RECORD KEEPING

**POLICY:** The Residence shall maintain records as required by OSHA, for employees who have occupational exposure and for all training provided on occupational exposure.

**PROCEDURES:**

1. The Administrator is responsible for maintaining the following records for all employees who have occupational exposure:

   - Employee name and social security number
   - Hepatitis B vaccination status (including dates)
   - Results of any examinations, medical testing and follow-up procedures
   - A copy of the healthcare professional's written opinion
   - A copy of the information provided to the healthcare professional

2. Maintain these records for the duration of each employee's employment plus three years.

3. Make medical records available upon request to the subject employee, anyone with written consent of the employee, and OSHA. Disposal of records must be in accordance with OSHA's standard covering access to records.

4. In addition, the Administrator must maintain all records regarding training on exposure control for three years. These records must include:

   - The date of the training session
   - The contents (or a summary) of the training program
   - The trainer's name and qualifications
   - Names and job titles of all persons attending the session

# EMPLOYEE SAFETY

## GENERAL SAFETY RULES

**POLICY:** All employees are expected to perform all work in a safe manner, following all applicable rules and guidelines.

**PROCEDURES:**

1. All staff must be informed that adherence to safety policies and procedures is required by all employees, and that failure by any employee to comply with safety rules will be grounds for corrective action.

2. ***General Safety Procedures:***

   a. Instruct all staff in proper first-aid treatment, the use of fire extinguishers and other emergency procedures, and expectations that these procedures will be followed in the event of an emergency.

   b. Staff should report all unsafe conditions and equipment to their supervisors. Report any accident, injury or illness immediately.

   c. All staff should be aware of potential hazards involving chemicals stored or used in the workplace.

   d. Staff should wear personal protective equipment when required by the nature of the work and the potential exposure.

   e. Staff should always use proper lifting techniques and should never attempt to lift or push an object that is too heavy (notify a supervisor when help is needed to move a heavy object).

   f. Assess the physical capacities of an employee before he/she is assigned to jobs requiring heavy lifting.

   g. Employees should not eat in areas where hazardous chemicals are present.

   h. Hearing protection should be worn in all areas identified as having high noise exposure.

   i. Anyone known to be under the influence of intoxicating liquor or drugs shall not be allowed on the job in that condition

   j. Any behavior that may adversely influence the safety or well-being of employees is prohibited.

### 3. ***Physical Plant:***

a. Keep all exterior paths of exit travel kept free of ice and snow.

b. All aisles and passageways must be at least 36 includes wide; and all means of egress (i.e., exit) must be kept clear and well-lit.

c. All exits must be marked with an exit sign and illuminated by a reliable light source. All exit doors should be side-hinged and kept free of obstruction.

d. Keep all stairways clear. Do not use any areas under stairways that are egress (i.e., exit) routes for the storage of combustibles.

e. Do not store materials and equipment against doors, exits, fire ladders, or fire extinguisher stations and never stack materials in an unstable manner.

f. Ensure that handrails are properly installed and maintained on each side of every stairwell.

g. Ensure that all floor surfaces are level and slip resistant.

### 4. ***Hazardous Materials:***

a. Make all employees aware of the hazards involved with the various chemicals they may be exposed to in their work environment.

b. Keep employee exposure to chemicals in the workplace to a minimum.

c. Compressed gas cylinders (such as oxygen) should not be stored in areas that are exposed to heat sources, electric arc or high temperature lines.

d. Keep flammable or toxic chemicals in closed containers when not in use.

e. Store cleaning solvents and flammable liquids in appropriate containers.

f. Store all hazardous materials that may cause harm by inhalation, ingestion, skin absorption or contact in well-labeled containers.

g. Store cleaning supplies away from edible items on kitchen shelves.

h. Maintenance and other relevant staff must read and follow all warning labels for flammable and combustible liquids, and ensure adequate ventilation when using these materials, including checking to ensure there is no potential ignition source in the vicinity where these materials are used.

i. Store flammable materials such as oil-base paints; paint thinner, stains, glues, and/or varnishes in a non-flammable storage locker that is secure and inaccessible to residents. The following guidelines apply to the use of such lockers:

- Do not store a non-flammable storage locker in a room with a furnace, water heater or any room that might have an open flame.
- Do not store the locker in a hall or open area.
- Do not store the locker in a manner that will obstruct the entrance, exit or block any access panels in the selected storage area.
- Store the locker, whenever possible, in an outside storage room or in a storage room with an outside exit.
- Do not store gasoline in a non-flammable storage locker (or anywhere in the building).

***5. <u>Staff Work Areas:</u>***

a. Maintain all staff work areas in a neat, clean, orderly manner, with trash and refuse placed into proper waste containers.

b. Adequately illuminate all work areas.

c. Ventilation systems in all work areas must be appropriate for the work being performed.

d. Keep all work surfaces dry and take appropriate means to assure that the surfaces are slip-resistant; clean up spilled materials or liquids immediately.

e. Keep the work area around space heaters clear of combustible materials such as drapes or waste from wastebaskets and when possible, use newer heaters that are equipped with tip-over switches.

f. Fans in work areas must have guards that do not allow fingers to be inserted through the mesh (newer fans are equipped with proper guards).

g. If staff uses computers, all furniture should be adjusted, positioned and arranged to minimize strain on all parts of the body.

***6. <u>Electrical:</u>***

a. All electrical work must be completed by a Vermont-licensed electrician.

b. Ensure that all electrical outlets are protects with ground fault circuit interrupters.

c. All contract electrical work must specify compliance with OSHA; all workplace electricians must be familiar with the OSHA Electrical Safety Orders.

d. All employees are required to report as soon as practical any obvious hazard to life or property observed in connection with electrical equipment lines.

e. All electrical equipment or lines are to be serviced, maintained, or adjusted only when necessary switches are opened, locked out and tagged.

f. Maintain sufficient access and working space around all electrical equipment for ready and safe operations and maintenance.

g. Do not use portable electrical equipment or tools that are faulty, worn and/or are not grounded or double insulated.

h. Plug all electrical equipment into appropriate wall receptacles or into an extension of only one cord of similar size and capacity. Multiple plug adapters are prohibited.

i. Use three-pronged plugs for electrical appliances to ensure continuity of ground.

j. All extension cords used should have a grounding conductor.

k. Flexible cords and cables must be free of splices or taps. Flexible cords or cables at plugs, receptacles, tools, and equipment must have clamps or other securing means, including a cord jacket securely in place.

l. All cords, cables and raceway connections must be intact and secure.

m. All cords running into walk areas must be taped down or inserted through rubber protectors to prevent tripping hazards.

n. Report and repair or replace exposed wiring, frayed cords, and/or cords with deteriorated insulation promptly.

o. Maintain appliances such as coffeepots or microwaves in good working order and inspect them on a regular basis for signs of wear, heat or frayed cords.

p. In wet or damp locations, all electrical tools and equipment must be appropriate for the use or location, or be otherwise protected.

q. Determine the location of electrical power lines and cables (overhead, underground, underfloor, and the other side of walls) before digging, drilling or similar work is begun.

r. All metal measuring tapes, ropes, handlines or similar devices with metallic thread woven into the fabric must not be used where they could come into contact with energized parts of equipment or circuit conductors.

s. Label all disconnecting switches and circuit breakers to indicate their use or equipment served.

t. Open all disconnecting means before fuses are replaced.

u. All interior wiring systems must include provisions for grounding metal parts or electrical raceways, equipment and enclosures.

v. Securely fasten all electrical raceways and enclosures in place.

w. Guard against accidental contact of all energized parts of electrical circuits and equipment by approved cabinets and enclosures.

x. Close all unused openings (including conduit knockouts) in electrical enclosures and fittings with appropriate covers, plugs, or plates.

y. Ensure that electrical enclosures such as switches, receptacles, junction boxes have tight-fitting covers or plates.

z. Connecting switches for electrical motors in excess of two horsepower must be capable of opening the circuit when the motor is in a stalled condition without exploding (switches must be horsepower rated equal to or in excess of the motor hp rating).

aa. Low voltage protection must be provided in the control device of motors driving machines or equipment that could cause probable injury from inadvertent starting.

bb. Each motor disconnecting switch or circuit breaker must be located within sight of the motor control device.

cc. Each motor located within sight of its controller or the controller disconnecting means must be capable of being locked in the open position, or must have a separate disconnecting means installed in the circuit within sight of the motor.

dd. The controller for each motor, in excess of two horsepower, rated in horsepower, must be equal to or in excess of the rating of the motor it serves.

ee. Employees must not work alone on energized lines or equipment over 600 volts.

7. ***General Maintenance:***

a. Inspect all mechanized equipment daily or prior to use.

b. Identify the contents of pipelines prior to initiating any work that affects the integrity of the pipe.

c. Ensure that all heating appliances are inspected on an annual basis and are properly maintained.

8. ***Hand Tools and Equipment:***

a. Maintain all hand tools and equipment (both company and employee-owned) in good condition.

b. Recondition or replace all hand tools such as chisels or punches that develop mushroom heads during use.

c. Promptly replace all broken or fractured handles on hammers, axes and similar equipment.

d. Replace all worn or bent wrenches on a regular basis.

e. Use all files and similar tools with appropriate handles.

f. Employees must use glasses, face shields or similar equipment when using hand tools or equipment that might produce flying materials or be subject to breakage and/or when driving hardened or tempered studs or nails.

g. Check all jacks periodically to assure they are in good operating condition.

h. All tool handles must be wedged tightly in the head of all tools.

i. Keep all tool cutting edges sharp so the tool will move smoothly without binding or skipping.

j. Store tools in an appropriate storage area when not in use.

9. ***Portable (Power-Operated) Tools and Equipment:***

a. Any employee using power-operated tools or equipment must follow all instructions for the equipment provided by the manufacturer.

b. Inspect all machinery and equipment on a regular basis and keep them clean and properly maintained.

c. Disconnect all machinery from the power source (locked out) for maintenance, repair or security and during power failures to prevent the automatic starting of the equipment when the power is restored.

d. All manually operated valves and switches controlling the operation of equipment and machines must be clearly identified and readily accessible.

e. All emergency stop buttons must be red.

10. ***Machine Guarding:***

a. All saws, grinders, and similar equipment must have appropriate safety guards recommended by the manufacturer.

b. All portable circular saws must be equipped with guards above and below the base shoe.

c. Check all circular saw guards to ensure they are not wedged up, thus leaving the lower portion of the blade unguarded.

d. All rotating or moving parts of equipment must have guards to prevent physical contact.

e. All cord-connected, electrically operated tools and equipment must be effectively grounded, or of the approved double-insulated type.

f. All equipment such as air compressors, concrete mixers and the like are required to have effective guards in place over belts, pulleys, chains, and sprockets.

g. All portable fans are to have full guards or screens with openings less than one-half inch or less.

h. Check all pneumatic and hydraulic hoses on power-operated tools regularly for deterioration or damage.

11. ***Portable Ladders:***

a. Maintain all ladders in good condition, with the joints between the steps and side rails tight, all hardware and fittings securely attached, and moveable parts operating freely without binding or undue play.

b. Do not use broken ladders (e.g., have missing steps, rungs or cleats and/or have broken side rails).

c. Ladders are required to have the rungs spaced uniformly at 12 inches.

d. All ladders are to have non-slip safety feet and all ladder rungs and steps are to be free of grease and oil.

e. Do not place ladders in front of doors opening toward the ladder except where the door is blocked open, locked or guarded.

f. Do not place ladders on boxes, barrels, or other unstable bases to obtain additional height.

g. Always face the ladder when ascending or descending.

h. Employees should never use the top step of stepladders as a step.

i. All portable metal ladders must be legibly marked with signs reading “CAUTION: Do Not Use Around Electrical Equipment,” and should never be used where they could come into contact with energized parts of equipment, fixtures or circuit conductors.

j. Inspect all metal ladders periodically for damage.

k. Employees must not use ladders as guides, braces, skids, or any other use other than their intended purpose.

l. Employees should only adjust extension ladders while standing at the base of the ladder (not while standing on the ladder or from a position above the ladder).

## GUIDELINES FOR THE USE OF OXYGEN

**POLICY:** All Staff shall mark, transport and store oxygen cylinders according to all applicable regulations.

**PROCEDURES:**

1. Legibly mark all oxygen cylinders to identify the contents of the cylinder by stenciling, stamping, or labeling. The marking must not be readily removable. Whenever practical, the marking should be located on the shoulder of the cylinder. Do not tamper with markings stamped into cylinders.

2. Store oxygen cylinders in locations that are:

   - Well-protected, well-ventilated, and dry
   - At least 20 feet from highly combustible materials such as oil, gas, grease, or any other substance likely to cause or accelerate fire
   - Such that the cylinder(s) will not be damaged by passing or falling objects, or be subject to tampering to by unauthorized persons
   - Away from flame impingement, intense radiant heat, electric arc, or high temperature steam lines (e.g., open flames, heaters, water heaters, boilers, etc.)
   - Away from elevators, stairways or ramps

3. Do NOT store cylinders in unventilated enclosures such as lockers and cupboards.

4. Store and transport oxygen cylinders in a manner that prevents them from tipping, falling or rolling. Do not drop, strike, or permit cylinders to strike each other violently.

5. Never use cylinders as rollers or supports whether full or empty.

6. Store and use cylinders with the valve end up.

7. All cylinders designed to accept valve protection devices must be equipped with such devices when the cylinders are not in use or connected for use. Do not use valve protection devices for lifting cylinders unless they were designed for that purpose.

8. Do not use leaking regulators, cylinder valves, piping systems, apparatus and fittings.

9. Do not tamper with cylinder valves or make any attempt to repair them. If trouble with a valve is experienced, contact the supplier and follow the instructions provided by the supplier.

10. Never use oxygen from a cylinder or cylinder manifold unless a pressure-reducing device intended for use with oxygen, and so marked, is provided.

11. Cylinders not having fixed hand wheels must have keys, handles, or nonadjustable wrenches on valve stems while these cylinders are in service.

12. All portable cylinders used for the storage and shipment of oxygen must be constructed and maintained in accordance with applicable regulations.

## SAFETY COMMITTEE

**POLICY:** The Residence shall have a Safety Committee to facilitate a cooperative interest between management and staff in the reduction of workplace accidents, injuries and illness. *(The development and maintenance of safety committees is not required by Vermont regulation; however, safety committees are usually recommended or required by workers compensation insurance companies).*

**PROCEDURES:**

1. A Safety Committee should actively work to maintain a safe living and working environment at the Residence. The role of the Committee is to:

   - Accept and review input and suggestions from staff members, residents and visitors regarding safety issues.

   - Conduct quarterly safety inspections of the Residence.

   - Recommend ways to eliminate hazards and/or unsafe working conditions.

   - Conduct investigations of all work-related accidents or injuries and suggest changes, based on the results of the investigations, in work or operational practices that might lower the likelihood of future accidents.

   - Suggest in-service training topics to address safety issues.

2. The Safety Committee should be comprised of approximately four staff members. Committee members should represent different functions within the Residence (e.g., administration, food service, maintenance, personal care, etc.). All safety committee members should:

   - Be elected by other staff members or volunteer to serve on the committee. The Administrator cannot ask staff to serve on the committee, although he/she can ask for volunteers during staff meetings or via a memo to all staff.

   - Serve for a term of at least one year, with the length of membership alternated or staggered so at least one experienced member is always serving on the committee.

   - Have been employed by the Residence at least six months before serving on the committee.

3. The members of the Safety Committee should elect a chair of the committee to conduct the meetings. The committee chair should develop a written agenda prior to each meeting that should include “Old Business,” “Recommendations Acted Upon Since Last Meeting,” and “New Business.” Meetings should be conducted as follows:

- Take minutes of each meeting.

- Discuss steps needed to resolve outstanding issues under "Old Business." In addition, report those recommendations made by the committee that have been acted upon since the last meeting.

- Discuss any accident or injury that has occurred since the last committee meeting in "New Business." Committee members should review the completed Incident Report and Accident Investigation Report forms and determine if any further action is needed to minimize the possible that a similar accident would happen in the future (see the section in this manual on Accident Reporting / Prevention).

- Also discuss any safety-related concerns that have risen since the last meeting during the "New Business" portion of the meeting.

4. As appropriate, the Safety Committee will make recommendations to the Administrator who will respond to these recommendations as quickly as possible.

5. Devote one Safety Committee meeting each quarter to a safety inspection of the building and an assessment of the effectiveness of various aspects of the safety program. Also conduct safety inspections when occupational injuries or threats of injury occur and/or when new, previously unidentified security hazards are recognized.

6. During these safety inspections, two members of the committee should conduct a Physical Plant Assessment. During this inspection, the committee members should walk through the Residence, identifying potential safety issues or hazards and noting on the inspection form any recommendations.

7. The remaining two committee members should complete the Program Assessment. During this evaluation, the committee members ensure that all requirements listed on the Program Assessment form have been implemented. As appropriate, committee members also query employees about the areas listed on the form that employees are to be knowledgeable of (e.g., the use of MSDS's, emergency procedures, etc.). Note any improvements needed as recommendations on the form.

8. The Administrator will review the completed safety inspection forms and develop a plan for implementation of the recommendations.

9. Copies of the Safety Committee meeting minutes and Safety Committee Inspection forms should be distributed as follows:

   - Post one copy on the employee bulletin board.
   - Keep one copy in the administrative files for a period of three years from the date of the meeting.
   - Give a copy to each member of the Safety Committee.

## STAFF ACCIDENT REPORTING / PREVENTION

**POLICY:** The Administrator (or designee) shall thoroughly investigate all staff accidents / injuries that occur at the Residence and take appropriate action to prevent similar incidents from occurring.

**PROCEDURES:**

1. When a staff accident or injury occurs, the injured employee should notify his/her supervisor or the Administrator immediately, seek medical treatment if indicated, and complete the appropriate forms for the workers compensation carrier (see the section in the Personnel Policy and Procedure manual on "On-the-Job Injuries").

2. The employee must also complete an Incident Report form as soon as possible after the accident occurred by writing a description of the incident and what action was taken.

3. After reviewing the Incident Report, the Administrator should note under "Future Action to be Taken" section that an Accident Investigation Report will be completed.

4. The Administrator (or designee) shall then complete an accident investigation, interviewing all involved parties regarding the accident to obtain as much information as possible. Determining the underlying cause of the accident is important in preventing similar accidents from happening in the future. Thus, the following questions (as appropriate) should be asked when evaluating the situation:

   ***a. <u>Equipment:</u>***

   - Why was a particular piece of equipment selected? Could a better tool or type of equipment have been used?

   - Where was the equipment located? If stationary, does it impede pedestrian traffic or egress? If portable, was it conveniently located and accessible? Placed in a safe location?

   - Was the equipment used for the purpose for which it was designed and intended? If not, why not?

   - Was the equipment maintained properly? Was maintenance on the equipment scheduled and documented?

   ***b. <u>People:</u>***

   - Did the employee(s) involved in the accident meet the minimum requirements for the position? Was the employee qualified for the job? Was screening effective to select the best candidate? What changes could be made in the selection process?

- Was the employee placed in a job that made the best use of his/her abilities? Was someone else better qualified for the job?

- Was the employee adequately trained? Was there a formal, documented training program? An orientation and training checklist? Was training timely? Were all applicable personnel provided training? Were the trainers adequately prepared? Was refresher training provided as needed and documented?

- Was the employee properly supervised? Did the supervisor follow all company policies and procedures? Did the employee follow all necessary policies and procedures? Was additional supervision needed?

5. After thoroughly investigating the accident, the Administrator (or designee) should complete a Staff Accident Investigation Report form.

6. The Safety Committee should review the completed Accident Investigation Report at the next committee meeting, with any additional suggestions made by the committee noted on the form.

7. The Administrator should ensure that all recommendations made as a result of the accident investigation are implemented as soon as possible and should complete the follow-up section of the form when all appropriate action has been taken.

## HAZARDOUS MATERIALS COMMUNICATION PROGRAM

**POLICY:** The Administrator will inform all employees of any hazardous substances to which they may be exposed by means of a Hazard Materials Communication Program.

**PROCEDURES:**

1. The Administrator is responsible for the Hazardous Materials Communication Program at the Residence. This program applies to any hazardous substance known to be present in the workplace in such a manner that employees may be exposed under normal conditions of use or in a reasonably foreseeable emergency resulting from workplace operations.

2. In this capacity, the Administrator (or designee) must ensure that a Material Data Safety Sheet (MSDS) on each chemical used in the Residencies is obtained from the manufacturer of each product (including combustible or flammable liquids, compressed gasses and all chemicals used for cleaning or maintenance). These sheets provide staff with pertinent information about potential hazards of the products, including:

   - The nature and characteristics of the product
   - How personal protective equipment should be utilized to provide any needed protection when exposed to the product
   - Proper work practices related to the product
   - First-aid procedures for emergencies

3. Obtain an MSDS when any new product is brought into the building and whenever an existing product undergoes a formulation change. If a MSDS is not received with a product, a MSDS must be requested from the manufacturer or supplier of the product within seven days. Notify OSHA if a complete MSDS is not received on a product.

4. Maintain all MSDS's in notebooks dedicated to the hazardous materials communication program. Place the MSDS's in the notebook in alphabetical order by name of the product for easy reference, with a table of contents listing all of the products inserted in the front of the book. Update the table of contents as new MSDS's are added to the notebook. MSDS books must be located in the kitchen, housekeeping storage area and at the front desk/staff work area.

5. All employees must review the MSDS's for all chemicals maintained in the building, and must signify this by signing a statement in the front of the MSDS book located at the front desk/staff work area.

6. The Maintenance Director is responsible for ensuring that the MSDS books remain current (i.e., that MSDS's are received on any new chemical or other hazardous product brought into the workplace and that these MSDS's are placed in the MSDS books). Notify staff of the new chemical via an all-staff memo or during a staff meeting within 30 days of the date the product is brought into the building.

7. All containers containing hazardous chemicals must have warning labels that include the following information:

   - Identification of the hazardous chemicals contained therein
   - The hazards associated with each of the chemicals
   - Necessary personal protective equipment or safe work practices
   - The name and address of the manufacturer or responsible party

   This information should be included on the original label on the container.

8. When secondary containers (e.g., plastic bottles) are used to transfer or store chemicals from primary containers (i.e., those received from the manufacturer or supplier), the secondary container must also be labeled with the information noted in #7.

9. Provide staff training on the hazardous materials communications program during the initial staff orientation and thereafter during periodic in-service training sessions.

10. Include a quality assurance review of the hazardous materials communication program in the quarterly safety inspections conducted by the safety committee. During these surveys, members of the safety committee should:

    - Conduct spot checks to ensure that chemicals are properly labeled
    - Ensure that MSDS's are on file for all chemicals being utilized
    - Randomly survey staff members to determine the level of staff knowledge regarding the hazardous materials communication program

11. Note the results of this inspection on the Safety Committee Inspection form. The Safety Committee should review the results and develop suggestions for any needed areas of improvement.

12. Exclude chemicals or products purchased and/or used by residents from the hazardous materials communication program as long as the products are kept in the original containers. Instruct residents to keep all cleaning products and other chemicals in the original containers and to keep these products locked so they are not accessible to other residents.

13. Inform outside contractors working at the Residence of any hazardous substances to which they may be exposed and precautions that may be taken to lessen the possibility of exposure (i.e., by the use of protective measures).

## WORKPLACE VIOLENCE

**POLICY:** The Residence strives to maintain a work environment free from intimidation, threats or violent acts.

**PROCEDURES:**

1. The Administrator is responsible for maintaining a secure workplace that is free from violence, which may include:

   - A violent act by an assailant with no legitimate relationship to the workplace who enters the workplace to commit a robbery or other criminal act.

   - A violent act or threat of violence by a recipient of a service provided by the Residence such as a resident, resident's family member or vendor.

   - A violent act or threat of violence by a current or former employee or another person who has some employment-related involvement with the Residence, such as an employee's relative or friend, or someone who has a dispute with a current employee.

2. A violent act or threat of violence may include, but is not limited to, intimidating, threatening or hostile behaviors, physical abuse, vandalism, arson, sabotage, carrying weapons of any kind onto the property of the Residence, use of weapons, or any other act that is inappropriate to the workplace.

3. To make the Residence as safe as possible, staff should:

   - Report any suspicious-appearing person(s) or unusual activity to a supervisor or the Administrator.
   - Keep the doors to the Residence locked after dark.
   - Park in spaces close to the entrance to the Residence when arriving or leaving for their scheduled shift when it is dark.
   - Not admit strangers into the building through side or rear entrances, particularly during evening hours. Ask them to enter the building through the main entrance.
   - Ensure that any individuals who try to enter the building after dark when the doors are locked have a valid reason for entering the Residence (e.g., if visiting a resident they should provide the name of the resident). If they are not able to provide a plausible explanation for entering the building, ask them to return the following day.
   - Not let an outside repair person into a resident's apartment unless accompanied by a staff member.
   - Encourage all residents to keep their apartment doors locked when they are not present.
   - Encourage residents to NOT keep valuables or large sums of money in their apartments.
   - Call the police if any unsafe situation occurs.

4. If an employee feels that he/she has been subjected to, or has observed or had knowledge of, any form of workplace violence, he/she should immediately report the incident to the Administrator. The employee should then complete an Incident Report to document the incident.

5. When a serious, immediate threat of violence occurs (e.g., an individual is in possession of a weapon and is threatening the safety of him/herself and/or others) or an actual act of violence occurs, staff should call 911 immediately. Staff should follow all instructions provided by the emergency personnel and remove all residents from the area of danger, if it is possible to do so without endangering themselves, or shelter residents in place when directed to do so by the Administrator and/or law enforcement personnel.

6. When the police arrive, staff should provide any assistance requested. Keep all individuals away from the area of danger and account for all residents. Calm and reassure residents until they can return to their apartments or be taken to another site.

7. If the Administrator is not at the Residence when the incident occurs, staff should contact him/her as soon as possible. Report the situation and follow any additional instructions given.

8. As soon as possible, the Administrator should contact the family member(s) of any affected residents or personnel as appropriate. The staff member(s) directly involved with the incident should complete an Incident Report.

9. The Administrator should thoroughly investigate the incident. Based upon the results, take appropriate action. Such action might include taking disciplinary action against the offender if he/she is a current employee and/or notification of the local enforcement agency (if they are not already involved).

10. If the incident resulted in serious injury or death a report must be made within eight hours to OSHA. Reports can be made during normal business hours by calling 1-800-287-2765 or by contacting a 24 hour toll free Hotline at 1-800-321-OSHA.

## POSSESSION OF FIREARMS BY RESIDENTS

**POLICY:** Firearms are not allowed on the premises of the Residence at any time, unless in the possession of a qualified individual such as a visiting police officer or a night watchman/security guard.

**PROCEDURES:**

1. The Administrator should identify a designated individual(s) or organization(s) that can provide timely assistance should a resident, employee (other than a night watchman/security guard) or visitor bring a firearm onto the premises or the Residence.

2. During a resident's initial assessment inform the resident (or legal representative) that firearms are not allowed in the Residence or on the premises at any time.

3. If possession of firearms is of special significance to a resident or potential resident, the Administrator (or designee) should work with the resident to develop a plan to meet his/her need or preference while still upholding the no-firearms policy. For example, a resident might have his son keep his gun collection if his son agrees that the resident can visit on a regular basis to clean the guns. Incorporate any agreed-upon plan in the resident's Service Plan.

4. If a firearm is found on the Residence premises, the Administrator should contact the individual(s) or organization(s) designated to provide assistance in such situations. Any ammunition in the weapon should be removed, with the firearm secured in the office safe (or another secured location) and the ammunition placed in another location. As appropriate, ask the owner of the firearm to remove the weapon from the building as soon as possible and/or notify the police department of the situation (see the section in this manual on Workplace Violence). If the firearm belongs to a resident or the family member/guest of a resident, document the incident in the resident's Service Notes.

5. Refer to the section in this manual on Workplace Violence if any individual is found to be in possession of a weapon and is threatening the safety of him/her and/or others.

# EMERGENCY PREVENTION

## LIFE SAFETY TRAINING

**POLICY:** The Administrator (or designee) shall ensure that appropriate training is provided for staff and residents on topics related to life safety and emergencies.

**PROCEDURES:**

1. All staff must receive training in safety procedures (e.g., emergency procedures, hazardous materials, etc.) during their initial orientation. In addition, all employees who provide direct care must maintain current certification in first-aid and CPR.

2. Staff will receive and must review the Emergency Handbook on an as-needed basis to become familiar with those procedures to be followed in the case of an emergency (see the section in this manual on Emergency Handbook).

3. The Administrator (or designee) shall hold in-service training sessions at least annually on topics related to life-safety, including infection control/universal precautions and emergency procedures. Document staff attendance at such in-services (see the section in the Personnel Policy and Procedure Manual on Staff Development / Training).

4. Instruct residents on emergency procedures during their orientation to the Residence after move-in and during regularly scheduled fire drills.

5. Regulations mandate that fire drills be conducted at least every other month, with at least two drills each year conducted at night when residents are sleeping. Rotate the timing of the drills so that all staff has the opportunity to participate. For example, one month a drill might be held on day shift, the next month on evening shift, and the following month on night shift. During fire drills the Administrator (or designee) should:

   - Ensure scheduling at designated times and under various circumstances that simulate actual fire conditions.

   - Call the fire alarm monitoring company to notify them that a drill will be held (so they don't contact the fire department when the alarm sounds). *(Some fire departments may also want to be notified; verify the preferred procedures with your local fire marshal).*

   - Set off a fire alarm in a pre-determined location (e.g., by holding a smoking item near an alarm). Include transmission of fire alarm signals throughout the facility.

   - Coordinate the movement of residents to a “safe place” as defined in the Emergency Handbook (depending on the building and your local fire marshal’s policies, this may either be outside the building at least 50 feet from the building, or in a designated area behind fire walls within the building as per a shelter-in-place directive). Encourage all residents to participate in the fire drills.

- Emphasize orderly evacuation (or shelter-in-place procedures) under proper discipline rather than speed.

- Monitor the response to the fire alarm, including the time taken to locate the source of the "fire", to silence the alarm, and to evacuate all residents to a "safe place".

- Reset the alarm system.

- Calm any residents who may be upset by the alarm.

- Call the fire alarm monitoring company with notification that the fire drill has been completed.

- Provide staff with feedback regarding their response to the alarm.

- Document the date and time of each drill and the names of participating staff members.

6. Record appropriate documentation for all fire drills and/or training on a Fire Drill/Training Log, including the time and assistance required for all residents to evacuate (excluding residents who are considered "impractical" and not required to evacuate during drills), including those who are considered "impractical", to evacuate. Also document the number of impractical residents and identify all exits used during the drill.

7. Maintain completed Fire Drill Training Logs in the administrative files.

## FIRE SAFETY EQUIPMENT

**POLICY:** Maintain all fire safety equipment in good working order and inspect the equipment according to applicable regulations.

**PROCEDURES:**

1. The Administrator should maintain a listing of all fire safety equipment inspections, tests and/or certifications required by the state and/or local fire department(s).

2. Questions about the applicable regulations and/or clarification of the requirements should be asked of the fire marshal. Establishing a good working relationship with the local fire marshal and other representatives of the fire department is important.

3. Conduct and document on the Preventative Maintenance Record all required inspections, tests and/or certifications as noted below (see the section in the Maintenance Policy and Procedure manual on Preventative Maintenance).

***Smoke Detectors/ Fire Alarm Systems:***

4. Ensure that smoke and carbon monoxide alarms are properly installed and tested on a regularly scheduled monthly basis.

5. Ensure that fire alarm systems test is conducted on an annual basis and more often if required by a qualified individual or company.

6. When a certified company conducts the required systems test, the company should submit all needed documentation to the appropriate agency. Keep a copy of the inspection paperwork in the administrative files. Document that the service was provided on the Preventative Maintenance Record.

7. Repair any problems with the fire alarm system and/or smoke detectors noted between inspections immediately. The company contracted to conduct inspections of the system may also be able to perform needed maintenance. Otherwise, locate a qualified individual and/or company to perform the needed repairs in a timely manner.

***Fire Sprinkler System:***

8. Ensure that the fire sprinkler system is inspected at least once a year by a qualified company or individual. Maintain a copy of the inspection documentation in the administrative files and document that the inspection occurred on the Preventative Maintenance Record

9. If any problems develop with the sprinkler system, have the needed repairs made immediately.

***Fire Extinguishers:***

10. Maintenance staff should ensure that fully-charged fire extinguishers are kept in all locations designated for fire extinguishers and that all extinguishers are properly labeled according to local fire regulations.

11. All fire extinguishers must also be tested and certified by a company qualified to conduct such tests annually, or as required by the local fire marshal. This company performing the inspection should submit all required documentation to the appropriate agency. Document all fire extinguisher inspections on the Preventative Maintenance Record.

12. Repair or replace any non-functional fire extinguishers as soon as any deficiency is noted.

***Exit Signs:***

13. Exits signs must be checked on a regular basis to ensure that the lighting is in good repair and that there are no broken bulbs.

## FIRE-SAFE FURNISHINGS

**POLICY:** The Administrator shall ensure that all upholstered furniture and mattresses purchased by the Residence meet applicable fire safety standards.

**PROCEDURES:**

1. All mattresses and upholstered furniture purchased by the Residence must meet all State and Federal fire code standards.

2. These regulations do not apply to furnishings purchased by residents for their units or for furnishings purchased prior to the effective date of the code.

## FIRE INSPECTIONS

**POLICY:** Staff must cooperate with fire inspectors during any inspection of the Residence, and should ensure that any identified issues are addressed in a timely manner.

**PROCEDURES:**

1. A good relationship with the local fire department and the State Department of Public Safety, Division of Fire Safety, is essential. The Administrator shall fully cooperate with the local fire marshal and/or his/her representatives during any inspections conducted by the fire department.

2. Be prepared to show documentation of fire safety training (i.e., Fire Drill / Training Logs, staff in-service documentation, etc.) and certified inspection results.

3. The fire marshal's inspection will likely include a walk-through of the building. During this inspection he/she may identify situations (e.g., potential fire hazards or rule violations) which need correcting. He/she may issue an inspection report with any deficiencies noted and required corrective plan of action. Assure the fire inspector that all items will be corrected. File the inspection report in the administrative office.

4. Ensure that all needed actions are completed in a timely manner.

## DISASTER / EMERGENCY PLAN

**POLICY:** The Residence must maintain a pre-established disaster / emergency plan, which must include the location to which the Residence will evacuate if needed and the designated method of transportation, or as appropriate directions for shelter-in-place procedures. All staff should be familiar with this plan and follow the procedures included in the plan in the event of an emergency.

**PROCEDURES:**

1. The Residence must enter into agreements or memorandums of understanding with a location designated as the evacuation site for the Residence and with an agency designated to provide transportation to the evacuation location. These agreements must be reviewed and renewed periodically.

2. The purpose of the Disaster / Emergency Plan is to provide a clear, concise plan of action for employees to follow in the event of an emergency or disaster.

3. All staff must be familiar with the Disaster / Emergency Plan: the established policies and procedures related to fire, evacuation, power outages, hazardous conditions, and/or any other situations that may affect the safety and well-being of residents. Such situations may be externally based (e.g., a severe storm) or internally based (e.g., a fire within the building). Provide staff with this information during their initial orientation and during designated in-services. Provide additional training if the plan is modified and/or when employee's responsibilities change.

4. The Administrator must notify all staff if any changes are made in disaster plans. This notification may occur verbally during a staff meeting or in writing.

5. Procedures for responding to disasters must be maintained in the Emergency Handbook, which must be kept in a location easily accessible to staff (e.g., the front desk).

6. Evacuation maps that clearly identify all Residence exits must be posted in several readily accessible locations throughout the Residence (e.g. in each hallway and in designated common areas) and must be provided to each resident. Evacuation procedures must also be posted in a location(s) that is clearly visible to staff and residents.

7. Fire drills must be practiced in accordance with the State Fire Marshal's requirements (see the section in this manual on Life Safety Training).

8. Seven days of food should be kept available on-site for staff and residents. Food service orders should be placed on a regularly scheduled basis to ensure that this requirement is met.

9. If the Residence must be evacuated, the following guidelines must be adhered to:

- Contact 9-1-1. Inform them of the emergency and tell them that you are calling from an Assisted Living Residence for the elderly (in the case of a telephone outage, attempt to use a cellular phone).

- Notify the Department of Licensing and Protection when the decision to evacuate is made or as soon as practical thereafter.

- If the State-certified Administrator is at the building, he/she should be responsible for directing all other staff as to how and where to evacuate residents. If the State-certified Administrator is not on-site, the RN should be in charge of the evacuation process. In the absence of either professional, a lead Resident Assistant should take charge until the Administrator or RN arrives.

- Refer to the Roster of Residents in the back of the Emergency Handbook for information on those residents needing verbal or physical assistance to evacuate.

- Alert residents to the need for evacuation by going to each apartment. If the disaster has affected the entire building, alert those residents who are able to evacuate without assistance first, followed by those who need assistance in evacuating. If the disaster has only affected one area of the building (e.g., a fire in an apartment) begin the evacuation with that part of the building (e.g., hallway) that has been directly affected.

- Enter each apartment to determine if the resident has already left the apartment. If not, assist the resident to a point of safety.

- Upon exiting each apartment, leave a towel outside the apartment door to indicate that the apartment has been searched and vacated.

- Staff may request assistance from one or more capable residents, family members, or volunteers who may be at the Residence. They may be able to assist by keeping residents together once outside the building, by keeping residents away from danger, and/or by assisting other residents out of the building. **Do not, however, place residents or others in danger by asking for assistance that they are unable to safely provide.**

- Once evacuation has been completed, conduct a head count to ensure that each resident and staff person is accounted for.

- If the Administrator is not on-site, contact him/her at the first opportunity (in case of a telephone outage, attempt to use a cellular phone if possible). If he/she has knowledge of the emergency, the Administrator should also attempt to contact the building, or if able, travel to the facility to assist with emergency procedures.

10. If necessary and as soon as possible, contact all off-duty staff and ask them to report to work. All staff must make every effort to report in as soon as possible

11. If needed, make arrangements to shelter residents until it is safe for them to return to their apartments. The Administrator (or designee) will attempt to contact residents' family members to assist in relocation to a safe area. Residents who are unable to be relocated with family or friends should be evacuated either by staff or emergency personnel to the location specified in the Emergency Handbook. Residents should stay at this location until they are able to return to the Residence or other shelter arrangements have been made.

12. When all residents have been evacuated from the building, staff should gather at a location designated by the Administrator (or designee) to receive further instruction.

13. If possible, staff should:

    - Transfer all necessary resident medications to the evacuation site and/or other designated location(s).

    - Turn off appliances and gas in the main kitchen and in the activity room (if it includes a kitchen).

    - Transport all available food and water if necessary to the evacuation site and/or designated locations.

14. In the event of a community-wide disaster, the Residence may receive casualties that do not require specialized medical attention. Incorporate help to these individuals into the assistance provided to residents (e.g., preparation of food). Make a list of all non-resident disaster victims who receive assistance at the Residence.

15. After all residents and/or Residence disaster victims have been attended to, make every effort to protect Residence property and records, unless doing so would jeopardize the safety of any individual.

16. Prepare food and snacks as conditions allow for residents, staff and Residence disaster victims. Contact local merchants and/or wholesalers if necessary to obtain additional food supplies.

17. Continue to provide assistance as needed to residents, staff and/or Residence disaster victims.

17. Monitor residents, staff and Residence disaster victims for signs of distress and provide emotional support and counseling if needed.

18. Contact the families/significant other(s) of residents, staff and Residence disaster victims as soon as possible to provide information about the status of the situation.

19. Monitor the condition of the building and grounds to ensure the safety of all individuals.

20. Document in residents' Service Notes and/or staff personnel records any injuries or other significant incidents, and notifies the Department of Licensing and Protection of the incident within 24 hours.

## FIRE EMERGENCY PLANS

**POLICY:** Follow established procedures when a fire alarm sounds to ensure the safety of residents and protect property to the extent possible. (*These procedures should be modified based upon guidelines provided by each Residence's local fire marshal).*

**PROCEDURES:**

1. When a fire alarm sounds, staff should first go to the fire alarm panel to determine the location of the alarm.

2. Staff shall call 911 to report the fire to the fire department (the alarm should have been automatically reported through the alarm response system but staff should also report the fire directly as a cautionary measure). Inform the fire department of the location of the alarm (i.e., zone of the activation) and a summary of the situation.

3. If possible, a staff member should be available at the front door when the fire department arrives to brief the emergency personnel of the situation (e.g., location of the fire, nature or cause of the fire if known, number of residents still in the building, etc.).

4. If the situation involves smoke or fire, first assure the safety of any resident or other individual who might be in immediate danger by assisting them from the area of the fire to an area behind fire doors.

5. Use the nearest fire extinguisher(s) to control any flames or smoke if this can be done safely. Upon arrival at the point of activation, feel the door (if closed) with the back of the hand to determine if it is hot. If the door is hot, DO NOT ENTER. If it is not hot, open the door a crack to determine if smoke is coming from the room. If the area is smoky, close the door. DO NOT ENTER! In such a case, wait for the fire department to arrive. If a small and confined fire is discovered, try to extinguish the fire with a fire extinguisher(s).

6. Begin evacuating residents to a "safe place" as defined in the Emergency Handbook (depending on the building, this may either be outside 50 feet from the building or in a designated area behind fire walls within the building). Follow the evacuation procedures outlined in the Disaster / Emergency Procedures section of this manual.

7. In the event that fire or water threatens essential records <u>and</u> safety will not be threatened, collect and store the following in a secure area:

   - Any cash, checks, or ledgers
   - Resident valuables
   - Personnel and resident records
   - Any other necessary documents

8. Once the fire has been extinguished, open any windows in the immediate area and/or use any means possible to clear the air of smoke. Staff and residents must stay away from the fire area until the smoke has cleared.

9. Reset the fire alarm system. The system will not reset until all smoke has been cleared from the area.

10. Begin cleaning up any affected area as soon as it safe to do so. Affected residents must be relocated to another area until the clean up has been completed.

11. When a fire occurs, regardless of size or damage, the Division of Licensing and Protection and the Division of Fire Safety must be notified within twenty-four (24) hours. A written report must be submitted to both departments within seventy-two (72) hours. A copy of the report shall be kept on file.

12. Investigate the cause of the fire and take any needed follow-up so the situation does not re-occur.

## INCLEMENT WEATHER

**POLICY:** Staff shall follow established procedures when inclement weather occurs to ensure the continued provision of needed services to residents.

**PROCEDURES:**

1. Staff must call the Administrator (or designee) when they first know they may have difficulty arriving on time for scheduled shifts because of inclement weather. Staff should inform the Administrator (or designee) of their estimated times of arrival.

2. If staff is unable to travel because of weather conditions, they should be encouraged to use other available travel sources (e.g., public transportation) even though this may delay their arrival to work.

3. The Administrator (or designee) should assess the scope of the problem associated with travel and adjust staffing and assignments accordingly. Staff may be assigned to tasks not usually within their job descriptions.

4. The Administrator (or designee) may authorize special transportation (e.g., taxi service) for key staff. All scheduled staff members unable to travel due to weather must remain available and on call until released by the Administrator (or designee).

5. Staff may be required to work over their normal shifts during inclement weather to maintain adequate staffing to meet resident needs. All staff requested to work overtime shall be compensated according to the overtime policy (see the Personnel Policy and Procedure Manual).

6. All Resident Assistants on duty must be asked to stay at the building until their replacements arrive. Food service staff must stay at the building until their replacements arrive or until the last meal of the day has been served.

7. Staff unable to leave the Residence due to inclement weather will not be compensated for the time after their shift ends unless they have been specifically requested to work. Arrangements for food and sleeping accommodations for these staff members may be made by the Administrator (or designee).

8. If the building is short staffed due to inclement weather, staff shall provide residents with needed assistance according to the following priority:

    - Assistance with medications and/or treatments

- Assistance with incontinence care
- Assistance with dressing and bed-time preparations
- Other personal care services as time allows.

9. The safety of the residents and staff should be considered and addressed throughout periods of inclement weather. Walkways and the entry road to the building must be cleared or sanded if necessary.

10. Staff should provide routine housekeeping services for the common areas and resident apartments as time permits during the emergency.

11. Three meals a day must be provided at regular times to residents, although a modified menu may be used during staffing and/or food shortages.

12. The Administrator (or designee) must report to work during any emergency period, even if delayed in getting to the building. He/she should notify staff of expected arrival time if a delay is unavoidable due to inclement weather.

13. The Administrator (or designee) must be available by phone or pager to give direction to other staff regarding authorization of emergency transportation approval, overtime or overnight accommodations.

14. The Division of Licensing and Protection must be provided with a written report within 72 hours of any breakdown or cessation of the physical plant main services such as water supply, plumbing, heat, etc., that disrupts the normal course of operations.

# MAINTENANCE

# POLICY & PROCEDURE MANUAL

## USE OF THIS MANUAL

This manual has been developed as part of a set of sample policy and procedure manuals for use by Vermont Assisted Living Residences. Users of the manual are encouraged to develop facility-specific policies and procedures, and thus may modify this manual to best meet the needs of each Residence. All use of the manual, however, is subject to the End-User License Agreement provided by Vista Senior Living, Inc., on the web site for the Vermont Department of Aging and Independent Living (www.dail.vermont.gov).

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## BUILDING ORIENTATION

**POLICY:** Designated staff members shall be familiar with the building and all building systems to provide appropriate maintenance and to respond appropriately in the event of an emergency.

**PROCEDURES:**

1. A full set of blue prints and "as built" architectural information should be maintained at the Residence in the administrative offices. These plans should be readily accessible in case there are questions about the building, major repairs are needed, and/or remodeling is done. The Maintenance Director should be familiar with the building plans.

2. Do not take blue prints out of the Residence. If the need to do so should arise, have the person removing the plans sign for their removal and return.

3. Keep instruction manuals and warranty materials on all equipment, furnishings, etc. in the administrative offices.

4. Conduct an orientation to all building systems on an as-needed basis with appropriate personnel:

   - The Maintenance Director and Administrator (or designee) shall receive an orientation to all systems in the Residence by the building contractor after construction of the building has been completed.

   - Before the Maintenance Director leaves his/her position, he/she shall orient the new employee to the building whenever possible. If this is not possible, the Administrator (or designee) shall provide an orientation to the new Maintenance Director.

   - The Maintenance Director shall provide a new Administrator with an orientation to the building.

5. Building orientations must address all of the items listed on the Building Orientation form, with the training documented on the form. Keep a copy of the completed form in the personnel file of each individual receiving the orientation.

## MAINTENANCE WORK AREA / SUPPLIES

**POLICY:** The Maintenance Director is responsible for ensuring that the maintenance work area and maintenance supplies are maintained in a safe, efficient and cost-effective manner.

**PROCEDURE:**

1. The Maintenance Director will maintain his/her work area in a clean and safe manner, following all safety procedures outlined in the section on "General Safety Guidelines" in this manual.

2. The Maintenance Director will keep a Material Data Safety Sheet (MSDS) on all chemicals and hazardous materials used in the building (e.g., paint, caulking, cleaning products, lubricants, etc.). Product manufacturers supply these sheets. Keep the sheets in MSDS books in the housekeeping closet, in the kitchen, and in the maintenance work area.

3. The Maintenance Director will review the MSDS books on at least a quarterly basis to ensure that Material Safety Data Sheets are maintained on all chemicals used in the building (see the Life Safety Policy and Procedure Manual).

4. The Maintenance Director should ensure that sufficient maintenance supplies are maintained so as to be readily available if needed. At a minimum, the following supplies/equipment should be maintained:

   - Various sizes of nails
   - Screws
   - Lock lubricant (graphite)
   - WD-40 (or an equivalent product)
   - Caulking (tub and tile)
   - Paint (in those colors used on the interior and exterior of the building)
   - Painting equipment (brushes, rollers, etc.)
   - Light bulbs (in appropriate wattages and types)
   - Extension cord
   - Six-foot ladder
   - Hand truck
   - Rake
   - Shovel
   - Hammer
   - Tool Box

5. The Maintenance Director should conduct an inventory of all supplies on a regular basis with purchases made as needed.

6. The Maintenance Director is responsible for tracking all maintenance-related costs and ensuring that these costs stay within the budgetary guidelines set for the Residence. He/she should review the actual maintenance-related costs and variance from the budget on at least a monthly basis.

## OUTSIDE CONTRACTORS

**POLICY**: The Assistance Living Residence will use outside contractors when appropriate, following established procedures for the bidding and oversight process.

**PROCEDURES:**

1. Although the Maintenance Director typically performs most of the maintenance-related tasks needed at the Residence, use outside contractors to supplement his/her efforts when appropriate. The use of outside vendors should be considered in the following situations:

   - The task requires specialized skills and/or equipment (e.g., pest control, the repair or refrigeration units, etc.)

   - The task requires licensed or certified trades persons (e.g., fire equipment testing and/or elevator maintenance)

   - The task can be done more cost effectively with an outside vendor (e.g., landscape maintenance is often less expensive when done by outside contractors)

2. Before establishing a contract with an outside vendor, the Maintenance Director, Administrator, or other designated staff member will obtain bids from several vendors.

3. All outside contractors must carry appropriate worker's compensation and liability insurance. Keep verification of insurance coverage with the vendor's contract in the administrative offices.

4. Typically, do not establish contracts with outside vendors who are related to employees of the Residence. However, if the relationship is disclosed during the bidding process and the individual offers the best price, quality, and/or service, such a contract is not prohibited.

5. Keep a copy of all outside contracts in the administrative offices in a file or binder labeled "Outside Contractors."

6. Remember that some services (repair and/or maintenance) are covered under warranty or are the responsibility of public utilities and are thus provided at no charge by the utility. Ensure that a needed service is not a covered service before contracting with an outside vendor.

## PEST CONTROL

**POLICY:** Conduct pest control by an outside vendor on a routine basis to maintain the Residence in a safe and sanitary condition.

**PROCEDURES:**

1. Perform pest control on a consistent basis to ensure that the building is maintained in a pest-free condition.

2. Maintain a contract with a pest-control vendor to ensure routine servicing on at least a quarterly basis with additional service provided on an as-needed basis.

3. If pest control spraying is to be performed in a resident's apartment, the resident shall be notified in advance, with the notification documented in the resident's Service Notes.

4. Keep records of all pest control servicing in the administrative offices.

## MAINTENANCE OF KITCHEN EQUIPMENT

**POLICY:** Maintain all major kitchen equipment in good working condition by ensuring regularly scheduled and as-needed servicing.

**PROCEDURES:**

1. Perform regularly scheduled maintenance and cleaning on kitchen equipment (freezers, stoves, coolers, etc.) on a regular basis. Either the Maintenance Director or an outside contractor should:

   - Clean the small grease traps located in the kitchen on a routine basis (approximately four times a year)

   - Clean the large exterior grease traps twice a year

   - Clean the kitchen hood on an annual basis.

   - Provide maintenance on all equipment on an as-needed basis to ensure the equipment is maintained in good working condition.

2. In addition, inspect and test the kitchen hood system on an annual basis (typically by the vendor that inspects the fire alarm system). See the section in this manual on Building and Equipment Inspections for additional information.

3. When outside contractors are used, keep copies of all contracts in the administrative offices at the Residence (see the section in this manual on Outside Contractors).

4. Routine cleaning of kitchen equipment should be conducted on a regular basis by the food service staff.

## LANDSCAPE MAINTENANCE

**POLICY:** The Maintenance Director is responsible for ensuring that the grounds of the Residence are maintained in a safe and attractive manner.

**PROCEDURES:**

1. Landscape maintenance may be performed either by the Maintenance Director or by an outside contractor, with the prior approval of the Administrator. The Maintenance Director should ensure that all costs for landscape maintenance are kept within the budgetary guidelines set for the Residence.

2. The following landscape maintenance tasks should be performed on an as-needed basis:

   - Mowing and edging
   - Blowing grass clippings off of walkways and driveways
   - Weeding
   - Fertilizing
   - Pruning small trees and shrubs

3. Water the grounds on a regular, as-needed basis to ensure that all areas are maintained in good condition.

4. The sprinkler system should be shut down and winterized in the fall and re-started in the spring, with documentation made on the Preventative Maintenance Record (see the section in this manual on Preventative Maintenance).

## EQUIPMENT INSPECTIONS

**POLICY:** The Maintenance Director is responsible for ensuring that all required inspections for the building and equipment are completed in a timely manner, and that all procedures established by the Vermont Division of Fire / Safety are followed.

**PROCEDURES:**

1. The Maintenance Director shall ensure that required inspections are performed at regular intervals by licensed vendors in accordance with state and/or local regulations. Contracts shall be maintained with appropriate vendors to ensure that the following inspections are conducted as needed/required:

   - Test the fire protection sprinkler system annually, including an alarm test, a trip test (if it is a dry system) and a test of the supervisory switches.

   - Clean and test the kitchen hood system twice a year, with all alarms and linkage tested to ensure that it is working correctly.

   - Inspect fire extinguishers annually and tag them accordingly (the extinguishers shall be checked monthly by the Maintenance Director with the tag initialed and dated).

   - Test the fire alarm system at least annually with all components inspected to ensure proper operation.

   - Conduct back flow test inspections annually on the residential line and irrigation system lines.

   - Inspect elevators on an annual basis (if applicable).

   - Inspect the back-up generator on at least an annual basis (if applicable).

2. Outside vendors must provide the Maintenance Director or Administrator with reports of all inspections conducted. Keep these reports in the administrative files (proof of completed inspections may need to be provided to the fire marshal or other licensing authority).

3. The Maintenance Director will document all completed inspections on the Preventative Maintenance Record (see the section in this manual on Preventative Maintenance).

## BUILDING INSPECTIONS

**POLICY:** The Administrator shall ensure that routine building inspections are conducted on a monthly basis to identify potential problems and perform any required maintenance.

**PROCEDURES:**

1. The Administrator (or designee) should conduct monthly building inspections to ensure that the building and grounds are maintained in a safe, orderly and aesthetically pleasing manner.

2. When conducting a building inspection, the Administrator (or designee) shall refer to the Building Inspection form and document any areas needing attention on this form. The following items should be evaluated as part of the building inspection:

   In all Areas:

   - Are all floor surfaces level and slip resistant?
   - Is carpeting and/or flooring (particularly around the edges, corners and baseboards) clean and in good condition?
   - Do walls need to be cleaned, repaired, and/or painted?
   - Is the ceiling discolored, cracked and/or dirty?
   - Do windows need to be cleaned and/or repaired?
   - Does any wood trim need to be cleaned, repaired and/or refinished?
   - Do window coverings need to be cleaned, repaired and/or replaced?
   - Are light fixtures clean and working properly?
   - Are doors and hardware in good condition and free of marks?
   - Is there any evidence of pests (e.g., ants, spiders, roaches, and/or mice)?
   - Do sinks and/or toilets in public bathrooms need to be cleaned and/or repaired?
   - Is all furniture clean and in good repair?

   In all storage areas:

   - Are supplies stored in an organized and orderly manner?
   - Are any items closer than 18” from the ceiling?
   - Are heavier items stored on the middle shelves?
   - In residence storage areas, are there any items in storage that belong to residents who have moved out?
   - Are all floor surfaces level and slip resistant?

   In Laundry and Soiled Laundry Rooms:

   - Do the washer, dryer and/or hopper need to be cleaned and/or repaired?
   - Are the laundry barrels properly marked and covered?
   - Do any laundry barrels need to be cleaned and/or replaced?

- Is dirty laundry stored properly? (See the Housekeeping/Laundry Policy & Procedure manual for proper storage of dirty laundry.)
- Are chemicals labeled appropriately and kept in a locked area?
- Is the area behind the washers and dryers clean?
- Are all floor surfaces level and slip resistant?
- Are the dryer vents free of lint?

In all Hallways:

- Does the hand railing need to be cleaned, refinished and/or repaired?
- Are apartment name plaques clean and in good repair?
- Are all floor surfaces level and slip resistant?

In the Beauty/Barber Shop:

- Are supplies/equipment appropriately stored and labeled?
- Does all equipment appear to be clean and in good repair?
- Are all floor surfaces level and slip resistant?

In the Kitchen:

- Do floor drains need to be cleaned and/or repaired?
- Does any equipment need to be cleaned?
- Do counter tops and/or sinks need to be cleaned and/or repaired?
- Are trash containers covered?
- Are the mop and bucket used exclusively in the kitchen rinsed and clean?
- Are all chemicals labeled and stored properly?
- Are all floor surfaces level and slip resistant?

In the Staff Break Room:

- Are the counter tops and sink clean, orderly, and in good repair?
- Do the table and/or chairs need to be cleaned and/or repaired?
- Are all floor surfaces level and slip resistant?

In the Maintenance Storage/Work Area:

- Does any equipment need to be cleaned and/or repaired?
- Are all hazardous materials properly labeled and stored?
- Is the flammable storage locker appropriately locked, labeled and stored?
- Are all floor surfaces level and slip resistant?

In the Electrical / Mechanical Rooms:

- Are any items stored in front of the electrical panels?
- Are all circuit breakers labeled?

- Are the water heaters clean, in good repair and reading the proper temperature?
- Is the fire alarm system panel properly labeled, clean and easily accessible?

Gutters and Drain Pipes:

- Do any gutters and/or drainpipes have damaged areas that need to be repaired?
- Do the gutters need to be cleaned? (Gutters should be cleaned every six months.)

In the Trash/Recycling Area(s):

- Does the screening fence and/or gate need to repaired and/or painted?
- Is the area surrounding the trash container free of trash, odors and pests?

Building Exterior:

- Is the exterior of the building clean and in good repair?
- Do any windows and/or screens need to be cleaned and/or repaired?
- Are there screens on all windows?
- Do the vents and/or grills on air-conditioning units need to be cleaned?
- Do any air conditioners make unusual sounds?
- Is the security system working properly?

Grounds:

- Are trees and shrubs well maintained?
- Are the garden beds well groomed and weed free?
- Do all sprinklers appear to be working properly?
- Is the lawn mowed and well-maintained?
- Do any parking strips and/or handicap markings need to be repainted?
- Is the sidewalk clean and free of cracks?
- Is outside furniture and/or equipment clean and in good repair?
- If needed, are outside furniture and/or equipment stored away from the weather?
- Do any outdoor lighting fixtures need to be cleaned and/or repaired?
- Does any fencing and/or gates need to be cleaned and/or repaired?

3. After completing the building inspection, the Administrator (or designee) will give the Building Inspection form (with all cleaning and repair needs noted) to the Maintenance Director. The Maintenance Director shall then review the form and perform the needed tasks as soon as possible. These tasks should be noted in the "Action Taken" section of the form.

4. Some of the identified tasks may not be appropriate for the Maintenance Director to perform (i.e., the services of an outside contractor may be needed) and/or may not be able to be accomplished immediately (e.g., painting the exterior of the building). The Maintenance Director should note these tasks in the "Items Needing Further Action" section at the end of the Building Inspection form.

5. The Maintenance Director should sign and date the Building Inspection form and give the form to the Administrator, reviewing with the Administrator any action steps still needed. The Administrator should then review the completed Building Inspection form and inspect the work performed as appropriate, and if the work meets with his/her approval, sign and date the form.

6. The Maintenance Director should, with the approval of the Administrator as appropriate, take steps to address outstanding needs (e.g., obtaining bids, scheduling outside contractors, etc.).

7. The Administrator should transfer any items outstanding on the current month's Building Inspection form onto the next month's inspection form as items needing repair. On the current form write "transferred to next month's form" in the "Action Taken" column.

8. Keep completed Building Inspection forms in the administrative offices.

## APARTMENT MAINTENANCE

**POLICY:** The Maintenance Director shall inspect and restore to good condition all apartments when they are vacated.

**PROCEDURES:**

1. When a resident's apartment is vacated, the Administrator (or designee) should initiate the cleaning and repair of the apartment by noting the apartment number and date of expected move-in at the top of an Apartment Maintenance Checklist form. Give this form to the Maintenance Director.

2. The Maintenance Director should inspect the apartment for any maintenance, repair and heavy-duty cleaning needs, using the Maintenance Tasks listed on the Apartment Maintenance Checklist as a guide. Any needs noted should be documented on the form on the appropriate blank under "Repairs Needed". An "n/a" (for not applicable) should be placed on the blanks for categories in which no work is needed.

3. If damage in the apartment is beyond normal wear and tear, the Maintenance Director shall review the needed work and estimated cost with the Administrator (or designee). Calculate any cost over that typically expended to make repairs to an apartment, and take pictures to document the damage caused by the residence. Follow procedures to bill the resident for the cost of the damages.

4. The Maintenance Director should then make any needed repairs, or make arrangements for same including either the cleaning or replacement of the carpet. Write the date each repair was completed in the "Date Completed" column and sign the form.

5. When all needed repairs have been made, the Maintenance Director should keep the pink copy for his/her records and give the other two copies of the checklist to the housekeeping staff as notification that the apartment is ready to be cleaned.

6. The apartment will be thoroughly cleaned by the housekeeper, using the Apartment Maintenance Checklist as a guide. When the cleaning has been completed, the housekeeper should sign the Apartment Maintenance Checklist and give the white copy of the form to the Administrator (or designee).

7. The Administrator (or designee) shall then inspect the apartment to ensure that it is ready for move-in. Any items still needing attention should be remedied by the Maintenance Director or housekeeper as appropriate. The Administrator (or designee) should sign and date the form after all items have been approved and initialed.

## APARTMENT REPAIR AND REPLACEMENT

**POLICY:** The Maintenance Director shall follow a repair and replacement schedule for residents' apartments and document all items repaired or replaced.

**PROCEDURES:**

**Drapes/Blinds and Carpets**:

1. Follow a replacement schedule for window coverings and carpet in residents' apartments, as outlined below:

   - Replace drapes or blinds every five years or as needed upon move-out.

   - Replace carpet in apartments every seven years or as needed upon move-out.

   If drapes, blinds or carpet need to be replaced sooner due to residence misuse, charging the cost of the replacement to the resident may be appropriate.

**Painting:**

2. Either spot-paint or completely re-paint apartments between residents. Repaint using the original color with washable latex paint. If an apartment needs to be repainted while occupied by a resident as a result of resident misuse, charge the resident for the cost of painting.

**Repair and Replacement Record:**

3. Keep a record of all repairs and replacements made in resident apartments on an Apartment Maintenance Record. Keep an Apartment Maintenance Record for each apartment to ensure a consistent and comprehensive record of all repairs and maintenance is performed in each apartment over the life of the building. Note the indicated information on the form when the work is performed.

## MAINTENANCE WORK ORDERS

**POLICY:** The Maintenance Director shall respond to all maintenance requests in a prompt and efficient manner and keep a record of all work performed.

**PROCEDURES:**

1. Employees may initiate a maintenance request by completing a Maintenance Request form (i.e., noting the person requesting the order, the date of the request, the location of the needed repair, and a brief description of the work needed) and place maintenance requests in the Maintenance Director's in-box, with the pink copy of the form placed in a Maintenance Request file or binder at the front desk.

2. The Maintenance Director should review all work requests received, prioritize the requests if needed, and schedule the tasks to be performed. Whenever possible, the maintenance requests will be completed within 24 hours from the date of the request. If a longer time frame will be necessary, notify staff and residents (as appropriate) of the delay and when the work will be completed

3. The Maintenance Director shall determine whether requested repairs are not covered by any warranties or outside vendor contracts, and take appropriate action to complete the repairs.

4. After completing the requested work, the Maintenance Director should complete the "Action Taken" portion of the form. If the repair was made in a resident's apartment, the yellow copy of the form should be left in the apartment to notify the resident the work was completed.

5. If additional work is needed before the task is complete, the Maintenance Director should complete the "Further Action Required" portion of the form.

6. The Maintenance Director should then route the white copy of the form to the Administrator (or designee) for review and the Administrator (or designee) should sign and date the form. Place the form in the Maintenance Request file or binder (replacing the pink copy of the form). The Maintenance Director may keep the pink copy for his/her records if desired.

7. If a repair is made to an apartment (e.g., repair of a microwave, HVAC system, etc.), documentation of the repair must also be made on the Apartment Maintenance Record for that particular apartment (see the section in this manual on Apartment Repair and Replacement).

8. If a repair required in a resident's apartment is the result of damage that is above normal wear and tear (e.g., from misuse, inappropriate behavior, etc.), charge the cost incurred in the repair to the resident.

9. A resident cannot alter an apartment without the prior written approval of the Administrator (or designee). If a resident wants to wallpaper, paint, install carpet, change the lighting fixtures, or make any type of structural change, prior written approval must be obtained from the Administrator (or designee). A resident (or legal representative) is responsible for restoring the apartment to its original condition at the time he/she moves out of the Residence. Document resident requests to modify the apartment in his/her Administrative file, along with the response given to the resident.

## PREVENTATIVE MAINTENANCE

**POLICY:** The Maintenance Director will ensure that all preventative maintenance tasks are performed according to a regular schedule to maintain the building and equipment in a safe manner and to extend the life of the property.

**PROCEDURES:**

1. The Maintenance Director will use the Preventative Maintenance Record to track and record all routine maintenance that is needed and performed at the Residence. The form specifies the frequency of all needed maintenance tasks and whether the task would typically be performed by an outside contractor or by the Maintenance Director.

2. As preventative maintenance tasks are performed, the date of completion should be indicated in the column for the appropriate month on the Preventative Maintenance Record. The Maintenance Director should review the Preventative Maintenance Record on at least a monthly basis to ensure that all required tasks are completed in a timely manner.

3. When an outside vendor completes tasks, documentation of the service must be provided to the Administrator (or designee) and kept in the administrative files. The Maintenance Director is responsible for ensuring that all tasks requiring an outside contractor are completed according to the schedule on the Preventative Maintenance Record.

4. The Preventative Maintenance Record should be reviewed and initialed by the Administrator (or designee) on a monthly basis.

## MAINTENANCE ON THE RESIDENCE VAN

**POLICY:** The Maintenance Director is responsible for ensuring the safe functioning of Residence vans, if the Residence has vans for use in transporting residences. S/he will ensure that preventative maintenance is performed on the van on a regular basis and address any maintenance problems in a timely manner.

**PROCEDURES:**

1. The Maintenance Director should ensure that preventative maintenance on the Residence van (e.g., oil changes, tune ups, etc.) is performed on a regular basis, according to the schedule recommended by the manufacturer of the van.

2. Staff will report any difficulties with the van to the Maintenance Director as soon as possible by the completion of a Maintenance Request form (see the section in this manual on Maintenance Requests). The Maintenance Director should ensure that the repairs are addressed in a timely manner.

3. Keep maintenance records in the glove box of the van for ready accessibility if needed.

## SAFETY GUIDELINES

**POLICY:** All staff shall follow procedures to ensure a safe working environment while performing maintenance-related tasks and staff should never undertake any repair for which they are not qualified or trained.

**PROCEDURES:**

1. Maintenance personnel must become familiar with and adhere at all times to the following safety rules (see the Safety Policy and Procedure Manual for additional safety guidelines).

2. General Safety Procedures:

   a. Instruct all staff in proper first-aid treatment, the use of fire extinguishers and other emergency procedures, and expectations that these procedures will be followed in the event of an emergency.

   b. Staff should report all unsafe conditions and equipment to their supervisors. Report any accident, injury or illness immediately.

   c. All staff should be aware of potential hazards involving chemicals stored or used in the workplace.

   d. Staff should wear personal protective equipment when required by the nature of the work and the potential exposure.

   e. Staff should always use proper lifting techniques and should never attempt to lift or push an object that is too heavy (notify a supervisor when help is needed to move a heavy object).

   f. Assess the physical capacities of an employee before he/she is assigned to jobs requiring heavy lifting.

   g. Employees should not eat in areas where hazardous chemicals are present.

   h. Hearing protection should be worn in all areas identified as having high noise exposure.

   i. Anyone known to be under the influence of liquor or drugs shall not be allowed on the job in that condition.

   j. Behavior that may adversely influence the safety or well-being of other employees or residents is prohibited.

3. Physical Plant:

a. Keep all exterior paths of exit travel kept free of ice and snow.

b. All aisles and passageways must be at least 36 includes wide and all means of egress (i.e., exit) must be kept clear and well-lit.

c. All exits must be marked with an exit sign and illuminated by a reliable light source. All exit doors should be side-hinged and kept free of obstruction.

d. Keep all stairways clear. Do not use any areas under stairways that are egress (i.e., exit) routes for the storage of combustibles.

e. Do not store materials and equipment against doors, exits, fire ladders, or fire extinguisher stations and never stack materials in an unstable manner.

f. Ensure that handrails are properly installed and maintained on each side of every stairwell.

g. Ensure that all floor surfaces are level and slip resistant.

4. Hazardous Materials:

a. Inform all employees of the hazards involved with the various chemicals they may be exposed to in their work environment.

b. Keep employee exposure to chemicals in the workplace to a minimum.

c. Compressed gas cylinders (such as oxygen) should not be stored in areas that are exposed to heat sources, electric arc or high temperature lines.

d. Keep flammable or toxic chemicals in closed containers when not in use.

e. Store cleaning solvents and flammable liquids in appropriate containers.

f. Store all hazardous materials that may cause harm by inhalation, ingestion, skin absorption or contact in well-labeled containers.

g. Store cleaning supplies away from edible items on kitchen shelves.

h. Maintenance and other relevant staff must read and follow all warning labels for flammable and combustible liquids, and ensure that there is adequate ventilation and no potential ignition source in the area that these materials are used.

i. Store flammable materials such as oil-base paints; paint thinner, stains, glues, and/or varnishes in a non-flammable storage locker that is secure and inaccessible to residents. The following guidelines apply to the use of such lockers:

- Do not store a non-flammable storage locker in a room with a furnace, water heater or any room that might have an open flame.
- Do not store the locker in a hall or open area.
- Do not store the locker in a manner that will obstruct the entrance, exit or block any access panels in the selected storage area.
- Store the locker, whenever possible, in an outside storage room or in a storage room with an outside exit.
- Do not store gasoline in a non-flammable storage locker (or anywhere in the building).

5. Staff Work Areas:

a. Maintain all staff work areas in a neat, clean, orderly manner, with trash and refuse placed into proper waste containers.

b. Adequately illuminate all work areas.

c. Ventilation systems in all work areas must be appropriate for the work being performed.

d. Keep all work surfaces dry and take appropriate means to assure that the surfaces are slip-resistant; clean up spilled materials or liquids immediately.

e. Keep the work area around space heaters clear of combustible materials such as drapes or waste from wastebaskets and when possible, use newer heaters that are equipped with tip-over switches.

f. Fans in work areas must have guards that do not allow fingers to be inserted through the mesh (newer fans are equipped with proper guards).

g. If staff use computers, all furniture should be adjusted, positioned and arranged to minimize strain on all parts of the body.

