LA CROSSE COUNTY NOTICE OF MEETING

COMMITTEE OR BOARD:	VETERANS, AGING & LONG-TERM CARE COMMITTEE
DATE OF MEETING:	MONDAY, August 8, 2022
MEETING PLACE:	Administrative Center, County Board Room 1700 212 6th Street N, La Crosse, WI 54601 Click here to join the meeting
TIME OF MEETING:	8:00 A.M.
PURPOSE OF MEETING:	MONTHLY MEETING

1. Roll Call/Call to Order
2. Public Comment
3. Approve Veterans, Aging & Long-Term Care Committee Minutes of June 6, 2022
4. Director's Report (Informational):
   a. Census
   b. Staffing Update
5. Conference/Meeting Report
6. Regent Manor – Update
7. Hillview Planning and Design Update
8. Quality Assurance and Performance Improvement – Approval of Plan
9. Next Committee Meeting: September 12, 2022
10. Future Agenda Items
11. Adjourn

MEMBERS: If unable to attend, call the County Clerk's Office at 608-785-9581.

PUBLIC COMMENT: The Committee may receive information from the public, but the Committee reserves the right to limit the time that the public may comment and the degree to which members of the public may participate in the meeting.

PERSONS WITH DISABILITIES: If you need accommodations to attend this meeting, please contact the County Clerk's Office at (608)785-9581 as soon as possible.

DATE NOTICE FAXED/MAILED/POSTED: August 5, 2022

*This meeting may be <u>recorded</u>, and any such recording is subject
to disclosure under the Wisconsin Open Records Law.*

VETERANS, AGING & LONG-TERM CARE COMMITTEE
Monday, July 11, 2022
Room 1700, County Board
Room 8:00 a.m.

MEMBERS PRESENT:	Roger Plesha (Chair), Dan Ferries, Peg Isola, Grant Mathu, Gary Padesky
MEMBERS EXCUSED:	None
MEMBERS ABSENT:	None
OTHERS PRESENT:	Wanda Plachecki, Kelly Kramer, Jane Klekamp, Ryan Westpfahl, Jessica Gjertsen, Jennifer Briseno, Adam Flood, Megan DeVore, Audra Martine, Jon Rynish, Julie Heiberger, George Arimond, Beth Arimond, Dave Onsrud, Joyce McLaughlin

CALL TO ORDER: Chair Roger Plesha called the meeting to order at 8:00 a.m.

PUBLIC COMMENT:
George Arimond and Dave Onsud spoke on the need to keep Regent Manor open and part of the Lakeview Health Center and Assisted Living complex. Both expressed their fear that the for-profit LLC would not be able to sufficiently staff Regent Manor and be forced to close. The Arimond's do not want to move their son out of Regent Manor.

APPROVE MINUTES:
Veterans Aging & Long-Term Care Committee – June 6, 2022. **MOTION** by Mathu/Isola to approve the minutes of June 6, 2022. **Motion carried unanimously.**

DIRECTOR'S REPORT:
The director's report was distributed to members.

CONFERENCE/MEETING REPORT: None.

REGENT MANOR ADULT FAMILY HOME UPDATE:
Regent Manor Transition Plan/Timeline was distributed to all members. Staffing remains a major concern. Murphy LLC is the prospective company to lease Regent Manor.

HILLVIEW PLANNING and DESIGN UPDATE:
Jon Rynish and Julie Heiberger presented a power point that included an exterior rendering, interior rendering, and basement areas. Will need to pursue bid packages. The cost of material continues to rise. Groundbreaking for construction is planned for October 2022.

NEXT COMMITTEE MEETING: August 8, 2022

FUTURE AGENDA ITEMS:
None

ADJOURNMENT: **MOTION** by Padesky/Mathu to adjourn the meeting at 9:17 a.m. **Motion carried unanimously.**

Disclaimer: The above minutes may be approved, amended, or corrected at the next committee meeting. Joyce McLaughlin, Recorder

LC 1851

LA CROSSE COUNTY
Exceptional services. Extraordinary place.

