

Staffing Policy



This facility will develop written staffing policies and procedures based on the number of residents, resident needs, and configuration of this facility.

REQUIREMENTS FOR STAFFING STANDARDS:

ON-DUTY STAFF DURING RESIDENTS' SLEEPING HOURS:

There will be at least one (1) or more qualified and trained staff, immediately available, in this facility during resident sleeping hours. If any resident has been assessed as having night needs or is incapable of calling for assistance, staff will be up and awake.

SUPERVISION:

The administrator of this facility will provide supervision for all personnel to include contract personnel. Employees who have not completed the orientation training requirements will work under the supervision of an employee who has completed the orientation training.

SUFFICIENT PERSONNEL:

This facility will employ sufficient personnel and the administrator will schedule sufficient personnel to:

1. Provide care during all hours required in each resident's Negotiated Service Agreement (NSA); to assure residents' health, safety, comfort, and supervision; and to assure the interior and exterior of the facility is maintained in a safe and clean manner,
2. Provide for at least one (1) direct care staff with certification in first aid and cardio-pulmonary resuscitation (CPR) in this facility at all times. If this facility has multiple buildings or units, there will be at least one (1) direct care staff with certification in first aid and CPR in each building or each care unit at all times.

REQUIREMENTS FOR TRAINING OF FACILITY PERSONNEL:

This facility follows structured written training programs designed to meet the training needs of personnel in relation to responsibilities, as specified by written job descriptions, to provide for quality of care and compliance with these rules. Signed evidence of personnel training, indicating hours and topic, will be retained at this facility.

ORIENTATION TRAINING REQUIREMENTS:

NUMBER OF HOURS OF TRAINING:

A minimum of sixteen (16) hours of job-related orientation training will be provided to all new personnel before they are allowed to provide unsupervised personal assistance to residents.

TIMELINE FOR COMPLETION OF TRAINING:

All orientation training will be completed within one (1) month of hire.

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CONTENT FOR TRAINING:

Orientation training includes the following:

1. This facility's philosophy of residential care of assisted living and how it guides care giving.
2. Resident Rights.
3. Cultural awareness.
4. Providing assistance with activities of daily living and instrumental activities of daily living.
5. How to respond to emergencies.
6. Documentation associated with resident care needs and the provision of care to meet those needs.
7. Identifying and reporting changes in residents' health and mental condition or both.
8. Documenting and reporting adverse outcomes (such as elopements, falls, lost items).
9. Advance Directives and do not resuscitate (DNR) orders.
10. Relevant policies and procedures.
11. The role of the Negotiated Service Agreement.
12. All staff employed by this facility, including housekeeping personnel, or contract personnel, or both, who may come into contact with potentially infectious material, will be trained in infection control procedures for universal precautions.

TRAINING REQUIREMENTS FOR ADMITTING RESIDENTS WITH DIAGNOSIS OF DEMENTIA, MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR TRAUMATIC BRAIN INJURY:

A facility admitting and retaining residents with diagnosis of dementia, mental illness, developmental disability, or traumatic brain injury must train staff to meet the specialized needs of these residents. The means and methods of training are at the facility's discretion. The training will address the following areas:

DEMENTIA:

- a. Overview of dementia
- b. Symptoms and behaviors of people with memory impairment
- c. Communication with people with memory impairment
- d. Resident's adjustment to the new living environment
- e. Behavior management
- f. Activities of daily living
- g. Stress reduction for facility personnel and resident

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MENTAL ILLNESS:

- a. Overview of mental illnesses
- b. Symptoms and behaviors specific to mental illness
- c. Resident's adjustment to the new living environment
- d. Behavior management
- e. Communication
- f. Activities of daily living
- g. Integration with rehabilitation services
- h. Stress reduction for facility personnel and resident

DEVELOPMENTAL DISABILITY:

- a. Overview of developmental disabilities
- b. Interaction and acceptance
- c. Promotion of independence
- d. Communication
- e. Behavior management
- f. Assistance with adaptive equipment
- g. Integration with rehabilitation services
- h. Activities of daily living
- i. Community integration

TRAUMATIC BRAIN INJURY:

- a. Overview of traumatic brain injuries
- b. Symptoms and behaviors specific to traumatic brain injury
- c. Adjustment to the new living environment
- d. Behavior management
- e. Communication
- f. Integration with rehabilitation services
- g. Activities of daily living
- h. Assistance with adaptive equipment
- i. Stress reduction for facility personnel and resident

CONTINUING TRAINING REQUIREMENTS:

Each employee will receive a minimum of eight (8) hours of job-related continuing training per year.