6. Electrical:

a. All electrical work must be completed by a Vermont-licensed electrician.

b. Ensure that all electrical outlets are protected with ground fault circuit interrupters.

c. All contract electrical work must specify compliance with OSHA; all workplace electricians must be familiar with the OSHA Electrical Safety Orders.

d. All employees are required to report as soon as practical any obvious hazard to life or property observed in connection with electrical equipment lines.

e. All electrical equipment or lines are to be serviced, maintained, or adjusted only when necessary switches are opened, locked out and tagged.

f. Maintain sufficient access and working space around all electrical equipment for ready and safe operations and maintenance.

g. Do not use portable electrical equipment or tools that are faulty, worn and/or are not grounded or double insulated.

h. Plug all electrical equipment into appropriate wall receptacles or into an extension of only one cord of similar size and capacity. Multiple plug adapters are prohibited.

i. Use three-pronged plugs for electrical appliances to ensure continuity of ground.

j. All extension cords used should have a grounding conductor.

k. Flexible cords and cables must be free of splices or taps. Flexible cords or cables at plugs, receptacles, tools, and equipment must have clamps or other securing means, including a cord jacket securely in place.

l. All cords, cables and raceway connections must be intact and secure.

m. All cords running into walk areas must be taped down or inserted through rubber protectors to prevent tripping hazards.

n. Report and repair or replace exposed wiring, frayed cords, and/or cords with deteriorated insulation promptly.

o. Maintain appliances such as coffeepots or microwaves in good working order and inspect them on a regular basis for signs of wear, heat or frayed cords.

p. In wet or damp locations, all electrical tools and equipment must be appropriate for the use, or location, or otherwise protected.

q. Determine the location of electrical power lines and cables (overhead, underground, underfloor, and the other side of walls) before digging, drilling or similar work is begun.

r. All metal measuring tapes, ropes, handlines or similar devices with metallic thread woven into the fabric must not be used where they could come into contact with energized parts of equipment or circuit conductors.

s. Label all disconnecting switches and circuit breakers to indicate their use or equipment served.

t. Open all disconnecting means before fuses are replaced.

u. All interior wiring systems must include provisions for grounding metal parts or electrical raceways, equipment and enclosures.

v. Securely fasten all electrical raceways and enclosures in place.

w. Guard against accidental contact of all energized parts of electrical circuits and equipment by approved cabinets and enclosures.

x. Close all unused openings (including conduit knockouts) in electrical enclosures and fittings with appropriate covers, plugs, or plates.

y. Electrical enclosures such as switches, receptacles, junction boxes must have with tight-fitting covers or plates.

z. Connecting switches for electrical motors in excess of two horsepower must be capable of opening the circuit when the motor is in a stalled condition without exploding (switches must be horsepower rated equal to or in excess of the motor hp rating).

aa. Low-voltage protection must be provided in the control device of motors, driving machines or equipment that could cause probable injury from inadvertent starting.

bb. Each motor disconnecting switch or circuit breaker must be located within sight of the motor control device.

cc. Each motor located within sight of its controller or the controller disconnecting means must be capable of being locked in the open position or must have a separate disconnecting means installed in the circuit within sight of the motor.

dd. The controller for each motor, in excess of two horsepower, rated in horsepower, must be equal to or in excess of the rating of the motor it serves.

ee. Employees must not work alone on energized lines or equipment over 600 volts.

7. General Maintenance:

   a. Inspect all mechanized equipment daily or prior to use.

   b. Identify the contents of pipelines prior to initiating any work that affects the integrity of the pipe.

   c. Ensure that all heating appliances are inspected on an annual basis and are properly maintained.

8. Hand Tools and Equipment:

   a. Maintain all hand tools and equipment (both company and employee-owned) in good condition.

   b. Recondition or replace all hand tools such as chisels or punches that develop mushroom heads during use.

   c. Promptly replace all broken or fractured handles on hammers, axes and similar equipment.

   d. Replace all worn or bent wrenches on a regular basis.

   e. Use all files and similar tools with appropriate handles.

   f. Use glasses, face shields or similar equipment when using hand tools or equipment that might produce flying materials or be subject to breakage and/or when driving hardened or tempered studs or nails.

   g. Check all jacks periodically to assure they are in good operating condition.

   h. Ensure that all tool handles are wedged tightly in the head of all tools.

   i. Keep all tool cutting edges sharp so the tool will move smoothly without binding or skipping.

   j. Store tools in an appropriate storage area when not in use.

9. Portable (Power-Operated) Tools and Equipment:

   a. Any employee using power-operated tools or equipment must follow all instructions for the equipment provided by the manufacturer.

   b. Inspect all machinery and equipment on a regular basis and keep them clean and properly maintained.

c. Disconnect all machinery from the power source (locked out) for maintenance, repair or security and during power failures to prevent the automatic starting of the equipment when the power is restored.

d. All manually operated valves and switches controlling the operation of equipment and machines must be clearly identified and readily accessible.

e. All emergency stop buttons must be red.

10. Machine Guarding:

a. All saws, grinders, and similar equipment must have appropriate safety guards recommended by the manufacturer.

b. All portable circular saws must be equipped with guards above and below the base shoe.

c. Check all circular saw guards to ensure they are not wedged up, thus leaving the lower portion of the blade unguarded.

d. All rotating or moving parts of equipment must have guards to prevent physical contact.

e. All cord-connected, electrically operated tools and equipment must be effectively grounded, or of the approved double-insulated type.

f. All equipment such as air compressors, concrete mixers and the like are required to have effective guards in place over belts, pulleys, chains, and sprockets.

g. All portable fans are to have full guards or screens with openings less than one-half inch or less.

h. Check all pneumatic and hydraulic hoses on power-operated tools regularly for deterioration or damage.

11. <u>Portable Ladders:</u>

a. Maintain all ladders in good condition, with the joints between the steps and side rails tight, all hardware and fittings securely attached, and moveable parts operating freely without binding or undue play.

b. Do not use broken ladders (e.g., ladders that have missing steps, rungs or cleats and/or have broken side rails).

c. Ladders are required to have the rungs spaced uniformly at 12 inches.

d. All ladders are to have non-slip safety feet and all ladder rungs and steps are to be free of grease and oil.

e. Do not place ladders in front of doors opening toward the ladder except where the door is blocked open, locked or guarded.

f. Do not place ladders on boxes, barrels, or other unstable bases to obtain additional height.

g. Always face the ladder when ascending or descending.

h. Never use the top step of a stepladder as a step.

i. All portable metal ladders must be legibly marked with signs reading “CAUTION: Do Not Use Around Electrical Equipment,” and should never be used where they could come into contact with energized parts of equipment, fixtures or circuit conductors.

j. Inspect all metal ladders periodically for damage.

k. Employees must not use ladders as guides, braces, skids, or any other use other than their intended purpose.

l. Employees should only adjust extension ladders while standing at the base of the ladder (not while standing on the ladder or from a position above the ladder).

## TOUCH-UP PAINTING PROCEDURES

**POLICY:** The Maintenance Director will ensure that touch-up painting is done on a regular basis in an unobtrusive and safe manner to maintain the appearance of the building.

**PROCEDURES:**

1. A consistent touch-up painting program will help to maintain the building in a clean and visually pleasing manner for residents and staff. This program must be carried out on an ongoing basis so the building does not deteriorate to such a state that the program cannot keep up with painting needs.

2. Follow the procedures below to ensure that all precautions are taken to protect residents from being unduly affected by the painting:

   - Inform all staff when and where painting is to take place, so they can take any precautions needed to ensure residence safety.

   - Thoroughly clean all surfaces before painting.

   - Verify that the color and type of paint to be applied matches the existing paint finish. **Do not apply latex paint over oil-base paint or oil-base paint over latex paint.**

   - Protect all hardware, signage, light fixtures, switch and plug plates, smoke detectors, sprinkler heads, and furniture. Always remove cover plates.

   - Use drop cloths when painting around carpet and stainable floors and clean up all spills and splatters immediately.

   - Use an appropriate-sized brush for the type of painting to be done. Use rollers for wall and ceiling applications.

   - Promptly clean all painting tools after finishing.

   - If paint and supplies are stored in the building, store them in an OSHA-approved fire cabinet/non-flammable storage locker (see the section in this manual on Safety Guidelines).

   - Remove “WET PAINT” signs after the paint is dry.

   - Properly dispose of all rags and cloths containing paint or paint thinner immediately after completing paintwork.

# MARKETING

# POLICY & PROCEDURE MANUAL

## USE OF THIS MANUAL

This manual has been developed as part of a set of sample policy and procedure manuals for use by Vermont Assisted Living Residences. Users of the manual are encouraged to develop facility-specific policies and procedures, and thus may modify this manual to best meet the needs of each Residence. All use of the manual, however, is subject to the End-User License Agreement provided by Vista Senior Living, Inc., on the web site for the Vermont Department of Aging and Independent Living (www.dail.vermont.gov).

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## TELEPHONE AND IN-PERSON ETIQUETTE

**POLICY:** All staff should greet any individual who calls or visits the Residence in a warm, professional manner, recognizing that the individual may form an impression of the Residence based solely on that one interaction.

**PROCEDURES**:

1. The Administrator (or designee) will make all staff members aware that their behavior and attitudes while on the job reflect back on the Residence and help others form an impression of the Residence. This holds true for all staff interactions, whether with current residents; family members or friends; vendors; volunteers; and/or guests.

2. Positive impressions of the Residence may result in word-of-mouth referrals, which are the most effective of all marketing strategies. One positive encounter with a Residence staff member may be told to numerous other people, one of whom may know someone who needs the services offered by the Residence. Negative impressions, on the other hand, are difficult to overcome and may even hinder other marketing efforts.

3. Thus, public relations and marketing should be seen as an important and ongoing responsibility of each and every staff member.

4. Staff should answer the Residence phone promptly in a warm, friendly, professional manner.

5. Staff should always greet visitors to the Residence as soon as possible after entering the building. Even if engaged in another task, acknowledge the visitor(s) and tell them you will be right with them and/or locate another staff person who can assist the visitor.

## TELEPHONE INQUIRIES

**POLICY**: Staff are expected to respond to all telephone inquiries to in a warm, professional manner, with information about the Residence provided in response to the individual situation of the caller and/or potential resident.

**PROCEDURES:**

1. Respond to all telephone inquiries at the time of the call whenever possible. If this is not possible, make a return call in a timely manner. Remember that if callers are unable to speak with a Residence representative when they first call, they may go on to connect successfully with a competitor.

2. The first goal in responding to a telephone inquiry is to **establish a positive rapport** with the caller. Respond to their initial question or request for information in a warm, positive tone.

3. **Gather information** about the caller and potential resident BEFORE providing information about the Residence:

   - When responding to the caller's initial question or request for information, ask what the caller's relationship is to the person for whom they are requesting information (e.g. son, daughter, legal guardian, etc.) and ask for the caller's name. (It is usually best not to ask for complete contact information, such as an address or phone number, at this time. Rather, use this time to begin to build rapport with the caller.)

   - After obtaining this information, ask follow-up questions to help form a picture of the caller and/or potential resident's situation. Ask open-ended questions whenever possible.

   - Begin this process by asking where the potential resident is currently living (e.g., "where is she living now?"). Often this will prompt the caller to provide information not only about the current place of residence but also about the potential resident's situation ("she's in her own home but we're worried that she isn't taking her medications…", etc.).

   - Listen intently as the caller speaks, responding with additional questions as appropriate.

   - Try to get as much information as you need to gain an understanding of the potential resident's current situation, but never ask questions in an invasive or pushy manner. The goal of this process is to establish a rapport with the caller so that he/she willingly shares information with minimal prodding.

   - Make notes on an Initial Inquiry form while listening to the caller, but be sure that such note-taking does not detract from the conversation.

4. Enough information should be obtained during the initial phone call and recorded on the Initial Inquiry form to form a picture of the potential resident's situation.

5. **Respond to the information** provided by the caller by addressing how the Residence can meet the needs of the potential resident (do not provide general, standardized information about the Residence). The information provided should be different for each call, based on each individual's situation. For example,

   - If the potential resident has expressed a need for assistance with personal care, focus on services such as the Residence's 24-hour staffing, licensed nurse, individualized service planning process, etc.

   - On the other hand, if the potential resident says that she is independent in all personal care but is tired of maintaining her home and yard, focus on amenities and services such as the private apartments, three meals a day, housekeeping, and emergency call system, adding that other services would be available if the need arose later.

6. The key to facilitating successful initial inquiries is to provide accurate information about the Residence, but in such a way to tailor it to the needs and preferences of the caller and/or potential resident. You want the caller to feel that you understand his/her situation and that the Residence is ideally suited to meet those needs.

7. Discuss any question or concern about the appropriateness of the potential resident for the Residence with the caller. Explain as appropriate the reasons why the Residence may not be a good fit for the individual (refer to the section in this manual on Admission Criteria). If it is clear that the Residence cannot meet the needs of the potential resident, refer them to other organizations/resources that might be more appropriate

8. When the caller asks about the Residence's rates, tell them that the rates begin at $_____ for the smallest apartment at the most independent level of care, and go up from there depending upon the size of apartment and the amount of care the resident needs.

9. Explain that the services needed or preferred by the resident are reviewed with him/her on a regular basis, with revisions made as needed – that only those services that the resident needs or wants are provided. All services provided are individualized to the specific needs and preferences of the resident.

10. After answering all of the caller's questions, ask if he/she would like to visit the Residence. If so, ask what day would work best and offer a suggestion if needed ("How about next Tuesday?"). If a tour is scheduled, note this on the Initial Inquiry form.

11. If the caller does not want to schedule a tour at this time, ask if he/she would like to receive information about the Residence.

12. Ask for the caller's address and phone number(s). (Do not request this information earlier in the conversation - establishing a rapport and building interest first is more effective.) Also ask for the potential resident's name (if different from the caller's name), and how they heard about the Residence.

13. Note the results of the conversation and follow-up action taken on the Initial Inquiry form under "Tracking Information".

14. If a tour was not scheduled, call to follow-up with the caller four to five days after the brochure was mailed. Ask if they received the brochure. Re-establish rapport by bringing up a topic that was discussed in the earlier conversation. Ask open-ended questions to facilitate the conversation and ask the caller and/or potential resident if they would like to visit the Residence for a tour.

15. Document all follow-up action taken, along with any additional action needed, on the caller's Initial Inquiry form. Continue to follow-up with the caller on a regular basis until a decision for the potential resident has been made.

16. Remember two primary goals throughout the initial inquiry process:

    - First, and most important, establish a positive rapport with the caller so that he/she feels good about the call and the Residence. This means being sensitive to his/her situation (e.g., not pressing for information if he/she appears to be rushed or hesitant to share information) and responding in a warm, personalized manner to his/her situation.

      Even if the potential resident is not appropriate for the Residence or chooses not to move in at this time, if the caller has had a positive experience during the initial inquiry process he/she may talk to others about the Residence and potentially refer another prospective resident.

    - The second goal is to schedule a time for the caller and/or potential resident to tour the Residence. Getting a feel for a Residence without experiencing it first hand is difficult. The tour is essential for the caller/potential resident to decide if the Residence will be a good fit.

## RESIDENCE TOURS

**POLICY:** Staff are expected to personalize all tours of the Residence to the interests and needs of the individual, conducting the tours in a warm, professional manner.

**PROCEDURE:**

1. If a tour has been scheduled as a result of an initial inquiry call:

   - Review the Initial Inquiry form prior to the time of the tour to become familiar with the potential resident's situation (whenever possible, the person who took the call should also give the tour).

   - At the time of the tour, greet each guest warmly and facilitate introductions.

   - To re-establish and/or build rapport, make small talk for a few minutes based on information obtained during the initial inquiry call.

   - Re-iterate the situation of the potential resident ("So your mom is living in her own home now but you're concerned that she's not taking her medications appropriately…").

2. If the tour has not been scheduled in advance but is a "drop-in" tour:

   - Attend to the guest immediately or let them know you will be right with them (if unable to break away from other commitments at that time, arrange for another qualified staff person to conduct the tour).

   - Greet all of the guest(s) warmly. Introduce yourself and express pleasure that they stopped by for a tour. Make small talk for a few minutes to break the ice and begin to build rapport (e.g., comment on the weather, compliment an article of clothing, etc.). Also inquire how they heard about the Residence.

   - Ask the guest(s) what their relationship(s) is with the prospective resident (e.g. son, daughter, legal guardian, etc.) and where the prospective resident is currently living. Ask follow-up questions as appropriate to find out about the potential resident's situation (e.g., why they are looking for other living options, what the resident's preferences are, etc.), using open-ended questions to facilitate the flow of information.

   - Allow the guest(s) to talk about the potential resident's situation, listening intently. Respond with nods, additional questions, etc. as appropriate.

- Try to get as much information as you need to gain an understanding of the potential resident's situation, but never ask questions in an invasive or pushy manner. The goal of this process is to establish a rapport with the guest(s) so that he/she willingly shares information with minimal prodding.

- Be sensitive to the schedule of the guest. If he/she appears rushed, keep this initial visit brief, obtaining information as possible given time constraints.

- Ask the guest(s) if they would like to talk in an office, conference room, etc. If another meeting place is used, ask the guest(s) if they would like something to drink (e.g., coffee, tea, water, etc.).

- Make this initial dialogue casual and somewhat informal. The goal is to establish rapport with the guest(s) and to gain a clear understanding of the potential resident's situation.

3. Make notes during the conversation on an Initial Inquiry form, but be sure to maintain your focus and attention on the guest(s) and the conversation. Do not let note-taking detract from your interaction with the guest(s).

4. Tour the guest(s) through the main common areas of the Residence, including the living/activity areas, the beauty salon, dining room, and outdoor sitting areas. Explain the pertinent services available in each area of the Residence.

5. Tailor the information provided to the situation of the potential resident (do NOT provide a general, standardized spiel about the Residence). Customize the information provided to each prospective resident. For example when touring the dining room:

   - If the prospective resident has shared that they have diabetes and is on a physician-ordered diet, you will want to emphasize the Residence's ability to provide special diets.

   - If the resident is active and independent, you might emphasize the choice that is available to residents at every meal and mention the Food/Dining Services Resident Council.

6. During the tour, talk to the guest(s) about the philosophy of the Residence. Areas that might be touched on include:

   - The tailoring of all services to the resident's individual needs and preferences

   - The support of the resident's independence by providing only the amount of assistance they need – no more or no less

7. Emphasize that the Residence's goal is to make a new resident really feel it is their home (e.g. they can bring their own furnishings, have a pet if desired, continue to live the lifestyle with which they are comfortable, etc.).

7. In touring apartments, point out features such as the emergency pull cords, individual heating and air conditioning units, kitchenettes, roll-in showers, unique closet/storage areas, etc. Again, tailor the information presented to the situation of the prospective resident.

8. Throughout the tour, keep the guest(s) engaged in conversation, building on the initial rapport already established. Encourage the guest(s) to ask questions about the various features of the building or services available.

9. When nearing the end of the tour, ask the guest(s) what size apartment the potential resident would prefer. If a number of apartments in that size are available, further narrow down the selection by area of the building (e.g., first vs. second floor, morning vs. evening sun, park view vs. street view, etc.).

10. Invite the guest(s) into your office (or a conference room, etc.). Ask their thoughts about the Residence. Provide the following information as requested and/or appropriate:

    - When asked about the Residence's rates, show the guest(s) a rate card, explaining that the rates vary depending upon the size of apartment and the amount of care the resident needs.

    - Explain that the services needed or preferred by the resident are reviewed with him/her on a regular basis, with revisions made as needed – that only those services which the resident needs or wants are provided. All services provided are individualized to the specific needs and preferences of the resident.

11. Tell the guest(s) what apartments are available that fit their preferred criteria. If their preferred apartment type is not available, suggest that the prospective resident consider moving into another type of apartment until the preferred apartment becomes available.

12. Ask the guest(s) if they would like to reserve an apartment, and explain the application process (see the section on Application Process in this manual). If the guest(s) is not ready to reserve an apartment and the prospective resident did not accompany the guest(s) on the tour, ask if they would like to bring the prospective resident by to see the Residence and have lunch. Try to set a specific date for the tour.

13. If there is any question or concern as to whether the potential resident is appropriate for the Residence, discuss the concern with the guest(s) (see the section on Admission Criteria in this manual).

14. If the Residence clearly cannot meet the needs of the potential resident, refer him/her to other organizations/resources which might be more appropriate

15. Provide the guest(s) with a full application packet including a brochure and Application Form.

16. If the guest(s) does not choose to reserve an apartment at that time, ask for his/her name, address, phone number and name of the prospective resident (if different from the guest), if this has not yet been done. Note this on the Initial Inquiry form.

17. Thank the guest for touring the Residence, and let them know they can call with any questions. If possible end the tour with a clear next step (e.g., a scheduled time to conduct

the resident's assessment if they have already reserved an apartment; a scheduled time to bring the prospective resident to visit the Residence; a scheduled time for the guest(s) to have lunch at the Residence, etc.).

18. Note information learned during the tour on the Initial Inquiry form. Document the outcome of the tour and the next step in the "Tracking Information" section of the form.

## FINANCIAL ASSISTANCE

**POLICY:** Residence staff should provide assistance to prospective residents in verifying and qualifying for any financial assistance that might be available.

**PROCEDURES:**

1. Some prospective residents may be eligible to receive financial assistance from third-party payors. Such assistance may include Medicaid, the Housing Choice Voucher program (Section 8), long-term care insurance coverage, and/or family assistance. Examples of these programs/services are summarized below:

***Medicaid:***

2. To determine if a prospective resident may be eligible for financial assistance through Vermont's State Medicaid Plan, have the resident (or their legal representative) contact the Vermont Department of Children and Families at 802-241-2800 *(verify that this number has not changed).* Residents may be entitled to assistance through the Assistive Community Care Services (ACCS) program or through Choices for Care, a Medicaid-waiver long-term care program for people who meet nursing home level of care. Individuals must meet financial eligibility criteria to be eligible for either program and clinical assessment criteria must be met for individuals to be eligible for the Choices for Care long-term care program.

***Housing Choice Vouchers (Section 8):***

***3.*** To determine if a resident may be eligible for assistance through the Housing Choice Voucher program (Section 8), contact your local public housing authority. This program provides rental assistance to individuals who meet income-eligibility criteria.

***Long-Term Care Insurance:***

4. Some prospective residents may have long-term care insurance that will cover the housing/services offered by the Residence. However, the benefits available under long-term care insurance often vary significantly between insurance carriers and policies. Thus, provide assistance as needed to the prospective resident/family member(s) in verifying possible coverage for assisted living.

5. If, after reviewing the policy, the prospective resident appears to be eligible for assisted living benefits, assist him/her as needed in obtaining approval for coverage and securing the information needed to file monthly claims. Typically, the resident pays his/her monthly fee to the Residence and receives reimbursement as appropriate from the insurance company. Residence staff should provide any assistance or support documentation needed for the processing of the claim.

6. When questions about whether a prospective resident's policy will cover assisted living arise, the applicant/family member(s) or a Residence staff member should discuss the eligibility benefits directly with the insurance company.

***Family Assistance:***

7. If a prospective resident does not have sufficient income to pay the monthly fees at the Residence, family members may wish to contribute on a regular basis to payment of the Residence's charges.

## DISCLOSURE INFORMATION

**POLICY:** Residence staff shall follow all regulatory requirements pertaining to Uniform Consumer Disclosure (UCD) (see Section 6.11 of the Vermont Assisted Living Residence Licensing Regulations).

1. The Residence must state in a UCD the services it will provide, the public programs or benefits it accepts or delivers, the policies that affect a resident's ability to remain in the Residence and any physical plant features that vary from the requirements included in Section 11 of the Vermont Assisted Living Residence Licensing Regulations.

2. The UCD must be completed on a form provided by the licensing agency and must be kept on file at the Residence.

3. The UCD must describe all service packages, tiers, and rates, and must include a statement that rates are subject to change, including rate changes due to increased care needs and a description of the situations in which the change(s) could occur.

4. The UCD must be provided to residents prior to or at admission and at any time it is changed. The form must also be provided as requested by residents or members of the general public.

5. The availability of a UCD must also be noted prominently in all marketing brochures and written materials.

## ADMISSION CRITERIA

**POLICY:** All individuals responsible for marketing the Residence should understand and be able to clearly explain the Residence's admission criteria.

**PROCEDURES:**

1. All individuals providing prospective residents and their families with information about the Residence must clearly understand the admission and discharge criteria for the Residence (i.e., whether an individual would be appropriate for the Residence).

2. Providing accurate information to prospective residents and their families about who is appropriate to move into the Residence as well as criteria necessitating a move out of the Residence is essential.

3. Admission and retention at the Residence is dependent upon criteria specified in the Vermont Assisted Living Residence Regulations, as follows:

   - The Residence may accept and retain any individual 18 years old or older, including those whose needs meet the definition of nursing home level of care if those needs can be met by the Residence, with the following exceptions:

     a. The Residence shall not admit any individual who has a serious, acute illness requiring the medical, surgical or nursing care provided by a general or a special hospital; and

     b. The Residence shall not admit any individual who has the following equipment, treatment, or care needs:
        ventilator;
        respirator;
        Stage III or IV decubitus ulcer;
        Nasopharangeal, oral or trachial suctioning;or
        Two-person assist to transfer from bed or chair or to ambulate.

   - A current resident of the Residence who develops a need for equipment, treatment or care as listed above in (b) or who develops a terminal illness may remain in the Residence so long as the Residence can safely meet the resident's needs and/or the resident's care needs are met by an appropriate licensed provider.

## MARKETING INFORMATION

**POLICY**: The Administrator (or designee) will keep marketing information in a location accessible by all staff to use when conducting tours of the Residence.

**PROCEDURES:**

1. Pertinent marketing information should be readily accessible to staff who may need to give tours of the Residence in the absence of the individual primarily responsible for marketing.

2. The following materials should be available:

   - Initial Inquiry forms
   - Brochures
   - Apartment Application forms
   - Uniform Consumer Disclosure forms
   - A rent roster or building floor plan showing any available apartments
   - Floor plans for each type of apartment offered in the Residence
   - Current rates
   - A current activity calendar

3. Train all staff how to respond appropriately to individuals who call or drop by the Residence requesting information and/or a tour.

## THE APPLICATION PROCESS

**POLICY:** A prospective resident must submit an apartment application form to the Residence to reserve an apartment.

**PROCEDURE:**

1. Applications for residency must be submitted on apartment application forms.

2. If the type of apartment the prospective resident prefers is not available, ask if he/she would like to move into a vacant apartment while waiting for his/her preferred apartment to become available.

3. If the applicant wishes to be placed on a waiting list, inform the applicant that he/she will be notified as soon as notice is received that the apartment will be coming available.

## APARTMENT WAITING LIST

*If your Residence will have a policy to maintain a waiting list for apartments, describe in this section how the list will be managed (e.g. on a first come, first served basis, or on some other criteria).*

## RELATIONSHIP MARKETING

**POLICY:** Key staff at the Residence should establish and maintain working relationships with individuals in the local aging, civic and professional networks to facilitate a strong and consistent referral base.

**PROCEDURES:**

1. The Residence should maintain positive relationships with key individuals in the local aging, civic, and professional networks, as such individuals can be an excellent source of referrals to the Residence.

2. Relationships may be fostered with individuals in a number of arenas, including:

   - The aging community – Area Agencies on Aging; Meals on Wheels; senior centers; information and referral centers; geriatric case managers; nursing homes; senior apartment complexes; and retirement communities.

   - The medical community – hospitals; physicians; home health agencies; physical, occupational, and speech therapists; podiatrists; psychologists, psychiatrists and mental health counselors; ophthalmologists; dentists; and social workers.

   - Professional businesses – durable medical equipment companies; hearing aid specialists; pharmacies; optometrists, elder law attorneys; estate planners; conservators; funeral home directors.

   - Civic organizations – fraternal, service and social clubs (e.g., the Lions, Elks or Kiwanis); travel clubs, auxiliary organizations; historical societies.

   - City organizations – chambers of commerce, visitor centers.

   - Religious organizations – churches, temples and synagogues.

3. Base an effective and long-lasting relationship with any of these organizations on a win-win philosophy. That is, key individuals from each organization must feel they benefit from their relationship with the Residence. Thus, determining what specific benefit(s) the Residence can bring to each specific organization is important. For example:

- Residents of the Residence may request or need referrals to outside providers (e.g., home health agencies, durable medical equipment companies, hearing aid specialists, etc.). When establishing a relationship with this type of organization, tell them that residents at the Residence are at times in need of the services they offer (be sure however to never guarantee referrals).

- All of the organizations listed above have clients who may at some time be in need of the services provided at the Residence. The organization strengthens its relationship with the client and provides a needed service by passing information about the Residence on to the client.

- The mission of some of the organizations listed above is to disseminate appropriate information to interested individuals (e.g., geriatric case managers, the Chamber of Commerce, information and referral centers, etc.). By supplying this type of organization with current information about the Residence, you are actually helping them achieve their mission.

- Some of the organizations listed above have clients or members who would enjoy and benefit from volunteer opportunities at the Residence (e.g., fraternal or civic organizations, churches, senior centers, etc.). By providing information about the Residence, you are making it possible for them to act as a liaison for such an opportunity

4. Typically, make the initial contact(s) with organizations such as those listed above before the Residence opens. During the initial visit, the Residence representative should first gain a clear understanding of the organization's business and involvement with seniors and/or disabled individuals. Next, provide information about the Residence and how it might be of benefit to the organization. Finally, leave marketing materials (i.e., brochures) with the individual (if appropriate, ask if they would put the brochures out in a brochure holder).

5. After an initial visit with an organization, work to nurture and strengthen the relationship on an ongoing basis. Accomplish this by repeated contact with key individual(s) from the organization, via in-person meetings or phone calls. Sometimes making presentations to multiple staff members and/or clients of an organization is appropriate.

6. Prior to any repeat contact with an organization, determine the most appropriate approach, based on prior contact with the organization and on any current news or events. Some possible reasons to re-contact an organization include:

   - To personally deliver something you were going to mail (e.g., a newsletter)
   - To invite the organization's contact to a special event at the Residence
   - To inform or update the contact about new/pending laws or regulations affecting the industry
   - To ask advice regarding their particular area of expertise
   - To thank them for a recent referral
   - To provide an update on a current resident who they referred
   - To request additional brochures, etc. regarding their organization

7. Document all contact with possible referral sources, including mailings, phone calls, meetings, presentations, and/or referrals made by the organization. Note such contacts on a Network Tracking form.

## SPECIAL EVENTS

**POLICY:** Hold special events at the Residence on a regular basis to increase public awareness of the services available at the Residence and to provide a stimulating environment for residents.

**PROCEDURES:**

1. Special events provide excellent opportunities to "showcase" the Residence, strengthen relationships with resident families and friends, and provide a stimulating environment for the residents.

2. The possible types of special events can vary greatly, but may include:

   - Health fairs for seniors in the community
   - Educational seminars on topics of interest to seniors
   - Barbecues, buffets, etc. to celebrate holidays or special events
   - Events organized for children (e.g., trick-or-treating, an Easter egg hunt)
   - Open houses
   - Resident house-warming parties or teas
   - Birthday celebrations for resident centenarians
   - Practice recitals for ballet, tap, jazz, piano, etc., classes
   - Plays, performances, etc., put on by local schools
   - Voting places on election days
   - Blood drives on behalf of the American Red Cross

3. Use your imagination and creativity to think of new ways to bring people into the Residence on either a one-time or regular basis. Keep in mind that each contact an individual has with the Residence could potentially result in one or more referrals and supports building "community" for the Residence.

4. As appropriate, develop a budget for the event to document all expenses that are expected to be incurred.

5. Utilize special events when possible to gain media coverage for the Residence. This may be facilitated in one or more of the following ways:

   - Submitting press releases to the local papers prior to and/or after the event with information about the event

   - Inviting the media (newspapers, TV stations, etc.) to attend the event if it is particularly newsworthy

   - Submitting public service announcements (PSAs) about the event to local radio and TV stations if the event is being sponsored by a not-for-profit organization

6. Analyze the event after it has taken place to determine its effectiveness. Was it a success? If so, on what basis? Is it worth repeating, and if so how often? What worked, what didn't, and what could be done differently next time? Was it cost effective?

7. The impact a special event can have on occupancy is often not readily apparent immediately after the event because special events are a form of indirect marketing. However, successful special events can be very effective in building public awareness, community relationships, and a positive image of the Residence, which in time will lead to referrals and establish important community connections for residents.

## MARKETING / SALES REPORT

**POLICY:** Compile and report marketing and sales data on a regular basis to facilitate an ongoing assessment of marketing and sales activities.

**PROCEDURES:**

1. A Marketing / Sales Report may be completed by the Marketing Director (or other designated individual) on a regular basis (i.e., weekly or monthly) to assess the Residence's marketing efforts. Note that if a marketing software program is used, this report should be automatically generated by the program.

2. Use the Marketing / Sales Report to evaluate the effectiveness of marketing and sales efforts and to assist in planning additional marketing activities.

## MARKETING PLANS

**POLICY**: The Marketing Director (or other designated individual) should develop marketing plans on a regular basis to ensure an effective marketing program.

**PROCEDURES:**

1. The Marketing Director (or other designated individual) may use the Marketing Plan / Report to develop a marketing plan. The plan should include all types of marketing activities, including networking contacts, special events, advertising, direct mail, press releases/feature stories, and Residence newsletters. To complete the Marketing Plan / Report form:

   - Record all planned networking contacts for the upcoming time period, including group presentations, one-on-one meetings, drop-by visits, and follow-up phone calls.

   - Record all planned appointments and presentations with network contacts.

   - Document planned special events (e.g., educational seminar, family barbecue, Alzheimer support group, choral presentation by local school, etc.).

   - Provide information about any planned advertising, direct mail and/or newsletters. In the category for "Other Projects" note any planned marketing activities that do not fit into any other categories on the form (e.g., press releases, etc.).

   - Estimate the projected costs associated with each of the activities noted on the marketing plan.

   - Note the total projected cost in the blank at the bottom of the Marketing Plan / Report form.

2. The completion of marketing plans on a regular basis can be an effective way of ensuring that marketing activities are planned and implemented on an ongoing basis.

3. Note trends and keep records regarding the results / impact of various marketing strategies and programs.

# OCCUPANCY

# POLICY & PROCEDURE MANUAL

## USE OF THIS MANUAL

This manual has been developed as part of a set of sample policy and procedure manuals for use by Vermont Assisted Living Residences. Users of the manual are encouraged to develop facility-specific policies and procedures, and thus may modify this manual to best meet the needs of each Residence. All use of the manual, however, is subject to the End-User License Agreement provided by Vista Senior Living, Inc., on the web site for the Vermont Department of Aging and Independent Living (www.dail.vermont.gov).

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# THE APPLICATION / ASSESSMENT PROCESS

## CONDUCTING ASSESSMENTS

**POLICY:** Conduct assessments on prospective residents prior to admission or no later than 14 days after admission and at least annually thereafter or when there is a significant change in resident status. *(Section 5.7.a of the Vermont Residential Care Home Licensing Regulations require that a resident assessment be conducted within 14 days after a resident moves to the Residence; however, it is strongly recommended that resident assessments be completed prior to admission in order to determine the needs of the prospective resident and the appropriateness of placement at the Residence).*

**PROCEDURES:**

1. Resident assessments must be conducted no more than 30 days prior to a prospective resident's anticipated move-in date, as his/her health condition(s) could change significantly within a short period of time.

2. Utilize the Resident Assessment form, as required by the Vermont Division of Licensing and Protection, when conducting resident assessments. Assessments must either be conducted by the RN or be reviewed and approved by the RN (if completed by the Administrator or designee).

3. If a potential resident is interested in moving into an apartment that is currently occupied, an assessment should be scheduled as soon as possible after receiving notice that the apartment will become available.

4. When scheduling an assessment, tell the prospective resident (or legal representative) that the purpose of the assessment is to determine whether the applicant is appropriate for residency at the Residence and what services he/she would need or prefer after admission to the Residence.

5. The assessment must be conducted with the potential resident and other(s) who are significant to the resident and/or are familiar with the resident's needs and preferences (e.g., family, friends, personal caregivers, etc.). The resident (or legal representative) should decide whom he/she would like to participate in the assessment process.

6. If a prospective resident currently lives a considerable distance from the Residence (e.g. out of state), a preliminary screening of the resident's needs and appropriateness for the Residence may be conducted over the phone. In such a case, arrange if possible to have both the potential resident and a significant other, such as a family member, on the phone at the same time. Inform the applicant/family member(s) that the results of the preliminary screening will need to be verified when an in-person assessment is conducted.

7. Obtain information from as many sources as is needed to gain a comprehensive picture of the applicant's needs (e.g. the prospective resident, family member(s), caregivers, physician's orders, etc.) before making a determination as to appropriateness of residency. If conflicting

information is received, discuss the areas of conflict with the appropriate parties until resolution is reached.

8. If any services which are needed/preferred by the applicant are not provided by the Residence (e.g., are not allowed by State regulation), inform the applicant and/or family member(s) that these services will need to be provided by a third-party provider (e.g., home health, hospice, etc.). Explain that the charges for these services would not be included in the resident's monthly service fee, and that the resident is responsible for the charges of any third-party providers utilized.

9. Discuss pre-move in paperwork and procedures with the applicant (see the section in this manual on Pre-Move In Forms/Information) and schedule a tentative move-in date and approximate time.

10. If, when conducting the assessment, it becomes apparent that the applicant will not be an appropriate candidate for residency at the Residence, discuss your concerns with the applicant (or legal representative). If needed, schedule a follow-up assessment with the RN so that more in-depth information may be obtained regarding the potential applicant's medical condition(s) and needs. If the applicant is not appropriate for the Residence, provide the resident (or legal representative) with suggestions for other placement options.

## PRE-MOVE IN FORMS / INFORMATION

**POLICY:** Provide appropriate information to the prospective resident (or legal representative) according to established procedures at the time the applicant's assessment is conducted.

**PROCEDURES:**

*(Note that the following forms and procedures are not required by the Vermont Residential Care Home or Assisted Living Residence Licensing regulations, and thus are included as examples of suggested practices only).*

1. When a prospective resident's assessment is completed, give the applicant/family member(s) a packet comprised of the following materials and provide appropriate information and/or instructions regarding each item:

   ***a.*** **Physician Orders.** Inform the applicant (or legal representative) that they must obtain and provide appropriate physician orders and that the Residence will review these orders with the RN and the direct care staff and retain the orders in the resident's record. To facilitate this process, instruct the applicant (or legal representative) to have a Physician's Orders form completed and signed by the applicant's physician. The completed form must be returned to the Residence before the prospective resident can be admitted. *(Note that use of the Physician's Orders form is not required by regulation; but may be used to meet the requirement that physician orders be obtained).*

   **b. DNR Status form** – Encourage the applicant / family member(s) to review this form with the applicant's physician and other individuals as appropriate, explaining that this form would provide facility staff and emergency medical personnel with instructions on whether or not to initiate resuscitation procedures were the applicant to have a medical emergency.

   **c. Advanced Directives information** – Provide the prospective resident (or legal representative) with information about Advanced Directives. Encourage them to review the information and speak with the applicant's physician as appropriate with any questions they may have. If the applicant has (or implements) Advanced Directives, a copy of the directive should be maintained in his/her record at the Residence.

   (Note that an employee of the Residence should never sign a resident's Advanced Directives or DNR Status form as a witness or serve as the legally recognized surrogate decision maker for the resident.)

   **d. Resident Agreement** – Encourage the applicant (or legal representative) to review this agreement and to call with any questions they may have (see Section 5.2.a in the Vermont Residential Care Home Licensing Regulations for admission agreement requirements).

e. **Pet Agreement -** If the resident wishes to bring a pet with him/her when moving into the Residence, ask the applicant (or legal representative) to review the Addendum to the Resident Agreement (for Pets).

f. **Activities and Interests form –** Ask the applicant (or legal representative) to complete this form, as it will help staff to coordinate social/recreational activities that are of particular interest to the resident (for more information regarding the suggested use of this form, refer to the Social / Recreational Policy and Procedure Manual).

g. **Resident Information Form –** Ask the applicant (or legal representative) to complete this form, taking care to print legibly, as this form will be the face sheet in the resident's record, providing important information about the resident (e.g. date of birth, insurance information, who to contact in case of emergency, etc.).

h. **Resident Handbook –** Inform the applicant (or legal representative) that this handbook contains a summary of information about the Residence.

2. Verbally review the following information with the applicant (or legal representative), referring to each corresponding reference in the Resident Handbook as appropriate. Explain that:

   - At the time of move-in, a $____ refundable security deposit is required. In addition, if the resident will have a pet, a $_____refundable pet deposit will be required. *(Note that charging a pet deposit is optional and up to the discretion of each Residence).*

   - The Residence's rate structure is based on the resident's needs, as determined during the resident's initial assessment and thereafter during re-assessments (*required on an annual basis or upon a significant change in the resident's physical or mental condition, as per Section 5.7 of the Vermont Residential Care Home Licensing Regulations. However, it is recommended that for best practice reassessments should occur at least every six months).*

   - Items that are not included in the monthly room and board charges are specified in the Residence's Uniform Consumer Disclosure (UCD) statement.

3. Explain to the prospective resident (or legal representative) that all of the resident's clothing should be marked with a permanent marker or sewn-in label to ensure the timely return of all articles after laundering. The resident (or legal representative) may also choose to mark other pieces of his/her property that he/she will be bringing to the Residence.

5. Refer the applicant (or legal representative) to the Residence's Uniform Consumer Disclosure (UCD) and review the admission and discharge criteria with them. Explain that although the goal of the Residence is to allow residents to age in place, there are certain conditions that may not be appropriate for the Residence.

# THE MOVE-IN PROCESS

## MOVE-IN CHARGES

**POLICY:** Calculate, according to established procedures, the amount a resident must pay at the time of move-in.

**PROCEDURES:**

1. Complete the move-in portion of a Move-in / Move-out Charges form by following these procedures:

   - Note the resident's name, the Residence name, the resident's move-in date, apartment number and type, level of service at move-in, and the resident's monthly fees at the time of move-in at the top of the Move-in / Move-Out Charges form.

   - Prorate the monthly fee for the current month by dividing the fee by the number of days in the month and then multiplying by the number of days left in the month (including the current day).

   - Determine whether the resident is required to pay the monthly fee for the following month as well as the current month (if the resident is moving in on or after the 20th of the month, he/she must pay the monthly fee for the following month; if moving in before the 20th, he/she may pay the fee for the current month only).

   - Write in the amount of the refundable security deposit and pet deposit (if the resident will have a pet).

   - Total all charges due at the time of move-in.

   - Note on the form the name and address of the party to whom the resident's monthly bills should be sent and sign the form.

2. Notify the prospective resident (or legal representative) of the amount he/she will need to pay at the time of move-in and keep a copy of the Move-In / /Move-Out Charges form in the resident's administrative file.

## MOVE-IN PROCEDURES

**POLICY**: Conduct resident move-ins in a warm, professional manner that is welcoming to new residents and ensures that all needed paperwork is completed and applicable procedures are followed.

**PROCEDURES:**

1. Before a prospective resident's scheduled move-in date, complete a Service Plan for him/her, following the procedures in the "Developing Service Plans" section in this manual.

2. Before the prospective resident begins moving his/her belongings into an apartment, complete the paperwork related to the move-in process. If this is not possible due to time constraints, at a minimum collect from the resident (or legal representative) those funds due at the time of move-in and have the resident (or legal representative) sign the Resident Agreement. Complete all other paperwork by the end of the resident's move-in day.

3. Ask the resident for the forms given to them during the assessment process. Then:

   - Review the Resident Information Form. Be sure that all blanks on the form are completed and the writing is legible. Clarify any questions with the resident (or legal representative).

   - Ask if the resident (or legal representative) has any questions about the Resident Agreement. Provide any additional information requested. Complete all applicable information on the Resident Agreement and have the resident (or legal representative) sign the agreement. Provide the resident with a copy of the agreement.

   - If the resident will have a pet, ask if he/she has any questions regarding the Addendum to Resident Agreement (for Pets) and provide any additional information requested. Complete all applicable information on the Addendum and have the resident (or legal representative) sign the agreement.

   - Ask the resident for the completed Activities and Interests form. Review the form to ensure its completeness.

4. Complete a Release Authorization form with the resident (or legal representative). Explain that this form provides authorization to the Residence to carry out the tasks described on the form. Have the resident (or legal representative) initial on the blank to the left of each statement for which he/she wishes to provide authorization.

5. If authorization to provide scheduled services in a resident's apartment in his/her absence is not obtained on the Release Authorization, note on the resident's Service Plan that housekeeping/laundry services may not be provided unless the resident is present.

6. Encourage the resident (or legal representative) to carry renter's insurance for coverage of the resident's personal belongings, as loss of or damage to personal items is not covered by the insurance carried by the Residence unless the loss/damage is caused by the Residence (employees of the Residence should never sell insurance to a resident or make a referral to a specific insurance agent).

7. Review with the resident his/her completed Service Plan, noting on the plan any changes desired by the resident. Let the resident know that the service planning process is interactive; thus, changes in the services provided to the resident can be made at any time upon the request of the resident. Have the resident (or legal representative) sign the Service Plan.

8. Give the resident (or legal representative) a completed Resident Services Schedule for information about the day and time of regularly occurring services (e.g., meals, laundry, housekeeping, showers, etc.). Maintain a copy of this form in the resident's record.

9. Remind the resident (or legal representative) that all of the resident's clothing should be marked discreetly with his/her name in permanent marker and/or on a label. This will ensure the timely return of his/her clothing after laundering.

10. Review with the resident (or legal representative) the completed Move-in / Move-out Charges Form. Answer any questions they may have and collect the amount due upon move-in.

11. Orient the resident to the Residence, providing information about those items listed on the Resident Orientation form. Check off each item as it is reviewed with the resident, sign the form, and have the resident (or legal representative) sign the form to acknowledge completion of the orientation.

12. Complete a Dietary Information form for the resident by transferring appropriate information from the resident's Physician's Orders and the assessment form to the Dietary Information form.

13. Place the resident's Service Plan and blank Service Notes in the service plan binder under a tab labeled with the resident's name and apartment number.

14. Notify staff of the new Service Plan in the Staff Communication Log (see the Staff Communication Log section in this manual). All direct care staff and other staff members directed by the Administrator should review the new Service Plan.

15. Take two pictures of the resident. Place one picture in the medication book on the divider for the resident (to assist with the proper identification of residents prior to providing medication assistance) and one in the service plan book.

16. Incorporate scheduled tasks (i.e., showers, am/pm assistance, etc.) from the resident's Service Plan onto staff task lists to notify staff of the resident's service needs.

17. Set up a service record and administrative file for the resident.

18. If the Residence will be assisting the resident with medications, or if the resident wishes the Residence to maintain a record of his/her medications, the RN is responsible for establishing a medication/treatment record for the resident (see the Health Services Policy and Procedure Manual).

19. Be sure that the resident feels as comfortable as possible in his/her new home (e.g., introduce the resident to other residents with whom he/she has common interests, etc.).

# THE SERVICE PLANNING PROCESS

## DEVELOPING RESIDENT SERVICE PLANS

**POLICY**: The Administrator (or designee), in consultation with the RN, direct care staff and others as appropriate, shall develop resident Service Plans to meet each resident's needs in a manner that supports the resident's preferences and independence.

(*Note: Developing resident service plans is not a requirement of the Vermont Assisted Living Residence Licensing regulations and cannot be used as a substitute for the required Resident Assessment. The procedures in this section are provided as a sample, suggested practice; however, there are many different service plan formats that can be used. The purpose of service plans is to provide a summary of the services that are provided to the resident, whether these are medical, social, etc.).*

**PROCEDURES:**

1. When developing a Service Plan for a resident, summarize information regarding the resident's condition and health status in the "Background Information / Health History" section of the Service Plan form (when developing a resident's Service Plan prior to move-in, health history information should be obtained from the resident's Physician Orders).

2. For each service area listed on the Service Plan form, write in the left-hand column ("Tasks to be performed by staff") those tasks with which staff will be providing assistance. Be sure to be as specific as possible. For example, instead of just stating "assist with shower," write in exactly the type of assistance needed (e.g., assisting into the shower, adjusting the water temperature, washing the resident's back and feet, assisting out of the shower, putting lotion on his/her feet, etc.). Also note in this section the desired outcome for each task provided. All issues which have been identified during the assessment process should be included on the Service Plan.

3. In the center column ("Tasks to be performed by others"), record all tasks that will be performed by individuals other than staff members (e.g., family members, a home health agency, etc.). Any task which will be performed by a third-party on an ongoing basis should be documented. For example:

   - A family member may wish to take the resident to doctor appointments on a regular basis, do the resident's personal laundry, or take care of the resident's pet.

   - A home-health nurse may come in on a regular basis to irrigate the resident's catheter.

   - A physical therapist may provide physical therapy to the resident on a regular basis.

4. In the right-hand column ("Resident Preferences/Additional Information"), note any information about the resident that relates to the service area that may be helpful to staff. This information may include resident preferences, idiosyncrasies, background information, or special habits / routines.

5. When medication assistance, treatments, and/or the taking of vital signs are listed as services for the staff to provide, detailed instructions for the task should be included on the resident's medication / treatment sheet (see the Health Services Policy and Procedure Manual).

6. After completing the Service Plan, review the plan to ensure that the language used on the plan is specific and concrete enough to ensure that all needed services could be performed according to the resident's preferences by individuals with no prior knowledge of the resident.

7. Review the Service Plan with the resident (or legal representative). Modify the plan if needed to reflect any input given, and have all involved parties sign the Service Plan.

8. On the first page of the Service Plan, write the Start Date for the plan and the Estimated Date of the next scheduled review.

9. Place the Service Plan in the Service Plan binder behind the tab with the resident's name and apartment number.

10. All resident assistants, the RN, Activity Director, Administrator, and other employees as designated by the Administrator should be familiar with residents' Service Plans. When an initial Service Plan is developed for a new resident or a Service Plan is revised, these staff members should review the Service Plan and document this review by signing their initials at the top of the plan and as needed, discuss/review the plan with relevant staff/team members.

## SERVICE PLAN REVISIONS

**POLICY**: Review and as needed revise a resident's Service Plan within 30 days of his/her move-in date and when significant changes occur in a resident's condition (or at least every six months) to ensure that the Service Plan accurately reflects the resident's current service needs and preferences. (*Vermont Assisted Living Residence Licensing regulations require that a Resident Assessment be conducted on at least an annual basis or when significant changes in resident needs occur. However, it is considered best practice to reassess residents at least every six months. Resident service plans should be updated when reassessments occur).*

**PROCEDURES:**

1. Minor changes in a resident's service needs or preferences may be made on the resident's Service Plan by writing in any new information in the appropriate space, crossing out any outdated information, and initialing the changes.

2. When significant changes in a resident's condition occur (e.g., the resident has fallen and broken a hip, was hospitalized due to pneumonia, had a stroke, etc.), the resident's Service Plan should be revised to reflect the corresponding changes in the resident's service needs. If appropriate, these changes should be documented on the Resident Assessment as well. If no significant changes occur in a resident's condition, review his/her Service Plan at least every six months and revise as needed.

3. When reviewing and revising resident Service Plans, obtaining feedback from staff who are directly involved with the resident's care is important. To facilitate this process:

   - Indicate on blank Service Planning forms the names of those residents scheduled for Service Plan reviews. Copy these forms and approximately one week before the scheduled service planning meetings give the forms to those staff members who are directly involved with the care of the indicated residents.

   - These staff members should review the Service Plans of the residents indicated on the Service Planning forms and then note on the forms any changes that have occurred in the residents' needs and preferences.

   - The Administrator (or designee) should review the completed forms and compile the information submitted for each resident, updating the resident's assessment and incorporating the changes into the resident's Service Plan.

   - The Administrator (or designee) should meet with the resident (and his/her legal representative, case manager, RN, and/or others as requested by the resident) to review the revised Service Plan. Obtain feedback from the resident and incorporate this feedback into the Service Plan. All involved parties should then sign the revised Service Plan.

4. Place the new Service Plan in the Service Plan book and file the prior plan in the resident's service record.

5. Incorporate any changes in the services provided to the resident by staff onto staff task lists.

6. Document the Service Plan review in the resident's Service Notes with a reference to the review in the Staff Communication Log (staff should review the revised Service Plans so as to be familiar with each resident's current needs and preferences).

## USE OF THIRD-PARTY PROVIDERS

**POLICY**: When third-party providers are utilized to provide services to residents, provide the necessary oversight to ensure the continuity and appropriateness of resident services.

**PROCEDURES:**

1. Third-party providers may be used if a resident needs or prefers services that are not available through Residence staff. Following are examples of such situations:

   - State regulations prohibit Residence staff from providing the service

   - Residence staff members do not have the appropriate training or/and credentials to provide the service (e.g., physical therapy, speech therapy, hospice care, etc.)

   - The service goes beyond that which is included in the Residence's regular monthly service fees (e.g., one-on-one companionship, skilled nursing care)

2. Inform prospective residents (or legal representatives) of the Residence's limitations in service provision BEFORE the resident makes a decision to move into the Residence. Refer them to the Uniform Consumer Disclosure (UCD) and explain that the fees charged by third-party providers are typically not included in the Residence's fees.

3. If a third-party provider is used and the Residence will be coordinating the services of the provider for the resident, first obtain approval from the resident's financially responsible party, as all expenses incurred in the use of outside providers are the responsibility of the resident. Document this approval in the resident's Service Notes, along with specific information about the service to be provided. All third-party care arrangements are between the resident and the provider, subject to provisions within the Vermont Assisted Living Residence Licensing Regulations.

4. Some services provided by third-party providers will be ongoing or routine in nature (e.g., hospice care, one-on-one companionship, etc.). In such a case, document the service in the resident's Service Plan, along with any coordination efforts required by Residence staff.

5. The Administrator (or designee) should review with each third-party provider documentation guidelines for the Residence which the provider is expected to follow:

   - Each time the provider visits a resident, he/she must provide a brief summary of the visit in the resident's Service Notes (e.g., the service provided, changes noted in the resident's status, need for future visits, etc.). Documentation in the resident's Service Notes must be provided even if the provider is willing to provide the Residence with a copy of his/her own progress notes.

- The provider must then note the resident's apartment number in the Staff Communication Log to alert staff that an entry was made in the resident's Service Notes.

6. The RN must monitor any nursing tasks performed by third-party providers to ensure continuity of service and the appropriateness of resident care.

# DOCUMENTATION

## RESIDENT SERVICES DOCUMENTATION

**POLICY:** Staff shall make appropriate and complete documentation in a timely manner for all resident services and incidents occurring at the Residence, following established procedures.

**PROCEDURES:**

1. The Administrator (or designee) shall train all staff in appropriate procedures for documentation during their initial orientation, with ongoing feedback provided as needed.

2. If a resident refuses service, staff shall clearly document in the resident's Service Notes what occurred during the attempt at service provision (i.e. the reason for the refusal, what services if any were provided, and what services were not provided). Also note the resident's apartment number in the Staff Communication Log to alert staff that documentation was made in that resident's Service Notes (see the Staff Communication Log section in this manual).

3. If staff notice any change in a resident's status (e.g., health condition, abilities, moods, etc.), document the change in the resident's Service Notes, along with any follow-up action taken (such as consultation with the RN, family, case manager, etc.). In addition, note the resident's name and apartment number in the Staff Communication Log to alert staff to review that resident's Service Notes.

4. Documentation must also be made on an Incident Report form when incidents occur which involve (or may involve) harm to any individual or property (e.g., resident falls, abuse to a resident by a family member, theft, etc.). See the section in this manual on Resident Incidents for additional information on the completion of incident reports and related reporting requirements. Refer to Section 5.12.c (2), (3), (5) and (6) in the Vermont Residential Care Home Licensing Regulations for additional information on reporting requirements.

5. When documenting in residents' Service Notes, staff should remember that this documentation would be considered a legal document if brought into a court of law. Thus, these guidelines should be followed when making entries in resident Service Notes.

   - Make sure the resident's name and apartment number appear on every page.
   - Record the date (including the month, day, and year) and time of day for every entry.
   - Sign every entry made with a full signature.
   - Write legibly so that others can read the documentation.
   - Make all entries with a ballpoint pen.

- Write in specific, objective language. Do not generalize, document hearsay, or record personal thoughts/feelings. Write only what was observed or reported, and state only facts.

- Be complete, making sure that everything significant to the resident's condition is recorded.

- If an error in documentation is made, draw a single line through the word(s) of the incorrect information, making sure the statement is still legible.

- Document as soon as possible after an event occurs to ensure the most accurate recording possible.

6. When documenting resident-to-resident incidents in a resident's Service Notes, do not include the name of the other resident in the documentation (you may, however, refer to his/her apartment number for identifying information).

## STAFF COMMUNICATION LOG

**POLICY:** All direct care staff and other staff as directed by the Administrator or RN shall use the Staff Communication Log to report any information that affects the entire Residence and to ensure the continuity of individual resident care and services.

**PROCEDURES:**

1. Use the Staff Communication Log to:

   - Alert staff that documentation about a resident was made in his/her Service Notes (e.g. regarding a change in a resident's condition, refusal of service, etc.) by writing the resident's name and/or apartment number in the Staff Communication Log. Do NOT document entire incidents in the Staff Communication Log.

   - Notify staff of information that affects the entire Residence (e.g., the dishwasher is broken, a meeting for a civic organization will be held at the Residence, etc.).

2. At the beginning of each scheduled shift, direct care staff (and other staff as directed by the Administrator, should:

   - Review the Staff Communication Log for updates, reading the resident Service Notes that correspond to entries made in the Staff Communication Log.

   - Initial at the top right-hand corner of each page of the Log that has been reviewed.

3. The Staff Communication Log should be kept in a location that is easily accessible to staff but where the confidentiality of residents will be respected.

# RESIDENT ISSUES

## PET VISITATION AND OWNERSHIP

**POLICY:** The goal of the Residence is to allow residents to benefit from the pleasure of pet companionship, while ensuring that the presence of pets in the Residence does not infringe on the rights of all residents to live in a clean, quiet and safe environment.

**PROCEDURES:**

1. Pets may visit the Residence if the following conditions are met (see Section 10.2 of the Vermont Residential Care Home Licensing regulations):

   - The pet owner provides verification of current vaccinations.
   - The pet is clean, properly groomed and healthy.
   - The pet's owner is responsible for the pet's behavior and maintains control of the pet at all times.

2. If a resident wishes to keep a pet in his/her apartment, have him/her sign an Addendum to the Resident Agreement (for Pets) and give him/her a copy of the Addendum. Place the original Addendum in the resident's administrative file.

3. All pets residing in the Residence must be licensed as required by local animal licensing laws, and must have met the requirements for inoculation associated with the license. Maintain a copy of the local animal licensing laws so as to be able to provide applicable information to prospective residents and other individuals as needed. If required by local licensing laws, note a pet's license number on the Addendum.

4. A refundable Pet Deposit is required before a resident brings a pet into the Residence. This fee is not applicable for service animals such as seeing-eye dogs. The Pet Deposit should be refunded to the resident (or legal representative) upon discharge from the Residence or death, unless pet-related damage has occurred to the resident's apartment.

5. All resident pets must reside in the resident's apartment. Pets will be allowed in the common areas of the Residence only when under the control of the owner or handler. No pet may be allowed to be loose on the Residence grounds or in the area surrounding the Residence. Resident pets are not allowed in the dining room at any time. Residents who wish to keep pets in their apartments may do so provided they abide by the policies of the Residence in regards to pet ownership, as outlined in the Addendum to the Resident Agreement (for Pets).

6. Common household pets (including dogs, cats, fish, birds, guinea pigs, and hamsters) may reside in the Residence, upon approval of the Administrator and providing that the resident abides by the provisions noted below

7. Document arrangements for the care of a resident pet on the resident's Service Plan. The plan should indicate who will provide the following tasks on a regular basis:

   - Purchasing food and other needed pet supplies
   - Feeding, grooming and/or cleaning up after the pet
   - Providing for toileting (e.g., emptying the litter box, taking the pet outside at regular times, etc.)
   - Arranging for/providing access to needed veterinary services
   - Exercising the pet as appropriate

8. Pets must not be allowed to toilet on the floor (all dogs shall be toileted in an outside area). Litter from litter boxes or cages must be disposed of in a sealed plastic bag and placed promptly in a trash container. Pet waste and/or litter may not be disposed of in toilets.

9. Pets may be fed only in the resident's apartment.

10. The Residence reserves the right to report any suspected animal neglect or abuse to the resident's legal representative and to animal control authorities.

11. The Residence has the right to conduct an inspection of the resident's apartment to ensure compliance with the pet agreement. Notify the resident prior to any inspection, except in suspected cases of animal abuse and/or neglect.

12. Pets shall not be allowed to interfere with an enjoyable living environment for all residents by barking, howling, biting, scratching, and/or whining. The Residence shall ensure that pets pose no risk to residents, staff or visitors.

13. The resident must comply with all municipal, city and/or county codes regarding pet ownership.

14. If the conduct or condition of a resident's pet constitutes a nuisance or a threat to the health and safety of other residents, staff, and/or other individuals, the resident will be responsible for permanently removing the pet from the premises.

15. Pets must be free from diseases including leukemia, heartworm, hepatitis, leptos psorisos, parvo, worms, fleas, ticks, ear mites, and skin disorders and must be current at all times with rabies and distemper vaccinations. Pet health records must be maintained by the Residence and made available to the public if requested (see Section 10.2 of the Vermont Residential Care Home Licensing Regulations).

16. If needed, the resident will be responsible for the treatment of any infestation of pet parasites.

## RESIDENT CONFIDENTIALITY

**POLICY:** All information regarding residents is confidential and should only be discussed as necessary and appropriate to meet the resident's care needs. Release of information to third parties may be shared only with the express permission of the resident (or legal representative).

**PROCEDURES:**

1. All staff members must treat all information regarding residents as confidential. That is, staff must never disclose information about a resident, whether in writing or verbally, without the resident's permission.

2. When a resident moves to the Residence, the resident (or legal representative) should review and sign a Release Authorization form. This form provides the resident with the opportunity to identify those individuals and organizations with whom staff may share information.

3. If staff would like to share resident information with an individual(s) not identified on the Release Authorization form, the resident must first grant permission. This may occur when:

   - The resident signs a release of medical information to be sent to a particular healthcare provider(s).

   - The resident gives an employee written authorization to speak to a specific individual(s) about a particular situation related to the resident, and this permission is documented in the resident's Service Notes.

4. Staff must be careful to NOT assume that all residents are comfortable sharing all information with all members of their family. Respecting a resident's wishes regarding this matter is important. Always refer to the resident's Release Authorization form and/or check with the resident if staff have any questions about the resident's wishes regarding the sharing of confidential information.

5. Staff may discuss resident issues with other staff members while on duty at the Residence in private, confidential settings, being careful not to talk about residents in public areas where others may overhear the conversation. Staff should never discuss resident issues with other residents without the express permission of the individual.

## RESIDENT CONCERNS

**POLICY:** Take resident complaints seriously, respond promptly and investigate thoroughly to bring appropriate resolution to the situation.

**PROCEDURES:**

1. Encourage residents to voice any concerns they may have about the Residence to the Administrator (or designee). If a resident expresses a concern, listen to him/her without becoming defensive or interrupting him/her. Always take resident complaints seriously.

2. When a resident (or legal representative) expresses a concern or complaint, document the complaint in the resident's Service Notes. If possible, tell them immediately what steps will be taken to rectify the situation.

3. If more information is needed before a response may be made, inform the resident (or legal representative) that you will investigate the situation and get back to them as soon as possible. Then, gather additional information from as many sources as is appropriate to gain a clear understanding of the situation. Document the investigation in the resident's Service Notes.

4. If the complaint involves staff misconduct, refer to the Personnel Policy and Procedure Manual for additional guidelines. If the complaint involves possible abuse, refer to the section in this manual on Resident Abuse.

5. If a resident complaint involves another resident and the investigation confirms that the alleged behavior occurred, determine what approach would be most effective in resolving the situation or in reducing the potential for future conflict. Document the complaint in both residents' Service Notes, along with any follow-up action taken.

6. Post the phone numbers for the Long-Term Care Ombudsman and the Vermont Division of Licensing and Protection (802-241-2345) in a visible location.

## RESIDENT ABUSE

**POLICY:** The Residence will not tolerate abuse, exploitation or neglect of residents. Any staff person who has knowledge of or suspects that a resident has been the victim of abuse, neglect or exploitation must make a report within 48 hours to Adult Protective Services / Division of Licensing and Protection (see Section 5.18 of the Vermont Residential Care Home Licensing Regulations).

**PROCEDURES:**

1. Abuse of residents may take many forms, including:

   - Any physical injury to a resident not caused by an accident (e.g., hitting, pinching, striking, or injury resulting from rough handling).

   - Neglect of a resident resulting in physical harm, discomfort or loss of the resident's dignity.

   - Unwanted sexual contact with another resident (or any sexual contact by a staff person with a resident).

   - Financial exploitation, including the illegal or improper use of a resident's resources or property for the profit or gain of another person and/or spending resident funds without the consent of the resident or his/her financially responsible party.

   - Verbal abuse, including the use of oral, written or gestured communication to a resident, or to a visitor or staff member about a resident within that resident's presence, that describes the resident in disparaging or derogatory terms.

   - Mental abuse including humiliation, harassment, threats of punishment or deprivation directed toward the resident.

2. Take any allegation of resident abuse by any individual (e.g., employee, other resident, family member, etc.) very seriously and report it immediately to Adult Protective Services.

3. If abuse is suspected, act immediately to protect the resident from any additional harm that may occur (e.g., moving the resident to another apartment, asking the individual accused of the abuse to not visit the Residence for a specified amount of time, having someone stay with the resident at all times, reassigning staff, etc.).

4. If an employee is suspected of abuse, he/she should immediately separate him/herself from the resident he/she is accused of abusing (this does not indicate guilt, but is a step in defusing a potentially volatile situation). Suspending the employee immediately, or reassigning staff pending the results of an investigation, may be appropriate (see the section on Suspension in the Personnel Policy and Procedure Manual).

5. The Administrator (or designee) should begin immediately to investigate the allegations. Speak with all involved parties, including all staff on duty at the time the abuse supposedly occurred, to determine what happened. Document all conversations (witnesses may also be asked to put their statements in writing).

6. Contact the Vermont Adult Protective Services (APS) within 48 hours (at 1-800-564-1612) to make a report if you have witnessed or suspect that a resident has been abused, neglected or exploited (as per Section 5.18 of the Vermont Residential Care Home Regulations).

7. A complaint of abuse may result in investigations from one or more agencies (e.g., Adult Protective Services, the Division of Licensing and Protection, Long-Term Care Ombudsman, police department, etc.). Cooperate fully with the individual(s) conducting the investigation(s), acting in a courteous, professional manner. Depending on the situation, seeking guidance from legal counsel and/or the Residence's professional liability insurance agent may be appropriate.

## RESIDENT INCIDENTS AND INJURIES

**POLICY:** Residence staff must report unusual incidents and injuries, including incidents that are resident-to-resident, according to the reporting requirements mandated in the Vermont Assisted Living Residence Licensing regulations.

**PROCEDURES:**

1. In the event of a fire, notify the Department of Disabilities, Aging and Independent Living, Division of Licensing and Protection, and the Department of Public Safety, Division of Fire Safety, within 24 hours (at 802-241-2345) by the most expeditious means available regardless of the size of the fire or damage incurred. A written report must be submitted to both Divisions within seventy-two (72) hours and a copy of the report kept on file (refer to Section 5.12.c of the Vermont Residential Care Home Licensing regulations).

2. When a resident has an accident or becomes ill, place a written report in the resident's record. Report any untimely deaths to the Division of Licensing and Protection and keep a record of the report submitted on file.

3. Report any unexplained absence of a resident from the Residence for more than twelve (12) hours to the police and the resident's legal representative (as appropriate). Report the incident to the Department of Aging and Disabilities, Division of Licensing and Protection (at 802-241-2345), within twenty-four (24) hours of the disappearance, with a written report submitted within seventy-two (72) hours.

4. When the Residence experiences any breakdown or cessation of operations/major services such as plumbing, heating or water supply, notify the Division of Licensing and Protection immediately (at 802-241-2345) and submit a written report within 72 hours.

5. Submit a written report of any incidents of abuse, neglect, or exploitation to the Division of Licensing and Protection.

6. Submit a written report to the Division of Licensing and Protection in the event of resident injury or death following the use of a mechanical or chemical restraint.

7. Complete an Incident Report form for all incidents or injuries. When an incident involves a specific resident, place a copy of the Incident Report in the resident's administrative file for Incident Reports, with another copy of the report maintained (in chronological order) in a general file for all incidents occurring within the Residence.

# THE DISCHARGE / MOVE-OUT PROCESS

## TEMPORARY RELOCATIONS / ABSENCES

**POLICY:** Follow appropriate procedures when residents are temporarily absent from the Residence to ensure the continuity of resident services.

**PROCEDURES:**

1. If a resident needs/prefers services not available through the Residence or third-party providers, a temporary relocation may be appropriate (e.g., to a hospital, skilled nursing facility, psychiatric hospital, etc.). Discuss all available options with the resident (or legal representative) and his/her physician as appropriate. Document all conversations and decisions made in the resident's Service Notes and on the Resident Assessment as appropriate.

2. When a resident transfers to another facility and the Residence has been managing his/her medications, a copy of his/her current medication sheet(s) should be sent with him/her to the facility. Document the transfer in the resident's Service Notes.

3. When a resident returns to the Residence after a temporary stay in another facility, discharge orders must be received from the facility before services may be provided.

4. The Administrator (or designee) or RN must revise the resident's Service Plan if significant changes in his/her service needs/preferences have occurred during his/her absence (see the section in this manual on Service Plan Revisions).

5. If the Residence is managing the resident's medications, incorporate any medication and/or treatment order changes, as reflected on the resident's discharge orders, on the resident's medication record. Complete a new medication sheet(s) for the resident if significant changes in medication or treatment orders have occurred (see the Health Services Policy and Procedure Manual).