Long Term Services, Wanda Plachecki/Executive Director

TO: Veterans, Aging & Long-Term Care Committee

FROM: Wanda Plachecki, NHA

DATE: August 3, 2022

CENSUS UPDATES
Lakeview Health Center & Assisted Living Campus
Census for the Lakeview campus is:
- Lakeview Health Center
  - Census: 50
    Licensed Beds 50
- Ravenwood
  - Census: 8
  - Licensed Beds: 10
- Maplewood
  - Census: 15
  - Licensed Beds: 15
- Neshonoc Manor
  - Census: 15
  - Licensed Beds: 15
- Monarch Manor
  - Census: 8
  - Licensed Beds: 8
- Regent Manor
  - Census: 3
  - Licensed Beds: 4

Hillview Health Care Center & Assisted Living Campus
Census for the Hillview campus is
- Hillview Health Care Center
  - Census: 59 in-house with 2 in hospital
  - Licensed Beds: 85

- o 61.67 average daily census for June 2022 with average rehab days of 6.3 for June. Year-to-date average daily census is 71.7.
- Carroll Heights
  - o Census: 53
  - o Licensed Beds: 55
- Hillview Terrace
  - o Census: 23
  - o Licensed Beds: 30
- The Oaks
  - o Census: 3
  - o Licensed Beds: 10

STAFFING UPDATE:
Staff vacancies in the nursing dept at both Hillview and Lakeview campuses and the assisted living portion of the Lakeview campus remain high. The use of universal workers (staff who are certified as C.N.A.'s but typically work in other departments) to cover direct care shortages is one of the best strategies to cover vacancies. Other strategies to address staff shortages include the use of overtime, scheduling flexibility, use of available incentives, and utilization of managers to cover direct care shifts. Many of these are short term strategies and will not be effective as long-term solutions. Our Recruiter/HR Generalist, Abby Koehn, has developed strategies with the local (LaCrosse/Winona area) colleges and universities to assist in recruitment. These strategies include promotion of our jobs on their social media, meeting with students on campus, and scheduling interviews/meetings on campus. Abby also continues to actively promote health care careers to the Health Science Academy programs at the area high schools. We continue to assess our total compensation, especially for nursing staff and will continue to share this data as it becomes available.

The 2022 Long-Term Care Workforce Crisis has also recently been published which shows significant increases in caregiver vacancies and highlights the challenges with long term care staffing. This report is included for your review and reference.

Please contact me with any questions you may have related to this report or other long term care issues.   You may contact me at 608-612-0640 or wplachecki@lacrossecounty.org.

The Long-Term Care Workforce Crisis: A 2022 Report

Results from biennial surveys of long-term care providers beginning in 2016 have exposed a caregiver workforce crisis. Data from the 2022 survey of 805 providers, together with information from other sources revealed:

An increase in caregiver vacancies from 23.8% in 2020 to 27.8% in 2022; including a 28.4% vacancy rate for certified nursing assistants (CNAs) and direct care workers.
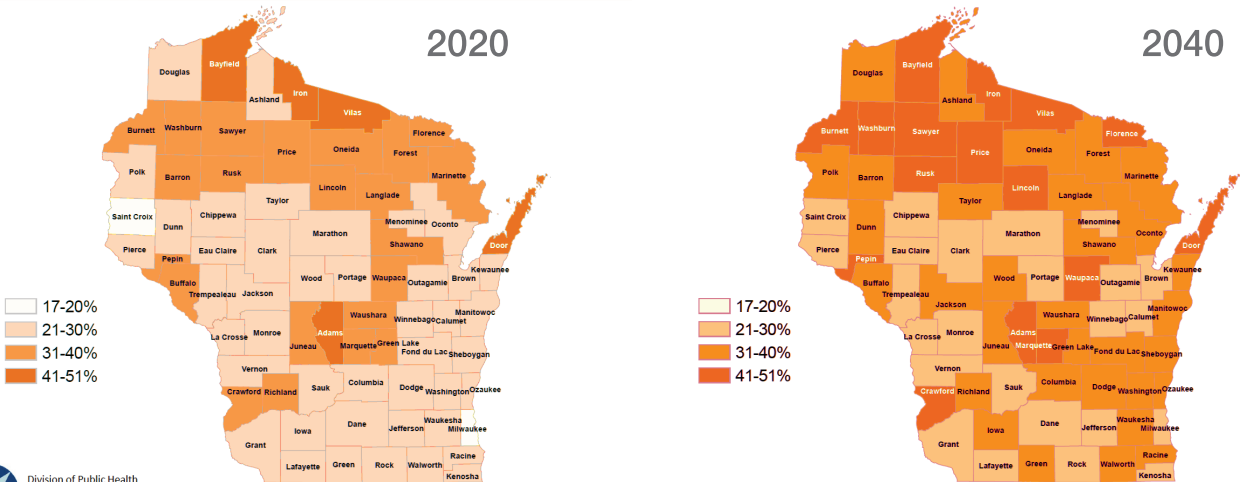
- Comparatively, according to the Bureau of Labor Statistics (BLS), the national job market has a 7% vacancy rate and the health care sector has a 9.0% vacancy rate.