1. Upon Employment, the administrator will orient new employees. Administrator will train and administrator will assign password for employees to access the online records system.

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2. Employees must review facility policies and procedures, fire and safety training, and overall operational procedures.
3. All employees shall participate in fire and safety training upon employment and at intervals of every 3 months thereafter and signed documentation shall be available at the facility indicating that this has been completed.

STAFF NOT TRAINED IN APPROPRIATE AREAS:

When a resident is admitted with a diagnosis of dementia, mental illness, developmental disability, or traumatic brain injury, or if a resident acquires one (1) of the diagnoses, staff will be trained in the appropriate areas to meet the needs of the resident. If a staff has not been trained in the appropriate areas outlined in policies and procedures, this facility will meet the resident's needs and train the staff within thirty (30) calendar days.

ADDITIONAL TRAINING RELATED TO CHANGES:

When policies or procedures are added, modified, or deleted, staff will be trained in the changes.

ASSISTANCE WITH MEDICATION CERTIFICATION REQUIREMENT:

Before staff can begin assisting residents with medications, the staff of this facility will have successfully completed a Board of Nursing approved medication assistance course. This training will not be included as part of the minimum of sixteen (16) hours of orientation training or minimum of eight (8) hours of continuing training requirements per year.

REQUIREMENTS FOR A FACILITY ADMINISTRATOR:

This facility is organized and administered by one (1) licensed administrator assigned as the person responsible for the operation of this facility. Multiple facilities under one (1) administrator may be allowed by the Department based on an approved plan of operation.

ADMINISTRATOR RESPONSIBILITY:

The administrator will be responsible for assuring that policies and procedures required in Title 39, Chapter 33, Idaho Code and IDAPA 16.03.22, "Residential Care or Assisted Living Facilities in Idaho" are implemented.

AVAILABILITY OF ADMINISTRATOR:

This facility's administrator will be on site sufficiently to provide for safe and adequate care of the residents to meet the terms in the Negotiated Service Agreement. The facility's administrator or designee will be available to be on-site at this facility within two (2) hours.

THIRTY DAY OPERATION LIMIT:

This facility will not operate for more than thirty (30 days) without a licensed administrator.

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REPRESENTATION OF RESIDENTS:

The administrator, his/her relatives, or employees cannot act as or seek to become the legal guardian of, or have power of attorney for any resident. Specific limited powers of attorney to address emergency procedures where competent consent cannot otherwise be obtained are permitted.

RESPONSIBILITY FOR ACCEPTABLE ADMISSIONS:

The administrator of this facility will assure that no resident is knowingly admitted or retained who requires care as defined in Section 39-3307, Idaho Code, and Subsection 152.05 of IDAPA 16.03.22-Residential Care or Assisted Living Facilities.

SEXUAL OFFENDER:

The administrator of this facility will assure that a non-resident on the sexual offender registry is not allowed to live or work in this facility. The registry may be accessed at http://www.isp.state.id.us/identification/sex_offender/public_access.html.

NOTIFICATION OF ADULT PROTECTION AND LAW ENFORCEMENT:

The administrator of this facility of this facility will assure that adult protection and law enforcement are notified in accordance with Section 39-5310 of the Idaho Code.

PROCEDURES FOR INVESTIGATION:

The administrator of this facility will assure that facility procedures for investigation of incidents, accidents, and allegations of abuse, neglect, or exploitation are implemented to assure resident safety.

NOTIFICATION OF REPORTABLE INCIDENTS:

The administrator of this facility will assure notification to the Licensing and Survey Agency of reportable incidents.

ADMINISTRATOR'S DESIGNEE:

There will be a person authorized in writing to act in the absence of the administrator and who is knowledgeable of this facility's operations, the residents and their needs, emergency procedures, the location and operation of emergency equipment, and how the administrator can be reached in the event of an emergency.