6. File the Discharge Orders in the resident's record under the tab labeled "Physician Orders."

7. Residents may leave the Residence for visits, trips, or other personal reasons at any time. Staff should review with the resident and/or the person with whom he/she will be traveling or staying those services that the Residence provides for the resident. Offer to provide a copy of the resident's Service Plan and/or medication sheet(s), and document all discussions regarding the temporary absence in the resident's Service Notes. See the section in the Health Services Policy and Procedure Manual on "Out-of-Building Medications" for procedures regarding the release of medications to the resident or responsible party.

8. Residents should sign in and out of the Sign-In/Sign-Out book when they leave and return to the Residence from a temporary absence.

## DISCHARGE OR MOVE-OUT

**POLICY:** Follow established procedures when a resident's Resident Agreement with the Residence is terminated, with all efforts made to make the transition as easy as possible for the resident.

**PROCEDURES:**

1. Residency at the Residence may terminate when a resident chooses to move from the Residence, the Administrator (or designee) requests that the resident move, or the resident passes away.

2. **When a Resident Terminates Residency**:

   a. A resident's rental agreement may be terminated by a resident by submission of a 30-day written notice to the Residence.

   b. The resident is liable for payment of his/her fees for 30 days after the date the written notice is given, or until the resident's belongings are completely removed from the apartment, whichever time period is longer.

   c. If the resident's apartment is re-rented and occupied before the 30 day period is over, the resident will be charged only up until the date the new resident moves into the apartment.

   d. If the resident is not able to give 30 days notice due to health reasons or death, the resident (or legal representative) is required to pay room and board fees for seven days after vacating the premises, including the removal of his/her belongings.

3. **When the Residence Terminates Residency:**

   a. Whenever possible, allow residents to live out their lives at the Residence. However, situations arise when it is no longer appropriate and/or allowed by the Vermont Residential Care Home Licensing regulations (Section 5.3) or the Vermont Assisted Living Licensing Regulations (Section 6.5) a to continue to provide services for residents.

   b. Before a decision is made to terminate a resident's residency, carefully evaluate the situation to ensure that all options for the provision of service needs have been identified and reviewed. Be sure to involve the resident (and legal representative) in these discussions.

   c. If it is apparent that continued residency is no longer appropriate, notify the resident (or legal representative) as appropriate. Provide assistance as needed in identifying appropriate options to which the resident might relocate.

d. If a resident is asked to move by the Residence, charges should be incurred only up until the day the resident's belongings are removed from the apartment.

e. The Residence must not initiate a discharge of a resident solely because the resident's choice might pose a risk, if the resident is competent and the choice is informed and poses a danger or risk only to the resident. Otherwise, an involuntary discharge of a resident may occur only when (as stated in Section 6.5 of the Vermont Assisted Living Residence Licensing regulations):

- The resident presents a serious threat to self that cannot be resolved through service planning and the resident is incapable of engaging in a negotiated risk agreement;
- The resident presents a serious threat to residents or staff that cannot be managed through interventions, service planning, or negotiated risk agreements in the assisted living setting;
- A court has ordered the discharge or eviction;
- The resident failed to pay rental, service, or care charges in accordance with the Resident Agreement;
- The resident refuses to abide by the terms of the Resident Agreement; or
- The Residence can no longer meet the resident's level of care needs in accordance with section 6.3 of the Vermont Assisted Living Residence Licensing regulations.

f. An emergency discharge or transfer may be made with less than thirty (30) days notice under the following circumstances, as stated in Section 5.3.b of the Vermont Residential Care Home Licensing regulations:

- The resident's attending physician documents that the discharge or transfer is an emergency measure necessary for the health and safety of the resident or other residents;
- A natural disaster or emergency necessitates the evacuation of residents from the Residence;
- The resident presents an immediate threat to the health or safety of self or others. In that case, permission must be requested from the licensing agency to discharge or transfer the resident immediately. Permission from the licensing agency is not necessary when the immediate threat requires intervention of the police, mental health crisis personnel, or emergency medical services personnel who render the professional judgment that discharge or transfer must occur immediately (in such cases, notify the licensing agency by at least the next business day); or
- When ordered or permitted by a court.

4. When a resident is moving to another location and the Residence has been managing the resident's medications, provide the resident (or legal representative) with copies of the resident's current medication sheet(s) and his/her remaining medications (see the Health Services Policy and Procedure Manual). Provide documentation in the medication book and in the resident's Service Notes.

5. If a resident's belongings are not removed from his/her apartment when he/she physically moves from the Residence, ensure that the apartment remains locked to restrict access from unauthorized individuals.

6. After the resident's belongings have been removed from the apartment, conduct an inspection of the apartment. Ensure that any damage to the apartment is repaired, the carpet is cleaned, and any necessary refurbishing is completed as soon as possible after the resident's belongings have been removed (see the section on Apartment Maintenance in the Maintenance Policy and Procedure Manual).

7. Complete the Move-Out Charges section of the Move-in/Move-Out Charges form, processing any refund due to the resident. File the Move-in/Move-Out Charges form in the resident's administrative file.

8. Place all of the resident's records (i.e., from the medication room as applicable, service plan book, resident's service record, and administrative files) in a single file to be archived (all resident records must be maintained for a period of seven years in a secure location).

# PERSONNEL

# POLICY & PROCEDURE MANUAL

## USE OF THIS MANUAL

This manual has been developed as part of a set of sample policy and procedure manuals for use by Vermont Assisted Living Residences. Users of the manual are encouraged to develop facility-specific policies and procedures, and thus may modify this manual to best meet the needs of each Residence. All use of the manual, however, is subject to the End-User License Agreement provided by Vista Senior Living, Inc., on the web site for the Vermont Department of Aging and Independent Living (www.dail.vermont.gov).

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## THE RECRUITMENT PROCESS

**POLICY**: The Administrator (or designee) shall recruit potential applicants for available positions from a variety of sources to ensure a pool of qualified candidates.

**PROCEDURES:**

1. When a position becomes available at the Residence, inform current staff members of the position and give them an opportunity to apply if interested. Whenever possible, fill positions with current staff to provide employees with opportunities to be promoted within the organization and/or to develop new job skills. However, the Residence has no obligation to offer an open position to a current staff member. Always fill positions with the most qualified individual.

2. When a current employee is interested in an available position, document all conversations with the employee about the opening in his/her Personnel Notes. Formally interview the employee for the position and document the results of the interview.

3. Recruit potential applicants for available positions using a number of methods, including:

   - Word-of-mouth by current employees, residents, family members, and/or volunteers
   - The State Department of Labor programs
   - Community colleges
   - Welfare-to-work programs (these programs typically offer financial incentives to employers)
   - Local religious institutions
   - Networking with contacts in the aging network, professional contacts, the local Chamber of Commerce, etc.
   - Advertising in local papers

4. When having difficulty recruiting qualified employees, consider offering an incentive to current staff members if they recruit friends who are hired and remain on the job for a specified period of time.

## EMPLOYMENT APPLICATION / HIRING PROCESS

**POLICY**: The Residence will consider all job applicants during a fair and objective hiring process based on their ability to meet the qualifications of the position for which they have applied.

**PROCEDURES:**

1. All individuals interested in an available position must complete an employment application. Offer ALL applicants interested in a position the opportunity to complete an application.

2. When a pool of applications has been received, review the applications and select for interviews those individuals who appear to best meet the criteria for the available position, based on education, past employment experience, and job knowledge. When scheduling interviews, be sure the applicant knows that if offered the position he/she will be required to undergo a background check.

3. Observing potential applicants interacting with residents is helpful (e.g., do they seem at ease and comfortable with the elderly, are they appropriate in their tone toward resident(s), do residents respond well to them, etc.). Do this during a brief tour of the building and/or before the interview if the applicant is waiting in an area where residents come and go.

4. It is illegal to ask applicants questions about their race, color, sex, religion, national origin, age, disability, sexual orientation, citizenship, and marital or family status. Other topics to avoid include any prior work injuries, arrest record, physical features or characteristics, and/or living situation. All questions must pertain directly to the individual's qualifications as they relate to the requirements and responsibilities of the position. Refer to the Pre-Employment Inquiry Guidelines for specific information on what questions can or cannot be asked.

5. During the interview, obtain information from the applicant about his/her job experience, skills, and knowledge, and observe his/her communication skills, appearance, and demeanor. Try to determine his/her motivation in applying for a position at the Residence. Ideally, all positions should be filled with individuals who not only have the basic skills and experience to perform the job-related duties, but who also genuinely enjoy working with the elderly and can embrace the philosophy of the Residence (i.e., enhancing the dignity, independence, choice, individuality and privacy of all residents).

6. Be objective and factual when taking notes during the interview. Do not write down personal opinions or comment on any areas that fall within the "unacceptable" category on the Pre-Employment Inquiry Guidelines. Keep any notes taken during the interview with the applicant's employment application.

7. Do not consider applicants for a position in which they would be reporting directly to a family member.

8. Check references on the applicant (be sure to call all recent prior employers). If a former employer will only provide the dates of employment, rate of pay and position, ask if the employee would be eligible for rehire. When speaking with former employers, be watchful for discrepancies in what the applicant /application says versus what is reported by his/her references.

9. After making a decision on which applicant to hire, verbally offer him/her the job. If he/she accepts the offer, notify the other applicants (at least those who were interviewed) that the position was filled.

## BACKGROUND CHECKS

**POLICY:** The Administrator (or designee) shall conduct background checks on all prospective employees according to Vermont regulations *(refer to the DAIL Background Check Policy at http://dail.vermont.gov/dail-policies).*

**PROCEDURES:**

1. Background checks are required for all persons employed by the Residence and for all volunteers who work alone with residents.

2. A background check must include all of the following:

   - A request for information about all substantiated findings of abuse, neglect, and exploitation directed to the Department of Children and Families (DCF) child abuse registry;

   - A request for information about all substantiated findings of abuse, neglect, and exploitation directed to the Department of Disabilities, Aging and Independent Living (DAIL), Division of Licensing and Protection adult abuse registry;

   - A request for information about all criminal convictions directed to the Vermont Crime Information Center (VCIC);

   - An on-line search of the Exclusions Database of the federal Department of Health and Human Services' Office of Inspector General at www.oig.hhs.gov; and

   - For volunteers or employees who will be paid to transport a person by motor vehicle, a complete Motor Vehicle Driver Record from the Vermont Department of Motor Vehicles.

3. Offers of employment may be made contingent upon satisfactory background checks, and a worker, contractor, or volunteer may, at the discretion of the Administrator, begin employment at the Residence pending receipt of the results of the background check. However, under no circumstances may an employee or contractor be paid for longer than sixty days without receipt of a completed background check.

4. The Residence must not allow any employee, contractor, or volunteer to provide services at the Residence who has:

   - A substantiated record of abuse, neglect, or exploitation of a child or a vulnerable adult;
   - Been excluded from participation in Medicaid or Medicare services, programs, or facilities by the federal Department of Health and Human Services' Office of Inspector General; and/or

- A criminal conviction for an offense involving bodily injury, abuse of a vulnerable person, a felony drug offense, or a property/money crime involving violation of a position of trust (see the specific list of prohibited offenses in the Background Check Policy which is available at http://dail.vermont.gov/dail-policies).

5. Variances of the Background Check Policy may be granted only under exceptional circumstances, with the Residence responsible for the decision to grant the variance. The following factors must be considered in the decision to grant or deny any variance:

   - The age of the individual at the time of the crime or substantiation;
   - The nature and seriousness of the crime (e.g. were there circumstantial reasons; was it related to a specific relationship, etc.);
   - The person's involvement with the criminal justice system and/or child or adult abuse, neglect or exploitation systems since the occurrence;
   - The amount of time that has passed since the substantiation or conviction;
   - The willingness of the individual to pursue expungement of any child or adult abuse substantiation;
   - Disclosure to the person receiving services, their surrogate, and legal guardian (if there is one).

   If a decision to grant a variance is made, written documentation of the decision must be made, including the rationale and any convictions.

## NEW EMPLOYEE PAPERWORK

**POLICY:** All new employees must complete the required paperwork before beginning work.

**PROCEDURES:**

1. When new employees report for their first day of work, instruct them to complete all required paperwork (do not allow an employee to begin orientation or on-the-job duties before this has been completed):

   - W-4 - Determines the amount of federal income tax to be withheld from the employee's paychecks. The staff member must complete the top of the form, and then sign and date the form. The Administrator (or designee) should complete the rest of the form.

   - I-9 - Required by the U.S. Department of Immigration and Naturalization to verify employment eligibility. The employee must complete Section 1 of the form, and the Administrator (or designee) completes Section 2. Look at the documents provided by the applicant as proof of citizenship (these documents must be listed on the I-9 as acceptable – e.g., driver's license, voter's registration card, social security card). After examining these documents, sign the bottom of the form.

   - Employee's Withholding Allowance Certificate - Completed by the employee through line "3" to determine the appropriate amount of income tax the State will withhold from the employee's paychecks, and signed by the employee. The Administrator (or designee) must complete the sections regarding the employer's name, address, and account number.

   - Job Description – Each position has a corresponding job description that lists the pertinent duties and responsibilities of the position. Have the employee review the job description, sign that he/she reviewed the document, and give him/her a signed copy of this document.

   - Personnel Action Request form - The Administrator (or designee) should complete the "Employee's Full Name", "Residence Name" and all information requested in the "New Hire" section of the form. Both the employee and the Administrator (or designee) and the Department Head if applicable should sign the form.

   - Hepatitis B Vaccination Option - All employees must complete this form to document whether they would like to have the Hepatitis B vaccination series.

   - Work Permit – Use this document to establish employment for individuals under the age of 16. A copy of the permit must be on file before he/she may begin work.

2. Ensure that any applicable professional documentation is on file in the employee's personnel record (i.e., nursing license, driver's license, licensed nursing assistant certification, first-aid card, etc.).

## NEW EMPLOYEE ORIENTATION

**POLICY:** The Administrator (or designee) is responsible for the training and orientation of all employees to enable them to perform the responsibilities of their jobs in an effective and efficient manner.

**PROCEDURES:**

1. Schedule and provide new employee orientation sessions as appropriate to ensure the proper orientation of all staff. If possible, provide orientation sessions to more than one employee at a time for efficient use of the Administrator's (or designee's) time.

2. Ensure that new employees are provided with training on the items listed on the New Employee Orientation form before they begin their regular job duties.

3. Review each item listed on the orientation form. Do not rush the orientation process as it forms the foundation for the rest of the employee's training. Properly trained employees typically perform better and are more satisfied in their positions.

4. After reviewing all items with the employee, both the individual providing the training and the new employee should sign the bottom of the form.

5. No individual should work unsupervised or alone in the Residence until thoroughly familiar with all items listed on the New Employee Orientation form.

6. After receiving the New Employee Orientation training, employees will receive additional training specific to their job position, provided by a staff member familiar with the duties of this position. The length of job-specific training time needed will vary depending on the job position, the education, and the experience of the employee.

## PERSONAL APPEARANCE

**POLICY:** All employees are expected to maintain appropriate standards of grooming, personal hygiene, and dress during working hours.

**PROCEDURES:**

1. All staff should maintain a professional appearance when representing the Residence. Toward this end:

   - Supervisors will communicate expectations for appropriate dress and employees are expected to adhere to these guidelines while on duty at the Residence.

   - All shoes worn must be closed-toed and permit quick, safe movements. Tennis shoes are allowed as long as they are neat, clean and without holes.

   - All staff members are required to wear name tags so as to be easily recognizable by residents and visitors to the Residence.

2. Staff who are not scheduled to work but come to the Residence (or other locations) to attend in-services or training sessions do not need to wear the attire expected of them when on-duty. However, they must be in neat, clean clothing. Clothing with holes, visibly ragged clothes, short shorts or skirts, lycra or other tight fitting pants, and low-cut or halter type tops are not acceptable. The Administrator has the authority to inform staff if their attire at staff meetings or training sessions is not appropriate.

3. Jewelry may be worn in moderation, but large rings and bracelets may scratch and tear the skin of elderly residents and/or necklaces, bracelets or earrings may be pulled off by confused or combative residents.

4. Fingernails should be neatly trimmed, clean, free of chipped polish, and no longer than the ends of the fingers where job responsibilities involve resident personal services, cooking or cleaning.

5. Hair should be neatly styled and facial hair should be clean and neatly trimmed.

6. Excessive make-up or perfume is discouraged (use only lightly scented colognes, perfumes or aftershave lotion).

## STAFF WORK SCHEDULES

**POLICY:** The Administrator (or designee) shall schedule staff work hours to address all applicable legal requirements and whenever possible to meet employees' scheduling preferences.

**PROCEDURES**:

1. Plan staff work schedules as far in advance as is feasible to give employees as much notice as possible (i.e., monthly staff schedules posted / distributed to staff at least two weeks before the schedule starts).

2. Whenever possible, use a rotating schedule to allow as much consistency as possible for staff members.

3. Give current staff schedules to all staff members to whom they apply, with a copy posted in the staff break room.

4. Keep prior work schedules in administrative files for a period of three years.

5. Staff working more than five hours per shift is entitled to have a minimum of one uninterrupted 30-minute meal period per shift worked and a ten-minute break for every four hours worked. It is important that all employees are allowed time to take these breaks, following these guidelines:

   - The time allotted for the meal period (e.g., lunch) should not be included in the hours reported by the employee for compensation; however, the required breaks should be included in the time for which the employee is paid.

   - Provide employees a place away from their work duties to take their breaks and meal periods. When possible, take breaks during times of decreased activity in the Residence. If an employee is not able to take his/her meal period without being interrupted to perform a job duty, the employee should notify the Administrator (or designee) as he/she should be compensated for that time.

6. Employees must notify their supervisor as far in advance as possible if unable to work their scheduled shift. Excessive absences or tardiness may be reason for disciplinary action and/or dismissal, and are considered during performance evaluations. When an employee is absent, document the absence on an Employee Absence Report kept in the employee's personnel file.

7. Unless specifically authorized by the Administrator (or designee), staff may not work overtime, leave work early, and/or exchange shifts with other staff members.

## STAFF COMPENSATION

**POLICY:** Staff compensation should be at wages commensurate with their experience and abilities and should be comparable to wages paid by competitors in the marketplace.

**Comment [A1]:** Check grammar on this section.

**PROCEDURES:**

1. Salary/wage scales and ranges should be established by conducting competitive wage surveys for all Residence positions. Within each range, employee reimbursement should be based on job-related experience, education, and skills/abilities.

2. Make adjustments to wage rates when a change in position occurs, an annual performance appraisal has been completed and a raise is indicated, and/or an increase is needed to bring the Residence's wage structure in line with the competition. Record any change in position or wage on a Personnel Action Request form.

2. All hourly staff must keep a record of time worked, either by using a time clock or by recording time manually on an Employee Time Sheet (see the section in this manual on Payment of Wages).

3. Pay staff on a salaried basis only if they meet all of the requirements for an exempt position. Contact the Department of Labor (www.DOL.gov) for information to determine if a position should be paid on an hourly or salaried basis.

## PAYMENT OF WAGES

**POLICY:** The Residence shall establish a regular payroll schedule and require that employees provide an accurate recording of all time worked.

**PROCEDURES:**

1. Every nonexempt employee is responsible for accurately recording all time worked on either a time card (using a time clock) or time sheet. All time worked is defined as all time spent on the job performing job-related duties.

2. Altering, falsifying, or tampering with time records, or recording time on another employee's time record is strictly prohibited and will result in disciplinary action, up to and including termination of employment.

3. ***If using a manual payroll system:***

   - Nonexempt employees must accurately record the time they begin and end their work, as well as the beginning and ending time of each meal period and any departure from work for personal reasons.

   - At the end of a pay period, employees shall total the number of hours worked and record these amounts in the appropriate spaces on their time card or sheet.

   - Employees must sign their time records to certify the accuracy of all time recorded. The Administrator (or designee) shall review and initial the time records. If any corrections or modifications are made, the employee and the Administrator (or designee) must verify the accuracy of the changes by initialing the changes.

   - The Administrator (or designee) should complete a Payroll Summary Form by transferring information from each employee's time record to this form.

4. **If using a time clock with an automatic payroll system:**

   - Employees must clock in and out at the times they begin and end work.

   - If an employee does not clock in or out, the Administrator (or designee) must verify when the employee began or ended work. A pattern of neglecting to sign in or out is not acceptable and may be grounds for disciplinary action.

   - Automatically generate a report by the payroll system, showing the time worked each day, the appropriate compensation and rate of pay (e.g., regular, overtime, holiday, etc.). The Administrator (or designee) is responsible for making any needed corrections to this report and submitting the corrections to the person responsible for the processing of payroll.

5. Withhold all required deductions from an employee's paycheck, including:

   - All applicable State, Federal, and local withholding taxes
   - Social Security and Worker's Compensation Fund contributions
   - Any applicable insurance payments (see the section in this manual on Insurance Benefits)

6. Pay all employees on a regular schedule. If a regularly scheduled payday falls on a Saturday, pay staff on the preceding Friday. If payday falls on a Sunday, staff will be paid on the following Monday. If payday falls on a recognized holiday, pay staff on the following day.

7. Never give paychecks to anyone other than the employee, unless written authorization to release the paycheck to another person is provided. Keep a copy of this authorization in the employee's personnel record.

8. If a paycheck is lost or stolen, the employee should notify the Administrator (or designee) immediately.

9. Never make salary advances to employees.

## OVERTIME COMPENSATION

**POLICY:** The Residence shall pay overtime to employees in accordance with applicable labor law regulations.

**PROCEDURES:**

1. Employees should never work overtime without obtaining prior approval from the Administrator (or designee). Staff duties shall be scheduled so that overtime is not needed to accomplish routine job duties except under unusual / unexpected circumstances.

2. Any hours worked over 40 hours in one workweek should be paid as overtime. The workweek for payroll purposes is 12:01 am Sunday through 12:00 midnight Saturday.

3. Pay all overtime worked at a rate that is one and one-half times the employee's regular hourly rate.

4. Salaried (exempt) employees are not eligible to receive overtime pay.

## HOLIDAY PAY

**POLICY:** The Residence shall pay hourly employees double time when working recognized holidays.

**PROCEDURES:**

1. Employees who work any of the following recognized holidays should receive compensation at twice his/her regular rate of pay:

   - New Year's Day
   - Martin Luther King's Day
   - President's Day
   - Memorial Day
   - 4th of July
   - Labor Day
   - Thanksgiving Day
   - Christmas Day

2. An employee scheduled to work the day before and/or day after a scheduled holiday must work the scheduled shift(s) to receive holiday pay (i.e., double time) for the holiday worked.

3. When using a manual payroll system, indicate earned holiday pay as such on the Payroll Summary Form (see the section in this manual on Payment of Wages). When using an automatic payroll system, the Administrator (or designee) will need to verify that the holiday pay was accounted for appropriately.

4. Staff not scheduled to work on a recognized holiday do not receive compensation for that holiday.

## VACATION TIME

**POLICY:** Full-time employees receive paid vacation time in accordance with the Residence's policies and procedures.

**PROCEDURES:**

1. Employees who work full-time are eligible for ____ weeks of paid vacation per year. Employees are not eligible to use accrued vacation time until they have worked at the Residence for six months. Employees may not accrue more than ____ hours of vacation time. Any vacation time earned over ___ hours will be forfeited by the employee.

2. When an employee is terminated or quits, vacation time that has been earned but not taken will be paid.

3. Employees must schedule vacation time in advance for approval by the Administrator (or designee).

4. To request vacation time, an employee must complete a Vacation / Leave of Absence Request form by checking the "vacation" blank, indicating the requested vacation dates and corresponding number of hours, signing the form, and submitting the form to the Administrator (or designee) for review and approval.

5. The Administrator (or designee) will review the Vacation / Leave of Absence Request form completed by the employee, determine the number of hours of paid vacation time (if any) the employee has earned, and mark the form approved or not approved (if the vacation time is not approved, explain the reason on the Vacation / Leave of Absence Request form).

6. The Administrator (or designee) will notify the employee of the approval or denial and file the Vacation / Leave of Absence Request form in the employee's personnel file.

7. If using a manual payroll system, vacation time taken should be clearly marked on the Payroll Summary form to ensure that correct payment is made to the employee (see the section in this manual on Payment of Wages).

## UNPAID LEAVE

**POLICY:** Employees may request unpaid leave of absences when, for personal reasons, they wish to take extended time off from employment.

**PROCEDURES:**

1. If an employee finds it necessary to be absent from work for a prolonged period of time (e.g., for a personal or family emergency), he/she may request a leave of absence by completing a Vacation / Leave of Absence Request form.

2. The decision to approve the requested leave of absence should be based upon factors such as the impact the leave would have upon the overall operations of the Residence, the employee's length of employment and work performance, and the reason for the request. Document approval or denial of the request on the Vacation / Leave of Absence form and file the form in the employee's personnel file.

3. During an unpaid leave of absence, vacation hours are not accrued and health insurance is not paid beyond the last day of the current month worked. The employee may continue his/his insurance coverage by paying the premium cost out-of-pocket for the remainder of the leave of absence.

4. Employees who take an unpaid leave of absence are not guaranteed reemployment when they return, although every effort should be made to facilitate continued employment with the Residence.

5. If an employee wishes to take a leave of absence under the Family Medical Leave Act contact the Vermont Department of Labor or the federal Department of Labor (www.DOL.gov) for appropriate guidelines.

## INSURANCE BENEFITS

**POLICY:** The Residence will provide a group medical insurance program for all employees who meet eligibility requirements and follow established procedures to ensure the timely enrollment of interested and eligible employees.

**PROCEDURES:**

1. A group medical insurance program is available to all full-time employees (those who work ___ or more hours per week) after completion of 90 days of continuous employment. Review details of the available program(s) and eligibility requirements with new employees upon hire.

2. When an employee meets the eligibility requirement for coverage, the Administrator Manager (or designee) will inform the employee of the time frame for enrolling in the insurance plan(s), provide information on the available plan(s), and supply the employee with appropriate enrollment forms.

3. The Administrator (or designee) will send the completed enrollment forms to the benefits contact person for processing, placing a copy of the form in the employee's personnel record. Inform the employee of the date that his/her coverage will begin.

4. If payment by the employee is required either for a co-payment on his/her insurance coverage or for coverage of a spouse or dependent(s), the employee should complete and sign an Authorized Payroll Deduction form. Give a copy of this form to the employee and file the original in the employee's personnel record.

## REIMBURSEMENT FOR EMPLOYEE EXPENSES

**POLICY:** The Residence will reimburse employees for expenses paid out of their personal funds when proper documentation is submitted.

**PROCEDURES:**

1. When employees are expending money on behalf of the Residence, they should use funds from the Petty Cash account whenever possible.

2. Employees should use their own funds for Residence expenses only when prior authorization has been received from the Administrator (or designee). When authorized for Residence use, reimburse employees for mileage when using their personal automobiles.

3. To facilitate reimbursement for approved expenditures an employee should complete an Employee Expense Report form, attach receipts to the report and submit the report to the Administrator (or designee).

4. The Administrator (or designee) shall review the Employee Expense Report form, assign appropriate account numbers to each expense, sign and date the report to acknowledge approval of the expenses, and submit the report for reimbursement.

## PERFORMANCE EVALUATIONS

**POLICY:** The Administrator shall ensure that employee evaluations are performed in a timely manner and according to an established process that provides objective, accurate feedback to each employee.

**PROCEDURES:**

1. Conduct performance evaluations for all employees after 90 days of employment and annually thereafter on the anniversary of their hire date (the 90-day evaluation is not tied to a performance raise).

2. Conduct more frequent appraisals at the discretion of the Administrator (or designee). For example, an additional evaluation might be indicated if an employee's performance has been unsatisfactory or if an employee is being promoted or given additional responsibility.

3. Schedule the evaluation with the employee in advance, at a time and place that will minimize the possibility of interruptions. Plan for adequate time to review the performance evaluation with the employee and provide him/her with an opportunity to respond.

4. Give the employee a copy of the "Employee Input for the Performance Evaluation Discussion" form approximately one week before the date of the scheduled evaluation. Ask the employee to complete this form and return it before the scheduled appointment time.

5. Complete an Employee Performance Evaluation for the employee:

   - Review the employee's attendance record, in-service/training record, disciplinary record, job performance (skills and attitude), adherence to policies and procedures, and any relevant written or verbal feedback provided by residents, co-workers, etc.

   - Review each item listed on the Employee Performance Evaluation form. Mark each item independent of the others to reflect that aspect of the employee as accurately as possible.

   - Be objective about the employee's performance. Be careful not to bring any preconceived ideas or assumptions about an employee to the appraisal process.

   - Be careful not to:

     a) Confuse length of employment with performance
     b) Compare the employee with yourself
     c) Let fear of competition from the employee affect your ratings of him/her
     d) Set impossibly high standards

e) Give everyone high ratings
f) Substitute personal feelings for fact

6. Review the Employee Input for the Performance Evaluation Discussion form completed by the employee and compare the employee's self-assessment with your evaluation of him/her. If they are substantially different, try to determine why the differences occurred.

7. Prepare for your discussion with the employee, remembering that the goals of the evaluation should be to:

   - Acknowledge the employee's accomplishments, progress, and skills development.
   - Identify talents, skills and abilities that might not otherwise be recognized and develop a plan to strengthen such talents.
   - Identify areas needing improvement and develop a plan to address these areas.
   - Provide an opportunity to discuss job-related concerns and issues.
   - Provide information needed to make decisions about wage adjustments, promotions, disciplinary actions, and/or reassignment.

8. When reviewing an employee's performance evaluation with him/her:

   - Begin the evaluation with positive feedback about some aspect of the employee's job performance.

   - Be straightforward in your discussion of the employee's performance. Explain how the ratings were derived, focusing on the job – not the person.

   - Recognize the right of the employee to disagree, but do not feel compelled to change the rating.

   - Obtain the employee's input in developing a plan to address any areas of concern, enhance his/her areas of strength, and further his/her career goals.

9. Suggest a 30-day follow-up review if the employee has done poorly and/or feels that the evaluation doesn't accurately reflect his/her abilities or performance.

10. Ask the employee to write comments and sign the Employee Evaluation form. If he/she refuses to sign the form, document as follows on the form:

    - (Employee's Name) had the opportunity to review this document and make written comments on (date) but refuses to acknowledge this by signature.
    - (Supervisor's Signature) (Date)

11. Provide the employee with a copy of the Employee Evaluation form if requested. Place the original form in the employee's personnel file.

12. End the evaluation on a positive note, thank the employee for his/her work, and provide positive feedback on his/her job performance and/or acknowledging improvement in specific areas.

13. Use the results of the performance evaluation in making decisions regarding continued employment, salary adjustments, and changes in job position.

## DISCIPLINARY ACTION

**POLICY:** The Administrator (or designee) shall take appropriate disciplinary action when an employee violates the Residence's policies and procedures and/or engages in inappropriate behavior, with documentation made in the employee's personnel record. **Nothing in this policy limits the right of the employee or of management to terminate employment at any time with or without cause.**

**PROCEDURE:**

1. A number of different disciplinary actions may be taken depending upon the circumstances and the severity of the performance problem. The types of disciplinary action that may be used include verbal warnings, written warnings, suspension or termination.

2. The following includes types of behavior/conduct that may result in disciplinary action:

   **a. <u>Job Performance:</u>**
   - Failure to communicate with residents, co-workers, supervisors and/or visitors appropriately.
   - Failure to provide resident services.
   - Unwillingness to perform duties as assigned; unsatisfactory work performance.
   - Refusal to obey a supervisor's orders or instructions.
   - Providing unauthorized or prohibited services.
   - Failure to adhere to established policies and procedures.
   - Failure to meet in-service, training, licensure or other conditions of employment.

   **b. <u>Safety:</u>**
   - Failure to report an on-the-job injury or illness.
   - Failure to follow reporting and/or treatment procedures for workers compensation claims.
   - Failure to know and/or follow proper infection control procedures.
   - Failure to take action to remedy an unsafe condition(s).
   - Failure to know and follow proper procedures for lifting, transferring and/or other potentially hazardous tasks associated with job performance.
   - Using equipment or supplies in an unsafe manner.
   - Failure to know or follow fire, life safety, emergency, or security procedures.

   **c. <u>Maintenance of Records:</u>**
   - Failure to record required personnel, resident or other information.
   - Falsifying personnel, resident or other records.
   - Purposely giving wrong information when reporting hours worked, or tasks completed.
   - Falsifying any document.

**d. <u>Work Schedule:</u>**

- Excessive absenteeism or tardiness.
- Refusing to work assigned times.
- Overstaying unpaid leave, vacation or other time off.
- Working overtime without prior authorization.
- Overstaying work time by checking in early or out late; remaining after checkout.
- Leaving the building or adjacent grounds during work hours without approval.
- Smoking, eating or taking breaks in unauthorized places and/or times.

**e. <u>Use of Property:</u>**

- Failure to keep work space and common areas clean and tidy.
- Neglecting, mishandling or destroying property, equipment, or supplies belonging to residents, co-workers, visitors and/or the Residence.
- Being careless or wasteful with property belonging to the Residence.
- Using the Residence's equipment and supplies for personal use without prior approval of the Administrator.
- Using the Residence's telephone for non-emergency or unauthorized calls.
- Posting or removing notices, signs and/or leaving unsolicited literature on the Residence's property without prior approval of the Administrator.

**f. <u>Other:</u>**

- Verbal, physical or psychological abuse of a resident, co-worker or visitor.
- Reporting to work under the influence or consumption on the premises of alcohol or illegal drug(s).
- Possession of firearms, illegal drugs and/or weapons on the premises.
- Theft from the residents, co-workers, visitors or the Residence.
- Making false accusation(s) against the Residence, co-workers or residents.

3. Any time an employee violates established policies and procedures and/or exhibits inappropriate behavior, the Administrator (or designee) shall document the incident in his/her personnel notes (whether or not any formal disciplinary action is taken). Be sure to document the incident(s) in an objective manner, stating only your observations or reports from others (be sure to include who made the report and exactly what was said). Do NOT write any personal opinions or hearsay in the employee's file.

4. All disciplinary actions must be noted in writing and placed in the employee's record. The following are various types of disciplinary action that may be used when policies and procedures are violated or inappropriate behavior occurs:

- **Verbal Warning**. When a verbal warning is given, an employee's supervisor should inform the employee of the problem and/or unacceptable conduct in clear, objective language. Discuss a plan for improvement and expectations for future behavior. In addition, warn the employee of possible consequences if the problem behavior(s) continue. Clearly inform the employee this is a formal verbal warning. Document the verbal warning in the employee's personnel file.

When a verbal warning is given, document the warning both in the employee's personnel notes and on a Disciplinary Action Form.

- **Written Warning**. When a written warning occurs, an employee's supervisor should state in writing the seriousness of the situation and the immediate consequences should the issue need to be re-addressed in the future. Document the written warning on a Disciplinary Action Form and in the employee's personnel record. Ask the employee to sign the form to acknowledge his/her understanding of the warning. Give a copy of the form to the employee and place the original form in the employee's personnel record.

- **Probation.** Employees who have failed to respond to verbal or written warnings will be placed on probation. If during this probationary period an employee fails to respond to guidance and does not correct his/her behavior, terminate the employee.

  When an employee is placed on probation, the reason(s) for the probation should be reviewed with him/her. Document the terms of the probation on a Disciplinary Action Form and ask the employee to sign and date the form. Give the employee a copy of the signed form and place the original in the employee's file. In addition, document all discussion(s) with the employee regarding the probation in his/her personnel notes.

- **Suspension.** Suspend employees when they are suspected of infractions that, if substantiated, would result in immediate termination (see the section in this manual on Suspension).

- **Termination.** Terminate employees who do not respond to counsel and have not demonstrated a commitment to resolve the issue(s) in question. Take such action only after reasonable attempts to rectify the situation have been attempted and documented in the employee's personnel record. **However, the Residence always has the right to immediately terminate an employee.** *Each Residence should develop policies that address what constitutes grounds for immediate dismissal.*

5. If an employee refuses to sign the Disciplinary Action Form acknowledging disciplinary action taken, document this both on the form and in the employee's personnel notes.

6. Be consistent when using disciplinary action. DO NOT ignore inappropriate behavior. Address violations and infractions in a timely manner (i.e., as soon as possible after the behavior occurs).

## SUSPENSION

**POLICY:** The Residence may suspend an employee without pay if s/he is accused of a violation that could result in termination if substantiated, while the incident is under investigation.

**PROCEDURES:**

1. If an employee is accused of a violation which is unsubstantiated, but if were substantiated would result if the termination of the employee, suspend the employee without pay pending the results of an investigation.

2. Inform the employee of the reason and condition for the suspension both verbally and in writing (on a Disciplinary Action Form). Have him/her sign and date the written notice. Give the employee a copy of the notice and place the original in the employee's personnel file.

3. Send the employee home immediately unless doing so would leave residents unsupervised. In such a situation, secure coverage as soon as possible. Then send the employee home.

4. Document the events leading up to the suspension in the employee's personnel record and note the suspension on a Personnel Action Request form. File the form in the employee's personnel file.

5. Conduct a full investigation of the situation. Have all involved parties write down their observations of the event(s) in question. Ask follow-up questions if needed to obtain complete information. Document all conversations in the suspended employee's personnel record and place all written accounts obtained in the employee's file.

6. Conduct the investigation in a timely manner as quickly as possible. When all evidence and/or testimony has been obtained make a decision as to any action necessary and inform the employee. Possible actions might include:

   - Terminating the suspended employee
   - Reinstating the employee, and providing compensation for the time of the suspension
   - Taking disciplinary action against the employee (e.g., verbal or written warning)

7.

7. Depending on the specific situation, notify the employee of the results of the investigation in writing by either:

   - Asking the employee to come in to the Residence to discuss the outcome of the investigation. At this time, have him/her sign the written notice to acknowledge receipt and give him/her a copy of the notice.

OR

- Mailing the written notice to the employee via certified mail. Keep a copy of the notice (and certified mail receipt) in the employee's personnel record.

8. If the employee will be reinstated, indicate this on a Personnel Action Request form. File this form in the employee's record.

9. If a decision is made to terminate the employee, calculate the hours worked since the last pay period and any accrued vacation time the employee is owed. Indicate the termination on a Personnel Action Request form, file the form in the employee's personnel record, and follow all other termination procedures outlined in the section on "Termination" in this manual.

# TERMINATION

**POLICY:** Follow established procedures regarding any termination, whether involuntary or voluntary in nature. *(Each Residence should develop policies that address what constitutes grounds for immediate dismissal).*

**PROCEDURES:**

**Involuntary Terminations:**

1. When an employee must be involuntarily terminated (i.e., fired), follow the procedures outlined in the section on "Disciplinary Action".

2. If a decision is made to terminate an employee, notify him/her of the decision preferably at the end of his/her shift. If he/she is suspended or is absent without leave, notify the employee in writing and send the notice to the employee via certified mail. Document the termination in the employee's Personnel Notes. If a written notice was sent to the employee, place a copy of the notice in the employee's record along with the certified mail receipt.

3. **The employee's final paycheck must be given to him/her within 72 hours of termination**.

**Voluntary Terminations:**

4. Employees who voluntarily terminate their employment with the Residence (i.e., quit) are asked to give at least two weeks written notice so that an adequate replacement may be found. Failure to provide two-weeks notice may result in ineligibility for re-hire.

5. When an employee gives notice that he/she is quitting, place the written notice in his/her personnel file and schedule an exit interview with the employee.

**All Terminations:**

6. If a terminated employee has keys, uniforms, or other property belonging to the Residence, the Administrator is responsible to ensure the property is returned before the employee receives his/her final paycheck. If the employee does not have the property with him/her, have him/her go and get the property and/or ask the employee to return the property when picking up his/her final paycheck.

7. Inform the employee that information regarding continued insurance coverage through COBRA will be mailed to him/her.

8. Document the termination on a Personnel Action Request form. Note the reason for the termination and whether the employee is eligible for re-hire. File this form in the employee's record.

## PROTECTION FROM HARRASSMENT AND DISCRIMINATION

**POLICY**: Harassment and/or discrimination of any kind is strictly prohibited by the Residence. Any reports of harassment and/or discrimination will be thoroughly investigated and disciplinary action will be taken as appropriate.

**PROCEDURES**:

1. Any behavior that substantially interferes with an employee's work performance or creates an intimidating, hostile or offensive work environment is strictly prohibited. This would include but not be limited to harassment, threatening or offensive conduct toward a person's sex, race, age, disability, marital status, sexual orientation, religion, national origin, and/or past / current military status.

2. This policy applies to any conduct that affects an employee's work environment, including conduct exhibited by a supervisor, co-worker, subordinate, vendor, resident/family member and/or volunteer.

3. Unwelcome advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

   - Submission to the conduct is made either an explicit or implicit condition of employment;

   - Submission to or rejection of the conduct is used as the basis of employment, salary or other benefit changes affecting the harassed employee; or

   - The harassment unreasonably interferes with an employee's ability to perform his/her job or creates an intimidating, difficult, hostile and/or offensive work environment.

4. If an employee feels that he/she has been harassed and/or discriminated against, he/she should inform his/her supervisor of the incident(s). Depending on the circumstances involved, the employee may then politely but firmly ask the individual who has been engaging in the harassing or discriminatory conduct to stop the offending behavior.

5. If the harassment continues or the employee does not feel comfortable confronting the individual, he/she should report the situation to the Administrator (or designee) immediately. If circumstances prohibit this (e.g., the Administrator is the harasser), the employee should contact the Vermont Civil Rights Commission for guidance.

6. The Administrator (or designee) shall promptly investigate and thoroughly address any report of harassing or discriminatory behavior.

7. Whenever possible, keep reports of harassment or discrimination confidential, including the identity of both the employee making the complaint and the individual accused of the complaint.

8. Take disciplinary action if any retaliatory action is taken against an employee who has reported harassing or discriminatory behavior.

9. Upon completing an investigation of the charges, the Administrator must make a decision as to an appropriate outcome (unless the charges are against him/her). Take appropriate disciplinary action against any employee who is found to have engaged in harassing behavior, up to and possibly including termination.

10. If a complaint of harassment is found to be totally and completely without basis, take appropriate disciplinary measures against the employee who brought forth the complaint. This is not intended to discourage any employee who believes they have been the victim of harassment from reporting a complaint. However, the employee must recognize that a charge of harassment can cause serious damage to the personal reputation and career of the individual who was falsely accused.

## ON-THE-JOB INJURIES

**POLICY:** Residence employees will follow all established procedures if injured on the job to facilitate prompt treatment of the injury and minimize time lost from work.

**PROCEDURES:**

1. If an employee suffers a work-related accident or injury, he/she should notify the Administrator (or designee) immediately.

2. If medical treatment for the injury is indicated, assist the employee in obtaining medical care in a timely manner (e.g., the Administrator (or designee) might drive him/her to an urgent care clinic, etc.).

3. Ask the physician treating the employee to document, if possible, on a physician's order whether the employee may return to work and/or any work-related restrictions or limitations he/she must adhere to.

4. The employee must complete an injury documentation form specified by the worker's compensation carrier as soon as possible after the injury has occurred, if the injury or illness required more than first aid treatment administered by staff at the building. After reviewing the completed form, the Administrator (or designee) should fax the form to the worker's compensation carrier.

5. An Accident Investigation Report form should also be completed by the Administrator (or designee) to prevent similar accidents from occurring in the future (see the section on Staff Accident Reporting / Prevention in the Life Safety Policy and Procedure Manual).

6. If the employee is unable to return to his/her regular job without restrictions, the Administrator (or designee) should develop a modified job description for the employee based on the restrictions and limitations noted by the treating physician.

7. Fax the modified job description to the physician for signature. If a timely response is not received from the physician, call his/her office to follow-up.

8. After the signed job description is received, the Administrator (or designee) should develop a modified job offer letter which includes a copy of the modified job description and states the date and time the employee is expected to return to work, whom he/she is to report to, the wages, hours and expected duration of the light duty assignment.

9. The Administrator (or designee) will contact the injured worker and schedule a time for the employee to review the modified job offer letter. If the employee either has no phone or there is no answer to repeated phone calls, mail (using certified mail) the modified job offer letter along with a copy of the modified job description which was signed by the physician.

10. When the employee reports to work, the Administrator (or designee) will have him/her read the modified job description and the modified job offer letter:

    - If the employee chooses to accept the modified job offer, put him/her back to work in the modified job as soon as possible. Emphasize with the employee that he/she must perform the job duties within the physician's restrictions and as per the modified job description approved by the doctor.

    - If the employee does not accept the modified job, this may negatively reflect on their claim through worker's comp and their continued employment.

11. When the injured employee is working in a modified job, monitor his/her work on a regular basis to ensure that the employee is able to perform the functions of the modified job without aggravating his/her injury. Document all pertinent observations and discussions with the employee in his/her personnel file.

12. After every medical visit regarding the work-related injury, the employee must have the attending physician complete a Return-to-Work Evaluation. Keep copies of these forms in the employee's personnel file.

13. Review any changes in the original light duty job with the worker's compensation carrier and ask the physician to approve the changes. The employee must sign a new job offer letter.

14. The light duty job will end when the injured worker is released to regular work, the worker's compensation claim is closed, the employee has accepted other employment, or at anytime the Administrator (or designee) determines that the needs of the business cannot accommodate light duty.

15. When the claim is closed, the workers compensation carrier will send the employee and the Residence a letter stating that the employee is medically stationary (this is called a claim closure letter).

16. If an employee has sustained an injury or illness that is not work-related, he/she must be able to perform all of the essential functions of his/her job prior to returning to work.

## STAFF DEVELOPMENT / TRAINING

**POLICY:** The Residence will provide ongoing training opportunities for all staff, including regularly scheduled in-service sessions.

**PROCEDURES:**

1. Staff should receive a general orientation and job-specific training prior to beginning work at the Residence (see the section on New Employee Orientation in this manual).

2. The Residence must ensure that staff demonstrate competency in the skills and techniques they are expected to perform prior to providing any direct care to residents.

3. During the course of their employment with the Residence, encourage staff to enhance their skills, knowledge and job experience by:

   - Becoming cross-trained for other positions when appropriate. Cross training can enhance the skill level of employees, provide coverage for staff absences, and add variety to employees' regular routines.

   - Attending regularly scheduled in-services. Staff in-services are offered at least on a monthly basis and all staff deemed appropriate by the Administrator is expected to attend.

   - Taking educational courses that are job-related and offered through outside organizations (e.g., Community colleges, etc.).

4. Offer staff in-services at times that are the most convenient for the majority of staff (e.g., at the shift change between day and swing shifts), with ample notice given to staff members.

5. Pay employees for the time they spend in in-service training.

6. Consider staff participation in in-service training during employee performance evaluations and/or when promotions are given. Failure to meet in-service requirements may lead to disciplinary action (see the section in this manual on Disciplinary Action).

7. There shall be at least 12 hours of training each year for each staff person providing direct care to residents. The training must include but is not limited to the following subjects:

   - The values of assisted living including Resident Rights, and respectful & effective interaction with residents.

   - The philosophy of aging in place and the Residence’s scope of services.

- General support to and care of residents.
- Policies and procedures regarding mandatory reports of abuse, neglect, and exploitation.
- Infection control / universal precautions (including but not limited to hand washing, handling of linens, maintaining clean environments, and blood borne pathogens.)
- Resident emergency response procedures, such as the Heimlich maneuver, resident falls, and first aid / CPR procedures (for direct care staff)
- Emergency and evacuation procedures.
- Safety procedures and the Hazardous Materials Communication Program
- Documentation

8. Attendance must be documented at each in-service by having each person in attendance sign a sign-in sheet. Keep this sheet, along with a copy of the in-service outline and any handouts used during the training, in the Residence's administrative files for a period of at least three years.

9. Document participation in staff in-services in each staff member's personnel file on an Employee In-Service Log.

10. In addition to the topics identified in #7 that are required for all staff, specific departments may also offer job-specific training to applicable employees (e.g., training on safe food handling and preparation for all dietary staff, etc.).

11. All staff members are required to maintain any job-required certification or licenses current, with a copy of proof of certification/licensure provided to the Administrator (or designee).

12. Staff responsible for assisting residents with medications must receive training by the RN before assisting with any medication (see the Health Services Policy and Procedures Manual).

## PERSONNEL RECORDS

**POLICY:** The Administrator (or designee) shall ensure that comprehensive personnel records are maintained for all employees in order to document their employment history with the Residence.

**PROCEDURES:**

1. Maintain a personnel for each staff member that includes:

   - Application for Employment
   - Background Check documentation
   - Current CPR and First Aid Certification (for direct care workers)
   - I-9
   - W-4
   - Employee's Withholding Allowance Certificate
   - Personnel Action Request form
   - Signed Job Description
   - Employee Handbook Acknowledgement
   - Hepatitis B Vaccination Option
   - New Employee Orientation
   - Job-Specific Orientation (if applicable)
   - Personnel Notes
   - Employee In-Service Log
   - Employee Absence Report (if applicable)
   - Authorized Payroll Deduction (if applicable)
   - Vacation / Leave of Absence of Request (if applicable)
   - Employee Expense Deduction forms (if applicable)
   - Employee Performance Evaluation(s) (if applicable)
   - Disciplinary Action form (if applicable)

2. In addition, keep the following documentation in personnel files, depending on the employee's position:

   - Food handling certification course, as applicable
   - DMV record and license (for driving jobs)
   - Current license(s) / certification(s), as applicable (for RNs, LNAs, etc.)

3. Keep the following personnel-related documents in the administrative files at the Residence:

   - All employee time sheets or cards
   - All Payroll Summary forms (if using a manual payroll system)

4. Conduct regularly scheduled audits of personnel files to ensure that all required documentation is maintained as part of an ongoing Quality Assurance process.

5. Keep personnel files confidential.

6. When employment verification checks are requested for former employees, only provide dates of employment and position title.

# ADDENDUM: Job Descriptions

**A supplement to the**

# PERSONNEL

# POLICY & PROCEDURE MANUAL

# JOB DESCRIPTION

**POSITION TITLE**: Activities Director

**POSITION SUMMARY:** Responsible for planning and organizing individual and group activities to meet the social, emotional, intellectual, and spiritual needs of residents. Communicates available programs to residents and encourages participation.

**REPORTS TO**: Administrator / Manager

**REPONSIBILITIES:**

1. Adheres to and conveys a philosophy that supports the dignity, privacy, independence, choice, and individuality of residents.

2. Conducts an assessment with each resident to determine those activities in which the resident would be most interested in pursuing and/or participating.

3. Summarizes information obtained from each resident's activity and interest profile to determine which activities are of interest to the greatest number of residents. Plans and organizes programs, events and activities around residents' interests.

4. Participates in the resident Service Planning process to provide input as to each resident's involvement in his/her areas of interest.

5. Develops and maintains a volunteer program.

6. Leads and/or oversees individual and group activities on a daily basis, encouraging resident participation.

7. Documents resident participation in group and/or individual social / recreational programs.

8. Develops and distributes monthly activity schedules to residents and posts the schedules for easy reference by residents.

9. Develops and distributes a newsletter on a regular basis for residents, family members and selected referral sources.

10. Acknowledges resident birthdays, anniversaries, and special accomplishments by planning a special event and/or giving the resident a card, note, or small gift.

11. Orders needed supplies (e.g., art and craft supplies, party supplies, etc.). Oversees the activity budget to ensure that costs are maintained within budgetary guidelines.

12. Maintains the activity storage area in a neat, clean manner. Picks up supplies after each activity and returns furniture to its original position.

13. Provides instructions and supplies for other employees, residents or volunteers to assist with group or individual activities.

14. Takes pictures of Residence events, parties and other special occasions.

15. Maintains and updates information pertinent to the social / activity program, including Residence resources, entertainment, guest speakers, volunteers, and resident and staff birthdays/anniversaries.

16. Makes arrangements for local groups or organizations to hold meetings, performances, and/or special events at the Residence.

17. Organizes outings into the local community to locations of interest to residents; ensures that sufficient staff and/or volunteers participate in the outings; and makes arrangements for the provision of needed resident services during the time of the outing.

18. Maintains a sign-up schedule for regular transportation to doctor appointments and shopping and assists residents in making other transportation arrangements as needed.

19. Drives residents in the Residence van to outings, doctor appointments, etc. as needed/requested.

20. Plans special "theme" days or months around holidays, seasons, or recognized days such as Father's or Mother's Day.

21. Carries out diverse duties with minimal supervision.

22. Performs all other duties as assigned.

**EDUCATION AND QUALIFICATIONS:**

Must enjoy working with the elderly, relate well to seniors, and be able to lead and motivate others. Has excellent interpersonal skills, good planning and organizational abilities, and a demonstrated ability to communicate effectively verbally and in writing. Has good computer skills (i.e. MS Word, Printshop, etc.). Must have a valid driver's license and a driving record that meets the insurance standards of the Residence.

Must be 18 years of age or older with a high school diploma or equivalent GED. Preference for minimum of an Associates Degree in a related field with at least two years prior experience working with elders.

I have read the above job description, understand the conditions set forth therein, and will perform these duties to the best of my ability.

_____ _____

Signature of Employee Date

_____ _____

Signature of Administrator / Manager Date

# JOB DESCRIPTION

**POSITION TITLE**: Administrator / Manager

**POSITION SUMMARY**: Responsible for the day-to-day operations of the Residence, including staff oversight, marketing, building maintenance and resident services. Assures compliance with all laws, rules, regulations, and Residence policies and procedures. Responsible for ensuring the Residence meets financial objectives.

**REPORTS TO**: CEO / Board of Directors

**REPONSIBILITIES:**

1. Adheres to and conveys the philosophy of supporting the dignity, privacy, independence, choice, and individuality of residents.

2. Ensures that the Residence operates in accordance with all applicable regulations and Residence-specific policies and procedures.

3. Conducts resident assessments on applicants, in conjunction with the RN, ensuring that all residents are appropriate for occupancy at the Residence.

4. Coordinates resident admissions, ensuring all required paperwork is completed in a timely and accurate manner.

5. Develops, in conjunction with the RN, resident Service Plans that address the specific needs and preferences of each resident; ensures that revisions are made on a regular basis and as significant changes occur.

6. Oversees the provision of resident services to ensure the highest quality of care, including the coordination of services provided to residents by third-party providers.

7. Coordinates the transfer of residents to more appropriate care settings, as needed either on a temporary or permanent basis. Oversees any necessary eviction proceedings.

8. Performs and/or oversees the selection, supervision, discipline, and termination (if needed) of staff, including appropriate documentation in personnel files. Ensures a clear definition of lines of responsibility, equitable workloads and adequate supervision.

9. Performs or coordinates the orientation and training of staff, including regular staff in-services, in consultation with the RN as needed.

10. Performs or oversees marketing and public relations activities to ensure a favorable public image of the Residence is maintained and occupancy projections are reached.

11. Ensures that resident, personnel and administrative records are maintained in an accurate manner and in accordance with policies and procedures and regulatory requirements.

12. Performs or oversees all business office functions, including accounts payable, accounts receivable, and payroll, in a timely manner and according to established procedures.

13. Ensures that financial projections for the Residence are met and that the Residence operates within established budgetary guidelines; assists in developing budgets as requested.

14. Provides the CEO / Board of Directors with routine reports and other requested information as needed.

15. Ensures the Residence building and grounds are maintained in a clean, attractive and safe condition and all needed preventative maintenance is performed in a timely manner.

16. Oversees the planning and implementation of a holistic social and recreational program that addresses the social, spiritual, emotional, and physical needs of the residents.

17. Ensures that residents' families, physicians, and others as appropriate are kept informed of changes in resident conditions and service needs.

18. Assists the RN in the supervision of residents' health-related needs.

19. Investigates and responds to any concerns or complaints expressed by residents, families, and/or staff.

20. Report all unusual incidents, including resident-to-resident incidents, to the Vermont Division of Licensing and Protection.

21. Reports any suspected resident abuse to the Ombudsman, adult protective services, the State licensing agency, and the resident's responsible party.

22. Is available on an on-call basis to provide consultation to staff as needed; arranges for appropriate coverage when unavailable.

23. Works flexible hours to meet the requirements of the job and to be on-call.

24. Works well independently worker operating with little direct supervision, yet responds well to direction and guidance.

25. Performs other duties as required.

**EDUCATION AND QUALIFICATIONS:**

Must have demonstrated leadership abilities and effective supervisory skills with the ability to direct the work of others. Must be able to recognize and address problems appropriately. Has the demonstrated ability to communicate effectively verbally and in writing, and the ability to relate to the public, residents, families, staff, and other professionals appropriately. Has the knowledge and ability to ensure the Residence conforms to all applicable laws, rules, and regulations and Residence-specific policies and procedures. Must be at least 21 years of age and enjoy working with older adults.

Must meet one of the following qualifications, as per Section 4.13 of the Residential Care Home Licensing regulations:

- Completion of a Vermont State approved certification course; OR
- At least an Associates Degree in the area of human services with two years administrative experience in adult residential care; OR
- Three years of general experience in residential care, including one year in a management, supervisory or administrative capacity; OR
- A current Vermont license as a nurse or nursing home administrator; OR
- Other professional qualifications and experience related to provision of healthcare services or management of healthcare facilities including but not limited to a licensed or certified social worker.

I have read the above job description, understand the conditions set forth therein, and will perform these duties to the best of my ability.

_____ _____

Signature of Employee Date

_____ _____

Signature of CEO/ Board of Directors Chair Date

# JOB DESCRIPTION

**POSITION TITLE**: Business Office Manager

**POSITION SUMMARY:** Responsible for performing the business-related functions of the Residence and for assisting the Administrator / Manager with other duties as needed.

**REPORTS TO**: Administrator / Manager

**REPONSIBILITIES:**

1. Ensures that resident, personnel and administrative records are maintained in an accurate manner and in accordance with policies and procedures and regulatory requirements.

2. Performs all needed accounts payable functions at the Residence.

3. Oversees all supply purchasing to ensure expenses are maintained within budgetary guidelines.

4. Provides the Administrator / Manager with routine reports and other requested information as needed.

5. Assists the Administrator / Manager with marketing and public relations tasks; assessment and care planning activities; resident admissions and move-outs; and/or the coordination of resident services as needed.

6. Provides administrative and on-call coverage for the Administrator / Manager as requested.

7. Performs all other tasks as requested.

**EDUCATION AND QUALIFICATIONS:**

Must have a demonstrated ability to communicate effectively verbally and in writing. Must work well with others and be able to provide oversight and supervision in an effective manner. Is able to maintain financial and other records with an attention to detail, providing needed information as requested. Has strong computer skills, with proficiency in MS Word and Excel, and the ability to learn new programs quickly.

Must be 21 years of age with an Associates degree in accounting studies and at least two years of relevant experience. Preference given to prior supervisory experience and experience working with or knowledge of aging issues.

I have read the above job description, understand the conditions set forth therein, and will perform these duties to the best of my ability.

_____ _____

Signature of Employee Date

_____ _____

Signature of Administrator / Manager Date

# JOB DESCRIPTION

**POSITION TITLE**: Cook

**POSITION SUMMARY:** Prepares and serves nutritious, attractive meals. Maintains cleanliness of the food production and service areas.

**REPORTS TO**: Food Service Director

**REPONSIBILITIES:**

1. Adheres to and conveys a philosophy that supports the dignity, privacy, independence, choice, and individuality of residents.

2. Prepares and serves meals as indicated on planned menus, using standardized portion sizes and approved substitutions.

3. Ensures that meals are served at scheduled times, planning and organizing food preparation tasks appropriately.

4. Prepares meals for modified or therapeutic diets, according to physician orders and modified menus.

5. Supervises kitchen assistants in the absence of the Food Service Director; reports any problems or concerns to the Food Service Director or Administrator / Manager.

6. Is responsible for clean-up duties as needed after each meal service.

7. Follows cleaning schedules and sanitation checklists to ensure kitchen and food service areas are maintained in a clean and sanitary condition.

8. Ensures that resident, staff and guest meals are accounted for according to established procedures.

9. Assures that resident food preferences are met.

10. Visits with residents in the dining room to assure resident satisfaction and obtain feedback.

11. Observes and reports to the Food Service Director or Administrator / Manager any problems, concerns or issues regarding the food service department.

12. Monitors for changes in the status of residents and reports such observations to the Administrator / Manager or Residence Nurse.

13. Performs all other duties as assigned.

**Education and Qualifications:**

Must be able to prepare and serve a wide range of foods skillfully, with a working knowledge of the rules and regulations related to health and safety in food preparation. Is able to regularly lift up to 30 pounds, to occasionally lift more than 50 pounds, and to spend long periods of time standing. Has a demonstrated ability to effectively communicate verbally, and is able to read, write and understand English.

Must be at least 18 years of age and have a high school degree or equivalent GED. Must have prior successful employment as a cook, with a preference for two or more years experience cooking for large groups. Prefer experience in preparing special diets, including low sodium, low cholesterol, diabetic, and vegetarian meals.

I have read the above job description, understand the conditions set forth therein, and will perform these duties to the best of my ability.

_____ _____

Signature of Employee Date

_____ _____

Signature of Administrator / Manager Date

# JOB DESCRIPTION

**POSITION TITLE**: Food Service Director

**POSITION SUMMARY:** Responsible for planning, organizing and managing the food service department and ensuring the consistent delivery of quality food service.

**REPORTS TO**: Administrator / Manager

**REPONSIBILITIES:**

1. Adheres to and conveys a philosophy that supports the dignity, privacy, independence, choice, and individuality of residents.

2. Prepares and serves meals as indicated on planned menus, using standardized portion sizes and approved substitutions.

3. Prepares meals for modified or therapeutic diets, according to physician orders and modified menus.

4. Assists the Administrator / Manager with the hiring, training and supervision of other food service employees.

5. Schedules all food service staff, ensuring coverage for all shifts, with assistance from the Administrator / Manager as needed.

6. Conducts performance evaluations for all other food service staff, with assistance from the Administrator / Manager as needed.

7. Ensures the kitchen and food service areas are maintained in a clean and safe manner and assures compliance with the State sanitation code.

8. Ensures resident, staff and guest meals are accounted for according to established procedures.

9. Inventories and orders food products and supplies on a regular basis to ensure an adequate supply is maintained.

10. Ensures food service costs are maintained within established budgetary guidelines.

11. Ensures meals are served in a timely, attractive and tasteful manner.

12. Assures resident food preferences are met.

13. Visits with residents in the dining room to assure resident satisfaction and obtain feedback; meets with a Resident Food Committee as requested to obtain input regarding menus and satisfaction with meals.

14. Consults with a Registered Dietitian on an as-needed basis for assistance in meeting any special dietary needs of residents.

15. Monitors for changes in the status of residents and reports such observations to the Administrator / Manager or Nurse.

16. Utilizes time appropriately to accomplish assigned tasks with minimal supervision, while working well with others as an essential part of a team.

17. Performs all other duties as assigned.

**EDUCATION AND QUALIFICATIONS:**

Must be able to prepare and serve a wide range of foods skillfully, with a working knowledge of the rules and regulations related to health and safety in food preparation. Is able to regularly lift up to 30 pounds, to occasionally lift more than 50 pounds, and to spend long periods of time standing. Has a demonstrated ability to effectively communicate verbally, and is able to read, write and understand English.

Must have a demonstrated ability to instruct others in food preparation, service and sanitation tasks. Has the ability to effectively supervise other food service staff members and displays good interpersonal skills

Must be at least 18 years of age and have a high school degree or equivalent GED. Must have prior successful employment as a cook with experience cooking for large groups. Prefer at least two years experience in food service management and experience preparing special diets (such as low sodium, low cholesterol, diabetic, and vegetarian meals). Must complete a ServSafe course and maintain current first-aid certification.

I have read the above job description, understand the conditions set forth therein, and will perform these duties to the best of my ability.

_____ _____

Signature of Employee Date

_____ _____

Signature of Administrator / Manager Date

# JOB DESCRIPTION

**POSITION TITLE**: Housekeeper

**POSITION SUMMARY:** Responsible for the cleaning of resident apartments and designated common areas according to a regular schedule and established standards.

**REPORTS TO**: Administrator / Manager

**REPONSIBILITIES:**

1. Adheres to and conveys a philosophy that supports the dignity, privacy, independence, choice, and individuality of residents.

2. Cleans resident apartments and picks up residents' laundry according to a regular schedule and established guidelines:

   Bathroom Cleaning:

   - Removes dirty towels; replaces with clean towels.
   - Cleans the toilet (including the tank, outside the bowl) and sprays disinfectant into the bowl.
   - Cleans the shower, including the shower walls and floor.
   - Cleans the shower curtain (if needed) and shower fixtures.
   - Cleans the mirror and counter; polishes fixtures.

   Furniture and Fixture Cleaning:

   - Dusts the tops, sides and front of furniture.
   - Wipes window sills and air conditioning units.
   - Cleans any mirrors or glass in the apartment (excluding windows).

   Kitchenette Cleaning:

   - Cleans the sink and counter top
   - Wipes the top of the refrigerator.
   - Checks the refrigerator for old/outdated foods. Discards foods, with the resident's permission.

   Changing the Bed:

   - Removes all linen from the bed and remake the bed with clean linens.
   - Removes the dirty linens.

Floors / Carpeted Areas:

- Changes the vacuum bag if needed.
- Vacuums the living room, bedroom(s), kitchen area and bathroom area.
- Mops the kitchen (if linoleum) and bathroom
- Spot cleans any soiled areas on the carpet

Other:

- Removes the resident's laundry from the hamper or basket and places it with the towels and linens for delivery to the laundry room.
- Empties all wastebaskets and removes other trash as needed/desired by the resident.

3. Performs deep cleaning in resident apartments according to an established schedule and as per instructions from the Administrator / Manager.

4. Relates to residents in a courteous, understanding, and cooperative manner.

5. Cleans office areas and other common areas according to a regular schedule or as requested by the Administrator / Manager.

6. Monitors for changes in the status of residents and reports such observations to Administrator / Manager or RN.

7. Ensures all housekeeping supplies and equipment are labeled and stored appropriately.

8. Inventories housekeeping supplies on a regular basis and submits orders for needed products in a timely manner.

9. Performs all other duties as assigned.

**Education and Qualifications:**

Must be able to read, write and understand English, with a demonstrated ability to communicate effectively verbally. Prefer at least one year of prior housekeeping experience and experience working with the elderly. Must be 18 years of age or older, with a high school diploma or equivalent GED preferred.

I have read the above job description, understand the conditions set forth therein, and will perform these duties to the best of my ability.

_____ _____

Signature of Employee Date

_____ _____

Signature of Administrator / Manager Date

# JOB DESCRIPTION

**POSITION TITLE**: Kitchen Assistant / Server

**POSITION SUMMARY:** Assists cook(s) with food preparation and service. Cleans food preparation areas and equipment. Sets tables, serves beverages and meals to residents, clears tables, and cleans dining room. Washes dishes, utensils and cookware.

**REPORTS TO**: Food Service Director

**REPONSIBILITIES:**

1. Adheres to and conveys a philosophy that supports the dignity, privacy, independence, choice, and individuality of residents.

2. Assists the cook(s) with food preparation as requested.

3. Assists the cook(s) in properly labeling, covering and storing unused food after each meal.

4. Assists the cook(s) in cleaning food preparation areas and equipment.

5. Assists the cook(s) as requested in inventorying and stocking food products and supplies.

6. Busses and resets tables in the dining room following meals as requested.

7. Sets tables before meals.

8. Serves beverages and meals to residents.

9. Monitors for changes in the status of residents during meal times and reports such observations to the Administrator / Manager or the Nurse.

10. Provides feedback from residents to the cook(s) regarding meals and food preferences.

11. Cleans the dining room after meals and restocks dining room tables with condiments.

12. Washes dishes, utensils and cookware following established procedures.

13. Performs all other duties as assigned.

**EDUCATION AND QUALIFICATIONS:**

Is able to speak and understand English, with a demonstrated ability to effectively communicate verbally. Is able to regularly lift up to 20 pounds consistently, occasionally lift over 30 pounds, and to spend long periods of time on his/her feet.

I have read the above job description, understand the conditions set forth therein, and will perform these duties to the best of my ability.

_____ _____

Signature of Employee Date

_____ _____

Signature of Administrator / Manager Date

# JOB DESCRIPTION

**POSITION TITLE**: Maintenance Director

**POSITION SUMMARY:** Responsible for the maintenance and repair of the Residence building and grounds, including the performance and/or coordination of all needed preventative and responsive maintenance tasks.

**REPORTS TO**: Administrator / Manager

**REPONSIBILITIES:**

1. Adheres to and conveys a philosophy that supports the dignity, privacy, independence, choice, and individuality of residents.

2. Ensures that all required preventative maintenance tasks are completed, either by directly performing the tasks or contracting with outside providers as appropriate. Provides appropriate documentation of all work completed.

3. Makes repairs as needed, responding to maintenance work requests in a timely manner, and documents completed repairs.

4. Performs or oversees all landscape maintenance on an ongoing basis.

5. Maintains accurate maintenance records on all utilities, systems and equipment.

6. Refurbishes vacated apartments in a timely manner, documenting all work performed.

7. Ensures the proper storage and labeling of all equipment and supplies.

8. Inventories and orders maintenance supplies on an as-needed basis.

9. Obtains bids, establishes and oversees all maintenance-related contracts, with approval from the Administrator / Manager.

10. Ensures that maintenance-related costs stay within the budgetary guidelines established for the Residence.

11. Performs or coordinates all preventative maintenance needed to maintain the Residence van in good condition; keeps a record of all inspections completed and work performed.

12. Performs all other tasks as requested.

**EDUCATION AND QUALIFICATIONS:**

Must have a demonstrated mechanical aptitude, with at least three years experience in maintenance work preferred. Is able to work effectively and make good decisions with minimal supervision. Has good problem-solving abilities and a demonstrated ability to effectively communicate verbally.

Must be at least 21 years of age. High school education or equivalent GED required.

I have read the above job description, understand the conditions set forth therein, and will perform these duties to the best of my ability.

_____ _____

Signature of Employee Date

_____ _____

Signature of Administrator / Manager Date

# JOB DESCRIPTION

**POSITION TITLE**: RN / Nurse Manager

**POSITION SUMMARY:** Performs resident health assessments; provides training/oversight to staff for medication assistance, health monitoring and assistance with health-related tasks as allowed by regulation; coordinates resident care with third-party providers such as physicians and home health agencies.

**REPORTS TO**: Administrator / Manager

**REPONSIBILITIES:**

1. Adheres to and conveys the philosophy of supporting the dignity, privacy, independence, choice, and individuality of residents.

2. Provides delegation, training and oversight to staff in the provision of medication assistance, health monitoring, and assistance with health-related tasks as allowed by regulation.