- The survey showed a caregiver vacancy rate of 33.2% in adult family homes, 31.2% in skilled nursing facilities, 27.1% in community based residential facilities (CBRFs) and 25.6% in residential care apartment complexes (RCACs).

18,482 individuals sought treatment from a long-term care provider but were denied or delayed services from a due to a lack of staff.

Respondents report significantly increasing wages, but still being challenged by having no applicants for open positions, no-call no-shows to interviews and shifts, and an inability to compete with non-healthcare providers.

WHCA
Wisconsin Health Care Association
WiCAL
Wisconsin Center for Assisted Living

WALA
WISCONSIN ASSISTED LIVING ASSOCIATION

LeadingAge™
Wisconsin
Better Services for Better Aging

DISABILITY
SERVICE PROVIDER
NETWORK
Stronger together through partnership and advocacy

The Need for Long-Term Care is Growing as the Workforce is Shrinking.

PERCENT OF THE PROJECTED POPULATION AGES 60 AND OLDER

2020

17-20%
21-30%
31-40%
41-51%

Division of Public Health
Bureau of Aging and Disability Resources
P-01803 (09/2018)

2040

17-20%
21-30%
31-40%
41-51%

Source: Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013

The aging demographics of the state foreshadow a significant increasing need for long-term caregivers. A recent supply and demand forecast projected a gap of 19,800 registered nurses (RNs) by 2040.[1]

The waiver allowing for temporary and emergency nurse aide programs that were a lifeline during the pandemic has been withdrawn effective June 6, 2022, further exacerbating this crisis.

An additional 5,925 nurse aides currently working through the emergency training programs may be forced out of the profession as a result.