ABILITY TO REACH ADMINISTRATOR OR DESIGNEE:

The administrator of this facility or designee will be reachable and available at all times.

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MINIMUM AGE OF PERSONNEL:

The administrator of this facility will assure that no personnel providing hands-on care or supervision services will be under seventeen (17) years of age unless they have completed a certified nursing assistant (CNA) certification course.

REQUIREMENT OF MINOR EMPLOYEE:

The administrator of this facility will ensure that no minor personnel is scheduled past 10 pm or before 7am to ensure minor is able to abide by state curfew laws.

Incident:

An event that can cause a resident injury.

Incident, Reportable:

A situation a facility is required to report information to the Licensing and Survey Agency.

1. Resident injuries of an unknown origin. This includes any injury, the source of which was not observed by any person or the source of the injury could not be explained by the resident; or the injury includes severe bruising on the head, neck, or trunk, fingerprint bruises anywhere on the body, laceration, sprains, or fractured bones. Minor bruising and skin tears on the extremities need not be reported.
2. Resident injury resulting from accidents involving facility-sponsored transportation. Examples: falling from the facility's van lift, wheel chair belt coming loose during transport, or an accident with another vehicle.
3. Resident elopement of any duration. Elopement is when a resident who is unable to make sound decisions physically leaves the facility premises without the facility's knowledge.
4. An injury due to resident-to-resident incident.
5. An incident that results in the resident's need for hospitalization, treatment in a hospital emergency room, fractured bones, IV treatment, dialysis, or death.

CRITERIA FOR HANDLING REPORTABLE INCIDENTS:

If the facility has a reportable incident the administrator will report to the hotline 1-208-364-1883 within twenty-four (24) hours and follow these directions:

1. Name and location of facility
2. Title of person calling
3. Date / Time incident occurred
4. Name(s) of residents involved in incident
5. Social Security number of resident(s) involved in incident
6. Describe incident (give verbal outline)
7. Fax: Written incident/accident report to 1-208-364-1888 and a plan of how this incident will be prevented from happening again.

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REQUIREMENTS FOR UNIFORM ASSESSMENT CRITERIA FOR PRIVATE PAY RESIDENTS:

Facility Responsibility For Assessing Private Pay Residents:

This facility uses a uniform assessment that may be combined with the NSA, based on the Idaho Department of Health and Welfare's Uniform Assessment Instrument, for private pay residents who seek admission to this facility.

Information Included in a Uniform Assessment:

The uniform assessment used by this facility includes identification/background information; medical diagnosis; medical and health problems; prescription and over the counter medications; behavior patterns; cognitive function; and functional status.

Qualifications of Person Making Uniform Assessment:

Persons who are trained and knowledgeable in the administering of this facility's identified uniform assessment will only conduct the uniform assessment used by this facility.

Time Frames for Completing the Uniform Assessment:

The assessment for each resident will be completed no longer than fourteen (14) days after admission. The assessment will be reviewed when there is a change in the resident's medical condition or mental status or every twelve (12) months, whichever comes first.

Use of Uniform Assessment for Determining the Ability of this Facility to Meet Private Pay Resident Needs:

The results of the assessment will be used to evaluate the ability of the administrator and this facility to meet the identified needs of private pay residents, including the need for special staff training to care for certain residents.

USE OF THE UNIFORM ASSESSMENT CRITERIA IN DETERMINING FACILITY STAFFING:

This facility will provide sufficient numbers and types of personnel to provide care and supervision to all residents within this facility's care in accordance with each resident's Negotiated Service Agreement (NSA) based on the uniform assessment and in accordance with all rules and statutes governing this facility. This facility includes private pay and Medicaid residents who are clients of the Idaho Department of Health and Welfare in the total number when determining staffing requirements.

REQUIREMENTS FOR UNIFORM ASSESSMENT CRITERIA FOR DEPARTMENT CLIENTS:

Idaho Department of Health and Welfare clients will be assessed in compliance with IDAPA 16.03.23, Rules Governing Uniform Assessments for State-Funded Clients".

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CALL SYSTEM:

The facility will have a call system that is not a substitute for supervision. The call system shall be a signaling system whereby a resident can contact staff directly from their sleeping room, toilet room, and bathing area. The system may be voice communication; an audible or visual signal; and may include wireless technology.