3. Provides training and oversight to ensure appropriate infection control procedures are followed by staff.

4. Conducts regular quality assurance reviews of staff documentation of medication/treatment assistance provided.

5. Conducts or reviews/approves resident assessments; develops or reviews/approves resident service plans.

6. Oversees or provides, in conjunction with the Administrator / Manager, coordination with resident physicians and other health care providers

7. Oversees and provides coordination, in conjunction with the Administrator / Manager, with the House pharmacy and outside pharmacies used by residents.

8. Coordinates and oversees the implementation of all new physician orders.

9. Reviews all therapeutic diets and food allergies with dietary staff as needed to assure nutritional standards are met and are consistent with physician orders.

10. Monitors the status of resident health conditions and initiates actions in response to changing needs; conducts re-assessments of resident health needs as indicated.

11. Implements assistive therapy as necessary to maintain or improve residents' functional status, with consultation from a licensed professional as needed.

12. Assists the Administrator / Manager with conducting and/or coordinating staff in-services and training, as requested.

13. Responds to resident or staff concerns and reports them to the Administrator / Manager and/or others as appropriate.

14. Provides health counseling/education to residents as needed.

15. Performs TB tests for residents and staff as needed.

16. Is on-call to respond to staff concerns and questions.

17. Performs all other duties as assigned.

**EDUCATION AND QUALIFICATIONS:**

Must have a demonstrated ability to effectively communicate verbally and in writing. Must work well with others, have effective training and supervisory skills, and be able to identify and address problems effectively.

Must be at least 21 years of age. Must have a current RN license for the State of Vermont and be a graduate from an accredited school of professional nursing. Must have at least two years prior RN experience working with the elderly in either a residential/facility setting or in home-based care.

I have read the above job description, understand the conditions set forth therein, and will perform these duties to the best of my ability.

_____ _____

Signature of Employee Date

_____ _____

Signature of Administrator / Manager Date

# JOB DESCRIPTION

**POSITION TITLE**: Personal Care Assistant

**POSITION SUMMARY:** Responsible for the provision of resident services, including assistance with personal care, medications, social and recreational activities, meal services, and other tasks as needed to facilitate the continued well being of residents.

**REPORTS TO**: Administrator / Manager

**REPONSIBILITIES:**

1. Adheres to and conveys a philosophy that supports the dignity, privacy, independence, choice, and individuality of residents.

2. Reviews resident Service Plans and staff task lists as needed to gain and maintain a familiarity with resident service needs and preferences.

3. Reviews the Staff Communication log and corresponding resident Service Notes on a daily basis for information about changes in resident service needs and/or health conditions.

4. Provides personal services to residents as assigned and as indicated on resident Service Plans.

5. Assists residents with medications and/or treatments as indicated in the medication book, as assigned and allowed by regulation.

6. Responds to calls from the emergency call system in a timely manner.

7. Demonstrates knowledge of and follows infection control procedures.

8. Assists as requested with meal services, including setting up tables, serving meals and cleaning up the dining room.

9. Assists in maintaining a clean, comfortable and safe environment by providing housekeeping services as needed.

10. Assists with individual resident and group social / recreational activities as requested; encourages resident participation in activities.

11. Monitors for changes in resident needs, preferences, and/or health status, and reports/documents any changes according to established procedures.

12. Responds to emergencies in an appropriate manner as per training received.

13. Works effectively with minimal supervision and in a team setting.

14. Performs all other duties as assigned.

**EDUCATION AND QUALIFICATIONS:**

Must have a demonstrated ability to effectively communicate verbally, with the ability to read, write and understand English. Is able to regularly lift up to 30 pounds, to occasionally lift more than 30 pounds, and to spend long periods of time walking/standing.

Must have 1-2 years prior experience working with the elderly, preferably in a residential setting. Preference will be given to candidates who hold a Licensed (or Certified) Nursing Assistant Certificate. Must be at least 18 years of age, with a high school degree or equivalent GED preferred. Also prefer experience in providing assistance with activities of daily living.

I have read the above job description, understand the conditions set forth therein, and will perform these duties to the best of my ability.

_____ _____

Signature of Employee Date

_____ _____

Signature of Administrator / Manager Date

# JOB DESCRIPTION

**POSITION TITLE**: Van Driver

**POSITION SUMMARY:** Responsible for the safe transport of residents to medical appointments, shopping, and outings. Maintains the van in clean condition.

**REPORTS TO**: Administrator / Manager

**REPONSIBILITIES:**

1. Adheres to and conveys a philosophy that supports the dignity, privacy, independence, choice, and individuality of residents.

2. Transports residents according to an established schedule, staying within allotted times.

3. Assists residents in and out of the bus.

4. Interacts with residents in a warm, professional manner, maintaining positive relationships with residents.

5. Notifies the Maintenance Director of any potential mechanical problems or needed repairs.

6. Maintains an open line of communication with the Activity Director regarding needed transportation.

7. Performs all other tasks as requested.

## Education and Qualifications

Must have a current driver's license of the type required for the Residence van and a clean driving record (no violations). Preference is given to candidates with at least one year experience driving professionally . Must have a demonstrated ability to effectively communicate verbally, and be able to read, write and understand English. Must be at least 21 years of age and have a high school degree or equivalent GED.

I have read the above job description, understand the conditions set forth therein, and will perform these duties to the best of my ability.

_____ _____

Signature of Employee Date

_____ _____

Signature of Administrator / Manager Date

# SOCIAL / RECREATIONAL

# POLICY & PROCEDURE MANUAL

## USE OF THIS MANUAL

This manual has been developed as part of a set of sample policy and procedure manuals for use by Vermont Assisted Living Residences. Users of the manual are encouraged to develop facility-specific policies and procedures, and thus may modify this manual to best meet the needs of each Residence. All use of the manual, however, is subject to the End-User License Agreement provided by Vista Senior Living, Inc., on the web site for the Vermont Department of Aging and Independent Living (www.dail.vermont.gov).

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## RESIDENT ACTIVITIES AND INTERESTS

**POLICY:** Assist each resident in identifying areas of interest that, if implemented, would provide him/her with enjoyment or a sense of satisfaction.

**PROCEDURES:**

1. At the time a resident's assessment is conducted, the Administrator (or designee) will give the resident (or legal representative) an Activities and Interests form. Ask the resident to complete this form and return it when he/she moves into the Residence. *(Vermont regulations require resident assessments to be completed within 14 days after a resident's move-in date; it is recommended as best practice, however, that assessments be conducted prior to move-in).*

2. When completing the resident's paperwork at the time he/she moves into the Residence, the Administrator (or designee) will ensure that the Activities and Interests form has been completed and is reviewed by all staff who will provide assistance to the resident. File this form in the resident's service record.

3. Within seven days of a resident's move-in date, the Activity Director should meet with the resident to discuss what activities, hobbies, interests, etc. the resident would enjoy and/or gain satisfaction from.

4. Prior to the meeting, review the resident's record, including his/her Service Plan and Activities and Interests form, to gain an understanding of the resident's health status, need for assistance, family situation, and past/current interests.

5. Schedule a time to meet with the resident, preferably in his/her apartment (or other private location).

6. At the time of the discussion:

   - Establish rapport with the resident by making small talk (e.g., about the weather, items in the resident's apartment that are unique or interesting, etc). Set an informal, comfortable tone for the visit.

   - Explain to the resident that you have reviewed his/her Activities and Interests form , and would like to talk more about the things that are of interest to the resident to be able to assist him/her in doing those things that are important to him/her.

   - Use information gleaned from the resident's record as a spring board for discussion, asking the resident questions about the items that are marked on his/her Activities and Interests form.

- Discuss with the resident activities in which he/she might want to participate and ways in which he/she could pursue areas of interest to him/her. Try to ensure that the resident is able to be involved with at least one activity/interest that is particularly fulfilling, fun, and/or meaningful to him/her.

7. Document your conversation with the resident in the resident's Service Notes, and note on the resident's Service Plan any special interests or activities that the resident wishes to pursue.

8. Check with the RN to see if the resident has any special needs that should be incorporated into his/her activity programming, such as allergies, medications, or a need for assistance due to medical or functional needs (i.e. a nut allergy identified for a cookie-baking activity, a noon medication for lunches planned out of the Residence).

## GROUP ACTIVITIES

**POLICY:** The Residence shall provide an environment within which residents can pursue their interests and hobbies, facilitated by organized activities scheduled on a regular basis.

**PROCEDURES**:

1. The Activity Director will develop a regular schedule of activities for residents, offering a range of options each day, including physical, intellectual, social and spiritual activities.

2. In planning group activities, determining those activities that may be of the most interest to residents is important. To facilitate this process, summarize the information collected on the Activities and Interests forms completed by residents before they move into the Residence. This will provide information as to how many residents may be interested in the various activities listed on the form. Re-summarize resident interests on a regular basis as resident turnover occurs.

3. Incorporate into the social / recreational schedule physical activities and exercise opportunities such as:

    - Chair exercises
    - Strength (weight) training
    - Walking groups
    - Yoga
    - Tai-chi
    - Stretching

4. Intellectual activities should provide mental stimulation for residents and might include:

    - Current events discussion groups
    - Reminiscing activities
    - Educational presentations by guest speakers

5. When offering spiritually-focused activities, make every effort to incorporate a variety of denominations and faiths to meet the spiritual needs/preferences of as many residents as possible. Local churches, retired pastors, and/or ministerial associations may be willing to assist with these activities, which may include:

    - Weekly church services, synagogue, mass or other spiritual practices
    - Bible studies
    - Hymn sing-alongs

6. Bring organizations and individuals from the local community into the building as frequently as possible, for activities such as:

- Bookmobiles and book clubs
- Club chapter meetings
- Support group meetings
- Local choral programs
- Activities or ongoing programs with local schools, boy scouts, etc.

7. Plan and organize group outings on a regular basis to locations of interest to residents. For example, residents might enjoy:

    - Lunch at a local restaurant
    - Shopping at the mall
    - A drive to see autumn leaves
    - A sporting event
    - An afternoon at the county fair
    - A local garden show
    - A lecture at the local library
    - A visit to a local art gallery

9. Other types of activities that may be offered include:

    - Craft activities
    - Puzzles
    - Scheduled board or card games (e.g., Bingo, bridge, pinochle, etc.)
    - Entertainment events (e.g., music or dance presentations)
    - Moves/videos
    - Scheduled van transportation to shopping and banking
    - Parties (e.g., for birthdays, holiday celebrations, theme events such as an Hawaiian day)

10. Develop an Activity Calendar in large font to reflect all of the group activities that will be available during the month. Distribute this calendar to all residents and to family members as appropriate. Post a weekly and/or daily activity schedule in a location that is frequently accessed by residents (this calendar should be large enough to be easily read from a distance).

## INDIVIDUAL ACTIVITIES

**POLICY:** To the extent practical, the Residence will assist residents with the pursuit of interests, hobbies, or community involvement that fall outside the group activities offered by the Residence.

**PROCEDURES**:

1. If residents have interests that are not included in the group activities planned for the Residence, provide assistance in the pursuit of these interests or hobbies as much as possible. For example, a resident might be paired with a volunteer who has a similar interest or a resident might maintain involvement with an organization in the community.

2. Encourage residents as appropriate to maintain long-standing ties to individuals or organizations in the local community. These contacts will likely be important to the individual's wellbeing. For example:

   - A resident may want to continue attending synagogue, services at a particular church, or another spiritual practice such as meditation.

   - If a resident, when living in his/her home, had a volunteer assisting with housekeeping and shopping on a regular basis, the resident might still enjoy visiting with this individual at the Residence.

   - If a resident has been a member of a civic organization for years, he/she might still enjoy attending the organization's monthly meetings.

3. Try to determine if such individuals or organizations exist in a resident's life and then work with the resident to determine how he/she could remain involved (e.g., develop options for transportation, etc.). If a resident will be participating in or attending events/activities in the local community on a regular basis, note this on the resident's Service Plan, with detail provided as to who will provide transportation, who will escort the resident (if needed), etc.

## ACTIVITY IMPLEMENTATION

**POLICY:** Resident activities will be implemented in a manner that meets the needs of participating residents.

**PROCEDURES**:

1. Assign to appropriate individual(s) the tasks involved in each activity that is planned. These tasks will vary depending on the activity but may include:

   - Setting up for the activity (e.g., decorating, re-arranging furniture, etc.)
   - Prompting and/or encouraging residents to participate in the activity
   - Preparing food for the activity (e.g., cake, punch)
   - Providing assistance to residents who may be limited in their ability to participate by physical and/or mental impairments
   - Organizing or leading the activity (e.g., calling Bingo, facilitating a current events discussion, leading an exercise class)
   - Cleaning up after the activity

2. Supplement staff time by having volunteers, family members, clubs/groups, and/or residents assist with activities as much as possible. This will both decrease the amount of staff time needed and increase the sense of community involvement and resident ownership in the activity program.

3. Make attempts to involve staff in those activities in which they have a special interest or skill. For example:

   - A staff member who is skilled at working with his/her hands might lead a woodworking class
   - An employee who enjoys exercise might lead a chair aerobics class
   - A cook might oversee a cookie-decorating activity

4. When planning outings where residents will be away from the Residence:

   - Prior to announcing plans for an outing, take into consideration factors such as accommodations at the location for wheelchairs/walkers, the availability of public restrooms, and the number of volunteers/staff people who may be needed to provide direction/supervision.

   - Have residents sign up for the outing in advance so any accommodations for special needs may be made (e.g., assistance with medications, toileting, special diets, etc.). Be sure to plan for the provision of any services residents may need during the time of the outing.

- On the day of the outing, include a list of all residents participating in the outing in the Staff Communication Log.

- If a resident has been identified as needing supervision when outside of the Residence, ensure that a plan is in place to provide adequate supervision on the outing. If appropriate, obtain an identification bracelet for the resident that shows the name and phone number of the Residence.

- Document resident participation in outings in the residents' Service Notes, including any accommodation made for each resident, how any needed services were provided, etc.

- If there are concerns whether it is appropriate for a resident to participate in a group outing, and the resident is not capable of making independent decisions, obtain authorization from his/her legal representative. In such cases, document the conversation in the resident's Service Notes.

5. When conducting or assisting with activities, staff should monitor for even subtle changes in abilities and/or health conditions. For example, report the following observations to the Administrator and/or RN:

   - A resident who is typically very social and involved in group activities is no longer interacting with other residents or attending organized activities

   - A resident who previously participated in Bingo with no assistance now cannot grasp the Bingo chips or read the numbers on his/her card

   - A resident can no longer perform the movements he/she has performed easily in the past during the chair aerobics class.

6. Document all observations about changes in a resident's condition or abilities in the resident's Service Notes, along with any special services provided to the resident and any notification provided about the resident to his/her family/legal representative (remember that the resident must authorize any notification provided to family members).

## RESIDENT COUNCIL MEETINGS

**POLICY:** Ensure that Resident Council meetings are held on a regular basis, supporting residents to create a forum for residents to receive and discuss information on issues that affect the Residence and to discuss any concerns they may have.

**PROCEDURES:**

1. A Resident Council should meet on a monthly basis to provide a forum for residents to air concerns, share suggestions, and participate in decisions that affect their lives. Residents should elect a Council Chairperson and a Secretary for a time frame determined by the residents (typically one year). The role of Residence staff members is to support the residents in carrying out the functions of a Resident Council.

2. Schedule Resident Council meetings in advance (ideally on the same day each month) and include the meetings on the Activity Calendar. Make a verbal reminder to all residents on the day of the meeting.

3. Council meetings should typically be facilitated by the Chairperson, with the Administrator (or designee) attending the meeting, unless the resident members specify otherwise. At each meeting ask residents if they would like time to discuss issues without a staff member present.

4. The Chairperson, in conjunction with the Administrator (or designee), should develop an agenda prior to each meeting. Distribute the agenda at the beginning of the meeting, with the Chairperson asking if any residents have additional items they would like to add to the agenda.

5. Agenda items may include upcoming events, staff changes, menu changes or preferences, activities that residents would like to see implemented, and/or any concerns voiced by residents.

6. Allow time for discussion of resident concerns, but keep the tone of Resident Council meetings positive. Depending on the issue or concern, the Administrator (or designee) may respond to resident concerns by telling those attending the meeting that he/she will look into the concern and ensure that it is addressed. Share any action taken in response to the concern during the next Resident Council meeting. (See the section on Resident Complaints in the Occupancy Policy and Procedure Manual for additional information on responding to resident concerns.)

7. The Secretary should take minutes and include the date of the next Resident Council meeting. File the minutes in the administrative files. Meetings should typically last approximately one hour. Distribute minutes of Council meetings to all residents and post minutes in a location readily accessible by residents, along with a notice of the next Council meeting.

## FAMILY INVOLVEMENT

**POLICY:** Staff should encourage a resident's family (and/or other significant others) to maintain as much involvement as possible in the resident's life after he/she moves into the Residence.

**PROCEDURES:**

1. The involvement of a resident's family (and/or significant others) after he/she moves into the Residence may take a variety of forms. For example, family members may:

   - Visit the resident on a regular basis.

   - Join the resident for meals in the Residence dining room. Resident guests are welcome at any time for meals although at least several hours notice is appreciated by the kitchen staff. Guests are charged a nominal fee for their meals.

   - Attend events planned at the Residence for family members (e.g., barbeques, educational seminars, parties, etc.).

   - Accompany the resident on group outings sponsored by the Residence.

2. Family members may also participate in the provision of a resident's care, although staff should not expect assistance from family members as it must always be conducted on a voluntary basis. Examples of family participation might be a daughter doing her mother's personal laundry or taking her to doctor appointments. Document any services provided by a family member on a regular basis on the resident's Service Plan (see the section on Developing Service Plans in the Occupancy Policy and Procedure Manual).

3. Some residents may not want family members to be involved with their care and/or to be informed of their status. Before Residence staff may discuss a resident's care with an outside party, including the resident's family, the resident (or legal representative) must give written permission for such disclosure.

## TRANSPORTATION ASSISTANCE

**POLICY:** The Residence shall provide transportation assistance for residents to medical appointments, shopping and group outings.

**PROCEDURES:**

1. Staff shall coordinate emergency medical transportation for residents as needed, utilizing alternative transportation instead of ambulance whenever possible/appropriate.

2. Residents (or legal representatives) are responsible for the charges for any emergency transportation utilized should Medicaid or private insurance not cover these fees. Staff should notify the resident's family as appropriate of the need for emergency transportation as soon as possible. Document the notification in the resident's Service Notes.

3. If the Residence has a van, the employee(s) responsible for transporting residents in the Residence van must have a valid driver's license of the appropriate type for the van on file in their personnel record. A DMV record verifying a clean driving record check should also be maintained in the employee(s)' personnel files.

4. The Residence must provide transportation services at no additional charge, not to exceed four trips per month of up to 20 miles round trip, per transport for non-emergency medical services, shopping, social outings, local community functions, etc. Residents may be charged for those miles in excess of 20 miles round-trip and for any trips in excess of four round-trips per month, according to the Residence's current fee schedule. *(See Section 5.16 of the Vermont Residential Care Home Licensing Regulations).*

5. Medicaid provides funding for transportation to medical appointments for Medicaid residents, with the Residence maintaining responsibility for assisting residents in arranging the transportation. Transportation provided by Medicaid shall not be included in the four trips the Residence is required to provide for residents (i.e. the Residence must provide up to four trips per month per resident in addition to any transportation covered by Medicaid).

6. When assisting a resident in making transportation arrangements, ensure that the mode of transportation chosen is appropriate for the resident.

7. Staff should typically not transport residents in their personal automobiles. If for some reason this becomes necessary, the staff person must have provided to the Administrator (or designee) a copy of his/her:

   - Valid driver's license
   - Evidence of appropriate automobile insurance

8. Obtain prior authorization from the Administrator (or designee) before transporting a resident in an employee's personal automobile.

## VOLUNTEER PROGRAM

**POLICY:** An active volunteer program can enhance the Residence's activity program and the lives of the residents at the Residence.

**PROCEDURES:**

1. An effective volunteer program can be an important part of a successful social / recreational program. View volunteers as partners in the development of an environment that is enjoyable and meaningful to residents.

2. Volunteers may be recruited from a variety of sources, including the friends/family of residents or employees, churches (members of the staff and/or congregation), fraternal or service organizations (e.g., Rotary clubs, the Elks, Boy Scout troops, etc.) and schools. Carry out volunteer recruitment efforts on an ongoing basis.

3. When an individual expresses an interest in volunteering at the Residence, have the prospective volunteer complete a Volunteer Profile.

4. It can also be helpful to have the prospective volunteer complete a Volunteer Interests and Activities form in order to most effectively match the individual's experience and interests with volunteer activities.

5. After reviewing the form(s) completed by the prospective volunteer:

   - Provide information to the individual about the Residence, the services provided, programs offered, and the current volunteer needs.

   - Review the completed Volunteer Profile form with the prospective volunteer and talk with him/her about his/her motivation for volunteering, past/current work experience, prior volunteer experiences, etc.

   - Discuss the prospective volunteer's interests and availability, along with current volunteering opportunities at the Residence, to determine what activities might be a good match for the individual.

   - Assist the individual in identifying those volunteer tasks/activities with which he/she would like to become involved. It is important that new volunteers not over commit themselves as this might make it more difficult for them to keep their commitments.

   - Inform the prospective volunteer that he/she may need to undergo a reference check and background check, depending on the type of volunteer activities he/she will be involved in.

6. Conduct a background check on any volunteer who will work alone with a resident(s), following the Background Check Policy established by the Department of Disabilities, Aging and Independent Living (see the section in the Personnel Policy and Procedure Manual on Background Checks for additional information).

7. If any concerns arise during the interview, reference checks and/or background check about the appropriateness of the individual for volunteer opportunities at the Residence, it may be wise to politely decline his/her offer to volunteer.

8. Before a volunteer begins to volunteer at the Residence, conduct an orientation with him/her:

   - Provide information about the Residence (e.g., services provided, types of residents, etc.), staffing (particularly those employees with whom the volunteer will have regular contact), and the area in which they will be volunteering.

   - Ask that the volunteer sign in and out when entering and leaving the building.

   - Emphasize the importance of the role the volunteer will play at the Residence and ask that he/she notify staff as soon as possible if unable to keep a volunteer commitment.

   - Introduce the volunteer to staff and residents with whom he/she will be working.

   - Have the volunteer sign a statement of confidentiality.

9. Provide appropriate oversight to volunteers to ensure that the volunteer opportunity is successful for all involved. Provide direct, honest feedback to each volunteer about his/her contributions to the Residence and, if appropriate, suggestions on how the volunteer task/activity might be accomplished in a more effective manner.

10. Acknowledge the contributions of volunteers on a regular basis. This recognition may take a variety of forms, including:

    - Verbal thanks to the volunteer on a regular basis
    - Acknowledging the volunteer and his/her contributions to residents, legal representative, family members and/or other visitors to the Residence
    - A volunteer appreciation luncheon
    - A certificate of appreciation
    - A token gift
    - An article about the volunteer in the Residence newsletter
    - A note of appreciation
    - Posting the volunteer's picture on a bulletin board with a short description of their appreciative, personal qualities

11. Residents may also wish to participate in volunteer opportunities at the Residence. Such possibilities may include:

- Calling Bingo or leading another activity
- Answering the phone or greeting visitors to the Residence
- Assisting with office work (e.g., making copies), if care is taken to protect resident confidentiality
- Watering indoor plants and/or assisting with gardening
- Assisting other residents as needed (e.g., reading to a visually impaired resident, walking with a confused resident, etc.).

12. Residents like to feel needed and productive, so involving them in Residence tasks or activities can be a win-win for all parties. However, do not coerce or pressure residents to volunteer. Resident volunteer activities must be strictly voluntary.

13. If a resident volunteers on a regular basis, note the activities on the resident's Service Plan.

# EMPLOYEE HANDBOOK

***(Note: This Employee Handbook is provided as a sample only. Each Residence should modify the handbook in accordance with facility-specific policies and procedures and have the handbook reviewed by legal counsel for the Residence).***

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# INTRODUCTION

We would like to take this opportunity to welcome you to your new position at our Residence. We hope that the time you invest with us will be productive, rewarding and enjoyable.

You have joined a team of employees who are working together to provide supportive services for our residents. Our operating principle is straight-forward and should guide all of your actions as an employee of this Assisted Living Residence.

**OUR OPERATING PRINCIPLE**

***We provide all services in a way that meets the needs and preferences of each resident and respects their choice, independence, individuality, privacy and dignity. In addition, we behave in a professional, respectful and courteous manner with our colleagues.***

Each employee plays a vital role in achieving this operating principle. As we strive to meet the needs of our residents, your contribution and commitment is critical. We value the skills and experience you bring to your position and want to provide you with the support you need to excel in your position.

We are committed to providing a positive working environment for all of our employees, where you can further develop your skills and abilities and realize a sense of satisfaction from making a difference in the lives of our residents. We hope that all members of our staff genuinely care about their work, their coworkers, and above all, our residents.

As you become acquainted with our organization and your job responsibilities, please feel free to ask your supervisor any questions you may have. We want your transition to your new position to be as smooth and successful as possible.

Again, welcome to our Residence. Thanks for becoming the newest member of our team!

# PREFACE

This Employee Handbook was developed to introduce you to our Assisted Living Residence (referred to as the "Residence" in this document) and help you become familiar with some of our working guidelines. These guidelines are not intended to create a contract between the Residence and any or all of its employees. Rather, this Handbook is provided only for the purpose of supplying general information about our Residence and its policies.

We reserve the right to modify, revoke, suspend, terminate, or change any or all such plans, policies, or procedures, in whole or in part, at any time with our without notice. However, any such changes must be in writing and will be distributed to all employees to ensure awareness of the new policies and procedures. No verbal statements or representations can in any way change or alter the provisions of this Handbook.

The policies and procedures in this Handbook are for general reference only and are subject to management discretion in applicable situations. All previously issued Handbooks and any inconsistent policy or benefit statements are superseded. You are encouraged to visit with your supervisor if you have questions about the Handbook, if you need additional information, or wish to discuss a concern. We welcome your feedback and input.

## STATEMENT OF AT-WILL EMPLOYMENT STATUS

Nothing in this Employee Handbook is intended to create any type of a contract or guarantee of continued employment. Your employment at the Residence is on an at-will basis and may be discontinued with or without cause or advance notice. Nothing in this Handbook or in any document or statement other than written bargaining agreements shall limit the right to terminate employment at-will. No manager, supervisor or employee of the Residence has any authority to enter into any agreement for employment for any specified period of time or to make any agreement for employment other than at-will.

## EQUAL EMPLOYMENT OPPORTUNITY POLICY

We strive to provide an environment where human dignity prevails and all employees and applicants for employment receive equal consideration and treatment. No person is granted special privilege or consideration nor is employment or any benefit arising out of employment given or withheld because of race, creed, color, religion, national origin, age, sex, disability, marital status, sexual orientation or past, current or future military status.

### Disabilities

The Residence does not discriminate against any employee in the terms, conditions, and privileges of employment due to physical or mental disability. If the Administrator should become aware of any disability that would prevent an otherwise qualified employee from performing a job, prior to refusing or making a distinction in terms, conditions or privileges of employment because of the disability, the Administrator will assess whether any reasonable accommodation would allow the person to perform the job. An accommodation that creates an undue financial hardship on the Residence or endangers health or safety is not a reasonable accommodation. The Residence will make any reasonable accommodation necessary to allow an otherwise qualified applicant or employee to perform the job. The applicant or employee must be able to perform all essential functions in his/her job description.

Any otherwise qualified employee with a disability who requires reasonable accommodation may inform his or her immediate supervisor or management of the nature of the disability and the accommodation required. Employees with access to such information shall maintain the confidentiality of the information to the extent possible and shall not release the information to anyone who does not have the right or need to know.

### Maternity

The Residence does not discriminate against employees in the terms, conditions and privileges of employment based upon pregnancy, childbirth, or related medical conditions.

## DEFINITIONS OF EMPLOYMENT STATUS

The following terms will be used throughout this Handbook to describe the classification of employees and their employment status:

**Full-time Employees -** Employees regularly working a minimum of ___ hours a week who have completed the 90-day introductory period that establishes eligibility for those benefits described in this Handbook.

**Part-time Employees** - Employees normally scheduled to work fewer than ___ hours per week and have completed the 90-day introductory period that establishes eligibility for the benefits described in this Handbook.

**Exempt Employees** - Employees who are exempt from the overtime compensation provisions of state and federal wage and hour laws.

**Non-exempt Employees -** Employees who are subject to overtime compensation, as provided by state and federal wage and hour laws.

**Regular Employees** - Full-time and part-time employees who have successfully completed the 90-day introductory period.

**Temporary Employees** - Employees who are hired for a pre-established period, usually during peak workloads or for vacation relief. They may work a full-time or part-time schedule. Temporary employees are not eligible for Company benefits.

**Employment 'At-Will'** - Describes the relationship between you and the Residence which is for an unspecified term, with you and the Residence each having the right to terminate the employment relationship at any time for any lawful reason.

# EMPLOYMENT OVERVIEW

## Introductory Period and Orientation

Each employee of the Residence is hired for an introductory period of 90 days, to provide both the employee and the Residence an opportunity to evaluate the employee's interest in the position and ability to perform the assigned tasks.

During this introductory period, you will be provided with an orientation and training so that you gain a clear understanding of your job assignment and responsibilities. If at any time you have questions regarding your position, job responsibilities, or the Residence's policies and procedures, please don't hesitate to ask your supervisor.

During your introductory period, you will receive one-on-one supervision and/or work directly with a senior staff member, so that your job performance can be assessed on a daily basis. If at any time your work is unsatisfactory or you don't appear to be well-suited to your position, your status will be reviewed with you by your supervisor. Your performance will also be reviewed upon completion of the introductory period. If your supervisor finds your performance satisfactory and decides to continue your employment, you will be given feedback regarding your performance and advised of any improvements expected from you.

Completion of the introductory period does not entitle you to remain employed by the Residence for any definite period of time. Both you and the Residence are free to terminate the employment relationship, at any time, with or without notice and for any reason not prohibited by law.

## Job Descriptions

Job descriptions are given to each employee at the time of hire. Employees are expected to meet all of the expectations and responsibilities outlined in their job descriptions on a consistent basis.

## Training

As a condition of employment, employees may be required to participate in and satisfactorily complete educational programs for maintenance of a professional license, certification, or designation and/or competency for their position. In addition, in-service training sessions will be held at the Residence on a regular basis, with employees required to attend as indicated by their position and as required by management and/or State regulations.

## Performance Evaluations

Employees receive an evaluation of their performance after 90 days of employment and at one year of employment. Thereafter, employees receive a written performance evaluation on an annual basis. During performance evaluations consideration is given to performance, attitude, and all of the elements involved in your presence in the workplace. Your supervisor will evaluate the quality of your work and will discuss with you how well you are carrying out the duties of your job, with suggestions made as to where and how improvements can be implemented. We also encourage you to make suggestions for possible improvements in the efficiency or effectiveness of your position.

## Promotions

Promotions to higher paying positions are made on the basis of qualifications for the open position and the recommendations of your supervisor. Consideration is given to seniority, but the controlling factors are past performance, education/training, experience, cooperation, and initiative. When possible, we prefer to promote from within the Residence. However, we reserve the right to fill open positions from outside the Residence when such a decision is in the best interest of the Residence.

## Resignation And Termination Notice

If circumstances force you to give up your job, we would appreciate your giving us at least two weeks' notice so that we will have time to find a suitable replacement for you. Employees who are in supervisory positions are requested to give at least three weeks notice. Failure to provide at least two week's notice may result in ineligibility for re-hire with the Residence. Upon leaving the Residence, you are required to return all Residence property, such as uniforms, keys and pagers.

## Personnel Records

Personnel records are maintained on every employee and are the property of the Residence. They are held as confidential as is reasonably possible and the Residence will not release the information to anyone who does not have the right or need to know. Information regarding work performance, including performance evaluations, is maintained in each employee's personnel records. You may review your record upon reasonable notice and at reasonable times by asking your Supervisor. You may also submit a written statement of corrections and comments on any material contained in your record.

# EMPLOYEE COMPENSATION

## Payment of Wages

Employees at the Residence are paid on a regular schedule. If a payday falls on a Saturday, checks will be issued on the prior Friday. If a payday occurs on a Sunday, staff will be paid on the following Monday. If a payday falls on a holiday, checks will be issued on the day preceding the holiday.

Checks will only be given to the person to whom the check is issued unless that person has given written/signed permission to release their paycheck to another individual. Wages will not be paid in advance.

## Payroll Deductions

All required deductions are withheld from employee paychecks. These deductions include all applicable state, federal and local withholding taxes. Deductions for any applicable health insurance premiums for employees and/or their dependents will also be made as authorized by the employee. In addition, deductions for identification badges, uniforms, and other lost or damaged Residence property will be made upon the mutual agreement of the employee and the Residence.

## Garnishments

Should we be served with a court-ordered assignment or garnishment on your wages, we are required by law to withhold the amount stated. In addition, we may also withhold a reasonable administrative fee.

## Records of Time Worked

Employees are required to accurately record all time worked, including the time they begin and end each shift, as well as the beginning and ending time of each meal period. Staff should also record the beginning and ending time of any split shift or departure from work for personal reasons. Employees are responsible for completing their own time records on a daily basis.

Altering, falsifying, tampering with time records, and/or recording time on another employee's time record will result in disciplinary action, up to and including termination of employment.

## Hours of Work and Overtime

If nonexempt employees are asked to work overtime by their supervisor, the Residence adheres to State regulations on compensation of hours worked during overtime periods.

All overtime must be approved in advance by your supervisor. Unauthorized overtime will be subject to disciplinary action up to and including termination.

Only the actual hours worked by employees are computed to determine any overtime worked. In other words, vacation time, sick time, holiday time or any other time for which you are compensated but do not actually perform work is not counted when computing hours worked in a work week. The workweek for payroll purposes is 12:01 am Sunday through 12:00 midnight on Saturday.

Exempt employees will not be paid for overtime work. If you have any question about whether you are an exempt or nonexempt employee, ask your supervisor.

## Rest and Lunch Breaks

Employees are entitled to take a 10-minute rest period for each four-hour work period worked. We ask that you not stay over the time allotted for your break, or take breaks during the first or last ten minutes of a work shift or at the end or beginning of a lunch break. If you are working more than a five-hour shift, an unpaid meal period of 30 minutes will be provided during the middle portion of your shift. Your supervisor will advise you of the specific times during which rest and lunch breaks should be taken.

## Attendance and Punctuality

Employees are expected to report to work on time and as scheduled. If, for any reason, you are unable to report for work at your scheduled time, you are expected to notify your supervisor as far in advance as possible so that arrangements can be made to cover your responsibilities. Except in the case of an emergency, relatives or friends are not to call in on your behalf. Employees are considered tardy if they are not in their designated work area prepared to perform their job responsibilities when their scheduled shift begins.

Excessive absenteeism or tardiness will result in disciplinary action. If you fail to report to work for a scheduled shift and do not call your supervisor or the Administrator within 24 hours, you will be considered to have voluntarily quit your employment with the Residence.

# EMPLOYEE BENEFITS

## Holiday Pay

Recognized holidays are as follows: New Year's Day, Martin Luther King Day, Presidents' Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. Employees who work on any of these holidays receive compensation at two times their regular hourly wage for the number of hours actually worked.

Employees who are scheduled to work either the day before or the day after a recognized holiday, or both, must work the scheduled day(s) in order to receive holiday pay for working on the holiday.

Employees not scheduled to work on a recognized holiday do not receive compensation for that holiday.

## Vacation Time

Employees who work full-time are eligible for ____ weeks of paid vacation per year, and are eligible to use accrued vacation time after six months of continuous employment at the Residence. In addition, employees may not accrue more than ____ hours of vacation time. Any vacation time earned over ____ hours will be forfeited by the employee.

When an individual who has been employed by the Residence is terminated or quits, vacation time that has been earned but not taken will be paid.

Vacation time must be scheduled in advance and approved by the Administrator (or his/her designee). To request vacation time, an employee should complete and submit to his/her supervisor a Vacation / Leave of Absence Request form.

## Health Insurance

A group medical insurance program is available to all regular full-time employees. Details of the available program(s) and eligibility requirements may be obtained through the Administrator.

When an employee meets the eligibility requirement for coverage, the employee will be informed of the time frame for enrolling in the insurance plan(s), provided with information on the available plan(s), and given the appropriate enrollment forms.

If payment by the employee is required either for a co-payment on his/her insurance premium and/or for coverage of a spouse or dependent(s), the employee must authorize deduction of the applicable amount from his/her paycheck by completing an Authorized Payroll Deduction form.

## COBRA Insurance Coverage

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) gives employees and their qualified beneficiaries the opportunity to continue health insurance coverage under the Residence's health plan when a "qualifying event" would normally result in the loss of eligibility. Some common qualifying events are resignation, termination of employment for reasons other than gross misconduct, or death of an employee; a reduction in an employee's hours or a leave of absence; an employee's divorce or legal separation; and a dependent child no longer meeting eligibility requirements.

The Residence provides each eligible employee with a written notice describing rights granted under COBRA when the employee becomes eligible for coverage under the Residence's health insurance plan. You will have 60 days from the date you lose coverage or 60 days from the date you receive such information, whichever is later, to elect continued coverage.

Under COBRA, the employee or beneficiary pays the full cost of coverage at the Residence's group rates plus an administration fee. Coverage will end if any of the following events should occur: the Residence no longer provides group health coverage to any of its employees; the premium for continued coverage is not paid; you become covered as an employee or otherwise under another group health plan; or you become eligible for Medicare.

# LEAVES OF ABSENCE

## Non-FMLA Leave of Absence

If an employee finds it necessary to be absent from work for a prolonged period of time (e.g., for a personal or family emergency), he/she may request a leave of absence by completing a Vacation / Leave of Absence Request form.

The decision as to whether to approve the requested leave of absence will be based upon factors such as the impact the leave would have upon the overall operations of the Residence, the employee's length of employment and work performance, and the reason for the request. No employee is guaranteed a leave of absence.

During an unpaid leave of absence, vacation hours are not accrued and health insurance is not paid beyond the last day of the current month worked. The employee may continue his/his insurance coverage by paying the premium cost out-of-pocket for the remainder of the leave of absence.

Please understand that because of fluctuating business needs, we cannot guarantee reemployment when you return from a leave of absence. If your position or a comparable position is not available, your name may be placed on a hiring list and considered for future vacancies if you meet the qualifications

## Federal Family Medical Leave

Twelve (12) weeks of unpaid, job-protected leave is provided to eligible employees for certain family and medical reasons. The leave is limited to a total of twelve workweeks of leave during any 12-month period. In order to determine the "12-month period" in which the 12 weeks of leave entitlement occurs, the Residence will use a "rolling" 12-month period measured backward from the date an employee uses any FMLA leave. Employees are eligible if they have worked for the Residence at least one year and for 1,250 hours over the previous 12 months.

Employees will be required to use accrued paid vacation when taking family medical leave. If the accruals are less than 12 weeks, the employee may take the rest as unpaid leave. Employees will continue to accrue vacation and sick leave while utilizing their vacation and sick leave. However, they will cease to accrue vacation and sick leave during the unpaid portion of their leave. The Residence will continue the employee's health benefits (employer portion only) during the leave period.

Employees are entitled to leave:

- To care for a child following a birth or placement of a child with the employee for adoption or foster care;

- To care for the employee's spouse, child, or parent, who has a "serious health condition," or

- If the employee is unable to perform his or her own job because of the employee's own serious health condition.

Total leave for employee spouses is limited to 12 weeks combined if the leave is taken for the birth, adoption, or foster care of a child or to care for a sick parent.

Employees are required to give 30 days advance notice or as much notice as practical when the need for leave is foreseeable. The Residence reserves the right to request medical certification supporting the leave, and also reserves the right to require second or third opinions (at the Residence's expense) and a fitness for duty report to return to work at its discretion depending upon the particular circumstances. Leave may be denied if these requirements are not met.

FMLA leave may be taken intermittently or on a reduced leave schedule under certain circumstances. When leave is taken because of a birth or placement of a child for adoption or foster care, an employee may take leave intermittently or on a reduced leave schedule only if the employer agrees. When FMLA leave is taken to care for a sick family member or for an employee's own serious health condition, leave may be taken intermittently or on a reduced leave schedule when medically necessary.

To protect employees' privacy rights, medical certifications will be treated as a confidential medical record and information will be disclosed only on a strictly need-to-know basis.

Most employees returning from Family Medical Leave will be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. Key employees may be denied restoration from leave if prior notice as to such key status is given and if it would cause grievous economic harm to the Residence.

**Military Leave**

If you require time off from work to fulfill military duties, you will be treated in accordance with applicable requirements of state and federal laws. You are expected to notify your supervisor and provide a copy of your orders as soon as possible.

An eligible employee who provides advance written or oral notice of reserve training or military service will be granted an unpaid military leave of absence for up to five years. During your military leave of absence, your benefit coverage will be the same as for any other employee on an unpaid leave of absence. Medical coverage may be continued based on the provisions of the Uniformed Services Employment Rights Act of 1994 (USERRA). Employees may apply any earned, accrued vacation time before the beginning of their unpaid military service leave if they wish; however, they are not obligated to do so.

## Jury Duty

The Residence encourages employees to recognize and perform their civic responsibilities. An employee summoned for court or jury duty will be excused from work for the time necessary to perform such duty when he/she furnishes timely notice of the subpoena or summons to his/her supervisor. Attendance at court in connection with an employee's official duties will not be considered absence from work.

The Residence expects employees to serve when summoned for jury duty and will not request that an employee be excused from serving except in unusual circumstances which would jeopardize the health or wellbeing of residents. It is the obligation of the employee to notify his/her supervisor as soon as he/she is called for court or jury duty. *(Each Residence should determine whether employees will be compensated for some or all of the time spent performing jury or court duty).*

## WORKER'S COMPENSATION / RETURN-TO WORK PROGRAM

Our goal is to maintain a safe and injury-free work environment. In the event, however, that an employee does sustain a work-related injury, we strive to return the employee back to work as soon as possible.

### Employee Accidents and Injuries

If you are involved in an accident or are injured while on duty, you must report the event to your supervisor immediately. Reporting the incident on your next shift is not acceptable. You will be expected to fully cooperate with the Residence in its efforts to comply with the policies and procedures of our insurance carrier and any state or federal laws regarding worker's compensation. When you report an illness or injury, you will be asked to complete specific forms and in some cases see a physician for examination and/or treatment (in such a case, you will be told which physician(s) you may see).

If an employee incurs a non-work related injury or illness, he/she must be able to perform all of the essential functions of his/her job with or without reasonable accommodation before returning to work.

### Return-to-Work Program

If you see a physician and he/she determines that you qualify for the return-to-work program, the physician will provide a written "light duty" job description that you will be expected to comply with during your medical recovery period (i.e., until you are able to return to your regular duties). Light duty is temporary work that is within the employee's physical abilities, knowledge and skills. Modified duty positions may be offered on any shift. The return-to-work program will involve coordination by the injured worker, the worker's attending physician and the worker's compensation company.

# HARASSMENT

## General Harassment

The Residence maintains a strict policy prohibiting its employees from engaging in harassment, which is defined as conduct that substantially interferes with an employee's work performance or creates an intimidating, hostile or offensive work environment. This would include but not be limited to threatening or offensive conduct directed toward a person's sex, race, age, disability, marital status, sexual orientation, religion, national origin, and past, current or future military status.

We will actively enforce our policy against harassment. The policy applies to all conduct by any supervisor, manager, coworker, subordinate, vendor, client or customer that adversely affects an employee's work environment. We consider a violation of this policy a serious offense that will lead to disciplinary action, up to and including discharge.

## Sexual Harassment

Federal and State law define sexual harassment as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is either explicitly or implicitly made a term or condition of employment;
- Submission or rejection of such conduct is used as the basis for employment decisions facing such an individual;
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Specific examples of sexual harassment include but are not limited to the following examples:

- Making unwanted written, verbal, physical and/or visual contact of sexual nature;
- Written examples include suggestive or obscene letters, notes or invitations;
- Verbal examples include sexual advances or propositions, derogatory comments, slurs, jokes, or epithets of a sexual nature, verbal commentaries about an individual's body or sexually degrading words used to describe an individual;
- Physical examples include assault, sexually suggestive touching or body contact, intentionally impeding or blocking movement, or leering;
- Visual examples include sexual gestures, or the inappropriate display of sexually explicit objects, pictures, cartoons or posters;
- Making reprisals, threats of reprisal, or implied threats of reprisal; for example: implying or withholding support for an appointment, promotion or change in assignment because the employee used the complaint procedure;

- Suggesting the preparation of or actually preparing a poor performance review; or suggesting that a performance improvement plan will "fail" or actually failing an employee who is in a performance improvement counseling situation because the employee used the complaint procedure;
- Engaging in implicit or explicit coercive sexual behavior that is used to control, influence or affect the career, salary and work or work environment of another employee;
- Offering employment benefits, such as promotions, favorable performance evaluations, favorable assigned duties, recommendations, reclassification, etc., in exchange for sexual favors.

**Role and Responsibility**

Management and supervisory staff are responsible for maintaining a work place that is free from known unlawful harassment. Employees are responsible for reporting any unlawful harassment to management so that management can fulfill its responsibility. Unlawful harassment of any kind by an employee, supervisor or other representative of the Residence will not be tolerated.

When an employee is notified that a behavior may be offensive to others or that a complaint has been made, the action in question is to cease until the issue can be reviewed.

If you feel you are being harassed or are offended by sexual advances or behavior, you are to notify your supervisor or the Administrator immediately.

# SAFETY

## General Safety Procedures

We strive to provide a safe working environment for all employees. Thus, all employees are expected to be familiar with and adhere to the safety policies and procedures of the Residence, and to exercise sound judgment and safe work practices. Furthermore, it is the policy of the Residence to be in compliance with all laws, rules, and regulations concerning safe work practices as published by governmental agencies having jurisdiction over such matters.

If your job assignment involves the use of hazardous or toxic materials, you must comply with all laws, rules, and regulations concerning their safe handling and disposal as published by the Residence and governmental agencies having jurisdiction over such matters. Consult your supervisor for full details, including Material Safety Data Sheets, container labeling, and training including information regarding exposure to and handling of such materials.

It is the responsibility of all staff to be thoroughly familiar with and to abide by all policies and procedures for safety and security. Staff should report immediately to the Administrator any situation that is or may be a danger to residents, staff, visitors, other employees or property. Employees are responsible to take whatever action is appropriate to remedy unsafe conditions in a timely manner.

Any incident occurring within or on the grounds of the Residence that has resulted or may result in harm to a resident, employee or visitor must be reported using an Incident Report form. Incident Report forms are available from the Administrator.

Your job may have additional safety guidelines that are established for your protection and the protection of others. If so, you will be required to know and follow them carefully. All work-related injuries and illnesses, regardless of their extent or nature; unsafe working conditions; and the need for maintenance or repair of property or equipment must be immediately reported to management.

## Emergency Procedures

All employees are expected to be familiar with emergency procedures and should adhere to these procedures should an emergency occur. Employees receive training on fire and emergency procedures during their initial orientation. In addition, fire and/or disaster drills are held on a regular basis to ensure the safety of residents and staff.

An Emergency Handbook is located at the front desk. This Handbook outlines applicable procedures that should be followed in case an emergency occurs. Employees are expected to review the Emergency Handbook so as to become familiar with the procedures described therein.

## Infection Control

It is important that guidelines to control the possible spread of infection be followed by all staff. These guidelines include procedures for hand washing, protective personal equipment such as disposable gloves, and the handling of potentially infectious items such as soiled linens or used needles.

As appropriate to their job position, staff will receive training on infection control procedures during their initial orientation. Employees are responsible for following these procedures at all times. Any questions regarding infection control should be directed to the Administrator or RN.

## Accidents or Injuries to Residents or Visitors

If you witness an accident or injury to a resident or visitor to the Residence, you are responsible for contacting the RN and/or emergency medical personnel as appropriate, providing any needed first-aid, and reporting the incident immediately to your supervisor or the Administrator. You should then complete an Incident Report form and submit the report to your supervisor.

## Workplace Violence

We strive to maintain a work environment free from intimidation, threats or violent acts. This includes, but is not limited to intimidating, threatening or hostile behaviors, physical abuse, vandalism, arson, sabotage, carrying weapons of any kind onto the property of the Residence, the use of weapons, or any other act, which, in management's opinion, is inappropriate to the workplace.

Employees who feel they have been subjected to, or have observed or have knowledge of, any of the behaviors listed above are requested to immediately report the incident to the Administrator. All such reports will be investigated. Based upon the results, disciplinary action will be taken against the offender, if appropriate. Employees may also contact the proper law enforcement authorities without first informing management if they believe a threat to the safety of others exists.

## GENERAL POLICIES AND PROCEDURES

### 1. Resident Confidentiality

Employees are responsible for safeguarding the confidentiality of information obtained in the course of their employment, including policies and procedures, forms, systems, resident information, and/or information regarding employee positions and/or salaries. Furthermore, employees are prohibited from attempting to obtain confidential information for which they have not received access authorization. Any employee who discloses confidential information (other than as necessary in the performance of his or her job duties) will be subject to disciplinary action, up to and including termination of employment and legal action, even if he or she does not actually benefit from the disclosed information

### 2. Mandated Reporting of Abuse, Neglect and Exploitation

Any staff person who has knowledge of or suspects that a resident has been the victim of abuse, neglect or exploitation must make a report within 48 hours to Adult Protective Services / Division of Licensing and Protection (see Section 5.18 of the Vermont Residential Care Home Regulations).

### 3. Off-Duty Conduct

While the Residence does not seek to interfere with the off-duty and personal conduct of its employees, certain types of off-duty conduct may interfere with the legitimate business interests of the Residence. For this reason, employees are expected to conduct their personal affairs in a manner that does not adversely affect the Residence's or their own integrity, reputation, or credibility. Illegal or immoral off-duty conduct on the part of an employee that adversely affects the Residence's legitimate business interests or the employee's ability to perform his or her job will not be tolerated.

### 4. Appearance and Dress

All employees are expected to maintain appropriate standards of grooming, personal hygiene and dress during working hours and while on the Residence's premises. No wearing apparel, personal grooming, or hygiene practices should distract others or create a safety hazard to you or your co-workers. Rather, you should project a clean, neat and professional appearance with clothing that is in good taste and in accordance with the Residence's dress code policies.

Your supervisor will provide you with specific instructions regarding appropriate dress for your department and answer any questions you may have about the Residence's appearance and dress standards.

## 5. Identification Badges

Employees are required to wear identification badges at all times while on duty. New employees will be given temporary badges until permanent identification badges can be made.

Your initial identification badge is provided by the Residence. However, you will be charged, through a payroll deduction, $10.00 if a replacement badge is needed. Your written authorization for the payroll deduction will be obtained before the deduction is made.

## 6. Telephone and In-Person Etiquette

Each employee's behavior and attitude while on-the-job reflects back on the Residence and helps others form an impression of the Residence. This holds true for all staff interactions, whether with current residents, family members, vendors, volunteers, and/or other guests. One positive encounter with an employee of the Residence may be told to numerous other people, one of whom may know someone who needs the services offered by the Residence.

Employees are expected to answer the telephone at the Residence in a pleasant, courteous manner. The phone should be answered promptly (within at least three rings). Employees should be as helpful as possible, referring the caller if needed to a staff member who is qualified to assist the caller. All phone conversations should be conducted in a warm, professional manner.

Employees should always greet visitors to the Residence as soon as possible after they enter the building. Even if engaged in another task, acknowledge the visitor and tell them you will be right with them and/or locate another staff person who can assist the visitor.

## 7. Personal Phone Calls and Visitors

Employees should not receive personal phone calls at the Residence, except in the case of an emergency. Outgoing calls may be made by employees only during rest or meal breaks and should be limited in time. Personal long-distance calls may not be made by employees on Residence phones unless calling cards are used.

Employees may not receive visitors at the Residence nor bring children to work unless prior authorization from the Administrator is obtained. An exception to this policy is made when employees come to the building to pick up paychecks or attend special events/outings at the Residence where visitors and/or children are invited.

## 8, Parking

Employees are requested to park in available spaces farthest from the entrance to the building, so those parking spaces closest to the entry are available for residents and visitors. Swing and night shift employees, however, may park closer to the building entrance in the interest of safety and security.

## 9. Smoking

The Residence is a smoke-free building. Therefore, smoking is not permitted in the building or on the grounds other than within designated outdoor areas. Employees may smoke only during meal and rest breaks.

## 10. Alcohol and Drugs

The management of the Residence is committed to providing a safe workplace for all employees. Consistent with that commitment, the Residence maintains an alcohol and drug free policy.

This policy prohibits the use, sale, distribution, manufacture or possession of alcohol or drugs, paraphernalia, the unauthorized use of prescription drugs, or any combination thereof, on the premises of the Residence. In addition, this policy forbids reporting to work while under the influence of alcohol or drugs.

## 11. Solicitation & Distribution of Literature

To avoid disruption of company operations, the following rules apply to solicitations and distribution of literature on Company property unless prior approval has been obtained from the Administrator:

- Employees may not solicit other employees for membership, contributions, funds, or other purposes during the employee's working time or at any other time if the solicitation interferes with other employees who are scheduled to work.

- Employees may not distribute literature (other than Residence information) during working time and/or in working areas for any purpose.

- Persons who are not employed by the Residence may not solicit or distribute literature on company property at any time for any purpose.

Working time includes the working time of both the employee doing the soliciting and/or distributing and the employee to whom the soliciting and/or distributing is directed. Working time does not include break periods and/or meal periods.

The only exception to the above is that the Residence may authorize the solicitation of funds for recognized and established charities which benefit the general Residence.

## 12. Conflicts of Interest

A conflict of interest exists whenever an individual encounters a situation in which their personal interest might affect or call into question his or her judgment on behalf of the Residence. For example, a potential conflict of interest exists when an employee is in a position to influence a decision made on behalf of the Residence that may result in a personal gain for that employee or for a relative. Personal or romantic involvement with a competitor, supplier or subordinate employee of the Residence may create a conflict of interest. Supervisor-subordinate personal relationships can also lead to supervisory problems, possible claims of sexual harassment, and morale problems.

If you are involved, or should become involved, in any of the types of relationships described above, you should disclose the relevant circumstances of the relationship to your supervisor to determine if there is a conflict of interest. If an actual or potential conflict is determined, the supervisor may take whatever corrective action is appropriate based on the situation. Failure to disclose pertinent information regarding potential conflicts of interest may result in disciplinary action, including possible termination.

**Outside Employment.** Employees of the Residence are not prohibited from holding other employment except in cases where the employee's performance is affected or if the secondary employment might be a conflict of interest (e.g., working for a competitor). Any questions regarding this policy should be directed to your supervisor.

**Employment by Residents**. Employees are also prohibited from working directly for residents of the Residence outside of their employment by the Residence; as such employment could be construed to be a conflict of interest.

**Workplace Romances**. Employees of the Residence are not prohibited from dating, except in circumstances where one of the employees reports, either directly or indirectly, to the other employee. No dating is permitted in such circumstances. We will, however, consider requests from affected employees to transfer one employee to another position within the Residence for which he/she is qualified so that the employees are not in the same reporting lines.

**Supervision by Relatives**. The Residence does not employ relatives in positions where one individual may supervise the other, or where one would have responsibility for auditing the work of the other because of the inherent conflict of interest that exists.

## 13. Employee References

All requests for references for current or former employees must be directed to the Administrator (or his/her designee). No other manager, supervisor or employee is authorized to release employee references.

## 14. Grievance Procedures

The management of the Residence strives to foster a good working environment and positive working relationships between employees. However, as in any organization, problems or differences of opinion may occasionally arise. In such a case, we believe that it is important that those involved in the disagreement be given an opportunity to resolve the issues. We recognize that fair consideration of each person's perspective is essential to the success of the Residence, and encourage employees to discuss their concerns with management.

Employees are also encouraged to discuss with their supervisor or the Administrator any concerns about the Residence that they feel are not being addressed appropriately. Such concerns may include resident complaints, security problems, unsafe conditions, persistent odors, continued shortages of equipment or supplies, and/or employee accidents.

If you have a concern, first discuss the issue with your supervisor. If you believe you cannot discuss your concern with your supervisor or you are not completely satisfied with his/her response, speak with the Administrator about the matter. You may also wish to formalize your grievance with a written summary of your concerns. Your supervisor or the Administrator will respond to your concern within at least seven days

# STANDARDS OF CONDUCT

Standards of conduct have been developed for the staff at the Residence, so that all employees adhere to a consistent set of guidelines regarding appropriate work performance and related behavior. Employees are expected to conduct themselves in a professional manner at all times and are not to engage in behavior that would be detrimental to the Residence's business and/or reputation, constitute a violation of the Residence's policies or jeopardize the safety of others. Any conduct, behavior, or attitude inconsistent with these principles may result in a need to evaluate an employee's willingness to act responsibly and demonstrate a commitment to the Residence through his or her behavior.

## Miscellaneous Rules of Conduct

As an employee of the Residence you are expected to use sound judgment and respect the rights of fellow employees and residents to maintain a safe, comfortable and congenial environment. It is impossible to make a comprehensive list of all the possible kinds of conduct that would be considered as inappropriate. Examples of some of the general types of conduct that will not be allowed are*: (Each Residence is strongly encouraged to develop their own rules of conduct; the following guidelines are included for illustrative purposes only).*

### 1. Job Performance

- Failure to communicate with residents, co-workers, supervisors and/or visitors appropriately.
- Failure to provide resident services.
- Unwillingness to perform duties for job position as assigned; unsatisfactory work performance.
- Refusal to obey orders or instructions of your supervisor.
- Providing unauthorized or prohibited services.
- Failure to adhere to established policies and procedures.
- Failure to meet in-service, training, licensure or other conditions of employment.
- Failure to adhere to personal appearance and/or dress requirements.

### 2. Safety

- Failure to report an on-the-job injury or illness.
- Failure to follow reporting and/or treatment procedures for workers compensation claims.
- Failure to know and/or follow proper infection control procedures.
- Failure to take action to remedy an unsafe condition(s).
- Failure to know and follow proper procedures for lifting, transferring and/or other potentially hazardous tasks associated with job performance.
- Using equipment or supplies in an unsafe manner.
- Failure to know or follow fire, life safety, emergency, or security procedures.

3. **Maintenance of Records**
   - Failure to record required personnel, resident or other information.
   - Falsifying personnel, resident or other records.
   - Purposely giving wrong information when reporting hours worked, or tasks completed.
   - Falsifying any document.

4. **Work Schedule**
   - Excessive absenteeism or tardiness.
   - Refusing to work assigned times.
   - Overstaying unpaid leave, vacation or other time off.
   - Working overtime without prior authorization.
   - Overstaying work time by checking in early or out late; remaining after checkout.
   - Leaving the building or adjacent grounds during work hours without approval.
   - Smoking, eating or taking breaks in unauthorized places and/or times.

5. **Use of Property**
   - Failure to keep work space and common areas clean and tidy.
   - Neglecting, mishandling or destroying property, equipment, or supplies belonging to residents, co-workers, visitors and/or the Residence.
   - Being careless or wasteful with property belonging to the Residence.
   - Using the Residence's equipment and supplies for personal use without prior approval of the Administrator (or designee).
   - Using the Residence's telephone for non-emergency or unauthorized calls.
   - Posting or removing notices, signs and/or leaving unsolicited literature on the Residence's property without prior approval of the Administrator.

6. **Inappropriate Behavior:**
   - Threatening, intimidating, coercing or fighting with co-workers/visitors.
   - Gambling or participating in illegal games of chance on the premises.
   - Engaging in illegal or unprofessional conduct on the premises.
   - Using obscene, abusive language; spreading rumors or malicious gossip.
   - Accepting private employment, gifts or gratuities from residents, family members, or organizations conducting business with the Residence.
   - Soliciting or collecting contributions without prior approval of the Administrator.
   - Bringing children to work without prior approval of the Administrator or his/her designee.
   - Receiving non-business visitors during working hours.
   - Infringing on the rights of fellow staff members, residents, or visitors by displaying objects, giving messages or wearing clothing that is provocative, insulting or harassing to any particular group or individual.
   - Sexually harassing or failing to report harassment.
   - Protecting others who break these and other policies or commit illegal acts.

**Other**

- Verbal, physical or psychological abuse of a resident, co-worker or visitor.
- Reporting to work under the influence or consumption on the premises of alcohol or illegal drug(s).
- Possession of firearms, illegal drugs and/or weapons on the premises.
- Theft from the residents, co-workers, visitors or the Residence.
- Making false accusation(s) against the Residence, co-workers or residents.
- Violating the confidentiality of a resident

**Employees who act in these or other unacceptable ways will be subject to disciplinary action, up to and including immediate dismissal.**

## DISCIPLINARY ACTION

If disciplinary action becomes necessary, management has the discretion to determine what disciplinary action would be appropriate based upon the nature, frequency, and severity of the violation; the employee's past record; and circumstances surrounding the violation. Management may proceed to use any one, or all of the types of disciplinary action listed below, as deemed appropriate. Management reserves the right to determine the suitable course of action, up to and including termination.

The possible types of disciplinary action include:

**Informal Counseling or Oral Warning**
This is an appropriate step when there appears to be a misunderstanding or when management expectations may not be clear. A discussion can be held with the employee to discuss what constitutes proper conduct or what performance standard is not being met. Notation of the date, time, and nature of the discussion will be made in the event of future problems. The development of future expectations will be made clear verbally, warning the employee of consequences should the problem persist.

**Written Warning**
When a written warning is issued, the employee's supervisor states in writing the seriousness of the situation and the immediate consequences should the issue have to be addressed in the future.

**Suspension**
Employees may be suspended, with or without pay, as a disciplinary measure for repeated offenses, while investigating a serious policy violation, or pending a determination of whether to terminate employment.

**Termination**
An employee may be terminated as the result of a serious offense, the accumulation of minor offenses, for failure to meet acceptable standards of performance, or for any other reason deemed necessary by the Residence. *Each Residence should develop a policy to address what behavior constitutes grounds for immediate dismissal.*

## RESIDENT RELATIONS

Employees are expected to interact with residents in a manner that supports each resident's choice, individuality, independence, privacy and dignity. It is important to remember that the Residence is the home of our residents and as such we, as employees, are guests in their home.

While we encourage staff members to develop relationships with residents in the course of their employment, it is important to remember that the Residence is a workplace environment. As such, employees are expected to adhere to the following guidelines when interacting with residents:

**Resident Confidentiality.** All information regarding residents is confidential and should only be discussed as necessary or appropriate to meet the resident's care needs. Release of information to third parties may be shared only with the express, written permission of the resident or his/her legal representative.

**Purchase and/or Sale of Personal Items for Residents**. Employees should not purchase items on behalf of residents using resident funds without prior authorization from the Administrator (or his/her designee). In addition, residents are asked not to sell any personal items to employees, as the Residence cannot be responsible for any misunderstanding or disputes that could arise out of such transactions.

**Private Employment by Residents**. Employees may not work privately, with or without pay, for any resident outside of their regularly scheduled shifts.

**Tips, Gifts or Gratuities from Residents**. Residents are not allowed to give tips, gifts or gratuities to employees. Should a resident or family member wish to voluntarily contribute "something extra" for employees, an Employee Appreciation Fund is maintained to which donations may be made. This fund is used for special all-staff functions, such as holiday parties or dinners out. Although we like staff to be able to acknowledge contributions made by residents to this fund, we encourage residents not to share with staff the specific amount contributed.

**Transporting Residents**. Employees should not use their personal automobiles to provide transportation for residents without obtaining prior authorization from the Administrator. If prior authorization is granted, all applicable policies regarding appropriate insurance coverage and verification of a valid driver's license must be followed.

**Witnessing Legal Documents**. Employees are prohibited from witnessing residents' legal documents. Residents and/or their families may ask this of employees because it is convenient. However, complying with such a request could give the appearance of the Residence having undue influence over the individual.

**Resident Abuse, Neglect, or Exploitation**. If an employee knows, or has reason to suspect, that the abuse, neglect, or exploitation of a resident has occurred, they must report this information to the Vermont Adult Protective Services, Division of Licensing and Protection, and speak with the Administrator for additional guidelines to ensure they follow all required procedures for reporting resident abuse, neglect, or exploitation.

## ACKNOWLEDGEMENT

This Employee Handbook is for your use as a source of information about the Residence and your job. It is not a contract of employment, express or implied, but merely sets forth policies of employment, methods for resolving conflicts, and an explanation of your benefits and policies.

Your signature below acknowledges your receipt of a copy of this Employee Handbook and your understanding and acceptance that:

1. You are responsible for reading, understanding, and adhering to the policies outlined in this Employee Handbook and may ask your supervisor any questions that you may have;

2. The provisions of this Employee Handbook are guidelines and statements of policy and procedure that may be changed by the Residence at any time;

3. Management reserves the right to revise, modify, delete or add to any and all policies, procedures, work rules or benefits stated in this handbook or in any document at any time;

4. The Residence does not guarantee any specific benefits because benefits and corresponding policies and procedures may change from time to time without your consent;

5. No supervisor or other representative of the Residence has the authority to enter into any agreement for employment for a specified period of time or make any agreement contrary to the policies contained in this manual; and

6. Your relationship between you and the Residence is for an unspecified term, with you and the Residence each having the right to terminate the employment relationship at any time for any lawful reason.

_____ _____

Employee Signature Date

_____ _____

Witness Date

# EMERGENCY HANDBOOK

## DO NOT REMOVE THIS HANDBOOK FROM _____

*(Each Residence should specify the location where the Handbook will be kept)*

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# INTRODUCTION

**This handbook should remain at the front desk / main staff work area at all times. Do not remove the handbook from this area, remove pages from the handbook, or make any changes in the information contained in the handbook.**

This handbook has been prepared to assist staff in responding effectively to emergencies. The information was written in an outline format to make it as easy as possible to reference the information needed quickly. More complete information regarding emergency preparedness and procedures may be found in the Life Safety section of the Policy and Procedures manual.

The Emergency Handbook should be kept at the front desk in a location easily accessible by staff. All staff should become familiar with the emergency procedures outlined in the Handbook to respond appropriately in the case an emergency. If an emergency should occur, staff may refer to the Handbook for verification of procedures and/or to obtain other needed information.

Staff will be notified if any changes are made to the procedures outlined in the Emergency Handbook. In such a case, all staff must familiarize themselves with the new procedures.

## EMERGENCY PHONE NUMBERS

1. The following individuals should be called in the case of an emergency as soon as possible:

| Name | Title | Phone Number(s) |
|---|---|---|

*(Insert the appropriate contact information for your Residence here)*

**NOTE: ALWAYS CALL 911 IN ANY EMERGENCY INVOLVING AN IMMEDIATE SERIOUS THREAT TO THE HEALTH AND SAFETY OF RESIDENTS OR STAFF BEFORE CALLING THOSE NUMBERS NOTED ABOVE.**

## OTHER ESSENTIAL PHONE NUMBERS

*(This section should include all numbers an employee may need to call in an emergency or as instructed by his or her supervisor. Examples include):*

Utility Companies:

Gas

Electric

Water / Sewer

Pharmacies

Plumber

Electrician

Pest Control

Heating Air Conditioning

Appliance Repair

Fire Alarm Repair Company

Locksmith

Glass Repair

Division of Licensing and Protection

Division of Fire Safety

Other

## RESIDENT ROSTER

| Resident Name | Unit # | Assistance Needed to Evacuate? | | Type of Assistance Needed |
|---|---|---|---|---|
| | | Yes | No | |

## MEDICAL EMERGENCY OR INJURY

1. **ASSESS RESIDENT PULSE AND BREATHING**

2. **IF A RESIDENT IS CONSCIOUS BUT NEEDS FIRST AID:**

   - Follow the first-aid instructions presented in the required first-aid course (if needed, refer to the first-aid manual located with the first-aid kits in the staff work area and in the kitchen).

   - Contact the RN with any questions or for further instructions regarding needed first-aid procedures.

3. **IF A RESIDENT APPEARS TO BE UNCONSCIOUS:**

   - Immediately call 911.

   - Check the resident's Do-Not-Resuscitate (DNR) status on his/her DNR Status form (in his/her service record or in the Service Planning binder) or by noting the color of the circle that has been placed in his/her apartment (red for DNR; green if there is no DNR order).

   - If the resident does NOT have a DNR order, initiate CPR procedures.

   - When emergency medical personnel arrive, direct them to the resident, giving them copies of the resident's DNR Status form and/or advanced directives (if applicable).

   - Provide the emergency medical personnel with copies of the resident's medication record and insurance information.

3. **PERFORM NECESSARY FOLLOW-UP:**

   - Notify the Administrator of the incident and verify who will call the resident's family and/or significant other (call the designated emergency contact on the Resident Information form).

   - Calm other residents if necessary. Give appropriate information about the situation without breaching the resident's confidentiality.

   - Complete an Incident Report form and document the incident in the resident's Service Notes.

## RESIDENT FALLS

1. **ASSESS THE SITUATION:**

   - Call 911 if emergency assistance is needed (e.g., the resident is unresponsive, is bleeding profusely, etc.).

2. **DO NOT MOVE THE RESIDENT AND CALL 911:**

   - If he/she has painful areas or bumps
   - Is unable to move his/her limbs without pain; and/or
   - If his/her limbs are in an unnatural position.
   - Provide comfort to the resident while awaiting emergency assistance.

3. **PROVIDE COMFORT TO THE RESIDENT WHILE AWAITING EMERGENCY ASSISTANCE (if 911 was called)**

4. **PROVIDE FIRST AID IF NEEDED:**

   - Provide first-aid if the resident is having difficulty breathing, has fainted, is bleeding, etc., using techniques presented in the required first-aid course (if needed, refer to the first-aid reference guide located with the first-aid kits in the staff work area and in the kitchen).

   - Call the RN if you have questions and/or for additional instructions.

5. **IF THE RESIDENT REPORTS NO SYMPTOMS AND NONE ARE OBSERVED:**

   - If the resident is able to stand with minimal or no assistance, assist the resident to his/her feet and to an area where he/she can sit.

   - If the resident is unable to stand with minimal or no assistance, DO NOT attempt to assist the resident to his/her feet without assistance from another individual.

   - If there is any question about a resident's ability to get up without assistance, always call for help.

   - Notify the RN if there is any question as to whether the resident should be moved and/or for further instructions.

6. **PERFORM NECESSARY FOLLOW-UP:**

- Notify the Administrator of the incident and call the resident's family (or legal representative) if instructed to do so.

- Calm other residents if necessary. Give appropriate information regarding the situation without breaching the resident's confidentiality.