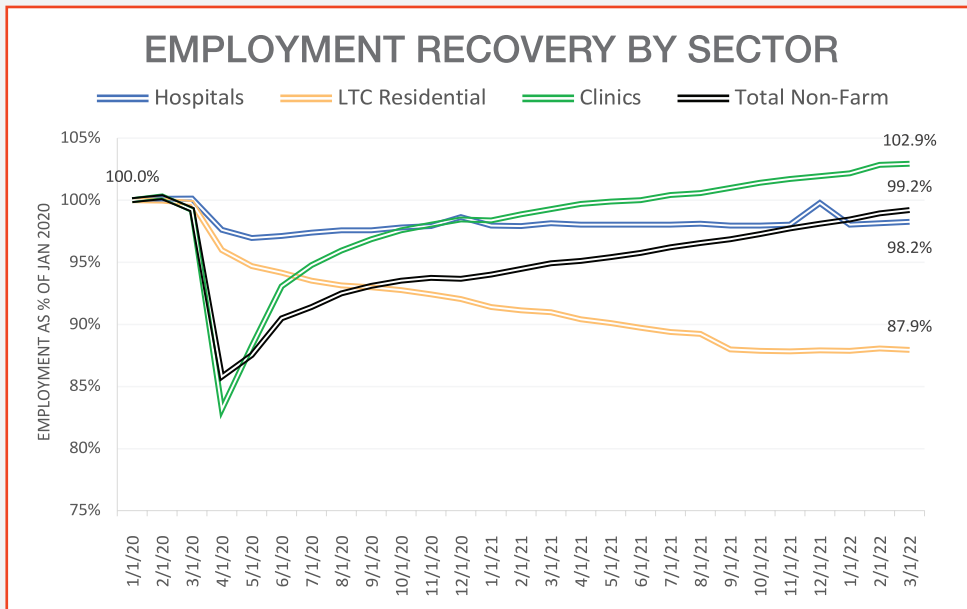### NURSE AIDES ON REGISTRY
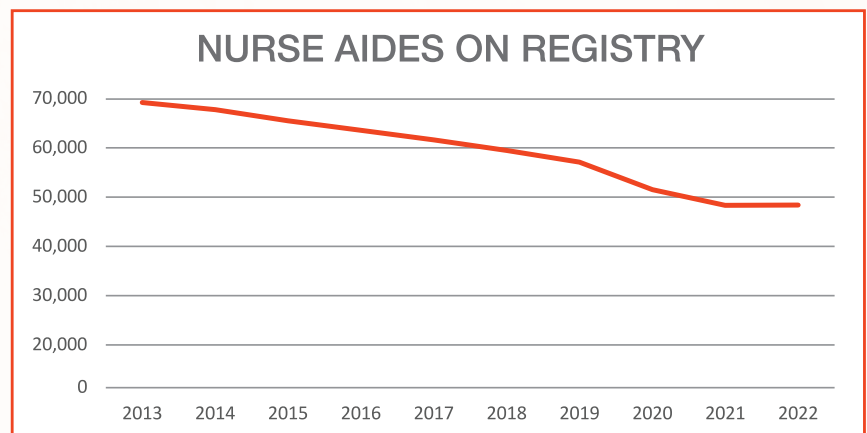
Workforce by the numbers:

The crisis requires higher wages, but cannot be solved by wage increases alone:

- **112** organizations reported difficulty accessing CBRF and/or CNA training programs.

- There are **23,165** open caregiving positions but only 19,600 Wisconsinites not in the labor force who currently want a job and are available to work.[2]

- **Inflation** is exacerbating the problem. In 2021, the consumer price index rose **7.5%** diminishing caregivers' purchasing power.[3]

- Provider associations began publishing these survey results as a caregiving crisis in 2016 with a reported vacancy rate of 12.9%. The 2022 vacancy rate is 27.8%, more than **double the 2016 vacancy rate.**

Why Does the Crisis Continue?

The long-term care sector was especially hard hit by the pandemic and has not recovered to the extent of others.

In March 2022, long-term care residential employment is down 12.1% from pre-pandemic levels.

EMPLOYMENT RECOVERY BY SECTOR

Legend: Hospitals — LTC Residential — Clinics — Total Non-Farm

Y-axis: EMPLOYMENT AS % OF JAN 2020 (75% to 105%)

Data labels: 100.0%, 102.9%, 99.2%, 98.2%, 87.9%

X-axis: 1/1/20 through 3/1/22

Employees in the long-term care sector can make more money and receive better benefits in other healthcare or non-healthcare settings.

The median wage offered to non-healthcare employees is 24.7% higher than the starting wage offered to CNAs.

Compared with non-healthcare settings, employees working at long-term care facilities are subject to the most stringent COVID-19 requirements such as wearing masks and gowns, routine testing, and vaccine mandates.

Publicly funded programs including Medicare and Medicaid (Family Care) are not able to be responsive to the rapidly changing economic environment to increase provider rates so that wages and benefits can be increased in line with inflation. Further, long-term care providers are unable to provide the same benefits as private industries due to low reimbursement rates.
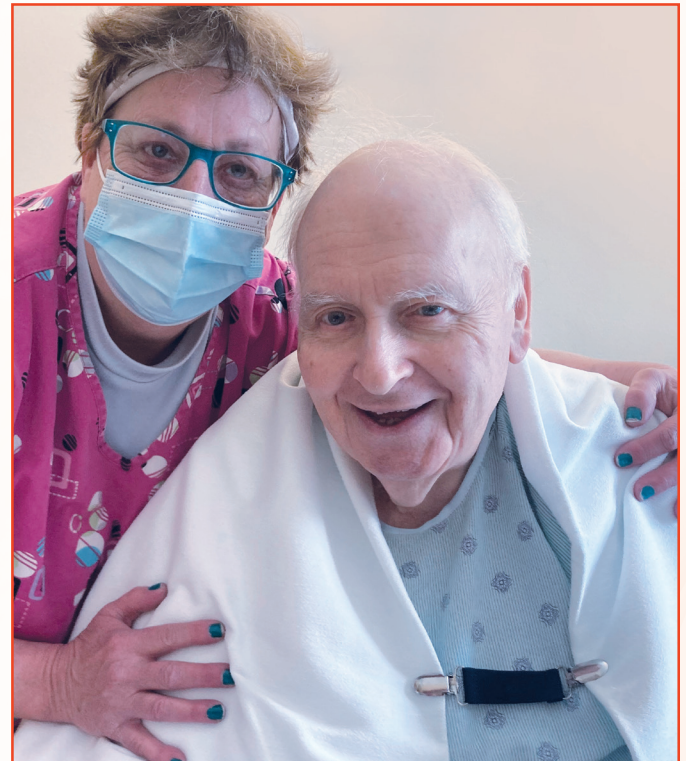
69.1% of survey respondents offered health insurance to full-time employees, whereas 12.7% could offer it to part-time employees.

Even when offered, benefits are commonly too expensive for direct care workers to accept due to the high employee-paid share of costs. Many employees are accordingly eligible for public assistance.

Long-term care providers are unable to provide workplace flexibilities common in other industries, such as remote work. In dealing with shortages, providers may be forced to mandate overtime, making positions even less flexible and leading to additional vacancies. Competing with industries that offer remote work, daytime schedules, and no COVID requirements is increasingly impossible.

Proposed Solutions

- **FUNDING SUSTAINABILITY**

  Systemic payment reform must commit to increasing and maintaining reimbursement relative to the actual costs of providing care.

  Any funding geared towards increasing wages must be provided consistently throughout the year.

- **REDUCING ADMINISTRATIVE BURDENS**

  Caregivers enter the profession to help people, not to fill out unnecessary paperwork.

- **FLEXIBILITIES**

  Wisconsin needs a "no-holds-barred" approach to recruiting and retaining caregivers. This should include include permitting family caregivers and others to challenge certification exams (as is done in other states), allowing assisted living facilities to participate in nurse aide training programs, and stopping penalizing facilities by removing their ability to host training programs.

- **TECHNOLOGY**

  Investments in technology that alleviate burdens on workers must be prioritized and fully funded. Remote patient monitoring, telehealth, and other lifesaving flexibilities must be embraced.

- **EDUCATION**

  Regulatory reform must allow more nurse aides to be trained in Wisconsin.
  Job re-training and workforce growth strategies must be adopted to meet the need.
  Entry level positions must see growth opportunities in the field through a career ladder.
  Educational programs in middle and high schools must be created and implemented.

- **COMPASSION**

  Caregiving must be recognized as the vital and honorable work that it is. Caregivers should be revered, respected, and rewarded with fair wages and benefits.

FOR MORE INFORMATION ABOUT THE LONG-TERM CARE WORKFORCE CRISIS: A 2022 REPORT, CONTACT:

Disability Service Provider Network:
  Lisa Davidson, (414) 403-1169, ldavidson@dspn.org

LeadingAge Wisconsin:
  John Sauer, (608) 444-9295, jsauer@leadingagewi.org

Wisconsin Assisted Living Association:
  Mike Pochowski, (414) 803-7415, mpochowski@ewala.org

Wisconsin Health Care Association/Wisconsin Center for Assisted Living:
  Rick Abrams, (516) 241-2879, rick@whcawical.org

Footnotes

1 https://jobcenterofwisconsin.com/wisconomy/wits_info/downloads/nurse-survey-reports/supply-nurse-reports/2020_WI%20RN%20Nurse%20Supply%20Demand%20Forecast%202020-2040.pdf
2 Wisconsin DWD CPS data
3 https://www.bls.gov/ect/#tables
4 https://www.bls.gov/news.release/jolts.t01.htm

QAPI PLAN UPDATE

VALTC

August 8, 2022

QAPI – WHAT IS IT?