- Complete an Incident Report form and document the situation in the Resident's Service Notes

## RESPONDING TO FIRE ALARMS

*(The following procedures are provided as an example only and may not be appropriate for your Residence. Develop procedures that are specific for your Residence in conjunction with your local fire department and the State Division of Life Safety. Many jurisdictions do not recommend / require the full evacuation of Residences).*

1. **NOTIFY EMERGENCY PERSONNEL:**

   - Go to the fire alarm panel to determine the location of the alarm.
   - Call 911 to report the fire alarm (and the zone of the activation).
   - Be available, or have someone available, to direct the fire department when they arrive.

2. **ASSURE RESIDENT SAFETY:**

   - Assist residents who might be in immediate danger from the area of the fire to an area behind fire doors.

3. **EXTINGUISH THE FIRE IF POSSIBLE:**

   - Use the nearest fire extinguisher to control any flames or smoke if this can be done safely. Upon arrival at the location where the alarm was activated, feel the door (if closed) to determine if it is hot. If it is hot, DO NOT ENTER.
   - If the door is not hot, open the door a crack to see if smoke is coming from the room. If the room is smoky, close the door and DO NOT ENTER.
   - If a small and confined fire is discovered, try to extinguish the fire with a fire extinguisher.

4. **EVACUATE THE BUILDING**:

   - Begin evacuating residents outside to the parking lot in front of the building, at least 50 feet from the building if possible. *(Note that your Residence may not be required to fully evacuate the building – follow the procedures recommended by your local fire department).*
   - Refer to the Roster of Residents in the back of this manual to determine which residents need verbal or physical assistance to evacuate.
   - Begin the evacuation in the area closest to the location of the alarm. Starting at the far end of the hallway, enter each apartment to determine if the resident has already left the apartment. If not, assist the resident to a point of safety.

- Upon exiting each apartment, leave a towel outside the apartment door to indicate that the apartment has been searched and vacated.

- When the evacuation has been completed, ensure that all residents and employees are accounted for (refer to the Sign-In/Sign-Out book to determine any residents who are away from the building).

- Calm and reassure residents until they are able to return to their apartments..

5. **PROTECT PROPERTY:**

- Collect and store in a secure area any cash, checks, or ledgers, resident valuables, personnel and resident records, and any other necessary documents if doing so will not place any individual at risk.

6. **RE-ESTABLISH ORDER:**

- Contact the Administrator as soon as possible. Report the situation and follow any additional instructions given.

- Once the fire has been extinguished, open any windows in the immediate area and/or use any means possible to clear the air of smoke. Staff and residents should stay away from the fire area until the smoke has cleared.

- Reset the fire alarm system. The system will not reset until all smoke has been cleared from the area.

- Begin cleaning up any affected area as soon as it is safe to do so. Affected residents must be relocated to another area until the clean up has been completed.

- In a situation where residents are not able to return to the building within a reasonable period of time, follow additional procedures as outlined in the section in this manual on Emergency Action / Evacuation Plan.

- As soon as possible, the Administrator should contact the family/significant other(s) of the affected residents with information about the situation.

- Notify the Vermont Department of Licensing and Protection and the Vermont Division of Fire / Safety of the situation by phone as soon as possible (no later than the next working day) and complete an Incident Report form.

- Ensure that the cause of the fire is investigated and any needed follow-up is taken so the situation does not re-occur.

## EVACUATION PROCEDURES

*(The following procedures are provided as an example only and may not be appropriate for your Residence. Develop procedures that are specific for your Residence in conjunction with your local fire department and the State Division of Life Safety. Many jurisdictions do not recommend / require the full evacuation of Residences).*

1. **CALL 911:**

   - Contact 911 and inform them of the situation and that you are calling from an assisted living residence (in the case of a telephone outage, attempt to use a cellular phone).

   - Notify the Department of Licensing and Protection when the decision to evacuate is made or as soon as practical thereafter.

2. **EVACUATE RESIDENTS :**

   - Refer to the Roster of Residents in the back of this manual to determine which residents need verbal or physical assistance to evacuate.

   - If the disaster has affected the entire building, alert residents who are able to evacuate without assistance first, followed by those who need assistance in evacuating.

   - If the disaster has only affected one area of the building (e.g., a fire in an apartment) begin the evacuation with the part of the building (e.g., hallway) that has been directly affected.

   - Enter each apartment to determine if the resident has already left the apartment. If not, assist the resident to a point of safety.

   - When leaving each apartment, leave a towel outside the apartment door to indicate that the apartment has been searched and vacated.

   - After the evacuation has been completed, conduct a head count to ensure that each resident and staff person is accounted for (refer to the Sign In/Sign Out sheet to determine if any residents were out of the building when the emergency occurred).

3. **SUMMON ADDITIONAL HELP:**

   - If the Administrator is not on-site, contact him/her as soon as possible (in case of a telephone outage, attempt to use a cellular phone).

   - As appropriate, contact off-duty staff and ask them to report to work. All staff must make every effort to report in as soon as possible.

4. **ARRANGE FOR EMERGENCY SHELTER**:

- If needed, make arrangements to shelter residents until it is safe for them to return to their apartments. As appropriate, contact residents' family members to assist in relocation to a safe area.

- Residents who cannot be relocated with family or friends should be evacuated either by staff or emergency personnel to the following location:

  *(Insert name, location and contact information)*

- Residents should stay at the evacuation site until they are able to return to the Residence or other shelter arrangements have been made.

5. **SECURE NEEDED SUPPLIES AND PROTECT PROPERTY if it is possible to do so without jeopardizing the safety of any individual:**

- Transfer all necessary resident medications to the evacuation site and/or other designated location(s).

- Turn off appliances and gas in the main kitchen.

- Transport all available food and water if necessary to the evacuation site and/or designated locations.

- Protect Residence property and records.

6. **ASSIST OTHER DISASTER VICTIMS:**

- Assist any community disaster victims brought to the premises and make a list of all non-resident disaster victims who receive assistance at the Residence.

- Prepare food and snacks as conditions allow for residents, staff and community disaster victims. Contact local merchants and/or wholesalers if necessary to obtain additional food supplies.

- Monitor residents, staff and community disaster victims for signs of distress and provide emotional support and counseling if needed.

- Contact the legal representatives / families of residents, staff and community disaster victims as soon as possible to provide information about the status of the situation.

- Monitor the condition of the building and grounds to ensure the safety of all individuals.

7. **DOCUMENT THE INCIDENT:**

- Complete an Incident Report form and provide appropriate notification of the emergency to the Vermont Department of Licensing and Protection.

- Document in residents' Service Notes and/or staff personnel files any injuries or other significant incidents.

## POLICE EMERGENCY

1. **SUMMON ASSISTANCE:**

   - If a situation occurs where the safety of any individual is threatened, call 911 and report an emergency.

   - If the situation does not appear threatening, contact the Administrator for further instructions.

2. **PROTECT RESIDENTS:**

   - If the action immediately threatens residents, try to remove them from the danger area if doing so does not create a more dangerous situation.

3. **AWAIT HELP:**

   - If 911 has been called, wait for the response.

   - Monitor the situation. Avoid actions that might escalate the disturbance or startle an intruder.

   - When the police arrive, direct them to the area/situation of concern. Keep residents away from the area.

4. **RE-ESTABLISH ORDER:**

   - Contact the Administrator as soon as possible

   - Once help has been secured, calm residents if necessary. Give appropriate information about the situation.

   - Complete an Incident Report form and notify the certifying agency as appropriate.

   - Contact the legal representatives / families of involved residents if instructed by the Administrator to do so.

## MISSING RESIDENT

1. **CONFIRM ABSENCE:**

   - Upon becoming aware of a missing resident confirm the absence by checking the resident's unit and all common areas of the building.

   - If you fail to locate the missing resident -

2. **INITIATE A BUILDING SEARCH:**

   - Systematically search all apartments. Search the apartment for the resident, including the closet, under the bed and in the shower.

   - Check the immediate vicinity of the building outside – the courtyard, parking lot and the building property. DO NOT, HOWEVER, LEAVE THE BUILDING UNATTENDED FOR MORE THAN A FEW SECONDS.

   If the building search fails to locate the resident -

3. **SUMMON ASSISTANCE:**

   - Call the Administrator for additional instructions.

   - As appropriate, notify the police, the resident's legal representative and/or family of the situation.

4. **RE-ESTABLISH ORDER:**

   - Once help has been secured, calm residents if necessary. Give appropriate information about the situation.

   - If a resident is missing for more than 12 hours, report the incident to the police, resident's legal representative and family, if any. Report the incident to the Department of Licensing and Protection within 24 hours of the disappearance, followed by a written report within 72 hours.

## BUILDING EMERGENCY - POWER OUTAGE

1. **ASSESS THE SITUATION:**

- When a power outage occurs assess the situation to determine whether it is partial or general (all over the building).
- If partial, determine if the power source has been interrupted (see a listing of the location of circuit breakers on the next page) by checking the power source (e.g. plug/outlet) and the electrical panel.
- If no probable cause is located or a general outage exists which results in loss of electrical power for more than five minutes, call the Administrator.
- Notify the Department of Licensing and Protection immediately if there is any system breakdown that disrupts normal operations/services.

2. **PROTECT RESIDENTS:**

- Inform all residents of the power outage.
- If the weather is cold, ask residents to have blankets ready and to dress warmly.

3. **SUMMON ASSISTANCE:**

- If the building is without power, call the power company and report the outage. Tell them you are a care facility for a large number of elderly residents and ask them for an estimate of how long you will be without power.
- If the phones do not work determine the nearest source of assistance who could notify the power company.
- Call the Administrator for additional instructions after calling the power company or if the outage is partial.

4. **RE-ESTABLISH ORDER:**

- Keep residents informed of the situation; calm residents, if necessary.
- When the power comes back on, resume normal duties as soon as possible.

## CIRCUIT BREAKER LOCATIONS

Location of Circuit Breaker Boxes:

Which Box Contains What Circuit Breakers:

Kitchen:

## BUILDING EMERGENCY - NATURAL GAS LEAK

1. **REPORT CONDITION:**

   - If you smell gas in the building, immediately contact 911 (or the Fire Department) and the local gas company.
   - Call the Administrator for additional instructions.

2. **PROTECT RESIDENTS:**

   - Open doors and windows to the outside to allow air movement to disburse gas.
   - Do not smoke or use electrical equipment.
   - Get residents and employees as far from the area where the smell is present as possible.
   - Be prepared to evacuate the building, if necessary.

3. **SUMMON ASSISTANCE:**

   - When the emergency or gas company personnel arrive, direct them to the source of the smell. Keep all non-essential persons out of the way. Give information as requested.

4. **RE-ESTABLISH ORDER:**

   - Keep residents informed of the situation; calm residents if necessary.
   - Give appropriate information.
   - When the inspection is complete, notify the Administrator.
   - Resume normal duties as soon as possible.

## BUILDING EMERGENCY - OTHER

1. **ASSESS SITUATION:**

   - Assess the situation to determine the type and location of the problem (for example, if a plumbing leak is found try to find the source of the leak and its location in the building).
   - Determine if it is possible to correct the problem (e.g. overflowing sink) without calling for assistance.
   - Call the Administrator and/or maintenance person for additional instructions.

2. **PROTECT RESIDENTS:**

   - Once the problem has been located, make every effort to protect residents.
   - Secure the area where the problem is and keep residents away if possible.

3. **PROTECT PROPERTY:**

   - Do everything possible to protect property and limit any damage.
   - Turn-off water, unplug equipment or shut off power to equipment.

4. **RE-ESTABLISH ORDER:**

   - Keep residents informed of the situation; calming them if necessary.
   - Resume normal duties as soon as possible.

## EMPLOYEE EMERGENCY

### 1. CALL THE ADMINISTRATOR FOR DIRECTION:

- If the relief person does not show up on time.
- If a minor injury/illness occurs.

### 2. REMAIN ON DUTY UNTIL RELIEVED:

- NEVER leave the building unattended.
- In the event of a medical emergency situation involving staff working alone:
- Call 911 (or fire department) if able.
- Call the Administrator if able.
- If not able to use a phone, ask a resident to call.

### 3. ACCIDENT REPORTING:

- Notify OSHA within eight hours after learning of an employee fatality or an accident resulting in the hospitalization of three or more employees.
- Notify OSHA within 24 hours in the case of other accidents resulting in the hospitalization of one or more employees.
- Leave the scene of a fatality or multiple hospitalization accident undisturbed, except for the rescue of injured persons, until authorized by OSHA or directed by a law enforcement agency.
- Reports should be made during normal business hours to 1-800-287-2765 or 24 hours a day to 1-800-321-OSHA.

### 4. RE-ESTABLISH ORDER:

- Calm residents if necessary.
- Give appropriate information about the situation and begin routine work as soon as possible.

## STAFF PHONE NUMBERS

# RESIDENT HANDBOOK

# WELCOME!

All of the residents and staff at our Assisted Living Residence wish to extend to you a very warm welcome as you join our Residence. Selecting a new home is an important decision, and we are honored that you have chosen our Residence.

It is our goal to offer a living environment that will provide you with the services you need while supporting your independence, individuality, and personal preferences. We encourage residents to be as self-sufficient as possible and to continue the pursuit of lifelong hobbies and interests. We value the input of our residents, and hope that you will feel free to tell us ways in which you think our Residence could be enhanced.

This handbook is designed to communicate essential information about our Assisted Living Residence to assist you in becoming more familiar with our services, amenities and policies. Please keep the handbook to use for future reference. We may occasionally find it necessary to revise some of the policies contained in the handbook. In such a case, information about the policy change will be communicated to you by the Administrator of our Assisted Living Residence.

If at any time you or your family has questions, concerns or suggestions, please feel free to call us or stop by our administrative office. Our staff will be more than happy to assist you. Again, welcome to our Assisted Living Residence!

# RESIDENT HANDBOOK

## OVERVIEW:

Our Residence is designed to provide individualized services to older adults in a home-like setting. Available services include three meals per day, assistance with housekeeping, laundry, transportation, medications, and personal care. A full social / recreation program is offered, including a variety of group and individual activities designed around the interests of residents.

Residents live in private apartments that have private bathrooms. All apartments include an emergency call system, locking doors, and individually controlled thermostats. Common areas of the building include a central dining room, private dining room, game/craft area, living room and beauty / barber shop. An enclosed courtyard, outside porch, and a covered patio are also available for use by residents.

Our Residence is licensed as an Assisted Living Residence under the Department of Disabilities, Aging and Independent Living and is staffed 24 hours a day to meet the needs of our residents. Our goal to provide all services in such a way as to support the autonomy, choice, dignity, independence, privacy and individuality of each resident.

## RESIDENT APARTMENTS:

**Furnishings**. All of the apartments at our Residence are unfurnished so that you may bring your own furnishings and personal effects when you move in. You are also welcome to use your own appliances in your apartment, provided that the Residence's safety standards are met. Please ask the Administrator or Maintenance Director if you have questions about these safety guidelines.

**Apartment Alterations.** We encourage you to personalize your apartment by decorating and furnishing it according to your own tastes. Please feel free to hang pictures, curtains, and light shelving in your apartment. However, if you wish to wallpaper, paint, install your own carpet, change the lighting fixtures, or make any type of structural change, we ask that you first obtain prior written approval from the Administrator. The apartment will need to be returned to its original condition at the time of your move-out.

**Emergency Call System**. Each apartment is equipped with an emergency call system that can be used to alert staff if assistance is needed. Staff is available at the Residence 24 hours each day to respond to such calls and to provide residents with needed services.

**Door Locks**. Dead-bolt locks have been installed in all apartments to aid in your security. When you leave your apartment, please ensure that your apartment is locked. If you are locked out of your apartment, contact any staff member for assistance.

**Pets.** Residents who wish to keep pets in their apartments may do so provided they abide by the policies of the Residence in regards to pet ownership, as outlined in the Addendum to the Resident Agreement (for Pets). If you are interested in keeping a pet in your apartment, speak with the Administrator about the applicable policies and procedures.

**Telephone Service**. At least one telephone jack is available in every apartment, and additional phone jacks can be installed if you wish. Contact the telephone company to make arrangements for installation of another phone jack and/or to activate your telephone service. The phone company will bill you directly for any cost of installation and ongoing phone charges you incur.

## RESIDENT SERVICES:

Our goal is to provide you with those services that you need and prefer in a manner that supports your independence and personal preferences. To facilitate this goal, a personalized Service Plan will be developed with you, and if you choose, others close to you. Your Service Plan will provide a detailed record of those services that you would like the staff at our Assisted Living Residence to provide for you. This plan will be reviewed with you and revised as needed approximately 30 days after you move in to our Assisted Living Residence, and thereafter approximately every quarter or when significant changes in your needs or preferences occur.

**Housekeeping and Laundry Services.** Resident apartments are typically cleaned on a weekly basis. You will be notified of your regular cleaning day(s) when you move in the Residence. Regular cleaning includes changing the bed, vacuuming, light dusting, and cleaning the kitchen and bathroom areas. Additional services may be provided upon your request.

Personal laundry and linen service is typically provided to residents on a weekly basis, although this service may be provided more frequently if needed or desired. Please be sure that all of your personal clothing and linens are marked with a permanent marking pen or sewn-in label.

If you or your family wishes to launder your own items, washers and dryers are available for your use at no charge. Please be aware that staff do not normally do hand laundry, ironing, or mending for residents, although these services may be provided upon special request. Staff may also provide assistance in arranging for dry cleaning services if needed.

**Maintenance Services**. Our desire is to provide a safe and well-maintained building for the residents and staff of our Residence. We do this by completing both preventative maintenance and repairs in a timely and efficient manner. If your apartment should require any repairs, please notify staff of your maintenance request.

**Transportation Services**. The Residence provides transportation for medical services and local community functions up to 20 miles round-trip, four times per month per resident, at no charge to the resident. A nominal fee may be charged when the mileage for a trip exceeds the 20 mile round-trip limit, when transportation is provided more than four times per month, and/or when transportation is provided to venues other than medical services or community functions.

**Meal Services**. Meal times provide you with a relaxing opportunity to visit with neighbors and friends while our staff provides table-waited service for you. Our menus are designed in accordance with USDA guidelines and include seasonal fruits and vegetables. The menus are prepared in advance and are always available for review by residents.

We encourage your participation in menu planning through attendance at our Resident Food Committee meetings. During these meetings residents are encouraged to express their food / menu preferences, as well as assist us in the planning of holiday and special event menus.

Residents are typically expected to eat their meals in the central dining room. If you like, we will be happy to remind you when mealtime is near and/or escort you to the dining room. Meals are served at the following times:

| | |
|---|---|
| Breakfast | 8:00 to 9:00 a.m. |
| Lunch | 12:00 to 1:00 p.m. |
| Dinner | 5:00 to 6:00 p.m. |

***Tray Service***. If you are ill, meals may be delivered to your apartment. If room tray service is needed / preferred for more than three consecutive days, please discuss these arrangements with the Administrator. When receiving tray service, do not place trays in the hallway when finished with your meal as this could pose a danger for people walking by your apartment. Staff will return to your apartment to pick up the tray.

***Dining Room Seating***. Seating in the dining room is on a first-come, first-seated basis. Tables or seats are typically not reserved and are thus open to all residents unless special arrangements have been made. If you use a mobility aid, please keep the aid close to your seat or a wall so that other residents do not trip or fall. Our staff will be happy to provide any assistance necessary in the dining room.

***Guest Meals***. We encourage you to invite your friends and family to dine with you whenever possible. Please notify the food service staff of guest meals 24 hours in advance, if possible. Charges for guest meals may be paid for prior to the meal or may be charged to your monthly bill.

***Private Dining Room***. If you would like to host a special event such as a family gathering, reunion of friends, or a birthday celebration, you are welcome to reserve the private dining room for the occasion. If you would like to have staff assist you with the preparation of a special event menu, please notify the Administrator or Food Service Director.

***Special Diets***. Selected special diets may be provided by our Food Service Staff, if ordered by a physician and included in your Service Plan. Please discuss any special diet needs you may have with the Administrator.

***Snacks***. Snacks and other nourishments are available to you upon request at any time. In addition, special dietary supplements (e.g. Ensure) may be ordered for you by staff and charged to your monthly bill. You may also purchase and keep your favorite snacks in your apartment.

***Dining Wares***. Please do not remove dishes, glasses, cups, silverware, etc., from the dining room for use in your apartment. We would be happy to provide paper plates and wrap any leftover food you may want to take from the dining room to your apartment.

## HEALTH-RELATED SERVICES:

A licensed nurse is on staff at our Residence to provide assistance in coordinating those health-related services needed by residents, and will meet with you to conduct an initial, and thereafter periodic, Resident Assessment. S/he will discuss your specific health care issues/conditions and develop a plan of care to meet your individual healthcare needs. The nurse will visit with you regarding your healthcare needs after you move into the Residence, and will be available to provide assistance in coordinating needed healthcare services on an ongoing basis.

**Outside Medical Services**. There may be times when you need services or care that is not available through the staff at our Assisted Living Residence (e.g. physician appointments, physical therapy, occupational therapy, hospice, etc.). When services by an outside health care provider are needed, our staff can assist you in arranging these services, including transportation, if you would like. If you prefer to schedule your own appointments and we are assisting you with medication administration, we ask that you notify us of the appointment so that we can coordinate any order changes needed with your health-care providers.

**Emergency Services**. In the event that you should require emergency medical services, Residence staff will call 911. You will be responsible for all charges incurred if emergency transportation (e.g. an ambulance) is needed.

## RESIDENT SAFETY / SECURITY:

**Smoking**. For the health and safety of our employees and non-smoking residents, smoking is not permitted in resident apartments or in the common areas of our Residence. You are welcome to smoke outside in designated locations. Please check with the Administrator for these locations. This policy is strictly enforced and applies to all residents, staff and visitors.

**Fire Safety.** Our Residence was designed to meet all standards for Assisted Living Residences for fire prevention and life safety. The building is fully sprinkled and is equipped with overhead smoke detectors and state-of-the-art fire safety equipment. As part of our safety program, staff conducts routine fire drills in which fire alarms, smoke detectors and other signaling devices may be activated. Please plan to participate in all such drills, as the practice of properly responding to an alarm could be lifesaving in the event of an actual fire. You will be provided with instructions upon move-in and on a periodic basis thereafter regarding the proper procedures to follow in the case of an emergency.

**Security.** Your security and peace of mind is of utmost importance to us. In order to help enhance the security of the Residence, we ask that you:

- Report any suspicious-appearing person(s) or unusual activity to staff either in person or by using your emergency call cord.
- Do not allow strangers into the building through side entrances, particularly during evening hours. Ask them to enter the building through the main entrance.
- Do not let an outside repair person into your apartment unless accompanied by a staff member.

- Keep your apartment door locked when you are not present.
- Do not keep valuables or large sums of money in your apartment, as we cannot guarantee the security of such items.

**Sign-In / Sign-Out**. You and your guests are requested to sign in and out when entering or leaving the building. This is helpful to staff who answer inquiries from friends and family who may come by to visit when you are not in the building. More importantly, however, it lets staff know who is in the building at any given time should an emergency occur.

**Renter's Insurance**. The Residence is not responsible for loss of your personal property due to fire, theft, breakage or other cause, unless the loss is due to the negligence of the Residence. Therefore, we recommend that you purchase adequate renter's insurance to insure against the possible loss of your personal possessions.

**Fire Arms**. All residents, employees and visitors to the Residence are prohibited from having firearms and weapons anywhere on the Residence property.

## RESIDENT INVOLVEMENT:

**Resident Meetings**. Residents have the right to organize and operate Resident Councils, with staff or Administrator assistance by resident request only. Unless otherwise requested, Resident Council meetings are held on a monthly basis to provide an organized forum for the sharing of ideas, concerns, and questions regarding the Residence, with notice of these meetings provided to residents in advance. We encourage your participation in these meetings, as your input and feedback will help us continue to improve the programs and services offered at the Residence.

**Social / Recreational Activities**. The Residence provides for residents a daily program of activities and socialization opportunities, including periodic access to community resources. Such activities may include exercise programs, live entertainment, guest speakers, community outings, religious services, crafts, games, and movies. A calendar of scheduled activities is distributed and posted each month to keep you informed of upcoming events. In addition to group activities, we also provide assistance to residents in pursuing individual hobbies or interests.

## COMMUNITY INVOLVEMENT:

**Social Services**. The Residence provides residents with information, referral and coordination with other community programs and resources such as hospice, home health, transportation and other services as necessary to support the needs of residents.

**Volunteers**. We encourage the participation of volunteers of all ages and walks of life at the Residence. If you and/or a family member or friend are interested in volunteering time with our Assisted Living Residence, please let us know. There are rewarding volunteer opportunities to match the interests, skills and time availability of all individuals.

**Visitors**. Resident guests are always welcome at our Residence and are encouraged to visit at their convenience. Please feel free to invite your guests to dine with you in the dining room, join you for Residence outings, or participate in any of the activities that are scheduled. We do ask that all visitors be considerate of other residents when visiting (e.g. by recognizing that some residents prefer to retire early in the evening). We also ask that residents make arrangements with the Administrator if guests are expected to stay overnight. Services apart from meals are generally not available to guests.

## RULES OF CONDUCT:

**Noise.** In consideration of your neighbors, please keep the volume of your visitors, stereo, television and/or radio at a reasonable level. We appreciate your cooperation with this so that all residents can enjoy their living arrangements at the Residence.

**Parking**. Residents may park their cars at the Residence at no charge. You may unload from your vehicle in the front of the building, but are requested to properly park the vehicle as soon as possible after unloading. The Residence is not liable for any loss or damage to your automobile or your guests' automobiles while parked on the Residence's premises.

**Ambulation Aids**. Ambulation aids such as wheelchairs, walkers, or motorized scooters may be used in any location within the Residence that is accessible with the use of the aid. However, any property damage or injury to any person caused by the use of the ambulation aid is the sole responsibility of the resident using the aid. All ambulation aids must be operated in a safe and appropriate manner and in compliance with the rules of the Residence.

## RESIDENT / STAFF RELATIONS:

We are proud of the staff at our Assisted Living Residence and are confident that you will be pleased with the services they provide. You will have the opportunity to get to know many of our employees, and ask that you provide them feedback as appropriate for a job well done or if improvement is needed. If you are not satisfied with the performance of any employee, please don't hesitate to discuss your concerns with the Administrator.

**Tips, Gifts and Gratuities**. The staff members at the Residence are not permitted to accept gifts, tips, or loans from you or your family. Our goal is to make your residency at our Residence as pleasant as possible, without the expectation or receipt of gratuity. Should you wish to voluntarily contribute "something extra" for employees, we maintain an Employee Appreciation Fund to which donations may be made. This fund is used for special all-staff functions, such as holiday parties or dinners out. All contributions to this fund are greatly appreciated. Although we like staff to be able to acknowledge contributions made by residents to this fund, we encourage residents not to share with staff the specific amount contributed. Please do not feel under any obligation to contribute to the Employee Appreciation Fund.

**Sale of Personal Items to Employees**. We ask that you do not sell any personal items to staff members, as we cannot be responsible for any misunderstanding or disputes that could arise out of such transactions.

**The Purchase of Personal Items by Employees.** Employees are not allowed to purchase items on behalf of residents using resident funds without prior authorization from the Administrator.

**Private Employment by Residents**. Employees may not work privately, with or without pay, for any resident outside of their regularly scheduled shifts. If you should choose to hire an outside caregiver, the caregiver must abide by the policies of the Residence.

**Witnessing Legal Documents**. Employees are prohibited from witnessing the signing of residents' legal documents. If you are need of a person to serve in this role, please ask the Administrator for assistance.

## BILLING INFORMATION:

You will be billed on a monthly basis for your service fee and any additional charges (i.e. for optional services) which you have incurred. An itemized invoice will be provided to you, or mailed to your legal representative if not yourself, by the 20th of each month. Bills may be mailed or paid in person at the administrative office. Statements paid after the 10th of the month are considered late, with an additional fee assessed according to the terms outlined in your Resident Agreement.

## MISCELLANEOUS:

**Beauty/Barber Shop**. A beauty/barber shop is located in the Residence for the convenience of residents, with a licensed stylist available by appointment for hair washing, cutting, setting and/or permanents. Other services, such as manicures, pedicures and/or facials, may also be provided. The charges for these services are posted in the shop. Payment for beauty or barber services may be made directly to the shop operator.

**Newspapers**. If you desire a subscription to a newspaper, you should arrange this directly with the newspaper service. The newspaper will bill you directly for the charges. If you would like assistance in beginning a newspaper subscription, please notify a staff member. We would happy to help.

**Mail.** For your convenience, mail will be distributed by the US Postal Service directly to your private mailbox. Oversized packages and other deliveries will be left at the administrative office. Your outgoing mail should be placed in the mail depository for pick up by the postal service. Outgoing packages may be left at the administrative office (please make certain that the package has the correct postage on it).

# ADDENDUM
# to
# Resident Handbook

## ASSISTED LIVING RESIDENCE

## RESIDENT AGREEMENT

***Note: This Resident Agreement is provided as a sample only and will need to be modified for use by specific Assisted Living Residences. The document should be reviewed by legal counsel prior to use to ensure that it adequately meets the needs of your Assisted Living Residence***.

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**THE ASSISTED LIVING RESIDENCE**
**RESIDENT AGREEMENT**

This Agreement is made between _____, a Vermont corporation doing business as _____ (referred to as "The Assisted Living Residence") and _____ ("Resident"). (If more than one person is signing this Agreement, "Resident" refers to each person individually and to both of the individuals together.)

The Assisted Living Residence is licensed by the State of Vermont, Agency of Human Services, Department of Disabilities, Aging & Independent Living, Division of Licensing and Protection, and is located in _____, Vermont. The Assisted Living Residence is operated on a non-discriminatory basis and affords equal treatment and access to services to eligible persons regardless of race, color, religion, sex, national origin, or ancestry.

The Resident has applied for accommodations at The Assisted Living Residence and the Resident's application has been accepted. The purpose of this Resident Agreement is to provide a statement of the services that will be furnished to the Resident at The Assisted Living Residence and the other legal obligations that The Assisted Living Residence will assume. This Agreement also sets forth the Resident's legal obligations to The Assisted Living Residence, both financial and non-financial.

## I. BASIC SERVICES

The following are the basic services available at The Assisted Living Residence:

### 1. Living Accommodations.

A. Residence. The Resident has chosen to live in Apartment # _____ ("the Apartment") at the facility. The Resident may live in the Apartment on a month-to-month basis, subject to the terms of this Agreement and to the general policies of The Assisted Living Residence, contained in the Resident Handbook, as it now exists and as it may later be amended.

B. Utilities. The Resident's Apartment will be furnished with, as appropriate, water, electricity and heat. The Resident will be responsible for telephone and cable television service, which will be billed directly to the Resident by the responsible company or companies.

1. Furnishings. The Resident may furnish the Apartment with their own furniture, and is also free to use the Resident's appliances and special equipment, provided that the Assisted Living Residence's safety standards are met. The Resident or the Resident's estate will be responsible for removing all of the Resident's furnishings when the Apartment is vacated.

2. Emergency Response and Fire Protection System. The Resident's Apartment will be equipped with an emergency call system, smoke detector and sprinkler system. The call system is monitored by staff 24 hours a day.

3. Maintenance. The Assisted Living Residence will perform all necessary maintenance and repairs of the Apartment due to normal wear and tear at its own expense. However, the Resident will be responsible for reimbursing The Assisted Living Residence for any repairs not caused by normal wear and tear.

4. Alterations. Any physical change to the Apartment requires the prior written approval of the Administrator / Manager of the Assisted Living Residence, and shall be made at the Resident's own expense. If the Resident obtains such approval, the Resident will be responsible for restoring the original decor when the Apartment is vacated, unless The Assisted Living Residence specifically exempts the Resident from this requirement in writing.

5. Common Facilities. The Resident will be entitled to share with all other Residents of the facility the use of the common areas, (for e.g. the main dining room, living room, private dining room, beauty/barber shop, courtyard, and patio areas). The Assisted Living Residence may change or reconfigure common spaces in the future at its sole discretion.

**2. Meals.**

A. Dining Room. The Assisted Living Residence will make available to the Resident three (3) nutritionally balanced meals a day, which are included in the Resident's monthly fee. The Assisted Living Residence will also

make daily snacks available to residents, and will accommodate special diets, if prescribed by the Resident's physician. Charges for these services are included in the Resident's monthly fee, as determined by the assessment and service planning process outlined in Section IV of this agreement.

B. Tray Service. The Assisted Living Residence will, as part of the Resident's monthly fee, provide tray service to the Resident's Apartment for up to three days during an illness. Tray Service for a period longer than three days may be provided for an additional fee as set forth in Appendix A.

**3. Planned Activities.**

The Assisted Living Residence will assist interested resident groups in planning daily social and recreational activities, both at and away from the facility. The Resident is welcome to participate in such activities as desired. Personal assistance with social and recreational activities provided to the Resident may be included in the Resident's monthly fee, as outlined in Section IV of this agreement.

**4. Housekeeping and Laundry Assistance.**

Housekeeping and laundry services will be available to the Resident, as needed and/or preferred by the Resident. Charges for these would be included in the Resident's monthly fee, as outlined in Section IV of this agreement. The Resident

will be responsible for furnishing linens for The Apartment, including bedding and towels.

**5. <u>Transportation.</u>**

The Assisted Living Residence will provide or coordinate, as part of the Resident's monthly fee, transportation to medical and dental appointments, shopping, and planned social events. Transportation for medical services and local Assisted Living Residence functions shall be provided up to twenty (20) miles, round-trip without charge, not to exceed four (4) round-trips per month. Residents may be charged for additional trips, as set forth in Appendix A, at a reasonable rate, for those miles in excess of twenty (20) miles round-trip and for any or all mileage for transportation not prescribed herein.

**6. <u>Social Services.</u>**

The Assisted Living Residence shall provide social services, including information, referral and coordination with other appropriate community programs and resources such as hospice, home health, transportation, and other services necessary to support residents who are aging in place.

## II. BASIC PERSONAL CARE-RELATED SERVICES.

The Assisted Living Residence will make personal care and health-related services available to the Resident, within the service capacity of The Assisted Living Residence and as required and as allowed by State regulation. Such services include, but are not limited to, assistance with dressing, bathing, hygiene, toileting, eating, ambulation, transferring, medications, monitoring health care, and arranging for health services. The

charge for such care and assistance will be included in the Resident's monthly fee, as set forth in Section IV of this agreement.

**Staffing Policy**. Staff will be available 24 hours per day to provide residents with needed services, as determined by facility staff in conjunction with the Resident. Health-related assistance may be provided by licensed nurses, licensed nursing assistants or by unlicensed staff through nurse-delegated assistance. The level of staff assistance provided will be adapted to changing resident needs based on assessments conducted by the Residence's RN at least annually, or when there is a change in the resident's health status, which would require a reassessment.

## III. EXCLUDED HEALTH-RELATED SERVICES

The Assisted Living Residence shall not be responsible for furnishing or paying for any health care items or services not expressly included in this Agreement, including but not limited to physicians' services, nursing services, surgery, hospital care, private duty care, toiletries, personal supplies, or other care or equipment beyond the Assisted Living Residence's routine levels of staffing and services.

## IV. SERVICE FEES AND CHARGES

### A. Monthly Service Fees.

The Resident will be charged a monthly fee based on the Resident's current level of care. These needed/preferred services will be determined by staff in conjunction with the Resident (and other individual(s) of the Resident's choosing), and will be outlined in an individualized Service Plan developed for the Resident.

1. The current fees for The Assisted Living Residence are set forth in the attached Appendix A. These fees are subject to change as provided in Section IV.E, below.

2. The Resident's service needs will be reviewed and revised with the Resident, and other individuals as per the Resident's choice, on at least an annual basis or when significant changes in the Resident's condition occurs. The rate for a new service tier, if applicable based on the Resident's needs and as set forth in Appendix A, shall apply immediately, although The Assisted Living Residence may at its sole discretion provide the Resident with a thirty (30) day written notice of the level of care change.

3. The Resident's level of service upon entrance to The Assisted Living Residence for the first person is Tier _____ which corresponds to a current monthly fee of $_____. The level of service upon entrance to The Assisted Living Residence for the second occupant of the Apartment is Tier _____ which corresponds to a current monthly fee of $_____.

**B. <u>Optional Charges</u>.**

1. The Assisted Living Residence will make available to the Resident a number of services that will not be included in the Resident's monthly fee. These services will involve additional charge(s) and include but are not limited to the following:

   a. <u>Guest Meals and Services</u>. Residents are welcome to invite guests to any meal served by The Assisted Living Residence. Guest meals will be charged at the rates provided in Appendix A.

b. Beauty/Barber Shop Services. Beauty and barber services will be available at The Assisted Living Residence at specified times. The fees associated with these services as set forth in Appendix A, shall be paid to the beauty/barber operator at the time the service is provided.

c. Transportation Services. Transportation services in excess of four (4) round trips at 20 miles per trip/per month.

**C. Fees for Service Tiers and Optional Services.**

The current charges for all service Tiers and for all optional services at The Assisted Living Residence shall be as set forth in Appendix A which is attached to this Agreement, and are subject to change as provided in Section IV.E, below.

**D. Other Charges.**

There shall be a refundable security deposit of $_____upon the Resident's admission to The Assisted Living Residence. The cost to repair any damage caused by the Resident to the Resident's Apartment or any other areas of the Assisted Living Residence shall upon termination of this Agreement be taken from the security deposit paid by the Resident. .

**E. Adjustments to Fees or Services.**

1. Fees. The Assisted Living Residence shall give a ninety (90) day written notice of any change in The Assisted Living Residence's fee structure and/or charges for optional services as described in Sections IV.A and IV.B above and as set forth in Appendix A.

2. Services. The Assisted Living Residence may modify the structure/content of the service tiers provided under this Agreement upon ninety (90) days' written notice.

**F. Change of Service Tier.**

The staff of The Assisted Living Residence will perform a periodic reassessment of the Resident's needs on at least an annual basis and/or as the Resident's condition so warrants. If the staff of The Assisted Living Residence determine, in consultation with the Resident and the Resident's family, that the Resident needs a different service tier than that which the Resident is currently receiving, and the Resident agrees to change to a tier as is appropriate to the Resident's needs, the rate for the new tier, as set forth in Appendix A, shall apply immediately. However, The Assisted Living Residence may at its sole discretion provide the Resident with a thirty (30) day written notice of the level of care change.

## V. THIRD-PARTY PAYMENT

The Assisted Living Residence will accept payment from third-party sources, provided, however, that the Resident is responsible for the difference between the total charges and the amount paid by a third-party payer.

*The Assisted Living Residence must determine if it will accept SSI or ACCS benefits and need to include an explanation of the policy regarding discharge or transfer when a Resident's financial status changes from paying privately to paying with SSI or ACCS benefits. In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.*

*Alternatively, the admission agreement shall inform the Resident that the home is not required to accept SSI or ACCS payments, that the Assisted Living Residence reserves the right to make this decision on a case-by-case basis, and that the Resident may be transferred or discharged from the home in the event that the Resident's financial status*

*changes and the Resident* is *no longer able to continue privately paying the Assisted Living Residence's periodic rate.*

*If an ACCS Resident resides in the Assisted Living Residence under a variance, the Assisted Living Residence may accept one of the following amounts in addition to the Resident's required payment and the ACCS daily rate:*

*a. A payment from a Medicaid Waiver program, if applicable; or*
*b. A payment from another source. In such cases, the amount accepted shall be clearly stated in the Resident agreement, and the home shall state whether the Resident shall be eligible to remain in the home at the ACCS rate alone if the Resident no longer meets the applicable guideline for a higher level of care.*

***Participation in the Medicaid Waiver Program***. The Assisted Living Residence is a provider of Medicaid waiver services, which are services provided to maintain persons in their communities who would otherwise require care in medical institutions. If the Resident is eligible for Medicaid waiver services, the Medicaid waiver program may pay for a portion of his/her monthly service fee. The Resident acknowledges that The Assisted Living Residence has made no guarantee or representations regarding whether the Medicaid waiver will pay for services provided hereunder or amounts that will be paid, if any, by the Medicaid waiver program. For more information regarding the Medicaid Waiver program, contact the Administrator / Manager of The Assisted Living Residence.

## VI. TERM OF AGREEMENT

This Agreement shall be in effect from month to month, unless and until it is terminated as set forth in Section VII below. An invoice shall be sent to the Resident and/or other party responsible for the payment of the Resident's fees by the 20th of each month, with payment due on the first (1st) of the following month to the address indicated on the

invoice. The party(ies) responsible for payment of the Resident's fees shall be noted on the Resident's "Resident Information form" prior to admission.

**a. <u>Failure to Make Payments</u>.**

The Resident will be required to make all payments due to The Assisted Living Residence in a timely manner and otherwise to take care of the Resident's financial obligations to The Assisted Living Residence. If the Resident fails to pay the Resident's monthly fee or other applicable charges by the tenth (10th) day of each calendar month, The Assisted Living Residence may terminate this Agreement upon thirty (30) days' written notice to the Resident. The Assisted Living Residence shall charge the Resident interest on all delinquent amounts at a rate of ten percent (10%) per year for each day of delinquency.

## VII. TRANSFERS FROM UNIT

**A. <u>Transfer for More Appropriate Care</u>.**

The facility in which the Resident will reside is licensed as an Assisted Living Residence, and is not designed to provide higher levels of care, such as skilled nursing care, or care for serious mental or emotional disorders. The Resident may remain in the Apartment at The Assisted Living Residence as long as doing so is permitted by applicable laws and fire safety standards, and, in the judgment of the staff of The Assisted Living Residence, the Resident's care needs and levels of functioning are consistent with those of other Residents and with the level of staffing and facilities offered at The Assisted Living Residence, and the Resident's presence does not create a danger to self or others. If The Assisted

Living Residence determines, in consultation with the Resident and the Resident's family, that it is inappropriate for the Resident to remain in the Resident's Apartment, the Resident will be asked to move from The Assisted Living Residence, and this Agreement will terminate.

## VIII. TERMINATION

### A. Termination by The Resident.

The Resident may terminate this Agreement at any time, with or without cause, by giving The Assisted Living Residence thirty (30) days' prior written notice of termination. The Resident need not cite a specific reason for the termination. The Resident will continue to be responsible for the Resident's monthly fee until the thirty (30) day period has expired and the Resident has vacated the Resident's Apartment as provided below.

### B. Termination by The Assisted Living Residence.

Upon Thirty (30) Days' Notice. The Assisted Living Residence may terminate this Agreement at any time upon thirty (30) days' written notice to the Resident. The Assisted Living Residence shall have a policy of terminating this Agreement, in its discretion, if any of the following events occur:

a. The Resident presents a serious threat to self that cannot be resolved through service planning and the Resident is incapable of engaging in a negotiated risk agreement;

b. The Resident presents a serious threat to residents or staff that cannot be managed through interventions, service planning, or negotiated risk agreements;

c. A court has ordered the discharge or eviction;

d. The Resident requires more than part-time or intermittent health-related care; or

e. The Resident failed to pay rental, service, or care charges in accordance with the admission agreement;

Upon Less ThanThirty (30) Days' Notice.

The Assisted Living Residence may terminate this Agreement with less than 30 days written notice when:

a. The Resident refuses to abide by the terms of the admissions agreement; or

b. The Assisted Living Residence can no longer meet the Resident's level of care needs in accordance with Section 6.3 of The Assisted Living Residence Licensing Regulations; or

c The Resident's attending physician documents in the Resident's record that the discharge or transfer is an emergency measure necessary for the health and safety of the Resident or other residents; or

d. A natural disaster or emergency necessitates the evacuation of residents from The Assisted Living Residence; or

e. The Resident presents an immediate threat to the health or safety of self or others. In that case, the licensee shall request permission from the licensing agency to discharge or transfer the Resident immediately. Permission from the licensing agency is not necessary when the immediate threat requires intervention of the police, mental health crisis personnel, or emergency medical services personnel who render the professional judgment that discharge or transfer must occur immediately. In such cases, the licensing agency shall be notified on the next business day; or

f. When ordered or permitted by a court.

**C. <u>Grievance/Appeal Process for Termination Based on Action by The Assisted Living Residence</u>**.

a. The Assisted Living Residence shall notify the Resident advocate with a copy of the need to transfer, the reason for the transfer, in writing and in a language and manner the Resident understands at least thirty (30) days before discharge from The Assisted Living Residence. If the Resident does not have family or legal representative and requests assistance, the notice shall be sent to the Long Term Care Ombudsman, Vermont Protection and Advocacy, or the Vermont Senior Citizens Law Project.

b. The Assisted Living Residence shall use the form prescribed by the licensing agency giving written notice including a statement in large print that the Resident has the right to appeal The Assisted Living Residence' decision to transfer or discharge with the appropriate information on how to do so.

c. The Assisted Living Residence shall include a statement in the written notice that the Resident may remain in The Assisted Living Residence during the appeal.

d. A copy of the notice shall be maintained in the Resident's record.

e. The process for appeal is as follows:

i. To appeal the decision to transfer or discharge, the Resident must notify the Administrator / Manager of The Assisted Living Residence or the director of the licensing agency. Upon receipt of an appeal, the Administrator / Manager must immediately notify the director of the licensing agency.

ii. The request to appeal the decision may be oral or written and must be made within 10 business days of the receipt of the notice by the Resident.

iii. Both The Assisted Living Residence and the Resident shall provide all the materials deemed relevant to the decision to transfer or discharge to the director of the licensing agency as soon as the notice of appeal is filed. The Resident may submit the materials orally if unable to submit in writing. Copies of all materials submitted to the licensing agency will be available to the Resident upon request.

iv. The director of the licensing agency will render a decision within eight business days of receipt of the notice of appeal.

v. The notice of decision from the director will be sent to the Resident and to The Assisted Living Residence, will state that the decision may be appealed to the Human Services Board, and will include information on how to do so.

vi. The Resident or The Assisted Living Residence will have 10 business days to file a request for an appeal with the Human Services Board by writing to the Board. The Human Services Board will conduct a de novo evidentiary hearing in accordance with 3 V.S.A. §3091.

**D. Death of The Resident.**

This Agreement shall terminate automatically upon the Resident's death, with the exception of Section VII D, below.

**E. Vacating Apartment and Refunds.**

a. Vacating the Apartment. Upon any termination of this Agreement described in Section VII, the Resident shall vacate the Apartment and remove all of the Resident's property from the Apartment. The Resident shall remain liable for the Resident's monthly fee until the Apartment is vacated, all the Resident's property is removed from it, and it is restored to its original clean condition (except for normal wear and tear).

b. Amount of Refund. Within fifteen (15) business days after the Apartment

has been vacated, the Resident's property has been removed from it, and it has been restored to its original clean condition, The Assisted Living Residence shall pay the Resident a refund equal to any unused portion of the Resident's final monthly fee and any security deposit paid by the Resident, minus: (i) the amount of any unpaid monthly fees or other charges that the Resident owes to The Assisted Living Residence under this Agreement; (ii) the costs of any repairs to the Apartment not caused by normal wear and tear; (iii) the cost of any repairs to The Assisted Living Residence's property that was damaged by the Resident or the Resident's visitors; and (iv) any expense incurred by The Assisted Living Residence to remove and/or store any of the Resident's property that was not removed when the Resident vacated the Apartment. If the amount the Resident owes The Assisted Living Residence exceeds the sum of the Resident's final monthly fee and security deposit, The Assisted Living Residence will bill the Resident for the difference.

This Section VII.D. shall survive the termination of this Agreement.

**F. <u>Couples</u>.**

If there are two Residents under this Agreement, and one dies or permanently vacates the Apartment, this Agreement shall continue in full force and effect and the monthly fee applicable to single occupancy of the Apartment at the level of care for the remaining Resident shall apply. If the Apartment is vacated by one of the two Residents for reasons other than death, thirty (30) days written notice must be given or the remaining Resident shall be responsible for the monthly fee

for both Residents for a thirty (30) day period from the date the first Resident vacates the Apartment.

## IX. THE RESIDENT'S PROPERTY RIGHTS AND OBLIGATIONS

### A. Management or Property Interest.

This Agreement shall give the Resident no property right or management interest in The Assisted Living Residence or any of its assets. In addition, the Resident shall have no right to any of The Assisted Living Residence's personal property, including furnishings and fixtures in the Apartment or in the common areas of The Assisted Living Residence.

### B. Damage to The Assisted Living Residence's Property.

The Resident agrees to maintain the Apartment in a clean, sanitary and orderly condition. The Resident further agrees to reimburse The Assisted Living Residence for any loss of or damage to The Assisted Living Residence's property, inside or outside the Apartment, caused by the Resident or the Resident's guests or invitees, excluding normal wear and tear.

### C. Damage to The Resident's Property.

The Assisted Living Residence shall not be responsible for the loss of any personal property belonging to the Resident due to theft, fire, or any other cause, unless the loss or damage was caused by the negligence of The Assisted Living Residence or its employees. It is strongly recommended that the Resident obtain,

at the Resident's own expense, insurance for the replacement value of the Resident's personal property, at adequate coverage and liability limits.

## X. OTHER PERSONAL OBLIGATIONS

### A. The Resident's Liability to Others.

The Resident accepts full responsibility for any injury or damage caused to others, or suffered by the Resident, as a result of the Resident's own acts or omissions, and those of the Resident's guests or invitees, and the Resident indemnifies and holds harmless The Assisted Living Residence and its directors, agents and employees from any and all liability for such injury or damage, including attorneys' fees.

### B. Personal Affairs.

The Resident agrees to make reasonable advance arrangements in the event of The Resident's death or incompetence. Forms for Durable Powers of Attorney for health care and financial decision-making are available through The Assisted Living Residence and the Resident is encouraged to review them and seek appropriate professional advice regarding the Resident's options.

### C. Outside Caregivers.

All outside caregivers and other personnel employed or retained by the Resident to render services at the facility shall be subject to The Assisted Living Residence's policies and rules.

## XI. MISCELLANEOUS

### A. Right of Entry.

For the Resident's safety and comfort, the staff of The Assisted Living Residence shall be permitted to enter the Apartment to respond to emergencies, make repairs and improvements, and perform other management functions as The Assisted Living Residence deems necessary or advisable. Whenever feasible, the staff of The Assisted Living Residence will attempt to give the Resident reasonable notice before entering the Apartment.

### B. Emergency Response Procedures.

Procedures to be followed by Residents and the staff at The Assisted Living Residence in the case of an emergency are set forth in Appendix C of this Agreement.

### C. Resident Handbook.

The Resident agrees to abide by the general policies of The Assisted Living Residence contained in the Resident Handbook, as it now exists and as it may later be amended by The Assisted Living Residence at its sole discretion. The Resident understands that failure to abide by such rules and regulations may result in termination of this Agreement by The Assisted Living Residence under Section VII.B.I. above. The Resident hereby acknowledges receipt of a copy of the current Resident Handbook.

**D. Examination of Records.**

The Resident acknowledges that the Department of Disabilities, Aging and Independent Living (DAIL), Division of Licensing and Protection (DLP) may inspect the Resident's residency and care records as part of a DLP survey and/or DAIL evaluation of the Assisted Living Residence.

**E. Guest Visits and Communications.**

The Assisted Living Residence shall provide the Resident's guests with opportunities to visit and participate in appropriate activities at the Assisted Living Residence, if the Resident so desires.

**F. Confidentiality.**

All Resident information, including, but not limited to, medical and family information, shall be maintained in a confidential manner to the extent allowable under State and federal law.

**G. Grievance Process.**

The Resident is encouraged to voice concerns or grievances and suggest changes in policies, services, treatment or care to the Administrator of the Assisted Living Residence and/or to outside representatives of the Resident's choice. The Resident or the Resident's representative shall submit any concerns or grievances to the Administrator of the Assisted Living Residence in writing for investigation and resolution.

**H. Retaliation Prohibited.**

The Assisted Living Residence shall not discriminate or retaliate in any way against a Resident, Resident's family, or an employee of The Assisted Living

Residence who has initiated or participated in any proceeding authorized by Vermont regulation.

**I. Personal Rights. This Section VIII.D. shall survive the termination of this Agreement.**

Consistent with Vermont law, the Resident shall have the rights set forth in the Statement of Residents' Personal Rights, which is attached as Appendix B and made a part of this Agreement.

**J. Assignment. This Section VIII.D. shall survive the termination of this Agreement.**

The Assisted Living Residence reserves the right to assign this Agreement to any successor-in-interest selected by it.

**K. Notices.**

All notices given under this Agreement shall be in writing and shall be addressed to the Administrator of the Assisted Living Residence at the administrative office of the facility, or to the Resident at the Resident's Apartment. Such notices shall be effective when personally delivered or two (2) days after being deposited in the United States mail, first class postage prepaid.

**L. Entire Agreement.**

This Agreement (together with the referenced appendices) constitutes the entire agreement between the Resident and The Assisted Living Residence and may be amended only by a written instrument signed by the Resident and by an authorized representative of The Assisted Living Residence. If any part of this

Agreement is held to be invalid or unenforceable, the remainder of the Agreement shall remain valid and enforceable, unless the context requires otherwise.

**M. <u>Governing Law</u>.**

This Agreement shall be governed by Vermont law.

This Agreement shall be effective as of _____, 20__.

_____
Resident

_____
Resident

_____
Legal Representative (if different from Resident)

**THE ASSISTED LIVING RESIDENCE**

By:_____

Title:_____

*Appendix A-1*

**Basic Services Included in the Monthly Fee**

*(Fees and services subject to change upon 90 day's advance notice)*

| Apartment | Tier 1 | Tier 2 | Tier 3 |
|---|---|---|---|
| Design A | | | |
| Design B | | | |
| Design C | | | |

Each additional person adds $ .

Included in each Tier: *(Specify below the services that are included at each Tier)*

*Appendix A-2*

## Optional Services Not Included in the Monthly Fees

*(Fees and services subject to change upon 90 days' advance notice)*

**Optional Services:** ***(Include the listing of optional services for your Assisted Living Residence; the list belowt is an example of optional services.)***

Tray Service:

For a period of greater than three days $____/meal

Guest Meals:

| | |
|---|---|
| Breakfast | $_____ |
| Lunch | $_____ |
| Dinner | $_____ |

Beauty/Barber Shop:

| | |
|---|---|
| Men's Haircut | $_____ |
| Women's Haircut | $_____ |
| Shampoo & Set | $_____ |
| Permanent | $_____ |
| Hair Color | $_____ |

Special Transporation:

Transportation in excess of the included $ per mile

20 miles round trip or (4) trips per month

*Appendix B*

## STATEMENT OF RESIDENTS' PERSONAL RIGHTS

The Resident shall have personal rights which include, but are not limited to, the following:

1. Every Resident shall be treated with consideration, respect and full recognition of the Resident's dignity, individuality, and privacy. An Assisted Living Residence may not ask a Resident to waive the Resident's rights.

2. Residents may retain personal clothing and possessions as space permits, unless to do so would infringe on the rights of others or would create a fire or safety hazard.

3. A Resident shall not be required to perform work for the Assisted Living Residencee. If a Resident chooses to perform specific tasks for the Assisted Living Residence the Resident shall receive reasonable compensation which shall be specified in a written agreement with the Resident.

4. Each Resident shall be allowed to associate, communicate and meet privately with persons of the Resident's own choice. Assisted Living Residences shall allow visiting hours from at least 8 a.m. to 8 p.m., or longer. Visiting hours shall be posted in a public place.

5. Each Resident may send and receive personal mail unopened.

6. Residents have the right to reasonable access to a telephone for private conversations. Residents shall have reasonable access to the Assisted Living Residence's telephone except when restricted because of excessive unpaid toll charges or misuse. Restrictions as to telephone use shall be in writing. Any Resident may, at the Resident's own expense, maintain a personal telephone in his or her own room.

7. A Resident may complain or voice a grievance without interference, coercion or reprisal. Each home shall establish a written grievance procedure for resolving Residents' concerns or complaints that is explained to Residents at the time of admission. The grievance procedure shall include at a minimum, time frames, a process for responding to Residents in writing, and a method by which each Resident filing a complaint will be made aware of the Office of the Long Term Care Ombudsman and Vermont Protection and Advocacy as an alternative or in addition to the Assisted Living Residence's grievance mechanism.

8. Residents may manage their own personal finances. The Assisted Living Residence shall not manage a Resident's finances unless requested in writing by the Resident and then in accordance with the Resident's wishes. The Assistance Living Residence shall keep a record of all transactions and make the record available, upon request, to the Resident or legal representative, and shall provide the Resident with an accounting of all transactions at least quarterly. Resident funds must be kept separate from other accounts or funds of the Assisted Living Residence.

9. The Resident's right to privacy extends to all records and personal information. Personal information about a Resident shall not be discussed with anyone not directly involved in the Resident's care. Release of any record, excerpts from or information contained in such records shall be subject to the Resident's written approval, except as requested by representatives of the licensing agency to carry out its responsibilities or as otherwise provided by law.

10. The Resident has the right to review his/her own medical or financial records upon request.

11. Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints.

12. Residents subject to transfer or discharge from the home, under Section 5.3 of these regulations, shall:

    - Be allowed to participate in the decision-making process of the Assisted Living Residnce concerning the selection of an alternative placement;

    - Receive adequate notice of a pending transfer; and

    - Be allowed to contest their transfer or discharge by filing a request for a fair hearing before the Human Services Board in accordance with the procedures in 3 V.S.A. §3091.

13. Residents have the right to refuse care to the extent allowed by law. This includes the right to discharge himself or herself from the Assisted Living Residence. The Assisted Living Residence must fully inform the Resident of the consequences of refusing care. (Please refer to section 5.3.a of the Vermont Residential Care Regulations and Section IX of the Vermont Assisted Living Regulations).

14. Residents have the right to formulate advance directives as provided by state law and to have the Assisted Living Residence follow the residents' wishes.

15. Residents have the right to be away from the Assisted Living Residence for voluntary leaves of more than 24 hours, unless a legally appointed guardian directs the home otherwise. Residents have the right to make decisions about such voluntary leaves without influence from the Assisted Living Residence.

16. The enumeration of residents' rights shall not be construed to limit, modify, abridge or reduce in any way any rights that a Resident otherwise enjoys as a human being or citizen. A summary of the obligations of the Assisted Living Residence to its residents shall be written in clear language, large print, given to residents on admission, and posted conspicuously in a public place in the Assisted Living Residence. Such notice shall also summarize the Assisted Living Residence's grievance procedure and directions for contacting the Ombudsman Program and Vermont Protection and Advocacy, Inc.

The Resident and the Resident's legal representative, if applicable, are hereby informed of the appropriate certified agency to contact regarding complaints:

TO REPORT ABUSE, NEGLECT OR EXPLOITATION OF A VULNERABLE ADULT OR TO ENTER A COMPLAINT AGAINST A FACILITY OR AGENCY THAT PROVIDES HEALTH CARE

CALL 1-800-564-1612

OR

802-241-2345

***Appendix C***

## EMERGENCY RESPONSE PROCEDURES

*(Insert in this section a summary of your emergency response procedures – refer to section 9.11 of the Residential Care Home regulations)*

List of Sample Forms
For Vermont Assisted Living Residences

1. Administrative Notes
2. Apartment Application
3. Apartment Maintenance Checklist
4. Apartment Maintenance Record
5. Application for Employment
6. Authorized Payroll Deduction
7. Behavior Management Plan
8. Building Inspection Form
9. Building Orientation Form
10. Cobra Election Form
11. Consent Form for the Collection of Blood of Employee
12. Consent Form for the Collection of Blood Source Individual
13. Consent to Release Information (Release Authorization)
14. Dietary Information
15. Disciplinary Action Form
16. Employee Expense Report Form
17. Employee Input for the Performance
18. Employee In-Service Log
19. Employee Performance Evaluation
20. Exposure Incident Documentation
21. Fire Drill Documentation
22. Hepatitis B Vaccination Option
23. Incident Report
24. Initial Inquiry Form
25. Maintenance Request
26. Marketing Plan
27. Marketing / Sales Report
28. Move-In / Move-Out Charges Form

29. Negotiated Risk Agreement
30. Network Tracking Form
31. New Employee Orientation
32. New Resident Orientation
33. Outside Pharmacy Provider Agreement
34. Payroll Summary Form
35. Personal Care Assistant Training
36. Personnel Action Request Form
37. Personnel Notes
38. Pharmacy Provider Agreement
39. Pre-Employment Inquiry Guidelines
40. Preventative Maintenance Record
41. Release Authorization
42. Rental Agreement Addendum for Pets
43. Resident Activities and Interests Form
44. Resident Agreement – see Addendum to Resident Handbook – Section II
45. Resident Information Form
46. Resident Service Notes
47. Resident Service Plan
48. Resident Services Schedule
49. Safety Committee Inspect Physical - Plant Assessment
50. Safety Committee Inspect - Program Assessment
51. Service Planning Form
52. Staff Accident Investigation Report
53. Staff Communication Log
54. Uniform Disclosure Form
55. Use of Residence Property
56. Vacation Leave of Absence Request
57. Volunteer Activities and Interests
58. Volunteer Profile

## ADMINISTRATIVE NOTES

NAME: UNIT #:

| DATE & TIME | NOTES | SIGNATURE |
|---|---|---|
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# APARTMENT APPLICATION

Name of Applicant _____ Date of Application _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____Age _____ Birthdate _____

Name of 2nd Occupant (if applicable) _____Relationship_____

## Contact for Further Information (if different than applicant):

Name _____ Relationship _____
Street Address _____
City _____ State _____ Zip Code _____
Home Phone _____Work Phone _____

## Financial Information:

| | Amount | From What Sources |
|---|---|---|
| Average Monthly Income: | _____ | _____ |
| Assets to Draw Upon | _____ | _____ |
| Other Resources | _____ | _____ |

Please send completed application to:

RESIDENCE NAME
ADDRESS
CITY, STATE ZIP

Please feel free to call *(INSERT PHONE NUMBER)* with any questions or for more information.

I authorize RESIDENCE NAME to run a credit check. does not become available within one year from the date of this application.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Responsible Party (if different from Applicant) Date

***For office use only:***

***Date application rec'd*** _____

**APARTMENT MAINTENANCE CHECKLIST**

Apartment # _____ Date _____ Date Apt. to be Ready for Move-In_____

| **Maintenance Tasks:** | **Repairs Needed:** | **Date Completed** |
|---|---|---|
| All walls patched and painted as needed | | |
| All baseboards intact | | |
| All doorstops intact | | |
| All windows open easily and have screens | | |
| All lights working | | |
| Wall heater(s) cleaned (filters/coils/drain pans) | | |
| All electrical outlets in good condition | | |
| All call system pull stations operational | | |
| Closet doors slide properly, have clean tracks | | |
| The shower is free from chips and scratches | | |
| Shower/toilet/sink caulking in good condition | | |
| Grab bars in good condition | | |
| The toilet flushes properly | | |
| All faucets work properly and do not leak | | |
| Refrigerator is in working order | | |
| Microwave is in working order | | |
| Flooring is replaced if needed | | |
| Carpet is replaced if needed | | |
| Carpet is cleaned (if not replaced) | | |

Repairs completed by: _____ Date _____

| **Cleaning Tasks:** | **Check When Completed:** |
|---|---|
| Clean all windows and window sills | |
| Clean all closet shelves | |
| Clean all baseboards | |
| Clean all window coverings | |
| Clean the toilet | |
| Clean the shower and shower curtain | |
| Clean all floors with any stains removed | |
| Polish bathroom/kitchen stainless steel | |
| Clean bathroom counter/cabinets | |
| Clean the inside/top of kitchen cabinets | |
| Clean the kitchen sink and counter | |
| Clean the flooring | |
| Clean the microwave and refrigerator | |

Cleaning completed by: _____ Date _____

Comments: _____

_____

_____

Apartment inspected / approved by: _____ Date_____



White - Administrator
Yellow - Housekeeper
Pink - Maintenance

# APARTMENT MAINTENANCE RECORD

Apartment # _____ Residence Name _____

| CARPET | | | | PAINTING | | | |
|---|---|---|---|---|---|---|---|
| **Complete Prof. Cleaning** | | **Replacement** | | **Touch-up** | | **Complete** | |
| Date: | Initial: | Date: | Initial: | Date: | Initial: | Date: | Initial: |
| Date: | Initial: | Date: | Initial: | Date: | Initial: | Date: | Initial: |
| Date: | Initial: | Date: | Initial: | Date: | Initial: | Date: | Initial: |
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| Date: | Initial: | Date: | Initial: | Date: | Initial: | Date: | Initial: |

| DRAPES/BLINDS | | | | REFRIGERATOR | | | | |
|---|---|---|---|---|---|---|---|---|
| **Prof. Cleaning (Drapes)** | | **Replacement** | | **Repair (description)** | **Date** | **Initial** | **Replacement Date:** | **Initial** |
| Date: | Initial: | Date: | Initial: | | | | | |
| Date: | Initial: | Date: | Initial: | | | | | |
| Date: | Initial: | Date: | Initial: | | | | | |
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| Date: | Initial: | Date: | Initial: | | | | | |
| Date: | Initial: | Date: | Initial: | | | | | |
| Date: | Initial: | Date: | Initial: | | | | | |

| PLUMBING | | |
|---|---|---|
| **Repair (description)** | **Date:** | **Initial** |
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| ELECTRICAL | | |
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| **Repair (description)** | **Date:** | **Initial** |
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| HVAC | | |
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| **Repair (description)** | **Date** | **Initial** |
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| MICROWAVE | | | | |
|---|---|---|---|---|
| **Repair (description)** | **Date:** | **Initial** | **Replacement Date:** | **Initial** |
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| OTHER | | |
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| **Description** | **Date:** | **Initial** |
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| OTHER | | |
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| **Description** | **Date:** | **Initial** |
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# APPLICATION FOR EMPLOYMENT

All qualified applicants are considered regardless of race, religion, sex, age, national origin, or handicap.

Full Name _____ Date _____
Street Address _____
City _____ State _____ Zip Code _____
Phone (days) _____ Phone (eves) _____
Position applied for _____ Date available to start _____
Referred by (newspaper ad, person, agency, etc.) _____
Employment preference: Full-time _____ Part-time _____ Temporary or Summer _____
Days _____ Swing _____ Nights _____
Are you able to work some weekends _____ Holidays _____

Please describe any commitments or outside responsibilities which would require your absence from work: _____
_____

Have you ever worked for this company before? If yes, when? _____

Name of relatives in our employment _____

Please check if you are under age 18: _____ (a work permit would be required)

Is there any type of work which your physical condition prohibits, or have you ever been advised by a doctor not to perform certain types of work? If yes, please explain: _____
_____

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime, in this state or any other state? Yes _____ No _____ If yes, please explain: _____
_____

Are you authorized to work in the United States? Yes _____ No _____

**For jobs which involve driving:** Do you have a valid driver's license? Yes _____ No _____

License # and State Issued _____

## RECORD OF EMPLOYMENT

| Name of Current/Most Recent Employer | | Address | | Telephone | Type of Business |
|---|---|---|---|---|---|
| | | | | | |
| Dates Employed | | Rates of Pay | | Reason for Leaving | Supervisor's Name/Title |
| From | To | Starting | Ending | | |
| Mo. Yr. | Mo. Yr. | | | | |
| List of jobs you held, duties performed, skills used or learned, advancements or promotions. | | | | | |

**May we contact your current employer? Yes _____ No _____**

| Name of Next Previous Employer | Address | Telephone | Type of Business |
|---|---|---|---|
| | | | |

| Dates Employed | | Rates of Pay | | Reason for Leaving | Supervisor's Name/Title |
|---|---|---|---|---|---|
| From<br>Mo. Yr. | To<br>Mo. Yr. | Starting | Ending | | |

List of jobs you held, duties performed, skills used or learned, advancements or promotions.

**May we contact this employer?** **Yes** _____ **No** _____

| Name of Next Previous Employer | Address | Telephone | Type of Business |
|---|---|---|---|
| | | | |

| Dates Employed | | Rates of Pay | | Reason for Leaving | Supervisor's Name/Title |
|---|---|---|---|---|---|
| From<br>Mo. Yr. | To<br>Mo. Yr. | Starting | Ending | | |

List of jobs you held, duties performed, skills used or learned, advancements or promotions.

**May we contact this employer?** **Yes** _____ **No** _____

| Name of Next Previous Employer | Address | Telephone | Type of Business |
|---|---|---|---|
| | | | |

| Dates Employed | | Rates of Pay | | Reason for Leaving | Supervisor's Name/Title |
|---|---|---|---|---|---|
| From<br>Mo. Yr. | To<br>Mo. Yr. | Starting | Ending | | |

List of jobs you held, duties performed, skills used or learned, advancements or promotions.

**May we contact this employer?** **Yes** _____ **No** _____

Have you ever worked under another name? Yes_____ No_____ If yes, what name and for which companies?_____

**EDUCATION** (circle last year completed): School Name Degree or Subject

High School 9 10 11 12 _____ (not applicable)

College 1 2 3 4 _____ _____

Graduate School 1 2 3 4 _____ _____

Other job-related courses/education _____

**PERSONAL REFERENCES (do not list any relatives or former employers listed above):**

| | Name | Home Phone | Work Phone | Relationship |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Use the space below to describe your interest in our Residence, along with the skills and aptitudes that you feel qualify you for a position with us: _____

_____

_____

_____

_____

_____

_____

_____

_____

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_____

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_____

**PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING THE APPLICATION**

_____I certify that all of the statements made by me on this application and in any interview are true, complete, and correct to the best of my knowledge. I hereby grant permission to the Residence and its personnel to confirm by personal inquiry or otherwise the information I give in the employment process. I understand that any willful misrepresentation or omission of facts given in this process is grounds for rejection of this application and dismissal if employed

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I authorize the Residence to release to any person, firm, entity, or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Residence. I hereby release and hold the Residence harmless from any claim for releasing any truthful information within its knowledge and/or records.

_____ I understand that any job offer extended to me will be contingent upon the successful completion of any required criminal record check.

_____ I further understand that, if hired, my employment is for no definite period of time and that either the Company or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract.