QUALITY ASSURANCE and PERFORMANCE IMPROVEMENT IS A PROACTIVE APPROACH TO CARE THAT IS:
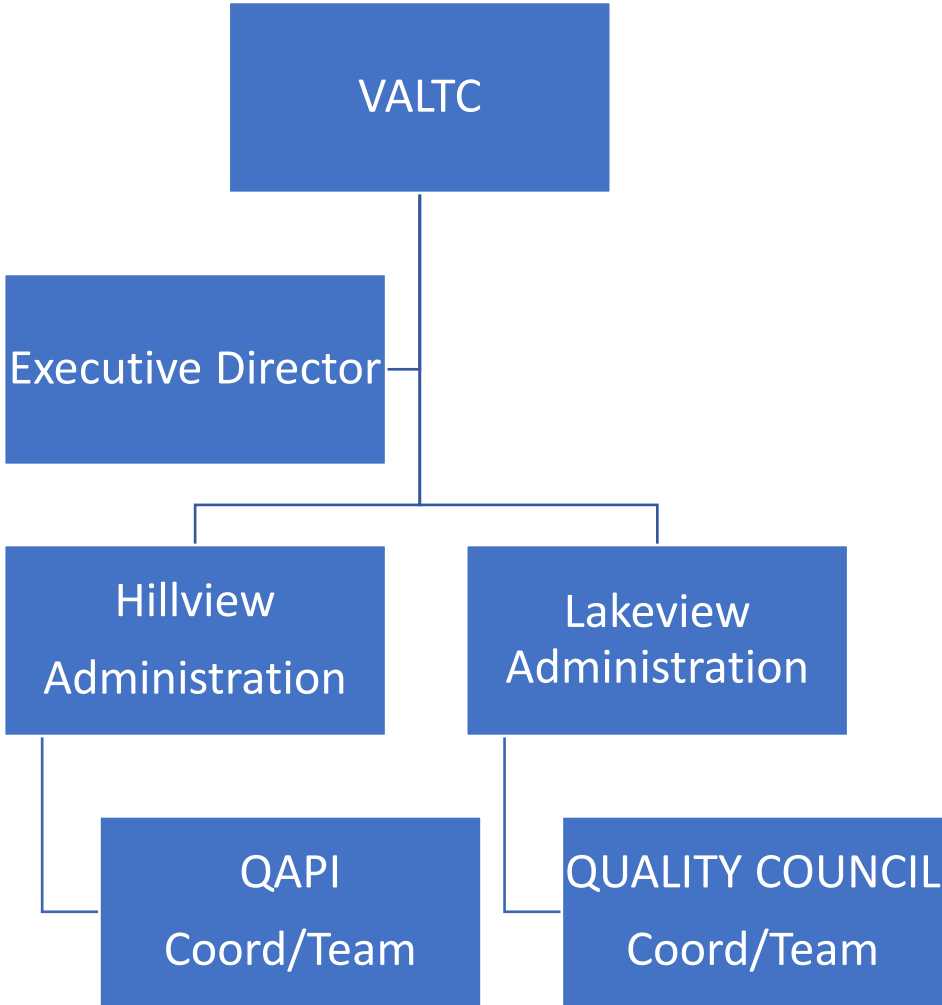
- **SYSTEMATIC**
- **COMPREHENSIVE**
- **DATA –DRIVEN**

STRATEGIC ELEMENTS OF A QAPI PLAN

1. DESIGN & SCOPE
2. GOVERNANCE & LEADERSHIP
3. FEEDBACK, DATA SYSTEMS, & MONITORING
4. PERFORMANCE IMPROVEMENT PROJECTS
5. SYSTEMATIC ANALYSIS & SYSTEMATIC ACTION

DESIGN & SCOPE

- **ONGOING**
- **COMPREHENSIVE**
  - **Addresses all systems of care & management practices**
- **PRIMARY OBJECTIVES**
  - **SAFETY,**
  - **RESIDENT AUTONOMY,**
  - **CHOICE IN DAILY LIFE**