Signature of the Applicant _____ Date _____

**FOR OFFICE USE ONLY:**

Interview_____

Criminal Record Clearance _____

Health Evaluation_____

Reference Checks_____

Comments:_____

_____

_____

_____

_____

_____

_____

_____

_____

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_____

# AUTHORIZED PAYROLL DEDUCTION

Employee Name _____ Date _____

Residence Name _____

I authorize $ _____ to be deducted from my paychecks beginning on

_____(specify date) for the purpose of _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Employee Signature Date

_____ _____

Signature of Administrator / Manager (or his/her designee) Date

# BEHAVIOR MANAGEMENT PLAN

Resident Name _____ Date _____

Behavioral Concern: _____

Possible Pattern(s) to the Behavior and/or Triggering Event(s): _____

Alternatives to Break the Pattern and/or Minimize Triggering Events: _____

Plan: _____

Signature of Administrator / Manager/Designee _____ Date_____

# BUILDING INSPECTION FORM

Date: _____ Residence Name _____

**Building Interior**

| | Cleaning or Repair Needed: | Action Taken: | Date: |
|---|---|---|---|
| 1. Lobby | a. | | |
| | b. | | |
| 2. Living Room(s) | a. | | |
| | b. | | |
| 3. Reception/ Staff Work Area | a. | | |
| | b. | | |
| 4. Administrative Offices | a. | | |
| | b. | | |
| 5. Dining Room | a. | | |
| | b. | | |
| 6. Private Dining Room | a. | | |
| | b. | | |
| 7. TV/Library Rooms | a. | | |
| | b. | | |

**Building Interior Cont.**

| | Cleaning or Repair Needed: | Action Taken: | Date: |
|---|---|---|---|
| 8. Activity Room(s) | a. | | |
| | b. | | |
| 9. Whirlpool Bather Room | a. | | |
| | b. | | |
| 10. Housekeeping Closet(s) | a. | | |
| | b. | | |
| 11. Laundry Room(s) | a. | | |
| | b. | | |
| 12. Public Restrooms | a. | | |
| | b. | | |
| 13. Resident Storage Area(s) | a. | | |
| | b. | | |
| 14. Beauty/Barber Shop | a. | | |
| | b. | | |
| 15. Hallways | a. | | |

| | | | |
|---|---|---|---|
| | b. | | |
| 16. Kitchen | a. | | |
| | b. | | |
| | c. | | |
| 17. Maintenance Storage/ Work Area | a. | | |
| | b. | | |

**Building Exterior/Grounds**

| | Cleaning or Repair Needed: | Action Taken: | Date: |
|---|---|---|---|
| 18. Outside Maintenance Storage Area | a. | | |
| | b. | | |
| 19. Building Exterior | a. | | |
| | b. | | |
| | c. | | |
| 20. Windows/Screens | a. | | |
| | b. | | |
| 21. Air Conditioners | a. | | |
| | b. | | |
| 22. Gutters and Drain Pipes | a. | | |
| | b. | | |
| 23. Roof | a. | | |
| | b. | | |

**Building Exterior/Grounds Cont.**

| | Cleaning or Repair Needed: | Action Taken: | Date: |
|---|---|---|---|
| 24. Courtyard/Patio(s) | a. | | |
| | b. | | |
| | c. | | |
| 25. Trash/Recycling Area(s) | a. | | |
| | b. | | |
| 26. Sidewalks | a. | | |
| | b. | | |

**Building Exterior/Grounds Cont.**

| | Cleaning or Repair Needed: | Action Taken: | Date: |
|---|---|---|---|
| 27. Parking Lot | a. | | |
| | b. | | |
| 28. Exterior Lighting | a. | | |
| | b. | | |

29. Fences/Gates a._____ _____ _____
b._____ _____ _____

30. Outside Mechanical Room a._____ _____ _____
b._____ _____ _____

31. Landscape Maintenance a._____ _____ _____
b._____
_____ _____
c._____ _____ _____

| **Items needing further action (with estimated date of completion):** | **Action Taken:** | **Date:** |
|---|---|---|
| | | |
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Signature of Maintenance Director_____ Date _____

Signature of Aministrator / Manager (or Designee) _____ Date _____

**BUILDING ORIENTATION**

Orientation and/or instruction has been provided on the following systems (check off each item as it is reviewed):

_____ Electrical

_____ Plumbing

_____ Fire Sprinkler System

_____ Emergency Call System

_____ Security System

_____ HVAC

_____ Thermostat Settings

_____ Elevator (if applicable)

_____ Standby Generator (if applicable)

_____ Location of Building Floor Plans and Warranty Files

Signature(s) of Individual(s) receiving training:

Maintenance Director: _____ _____
Date

Administrator: _____ _____
Date

Other: _____ _____
Date

Signature of Trainer:

_____ _____ _____
Name Position Date

# COBRA ELECTION / WAIVER FORM

**TO BE COMPLETED BY EMPLOYER** **DATE:**

Name of Employee:_____

Date of Last Day Worked: _____

Date Election Period Expires (60 days from the date of notice):_____

Monthly Premium for Continuation of Coverage:_____

Name and Address of Employer:_____

Employer's Signature: _____

**TO BE COMPLETED BY EMPLOYEE, DEPENDENT, OR LEGAL GUARDIAN**

I, _____, as a former participant in the Residence Group Health Plan, have experienced a qualifying event as defined by the COBRA guidelines.

My signature at the bottom of this form represents my stated understanding of all rights and responsibilities as described in the COBRA information summary, to elect or reject the option to continue medical coverage through the group plan of the Residence.

( ) I **do not** wish to continue coverage under COBRA
( ) I **do** wish to continue coverage under COBRA

1. Are you covered by any other group policy? ( ) Yes ( ) No

   Name of Company:_____

2. Current Home Address and Phone: _____

   _____

3. Identify Qualifying Event:_____
   Date of Occurrence: _____

All persons to be continued, including employee if applicable:

| | Name | Social Security # | Relation | Birthdate |
|---|---|---|---|---|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |

EMPLOYEE SIGNATURE _____

Please send signed form to: *(Insert Residence Name and Address here)*

## Consolidated Omnibus Budget Reconciliation Act

A federal law (Public Law 99-272, Title X, commonly known as COBRA) requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage"). This notice is intended to inform you of your rights and obligations under the law. You are advised to read this notice carefully.

QUALIFYING EVENTS:

- Reduction of scheduled work hours
- Termination of employment, for reasons other than gross misconduct
- Legal separation or divorce
- Death of employee
- Independent child ceasing to be eligible dependent

Under the law, the employee or family member has the responsibility to inform the Residence within 60 days of the occurrence of the qualifying event. When the Residence is notified of the qualifying event and the desire to elect continuation of coverage, you will be provided with an election/waiver form to complete. You have 60 days from the receipt of the form to return it to Vista Senior Living, Inc. if you wish continued coverage. If you do not return the election/waiver form within 60 days, you will waive your right to participate and therefore your group health coverage will end the first of the month following the date of your qualifying event.

If you elect to continue coverage you will be required to pay 100% of the premium at the group rate, plus a 2% administrative fee. Premiums are due starting the first of the month following any qualifying event. You have 45 days from the date you elect coverage to make your first premium payment along with payment for any prior months. If you do not send payment retroactive to the first of the month following your qualifying event and/or fail to comply with the specified time limit, no claims will be paid and coverage will not continue. Monthly premium payments will be due on the first of each month. **NO BILL WILL BE SENT.**

You may be eligible for continuation of coverage for 18 months, or an extension for 29 or 36 months depending on your qualifying event.

Coverage will continue according to the qualifying event, or until any of the following occur:

- The Residence ceases to provide any coverage to active eligible employees.
- You become eligible for coverage under Medicare.
- You become covered under any other group health plan either through your employment or your spouse's employment (unless that plan does not cover pre-existing conditions).
- The premium for your COBRA coverage is not received by the first day of each month.

You may be eligible to extend your continuation of coverage if you experience another qualifying event during your initial continuation period. If you have any questions about your rights and responsibilities described in this summary, please call the Administrator / Manager. Participants electing to continue coverage through COBRA should make checks payable to the Residence and mail to:

(*Insert Residence Name and Address here)*

**Consent Form For The Collection of Blood**
**Employee**

I have been advised of the need to collect my blood due to an exposure incident in which I may have been potentially exposed. Permission to have my blood drawn and tested for Hepatitis B virus (HBV) and the human immunodeficiency virus (HIV), as well as other blood borne diseases, is hereby given.

_____ _____
Employee Signature Date

_____ _____
Witness Date

Residence Name_____

Address_____

City_____ State_____ Zip _____

**Consent Form For The Collection of Blood Source**
**Individual**

I have been advised of the need to collect a sample of my blood as the result of an exposure incident that occurred in this facility. Permission to have my blood drawn and have it tested for the Hepatitis B virus (HBV) and the human immunodeficiency virus (HIV), as well as other blood borne diseases, is hereby given.

I understand this testing will be done in a confidential manner and will be made available only to the person who was exposed. I also understand this person was informed of applicable laws and regulations concerning the disclosure of my identity and my infectious status.

_____ _____
Source Individual Date

_____ _____
Witness Date

Resident Name _____

Address _____

City_____ State_____ Zip _____

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
http://www.dad.state.vt.us
Voice/TTY (802)-241-2345
To Report Adult Abuse: 800-564-1612
Fax (802)-241-2358

# CONSENT TO RELEASE INFORMATION

I, (the undersigned), authorize _____,
Staff Name and Title
of the Vermont Department of Disabilities, Aging and Independent Living, Division of Licensing and Protection, to disclose or obtain pertinent information and/or records about me to/from (specify):

_____

_____

_____

THE PURPOSE(S) OF DISCLOSURE IS/ARE:

I understand that State or Federal law may protect or limit the disclosure of information regarding me. If so, Federal regulations (42 C.F.R. Part 2) prohibit the redisclosure of this information without my written consent or as otherwise allowed by regulations.

This consent to release information is valid for one year from the last date or may be revoked by me at any time by notifying this agency. I may revoke this consent to release information at any time except to the extent that action has been taken in reliance on it. If not previously revoked, this consent will terminate one year after the last date of services to me.

Dated: _____ Signed: _____
Signature of client or client's legal representative

If you have any questions regarding this request, please call _____
Staff Name

at _____.
Telephone Number

# DIETARY INFORMATION

_____ New Resident _____ Change for Current Resident

Resident Name _____ Apt. # _____ Date _____

Food Allergies: _____
_____
_____
_____

Physician-Ordered Diet: _____
_____
_____
_____
_____

Food Preferences / Dislikes: _____
_____
_____
_____
_____
_____
_____

Signature of Person Completing Information _____

Additional Information from Cook's Meeting with Resident: _____
_____
_____
_____
_____
_____
_____

Signature of Cook _____ Date _____

**DISCIPLINARY ACTION FORM**

Employee Name_____ Date _____

Type of disciplinary action:

_____ Verbal Warning

_____ Written Warning

_____ Probation

_____ Suspension

_____ Termination

Reason for disciplinary action (policy/procedures violated, inappropriate behavior exhibited, etc.) and expectations for future behavior:

Comments by employee (not applicable for verbal warnings):

_____ _____

Signature of Employee (not applicable for verbal warnings) Date

_____ _____

Signature of Supervisor Date

# EMPLOYEE EXPENSE REPORT FORM

Residence Name _____ Date _____

Employee Name _____ Signature _____

| DATE | ACT # | DESCRIPTION / PURPOSE | AMOUNT |
|---|---|---|---|
| | | | |
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| **TOTAL DUE** | | | |

_____ _____

Signature of Administrator / Manager (or his/her designee) Date

**EMPLOYEE INPUT FOR THE PERFORMANCE EVALUATION DISCUSSION**

Employee Name_____ Date _____

Date of Last Review_____ Date Form to be Completed and Returned _____

1. What do you believe have been your most significant achievements this year (or since your last review)?

2. What do you feel are your greatest strengths or abilities?

3. What would increase your enjoyment of your work?

4. In what areas do you feel you could improve your job performance?

5. How do you feel we could help you improve in certain areas and/or further enhance your strengths and abilities?

6. Is there any additional training you would like to receive?

7. What are your work or career goals?

8. Do you have any additional comments?

Thank for your time and input in completing these questions.

Employee Signature _____ Date_____

# EMPLOYEE INSERVICE LOG

Employee Name:_____ Date of Hire:_____

| Date of Inservice | Subject | # of Hours |
|---|---|---|
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# EMPLOYEE PERFORMANCE EVALUATION

Name _____ Date Hired _____

Job Position _____ Date Began Present Position _____

Reason for Review: ____ 90 - Day Review ____ Annual Other _____

Date of this Evaluation _____ Date of Last Evaluation _____

**Job Knowledge/Skills** – The practical/technical skills and information used on the job.

____ Has excellent understanding of job responsibilities and has the skills needed to perform the job well.
____ Understands all aspects of the job. Has the skills to perform the job in a satisfactory manner.
____ Understands job routine and has adequate skills. Some knowledge and/or skill still to be acquired.
____ Noticeable deficiencies in job knowledge and/or skills.
____ Severely lacking in job knowledge and/or skills.

Explain _____

_____

**Quality of Work** – The accuracy, thoroughness and acceptability of work performed.

____ Work is almost always accurate and thorough. Usually exceeds basic standards for the job.
____ Is accurate and thorough most of the time. Work is usually above average in quality.
____ Work is usually accurate and thorough and meets expectations for basic standards.
____ The error level in work is too high. Quality of work needs improvement.
____ Makes frequent errors. Does not meet expectations for quality work.

Explain: _____

_____

**Productivity** – The quantity of work produced and the promptness with which it is completed.

____ Superior work production. Works very quickly and efficiently, accomplishing much more than is required.
____ Very industrious. Works quickly and efficiently, producing more than is required.
____ Satisfactory in the amount of work produced and the promptness with which it is completed.
____ Below average in work production. Often does not accomplish required tasks within allotted times.
____ Does not meet expectations for the amount of work produced.

Explain: _____

_____

**Working Relationships** – The willingness and ability to work well and communicate effectively with coworkers, supervisor(s) and others.

____ Is well liked and respected. Has excellent people skills.
____ Has good relationships with others.
____ Is average in ability to deal with people.
____ Sometimes has difficulty in dealing with people.
____ Has difficulty in relationships with others. Lacks tact and diplomacy.

Explain: _____

**Appropriateness of Supervision.** The extent to which the employee makes appropriate use of their supervisor's feedback and time.

___ Responds well to supervision. Fully integrates feedback and information provided on the job.
___ Accepts direction well. Makes good use of time with supervisor and applies feedback provided by the supervisor.
___ Usually accepts direction well. Makes appropriate use of supervisor's time and feedback the majority of the time.
___ Sometimes does not respond well to supervision. Takes more of the supervisor's time that should be necessary.
___ Takes direction poorly. The amount of time spent supervising is out of balance with the amount of time required by others.

Explain: _____

_____

**Dependability.** The extent to which the employee can be depended on in the job.

___Is very dependable. Is exceptional in job attendance and consistency of job performance.
___Is usually dependable. Is above average in job attendance and consistency of job performance.
___Meets expectations for job attendance and consistency of job performance.
___Often cannot be depended on. Unsatisfactory attendance record. Often inconsistent job performance.
___Undependable. Unacceptable in job attendance. Inconsistent job performance.

Explain:_____

_____

**Adherence to Policy**. The extent to which the employee follows safety, conduct and other policies and procedures.

___Almost always adheres to established policies and procedures.
___Follows established policies and procedures most of the times.
___Usually follows established policies and procedures.
___At times lacks knowledge of and/or willingness to follow policies and procedures.
___Often does not follow established policies and procedures.

Explain:_____

_____

**Initiative / Innovation** – The degree to which the employee initiates new ideas, seeks out additional responsibilities and expands his/her capabilities.

___ Frequently has new ideas to improve job performance. Willingly seeks out additional responsibilities.
___ Often has suggestions for improvement. Sometimes seeks out additional responsibilities.
___ Occasionally makes suggestions for improvement and takes on additional tasks.
___ Seldom makes suggestions, seeks out additional responsibilities, or takes action without direct instruction.

Explain:_____

_____

**Accomplishments or new abilities demonstrated since last review**:

**Performance objectives and/or areas of improvement needed:**

**Plan to enhance strengths and develop competency in areas needing improvement:**

**Employee's overall performance of position responsibilities**:

___ **Outstanding –** Performance is exceptional in all areas and is superior to the performance of others.

___ **Very Good –** Results clearly exceed most position requirements. Performance is of high quality and is achieved on a consistent basis.

___ **Good –** Competent and dependable level of performance. Meets performance standards of the job.

___ **Improvement Needed –** performance is deficient in certain areas. Improvement is necessary.

___ **Unsatisfactory –** Performance is generally unacceptable and requires immediate improvement. No merit.

**Supervisor's comments on overall performance**:

Supervisor's Signature_____ Date _____

**Employee's Comments:**

Employee's Signature _____ Date_____

Follow-up Date (if applicable)_____

# EXPOSURE INCIDENT DOCUMENTATION

Use this form to document an incident relating to a needle stick or other incident that involves exposure to blood borne pathogens.

1. Describe the route of exposure and circumstances surrounding the exposure incident.

2. Was the employer utilizing protective equipment/practices as required? ____Yes ____No
   Describe all protective measures and practices that were used.

3. Document information regarding the source individual (the person to whose blood or body fluids the employee was exposed):

   Name_____ Phone _____
   Address _____
   City_____ State_____ Zip_____

   (The source individual's blood must be tested unless he/she refuses to provide consent for the collection of blood.)

4. Complete the following information about the source individual.

| | Yes | No |
|---|---|---|
| Was a Consent Form for the Collection of Blood signed by the source individual? (If yes, note date of signature_____) | ___ | ___ |
| Did the individual refuse to sign the consent form? | ___ | ___ |
| Was the source individual's blood tested?* (If yes, date_____) | ___ | ___ |
| Were the results of this blood test made available to the exposed employee? | ___ | ___ |
| Was the employee advised of applicable laws and regulations regarding the confidentiality of the source individual's infectious status? | ___ | ___ |

   *If the source individual is known to be infected with HIV and/or HBV, he/she does not need to be tested.

5. Complete the following information regarding the exposed employee:

Name of exposed employee _____

Address _____

City_____State_____ Zip_____

| | Yes | No |
|---|---|---|
| Had the employee had the Hepatitis B vaccination at the time of the exposure? If yes, date of completion_____ | ____ | ____ |
| Has a Consent form for the Collection of Blood (Employee) been signed by the employee?** If yes, date of signature_____ If no, explain _____ | ____ | ____ |
| Was the employee referred to a healthcare professional for an evaluation? If yes, date of referral _____ If no, explain_____ | ____ | ____ |

Name of healthcare professional: _____
Address _____
City_____ State____ Zip _____Phone_____

6. Was the following information provided to the healthcare professional?

| | Yes | No |
|---|---|---|
| A description of the exposed employee's duties as they relate to the exposure incident. | ____ | ____ |
| A copy of the Exposure Incident Documentation form | ____ | ____ |
| Any employee medical records relevant to treatment of the employee, including vaccination status. | ____ | ____ |

7. Additional Comments:

** Note that if the employee consents to baseline blood collection but does not give permission for HIV serological testing, the blood must be preserved for at least 90 days. If, during that 90 day period, the employee consents to such testing, it must be provided.

Signature of Person Completing Form_____ Date _____

**Fire Drill / Training Log**

Residence Name _____ Date _____ Time _____

Participating staff members_____
_____
_____

1. **Was this is "silent" fire alarm drill?** _____ yes _____ no

If yes:

Location of simulated fire _____

Did staff function properly and in accordance with the fire emergency? ____yes ____no

Comments_____
_____
_____
_____

2. **Was this an "audible" fire alarm drill?** _____yes _____no

If yes:

Location and type of initiating device (e.g., pull station, smoke alarm, etc.)_____
_____

Did the alarm sound properly? _____yes _____no
Comments_____
_____

Exits used in drill
Place of resident evacuation _____
Total evacuation time _____ minutes
Number of residents participating _____
Number of "impractical" residents (not required to participate)
Fire Department Notified _____ yes _____no *(if required by the local fire marshal)*
Comments_____
_____
_____

_____ _____
Administrator / Manager or Authorized Designee and Title Date

# HEPATITIS B VACCINATION OPTION

Employee Name:_____

Residence Name: _____ ("The Residence")

**Check ONE of the following options** (please read the text for all of the options before making a decision):

☐ **I decline the Hepatitis B Vaccine because I have already completed my Hepatitis B vaccination series prior to employment**.

☐ **I decline the Hepatitis B Vaccine even though I understand that I may be at risk of acquiring Hepatitis B Virus (HBV) infection** due to my occupational exposure to blood or other potentially infectious materials. I have been given the opportunity to be vaccinated with the Hepatitis B vaccination at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me if I am still employed by the Residence.

☐ **I would like to receive the Hepatitis B Vaccination**. I understand that the series of three injections will be provided to me free of charge if I remain employed by the Residence for the duration of the series. I understand that it is my responsibility to contact the Residence's contracted agency to schedule the vaccine series.

I understand that as with all medical treatment, there is no guarantee that I will not experience an adverse side effect to the vaccine or fail to become immune. I further agree not to hold the Residence at fault for my decision or for any side effects related to the Hepatitis B Vaccine.

_____ _____
Employee Signature Date

_____ _____
Witness Signature Date

**INCIDENT REPORT**

Residence Name _____ Reported by_____

Person(s) Involved _____ Incident Date_____ Time _____

Witnessed by_____

Account of Incident:

Signature of Person Making Report_____ Date _____

Follow-up Action Taken:

Any additional follow-up action required:

_____ _____

Signature of Administrator / Manager (or his/her designee) Date

## INITIAL INQUIRY FORM

Residence Representative _____ Date_____
Inquiry Name _____ Relationship to Applicant _____
Inquiry Address _____ Home Phone _____
City _____State _____ Zip _____ Work Phone _____
Applicant's Name _____ Age _____ Sex _____
Applicant's Current Living Situation _____
How heard about the Residence _____

Reason for Move _____
_____
_____
_____
_____
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## TRACKING INFORMATION

| Date | Action Taken / Next Action Needed | Initials |
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# MAINTENANCE REQUEST

| Requested by: | Date: | Time: |
|---|---|---|
| Apt. # or Location: | | |
| Work to be done: | | |
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| Action Taken: | | |
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| Date Completed:_____ Time:_____ By:_____ | | |
| Further Action Required: | | |
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| Reviewed by:_____ Date:_____ | | |

Sample Vermont Assisted Living Residence
.Maintenance Request Form

White - Administrator / Manager
Yellow - Resident Apt.
Pink - Maintenance

**MARKETING PLAN / REPORT**

Residence Name _____ For the Time Period from _____to _____ Current Date _____

Networking Calls:

| Date | Name/ Type of Organization | Date | Name/ Type of Organization |
|---|---|---|---|
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Appointments/Presentations, etc. with Network Contacts:

| Date | Name / Type of Organization | Objective / Outcome |
|---|---|---|
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Special Events:

| Date | Type of Event, Audience, Projected Attendance | Cost | Objective / Outcome |
|---|---|---|---|
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Advertising (radio, TV, newspapers, directories, etc.):

| Type of Media | Name of Media | Run Dates | Cost | Objective / Outcome |
|---|---|---|---|---|
| | | | | |
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Direct Mail:

| Type of List Used | Mail piece Description | # Mailed | Cost | Objective / Outcome |
|---|---|---|---|---|
| | | | | |
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Newsletter:

| # Printed | # Mailed / To Whom | Date Mailed | Cost | Objective / Outcome |
|---|---|---|---|---|
| | | | | |
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Other (describe with dates, projected costs, etc.):

Signature

Date

# MARKETING / SALES REPORT

Residence Name _____ Date _____

Report for the time period from _____ to _____

Current Occupancy Report:

____ Total # of Apartments
____ Occupied Apartments
____ Vacant Apartments
____ Reservations ( # of paid deposits)
____ Move-Ins Expected (date(s): _____)
____ Move-Outs Expected (date(s) _____)

Number of New Leads from Time Period:

____ Referrals from Network Contacts
____ Paid Referral Agencies
____ Physician referrals
____ Hospital referrals
____ Resident/Family/Friend Referrals
____ Employee Referrals
____ Yellow Page Advertising
____ Drive by
____ Other Facilities (specify: _____)
____ Public Relations/Articles (specify: _____)
____ Special Events (specify: _____)
____ Advertising(specify: _____)
____ Web Site

Lead Summary:

____ Total Number of New Leads
____ Initial Tours
____ Repeat Tours
____ Follow-up Calls (to leads)
____ # of New Applications

Networking Summary:

____ Networking Calls Made
____ Networking Appointments

_____ _____
Signature of Person Preparing Report Date

# MOVE-IN / MOVE-OUT CHARGES FORM

Resident Name: _____ Residence Name: _____

**Move-In Charges:**

Move-In Date: _____ Apt. # / Size: _____
Level of Service at Move-In: _____ Monthly Fee: _____

To prorate the current month's fee:
Daily rate of $ _____ x # days left in the month $ _____
The next month's fee if moving in on or after the 20th = $ _____

Refundable Security Deposit (if applicable) $ _____
Refundable Pet Deposit (if applicable) $ _____
Total Due upon Move-In $ _____

Billing Name and Address: _____
_____
_____

Signature of Person Completing Move-In Charges: _____

---

**Move-Out Charges:**

Move-Out Date: _____ Date Belongings Removed: _____
Date Notice Given: _____ Paid Through _____
Reason for Move: _____

| | | | |
|---|---|---|---|
| Refunds: | Dates for which refund is due _____ | = | _____ # days |
| | # days x the current daily rate of $ | = | $ _____ |
| | Total Refund Due | = | $ _____ |
| Charges: | Unpaid monthly fees | - | $ _____ |
| | Damages above normal wear and tear | - | $ _____ |
| | Total Due from Resident | - | $ _____ |
| Net: | Total Refund Owed Resident | | $ _____ |
| | Total Due from Resident | | $ _____ |

Send any refund due or bill for charges owed to: _____
_____
_____

Signature of Person Completing Move-Out Charges: _____

# NEGOTIATED RISK AGREEMENT

Resident Name _____ Apt. #_____ Date _____

Cause of Concern: _____

Resident Preference: _____

Possible Consequences of Resident's Preference: _____

Alternatives to Minimize the Risks: _____

Plan:_____

Signatures:

Resident / Resident's Representative_____ Date_____

Administrator / Manager or Designee _____ Date_____

# NETWORK TRACKING FORM

Name of Organization _____ Type of Organization_____

Contact Name _____ Title _____

Email _____ Phone _____ Fax _____

Street Address _____

City _____ State _____ Zip _____

Referred by (if applicable) _____

**Tracking Information (for phone calls, appointments, presentations, etc.)**

| Date | Notes | Initials |
|---|---|---|
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**NEW EMPLOYEE ORIENTATION**

Name _____ Position _____ Date _____

Check when completed

1. Required Paperwork:

a) Verify that all applicable pre-employment paperwork has been completed:

Application for Employment _____
Background Check documentation _____
Employee Hire Letter _____
Current First Aid Certification _____
Current CPR Certification _____
DMV License and record (if applicable) _____

b) To be completed during orientation:

I-9 _____
W-4 _____
Employee's Withholding Allowance Certificate _____
Personnel Action Request _____
Signed Job Description _____
Employee Handbook Acknowledgement _____
Hepatitis B Vaccination Option _____

2. Introduction to the Residence:

Overview of Assisted Living (i.e., services provided, types of residents, etc.) _____

The Assisted Living philosophy (promoting dignity, privacy, independence, individuality, and choice) _____

Aging in Place _____

Staffing overview (the types of positions/reponsibilities in the Residence) _____

Job description (overview of position) _____

3. Overview of Employee Handbook:

Benefits
- Vacation / holiday time _____
- Health insurance / eligibility _____
- Meals while working _____

Payroll
- Time cards/sheets (location, how to complete) _____
- Payroll cycle / payday _____
- Work schedules _____
- Use of overtime _____

Dress requirements / personal appearance _____
Meals / breaks _____
Inservices / training _____
Smoking _____
Personal visitors / phone calls _____
resident confidentiality _____
Accepting gifts, gratuities, employment from residents _____

**New Employee Orientation Cont.** Check when completed

4. Marketing Involvement:

| | |
|---|---|
| The first impression | _____ |
| Customer service expectations - "going the extra mile" | _____ |
| Greeting guests | _____ |
| Answering the phone | _____ |
| Location of Residence brochures | _____ |
| Responding to inquires about the Residence | _____ |
| Guest meals / involvement in Residence activities | _____ |

5. Safety Awareness / Planning:

| | |
|---|---|
| Location / use of Emergency Book and first aid kits | _____ |
| Emergency / disaster procedures | _____ |
| resident emergencies | _____ |
| Door alarm / wanderguard system | _____ |
| Missing persons procedures | _____ |
| MSDS sheets | _____ |
| General safety procedures (handout) | _____ |
| Accident reporting / procedures | _____ |
| Monitoring for unsafe / suspicious activity | _____ |
| Workplace violence (handout) | _____ |

6. Exposure Control Plan / Procedures

| | |
|---|---|
| Overview of bloodborne diseases / their transmission | _____ |
| Positions / tasks with a risk of exposure | _____ |
| Proper handwashing and use of PPE | _____ |
| Biohazard signs, labels, and color-coding | _____ |
| Procedures for emergencies involving blood or other potentially infectious materials | _____ |
| What to do if an exposure incident occurs | _____ |
| Signs, symptoms, and transmission methods of TB | _____ |

7. Miscellaneous:

| | |
|---|---|
| Maintenance work orders | _____ |
| Documentation in resident Service Notes and Staff Communication Log | _____ |

Signature of Employee _____ Date _____

Signature of Trainer _____ Date _____

# NEW RESIDENT ORIENTATION

Resident Name: _____ Move-In Date: _____

Please check in each space below as the corresponding task is completed:

_____ Review the resident's service plan with him/her and have the resident and/or responsible party sign the service plan.

_____ Give the resident a copy of his/her Resident Services Schedule.

_____ Provide an orientation to all common area locations, including the dining room, beauty/barber shop, social / recreational areas and public restrooms.

_____ Give the resident a current Activity Schedule.

_____ Provide an orientation to the resident's apartment.

_____ Explain how to use the emergency call system.

_____ Explain emergency procedures and procedures for fire drills.

_____ Explain the sign-in/sign-out procedures.

_____ Give the resident a key to his/her mailbox.

_____ Provide the resident with _____ keys to his/her apartment.

_____ _____

Staff Signature Date

_____ _____

Resident / Responsible Party Signature Date

# OUTSIDE PHARMACY PROVIDER AGREEMENT

Name of Resident:_____ Date: _____

I, _____, agree to assume the responsibility to obtain medications for the above-named resident from the pharmacy of my choice, which is

_____ .

(Name of Outside Pharmacy Provider)

If medications cannot be provided in a timely manner by the Outside Pharmacy Provider, I understand the Residence will obtain such medication from the HOUSE PHARMACY and I will be responsible for the charges of such medications, including any associated costs (e.g., delivery costs).

_____ _____

Signature of Resident / Responsible Party Date

# PAYROLL SUMMARY FORM

Residence Name: _____ Payroll Period Ending:_____ Page _____ of _____

| Employee Name Alphabetical (LAST, FIRST) | Total Hours | | | | | Hours Worked in a Different Department | | | Regular Hours | OT Hours | Holiday Hours | Vacation Hours | Other (specify) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Wk 3 prior pay period | Current Pay Period | | | | | | | | | | | |
| | | Wk. 1 | Wk. 2 | Wk. 3 | Total Hours | Department | Rate | # Hours | | | | | |
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Prepared by: _____

**PERSONAL CARE ASSISTANT TRAINING**

Name _____ Date _____

Check when completed

1. Completion of Initial Employee Orientation _____

2. Introduction to Position:

Overview of job description _____
Concept of Universal Worker ("no job is not my job") _____
The importance of teamwork _____

3. Philosophy of Service Provision:

— Review of the values of Assisted Living _____
— The scope of service at the Residence _____

4. Resident Service Plans / Documentation:

Resident Service Plans _____
— Needed to meet resident needs / preferences _____
— Minor changes written on plan _____
— Staff to review and initial _____
— Continue to review until familiar with residents _____
Staff task lists / "cheat sheets" _____
Staff Communication Log (review handout) _____
— To be read and initialed at each shift change _____
Resident Service Notes documentation _____
— Documentation guidelines (review handout) _____
resident confidentiality _____

5. Responding to Unscheduled resident Needs:

Emergency Call System _____
— How to respond _____
— Appropriate response times _____
After hours procedure _____
— Who is on call _____
— How and when to page on-call staff _____

**Resident Assistant Training Cont.**

Check when completed

Responding to medical emergencies:
- When to call 911 vs. the Residence nurse _____
- Determining resident CPR status (on the resident's record and in apartment) _____
- When to initiate CPR _____
- What to do when 911 arrives _____

6. General Caregiving Procedures:

Review of infection control / universal precautions
- Definition of universal precautions _____
- Use of protective equipment (when / what / how to use) _____
- Biohazard trash _____
- Use of sharps containers / no re-capping of needles _____

Location of protective equipment _____
- What to carry while working

Instruction / return demonstration of proper handwashing _____

Instruction / return demonstration of proper body mechanics/transferring techniques _____

Instruction / return demonstration of vital signs
- Blood Pressure _____
- Temperature _____
- Pulse _____
- Respiration _____
- Weight _____

7. Assistance with Personal Care Services:

Assistance with meals
- Dining room service _____
- Tray service (including picking up tray) _____
- Snacks _____

Assistance with Showers / Bathing
- Assistance with showers _____
- Procedures for using the whirlpool bather _____
- When a resident may be left alone in the bather _____
- Cleaning the bather / location of chemicals _____

Assistance with dressing and grooming _____

**Resident Assistant Training Cont.**

Check when completed

8. Dementia-related Needs:

| | |
|---|---|
| Overview of dementia / Alzheimer's disease | _____ |
| The stages of Alzheimer's disease | _____ |
| Other types of dementia | _____ |
| Communicating with residents who have dementia | _____ |
| Special programs for residents with dementia | _____ |

9. On-the-job Training / Shadowing Current Staff:

| | |
|---|---|
| Day and time trained _____ | _____ |
| Day and time trained _____ | _____ |
| Day and time trained _____ | _____ |

I have received training on all of the above topics that have been checked.

_____ _____

Signature of Personal Care Assistant Date

_____ _____

Signature of Supervisor Date

**PERSONNEL ACTION REQUEST**

Employee's Full Name _____ Residence _____

☐ New Hire

Job Title _____ Hire Date_____

Starting Wage $ _____ Salary_____ Hourly_____

Part-time _____ Full-time_____ Temporary _____

Address _____

City_____ State _____ Zip _____

Sex _____ Date of Birth_____ SS# _____

Phone # _____

---

☐ Change of Address

Street Address _____

City_____ State_____ Zip_____

Home Phone _____ Effective Date _____

---

☐ Change of Salary

From $_____ Salary _____ Hourly_____

To $_____ Salary _____ Hourly _____ Effective Date_____

---

☐ Change of Position

Current Job Title _____ F/T_____ P/T_____

New Job Title _____ F/T_____ P/T_____

---

☐ Termination

___ Quit with notice ___Quit without notice _____ Discharged

Eligible for rehire Yes ____ No

Property returned_____ ____ Yes ____ No

COBRA explained_____ ____ Yes ____ No

Last day worked _____ Pay through _____

---

Employee Signature _____ Date_____

Dept. Head Signature (if applicable)_____ Date_____

Administrator / Manager (or designee) Signature _____ Date_____

# PERSONNEL NOTES

EMPLOYEE NAME:

| DATE & TIME | NOTES | SIGNATURE |
|---|---|---|
| | | |
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Personnel Notes FM-Personnel 114

# PHARMACY PROVIDER AGREEMENT

Name of Resident _____ Date _____

This form authorizes THE HOUSE PHARMACY to provide medications to the resident named above and provides that the responsible party accepts responsibility for all charges for such medications.

In the event a physician's order for medications is received by THE HOUSE PHARMACY,
I, _____ , authorize THE HOUSE PHARMACY to provide
Name of Responsible Party
the specified medications for the above-named resident.

I agree to pay THE HOUSE PHARMACY their usual and customary fee for service for the provision of medications to the above-named resident. If the above-named resident receives financial support from a third-party payor, I understand that certain medications may not be a covered expense and I will be responsible for the cost of any such medications provided to the above-named resident. I understand I will be billed directly by the HOUSE PHARMACY for all charges incurred.

_____ _____

Signature of Resident / Responsible Party Date

# PRE-EMPLOYMENT INQUIRY GUIDELINES

| SUBJECT | ACCEPTABLE | UNACCEPTABLE |
|---|---|---|
| Name | "Have you ever used another name?": or " Is any additional information relative to a change of name, use of an assumed name, or nickname necessary to enable a check on your work and education record? If yes, please explain." | Maiden Name |
| Residence | Place of Residence | "Do you own or rent your home?" |
| Age | Statement that hire is subject to verification that applicant meets legal age requirements.<br><br>"If hired, can you show proof of age?"<br>"Are you eighteen years of age?"<br>"If under eighteen, can you, after employment, submit a work permit?" | Age<br><br>Birth date<br><br>Dates of attendance or completion of elementary or high school<br><br>Questions which tend to identify applicants over age 40 |
| Birthplace Citizenship | "Can you, after employment, submit verification of your legal right to work in the United States?" or statement that such proof may be required after a decision is made to hire the candidate. | Birthplace of applicant, applicant's parents, spouse, or other relatives.<br><br>"Are you a U.S. citizen?" or citizenship of applicant, applicant's parents, spouse, or other relatives.<br><br>Requirements that applicant produce naturalization, first papers, alien card prior to a decision to hire. |
| National Origin | Languages applicant can read, speaks, or writes, if use of a language other than English is relevant to the job for which the applicant is applying. | Questions as to nationality, lineage, ancestry, national origin, descent, or parentage of applicant, applicant's parents or spouse<br><br>"What is your mother tongue?" or language commonly used by applicant.<br><br>How applicant acquired ability to read, write, or speak a foreign language. |

NOTE: Any inquiry, even though neutral on its face, which has an adverse impact upon persons on a basis enumerated in the Fair Employment and Housing Act (race, sex, national origin, etc.), is permissible only if it is sufficiently related to an essential job function to warrant its use.

| SUBJECT | ACCEPTABLE | UNACCEPTABLE |
|---|---|---|
| Sex, Marital Status, Family | Name and address of parent or guardian if applicant is a minor<br><br>Statement of company policy regarding work assignment of employees who are related. | Questions which indicate applicant's sex.<br><br>Questions which indicate applicant's marital status.<br><br>Number and/or ages of children or dependents.<br><br>Provisions for child care.<br><br>Questions regarding pregnancy, child bearing, or birth control.<br><br>Name and address of relative, spouse, or children of adult applicant.<br><br>"With whom do you reside?" or "Do you live with your parents?" |
| Race, Color | | Questions as to the applicant's race or color.<br><br>Questions regarding the applicant's complexion or color of skin, eyes, hair. |
| Credit Report | | Any report which would indicate information which is otherwise illegal to ask, e.g., marital status, age, residency, etc. |
| Physical Description, Photograph | Statement that photograph may be required after employment. | Questions as to applicant's height and weight.<br><br>Require applicant to affix a photograph to application.<br><br>Request applicant, at his or her option, to submit a photograph.<br><br>Require a photograph after interview but before employment.<br><br>Videotaping interviews. |

NOTE: Any inquiry, even though neutral on its face, which has an adverse impact upon persons on a basis enumerated in the Fair Employment and Housing Act (race, sex, national origin, etc.), is permissible only if it is sufficiently related to an essential job function to warrant its use.

| SUBJECT | ACCEPTABLE | UNACCEPTABLE |
|---|---|---|
| Physical or Mental Disability | Statement by employer that offer may be made contingent on applicant passing a job-related physical examination.<br><br>"Can you perform (specific task)?" | Questions regarding applicant's general medical condition, state of health, or illness.<br><br>Questions regarding receipt of Workers' Compensation.<br><br>"Do you have any physical or mental disabilities or handicaps?" |
| Religion | Statement by employer of regular days, hours, or shifts to be worked. | Questions regarding applicant's religion.<br><br>Religious days observed or "Does your religion prevent you from working weekends or holidays?" |
| Arrests Criminal Record | Job-related questions about convictions, except those convictions which have been sealed, expunged, or statutorily eradicated. | Arrest record or "Have you ever been arrested?" |
| Military Service | Questions regarding relevant skills acquired during applicant's U.S. military service. | General questions regarding military service such as dates and type of discharge.<br><br>Questions regarding service in a foreign military. |
| Organizations, Activities | "Please list job-related organizations, clubs, professional societies, or other associations to which you belong - you may omit those which indicate your race, religious creed, color, disability, marital status, national origin, ancestry, sex, or age" | "List all organizations, clubs, societies, and lodges to which you belong." |
| References | "By whom were you referred for a position here?"<br><br>Names of persons willing to provide professional and/or character references for applicant. | Questions of applicant's former employers or acquaintances which elicit information specifying the applicant's race, color, religious creed, national origin, ancestry, physical or mental disability, medical condition, marital status, age, or sex. |
| Notice In Case of Emergency | Name and address of person to be notified in case of accident or emergency. | Name, address and relationship of relative to be notified in case of accident or emergency. |

NOTE: Any inquiry, even though neutral on its face, which has an adverse impact upon persons on a basis enumerated in the Fair Employment and Housing Act (race, sex, national origin, etc.), is permissible only if it is sufficiently related to an essential job function to warrant its use.

## PREVENTATIVE MAINTENANCE RECORD

Residence Name _____ _____ Year

Perform (or have performed) each task as close to the 15th of the month as possible. Initial and date the appropriate space when the task has been completed. If the task is not applicable, write "n/a" in the space.

| Tasks to be Completed Monthly | Performed by | Jan. | Feb. | Mar. | Apr. | May | Jun. | Jul. | Aug. | Sep. | Oct | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Life Safety** | | | | | | | | | | | | | |
| Check fire doors for proper closing | Mt. Director | | | | | | | | | | | | |
| Check exit alarms and call system | Mt. Director | | | | | | | | | | | | |
| Check MSDS books to verify MSDS sheets for all chemicals | Mt. Director | | | | | | | | | | | | |
| Fire extingishers-inspect and document on tags | Mt. Director | | | | | | | | | | | | |
| Drain condensation traps | Mt. Director | | | | | | | | | | | | |
| Test all flashlights | Mt. Director | | | | | | | | | | | | |
| Update emergency book as needed (e.g. vendor / staff phone numbers) | Mt. Director | | | | | | | | | | | | |
| Check first - aid kits and resupply if necessary | Mt. Director | | | | | | | | | | | | |
| **Main Kitchen** | | | | | | | | | | | | | |
| Dishwasher - check temperatures for water & rinse cycles; de-scale / de-lime | Mt. Director | | | | | | | | | | | | |
| Refrigerator/freezers/ice machine condenser cleaning | Mt. Director | | | | | | | | | | | | |
| **Mechanical Systems** | | | | | | | | | | | | | |
| Check & clean air filters in living units & common areas. Replace as needed | Mt. Director | | | | | | | | | | | | |
| Check blower motor & wheel. Clean and lubricate as needed | Mt. Director | | | | | | | | | | | | |
| Check outside coils for debris. Clean as necessary | Mt. Director | | | | | | | | | | | | |
| Verify water softner being maintained | Mt. Director | | | | | | | | | | | | |
| Elevator - Clean door track monthly | Mt. Director | | | | | | | | | | | | |
| Verify water temp. is 110-120° in units / <140° in kitchen | Mt. Director | | | | | | | | | | | | |
| **Equipment - General** | | | | | | | | | | | | | |
| Check condition of Community wheelchair | Mt. Director | | | | | | | | | | | | |
| Carpet extractor & vacuum cleaner - check cords, hoses, & belts | Mt. Director | | | | | | | | | | | | |
| Clean workspace and storage areas | Mt. Director | | | | | | | | | | | | |

| Tasks to be Completed Monthly | Preformed by | Jan. | Feb. | Mar. | Apr. | May | Jun. | Jul. | Aug. | Sep. | Oct | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Building Exterior** | | | | | | | | | | | | | |
| Wash down front entry. Remove cob webs around building | Mt. Director | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Wash down dumpster area | Mt. Director | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| **Landscaping** | | | | | | | | | | | | | |
| Check sprinklers for proper coverage & breakage | Mt. Director | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| **Roof and Attic Area** | | | | | | | | | | | | | |
| Attic heaters - check operation monthly during winter - change for summer | Mt. Director | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| **Interior Checklist - Common Area** | | | | | | | | | | | | | |
| Check operation of applicances. Repair if necessary | Mt. Director | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Whirlpool Bather - Clean screens and check for leaks | Mt. Director | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Check & add water to all floor drains (unless equipped with trap primers) | Mt. Director | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| **Back-up Generator** | | | | | | | | | | | | | |
| Check coolant level | Mt. Director | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Check fuel supply, primary and secondary (if required) | Mt. Director | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Inspect cooling hoses | Mt. Director | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Check engine heater | Mt. Director | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Check for fuel, oil, coolant leaks | Mt. Director | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Drain exhaust line | Mt. Director | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Check battery charger | Mt. Director | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| Tasks to be Completed Quarterly | Performed by | Jan. | Apr. | Jul. | Oct. | |
|---|---|---|---|---|---|---|
| **Main Kitchen** | | | | | | |
| Range/Ovens - clean burner hole | Mt. Director | | | | | |
| | | | | | | |
| Pump grease trap - as needed (will vary depending on size); at least quarterly | Outside Vendor | | | | | |
| | | | | | | |
| Check vinyl floor seams, repair as needed | Mt. Director | | | | | |
| | | | | | | |
| **Mechanical Systems** | | | | | | |
| Clean screen in mixing valves in hot water system (if installed) and remove sediments | Mt. Director | | | | | |
| | | | | | | |
| Check sewer lift stations (if installed) - use degreaser on float quarterly | Mt. Director | | | | | |
| | | | | | | |
| Check central exhaust systems (operations & filters) | Mt. Director | | | | | |
| | | | | | | |
| Clean all HVAC diffusers and return air grilles | Mt. Director | | | | | |
| | | | | | | |
| **Equipment - General** | | | | | | |
| Train staff on carpet machine (as needed) | Mt. Director | | | | | |
| | | | | | | |
| Washing machines - check water valves and hose connections | Mt. Director | | | | | |
| | | | | | | |
| Dryers - clean dryer cabinet interior and vent exaust system | Mt. Director | | | | | |
| | | | | | | |
| **Building Exterior** | | | | | | |
| Check weather stripping & door alignment. Repair if needed. | Mt. Director | | | | | |
| | | | | | | |
| **Building Interior - resident Apartments** | | | | | | |
| Check all sinks, toilets and showers for water leaks | Mt. Director | | | | | |
| | | | | | | |
| Check bathroom vinyl floors by shower lip. Clean and caulk if needed | Mt. Director | | | | | |

| Tasks to be Completed Semi - Annually | Performed by | Feb. | Jul. |
|---|---|---|---|
| **Life Safety** | | | |
| Check kitchen hood fire suppression system | Outside Vendor | | |
| | | | |
| **Main Kitchen** | | | |
| Range hood fan - Inspect and (if necessary) replace the belt | Mt. Director | | |
| | | | |
| **Mechancial Systems** | | | |
| Elevator Inspection | Outside Vendor | | |
| | | | |
| Flush hot water tanks | Mt. Director | | |
| | | | |
| Drain air tank for dry sprinkler system | Mt. Director | | |
| | | | |
| **Building Exterior** | | | |
| Clean exterior of windows | Mt. Director | | |
| | | | |
| Wash down main sign | Mt. Director | | |
| | | | |
| Check windows to assure proper operation & no leaks | Mt. Director | | |
| | | | |
| **Landscaping** | | | |
| Insure that sprinklers have been winterized in fall & activated in spring | Mt. Director | | |
| | | | |
| Verify that dirt and bark are at least 4 inches below siding | Mt. Director | | |
| | | | |
| Fertilize lawn and plants | Outside Vendor | | |
| | | | |
| **Roof and Attic Area** | | | |
| Clean gutters | Mt. Director | | |
| | | | |
| Remove debris from drains & make sure screens or covers are in place | Mt. Director | | |
| | | | |
| Inspect roof for cracks & potential leaks | Mt. Director | | |
| | | | |
| Inspect attic for water leakage, blocked ventilation | Mt. Director | | |
| | | | |
| Make sure roofing, flashing, & gutters are in good condition (clean if needed) | Mt. Director | | |
| | | | |
| Make sure attic insulation is covering all pipes properly | Mt. Director | | |
| | | | |
| **Building Interior** | | | |
| Clean all common area carpet | Mt. Director | | |
| | | | |
| Test back-flow preventors as required by code | Mt. Director | | |

| Tasks to be Completed Annually | Performed by | Jun. |
|---|---|---|
| **Life Safety** | | |
| Fire alarm inspection - (checking and cleaning smoke dectectors) | Outside Vendor | |
| | | |
| Clean kitchen hood fire suppression system | Outside Vendor | |
| | | |
| Fire extinguishers inspection | Outside Vendor | |
| | | |
| Fire sprinklers - dry. Trip test | Mt. Director | |
| | | |
| Check back flow preventors for proper operation | Outside Vendor | |
| | | |
| **Main Kitchen** | | |
| Range hood - steam clean | Outside Vendor | |
| | | |
| Gas pressure test (if required) | Outside Vendor | |
| | | |
| **Building Exterior** | | |
| Wash down entire building | Mt. Director | |
| | | |
| **Back-up Generator** | | |
| Test antifreeze, change oil & filter, change fuel filter, change air cleaner | Outside Vendor | |
| | | |
| Tune-up engine if necessary | Outside Vendor | |
| | | |
| **Building - Winterization** | | **Nov.** |
| Clean gutters | Mt. Director | |
| | | |
| Set thermostat in vacant resident units to 65° / open closet doors and under sink cabinets | Mt. Director | |
| | | |
| Drain fire sprinkler drum valves | Mt. Director | |
| | | |
| Cover foundation vents (if applicable) | Mt. Director | |
| | | |
| Instruct staff on how to shut-off main water valve | Mt. Director | |
| | | |

**RELEASE AUTHORIZATION**

Resident Name_____ Apt. #_____ Date _____

I, _____, authorize Residence staff to (initial in the blank of each statement that applies):

_____ Provide written and/or verbal information about the above named resident's service needs, health status, etc., to those individual(s) or organizations designated below:

_____ Accept the following individual's signatures in place of the above-named resident's signature on his/her Service Plans if unable to sign on his/her own behalf:

Name: _____ Relationship to resident _____
Name: _____ Relationship to resident _____
Name: _____ Relationship to resident _____

_____ Release necessary health-related information to health care providers who are or will be rendering services to the above-named resident.

Take photographs of the above-named resident to be used for the following purposes (initial each item for which authorization is given):

_____ Resident identification within the Residence and with emergency service personnel if needed
_____ Scrap books / Newsletters
_____ As part of press releases to news media to promote awareness of the Residence and its programs
_____ In print advertisements (i.e. newspapers, direct mail, and other media formats)

_____ Receive and/or store equipment, supplies, medications and/or mail on behalf of the above-named resident (note any exceptions desired)

_____ Enter the apartment of the above-named resident in his/her absence to perform services included on his/her Service Plan or in the case of an emergency (note any exceptions desired)

Resident/Responsible Party _____ Date _____

Residence Representative _____ Date _____

**ADDENDUM TO THE**
**RESIDENT AGREEMENT**
**(FOR PETS)**

This agreement dated _____ between _____ (Resident) and _____ (Residence) is an amendment to the Resident Agreement referenced _____ (date).

This agreement shall govern the keeping of pets by residents at the Residence. The purpose of the agreement is to allow residents to benefit from the pleasure of pet ownership, while ensuring that pet ownership does not infringe on the rights of all residents to live in a clean, quiet and safe environment.

Common household pets (including dogs, cats, fish, birds, guinea pigs, and hamsters) may reside in the Residence, upon approval of Residence management and providing that the Resident abides by the provisions noted below.

1. The Resident shall agree to not keep no more than the following pet(s) in his/her apartment:

   Name of Pet(s) _____
   Type of Pet(s) _____
   License # _____

2. Upon removal or death of the above noted pet(s), no additional pet may be brought into the Residence without the completion of a new pet agreement.

3. All pets residing in the Residence must be licensed as required by local animal licensing laws, and must have met the requirements for inoculation associated with the license. If a license is required as per local licensing laws, the pet's license number must be noted under #1 above.

4. A refundable pet deposit of $_____ is required before a pet may be brought into the Residence. This deposit is not applicable for service animals such as seeing-eye dogs. The pet deposit shall be refunded to the Resident upon termination of the Resident Agreement, unless pet-related damage has occurred to the Resident's apartment. Any funds in excess of the amount of the pet deposit necessary to repair pet-related damage and/or to dispose of the pet shall be charged to the Resident.

5. All Resident pets must reside in the Resident's apartment. Pets shall be allowed in the common areas of the Residence only when under the control of the owner or handler. No pet shall be allowed to be loose on the Residence grounds or in the area surrounding the Residence. Resident pets shall not be allowed in the dining room at any time.

6. Arrangements for the care of a Resident pet shall be documented on the Resident's Service Plan. The plan should indicate who will provide the following tasks on a regular basis:

   - Purchasing food and other needed pet supplies
   - Feeding, grooming and cleaning up after the pet
   - Providing for toileting (e.g. emptying the litter box, taking the pet outside at regular times, picking up/disposing of the pet's waste, etc.)
   - Arranging for/providing access to needed veterinary services
   - Exercising the pet as appropriate

   Staff may assist the Resident with these tasks as needed and as documented on the Resident's Service Plan.

7. Pets must not be allowed to toilet on the floor (all dogs shall be toileted in an outside area). Litter from litter boxes or cages must be disposed of in a sealed plastic bag and placed promptly in a trash container. Pet waste and/or litter may not be disposed of in toilets.

8. Pets shall be fed only in the Resident's apartment.

9. The Residence reserves the right to report any suspected animal neglect or abuse to the Resident's family members (as appropriate) and to animal control authorities.

10. The Residence has the right to conduct an inspection of the Resident's apartment to ensure compliance of this agreement. The Resident shall be notified prior to any inspection, except in cases where animal abuse and/or neglect is suspected.

11. Pets shall not be allowed to interfere with an enjoyable living environment for all residents by barking, howling, biting, scratching, and/or whining. Resident pets shall pose no risk no other residents, staff or visitors.

12. The Resident shall agree to comply with all municipal, city and/or county codes regarding pet ownership.

13. The Resident shall be responsible for the treatment of any pet parasites associated with his/her pet.

14. If the Residence determines that the conduct or condition of the Resident's pet constitutes a nuisance or a threat to the health and safety of other residents, staff, and/or other individuals, the Resident shall be responsible for permanently removing the pet from the premises.

15. The Resident's pet must be free from diseases including leukemia, heartworm, hepatitis, leptos psorisos, parvo, worms, fleas, ticks, ear mites, and skin disorders, and must be current at all times with rabies and distemper vaccinations. The Resident

shall provide copies of all pet health records to the Residence, as required by regulation.

16. The Resident shall hold the Residence harmless from and against any and all claims, actions, suits, judgments, and/or demands brought by any other party on account of or in connection with any activity of or damage caused by his/her pet.

By signing below I acknowledge that I have read and understand this Agreement, agree to abide by the terms contained herein, and acknowledge receiving a copy of said agreement.

| | |
|---|---|
| _____ | _____ |
| Resident | Date |
| _____ | _____ |
| Responsible Party (if different from Resident) | Date |
| _____ | _____ |
| Residence Representative | Date |

# RESIDENT ACTIVITIES AND INTERESTS

Resident Name_____ Date_____

Check the appropriate blank to indicate those activities or interests you either have done in the past, currently do, and/or haven't done but would be interested in trying.

| | Have done in In the past | Currently do | Haven't done; am interested in |
|---|---|---|---|
| **Physical Activities**: | | | |
| Walking | _____ | _____ | _____ |
| Swimming | _____ | _____ | _____ |
| Bike riding | _____ | _____ | _____ |
| Golf | _____ | _____ | _____ |
| Fishing | _____ | _____ | _____ |
| Strength training | _____ | _____ | _____ |
| Dancing | _____ | _____ | _____ |
| Bowling | _____ | _____ | _____ |
| Croquet | _____ | _____ | _____ |
| Yoga | _____ | _____ | _____ |
| Tai Chi | _____ | _____ | _____ |
| Other_____ | _____ | _____ | _____ |
| **Games:** | | | |
| Bingo | _____ | _____ | _____ |
| Pinochle | _____ | _____ | _____ |
| Chess | _____ | _____ | _____ |
| Rummy | _____ | _____ | _____ |
| Scrabble | _____ | _____ | _____ |
| Bridge | _____ | _____ | _____ |
| Pool | _____ | _____ | _____ |
| Puzzles | _____ | _____ | _____ |
| Other:_____ | _____ | _____ | _____ |

| | Have done in In the past | Currently do | Haven't done; am interested in |
|---|---|---|---|
| **Crafts:** | | | |
| Sewing | _____ | _____ | _____ |
| Embroidery | _____ | _____ | _____ |
| Knitting | _____ | _____ | _____ |
| Crochet | _____ | _____ | _____ |
| Needlepoint | _____ | _____ | _____ |
| Quilting | _____ | _____ | _____ |
| Weaving | _____ | _____ | _____ |
| Basketry | _____ | _____ | _____ |
| Other_____ | _____ | _____ | _____ |
| **Art:** | | | |
| Painting | _____ | _____ | _____ |
| Calligraphy | _____ | _____ | _____ |
| Drawing | _____ | _____ | _____ |
| Ceramics | _____ | _____ | _____ |
| Pottery | _____ | _____ | _____ |
| Sculpting | _____ | _____ | _____ |
| Woodworking | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ |
| **Spiritual**: | | | |
| Church sevices | _____ | _____ | _____ |
| Bible studies | _____ | _____ | _____ |
| Hymn sings | _____ | _____ | _____ |
| Other:_____ | _____ | _____ | _____ |

| | Have done in In the past | Currently do | Haven't done; am interested in |
|---|---|---|---|
| **Intellectual:** | | | |
| Reading | _____ | _____ | _____ |
| Book review groups | _____ | _____ | _____ |
| Poetry | _____ | _____ | _____ |
| Writing | _____ | _____ | _____ |
| Language classes | _____ | _____ | _____ |
| Computers | _____ | _____ | _____ |
| Genealogy | _____ | _____ | _____ |
| Current events | _____ | _____ | _____ |
| Cross word puzzles | _____ | _____ | _____ |
| Museums | _____ | _____ | _____ |
| Other: _____ | _____ | _____ | _____ |

| | | | |
|---|---|---|---|
| **Sporting Events**: | | | |
| Basketball | _____ | _____ | _____ |
| Baseball | _____ | _____ | _____ |
| Football | _____ | _____ | _____ |
| Soccer | _____ | _____ | _____ |
| Tennis | _____ | _____ | _____ |
| Golf | _____ | _____ | _____ |
| Other:_____ | _____ | _____ | _____ |

| | Have done in In the past | Currently do | Haven't done; am interested in |
|---|---|---|---|
| **Social/Cultural**: | | | |
| Movies | _____ | _____ | _____ |
| Live theater | _____ | _____ | _____ |
| Opera | _____ | _____ | _____ |
| Symphony | _____ | _____ | _____ |
| Concerts | _____ | _____ | _____ |
| Musical instrument (type: _____) | _____ | _____ | _____ |
| Listening to music (type: _____) | _____ | _____ | _____ |
| Travel | _____ | _____ | _____ |
| Parties | _____ | _____ | _____ |
| Other:_____ | _____ | _____ | _____ |

| | | | |
|---|---|---|---|
| **Other:** | | | |
| Cooking/baking | _____ | _____ | _____ |
| Gardening | _____ | _____ | _____ |
| Pets | _____ | _____ | _____ |
| Collections (stamps, coins, etc.) | _____ | _____ | _____ |
| Volunteer activities (specify): | _____ | _____ | _____ |

_____

_____

| | | | |
|---|---|---|---|
| Occupation-related activities (specify): | _____ | _____ | _____ |

_____

_____

# RESIDENT INFORMATION

Name: _____ Move-In Date: _____
Previous Address: _____
Moved From: _____
Birthdate: _____ Birthplace: _____
Age_____ Sex _____ Marital Status _____S _____M _____W _____D
Religion: _____ Clergyman/Pastor (if any) _____
Church Name/Address: _____

**Person to Notify in the Event of an Emergency:**

Name: _____ Relationship: _____
Address: _____ Home Phone: _____
City/State/Zip: _____ Work Phone: _____

**Primary Physician** _____ Phone #: _____
Address: _____ Fax #: _____
_____

Dentist: _____ Phone #: _____
Address: _____ Fax #: _____
_____

Opthamologist/Optometrist: _____ Phone #: _____
Address: _____ Fax #: _____
_____

Preferred Hospital: _____ Phone #: _____
Pharmacy: _____ Phone #: _____
Funeral Home: _____ Phone #: _____

**Person Responsible for Financial Matters**: _____ Self _____Other

If other: Name: _____ Relationship: _____
Address: _____ Home Phone: _____
City/State/Zip: _____ Work Phone: _____

Guardian/Conservator: _____ Phone #: _____
Power of Attorney: _____ Phone #: _____

**Insurance Information:**
Social Security #: _____ Medicare #: _____
Insurance Coverage: _____ Policy #: _____
Ins. Co. Phone #: _____ Medicaid #: _____

**DNR Status:** _____ DNR Order on File _____ No DNR Order

# RESIDENT SERVICE NOTES

RESIDENT NAME: UNIT #:

| DATE & TIME | NOTES | SIGNATURE |
|---|---|---|
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Sample Vermont Assisted Living Residence
Resident Service Notes

# RESIDENT SERVICE PLAN

The Resident Service Plan is the result of a collaborative effort by the Resident, family member (when appropriate), and staff to define the services to be provided for the Resident with consideration for the Resident's preferences and desire of how the service are received.

| BACKGROUND INFORMATION / HEALTH HISTORY | | |
|---|---|---|
| | | |
| **HEALTH-RELATED MONITORING / TASKS** | | |
| Tasks to be performed by staff / Desired outcome: | Tasks to be performed by others: | Resident preferences/additional info.: |
| **DRESSING / UNDRESSING** | | |
| Tasks to be performed by staff / Desired outcome: | Tasks to be performed by others: | Resident preferences/additional info.: |
| **GROOMING / HYGIENE** | | |
| Tasks to be performed by staff / Desired outcome: | Tasks to be performed by others: | Resident preferences/additional info.: |
| **BATHING** | | |
| Tasks to be performed by staff / Desired outcome: | Tasks to be performed by others: | Resident preferences/additional info.: |
| **BLADDER AND BOWEL MANAGEMENT** | | |
| Tasks to be performed by staff / Desired outcome: | Tasks to be performed by others: | Resident preferences/additional info.: |

# RESIDENT SERVICE PLAN

| | | |
|---|---|---|
| **BATHING** | | |
| Tasks to be performed by staff / Desired outcome: | Tasks to be performed by others: | Resident preferences/additional info.: |
| **AMBULATION** | | |
| Tasks to be performed by staff / Desired outcome: | Tasks to be performed by others: | Resident preferences/additional info.: |
| **DIETARY** | | |
| Tasks to be performed by staff / Desired outcome: | Tasks to be performed by others: | Resident preferences/additional info.: |
| **ORIENTATION / DECISION-MAKING** | | |
| Tasks to be performed by staff / Desired outcome: | Tasks to be performed by others: | Resident preferences/additional info.: |
| **WANDERING / BEHAVIOR MANAGEMENT** | | |
| Tasks to be performed by staff / Desired outcome: | Tasks to be performed by others: | Resident preferences/additional info.: |
| **COUNSELING / FAMILY PARTICIPATION** | | |
| Tasks to be performed by staff / Desired outcome: | Tasks to be performed by others: | Resident preferences/additional info.: |

# RESIDENT SERVICE PLAN

| HOUSEKEEPING / LAUNDRY | | |
|---|---|---|
| Tasks to be performed by staff / Desired outcome: | Tasks to be performed by others: | Resident preferences/additional info.: |
| **SOCIALIZATION** | | |
| Tasks to be performed by staff / Desired outcome: | Tasks to be performed by others: | Resident preferences/additional info.: |
| **TRANSPORTATION** | | |
| Tasks to be performed by staff / Desired outcome: | Tasks to be performed by others: | Resident preferences/additional info.: |
| **OTHER** | | |
| Tasks to be performed by staff / Desired outcome: | Tasks to be performed by others: | Resident preferences/additional info.: |

Please sign below to verify that the Resident Service Plan was reviewed and agreed upon.

Resident Signature _____ Date _____

Family Member / Responsible Party Signature _____ Date _____

Case Worker / Representative _____ Date _____

# RESIDENT SERVICES SCHEDULE

Resident Name: _____ Move-In Date:_____

**MEAL TIMES:**

| | |
|---|---|
| Breakfast | 8:00 - 9:00 a.m. |
| Lunch | 12:00 - 1:00 p.m. |
| Dinner | 5:00 - 6:00 p.m. |

**HOUSEKEEPING:**

Regular cleaning of your apartment will be provided _____.

**LAUNDRY:**

Laundry will be picked up on your cleaning day and returned to you within 24 hours.

**SHOWER ASSISTANCE:**

Assistance with showers and/or the whirlpool bather will be provided every _____ _____at approximately_____ pm / am.

**OTHER:** _____

_____

_____

_____

Staff Signature: _____ Date: _____

**SAFETY COMMITTEE INSPECTION**
**PHYSICAL PLANT ASSESSMENT**

Residence Name _____ Date _____

Inspection Conducted by_____

_____

**OSHA Compliance**

Are the following items on hand to comply with OSHA regulations?

_____ All Federal and State Employee's Rights posters, located in a prominent place, and filled in with correct emergency and advisory information.

_____ First aid kits, with correct supplies, inspected periodically and replenished as necessary.

_____ All exits marked with exit signs. All non-exits marked with "Not An Exit" signs or the room contents identified (i.e. "Store Room, Restroom, etc).

_____ A Chemical Spill Kit, including absorbent, nitrile gloves, broom, bucket or other waste container, respirator if necessary, boots and safety goggles.

_____ An emergency eye wash station, with sign posted identifying location, (staff must be trained on proper usage, and the eyewash station must be inspected monthly to insure proper functioning).

_____ Personal Protective Equipment (gloves, aprons, masks, etc.).

_____ Sharps disposal container(s).

.

_____ Appropriately labeled waste containers (for biohazard waste disposal).

_____ Labels (Chemical and Biohazard) to meet labeling requirements.

_____ Emergency telephone numbers list.

_____ Site plan of facility, with evacuation routes marked, posted in prominent location(s).

_____ MSDS's (Material Safety Data Sheets) on site for any hazardous materials.

_____ Inventory of Hazardous Chemicals on site, updated periodically.

**OSHA Compliance Cont.**

_____ Appropriate protective measures taken in storage areas: toe boarding on open shelving, overhead stored items restrained, secured cabinets for storage of hazardous materials, etc.

Recommendations _____

_____

_____

**Resident Apartments**

_____ Is the floor clear of trip and fall hazards (no electrical cords across the floor, no wet spills or debris on floor, equipment not blocking doorway)?

_____ Is electrical wiring in good repair (cords free from wear, no fraying noted)?

_____ Are electrical outlets used appropriately (no adapter plugs and extension cords used)?

_____ Are heating and air conditioning units free of excessive dust/dirt or debris on top of the unit?

_____ Is the apartment free of portable heaters?

_____ Are warning signs posted where $O_2$ is in use?

_____ Are oxygen cylinders stored away from heating units?

_____ Are oxygen cylinders caps on when not in use?

_____ Are all apartment call lights functioning properly?

_____ Are water temperatures appropriate (no higher than 120 degrees)?

Recommendations: _____

_____

_____

**Housekeeping / Laundry Rooms:**

_____ Are all housekeeping and laundry rooms kept locked when unattended?

_____ Are cleaning chemicals labeled with the identification of the chemicals contained, the hazards associated with the chemicals, necessary personal protective equipment, or safe work practices and the name and address of the manufacturer?

**Housekeeping / Laundry Rooms Cont.:**

_____ Are cleaning chemicals stored in closed or capped bottles/containers?

_____ Is there an 18" clearance to water sprinklers on ceilings?

_____ Are gloves, safety goggles, masks, and aprons accessible and provided when needed?

_____ Are electrical outlets, switches, cords, plugs, etc. in good condition?

_____ Is the lint cleaned off of the backs of dryers and ducts?

_____ Are chemicals stored in a locked area?

_____ Are all items stored in an organized and safe manner?

_____ Is step stool available to reach high storage places?

_____ Is floor clear of slip/trip and fall hazards (no electrical cords across floor, no wet spills or debris on floor, equipment not blocking doorway)?

_____ Are MSDS available for all chemicals used?

Recommendations: _____

_____

_____

**Maintenance**

_____ Is the maintenance room kept locked when unattended?

_____ Is there an 18" clearance to sprinklers on ceilings?

_____ Are gloves, safety goggles, masks, aprons accessible and provided when necessary?

_____ Are electrical outlets, switches, cords, plugs, etc. in good condition?

_____ Are all items stored in an organized and safe manner?

_____ Is a step stool available to reach high storage places?

_____ Are combustibles stored away from heat producing equipment?

_____ Are solvent soaked rags stored away from heat producing equipment?

**Maintenance Cont.**

_____ Are power tools properly capped and shielded?

_____ Are all ladders maintained in good condition, joints between steps and inside rails tight, all hardware and fittings securely attached, and all movable parts operating freely without binding or undue play?

_____ Are non-slip safety feet provided on each ladder including metal or run ladders?

_____ Are ladder rungs and steps free of grease and oil?

_____ Is the floor clear of trip and fall hazards (no electrical cords across floor, no wet spills or debris on floor, equipment not blocking doorway)?

_____ Are all tools and equipment (both company and employee owned) in good working condition?

_____ Are all flammable materials such as oil-based paints, paint thinner, stains, glues, and/or varnishes stored in a non-flammable storage locker?

_____ Are non-flammable storage lockers stored in locations away from any furnace, water heater and open flame?

_____ Are storage lockers stored in a manner that will not obstruct any entrance or exit or block any access panel in the selected storage area?

_____ Are storage lockers stored in an enclosed room (not in an open area or hall)?

Recommendations:_____

_____

_____

**Kitchen**

_____ Is there an 18" clearance to water sprinklers on ceilings?

_____ Are gloves, safety goggles, masks, aprons accessible and provided when needed?

_____ Are electrical outlets, switches, cords, plugs, etc. in good condition?

_____ Is a step stool available to reach high storage places?

_____ Is the floor clear of trip and fall hazards? (no electrical cords across the floor, no wet spills or debris on the floor, equipment not blocking doorways)?

**Kitchen Cont.**

_____ Are floors mats placed where needed?

_____ Are appliances in good working condition – (including switches, seals and parts)?

_____ Are filters and ducts above the stove clean?

_____ Is the dry storage room organized safely with heavy items at waist level or lower?

_____ Are water temperatures appropriate (must read no higher than 120 degrees)?

_____ Are knives stored safely in a safety case or rack?

_____ Are adequate soap and paper towels easily accessible for handwashing?

_____ Do all drains function properly?

_____ Is the floor in all walk in freezers and refrigerators safe (not slippery or icy)?

_____ Are proper tools available for opening boxes and cartons?

_____ Do aluminum foil and saran wrap dispensers have safety shields?

_____ Are potholders, towels, mitts available for handling hot items?

_____ Are gauges and relief valves functioning on pressure cooker equipment?

_____ Is an insect and rodent control program in place, with no sign of insects/rodents?

_____ Are garbage containers kept covered and in good condition?

_____ Is the safety hood maintained over the slicer when not in use?

Recommendations: _____

_____

_____

**Common Areas**

_____ Are all floors clear of trip and fall hazards (no electrical cords across the floor, no wet spills or debris on the floor, equipment not blocking doorways?

_____ Is electrical wiring in good repair (cords free from wear, no fraying noted)?

**Common Areas Cont.**

_____ Are electrical circuits used appropriately (no adapter plugs and extension cords in use)?

_____ Is all furniture in good condition?

_____ Are doorways clear of obstructions?

_____ Do all fire doors close properly (fire doors cannot be propped open)?

_____ Is there a three foot access to fire panels and sprinkler controls?

_____ Are furnace or broiler rooms free from combustibles?

_____ Are screens, doors and windows in good repair?

_____ Is the area adequately lit?

_____ Is the area adequately ventilated?

_____ Are all faucets and toilets working properly?

_____ Are illuminated exit signs operational?

_____ Are all restrooms kept clean and sanitary?

_____ Are aisles and passageways kept clear and are they at least 22 inches wide?

_____ Are wet surfaces covered with non-slip materials?

_____ Are openings or holes in floors or other treating surfaces repaired or otherwise made safe?

Recommendations:_____

_____

_____

**General Work Environment:**

_____ Are all work sites clean and orderly?

_____ Are work surfaces kept dry and are appropriate means taken to assure the surfaces are slip-resistant?

_____ Are spilled materials or liquids cleaned up immediately?

**General Work Environment Cont.:**

_____ Is combustible scrap, debris, and waste stored safely and removed from the work site promptly?

_____ Are all work areas adequately lighted?

_____ Is the ventilation in all work areas appropriate to the work being performed?

_____ Where heat is a problem, has a fixed work area been provided with an appropriate means of cooling?

Recommendations:_____
_____
_____
_____

**Exit Doors and Exits or Egresses:**

_____ Are exit doors able to open from the direction of exit travel without the use of a key or any special knowledge or effort?

_____ Is a revolving, sliding or overhead door prohibited from serving as a required exit door?

_____ Are all exits marked with exit signs and illuminated by reliable light sources?

_____ Are the directions to exits, if not immediately apparent, marked with visible signs?

_____ Are exit signs provided with the word "Exit" in a lettering at least 5 inches high and the stroke of the lettering at least 1/2 wide?

_____ Are exit doors side-hinged?

_____ Are all exits kept free of obstructions?

Recommendations:_____
_____
_____

**Fire Protection:**

_____ Are fire doors and shutters unobstructed and protected against obstructions, including their counterweight?

**Fire Protection Cont.:**

_____ Are fire doors and shutters in good operating condition? Do the fire doors and shutters have fusible links in place?

_____ Are sprinkler heads protected by metal guards when exposed to physical damage?

_____ Is the proper clearance of 16" - 18" maintained below sprinkler heads?

_____ All portable fire extinguishers provided in adequate numbers and types?

_____ Are fire extinguishers mounted in readily accessible locations so that employees do not have to travel more than 75 feet for a Class A fire or 50 feet for a Class B fire?

_____ Are all fire extinguishers fully charged in their designated places?

_____ Are extinguishers free from obstruction or blockage?

_____ Have all fire extinguishers been inspected annually and checked/initialed monthly?

Recommendations:_____

_____

_____

**Electrical Safety:**

_____ Are electrical appliances such as vacuum cleaners, polishers, and vending machines grounded?

_____ Do extension cords have a grounding conductor? Are multiple plug adapters prohibited?

_____ Is exposed wiring and cords with frayed or deteriorated insulation repaired or replaced promptly?

_____ Are all disconnecting switches and circuit breakers labeled to indicate their use or equipment served?

_____ Are electrical enclosures such as switches, receptacles, and junction boxes provided with tight-fitting covers and plates?

Recommendations:_____

_____

_____

**Hazard Communication:**

_____ Are flammable or toxic chemicals kept in closed containers when not in use?

_____ Is an MSDS readily available for each hazardous substance used?

Recommendations:_____

_____

_____

**Material Handling:**

_____ Are materials stored in a manner to prevent sprain or strain injuries to employees when retrieving the materials?

_____ Is there safe clearance for equipment through aisles and doorways?

_____ Are aisle ways permanently marked and kept clear to allow safe passage?

_____ Are materials handled at a uniform level to prevent lifting or twisting injuries?

Recommendations: _____

_____

_____

**SAFETY COMMITTEE INSPECTION**
**PROGRAM ASSESSMENT**

Residence Name _____ Date _____

Inspection Conducted by_____

_____

**Employer Posting**

_____ Are OSHA posters displayed in a prominent location where all employees are likely to see them?

_____ Where employees may be exposed to any toxic substances or harmful agents, has appropriate information concerning employees access to medical and exposure records and Material Safety Data Sheets been posted or otherwise made readily available to affected employees?

Recommendations:_____

_____

_____

**Recordkeeping**

_____ Are all occupational injuries & illnesses, except minor injuries requiring only first aid, being recorded as required by OSHA?

_____ Are copies of OSHA Forms and First Report of Injury Forms kept for five years?

_____ Are employee medical records and records of employee exposures to hazardous substances or harmful physical agents current?

_____ Have arrangements been made to maintain required records for the legal period of time for each specific type of record? (Some records must be maintained for at least 40 years.)

_____ Are employee safety and health training records maintained?

**Recordkeeping Cont.**

_____ Is documentation of safety inspections and corrections maintained?

_____ Are safety committee meeting minutes maintained for three years?

Recommendations: _____

_____

_____

**Illness & Prevention Program**

_____ Do you have a written Injury and Illness Prevention Program?

_____ Does a responsible person have authority for overall activities of the injury and illness prevention program?

_____ Do you have a system for identifying and evaluating your workplace hazards?

_____ Do you systematically correct these hazards in a timely manner?

_____ Do you provide training in both general and specific safe work practices?

_____ Do you encourage employee participation in health and safety matters?

_____ Do you maintain an ongoing safety training program?

_____ Do you have a system to recognize employees' safe and healthful work practices?

_____ Are supervisors and workers held accountable for unsafe safety and health practices?

_____ Do you have a system for communicating safety and health concerns to employees?

Recommendations:_____

_____

_____

**Fire Protection**

_____ Do you have a fire prevention plan?

_____ Does your plan describe the type of fire protection equipment and/or systems?

_____ Have you established practices and procedures to control potential fire hazards and ignition sources?

_____ Are employees aware of the fire hazards of the materials and processes to which they are exposed?

_____ Is your local fire department well acquainted with your facilities, location, and specific hazards?

_____ Is your fire alarm system tested at least annually?

_____ Are automatic sprinkler system water control valves, air and water pressures checked weekly or periodically as required?

**Fire Protection Cont.**

_____ Is the maintenance of automatic sprinklers systems assigned to a responsible person or a sprinkler contractor?

_____ Are fire extinguishers recharged regularly and then noted on the inspection tag?

_____ Are employees periodically instructed in the use of fire extinguishers and fire procedures?

Recommendations: _____

_____

_____

**General Work Environment**

_____ Is accumulated combustible dust routinely removed from elevated surfaces, including the overhead structure of buildings?

_____ Are all oil and gas fired devices equipped with flame failure controls that will prevent the flow of fuel if pilots or main burners are not working?

Recommendations: _____

_____

_____

**Environmental Controls**

_____ Are employees instructed in proper first aid and other emergency procedures?

_____ Are employees instructed in the proper manner of lifting heavy objects?

Recommendations: _____

_____

_____

**Flammable & Combustible**

_____ Are employees trained in the use of fire extinguishers?

_____ Are all fire extinguishers serviced, maintained, and tagged at intervals not to exceed one year? Is a record maintained of required monthly checks of extinguishers?

Recommendations: _____

_____

_____

**Portable Ladders**

_____ Are employees instructed to face the ladder when ascending / descending?

_____ Are employees prohibited from using ladders that are broken, missing steps, rungs or cleats, broken side rails or other faulty equipment?

_____ Are employees instructed not to use the top step of ordinary stepladders as a step?

Recommendations:_____

_____

_____

**Hazard Communication**

_____ Have you compiled a list of hazardous substances that are used your workplace?

_____ Do you have a written hazard communication program dealing with Material Safety Data Sheets (MSDS), labeling, employee training?

_____ Do you have a primary person responsible for MSDS's, container labeling, employee training?

_____ Do you have a process for informing other employers whose employees share the same such work area where hazardous substances are used?

_____ Do you have an employee training program for hazardous substances?

Recommendations:_____

_____

_____

***Does Hazard Communication training include:***

_____ An explanation of what an MSDS is, and how to obtain one?

_____ An explanation of "the right to know"?

_____ The contents of the MSDS for each hazardous substance or class of substances?

_____ Informing the employees where they can review the employer's written hazard communication program and where hazardous substances located in work areas?

_____ Hazard communication program details including labeling system and MSDS use?

_____ Explaining the physical and health hazards of substances in the work area, and how to detect their presence, and specific protective measures to be used?

***Does Hazard Communication training include cont.:***

Recommendations:_____
_____
_____

**Hazardous Chemical Exposures**

_____ Are employees trained in the safe handling of hazardous chemicals such as acids, caustics and the like?

_____ Are employees aware of the potential hazards involving various chemicals stored or used in the workplace, such as acids, bases, caustics, epoxies, phenols?

_____ Is vacuuming used rather than blowing or sweeping dusts whenever possible for cleanups?

_____ Are you familiar with the Threshold Limit Value (TLV) or Permissible Exposure Limit (PEL) of airborne contaminants and physical agents used in your workplace?

Recommendations:_____
_____
_____

**Electrical Safety**

_____ Is the location of electrical power lines and cables (overhead, underground, underfloor, other side of walls) determined before digging, drilling or similar work is stated?

_____ Is the use of metal ladders prohibited in areas where the ladder or the person using the ladder could come into contact with energized parts of equipment, fixtures or circuit conductors?

Recommendations:_____
_____
_____

**Material Handling**

_____ Are materials-handling aids used to lift or transfer heavy or awkward objects?

Recommendations:_____
_____
_____

**Infection Control**

_____ Have occasions of potential occupational exposure been identified and documented?

_____ Has a training and information program been provided for employees exposed to or potentially exposed to blood and/or body fluids?

_____ Have infection control procedures been instituted where appropriate, such as ventilation, universal precautions, workplace practices, and personal protective equipment?

_____ Are employees aware of specific workplace practices to follow when appropriate (e.g. hand washing, handling sharp instruments, handling and of laundry, disposal of contaminated materials, reusable equipment)?

_____ Is personal protective equipment provided to employees, and in all appropriate locations?

_____ Is the necessary equipment (mouthpieces, resuscitation bags, ventilation devices) provided for administering mouth-to mouth resuscitation on potentially infected patients?

_____ Are facilities / equipment available to comply with workplace practices, such as hand washing sinks, biohazard tags and labels, sharps containers, detergents / disinfectants to clean up spills?

_____ Are equipment, environmental, and working surfaces cleaned and disinfected after contact with blood and/or potentially infectious materials?

_____ Is infectious waste placed in closeable, leak-proof containers, bags or puncture-resistant holders with proper labels?

_____ Has medical surveillance including HBV evaluation, antibody testing, and vaccination been made available to potentially exposed employees?

Recommendations:_____

_____

***Is training available on:***

_____ Universal precautions?

_____ Personal protective equipment?

_____ Workplace practices which should include room cleaning, laundry handling, and cleanup of blood spills?

_____ Needle stick exposure?

_____ Hepatitis B vaccination?

Recommendations:_____

_____

**Emergency Action Plan**

_____ Do you have an emergency action plan?

_____ Have emergency escape procedures and routes been developed and communicated to all employees?

_____ Are alarm systems properly maintained and tested regularly?

_____ Is the emergency action plan reviewed and revised periodically?

***Do Employees Know Their Responsibilities:***

_____ For reporting emergencies?

_____ During an emergency?

_____ For performing rescue and medical duties?

Recommendations:_____

_____

_____

**Ergonomics**

_____ Can work be performed without eye strain or glare to the employees?

_____ Can tasks be done without repetitive lifting of the arms above the shoulder level?

_____ Can tasks be done without the employee having to hold his/her elbows out and away from the body when working?

_____ Can employees keep their hands/wrists in a neutral position when working?

_____ Are mechanical assists available to employees performing materials-handling tasks?

_____ Can tasks be done without having to stoop the neck and shoulders to view the work?

_____ Are tools, instruments and machinery shaped, positioned, and handled so that tasks can be performed comfortably?

_____ Are all pieces of furniture adjusted, positioned, and arranged to minimize strain on the body?

_____ Are unnecessary distances eliminated when moving materials?

_____ Are lifts confined within the knuckle to shoulder zone?

**Ergonomics cont:**

Is work arranged so employees are not required to lift and carry too much weight?

Recommendations: _____

_____

_____

**Ventilation for Indoor Air Quality**

_____ Does the HVAC system provide at least the quantity of outdoor air designed into the system at the time the building was constructed?

_____ Is the HVAC system inspected at least annually and maintained in a clean and efficient manner?

_____ Are efforts made to purchase furnishings or building treatments which do not give off toxic or offensive vapors?

_____ Are indoor air quality complaints investigated and the results conveyed to employees?

Recommendations:_____

_____

_____

# SERVICE PLANNING FORM

Please review the service plan for the following resident, and write in the space below any changes in the resident's service needs/preferences. Be as specific as possible.

Resident Name _____ Apt. #_____ _Date_____

Signature of Staff Person _____ Position _____

# STAFF ACCIDENT INVESTIGATION REPORT

Name of Injured Employee_____ Injury Date_____ Time_____
Position_____ Length of time in Position_____

Description of accident / injury:

Probable cause of the accident (determined by evaluating the task(s) and situation involved in the accident and asking what, where, when, who, why and how):

What action(s) might have prevented the accident / injury (evaluate factors such as the selection, maintenance or use of equipment; the selection or handling of material; and the selection and training of staff):

What action has already been taken to prevent a similar incident from occurring in the future?

What additional action could still be taken and in what timeline will the action be taken?

Report Completed by_____ Date _____

Comments by the Safety Committee regarding the findings of the investigation:

Additional action recommended by the Safety Committee:

Signature of the Safety Committee Chair_____ Date _____

Follow-up to Accident Investigation (summary of all action taken, improvements observed in operations, etc.):

Signature of Administrator / Manager _____ Date _____

Initial here after reading all of the Resident Services Notes referenced on this page.

Date: _____

# STAFF COMMUNICATION LOG

DAY SHIFT:

SWING SHIFT:

NIGHT SHIFT:

# State of Vermont
# Assisted Living Residence (ALR)
# Uniform Disclosure: What You Need To Know

The purpose of this pamphlet is to provide you with information about Assisted Living Residences (ALRs). Part I answers some general questions. Part II gives you more specific information.

In addition to the Uniform Disclosure, you will also find a worksheet to help you organize the information you gather to compare different ALRs. Sample questions you may wish to ask when visiting ALRs to determine which might be best for you also are enclosed.

## Part I - General Information

### What is Assisted Living?

Assisted living promotes aging in place by providing housing and care to people who may need assistance in a home-like setting. ALRs must provide a private resident unit that includes a bedroom, bath, living space, kitchen capacity and a lockable door. ALRs provide 24 hour staffing and are licensed by the Vermont Department of Aging and Disabilities, Division of Licensing and Protection.

### If I move to an ALR, will I be able to "age in place" or stay here forever?

The goal is for individuals to age in place. Aging in place means that care and services increase as your needs increase, for as long as you remain at the ALR. However, there are certain events that may make it necessary for you to move. You may need more care than the ALR can provide or that you can afford. Rate increases may affect whether the ALR is affordable for you.

### Are there some individuals who require too much care for an ALR?

Yes. The ALR cannot admit individuals who have an acute illness that requires hospital care. It cannot admit anyone who uses a ventilator or respirator or who needs suctioning, or the assistance of two people to walk or transfer from a bed to a chair. The ALR cannot admit anyone with a stage

III or IV decubitus ulcer. If your condition worsens after admission and your care needs increase beyond the mandatory ALR services you may have to move out. If the ALR is willing and has the capacity to provide the necessary care and services or if you purchase additional services from another qualified, licensed provider you may be able to stay.

**What services must the ALR provide?**

All ALRs must offer the following basic services:

- ✓ Three (3) meals a day, including special diets ordered by a physician and snacks and beverages between meals
- ✓ Transportation (4 trips/month up to 20 miles for each round trip)
- ✓ Medication assistance and administration
- ✓ Coordinated of services
- ✓ Nursing overview
- ✓ Assistance with personal care including bathing, dressing, eating, toileting, grooming, walking and transferring
- ✓ Housekeeping
- ✓ Linen and personal laundry
- ✓ Daily activities program

**Will ALRs provide additional services?**

Additional services will vary from ALR to ALR. Some ALRs offer optional services such as additional housekeeping, internet access, cable TV, special outings or assistance paying your bills. The ALR may include these services in their monthly rate or you may have to pay more for these services. Some ALRs may also provide additional services if your care needs increase. In addition to the services that all ALRs must provide under the law listed above, an ALR will list the services it can provide and the fee, if applicable, on its admission agreement.

**How much does an ALR cost?**

ALRs set their own rates. Rates will vary from ALR to ALR. Rates may also vary within each ALR depending on the services that you receive or the

size of your unit. ALRs are required to offer consumers different service packages. Even though you agree upon a certain rate when you move into the ALRs, the ALR can increase its rates any time as long as you receive 90 days written notice in advance of the increase.

**How do I pay for an ALR?**

Generally, people use their income (Social Security, pension, dividends), assets (savings, stock, retirement funds) or long term care insurance to pay for the ALR. Some ALRs participate in the Medicaid program or in state or federal housing programs. For individuals who qualify, these programs may cover a portion of the cost of the ALR.

**Who staffs the ALR?**

An ALR must always have sufficient, trained staff available to meet each resident's needs. There is no minimum staffing requirement or ratio for ALRs. ALRs must have a registered nurse on staff or contract to provide overview of your care. A manager is responsible for all services of the ALR – whenever the manager is not on site another person is in charge. If the ALR has more than 15 residents, at least one staff person must be awake at all times.

**How can I be sure that I will receive quality care?**

State regulations require all ALRs to provide quality care. T ALR must work with you to develop and maintain a care plan that meets your individual care needs. The Division of Licensing and Protection (DLP) conducts annual inspections to ensure that ALRs are providing quality care. DLP will also investigate specific complaints it receives about care and services. The Vermont Ombudsman Project (VOP), an elder advocate group, and Vermont Protection and Advocacy (P&A), a disability advocate group, are also available to help you with any concerns you have about care, services or quality of life in the ALR.

**Can I be discharged from the ALR or transferred to another unit within the ALR?**

Yes, but only for very specific reasons:

- you do not pay your rental or service charges;

- you are a serious threat to your own safety or the safety of other residents and the threat can not be resolved through the care plan process;
- you need more care than the ALR can provide; or
- you refuse to follow your responsibilities as identified in the admission agreement.

You must receive written notice 30 days prior to any discharge from the ALR and 72 hours prior to a transfer within the ALR. You have the right to challenge or appeal the proposed move. The notice will tell you how to do this. If you need assistance contact DLP, VOP or P&A.

**What should I do before I sign an ALR admission agreement?**

Be sure to get a copy of the agreement and read it carefully. If you have questions about specific provisions, ask the ALR to explain them to you. If you change any terms of the agreement, be sure that both you and a facility representative initial the change. You may wish to ask a lawyer to review the agreement. You may be eligible for legal services through the Vermont Senior Citizens Law Project. Or, you can get advice from the VOP or your local Area Agency on Aging (if over 60). Although the Division of Licensing and Protection (DLP) does not require providers to use a specific admission agreement, you should contact DLP if you think the agreement contains any unfair or illegal provisions.

**Why is the admission agreement so important?**

The admission agreement will determine what services you receive and how much they cost. This contract will have a direct impact on your care and your quality of life. For example:

Can you bring your cat with you?
If your son comes to visit can he have a cigarette?
Can you have a glass of wine with your niece when she graduates from college?

Transportation issues may effect whether you can go to both church AND your reading group every week.

**IMPORTANT TELEPHONE NUMBERS**

**Division of Licensing and Protection: (802) 241-2345**
**Vermont Ombudsman Project: (800) 889-2047**
**Vermont Protection and Advocacy: (802) 229-1355**
**Agency on Aging, Senior HelpLine: (800) 642-5119**
**VT Senior Citizens Law Project: (800) 889-2047**

# PART II
# ASSISTED LIVING RESIDENCE (ALR)
# UNIFORM CONSUMER DISCLOSURE STATEMENT

ALR Name:_____

Address: _____

Website and/or email: _____

Telephone Number: _____ Number of Units: _____

Manager: _____

ALR Owner: _____

Date this disclosure statement was completed/revised: _____

**A. Policies/Programs. Does the ALR--**

1. Participate in the Assistive Community Care Services (ACCS) program (Medicaid)? □ Yes □ No

2. Limit the number of residents it will retain through ACCS?
□ Yes □ No

3. Participate in Enhanced Residential Care (ERC) Medicaid Waiver Program?
□ Yes □ No

4. Limit the number of ERC slots?
□ Yes □ No

5. Participate in federal or state housing or other subsidy programs?
□ Yes □ No

6. Retain residents with care needs beyond scope of mandatory ALR services?
□ Yes □ No

7. Require you to disclose personal financial information upon application?
□ Yes □ No

8. Allow smoking? □ Yes □ No If yes, are there restrictions?_____

9. Allow pets? □ Yes □ No If yes, are there restrictions? _____

10. Have a dementia or other special unit? □ Yes, type: _____ □ No

11. Have any variances from the state for apartment size, building features, etc.?
□ Yes □ No List: _____

## B. Additional Charges (For example, Deposits or Fees)

| | Additional Charge? | | Refundable? | |
|---|---|---|---|---|
| 1. Application | □ Yes | □ No | □ Yes | □ No |
| 2. Security/Damage | □ Yes | □ No | □ Yes | □ No |
| 3. Cleaning | □ Yes | □ No | □ Yes | □ No |
| 4. Pet | □ Yes | □ No | □ Yes | □ No |
| 5. Smoking | □ Yes | □ No | □ Yes | □ No |
| 6. Keys | □ Yes | □ No | □ Yes | □ No |
| 7. Other | □ Yes | □ No | □ Yes | □ No |

Please identify _____

## C. Pharmacy Services

1. Does the ALR have a specific arrangement with a pharmacy for obtaining medications? □ Yes □ No Name of Pharmacy:_____

*Note: If the consumer requires medication administration and chooses the ALR's pharmacy, it is included in the basic rate.*

2. If the consumer chooses a different pharmacy and the consumer requires medication administration, is there a charge to arrange for pharmacy services?

□ Yes □ No If so, how much? _____

## D. Unit or Apartment Rate

1. Efficiency Rate: _____ Per: _____

2. One bedroom Rate: _____ Per: _____

3. Two bedroom Rate: _____ Per: _____

4. Other Rate: _____ Per: _____
Describe _____

Are all units equipped with kitchenettes? □ Yes □ No

*Note: If no, the ALR must have a community kitchen available for residents.*

## E. Rates for Services & Packages the ALR MUST Offer

1. Basic package: Rate: _____ Per: _____

2. Tier 1 Package: Rate: _____ Per: _____

   Describe services: _____

3. Tier 2 package: Rate: _____ Per: _____

   Describe services: _____

## F. Rates for <u>Optional</u> Service Packages

1. Independent Package: (for consumers that do not want to purchase care services from the ALR

   N/A ***or*** Rate: _____ Per: _____

2. Higher Care Needs Package(s): (for residents who develop a need for services beyond those that the ALR is required to provide, for example: ventilator or respirator care; suctioning; assistance of two people to walk or transfer from a bed to a chair; or care for a stage III or IV decubitus ulcer.) N/A

   N/A ***or*** Describe specific package(s): _____

   Rate: _____ Per: _____

3. Optional Meal Package: Does the ALR allow you to purchase less than a full meal/snack plan? □ Yes □ No

## G. Optional Services/Amenities

1 = Included in all packages 2 = Available at extra cost
3 = Will arrange for service with outside provider 4 = Not available

1. Special nontherapeutic diets (kosher, vegetarian, etc.) _____ 1 2 3 4
2. Transportation (beyond the 4 20 mile round trips) _____ 1 2 3 4
3. Money safeguard _____ 1 2 3 4
4. Health care supplies _____ 1 2 3 4
5. Personal toiletries _____ 1 2 3 4
6. Personal telephone _____ 1 2 3 4
7. Cable TV _____ 1 2 3 4
8. Internet access _____ 1 2 3 4
9. Additional housekeeping _____ 1 2 3 4
10. Salon services _____ 1 2 3 4
11. Special social outings _____ 1 2 3 4
12. Newspaper _____ 1 2 3 4
13. Garage or parking space _____ 1 2 3 4
14. Guest meals _____ 1 2 3 4
15. Air conditioning _____ 1 2 3 4
16. Other (specify) _____ 1 2 3 4

# USE OF RESIDENCE PROPERTY

I, _____, understand that I am responsible to maintain in good condition any keys, communication devices (pagers, phones, walkie-talkies, etc.), uniforms, and/or other equipment given to me for use while on duty at the Residence, and agree to return all such items at the end of each shift worked. Furthermore, I understand that the items listed below have been given to me by the Residence for my use and understand that these items shall remain the property of the Residence.

I understand that at the time of my termination of employment with the Residence, I will be responsible for the immediate return of the loaned equipment and all other property of the Residence. I agree to accept full responsibility for the care of all loaned equipment and understand that I am responsible for the replacement cost of any item which is lost or damaged while in my possession (excluding normal wear and tear). I understand that the amount of the replacement cost for any lost or damaged item may be deducted from my final pay check and that I will be responsible for the payment of any cost in excess of the amount of my final paycheck.

**Uniforms**:

| Number | | Size | |
|---|---|---|---|
| _____ | Shirt | _____ | |
| _____ | Apron | _____ | |
| _____ | Chef's uniform | _____ | |
| _____ | Other | _____ | (specify item _____) |

**Keys for access to:**

Key #1 _____ Key #2 _____

Key #3 _____ Key #4 _____

I acknowledge that I have read and understand this agreement:

_____ _____

Signature Date

# VACATION / LEAVE OF ABSENCE REQUEST

Employee Name_____ Position _____

| | Dates Requested | # Hours | Vacation Time Earned |
|---|---|---|---|
| _____ Paid Vacation | _____ | _____ | _____ |
| _____ Unpaid Leave of Absence | _____ | _____ | _____ |
| _____ Paid Sick Leave | _____ | _____ | _____ |

Comments:

Employee Signature _____ Date _____

**For use by the Administrator / Manager (or his/her designee):**

# of Vacation Hours earned by employee _____

# of Sick Hours earned by employee _____

Vacation, Sick or Absence Leave Approved_____ or Not Approved _____

If not approved, note reason:

_____

_____ _____

Signature of Administrator / Manager (or his/her designee) Date

# VOLUNTEER ACTIVITIES AND INTERESTS

Volunteer Name_____ Date_____

Check the appropriate blank to indicate those activities or interests you either have done in the past, currently do, and/or haven't done but would be interested in trying.

| | Have done in In the past | Currently do | Haven't done; am interested in |
|---|---|---|---|
| **Physical Activities**: | | | |
| Walking | _____ | _____ | _____ |
| Swimming | _____ | _____ | _____ |
| Bike riding | _____ | _____ | _____ |
| Golf | _____ | _____ | _____ |
| Fishing | _____ | _____ | _____ |
| Strength training | _____ | _____ | _____ |
| Dancing | _____ | _____ | _____ |
| Bowling | _____ | _____ | _____ |
| Croquet | _____ | _____ | _____ |
| Yoga | _____ | _____ | _____ |
| Tai Chi | _____ | _____ | _____ |
| Other_____ | _____ | _____ | _____ |
| **Games:** | | | |
| Bingo | _____ | _____ | _____ |
| Pinochle | _____ | _____ | _____ |
| Chess | _____ | _____ | _____ |
| Rummy | _____ | _____ | _____ |
| Scrabble | _____ | _____ | _____ |
| Bridge | _____ | _____ | _____ |
| Pool | _____ | _____ | _____ |
| Puzzles | _____ | _____ | _____ |
| Other:_____ | _____ | _____ | _____ |

| | Have done in In the past | Currently do | Haven't done; am interested in |
|---|---|---|---|
| **Crafts:** | | | |
| Sewing | _____ | _____ | _____ |
| Embroidery | _____ | _____ | _____ |
| Knitting | _____ | _____ | _____ |
| Crochet | _____ | _____ | _____ |
| Needlepoint | _____ | _____ | _____ |
| Quilting | _____ | _____ | _____ |
| Weaving | _____ | _____ | _____ |
| Basketry | _____ | _____ | _____ |
| Other_____ | _____ | _____ | _____ |
| **Art:** | | | |
| Painting | _____ | _____ | _____ |
| Calligraphy | _____ | _____ | _____ |
| Drawing | _____ | _____ | _____ |
| Ceramics | _____ | _____ | _____ |
| Pottery | _____ | _____ | _____ |
| Sculpting | _____ | _____ | _____ |
| Woodworking | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ |
| **Spiritual**: | | | |
| Church services | _____ | _____ | _____ |
| Bible studies | _____ | _____ | _____ |
| Hymn sings | _____ | _____ | _____ |
| Other:_____ | _____ | _____ | _____ |

| | Have done in In the past | Currently do | Haven't done; am interested in |
|---|---|---|---|
| **Intellectual:** | | | |
| Reading | _____ | _____ | _____ |
| Book review groups | _____ | _____ | _____ |
| Poetry | _____ | _____ | _____ |
| Writing | _____ | _____ | _____ |
| Language classes | _____ | _____ | _____ |
| Computers | _____ | _____ | _____ |
| Genealogy | _____ | _____ | _____ |
| Current events | _____ | _____ | _____ |
| Cross word puzzles | _____ | _____ | _____ |
| Museums | _____ | _____ | _____ |
| Other: _____ | _____ | _____ | _____ |

| | | | |
|---|---|---|---|
| **Sporting Events**: | | | |
| Basketball | _____ | _____ | _____ |
| Baseball | _____ | _____ | _____ |
| Football | _____ | _____ | _____ |
| Soccer | _____ | _____ | _____ |
| Tennis | _____ | _____ | _____ |
| Golf | _____ | _____ | _____ |
| Other:_____ | _____ | _____ | _____ |

| | Have done in In the past | Currently do | Haven't done; am interested in |
|---|---|---|---|
| **Social/Cultural**: | | | |
| Movies | _____ | _____ | _____ |
| Live theater | _____ | _____ | _____ |
| Opera | _____ | _____ | _____ |
| Symphony | _____ | _____ | _____ |
| Concerts | _____ | _____ | _____ |
| Musical instrument (type: _____) | _____ | _____ | _____ |
| Listening to music (type: _____) | _____ | _____ | _____ |
| Travel | _____ | _____ | _____ |
| Parties | _____ | _____ | _____ |
| Other:_____ | _____ | _____ | _____ |

| | | | |
|---|---|---|---|
| **Other:** | | | |
| Cooking/baking | _____ | _____ | _____ |
| Gardening | _____ | _____ | _____ |
| Pets | _____ | _____ | _____ |
| Collections (stamps, coins, etc.) | _____ | _____ | _____ |
| Volunteer activities (specify): | _____ | _____ | _____ |

_____

_____

| | | | |
|---|---|---|---|
| Occupation-related activities (specify): | _____ | _____ | _____ |

_____

_____

**VOLUNTEER PROFILE**

Name _____ Date _____

Street Address _____

City _____ State _____ Zip Code_____

Home Phone _____ Work Phone _____

Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____

Referred by _____ Relationship _____

Time available to volunteer (hours per week or month) _____

Any preferred days or hours? _____

Summary of Work Experience (use the back of sheet if needed):

Prior Volunteer Experience:

What type of volunteer activities are you most interested in?

_____ Clerical

_____ Reception

_____ Visiting with residents

_____ Providing transportation for residents

_____ Assisting on outings

_____ Shopping with/for residents

_____ Assisting with resident activities/interests (please refer to the Activities and Interests form for ideas)

_____ Other _____

Why are you interested in volunteering at the Residence?

Have you ever been convicted of a criminal offense other than a minor traffic violation? If yes, please explain:

Please list three references that we may contact (at least one must be a present or former employer):

| | Name | Phone Number | Relationship |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Volunteer Signature _____ Date _____

**For office use only:**

Note date conducted and any notes:

Interview: _____

Reference checks: _____

Background check: _____

## Project Identification

Project Name

City

State

Zip

## Project Characteristics

In addition to Assisted Living will your project include ... ? (check all options that apply)

- ☐ Independent Senior Housing
- ☐ Congregate Care
- ☐ Memory Care
- ☐ Skilled Nursing Care
- ☐ Adult Day Care
- ☐ Leased Commercial Space
- ☐ Other Revenue

Will your project use Low Income Housing Tax Credits (LIHTCs) ?

◉ Yes ○ No

Will your project use any other rent restricted programs ?

○ Yes ◉ No

## My Notes and Workspace

## Housing Choice Vouchers

| | | |
|---|---|---|
| Will your project use Housing Choice Vouchers ? | | ◉ Yes ○ No |
| Does your state include meal preparation in their Medicaid payments? | | ○ Yes ◉ No |
| What is your estimated per-meal cost of … ? | Raw food and dietary supplies | $ 2.00 |
| | Meal preparation | $ 2.00 |
| What is HUD's mandatory monthly deduction for elderly or disabled residents? | | $ 33.00 |
| Will your issuing agency for Housing Choice Vouchers provide the optional increase for accessibility ? | | ○ Yes ◉ No |
| If yes, how much over the Fair Market Rent (FMR) will this increase be? | | |

Financial Feasibility Analysis Model
For Assisted Living Facilities

# Instruction Guide

Developed for:

The Vermont Department of
Disabilities, Aging, & Independent Living
103 South Main Street
Weeks Building
Waterbury, VT 05671-1601

and

The Vermont Housing Finance Agency
P.O. Box 408
Burlington, VT 05402-0408

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# I. INTRODUCTION

This financial feasibility model has been developed for use in determining the financial viability of proposed assisted living facilities. The model allows for the analysis of multi-use projects in order to facilitate the development of projects that will best meet the needs of communities and achieve the economies of scale needed to make projects financially viable. The following uses, in addition to assisted living, are included in the model:

- Independent senior housing (with or without the availability of services)
- Congregate care
- Skilled nursing beds
- Adult day care
- Leased commercial space
- Other non-specified uses, such as a senior nutrition site or home care agency.

The feasibility model may be used to make either a "first cut" regarding the preliminary feasibility of a project or to conduct a full financial feasibility analysis. Suggested values for assisted living expenses are included in the model based on the number of units in your project, so that preliminary financial projections can be generated with minimal effort. These projections will provide a rough cut of a project's financial feasibility. To conduct a full financial feasibility analysis, you will need to obtain and enter detailed information regarding your projected revenue, operating expenses, development costs, and funding sources.

The assumptions that have been included in the model to provide preliminary estimates for assisted living facilities are based on the experience of facilities that provide a relatively high level of care with efficient staffing patterns. These assumptions assume some degree of memory loss in the resident population, but are not intended for use with dementia-specific assisted living programs. The suggested values should be modified as appropriate for your geographic area, your proposed target market, and/or if you plan to incorporate a dementia-specific program into your project.

To facilitate ease of data entry, cells that require project-specific inputs are highlighted *yellow*, while cells that are *blue* are optional date-entry cells (i.e. to override a suggested value). The blue cells do not require project-specific inputs to obtain preliminary feasibility results. However, you should review and modify as needed all of the suggested values when conducting a full financial feasibility analysis.

The following input sheets are included in the model:

- Project Assumptions (“SetUp”)
- Assisted Living Revenue (“Rev AL”)
- Assisted Living Property Revenue (“Rev AL Rent”)
- Memory Care Revenue (“Rev MemCare”)
- Memory Care Property Revenue (“Rev MemCare Rent”)
- Independent Senior Housing Revenue (“Rev ISH”)
- Revenue for Congregate Care, Skilled Nursing, Adult Day Care, Leased Commercial and Other Uses (“Rev Other”)
- Expenses (“Expenses”)
- Personnel (“Personnel”)
- Development Costs (“DevCosts”)
- Low-Income Housing Tax Credit Calculations (“Tax Credits”)
- Sources of Funds (“Sources”)
- Construction Flow of Funds (“Constr FlowofFunds”)

Once you have entered the required information into the input sheets, detailed profit and loss projections will be generated for assisted living and for any additional use that will be included in your project. These use-specific projections will allow you to evaluate the profitability of each product type in order to determine those uses that add to or detract from the overall viability of your project. Profit and loss projections will also be produced for the total project by combining the detailed projections from all product types into one spreadsheet. In addition, property-only projections for assisted living will be generated to show how the project would perform if funding for services were no longer available (these projections are typically required by lenders of assisted living facilities). If independent senior housing will be included in your project, property-only projections will also be generated for this product type.

Based on the income and expense projections and debt service requirements entered for each use, the estimated amount of debt that could be supported will be calculated, with up to three different sources of debt allowed. The model will then show the amount of any funding gap (i.e. the difference between estimated development costs and proposed funding sources).

Modifications may be made to any values entered in the model to determine the impact certain changes would have on the project’s feasibility. For example, the percentage of private-pay versus Medicaid residents, the private-pay rate structure, unit mix, and total number of units can all impact the viability of a project. The proposed financing structure, cost of construction and/or overall development costs can also influence the feasibility of a project. From an operational standpoint factors that can have a substantial impact on a project’s performance include wages, staffing levels, and raw food costs. Modifying these factors one at a time allows you to evaluate the impact each factor has on the viability of the project.

## II. PROJECT ASSUMPTIONS ("SetUp" Sheet)

The Project Assumptions (or "Set-Up") sheet contains key information about your project that provides the basis for calculations performed throughout the model. Enter identifying information about your project at the top of this sheet (i.e. project name, city, state, and zip).

**Project Characteristics**. If your project will be a multi-use project, click on any use (in addition to assisted living) that will be included in the project. If your project will include independent senior housing, indicate whether you will offer services to the residents of those units.
If you plan to utilize Low-Income Housing Tax Credits (LIHTCs) in the development of your project, select "yes" to the LIHTC question. This will provide a generic LIHTC calculation template that may be used to determine the amount of tax credits that might be allocated to your project. If you plan to utilize LIHTCs and/or any other rent-restricted programs (such as HOME funds), enter the Area Median Income (AMI) for your area and the jurisdiction in which the project will be located. Rent-restricted programs are usually county-based; however, verify this with the funding program(s) you intend to use.

**Housing Choice Vouchers**. Some assisted living projects that serve lower or moderate income residents use housing choice vouchers to subsidize the rent of lower-income residents and thus maximize the revenue generated. To determine if housing choice vouchers may be an option for your project, contact your local housing authority. If you plan to accept vouchers, answer "Yes" to "Will your project use Housing Choice Vouchers?". If your project will not utilize vouchers, proceed to the next sheet.

If your project will accept housing choice vouchers, answer the following questions on the "Set-Up" sheet. The answers to these questions will be used to generate estimates of housing choice voucher payments for your project:

- *Does your state include meal preparation in their Medicaid payments?* In Vermont, the cost of meal preparation is not included in Medicaid payments, so you should answer "no" to this question. Because the cost associated with meal preparation is not covered by Medicaid, it can be counted as a deduction from gross income, which could potentially increase your housing choice voucher payments).

- *What is your estimated cost of meal preparation?* Your estimated cost of meal preparation will be used as a deduction from income for Medicaid residents if you answered "No" to the prior question. This cost will also be included in the amount allocated for room and board payments for private-pay elders who have housing choice vouchers. This room and board payment is then used to determine the average private-pay service payment, which can be used as a deduction from gross income. A suggested per-meal cost is included in the model, which should be modified as appropriate for your project.

- *What is your estimated per meal cost of raw food and dietary supplies?* This amount will also be used in the room and board calculation for private-pay residents who use housing

- *What is HUD'S mandatory deduction for elderly or disabled residents?* HUD offers a mandatory deduction (i.e. a reduction in gross income) that may be taken by elderly or disabled households. To verify the current amount of this deduction, contact your local public housing authority, visit the HUD website at http://www.hud.gov or call the Public and Indian Housing Information Resource Center at 1-800-955-2232.

- *Will your issuing agency for Housing Choice Vouchers provide the optional increase for accessibility?* Public housing agencies have the option of providing an increase in the fair market rent for housing units that meet handicapped accessibility guidelines. An increase in the amount allowed for the fair market rent would increase the revenue that could be generated through rental subsidies. Contact your local public housing agency to find out if they offer this increase and if so, select "Yes" and enter the percent increase over the fair market rent that is anticipated.

The information entered in the Housing Choice Voucher section will be used to estimate housing choice voucher calculations for your project. These calculations are shown on the Assisted Living Rental Revenue sheet and (if appropriate for your project) on the Memory Care Rental Revenue sheet.

## III. ASSISTED LIVING REVENUE ("REV AL")

The Assisted Living Revenue sheet includes the assumptions that will generate assisted living revenue projections for your project.

**Occupancy Information**. The model assumes a seven percent vacancy rate, based on typical lender requirements. You may change this figure as appropriate for your project and/or as required by your prospective lender(s).

Estimate the "% Beds Occupied the First Month" and "# Months to Reach Full Occupancy" and enter these figures in the appropriate cells. When estimating these values, it is important to consider the ramp-up period that may be required by your lender, even if you anticipate a more rapid lease-up for your project.

**Annual Inflation Rate**. Factors have been built into the model to project the average rate at which your private-pay and Medicaid payments will increase per year. Modify the suggested private-pay inflation factor as appropriate for your market area and/or to meet any lender-specific requirements. Contact the appropriate agency in your state to obtain information regarding the history of Medicaid rate increases for assisted living and any expectations for future increases. Based on this information, modify the suggested inflation factor for Medicaid as appropriate.

**Unit Mix.** In the "Unit Mix" section for the assisted living revenue sheet, enter the number of units by unit type that will be occupied by private-pay versus Medicaid residents. If your project will include unit types other than a studio, one-bedroom, or two-bedroom design, enter the type of unit(s) in the "Other" rows. The model will provide the total number of units for each unit type, in addition to the total number of private-pay and Medicaid units. Enter the anticipated number of private-pay or Medicaid second occupants, such as spouses or sisters, in the "Second Occupants" row. Finally, enter the anticipated square feet for each unit type. These figures will be used on the Development Costs ("DevCosts") sheet to calculate estimated construction costs for your project.

**Private-Pay**. The model can accommodate up to five levels of care for private-pay residents. If your project will have only one level of care, enter the total number of private-pay residents for each unit type in Level 1, leaving the remaining levels of care blank. If your project will have two, three or four levels of care, enter the appropriate number of residents in each of the applicable levels, leaving those levels that will not be used blank. If your project will have five levels of care, enter the appropriate number of residents at each of the five levels, ensuring that the total equals the total number of units. Enter the level of care for any second occupants you anticipate in the "2nd Occupants" row.

Next enter the "Monthly Rate by Level of Care" for each unit type and level of care that will be included in your project and for any second occupants that are projected. A weighted average

will automatically be calculated for each unit type and for the total project. Refer to Appendix A for guidelines on determining appropriate private-pay rates for your project.

**Medicaid.** In the "Medicaid" section, enter the number of Medicaid units and second occupants you anticipate at each level of care. The total number of units and second occupants must equal that entered in the "Unit Mix" section of this sheet. Enter the Medicaid service payment(s) that you anticipate for your project in the "Daily Rate" row of the "Service Payments" section.

Vermont has two different programs that can provide Medicaid assistance to residents of assisted living facilities. The Enhanced Residential Care (ERC) program is funded through the State's Medicaid waiver program, and provides funding for persons who meet financial eligibility guidelines and are assessed at a nursing-home level of care. Funds are also available through the Assistive Community Care Services (ACCS) program for residents who meet financial eligibility guidelines and who have personal care needs but are not determined to be at a nursing home level of care. For additional information about these programs and current payment rates, visit www.dail.vermont.gov/ or contact the Department of Disabilities, Aging, and Independent Living (DAIL) at (802) 241-2648.

In Vermont, the amount providers may charge Medicaid residents for room and board is capped, so you should select "yes" in answer to the question "Does your state limit the amount paid by Medicaid residents for room and board?". Next, enter the maximum allowable amount that may be charged in the appropriate cell. In Vermont, this amount varies slightly according to a resident's income. Contact DAIL for the current maximum allowable room and board rates.

## IV. ASSISTED LIVING RENTAL REVENUE ("REV AL RENT")

The data entered on the Assisted Living Rental Revenue sheet will be used to generate property-only assisted living projections to show how your project would perform if operated as a straight rental property with no services available. Lenders of assisted living facilities generally require property-only projections to ensure that a project could remain financially viable if services were no longer provided (e.g. if Medicaid funding for assisted living were decreased or eliminated).

In the "Rental Revenue" section of this sheet, enter the vacancy rate that you would anticipate if your project were operated as an elderly housing project. This rate may be different from the vacancy rate you projected for assisted living. Next, enter an appropriate inflation factor for elderly housing units to estimate the rate at which rents would increase each year.

In the "Rental Revenue" table, complete a row for each unit type and rent restricted program. Select the type of unit from the drop down menu in the first column. Then, enter the type of rent-restricted program, if any, that will apply to the unit type. Then, enter the maximum % Area Median Income (AMI) allowed for that unit type and program and the # of units allocated to that unit type / program / AMI level. Finally, enter the maximum rent allowed for that unit type under the rent-restricted program specified.

As is shown in Example 1, a separate row must be completed for each different program and/or AMI level for the same unit type. The maximum allowable annual income will be automatically calculated by the model based on the area median income you entered on the "Set-Up" sheet.

**Example 1: AL Rental Revenue**

| Type of Unit | Type of Rent Restricted Program (if any) | % AMI | # Units | Max Allowable Annl Income | Max Allowable Mo Rent |
|---|---|---|---|---|---|
| One-Bedroom | LIHTC | 60% | 10 | $21,000 | $ 500 |
| One-Bedroom | LIHTC | 50% | 10 | 17,500 | 500 |
| One-Bedroom | HOME | 80% | 10 | 28,000 | 500 |
| One-Bedroom | NONE | N/A | 10 | N/A | 650 |
| Two-Bedroom | NONE | N/A | 2 | N/A | 750 |
| | | | | - | |
| | | | | - | |
| | | | | - | |
| | | | | - | |
| **Total** | | | **42** | | |

**Housing Choice Vouchers.** If you indicated on the "Set-Up" sheet that your project will accept housing choice vouchers, the rental revenue table on the "AL Rent Revenue" sheet will include input cells that will be used to calculate estimated housing choice voucher payments. In the appropriate columns of this table, enter in each row the number of private-pay and Medicaid units that you anticipate will use vouchers for that unit type / rent-restricted program / and %

AMI combination. Then estimate in each row the anticipated average income of elders who will pay privately for services but use vouchers and those who will receive assistance through Medicaid. These estimates should be derived from your knowledge of the demographics for your market area and the population you plan to serve. The average income for Medicaid residents should not be greater than the maximum annual income allowed under the ERC and/or ACCS program. Finally, enter the Fair Market Rent as determined by HUD for each unit type and enter these amounts in the "Fair Mkt Rent" column of the Rental Revenue table.

Based on the information you entered in the Rental Revenue table and in the housing choice voucher section of the "Set-Up" sheet, calculations for housing choice voucher estimates will be generated. A summary of these calculations is provided, along with an explanation of the assumptions on which the calculations are based.

## V. MEMORY CARE REVENUE (“REV MEM CARE”)

The Memory Care Revenue sheet includes the assumptions that will generate the revenue projections for any memory care units in your project. If you did not check “Memory Care” on the “Set-Up” sheet, this sheet will not be visible.

To complete this sheet, follow the instructions for the “Assisted Living Revenue” sheet, entering the information that applies to the memory care units that are planned for your project.

## VI. MEMORY CARE RENTAL REVENUE (“REV MEM CARE RENT”)

The data entered on the “Memory Care Rental Revenue” sheet will be used to generate property-only revenue projections for your memory care units. Your lender may request these projections to determine how your project would perform if operated as an elderly housing site with no services available. If you did not check “Memory Care” on the set-up sheet, the “Rev Mem Care Rent” sheet will not be visible.

To complete this sheet, follow the instructions for the “Assisted Living Rental Revenue” sheet, entering information that applies to the memory care units that are planned for your project

## VII. INDEPENDENT SENIOR HOUSING REVENUE ("REV ISH")

Data entered on the "Independent Senior Housing Revenue" sheet will be used to generate the revenue projections for this product type. This sheet will be hidden if you indicated on the "Set-Up" sheet that your project will not include independent senior housing.

**Rental and Miscellaneous Revenue**. In the "Rental & Misc Revenue" section of this sheet, enter the 50% LIHTC values for studio (i.e. 0-bedroom), one-bedroom, and two-bedroom units. These amounts will be used to calculate the % AMI and the Annual AMI for the gross rents that will be charged. If your project will not utilize LIHTCs or another rent-restricted program, you do not need to enter values for the LIHTC 50% rents. Contact the Vermont Housing Finance Agency at www.vhfa.org for the current LIHTC rent limits in Vermont. Next, enter the percentage of units that you anticipate will be occupied the first month, the number of months you expect will be needed to reach full occupancy, the projected vacancy rate, and an annual inflation factor.

In the table located in the "Rental and Misc. Revenue" section, complete a row for each unit type and rent restricted program. Indicate the type of unit in the "# of Bdrms" column by entering "0" for studio units, "1" for one-bedroom units, and "2" for two-bedroom units. Then enter the type of rent-restricted program (if any) that will apply to each unit type and the estimated square feet, gross monthly rent, tenant-paid utilities and the # of units for that unit type. Note that a separate row must be completed for each different program and/or gross monthly rent for the same unit type, as is shown in Example 2:

**Example 2: Independent Senior Housing Rental Revenue**

**LIHTC 50% Rents**

| | |
|---|---|
| 0-Bdrm | $ 422 |
| 1-Bdrm | 500 |
| 2-Bdrm | 553 |

| | |
|---|---|
| **% Units Occupied 1st Month** | 20% |
| **# Months to Full Occupancy** | 12 |

| # of Bdrms | Type of Rent-Restricted Prog | Sq Ft | # of Units | Gross Mo Rent / Unit | Tenant-Pd Util Allow | % AMI | Annual AMI |
|---|---|---|---|---|---|---|---|
| 1 | LIHTC | 500 | 10 | $ 500 | $ 35 | 59% | $ 19,500 |
| 1 | LIHTC | 600 | 10 | 600 | 35 | 60% | 23,400 |
| | | | | | | - | - |
| | | | | | | - | - |
| | | | | | | - | - |
| | | | | | | - | - |

Based on the information entered in this section and on the "Set-Up" sheet, the model will automatically calculate the % area median income, the annual AMI, the net monthly rent per unit, and the net monthly and annual rent after vacancy.

**Miscellaneous Revenue**. If you expect to generate miscellaneous revenue from sources such as laundry, parking, and/or cable TV for your independent senior housing units, enter these amounts in the "Misc Revenue Per Mo" column. The model will automatically calculate the miscellaneous revenue per month and per year after vacancy based on the vacancy rate you entered at the top of this sheet.

**Service Revenue**. If you answered "Yes" to the question on the "Set-Up" sheet asking if you will offer services to residents of the independent senior housing units, enter information as appropriate for your project in the "Service Revenue" section. The model allows for two different rate structures, should you desire to offer services at below market rates for residents who meet specified income criteria. In completing this section, utilize as many or as few of the service options as you prefer, based on the types of services you plan to offer. The model will automatically calculate the total monthly revenue and the total monthly and annual revenue after vacancy.

## VIII. REVENUE FOR OTHER USES (“REV OTHER”)

On the “Rev Other” sheet you will enter revenue-related information for congregate care, skilled nursing care, adult day care, leased commercial space, and/or other uses, based on the options you selected on the “Set-Up” sheet. Note that only those uses that were checked on the “Set-Up” sheet will appear on this sheet. You may change your selections on the “Set-Up” sheet at any time as you work with the model. The information entered on the “Rev Other” sheet will be used to generate revenue projections on the profit and loss sheets.

**Congregate Care Revenue**. If your project will have congregate care units, enter for each type of unit the number of units, monthly fee, and estimated square footage per unit. The model will then calculate the total number of congregate units and a weighted average monthly fee and unit size. Next, enter the percentage of units you expect will be occupied the first month, the number of months you anticipate will be required to reach full occupancy, the projected vacancy rate for the congregate care units, and an annual inflation factor (i.e. the percentage you expect the rates to be increased each year on average). Finally, enter an estimated number of second occupants for the congregate care units and the fee that will be charged each second occupant.

**Skilled Nursing Revenue**. If you plan to include skilled nursing beds in your project, enter for each payor type the number of beds, the daily rate, inflation factor, and the vacancy rate. Also enter an estimated square footage for each bed (not counting common space or staff work areas). The model will then calculate the total number of beds and a weighted average daily rate, inflation factor, vacancy rate and square footage. Finally, enter the percentage of beds you anticipate will be occupied the first month and the number of months you expect will be needed to obtain full occupancy.

**Adult Day Care Revenue**. If your project will include an adult day care program, enter for each payor type the number of clients you anticipate will participate on a half-day and/or full-day basis. Next, enter the average number of days per week expected for both half-day and full-day clients, along with projected daily rates for each. Finally, enter the percentage of total clients you anticipate will participate in the program during the first month of operation, the number of months needed to achieve full occupancy, and the vacancy rate expected for the program.

**Leased Commercial Space Revenue**. If you plan to offer leased commercial space as part of your project, enter the estimated square footage anticipated for each use. Next, enter the projected monthly revenue, an inflation factor, and a vacancy rate for each use. The model will calculate the total estimated square footage from the leased commercial space and the projected revenue per month.

**Other Uses**. If your project will have revenue sources that are not accounted for elsewhere in the model, enter information about these sources in this section. Briefly describe each type of use or program. Then, enter the estimated square footage that will be required for each use, along with the monthly revenue projected and estimated inflation and vacancy rates.

## IX. EXPENSE ASSUMPTIONS ("EXPENSES")

On the "Expenses" sheet you will enter non-personnel cost estimates for any use that will be included in your project. These estimates will be used to generate profit and loss projections for each use and for your total project. A description of each expense included on the "Expenses" sheet is provided in Appendix B of this report, along with guidelines for estimating these costs for proposed assisted living projects.

Estimates of typical costs for assisted living facilities have been included on the "Expenses" sheet in the "Suggested Per Unit" column. When conducting a preliminary feasibility analysis, it may be appropriate to utilize these assumptions with only a cursory review of the suggested cost factors. However, for a full feasibility analysis, each expense category should be reviewed with the corresponding cost factor modified as appropriate to provide realistic projections for your project.

To modify a suggested cost factor, enter an alternate value in the "Override Per Unit" column. Any values entered in this column will override the suggested value for that line item, as shown in the "Suggested Per Unit" column. The model automatically calculates values in the "Cost Per Month" column by multiplying either the suggested value or the override value by the number of assisted living units. Costs that vary according to the number of residents (versus the number of units) include "per elder" after the cost description and are calculated based on the number of units *plus* the number of second occupants. If you anticipate certain expenses that are not included on the sheet, enter a brief description of the expense in the appropriate expense section in an "Other" row, along with the projected cost factor for that expense in the "Override Per Unit" column.

If your project will include uses other than assisted living, enter estimated costs for each category according to the cost factor specified in the column heading for that use (i.e. on a per-unit basis for independent senior housing and congregate care, on a per-bed basis for skilled nursing care, on a per-client-per-day basis for adult day care, and on a per-month basis for leased commercial space and other uses). Based on the allocations entered, the model will automatically calculate the cost per month for each expense category.

**% Minimum Variable Costs**. Some of the line items included on the "Expenses" sheet are variable costs, in that the total cost per month for that line item varies depending on the number of occupants in the building. Other costs are fixed and typically remain the same regardless of occupancy rates. In the "% Minimum Variable Costs" column, indicate if you want an expense to be treated as a variable cost by entering the percentage of the total cost per month at full occupancy that would be the minimum cost per month for that expense item during lease-up.

In Example 3 below, the total cost per month for raw food is $5,472. Raw food is usually considered to be a variable cost, because it is typically directly tied to the current number of residents. However, because facilities usually purchase food in bulk quantities the amount expended on raw food during the first few months of operation will likely be greater than the

actual cost of the food consumed. Therefore, 30% is shown in the example as the "% Minimum Variable Cost" for raw food. In this case, the expense projections for raw food will never be less than 30% of the total projected cost per month, or $1,642. Suggested values have been provided in the "% Min Variable Costs" column. Modify these values as appropriate for your project.

**Example 3: Expense Assumptions**

| | Assisted Living | | | % Min | Total | % Property Allocation | |
|---|---|---|---|---|---|---|---|
| | Suggested Per Unit | Input Cost Per Unit | Cost Per Mo | Variable Costs | Cost Per Mo | Suggested | Override |
| **Dietary / Kitchen** | | | | | | | |
| Raw Food [ per elder / **per day** ] | $ 4.50 | | 5,472 | 30% | $ 5,472 | 0% | |
| Supplies [ per elder ] | | | | | | | |
| Equipment | | | | | | | |
| Dietary Supplement [ per elder ] | | | | | | | |
| Dietary Consultant | | | | | | | |
| Contracted Svcs / Temp Personnel | | | | | | | |
| Other » | | | | | | | |
| Other » | | | | | | | |
| Other » | | | | | | | |
| **Subtotal Dietary /Kitchen** | **$ 4.50** | | **$ 5,472** | | **$ 5,472** | | |

**% Property Allocation.** Property-only profit and loss projections will be generated for assisted living and independent senior housing (if included in your project). In order to properly allocate expenses to these projections, suggested values have been provided in the "Expenses" sheet for the "% Property Allocation". The percentages included in the "Suggested" column represent the percentage of each expense that would be a property-related cost. For example, maintenance and utility costs are generally property costs, whereas raw food and care supplies are typically service-related costs. If you wish to modify the suggested values, enter an alternate percentage in the "Override" column per month.

**Inflation Factor**. A suggested "Inflation Factor for Non-Personnel Costs" is provided at the bottom of the "Expenses" sheet. Modify this value in the blue cell as appropriate for your project or as required by a lender. A separate factor will be used to estimate the rate at which personnel costs will increase each year.

## X. PERSONNEL ASSUMPTIONS ("PERSONNEL")

Inputs on the "Personnel" sheet will be used to calculate projected personnel costs for your project. An overview of each of the positions included on the "Personnel" sheet is provided in Appendix C, along with suggestions for determining appropriate wages for each position.

**Annual Salary or Hourly Wage**. For each staff position that will be included in your project, enter either an annual salary or an hourly wage in the "Annl Salary or Hrly Wage" column. Values over $300.00 will be treated as annual salaries, with values under $300.00 assumed to be hourly wages.

**Assisted Living FTEs**. Based on the number of assisted living units that will be included in your project, suggested values for the number of Full-Time Employees (FTEs) for each position have been included in the "Assisted Living FTEs – Suggested FTEs" column to facilitate a preliminary feasibility analysis. Modify these suggested values as appropriate by entering alternate values in the "Override # FTEs" column. If no value has been entered in the "Override # FTEs" column for a position, the costs associated with that position will be calculated from the "Suggested # FTEs" column.

In Example 4, 1.0 FTEs for "Housekeeping Staff" would be assumed because there is no alternate number entered in the "Override # FTEs" column. For "Laundry Staff", on the other hand, 0.5 FTEs would be assumed as that value has been entered in the "Override # FTEs" column.

**Example 4: AL FTE Assumptions**

| | | Annl Salary Or Hrly Wage | Assisted Living FTE's | | |
|---|---|---|---|---|---|
| | | | Suggested # FTEs | Override # FTEs | Variable FTEs in Lease-Up |
| **Housekeeping and Laundry** | | | | | |
| Housekeeping Staff | | $ 10.00 | 1.00 | | .50 |
| Laundry Staff | | - | | .50 | |
| Other » | ( specify here ) | - | | - | |
| Other » | | - | | - | |
| **Subtotal** | | | **1.00** | **1.0** | **0.50** |

**Assisted Living Variable FTEs in Lease-Up.** Some of the staff positions included on the "Personnel" sheet are variable costs, as the number of FTEs needed depends on the current census of a project. Other positions are fixed in that the number of FTEs typically remains stable regardless of occupancy. Suggested numbers of FTEs have been provided in the "Variable FTEs in Lease-Up" column for those positions where the number of employees usually varies with occupancy. Modify the values in this column as appropriate for your project. Remember that positions are assumed to be fixed costs if there is no entry in the "Variable FTEs in Lease-Up" column.

In Example 4 above, a minimum of 0.50 FTEs for housekeeping staff during lease-up would be assumed, increasing to 1.0 FTEs at full occupancy. On the other hand, because there is no entry in the "Variable FTEs in Lease-Up" column for laundry staff, this position would be treated as a fixed cost that does not vary with occupancy.

**Uses Other Than Assisted Living**. If your project will include uses other than assisted living, as indicated on the "Set-Up" sheet, enter the # of FTEs for each position that will be utilized for each use. Enter values in the "Variable FTEs in Lease-Up" column for positions that should be treated as variable costs (following the guidelines outlined in the "Assisted Living Variable FTEs in Lease-Up" section above). Note that only those uses that you checked on the "Set-Up" sheet will show on the "Personnel" sheet.

**Replacement Staff for Paid-Time-Off (PTO)**. Enter "Yes" in the "Does this Position Use Replacement Staff for PTO" column for any position for which replacement staff will be used when PTO time is taken. Examples of positions that typically use replacement staff are resident assistants and dietary staff. Positions such as administrative or marketing staff may not be replaced during paid-time-off, as the duties for these positions are usually assumed by other positions during the PTO time and/or performed by a staff person upon return from the paid time off. Suggested values have been provided in this column; modify these values as appropriate for your project.

The cost of paid time off will be calculated for those positions with a "Yes" in the PTO column, based on the average PTO time per FTE indicated in the "Paid Time Off Calculation" section located at the bottom of the "Personnel" sheet.

**Hours Per Week Overtime per FTE**. In the "Hrs Per Wk OT per FTE" column, enter an estimate of the number of overtime hours (versus regular pay) per week anticipated for each position. These hours will be assumed to *not* be in addition to the hours indicated by the # of FTEs entered for a position, but hours worked at times that would necessitate OT compensation (i.e. due to scheduling difficulties). Leave this column blank for those positions that typically do not utilize overtime pay.

**% Property Cost Allocation**. Property-only profit and loss projections will be generated for assisted living and independent senior housing (if included in your project). In order to properly allocate expenses to these projections, suggested values have been provided on the "Personnel" sheet for the "% Property Cost Allocation". The percentages included in the "Suggested %" column represent the portion of each expense that is considered to be a property-related cost. For example, maintenance personnel are generally assumed to be property costs, whereas personal care or dietary positions are typically service-related costs. If you wish to modify the suggested values, enter an alternate percentage in the "Override" column.

**Paid-Time Off Calculation**. In the "Paid-Time Off Calculation" section of the "Personnel" sheet, suggested values are provided for the number of days each year that employees are compensated for paid-time off (i.e. holidays, vacation time, sick time, and personal time). If you wish to use alternate values, modify the suggested values in the blue cells of this section.

**% Payroll Taxes / Benefits (Other Than Paid-Time Off)**. A suggested value has been entered for the "% Payroll Taxes / Benefits (Other Than Paid-Time Off)" cell to account for personnel-related costs such as health insurance, workers compensation, payroll taxes and/or retirement plans. Modify this value as appropriate for your project by entering an alternate value in the blue cell in this section.

**Annual Inflation Factor for Personnel Costs**. A suggested factor for the rate at which personnel costs will increase each year has been included in the model. Modify this factor in the blue cell for this item as appropriate for your market area and/or lender requirements.

## XI. DEVELOPMENT COSTS ("DEV COSTS")

An estimate of development costs is used on the "Sources of Funds" sheet to determine any gap (or excess) in funding for your project. The model allows you to base this calculation on either a preliminary estimate of development costs or on a detailed development budget. For a preliminary feasibility analysis, you may want to utilize the "Preliminary Estimate of Development Costs", whereas a "Detailed Development Budget" will be needed for a complete analysis. Indicate your choice by clicking the appropriate button at the top of the "Development Costs" sheet. This choice may be changed at any time as you work with the model but the option selected will determine which development cost estimate is used to calculate the gap (or excess) in project funding on the "Sources" sheet.

**Estimated Construction Costs.** Based on the information you entered on the set-up and revenue input sheet(s), a summary of the uses that will be included in your project is shown in this section. Enter an estimate of the "% Common Areas" for each use in the indicated column. The total square footage allocated to each use will then be calculated from the weighted average per unit, the number of units, and the percent common areas. If your project will include adult day care, enter the estimated square feet that will be allocated to this use. The square footage for the leased commercial space and any "Other Uses" will be based on the information entered on the "Other Revenue" sheet. If your project will use tax credits and will include a commercial kitchen, allocate the cost of the kitchen as appropriate across any uses that will be included in your project (the data entry cells for the commercial kitchen will not show if you did not indicate on the "Set-Up" sheet that you will use tax credits.)

Enter an estimate of construction costs per square foot for your local area in the indicated cell. This estimate may be obtained from local contractors experienced with building costs for similar projects and should include all building, site, off-site and construction contingency fee costs. You may also obtain a rough construction cost estimate from the RS Means Company website (www.rsmeans.com/index.asp), using the custom cost estimator and the zip code in which your project will be located.

**Preliminary Estimate of Development Costs**. If you indicated at the top of the "Dev Costs" sheet that you want to calculate a preliminary estimate of development costs, enter a value in the "Estimated Land Costs" cell. The model will then calculate the amount of funds that will be allocated to soft costs, which would include site acquisition costs, transactional costs, professional fees, financing fees, municipality costs, and start-up costs. A factor of 30 percent has been included in the model as a standard assumption to estimate the percent soft costs. Modify this estimate by entering a different percentage in the "Percent Soft Costs (of Total Development Costs)" cell. Based on your estimated land costs and % soft costs, the model will calculate an estimate of your total development costs. Note that this section will not show if you did not select the "Preliminary Estimate of Development Costs" option at the top of the "Dev Costs" sheet.

**Detailed Development Budget**. A detailed development budget should be completed when you conduct a full feasibility analysis (the "Detailed Development Budget" option at the top of the "Dev Costs" sheet must be selected for this section to show). Enter estimates as appropriate for each line item shown in the "Detailed Development Budget". If you anticipate costs that are not included in this section, enter a brief description of each cost in the appropriate category along with the estimated cost. An estimate for "Operating Reserves" is automatically calculated based on the maximum negative cumulative cash flow shown on the total project profit and loss sheet generated for your project.

Based on the information entered in the "Detailed Development Budget" section, the "Total Project Costs" for your project will be calculated. "Per-Unit" and "Per-Square Foot" costs will also be calculated for your "Total Construction / Rehabilitation Costs" and "Total Project Costs".

If you indicated on the "Set-Up" sheet that your project will utilize Low-Income Housing Tax Credits, a "Tax Credit Eligible Basis" column will show to the right of the data entry cells for the detailed development budget. Formulas have been provided in this column to facilitate a preliminary estimate of a project's eligible basis, based on the values entered in the detailed development budget cells and general tax credit program guidelines. Enter alternate figures in the "Tax Credit Eligible Basis" column as appropriate for your project and/or to meet the specific requirements for your state's tax credit issuing agency. These figures will be used to calculate an estimated tax credit allocation for your project on the "Tax Credit" sheet.

## XII. TAX CREDIT CALCULATION ("TAX_CREDITS")

The "Tax Credits" sheet of the financial feasibility model is used to estimate the proceeds that might be available to your project through the Low-Income Housing Tax Credit program. Note that this sheet should be used for preliminary estimates only; you will need to utilize the application provided by the Vermont Housing Finance Agency at www.vhfa.org to verify the amount of credits your project may be eligible for and to actually apply for the credits.

The Low-Income Housing Tax Credit (LIHTC) program is an incentive program created to encourage the construction or rehabilitation of buildings for low-income tenants by providing a dollar-for-dollar credit that can be used to reduce federal taxes. These tax benefits can be used by developers to attract investors who commit their dollars to a project in return for a share of the tax credits and other benefits.

**Type of Tax Credits**. At the top of the "Tax Credits" sheet, indicate whether your project will be qualified for 4% tax credits, 9% tax credits, or both. You can change your answer to this question at any time as you work with the model. However, the answer that is currently selected will determine the amount of "Net Tax Credit Investor Proceeds" that is carried over to the "Sources of Funds" sheet.

**Total Project Costs**. Based on the information you entered on the development costs sheet, estimates for your "Total Project Costs" and all ineligible costs will be automatically entered on the "Tax Credits" sheet.

**Eligible Basis**. Enter values as appropriate for your project in the "Eligible Basis" section of the sheet. The model will then calculate the "Total Eligible Basis" for your project. Next, indicate whether your project will be located in a "Qualified Census Tract" or "Difficult to Develop Area" (check the Vermont Housing Finance Agency's Qualified Allocation Plan at www.vhfa.org for definitions of these terms if needed). If you answer "Yes" to this question, your project's eligible basis will automatically be increased by 30%, as shown in the "Adjusted Eligible Basis" cell.

Next, enter the "applicable fraction" for your project. The applicable fraction is the portion of your project that qualifies for low-income housing tax credits, based on the smaller of the percentage of total units or the percentage of the total square footage devoted to low-income housing.

**Total Qualified Basis.** Based on the applicable fraction you entered, the model will calculate the "Total Qualified Basis". Next, enter the "Applicable Percentage" in the appropriate cell, in addition to the month and year of the "Applicable Percentage" used (monthly credit rates are posted at www.vhfa.org ). The model will then calculate the "Total Amount of Tax Credits Allowable".