GOVERNANCE & LEADERSHIP

VALTC

Executive Director

Hillview Administration

Lakeview Administration

QAPI Coord/Team

QUALITY COUNCIL Coord/Team

GOVERNANCE & LEADERSHIP

- **GOVERNING BODY:**
  - **DELEGATES RESPONSIBILITY AND ACCOUNTABILITY TO ADMINISTRATION**
  - **SUPPORTS EFFORTS TO ASSURE ADEQUATE RESOURCES ARE AVAILABLE TO MAINTAIN QUALITY CARE**
  - **SUPPORTS EFFORTS TO FOSTER A CULTURE OF QUALITY & COLLABORATION**

FEEDBACK, DATA SYSTEMS, & MONITORING

- **SYSTEMS TO MONITOR CARE**
- **SEEK INPUT FROM STAKEHOLDERS**
- **USE PERFORMANCE INDICATORS, MEASURE AGAINST BEST PRACTICES/BENCHMARKS/TARGETS**
- **MONITOR ADVERSE EVENTS**
  - Defined as an "untoward, undesirable, and usually unanticipated event that causes death or serious injury, or the risk thereof, which includes near misses"

PERFORMANCE IMPROVEMENT PROJECTS (PIPs)

- **CONCENTRATED EFFORT ON A SPECIFIC PROBLEM**
  - **PROBLEMS/ISSUES MAY BE:**
    - **ISOLATED**
    - **FACILITY-WIDE**
    - **DEPARTMENT SPECIFIC**

PERFORMANCE IMPROVEMENT PROJECTS (PIPs)

- **HILLVIEW CAMPUS**
  - **Dining Area Food Temperatures**
  - **Visual Inspection of Fire System**
  - **Mobility Assist – CP**
  - **Fall Risk Assessment**

- **LAKEVIEW CAMPUS**
  - **Fall Reduction Rounding**
  - **Hand Hygiene**
  - **Paging System**
  - **Visitation Monitors (safety measures during pandemic)**
  - **Monitoring Coffee Temperature**
  - **Resident Weights**
  - **Grievance Process**

SYSTEMATIC ANALYSIS & SYSTEMIC ACTION

- **THOROUGH, STRUCTURE APPROACH**
- **ROOT CAUSE ANALYSIS**
- **ONGOING MONITORING**
- **FOCUS ON CONTINUAL LEARNING & CONTINUOUS IMPROVEMENT**

QUESTIONS

??????

LACROSSE COUNTY

LONG TERM CARE DEPARTMENT

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT PLANS

AUGUST 8, 2022

Hillview Health Care Campus
Quality Assurance Performance Improvement Team Plan
§483.75(c) **Reviewed November 2020, Mar 2021, June 2022**

> *Mission*
>
> *To create and sustain services delivered in a compassionate manner that respects the unique needs and lifestyles of those in our community.*

Our goal is to provide quality care. This includes the best medical, restorative, and therapeutic care possible by finding opportunities for accomplishment and independence for each person. This will be provided for all persons regardless of race, color, creed national origin or sex.

Purpose

The QAPI Team plays a strategic role in being proactive, implementing best practices, and achieving successful change in the way we provide care. This can be seen in our relationships we build with those who live here, their families, and visitors. All employees are encouraged to contribute to ongoing QAPI efforts. All opinions and suggestions will be treated with respect and followed whenever possible. Our processes support our mission of providing quality care in a family-like and resident-centered environment, providing opportunities to be engaged in what is meaningful to each person.

QAPI reviews many of our policies and procedures and assists with identifying means of communicating and educating all staff necessary. QAPI is our means to identify and maintain effective systems, to collect, and to use data and information from all departments, including but not limited to the facility assessment.

Guiding Principles

❖ #1 QAPI is a method for approaching decision making and problem solving. The outcomes of QAPI at Hillview improves the quality of care we provide and the quality of life of our residents.

❖ #2 Hillview uses quality assurance & performance improvement to make decisions and guide our day-to-day operations and customer service needs.

❖ #3 QAPI has a prominent role in our management functions, with monitoring reimbursement and maximizing revenue

❖ #4 QAPI at Hillview includes ALL employees, all departments and all services provided. Our integrity is expressed through objectivity, honesty, ethical practice & transparent communication.

❖ #5 QAPI's focus is on systems and process rather than individuals.