**Net Tax Credit Investor Proceeds**. Enter an alternate amount in the cell for "Total Amount of Tax Credit Requested" if the amount of credits you plan to request is different from the "Total Amount of Tax Credits Allowable". The "Total Tax Credits for 10 Years" will then be calculated. Modify the amount shown in the "Tax Credit Yield" and "Percentage of Limited Partnership Proceeds" as appropriate for your project. The model will then calculate the "Net Tax Credit Investor Proceeds", which will be carried over to the "Sources of Funds" sheet.

Remember that the calculations included on the "Tax Credits" sheet should be used for preliminary estimates only. Utilize the tax credit application forms provided by the Vermont Housing Finance Agency for final estimates of LIHTC proceeds.

## XIII. SOURCES OF FUNDS

This sheet will calculate the sources of funds for each use that will be included in your project and determine any gap or excess in funding for each use and for the project as a whole.

**Debt Service**. The amount of debt a project can support is typically based on the net-operating income (NOI) generated by the project. For those uses for which both total project and property-only projections are generated, debt service calculations can be calculated from either the total project or the property-only NOI, by selecting the indicated button at the top of this sheet. You may change this option at any time as you work with the model.

Lenders typically want to ensure that a project would be able to meet its debt service obligation even if it were converted to a straight rental property at some point in the future. Thus, the most conservative approach is to base your debt service calculation on the lesser of the total project or property-only NOI. If the property-only NOI is significantly less than the total project NOI, review the % property allocation on the "Expenses" and "Personnel" sheets and decrease the property-related cost allocations if appropriate.

The model will support up to three different sources of debt for each use. The debt coverage ratio that will be required by each lender should be entered in the appropriate cell in the column for each loan. Based on this ratio, the amount of funds that would be available for annual debt service payments will be calculated, based on either the total project NOI or the property-only NOI (according to the option you selected). If you prefer a smaller amount of debt than that shown, enter an alternate amount in the blue cell in the "Override" row.

Next, enter the estimated term and interest rate for each loan. The amount of the loan will then be calculated, along with the estimated cash flow remaining after debt service payments. The amount of any funding gap remaining after the amount of debt financing has been calculated will also be shown.

**Sources of Funds Summary**. The amount of debt (if any) calculated in the "Debt Service Calculation" section of the worksheet will be carried over to the "Sources of Funds Summary". In the appropriate rows in this section, specify the source of debt for each loan for each product type that will be included in your project. Then enter any other sources of funds that will be available for each use in the "Amount ($)" columns. The "% of Total Funds" that each source represents will automatically be calculated, along with the total sources of funds. A summary of the sources of funds for all uses (i.e. for the total project) will also be generated.

A "Project Gap or Excess" for each use will be calculated and shown at the bottom of this sheet based on either a preliminary estimate of development costs or a detailed development budget, as indicated by your choice at the top of the "Development Costs" sheet. If your project will include more than one use, the development costs are allocated to each use based on the square footage estimates generated on the "Development Costs" sheet.

## XIV. CONSTRUCTION FLOW OF FUNDS

The “Construction Flow of Funds” sheet will be used by the Vermont Housing Finance Agency to track the flow of funds during the construction of your project.

The total sources of funds for your project will automatically be carried over from the “Sources” sheet to the Total column in the “Sources of Funds” section on the “Construction Flow of Funds” sheet. Similarly, the amounts allocated in the detailed development budget on the “Development Costs” sheet will be carried over to the Total column in the “Uses of Funds” section on the “Construction Flow of Funds” sheet.

As your project progresses through the construction period, amounts should be entered in the appropriate cells as funds are expended each month. As figures are entered, the model will automatically calculate the total amount spent and the balance for each line item.

## XV. OUTPUT SHEETS

The information entered in the input sheets of the model will be incorporated into profit and loss projections for each use that will be included in your project. These projections include monthly estimates of income and expenses for the first two years and annual estimates for ten years. Also shown is the cash flow after debt service and the projected cumulative cash flow for the project.

Property-only profit and loss projections are also generated for assisted living (and independent senior housing if included in your project) to show the viability of the project if it were operated as a straight rental property. Projections for the total project, combining all uses on one spreadsheet, are also generated.

## APPENDIX A – DETERMINING PRIVATE-PAY RATES

A determination of the most appropriate private-pay rates for an assisted living facility can best be made by evaluating rates for comparable facilities in the proposed project's primary market area (or in the surrounding areas if there are no comparable facilities in the primary market area). This determination would typically be made when a market feasibility study for a proposed project is conducted. However, in some cases (e.g. for a preliminary feasibility analysis), a market study may not yet be available. This appendix will provide some general guidelines on how to best determine your project's primary market area and private-pay rate structure.

**Determining a Project's Primary Market Area**. The primary market area for an assisted living facility is that geographical area from which the majority of residents relocate. It is typically comprised of a fairly homogenous geographic region from which potential residents are willing to travel to receive services. It is important to note that the boundaries of a primary market area may change over time, as forces both within and outside of the market area act to redefine the boundary lines.

To properly identify a primary market area, a variety of factors must be analyzed. Geographic boundaries such as rivers, mountains, and creeks may serve as natural barriers, limiting the accessibility of an area. Transportation corridors such as freeways, railroad tracks and other major arteries may also make it difficult to travel from one area to another.

In addition, psychological barriers may exist. That is, there may be defined lines in a community that prospective residents would not cross to obtain senior living services. Often one part of a city or town is perceived as substantially different from another for reasons not always evident to individuals unfamiliar with the community. County lines, state lines and city limits may also form psychological barriers.

The distance that people in a local area are willing to travel to access needed services is also an important factor to consider when determining a primary market area. For instance, in rural communities people often travel relatively long distances to obtain services (e.g., 10 to 15 miles) and in more remote locations they may travel up to 20 or 30 miles to access services. On the other hand, in urban markets individuals may not be willing to travel more than a few miles to obtain needed services.

**Identifying Comparable Facilities**. After determining an appropriate market area for the proposed project, those facilities located within this area that could be considered comparable to the proposed project must be identified. Competitive facilities may be defined as those facilities offering a physical plant and services that are comparable to the proposed project. Typically, for facilities to be considered as direct competition to a proposed assisted living facility, a full spectrum of personal care services must be available. If there are no assisted living facilities currently located within your project's primary market area, expand the geographic area to include those assisted living facilities that are located the closest to your proposed project.

**Determining Current Rates for Comparable Facilities**. To determine the private-pay rates for comparable facilities, these facilities should be contacted and appropriate information obtained. It is important to determine the rates for all levels of care offered and for all available unit sizes. Information should also be obtained regarding the services included in the various care levels.

**Estimating Appropriate Private-Pay Rates**. Once the rates for comparable facilities have been obtained, appropriate rates for the proposed project may be determined. A decision must be made about how to best position the proposed project within the marketplace. Some affordable project sponsors want facilities to serve the lower end of the private-pay market by providing the most affordable rates possible. Other affordable facilities position the majority of their units in the middle or perhaps even at the upper end of the private-pay market (if their market area will support the rates). They do this to create an internal subsidy to help offset losses associated with Medicaid units when the Medicaid rate is insufficient to cover costs.

# APPENDIX B — OPERATING EXPENSE OVERVIEW

A brief description of line items on the "Expenses" sheet has been provided in this section, along with an explanation of the primary factors that may impact project-specific costs. Guidelines have also been provided as to how to collect data, conduct research, and estimate expenses for your project.

## A. ADMINISTRATIVE EXPENSES

**Telephone**. Telephone costs can vary greatly depending upon the local phone company's billing policies, the number of phone lines in the building, and whether long-distance calls are required on an ongoing basis (e.g., the management company for the building is located out of the area). Thus, the default assumption provided for this line item should be modified as appropriate.

**Pagers/Cellular Telephones**. The administrator and/or nurse typically are required to be available on an on-call basis via the use of pagers or cell phones. Pagers are less expensive to use but typically are less efficient than cell phones. On the other hand, some areas do not receive adequate (or any) cell phone coverage. Therefore, the amount that has been allocated for this line item may need to be modified depending on whether pagers or cell phones are used and/or if more costly calling plans are utilized.

**License or Permit**. At this time there are no licensing fees charged to assisted living facilities in Vermont, so no amount has been allocated to this line item in the financial feasibility model.

**Legal Fees**. This line item would be used to estimate any legal fees that may be anticipated in conjunction with the operation of the project.

**Audit Expense**. Some lenders require that audits be performed on a yearly basis. Hence, an estimated cost per month is provided to cover this cost. This amount would obviously not be needed if an audit is not required.

**Accounting Expense**. The cost of performing accounting-related tasks is included in this category (e.g., payroll processing, billing, etc.). This amount would be in addition to any amount allocated for a management fee.

**Office Supplies**. This line item represents all office and administrative supplies needed to operate an assisted living facility.

**Computer / Technology**. This line item should include the cost to maintain computer equipment and programs. The cost for internet use may also be included in this category.

**Conference / Travel.** Included in this line item would be the cost associated with industry-related conferences and any travel cost incurred in conjunction with such conferences.

**Mileage Reimbursement**. Costs in this category would be attributed to mileage incurred by building personnel in conducting facility business.

**Personnel Recruiting / Advertising**. This line item includes those costs associated with personnel recruitment, and can vary greatly depending on the location of the building and the stability of staff. Thus, this number should be modified if the building is located in a metropolitan area with higher advertising costs and/or may have a high turnover of staff necessitating ongoing recruitment efforts.

**Printing / Duplicating / Forms.** Any cost due to administrative printing should be accounted for in this line item.

**Inservice Training / Education**. The costs associated with the training of staff (e.g. first aid, CPR) are included in this category. The figure provided may need to be modified depending on your state's requirements for training and/or the extent to which outside resources are used to conduct staff training.

**Dues/Memberships**. This category accounts for the costs incurred by membership in industry associations, chambers of commerce, and/or subscriptions to industry publications. This number may need to be increased if the building belongs to more than one industry association.

**Postage/Delivery**. This category includes postage and any overnight mail charges. If your project will utilize a third-party management company located out of the immediate area, the amount budgeted for this line item should cover the cost of any regular correspondence to and from the management company's office.

**Administrative Equipment**. This category would cover the cost associated with purchasing, replacing, and/or servicing office equipment, such as copy or fax machines.

**Pre-Employment Screening**. This category includes those costs associated with any pre-employment screening conducted, such as criminal record clearances and Hepatitis B vaccinations. At this time Vermont does not charge providers for criminal background screening, and additional pre-employment screening such as pre-employment health screenings are not required.

### B. DIETARY/KITCHEN EXPENSES

**Raw Food**. The cost of raw food is typically budgeted on a per-resident (per meal or per day) basis. The default assumption provided in the financial model assumes that one main entrée is served for each meal with alternatives provided as desired by residents. If a "select" menu is used, which provides more than one entrée for each meal, it may be appropriate to increase the

cost factor for this line item.

**Kitchen Supplies**. This category includes supplies used in the kitchen for food preparation or service, such as foil wrap, paper cups, or place mats.

**Equipment**. Included in this line item is the cost to purchase or replace small wares (e.g., silverware, dishes, etc.) or small equipment items.

**Dietary Supplement.** Include in this category the cost related to any nutritional supplements, such as "Ensure", that may be ordered for residents. Sometimes these charges can be billed back to the residents for whom they were ordered.

**Dietary Consultant**. A monthly fee may be paid to a dietary consultant for the preparation of menus, recipes, and special diet guidelines. Consultants may also perform kitchen inspections on a regular basis to ensure compliance with all sanitation standards and regulations.

**Contracted Services / Temporary Personnel**. An amount for temporary personnel should be budgeted if you anticipate utilizing outside agency staff when regular dietary personnel are absent. A more efficient and cost-effective staffing method is to have trained back-up staff available to fill in on an as-needed basis, although at times the use of contracted services may be unavoidable.

### C. Housekeeping and Laundry

The items included in this section represent the expense of providing housekeeping and laundry services. The figures suggested in the financial model assume that residents provide their own linens, towels, and toilet paper. Note that some state regulations require facilities to provide these items for residents if residents choose not to provide them.

### D. Resident Care

**Care Supplies**. This category includes those items utilized in the provision of personal care and medication assistance for residents, such as adult briefs, latex gloves, or diabetic supplies. Some of these items may be able to be billed back to the residents for whom they are ordered, with other items considered to be facility costs. Medicaid may provide reimbursement for care supplies required for Medicaid-eligible residents

**Medications**. This expense typically covers the cost for a pharmacy to generate medication records on a monthly basis, and is usually charged on a per-resident, per-month basis. An additional fee may also be charged if regular services, such as medication administration record audits, are provided by a consulting pharmacist.

**Contracted Services / Temporary Personnel.** An amount should be budgeted for this category if you anticipate utilizing temporary personnel to supplement facility employees on an as-needed basis.

**Equipment.** The cost to purchase and/or maintain equipment used in resident care services, such as glucometers, scales, or blood pressure cuffs, should be included in this category.

### E. Activities

Included in the line items in this section should be all costs associated with your facility's activity program, including activities supplies and the cost of entertainment.

### F. Marketing

**Advertising**. The amount of money spent on advertising will vary depending on the competitiveness of the marketplace, the advertising options available in the market area, and the effectiveness of other marketing strategies employed. Another major factor affecting this line item is the location of the facility. That is, advertising costs in small, rural communities are typically minimal, whereas these costs in metropolitan areas can be significant and often are cost-prohibitive. It should be noted that network marketing (establishing and maintaining relationships with key community contacts) is often the most effective marketing strategy and requires no direct expenditure of funds aside from staffing costs.

**Printing**. An amount should be budgeted for the costs associated with printing marketing materials such as brochures, business cards and stationary. The cost estimate provided in the model may be low if more elaborate materials are envisioned (e.g., four-color printing, etc.).

**Professional Referral Fees**. In some communities, referral agencies play a significant role in the community's local referral network. In such a case, an amount should be budgeted for referral agency fees. If a building is located in an area that does not utilize such agencies or if the building does not require the use of agencies to maintain occupancy, funds would not need to be allocated for these fees. No funds have been allocated for this line item in the financial model.

### G. Utilities

The costs for utilities (i.e., electricity, gas/fuel oil, water/sewer, cable TV, and trash removal) may vary significantly depending on the location of the facility. Default assumptions have been provided based on typical costs incurred by other assisted living facilities in Vermont. However, these costs should be researched on a facility-specific basis. Suggestions are provided in this section on how to obtain estimates for these costs.

**Electricity, Gas and Fuel Oil**. Utility companies providing electricity, gas and/or fuel oil in the area in which a proposed facility will be located will typically provide estimates of cost based on the number of units in the building and comparable facilities in the area.

**Water and Sewer**. The monthly expense for water and sewer is typically based on the number of units in the building. The companies providing these services will usually provide an estimated monthly cost for a proposed project.

**Garbage Removal**. The cost for trash removal will vary depending upon the location of the facility and the number of residents. Estimated costs for this expense may typically also be obtained from the service provider if information is provided regarding the number of units planned for the project.

**Cable TV**. The cable TV vendor servicing the area in which the building is located should be able to provide estimates of cost based on the number of units in the building. Typically, the facility will include the cost of basic cable in residents' monthly fees, with extended cable paid for by each resident directly if it is preferred.

## H. MAINTENANCE

**Maintenance and Repairs**. This line item is comprised of those costs related to maintaining a facility in good condition and providing repairs to the building and/or equipment as needed.

**Grounds**. This category covers the cost to have the grounds of the facility maintained on a regular basis. The actual amount charged may differ from the estimate provided depending on the amount and complexity of any landscaping on the grounds and on the size of the property. It should be noted that for large properties, only a portion of the grounds may need to be maintained. The remainder of the site can often be left in its natural state.

**Snow Removal.** Estimate in this category should include any amount that would be associated with the removal of snow.

**Alarm Monitoring**. This line item covers the cost associated with monitoring the facility's fire alarm system.

**Pest Control**. This category includes the cost for regular pest control services to be provided. Depending on the area in which the facility is located, pest control services may be needed on a monthly, quarterly, or possibly less frequent basis.

**Life Safety Maintenance.** Included in this category would be the cost associated with regular maintenance on fire and life safety equipment.

**HVAC**. This line item applies to maintenance provided to a building's heating, ventilating and air-conditioning (HVAC) system, and is based on the project's number of units. This line item would not apply if a building does not have air conditioning and may be less than the amount provided if only the building's common areas are air-conditioned.

**Elevator**. This category would be utilized for multi-story buildings and should cover the monthly fee for a maintenance contract for the elevator(s). This fee will vary depending on the building's location and number of elevators.

**Other Contracted Services.** Other services that would be contracted out rather than performed by internal maintenance personnel should be included in this line item.

**Repair and Replacement Reserve**. Funds should typically be placed in a repair and replacement reserve on a monthly basis. Verify the per-unit amount that will be required by the lender(s) for your project for a replacement reserve.

### I. Vehicle Expenses

The line items included in this category would apply if your facility will utilize a vehicle to transport residents, and include Gas/Oil, Vehicle Lease/ Purchase Payment, and Vehicle Maintenance. It is assumed that the cost of insurance for the vehicle is included in the expense categories for property and liability insurance.

### J. Insurance

The cost for professional liability insurance has fluctuated significantly in recent years. The estimate included in the model is based on an estimated average cost for assisted living facilities located in Vermont. However, this cost may vary based on a number of factors. Thus, actual estimates for both professional liability insurance and for property insurance should be obtained from a local insurance broker providing this type of insurance.

### H. Other Expenses

**Interest Expense.** Allocate an amount to this category if you expect to incur any interest charges, other than that associated with mortgage payments (e.g. for a line of credit, etc.).

**Property Taxes**. The property tax treatment and costs for your project (for-profit or non-profit) need to be researched carefully since property taxes can be a major expense. A determination as to whether a non-profit organization should budget for property taxes may best be made by a tax attorney or other professional with specific expertise in this area. When applicable, property taxes should be estimated. The appropriate factor to apply to the building's value may be

obtained from the county assessor's office for the area in which the project will be located.

### H. Corporate / Management Fees

A management fee is typically paid to a management company to oversee the ongoing operations of a facility. This fee is usually based on five percent of a facility's net revenue, although in some cases another percentage may be used. A five percent fee is provided as a default assumption in the financial model for this expense category. A minimum monthly fee is usually included in a management contract to provide sufficient compensation to the management agent during the facility's lease-up period. The amount of this fee will vary, usually depending on the size of the building and the projected revenue stream.

Facilities that are affiliated with large organizations may pay a corporate/management fee to a parent organization instead of to a third-party management company. The amount of these fees and the manner in which the fees are structured can vary significantly between organizations.

# APPENDIX C — PERSONNEL OVERVIEW

Many assisted living projects will utilize only a portion of the positions included on the "Personnel" sheet of the financial feasibility model. However, all of the positions are included to allow for flexibility in allocating personnel costs. A description of those positions most commonly utilized and an overview of those factors that might have an impact on either the number of hours or the wage allocated for the position is provided in this section.

## A. Administrative and General

**Chief Executive Officer / Chief Financial Officer.** These positions would not typically be included in the budget for an assisted living facility, although for some projects this may be the case. More common would be to include an allocation for this type of position in a corporate fee (see Appendix B – Corporate / Management Fees).

**Administrator**. A full-time, salaried administrator is included in the default assumptions built into the model. This individual typically oversees all of the day-to-day operations of the facility, including staffing, resident care, marketing, and business management. The salary for this position will vary greatly depending upon the location of the facility and the number of units. Estimates for appropriate administrator salaries for your area may best be obtained by networking with other assisted living providers in your area.

**Assistant Administrator**. The position of assistant administrator may be used in larger facilities, with smaller facilities typically not having a need for this position. In larger projects, some of the duties that would usually be performed by the administrator are delegated to the assistant administrator (e.g., marketing, business functions, and/or staff scheduling). An appropriate wage for this position may best be estimated via those avenues outlined for the administrator position.

**Marketing.** An amount has not been included in the financial model for a marketing position, as it is assumed that marketing duties would be performed by the administrator and/or assistant administrator. However, in some markets and/or for large projects dedicated marketing personnel may be required.

**Other Fiscal Staff / Human Resource Staff.** No allocation has been included in the financial model for other fiscal staff or human resource personnel. It is assumed that these tasks would be performed by other administrative positions at the facility and/or by a third-party management company or parent corporation.

**Administrative Support**. An administrative support position is typically not needed for smaller assisted living facilities. When this position is utilized, duties may include answering the phone, greeting visitors, and performing clerical duties. To estimate the hourly wage for this position, comparable wages for receptionist/clerical positions in several different industries may be obtained. Often this can be accomplished by reviewing local help-wanted ads and/or job posting sites on the internet.

### B. Building and Grounds

Maintenance personnel are needed to keep the building in good condition and perform preventative maintenance tasks as appropriate. For larger facilities, 0.5 hours per week per unit is generally an appropriate estimate of the time needed for this position. Smaller facilities will typically require a greater per-unit, per-week factor, as these homes are not able to benefit from the economies of scale present in larger facilities. Older buildings and/or buildings that have not been well maintained may require additional maintenance time.

The wage for maintenance personnel will vary depending upon the location and size of the facility. Wage surveys for this position can be conducted with other assisted living facilities, nursing homes, and hospitals. Help-wanted ads and job postings may also provide helpful information.

If a facility's grounds will be maintained by in-house personnel instead of outside contractors, an amount should also be budgeted for this line item.

### B. Dietary

**Lead Cook/Food Services Director**. In most assisted living facilities, a lead cook/food services director is employed to oversee the day-to-day operations of the kitchen, including ordering food, ensuring the cleanliness of the kitchen, and maintaining food costs within budgetary guidelines. Depending on the size of the building, this individual may also be responsible for overseeing all kitchen personnel (e.g., hiring, scheduling, supervising, etc.). The assumptions built into the model assume that the lead cook/food service director also performs cooking duties.

The wage for the lead cook/food service director will vary depending on the size of the building and the location of the facility. Wage surveys may include other assisted living facilities, nursing homes, hospitals, schools and/or restaurants. Help-wanted ads and job postings may also provide useful information.

**Cooks**. Depending on the size of the facility, one or more cooks will likely be required in addition to the lead cook/food service director. Facilities with less than approximately 50 residents can typically be staffed with 10 cook hours per day, supplemented as appropriate with assistance from dietary aides.

As with the lead cook/food service director, wage surveys should include other assisted living facilities, nursing homes and hospitals, utilizing schools and restaurants if appropriate. Help-wanted ads and job postings may also provide useful information.

**Dietary Aides**. In larger assisted living facilities, dietary aides/kitchen assistants should be utilized to provide assistance to the cooks. Duties may include food prep tasks, dish washing,

cleaning of food preparation areas, and dining room set-up/clean-up. The hours needed for this position will vary depending on the size of the building and the number of cook hours budgeted. An appropriate wage for this position may be obtained by surveying nursing homes, hospitals and restaurants.

**Servers**. Most smaller assisted living facilities designed to provide affordable assisted living will utilize universal workers to serve meals to residents. However, dedicated servers may be desirable in larger facilities with a high percentage of private-pay units, especially those with a higher-end rate structure. In some markets, the use of dedicated servers has become a standard and is used to enhance the dining experience for residents. In such a case, it may be helpful to utilize dedicated servers to compete effectively in the marketplace.

### D. Housekeeping and Laundry

In very small facilities, universal workers may be responsible for the routine cleaning of resident units and common areas. Most facilities, however, utilize dedicated housekeepers for the regular cleaning of resident apartments. Housekeepers may also be used by smaller homes to provide deep cleaning tasks. If a dedicated housekeeper is used, the number of hours required for this position will depend on the number of units in the project. A factor of approximately1.0 hour per week for each unit may be used to budget the number of housekeeping hours needed.

Dedicated laundry personnel are not utilized in most assisted living facilities. Typically, housekeeping staff will change the linen in resident units and take residents' laundry to the laundry room. The laundry can then be done by resident assistants during the night shift (or during the day/evening depending on the laundry needs at the time).

The wage for a housekeeper is typically similar to that paid to resident assistants. Wage surveys for this position may include competing assisted living facilities, nursing homes, and hotels.

### E. Resident Services

**Registered Nurse or LVN/LPN**. The role of a nurse in assisted living facilities is typically to oversee resident care, train and supervise resident assistants, and interface with other health-care providers (e.g., resident physicians, home health agencies, etc.). Requirements for nurses in assisted living facilities vary greatly by state, so be sure to verify any state-specific regulations that will apply to your project.

Vermont has a nurse delegation acts that permits RNs to delegate to qualified unlicensed staff nursing tasks that would otherwise need to be performed by a licensed nurse. This allows the use of a RN to significantly increase the ability of a facility to provide a higher level of care more efficiently and at a decreased cost.

The number of nursing hours needed depends on the size of the facility and the level of acuity in the building. The financial model utilizes a factor of .75 hours of nursing time per resident per week, and assumes that the average acuity level in the project will be fairly high. If you expect to provide a lower level of care, modify the estimated hours of nursing time built into the model. The model assumes RN time up to a maximum of 1.0 FTE, with additional nursing hours assumed to be provided by LVNs/LPNs.

Comparable wages for the nurse position(s) may be found by surveying other assisted living facilities, nursing homes, hospitals, and home health agencies. Other sources of wage information may be industry surveys, help-wanted ads and web-based job postings.

**Nurse On-Call**. Nurses in assisted living facilities are typically expected to be available on an on-call basis for questions by staff regarding resident care. An additional fee may be paid to the nurse as compensation for on-call time.

**Resident Assistants**. In assisted living facilities, resident assistants often serve in the capacity of "universal workers", in that they are responsible for assisting residents with a variety of needed services. These services typically include personal care, medication assistance, re-direction and orientation, and meal service. Resident assistants are also responsible for maintaining appropriate documentation in resident records and may perform laundry and/or housekeeping tasks.

The appropriate number of resident assistants will depend on the acuity of resident needs. That is, facilities with a higher level of care should have a higher staffing ratio than facilities with a lower level of care.

Typically a building will have more staff on the day and evening shifts than on the night shift, as resident care needs are usually not as great at night. Shifts for universal workers typically range from approximately 7:00 a.m. to 3:30 p.m. for the day shift, from 3:00 p.m. to 11:30 p.m. for the evening shift, and from 11:00 p.m. to 7:30 a.m. for the night shift. However, there are many variations in staffing patterns and shifts, all of which can work equally well depending on the needs of a particular facility.

It should be noted that staffing needs may vary for buildings with the same number of units, depending on the design of the building. That is, a multi-story building should ideally have at least one resident assistant available per floor per shift, even if this would result in more staff than would otherwise be budgeted. The same would be true if a building has distinct wings or sections. The model assumes a one-story building without distinct wings or sections. If a building will have multiple floors and/or distinct sections, it would be advisable to work closely with an operations consultant during the design phase of the project to minimize any impact the design could have on staffing levels.

The wages for resident assistants can vary significantly between geographic areas, depending on the local cost of living and job market. Wage surveys for this position should typically include

other assisted living facilities, nursing homes, hospitals and home health agencies. Help-wanted ads and web-based job postings may also provide additional information. When conducting wage surveys for this position, it is helpful to determine if any differential is paid for certified aides versus those who are not certified and/or for aides who work the swing or night shifts.

As noted earlier, hospitals typically have higher wage structures than do other types of facilities. In addition, home health aides are often paid more than resident assistants in assisted living facilities, as these aides are often not guaranteed regular hours and usually have to provide their own transportation between clients.

### E. Activities

**Activity Director**. The activity director is responsible for planning and implementing social and recreational activities for residents. In small facilities, these functions may be performed by resident assistants, whereas larger facilities usually have dedicated activity director positions. Comparable wages may be obtained from wage surveys of currently operating assisted living facilities or nursing homes and from help-wanted ads or job postings.

**Vehicle Driver**. If a van or other vehicle will be utilized by a facility for transporting residents to doctor appointments, shopping and/or on outings, the cost to employ a driver should be budgeted. Small assisted living facilities may utilize other positions (e.g. universal workers or the maintenance person) to carry out this function. If a dedicated vehicle driver is employed, this position can usually be budgeted at approximately the same wage that is paid to the facility's resident assistants.

**Other Activities Staff.** Large assisted living facilities will often employ an assistant activity director and/or activities aides, in order to provide sufficient amounts of activities each day throughout the week. Facilities may also want to utilize volunteers to assist with activity programming.

### F. Other

Some facilities have special needs that require additional staffing not included in this model. For example, a project located in a high-crime or urban setting may need to employ security personnel, while a special-needs project that serves only hearing-impaired individuals might require the services of a translator to facilitate communication with residents.

# FINANCIAL GUIDELINES & COMPARATIVE DATA

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## FOR THE OPERATION of VERMONT ASSISTED LIVING RESIDENCES

Developed for:

The Vermont Department of
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**APPENDIX A:**

**Staffing Guidelines for Vermont Assisted Living Residences**

**APPENDIX B:**

**Scenario Analyses for 18-, 29-, and 40-Unit Assisted Living Residences**

# INTRODUCTION

This report provides guidelines and comparative data for operating projections developed for Vermont-based assisted living residences (ALRs). The guidelines included in the report are designed to provide one approach to the operation of ALRs, with the realization that there are many other approaches that may be equally as effective. As part of the report, three scenario analyses are presented to provide hypothetical revenue and expense projections for 18-, 28-, and 40-unit residences.

To facilitate the preparation of the scenario analyses, selected financial data was obtained from the assisted living residences that are currently operating in Vermont. All six of these properties provided unit mix and private-pay rate information. Five of the ALRs also provided wage information for selected positions and cost data for expenses that tend to vary by geographic area. This information is provided in a summary format so as not to disclose potentially proprietary information about specific residences.

National assisted living operating information obtained from two large-scale surveys, "The State of Seniors Housing 2006[1]" and the "2006 Assisted Living Overview"[2], is also included in this report. The Vermont-specific data and the projections developed for the scenario analyses are compared to this information to provide a broader context and point of comparison for the more detailed guidelines and projections.

[1] The "State of Seniors Housing 2006" was developed by the American Seniors Housing Association (ASHA), the National Investment Center for the Seniors Housing and Care Industry (NIC), PricewaterhouseCoopers, and the American Association of Homes and Services for the Aging (AAHSA) in 2006.

[2] "The 2006 Overview of Assisted Living" was produced by ASHA, AAHSA, NIC, the Assisted Living Federation of America (ALFA), and the National Center for Assisted Living (NCAL) in 2006.

# REVENUE PROJECTIONS

The amount of revenue that may be generated by an assisted living residence is impacted by a number of different factors. The unit mix of the residence, the private-pay rate structure, the percentage of private-pay versus Medicaid residents, the level of care breakdown for both Medicaid and private-pay residents, and the occupancy rate achieved by the residence can all potentially affect the profitability and financial viability of a residence.

***Unit Composition.*** The unit mix of a residence can have an impact both on the occupancy rates that may be achieved and on the revenue that is generated by the residence. Overall, national trends in the assisted living industry have been toward larger units with an increasing number of one-bedroom (and in some residences, two-bedroom) units. Following is a summary of the unit composition of the assisted living residences (ALRs) currently operating in Vermont:

**Table 1 - Unit Composition**
**For Vermont Assisted Living Residences***

| | Vernon Home | Valley Terrace | Woodstock Terrace | Meadows at East Mountain | Cathedral Square | Village at Cedar Hill | Average |
|---|---|---|---|---|---|---|---|
| Studio / Room | 87% | 15% | 15% | 100% | 0% | 0% | 36% |
| One-Bedroom | 13% | 85% | 79% | 0% | 100% | 90% | 61% |
| Two-Bedroom | 0% | 0% | 6% | 0% | 0% | 10% | 3% |

* Excluding dedicated memory-care units.

As may be seen from these figures, there is a wide variation in the unit mix at different residences. When compared to national data, Vermont ALRs have a slightly higher percentage of one-bedroom units than is seen nationally, as reported in "The 2006 Overview of Assisted Living'[3]. This study found that of all of the assisted living

[3] "The 2006 Overview of Assisted Living", page 22.

properties surveyed, 45% of the units were of a studio design, 46% were one-bedroom units, 5.3% were two-bedroom units and 3.3% were of an "other" design (this data also does not include dementia-specific units).

The average unit composition of Vermont ALRs, as shown in Table 1, forms the basis for the unit mix included in the scenario analyses located in Appendix B.

***Private-Pay Rates***. The current private-pay rates for all of the assisted living residences currently operating in Vermont are presented in Tables 2 through 5 below:

**Table 2 - Studio Unit Rates**
**At Vermont Assisted Living Residences (as of 7/07)**

| Level of Care: | Vernon Home | Valley Terrace | Woodstock Terrace | Meadows at East Mountain | Cathedral Square | Village at Cedar Hill | Average |
|---|---|---|---|---|---|---|---|
| Basic | 2,160 | 4,550 | 4,550 | 3,863 | n/a | n/a | 3,781 |
| Tier 1 | 3,529 | 5,000 | 5,000 | 5,202 | n/a | n/a | 4,683 |
| Tier 2 | 3,985 | 5,450 | 5,450 | 5,536 | n/a | n/a | 5,105 |
| Tier 3 | n/a | 5,900 | 5,900 | 6,419 | n/a | n/a | 6,073 |
| *The Meadows offer rooms, not apartments. | | | | | | | |

**Table 3 - One-Bedroom Unit Rates**
**At Vermont Assisted Living Residences**

| Level of Care: | Vernon Home | Valley Terrace | Woodstock Terrace | Meadows at East Mountain | Cathedral Square | Village at Cedar Hill | Average |
|---|---|---|---|---|---|---|---|
| Basic | 2,210 | 5,300 | 5,500 | n/a | 2,103 | 3,840 | 3,790 |
| Tier 1 | 3,579 | 5,750 | 5,950 | n/a | 3,453 | 4,296 | 4,606 |
| Tier 2 | 4,035 | 6,200 | 6,400 | n/a | 3,753 | 4,904 | 5,058 |
| Tier 3 | n/a | 6,650 | 6,850 | n/a | n/a | 5,361 | 6,287 |

| Table 4 - Two-Bedroom Unit Rates At Vermont Assisted Living Residences | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Level of Care:** | **Vernon Home** | **Valley Terrace** | **Woodstock Terrace** | **Meadows at East Mountain** | **Cathedral Square** | **Village at Cedar Hill** | **Average** |
| Basic | n/a | n/a | n/a | n/a | n/a | 4,915 | 4,915 |
| Tier 1 | n/a | n/a | n/a | n/a | n/a | 5,371 | 5,371 |
| Tier 2 | n/a | n/a | n/a | n/a | n/a | 5,979 | 5,979 |
| Tier 3 | n/a | n/a | n/a | n/a | n/a | 6,436 | 6,436 |

| Table 5 - Memory-Care Rates At Vermont Assisted Living Residences | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Level of Care:** | **Vernon Home** | **Valley Terrace** | **Woodstock Terrace** | **Meadows at East Mountain** | **Cathedral Square** | **Village at Cedar Hill** | **Average** |
| Basic | n/a | 6,300 | 6,300 | 5,536 | n/a | n/a | 6,045 |
| Tier 1 | n/a | 6,750 | 6,750 | n/a | n/a | n/a | 6,750 |
| Tier 2 | n/a | 7,200 | 7,200 | n/a | n/a | n/a | 7,200 |
| Tier 3 | n/a | 7,650 | 7,650 | n/a | n/a | n/a | 7,650 |

As can be seen from the information in these tables, there is significant variation in rates between the various properties. For example, a studio unit at a basic level of care ranges from $2,160 at the Vernon Home to $4,550 at Valley Terrace and Woodstock Terrace. Similarly, one-bedroom units at a basic level of care range from $2,210 at the Vernon Home to $5,500 at Woodstock Terrace.

The rates charged at these assisted living residences are higher on average than those seen nationally, according to information reported in "The 2006 Overview of Assisted Living"[4] and shown in Table 6 below:

[4] "The 2006 Overview of Assisted Living", page 22.

| Table 6 - Average Monthly Rates For Assisted Living Residences | | | | |
|---|---|---|---|---|
| | Vt. Average Basic Rate | National Averages* | | |
| | | Lower quartile | Median | Upper Quartile |
| Studio Units | $3,781 | $2,120 | $2,625 | $3,271 |
| One-Bedroom Units | $3,790 | $2,311 | $2,891 | $3,644 |
| Two-Bedroom Units | $4,915 | $2,430 | $3,253 | $4,200 |

*According to the "2006 Overview of Assisted Living", based on the rates for non-dementia care AL, increased by 5% so as to be comparable to the current (2007) Vermont rates.

The private-pay rates proposed for an assisted living residence should be based on the demographic composition of the market area in which the residence will be located, the rates charged at any currently operating ALRs or residential care homes in the area, and the mission of the residence's sponsor.

***Medicaid Rates.*** Vermont has two programs that can provide Medicaid assistance to residents of assisted living residences. To be eligible for Medicaid assistance for Enhanced Residential Care (ERC) through the Choices for Care program, individuals must be assessed at a nursing-home level of care. Assistance for individuals who have personal care needs but do not meet nursing home eligibility criteria is available through the Assistive Community Care Services (ACCS) program. Individuals must meet financial eligibility criteria to receive Medicaid assistance through either of these programs.

Three different ERC payment rates are available through the Choices for Care program, depending on the tier at which the individual is assessed, while payment for ACCS residents is based on a flat daily rate. In addition to receiving ERC or ACCS service payments, assisted living providers also receive monthly room and board payment for Medicaid residents. These payments are paid to providers directly by residents (or their family members / responsible parties). A summary of these rates is presented in Table 7 below:

| Table 7 - 2007 Medicaid Payment Rates* For Vermont Assisted Living Residences | | | | |
|---|---|---|---|---|
| | *Daily Rate* | *Est. Monthly Calculation* | *Est. Room & Board Payment*** | *Total Est. Monthly Payment* |
| ACCS | $33.25 | $1,011 | $623 | $1,634 |
| ERC Tier 1 | $52.00 | $1,582 | $623 | $2,205 |
| ERC Tier 2 | $58.50 | $1,780 | $623 | $2,403 |
| ERC Tier 3 | $65.00 | $1,977 | $623 | $2,600 |

* For current Medicaid rate information, contact DAIL at 802-241-1228.
** Allowable room and board payments vary slightly based on income.

***Payor Mix.*** The percentage of private-pay versus Medicaid residents for a proposed residence should be based on the estimated number of households in the market area at various income levels who would be appropriate for assisted living. The mission of the residence's sponsor and the financial viability of the residence with varying levels of Medicaid funding should also be considered. The scenario analyses show 25% Medicaid residents for each of the 18, 28, and 40-unit hypothetical residences.

***Level of Care Breakdown***. The level of care breakdown for private-pay residents should be based on the desire of the residence's sponsor to support an aging-in-place environment and on the prior operating experience of the firm planning to provide day-to-day management of the residence. The private-pay level of care breakdown shown in the scenario analyses assumes that 25% of all residents are at a Basic level of care, 40% of residents are at Tier 1, 30% are at Tier 2, and 5% are at Tier 3.

The percentage of Medicaid residents at the various tiers should be based on the findings of the market study conducted for the residence. That is, the study should ideally provide an estimate of the number of households that would meet the income and need criteria for the various tiers available through the Choices for Care and/or ACCS programs in the market area for the proposed residence. These projections should also reflect the State's current guidelines for funding residents at Tier 1 (at this time Tier 1 residents residing in another location may be admitted to an ALR; however funding for new clients at the Tier 1 level of care is not currently available – if accepted into an ALR, the provider would

need to accept the ACCS payment rate). The scenario analyses show 20% of Medicaid residents at Tier 1, 55% at Tier 2, and 25% at Tier 3. No residents are shown at the ACCS level of care due to the lower reimbursement rate available for this level of care.

***Vacancy Factor.*** A 7.0% vacancy rate was used in the scenario analyses for all three sized residences. Vacancy rates were not obtained for Vermont ALRs, but occupancy data is available from the national studies. This information is summarized in the following table:

**Table 8 - Occupancy Rates**
**For Assisted Living Residences**

| | | *National Survey Data* | | | | |
|---|---|---|---|---|---|---|
| | *Scenario* | *Lower* | *Lower* | | *Upper* | *Upper* |
| | *Analyses* | *Decile* | *Quartile* | *Median* | *Quartile* | *Decile* |
| From the "State of Seniors Housing 2006", p. 32* | 93.0% | 78.9% | 87.5% | 91.4% | 94.7% | 100.0% |
| From the "2006 Overview of AL, p. 23" | n/a | n/a | 85.0% | 94.7% | 100.0% | n/a |

* Based on AL properties with < 41 beds

Based on this information, the vacancy factor of 7.0% used in the scenario analyses appears reasonable. A more conservative factor might be appropriate for residences located in extremely competitive markets or in locations where the demand for assisted living may be limited.

# PERSONNEL COSTS

A variety of staffing patterns may be utilized in assisted living residences, depending on the size of the residences, the target population served, the level of care provided, and the experience and preferences of the operator. These variations can result in residence-to-residence differences in the number of FTEs utilized for each position, by department, and/or for the property as a whole.

Rule-of-thumb guidelines for staffing ALRs are provided in Appendix A. These guidelines, which take into account the Vermont Assisted Living Residence regulations, represent one approach to staffing ALRs, with suggested staffing patterns provided for different sized buildings. For some positions, the number of full-time employees (FTEs) suggested increases in direct proportion to the number of units, whereas for other positions the suggested number of FTEs increases incrementally as the size of the residence increases. The staffing guidelines in Appendix A form the basis for the FTE calculations shown in the scenario-based analysis provided in Appendix B.

To provide a larger context for the suggested staffing guidelines, the number of FTEs for each department shown in the scenario analyses is compared to the number of FTEs reported in the national surveys. The combination of the staffing guidelines and the national data will hopefully provide a point of comparison from which the staffing levels at proposed ALRs may be evaluated.

***Suggested Staffing Guidelines:***

Following is a summary of the positions most frequently utilized in assisted living residences, along with any Vermont-specific staffing requirements and suggestions for determining the number of FTEs that might be needed.

***Administrator / Manager.*** Vermont requires assisted living residences to employ a manager or administrator to work in the facility an average of 32 hours per week, including any time worked providing care or services and any vacation or sick time. Typically, a full-time administrator / manager will be utilized regardless of the size of the

residence, although the salary paid for this position is typically less at smaller facilities. In the scenario analyses, 1.0 FTE is included for this position for all three sized buildings, with the estimated wage ranging from $50,000 for 18 units to $72,800 for 40 units, based on the wage information obtained from the ALRs in Vermont.

***Assistant Administrator.*** The position of assistant administrator may be used in larger assisted living residences, with smaller facilities typically not having a need for this position. When this position is utilized, some of the duties that would otherwise be performed by the administrator are typically delegated to the assistant administrator. This position is not included in the scenario analyses.

***Marketing.*** Marketing is an integral part of any assisted living residence, with dedicated marketing personnel utilized in larger residences. However, in smaller buildings marketing activities are typically performed by the administrator (and/or other personnel as designated by the administrator). Therefore, no marketing FTEs are included in the 18-, 28- or 40-unit residence scenarios. Suggested FTEs for dedicated marketing personnel for larger buildings are included in the staffing guidelines.

***Receptionist / Administrative Support.*** In larger assisted living residences, a receptionist / administrative support person is typically used to answer the phone, greet visitors, and perform clerical duties. Smaller residences, however, usually cannot support this position, with these tasks instead completed by personnel in other positions. The estimated number of hours per week suggested in the staffing guidelines for a receptionist / administrative support position increases incrementally with the size of the building. That is, no FTEs are included in the 18-unit scenario, 0.5 FTEs are shown in the 28-unit scenario, and 0.75 FTEs are projected for the 40-unit residence. Buildings over about 70 units typically have a receptionist working approximately ten hours per day due to the volume of phone calls and visitors that tend to occur in larger buildings.

***Activity Director.*** Activity directors are responsible for planning and implementing social and recreational activities for residents. In small facilities, these functions may be performed at least in part by personal care assistants, whereas larger facilities usually have dedicated activity director positions. Economies of scale are typically realized in

larger buildings as many activities take the same time to plan and implement regardless of the number of residents attending. The scenario analyses include 0.5 FTEs for 18 units, 0.7 FTEs for 28 units, and a full-time activity director for 40 units.

***Vehicle Driver.*** Vermont regulations require assisted living residences to provide transportation for residents up to 20 miles, round-trip without charge, not to exceed four roundtrips per month. Larger buildings generally have facility vehicles with dedicated drivers. Smaller buildings, on the other hand, often transport residents in personal vehicles and/or utilize community-based transportation options. Smaller buildings typically do not have dedicated drivers, with these tasks performed instead by employees in other positions such as the activity director or personal care assistants. The availability of a vehicle driver at a residence generally increases with the size of the building. A provision for a driver is included in all three scenario analyses, with six hours per week allocated for 18 units, 10 hours per week budgeted for 28 units, and 12 hours per week included in the 40-unit scenario.

***Registered Nurse.*** Vermont regulations require RNs in assisted living residences to oversee the implementation of service plans, conduct nursing assessments, and provide health services. Vermont's nurse delegation act permits RNs to delegate specified nursing tasks to unlicensed staff, with the RN providing training, supervision and oversight. The use of nurse delegation allows assisted living residences to provide a higher level of care more efficiently and at a decreased cost than if nurse delegation was not allowed.

The number of nursing hours needed depends on the size of the residence and the level of acuity in the building. For facilities using nurse delegation, an estimate of .75 to .80 hours of nursing time per resident per week is generally sufficient. The number of FTEs suggested in the scenario analyses is based on .80 nursing hours per resident per week.

***Nurse On-Call.*** Nurses in assisted living facilities are typically required to be on-call should staff have questions regarding resident care. An additional fee may be paid to the nurse as compensation for on-call time, as is seen in the scenario analyses, or on-call time may be included in the hours budgeted for the RN.

***Personal Care Assistants.*** Vermont regulations require ALRs to employ sufficient staff to meet the needs of each resident, with at least one personal care assistant on duty at all times. The number of personal care assistants that may be needed in a residence will vary depending on the number of residents and on the level of care provided. However, between 1.50 to 1.70 personal care assistant hours per day per resident is a rough guideline that may be used to estimate the number of FTEs needed in this position. A factor of 1.70 personal care assistant hours per resident per day is used in the three scenario analyses, reflective of the higher level of care that may be provided in Vermont assisted living residences. Smaller buildings may require an increased number of personal care assistants to ensure adequate staffing 24 hours per day. Persons in this position often serve as universal workers, in that they may perform a variety of tasks including some laundry, housekeeping, and meal preparation / service functions as needed.

Staffing needs may vary for buildings with the same number of units, depending on the design of the building. That is, a multi-story building should ideally have at least one resident assistant available per floor per shift, even if this would result in more staff than would otherwise be budgeted. The same would be true if a building has distinct wings or sections.

***Lead Cook / Food Services Director.*** In most assisted living residences, a lead cook / food services director oversees the day-to-day operations of the kitchen, including ordering food, ensuring the cleanliness of the kitchen, and maintaining food costs within budgetary guidelines. Depending on the size of the building, this individual may also be responsible for overseeing all kitchen personnel (e.g., hiring, scheduling, supervising, etc.). Typically, the person in this position also performs meal preparation and service tasks. A full-time employee is usually allocated in this

position, although in smaller buildings the wage for the position would usually be more comparable to a cook's wage. All three scenario analyses include 1.0 FTEs as a lead cook / food services director.

***Cooks.*** Depending on the size of the residence, one or more cooks are usually required in addition to the lead cook / food service director, although in buildings with fewer than approximately 18 units, some meals may be prepared by personal care assistants. In such a case, the cook would generally perform the majority of the meal preparation tasks, with the personal case assistants finishing and serving the meal.

The guidelines for food service staff included in Appendix A assume that in buildings with between 20 and 60 units all three meals per day are prepared by one cook during a 10-hour shift, supplemented as needed by dietary aides. Facilities with 60 or more units are assumed to utilize two 8-hour cooking shifts per day. The scenario analyses assume no cook hours (aside from the lead cook) for 18 units.

***Dietary Aides.*** Dietary aides may be utilized in assisted living residences to assist the cooking staff with meal preparation, dish washing, dining room set-up, meal service, and kitchen cleaning tasks. The hours needed for this position usually vary depending on the size of the building and the number of cook hours budgeted, as may be seen from the guidelines provided in Appendix A. The scenario analyses assume no dietary aides for the 18-unit residence, with just over two hours per day budgeted for 28-units (typically to clean up after the evening meal), and approximately six hours per day allocated for 40 units.

***Servers.*** Many assisted living residences utilize personal care assistants, supplemented by dietary aides as available, to provide meal service. However, residences that target upper-income residents often have dedicated servers in order to provide a dining experience more similar to that found in restaurants. Therefore, the number of serving staff (if any) utilized in a residence typically depends both on the clientele served and on the size of the residence. All three scenario analyses assume no dedicated servers.

***Housekeepers.*** In very small facilities, universal workers may be responsible for the routine cleaning of resident units and common areas. Most assisted living residences, however, utilize dedicated housekeepers to clean resident apartments. The number of hours required for this position usually depends on the number and size of the units in the residence, with between 0.8 to 1.0 hours per unit per week suggested in the staffing guidelines in Appendix A. Common area housekeeping tasks can generally be completed by personal care assistants on the night shift.

Dedicated laundry personnel are not utilized in most assisted living facilities. Typically, housekeeping staff change the linen in resident units and transport residents' laundry to the laundry room, with the laundry completed by personal care assistants during the evening and night shifts.

***Maintenance.*** A rule-of-thumb that may be used to budget maintenance personnel for assisted living residences is 0.5 hours per week per unit, as is shown in the guidelines in Appendix A. Smaller facilities may require slightly more hours per week, as the small scale of these homes usually don't provide the economies of scale available in larger facilities. Older buildings and/or buildings that have not been well maintained may also require additional maintenance time.

***Other.*** Some facilities have special needs that require additional staffing not included in the positions outlined above. For example, a residence located in a high-crime area or an urban setting might employ security personnel, while a facility that serves only hearing-impaired residents might require the services of a translator.

***Comparative Staffing Data:***

The FTEs included in the sample analyses for 18-, 28-, and 40-unit residences are compared in Table 9 (below) to data obtained from the two national surveys mentioned previously in this report. Because the two reports utilized different survey samples, the results are slightly different but provide a general perspective and point of comparison for the staffing patterns typically used in assisted living facilities. To facilitate ease of comparison to national data, the FTEs shown in the scenario analyses were converted to per-resident figures (based on the total number of FTEs for each department divided by

the projected number of residents for each scenario at the projected occupancy rate). This data is summarized in the following table:

**Table 9 - Full-Time Employees (FTEs) by Resident For Assisted Living Residence Departments***

| | *From the* | | | | *2006 State of Seniors Housing*** | | | | *2006 Overview of AL*** | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Scenario Analyses* | | | | *Lower* | | *Upper* | | *Lower* | | *Upper* |
| Department | *18* | *28* | *40* | | *Quartile* | *Median* | *Quartile* | | *Quartile* | *Median* | *Quartile* |
| Administrative | 0.06 | 0.06 | 0.04 | | 0.02 | 0.04 | 0.05 | | 0.03 | 0.05 | 0.07 |
| Dietary | 0.06 | 0.08 | 0.07 | | 0.06 | 0.09 | 0.13 | | 0.05 | 0.08 | 0.11 |
| Housekeeping | 0.03 | 0.03 | 0.03 | | 0.02 | 0.03 | 0.05 | | 0.03 | 0.04 | 0.06 |
| Maintenance | 0.01 | 0.01 | 0.01 | | 0.01 | 0.01 | 0.02 | | 0.01 | 0.02 | 0.03 |
| AL Labor | 0.33 | 0.32 | 0.32 | | 0.23 | 0.32 | 0.38 | | 0.19 | 0.28 | 0.39 |
| Nursing Labor | 0.02 | 0.02 | 0.02 | | 0.02 | 0.06 | 0.23 | | 0.02 | 0.04 | 0.07 |
| Marketing | 0.00 | 0.00 | 0.00 | | 0.01 | 0.02 | 0.02 | | 0.01 | 0.02 | 0.03 |
| Other Depts | 0.04 | 0.04 | 0.03 | | 0.01 | 0.02 | 0.05 | | 0.02 | 0.03 | 0.05 |
| Total | **0.56** | **0.55** | **0.53** | | **0.43** | **0.52** | **0.68** | | **0.37** | **0.54** | **0.79** |

* For non-dementia specific assisted living residences
** Because each line item from the national surveys was derived from separately sorted rows, the total number of FTEs in a column may not equal the sum of the FTEs for that column.

As can be seen from this table, the suggested FTEs for the scenario analyses fall for the most part around the median of the data obtained from the national reports. Following are several observations regarding these comparisons:

- The administrative FTEs for the 18- and 28-units scenarios are slightly higher than the median for the national data, likely because of the lack of economies of scale that is inherent with smaller buildings.

- The dietary FTEs shown in the scenario analyses are on the low end of the spectrum for the national data. These analyses are based on 10-hour cook days, with one cook preparing three meals a day instead of having two cooks scheduled each day. When allowed by state labor law (as is the case in Vermont), the 10-hour cook day can

result in a more efficient kitchen operation without impacting on the quality of the meals. Use of this staffing pattern can result in a lower number of FTEs.

In addition, the scenarios presented assume that meals are served by personal care assistants and dietary aides (as available based on the size of the residence). Some facilities (and most higher-end properties) utilize dedicated servers in the dining room, which would result in a higher number of FTEs per resident for the dietary department than is shown in the scenario analyses.

- The number of FTEs allocated to housekeeping in the scenario analyses is on the lower end of the data reported in the "2006 Overview of Assisted Living" (although this number is the same as the median from the "State of Seniors Housing 2006" data). The assumptions on which the scenarios are based assume that the night-shift personal care assistants perform common-area housecleaning tasks and laundry-related tasks. This staffing pattern results in fewer housekeeping FTEs than are utilized in properties with dedicated housekeeping staff cleaning the common areas and performing laundry duties.

- The "assisted living labor" FTEs (i.e. personal care assistants) for the scenario analyses is comparable to the median from the "State of Seniors Housing 2006" report and slightly higher than the median from the "2006 Overview of AL" report.

- The FTEs allocated to nursing in the scenario analyses are at the lower end of the spectrum for the national surveys. This may be because Vermont's nurse practice act allows RNs to delegate assistance with medications and nursing tasks to unlicensed staff, whereas in many states licensed nurses are required to perform these functions. The use of nurse delegation significantly reduces the amount of time that a licensed nurse must be on-site at a facility.

- No FTEs are allocated for marketing in the scenario analyses. As was stated earlier, in smaller buildings marketing duties are typically performed by the administrator or

other designated staff members. Because the survey samples are comprised of a variety of property sizes, the number of FTEs dedicated to marketing would thus be expected to be greater for the national samples.

- The FTEs allocated to "Other Departments" is slightly higher on average for the scenario analyses than the median numbers reported for the national surveys. This may reflect the lack of economies of scale realized in smaller buildings for positions such as activity directors and vehicle drivers.

The total number of FTEs allocated for the three scenarios is slightly higher than the median number of FTEs reported in the "State of Seniors Housing" report and is about comparable to the median number reported in the "2006 AL Overview".

***Benefit Allocations:***

The amount allocated to payroll taxes and benefits in the three scenarios is based on 35% of the total labor costs, and is intended to include payroll taxes, workers compensation insurance, health insurance, 401-Ks or other retirement funds, vacation and sick time, holiday pay, and overtime. Applying this percentage to the labor costs for the scenarios results in a significantly lower amount spent on benefits per resident than is reported in the "State of the Seniors Housing 2006" report. That is, this report shows the median amount spent on employee benefits per FTE in assisted living facilities to be $2,557 annually, or $213 per FTE per month, as compared to the over $700 per FTE per month allocated in the scenario analyses. This comparison is shown in the following table:

**Table 10**
**Payroll Taxes and Employee Benefits**

| | *Scenario Analyses* | | | | *From a National Survey** | | |
|---|---|---|---|---|---|---|---|
| | *18* | *28* | *40* | | *Lower Quartile* | *Median* | *Upper Quartile* |
| Benefits Per FTE | $793 | $768 | $768 | | $145 | $213 | $309 |

*"The State of Seniors Housing 2006", page 44.

The significant variation in the amount allocated to employee benefits may be due to a difference in the items included in this expense category. That is, as stated above, the allocation included in the scenario analyses is intended to include items such as payroll taxes, workers compensation, replacement staff for vacation time, holiday pay, sick pay, and overtime pay, in addition to benefits such as health insurance or retirement funding. Many companies include these calculations in the actual labor costs (i.e. as FTEs) instead of as part of the taxes and benefits allocation. If this were to account for this difference in the amount expended on benefits, the FTE projections for the scenario analyses would be higher than is currently shown relative to the FTEs reported in the national surveys.

***Salaries and Wages:***

The wages on which personnel projections are based can make a significant difference in projected labor costs. Wages for specific residences should be based on wage surveys conducted for the area in which the residence is located, and may vary significantly between residences.

The wages utilized in the scenario analyses were based on the average or median wages reported for selected positions by the five Vermont assisted living residences that provided information for this report. Following is a summary of these wages:

**Table 11**
**Wages for Vermont Assisted Living Residences***

| ***Position:*** | ***Average*** | ***Median*** | ***Minimum*** | ***Maximum*** |
|---|---|---|---|---|
| Administrator | $ 31.43 | $ 35.00 | $ 18.54 | $ 41.66 |
| Bookkeeper/Admin Asst. | $ 15.12 | $ 16.00 | $ 10.33 | $ 18.14 |
| LPN | $ 19.50 | $ 19.50 | $ 19.50 | $ 19.50 |
| RN | $ 24.82 | $ 24.00 | $ 21.12 | $ 28.00 |
| Food Service Director | $ 18.08 | $ 19.00 | $ 16.25 | $ 19.00 |
| Cook | $ 12.23 | $ 12.00 | $ 9.50 | $ 14.00 |
| Personal Care Assistant | $ 10.39 | $ 10.50 | $ 8.75 | $ 12.80 |
| Maintenance | $ 15.71 | $ 15.06 | $ 15.00 | $ 17.70 |
| Housekeeper | $ 9.76 | $ 10.00 | $ 7.26 | $ 11.77 |

* Per information obtained from five of Vermont's six operating ALRs.

This data is included to show how the wages used in the scenario analyses were determined. The wages included in the projections for actual proposed residences should be based on current wage surveys specific to the geographic areas in which the residences will be located.

## NON-LABOR RELATED EXPENSES

The scenario analyses included in Appendix B of this report provide cost estimates by line item for the non-labor related expenses typically incurred by assisted living residences. Different providers often have unique classification systems for non-labor related expenses. Therefore, the line items included in the scenario analyses provide just one example of how these expenses may be delineated. The dollar amounts associated with many of the detailed line items are not significant. However, some individual costs do comprise a significant proportion of a property's total operating expenses, and thus should be more carefully evaluated. These costs typically include raw food, utilities, and property and liability insurance. Other costs, such as maintenance-related expenses, can often be evaluated more easily by department than by individual line item.

Some expenses often vary significantly by geographic area. Actual operating data for these expenses was obtained from the five Vermont ALRs that provided information for this report. Following is a summary of these costs:

**Table 12**
**Selected Per-Unit, Per-Month Costs**
**For Vermont Assisted Living Residences***

| | *Minimum* | *Median* | *Mean* | *Maximum* |
|---|---|---|---|---|
| Electricity | $ 57.18 | $ 68.97 | $ 70.79 | $ 95.24 |
| Water and Sewer | 14.10 | 27.30 | 29.47 | 47.62 |
| Natural Gas and Fuel Oil | 57.47 | 70.00 | 77.38 | 119.05 |
| Garbage Disposal | 5.79 | 6.67 | 9.20 | 15.80 |
| Telephone | 6.29 | 11.60 | 12.09 | 19.05 |
| Cable/Satellite Television | 0.00 | 5.83 | 5.33 | 14.76 |
| Property and Liability Ins. | 26.67 | 55.14 | 64.52 | 107.76 |
| | | | | |
| Electricity, Water/Sewer, & Natural Gas/Fuel Oil | 124.36 | 134.17 | 148.71 | 214.29 |

*As per information provided by five of the six ALRs operating in Vermont

As is true with the national surveys, the data for each line item in this table was sorted separately and thus cannot be added by column. Therefore, Table 12 includes the minimum, median, mean and maximum values by both line item and by the sum of the costs for electricity, water/sewer and natural gas/fuel oil.

As can be seen from the data in Table 12, there is wide variation in some of the expense categories. For this reason, it is important that proposed residences carefully research those costs that can vary by geographic area. Local electric, gas, fuel oil, and water/sewer companies will often provide estimates of costs for a proposed residence, based on the number of units planned and selected design features. If needed, historical usage estimates can often be obtained from operating facilities of a similar design and size. The utility companies can then provide cost estimates based on that usage. Similar estimates can also generally be obtained for cable television service. Finally, proposed residences should obtain residence-specific property and liability insurance estimates from agents who serve the assisted living industry.

The expense estimates utilized in the scenario analyses are compared to departmental expense data obtained from "The State of Seniors Housing 2006" report in Table 13 (below). As with the personnel expenses, the figures from the national survey for each line item were derived from separately sorted rows; thus, the costs shown in any one column cannot be totaled. Following in Table 13 is the comparative non-labor related expense data:

**Table 13**
**Assisted Living Non-Labor Expenses**

| | *Based on the* | | | | *From a National Survey** | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | *Scenario Analyses* | | | | *Lower* | *Lower* | | *Upper* | *Upper* |
| | *18* | *28* | *40* | | *Decile* | *Quartile* | *Median* | *Quartile* | *Decile* |
| Property Taxes | 0 | 0 | 0 | | 42 | 59 | 88 | 122 | 175 |
| Property/Liability Ins. | 68 | 68 | 68 | | 33 | 38 | 67 | 96 | 125 |
| Raw Food | 147 | 152 | 154 | | 113 | 129 | 142 | 168 | 200 |
| Utilities | 204 | 204 | 204 | | 86 | 105 | 123 | 153 | 193 |
| Marketing/Advertising | 30 | 30 | 30 | | 23 | 38 | 59 | 99 | 122 |
| Repairs and Maint. | 53 | 53 | 57 | | 30 | 40 | 50 | 67 | 130 |
| Housekeeping | 16 | 16 | 16 | | 9 | 12 | 16 | 20 | 25 |
| Total Mngt. Fees | 201 | 210 | 211 | | 83 | 114 | 137 | 183 | 263 |
| All Other Op. Expenses | 153 | 140 | 133 | | 115 | 146 | 190 | 286 | 692 |
| Corp./Other OH Exp. | 0 | 0 | 0 | | 23 | 27 | 290 | 349 | 389 |

* Based on data from the "State of Seniors Housing 2006", page 29, with the figures obtained from the survey increased by 5.0% to be comparable to the estimates utilized in the scenarios.

As may be seen from the data in this table, the cost estimates utilized in the scenario analyses fall for the most part between the median and upper quartile figures from the national survey results. Following are comments about some of the line items that are out of this range:

- Property taxes were not included in the scenario analyses as these costs can vary significantly between properties, depending on the tax rate of the local jurisdiction, the tax status of the sponsoring entity, and the assessed value of the property. It is recommended that proposed assisted living residences obtain property tax estimates from the assessor's office for the area in which the residence will be located.

- The utility costs utilized in the scenario analyses are very high compared to the costs obtained from the national survey. As is reflected in the summary of the costs reported by Vermont ALRs and presented in Table 12 above, there is a wide variation in the utility costs for these properties. Therefore, proposed residences should carefully research their potential utility costs and where possible incorporate energy-

saving features into the design of the building. Efficiency Vermont, www.efficiencyvermont.com, is a critical resource for energy efficient design.

- The marketing and advertising costs included in the scenario analyses are much less than those reflected in the national data. Facilities in smaller communities such as those typical of Vermont typically need to rely much less on paid advertising than do facilities in highly competitive and/or metropolitan markets. In addition, the cost to advertise in smaller markets is often a fraction of the cost that might be expended in more urban settings.

- The management fees included in the scenario analyses are slightly higher on a per-resident basis than are comparable fees from the national data. This is likely due in large part to the higher revenue generated per unit in the hypothetical scenarios, since management fees are usually based on a percentage of net revenue. The "State of Seniors Housing Report 2006" reports 5.0% assisted living management fees for the lower quartile and median, with fees of 6.1% reported for the upper quartile. The scenario analyses also utilize management fees of 5.0%.

- The costs included in the "All Other Operating Expenses" category are lower on average than those reported by the national study. As an itemized breakdown of these costs was not provided for the national sample, it is difficult to determine what factors might contribute to this variation. This difference may simply be due to variations in cost reporting methodology between operators participating in the national survey and the format on which the scenario analyses are based.

- No estimates for "Corporate / Other Overhead Expenses" were included in the scenario-based analyses, based on the assumption that most Vermont ALRs are not likely to be part of larger, multi-facility corporations.

The national survey unfortunately did not provide totals for non-labor related expenses, and since each line item is calculated separately, it is not possible to base a total on the

sum of the categories for each column. Therefore, comparisons must be made for non-labor costs on the basis of the department / major category totals in Table 13.

# INFLATION FACTORS

The inflation factors for both revenue and expenses can significantly impact the projected financial performance of an assisted living residence. Although these factors can vary greatly over time, by geographic area, and on the policies of specific residences, historical data obtained from operating properties can provide helpful information as to the rate at which revenue and expenses might be expected to increase on an annual basis.

***% Annual Change in Revenue***. Following is information from the "State of Seniors Housing 2006" report on the changes in rents reported by participating assisted living facilities:

**Table 14 – % Annual Change in Rates For Assisted Living Residences**

| | *Lower Quartile* | *Median* | *Upper Quartile* |
|---|---|---|---|
| Annual Changes in In-House Rates* | 4.2% | 5.0% | 6.0% |
| Annual Changes in Market or "Street" Rents* | 3.5% | 5.0% | 5.0% |

*For 2004 to 2005, as per the "State of Seniors Housing 2006" survey, p. 39

***% Annual Change in Expenses.*** Information as to the rate at which expenses increased was also reported by the "State of Seniors Housing 2006". This data was derived from those properties that participated in the survey for two consecutive years, which allowed for better comparisons of year-to-year changes in reported data. Following are the results of this comparison for the assisted living facilities that reported data for both 2004 and 2005:

| **Table 15**<br>**"Same-Store" Analyses of the Change in Expenses*** | |
|---|---|
| Median Change In: | % Change |
| Total Operating Expenses | 5.8% |
| Total Labor Expenses | 7.3% |
| Total Non-Labor Expenses w/o Corp. Overhead | 2.7% |
| Raw Food Expense | 6.4% |
| Insurance | 3.2% |
| Employee Benefits | 22.5% |
| *From 2004 -2005, as reported by the "State of Seniors Housing 2006", p 40. | |

As can be seen from this table, total operating expenses increased for this sample of facilities an estimated 5.8% annually for the specified reporting time period. This is just slightly higher than the median rate increase of 5.0% reported by the entire national sample of assisted living facilities, as shown in Table 14. It appears that employees benefits accounted for a large portion of the overall cost increase, with this expense increasing an estimated 22.5% over a one-year period.

# CONCLUSION

This report is intended to provide an overview of those items that comprise operating projections for assisted living residences and to present guidelines for evaluating the potential costs of various sized residences. The scenario analyses included in Appendix B provide detailed revenue and expense estimates for hypothetical 18-, 28-, and 40-unit residences. These estimates are then compared to Vermont ALRs currently operating data, as well as national assisted living facility data, to provide a larger context and point of comparison for the cost estimates.

The staffing guidelines and suggested cost factors presented in this report are based on actual assisted living operating experience for an aging-in-place model of care. The FTE estimates and projected expenses also assume an efficient staffing model that should support the inclusion of some (i.e. 25%) Medicaid-funded units. The guidelines and suggestions presented are designed to be used in conjunction with residence-specific research and data obtained for each local market area.

# APPENDIX A:

## STAFFING GUIDELINES FOR ASSISTED LIVING RESIDENCES

The following guidelines, which meet the regulatory requirements for Vermont Assisted Living Residences, are based on the national experience of Vista Senior Living. The guidelines are provided as suggestions only, with the recognition that other staffing patterns can be equally as effective.

| ***Position*** | ***Guidelines*** |
|---|---|
| Administrator | 1 FTE |
| Lead Cook/Food Service Director | 1 FTE |
| RN | .8 hrs per resident/week |
| Resident Assistant | 1.5 - 1.7 hrs per resident/day |
| Housekeeper | .8 – 1.0 hr per unit/wk, depending on the size of the units |
| Maintenance | .5 hrs per unit per week |
| Assistant Administrator | If < 55 units, 0 hrs/wk; if < 60 units, 20 hrs/wk, if < 70 units, 30 hrs/wk; if < 75, 35 hrs/wk, otherwise 40 hrs/wk |
| Marketing | If < 50 units, 0 FTEs; if < 75, .5 FTEs; otherwise 1 FTE |
| Receptionist / Administrative Support | If < 20 units, 0 hrs/wk; if < 30 units, 20 hrs/wk; if < 40 units, 30 hrs/wk; if < 50 hrs/wk, 40 hrs/wk; if < 60, 50 hrs/wk; if < 70, 60 hrs/wk; otherwise 70 hrs/wk |
| Activities Director | If < 20 units, 0 hrs/wk; if < 30 units, 20 hrs/wk; if < 35 units, 25 hrs/wk; if < 40units, 35 hrs/wk, if < 50 units, 40 hrs/wk; if < 60, 50 hrs/wk; otherwise 60 hrs/wk |
| Van Driver | If < 20 units, 0 hrs/wk; if < 30 units, 12 hrs/wk; if < 45 units, 15 hrs/wk, if < 60, 20 hrs/wk; otherwise 25 hrs/wk |
| Cook | If < 18 units, 0 hrs/wk; if < 60 units, 30 hrs/wk; if < 75 units, 58 hrs/wk, otherwise 72 hrs/wk |
| Dietary Aide | If < 30 units, 2 hrs/day; if < 40 units, 6 hrs/day; if < 50 units, 8 hrs/day; if < 60 units, 10 hrs/day; otherwise 12 hrs/day |
| Server | No dedicated servers unless a higher end building; otherwise meals are served by resident assistants and dietary aides |
| Other | If needed for special situations, such as a concierge for high-end buildings or security for high-risk areas |