❖ #6 Hillview makes decisions based on data, which includes input & experience of caregivers, residents, other NH professionals & families.

❖ #7 Hillview sets goals for performance & measures progress toward goals. We collaborate with others, respecting diversity, and talents around us.

❖ #8 Hillview supports performance improvement by encouraging our employees to support each other as well as be accountable for their own professional performance and practice.

❖ #9 Hillview has a culture that encourages, rather than punishes employees who identify errors or system breakdowns. We encourage a culture of learning and creativity to enhance service delivery.

Areas to be monitored include but are not limited to care assessments, person-centered care planning, infection control, quality of care, quality of life, physician practice, pharmacy services, and dental services as well as, food and nutrition, ethics, and physical environment.

We developed these guiding principles related to QAPI regarding the five elements: 1) Design and Scope, 2) Governance and Leadership, 3) Feedback, Data Systems and Monitoring, 4) Performance Improvement Projects and 5) Systematic Analysis Action

Hillview's Scope of Care and Services This includes all that Hillview provides to our residents and their families. Each impacts the quality of life for our residents. Each area will use QAPI to assess, monitor and improve their performance on an ongoing basis. These services include:

- Admissions (transportation to entering our home)
- Social Services/Ethics
- Rehabilitation Care
- Restorative Care
- Nursing Services/Skilled Care
- Pharmacy
- Dementia Care and Services

- Recreation Therapy
- Beauty Salon services
- Environmental Assistance and Services (Maintenance/Laundry/Housekeeping services)
- Nutritional Services/Dining
- Hospice/End of Life Care
- Other services (Optometry, Podiatry, and Dental)

GOVERNANCE & LEADERSHIP.

Our QAPI team is overseen by the La Crosse County Board. The QAPI team consists of those that are most responsible and held accountable for the practices on our Hillview campus. Our team consists of:

Name	Credential	Title
Molly Haugen		Staff Development Coordinator
Tracy Sheetz	RN	Infection Preventionist
Lori Clark	CDM	Director of Culinary Services
Dinita Bruemmer	RHIT	Health Information Supervisor
Kim Haskey	CTRS	Support Systems Manager
Kelly Kramer	NHA	Administrator
Karlie Hurlbert	RN	Director of Nursing
Jennie Maas	RN	Assistant DON-East
Terri Meyers	RN	MDS Coordinator and Restorative Nurse
Dr. Cogbill	MD	Medical Director
Kenneth Rotar		Facilities Maintenance Supervisor
Brooke Smith	CTRS	Recreation Therapy Manager/-Program Coordinator (The Oaks)
Kathleen Alberts	RN	Assistant DON-West
Carlene Ulrich	RD	Registered Dietitian
Jennifer Briseno		Finance Manager

This group is responsible to educate and train all employees about QAPI, its purpose and the thought process to continually improve our processes.

FEEDBACK, DATA SYSTEMS and MONITORING.
These will be individualized to the process identified as needing improvements. We use the Process Improvement Plan (see attachment) to monitor care and service, allowing us to use data from many sources including but not limited to caregivers, families, surveys, complaints, performance indicators, adverse events etc. Our QAPI chair will keep a PIP log to assist in our process.

PERFORMANCE IMPROVEMENT PLAN (PIP)
Our goal is to have at least 3 but no more than 6 active PIPs at a time. A team for each active PIP is formed to carry out the process and report back to the QAPI team any progress. There should be monthly progress. If monthly progress is not occurring, the QAPI leader will ask that it be reassessed to determine if it needs to be tabled or more information is needed about goals of the PIP.

If PIPS are not being identified; we will ask the QAPI leader to work with the service provider lead i.e., dept. manager, to identify a PIP specific to the service they provide.

SYSTEMATIC ANALYSIS and SYSTEMATIC ACTION.
Each PIP will be different. Focus on the outcome. Consider unintended consequences.

Be sure to get to the underlying causes of the issue rather than coming up with a quick fix. We will use the 5 whys to allow our teams to get to the root cause.

We will monitor the interventions or actions that are implemented and their effectiveness and ensuring they are sustained improvements.

COMMUNICATIONS
We will use various means to communicate with all staff. Forms to identify a PIP can be completed by any staff member. This will be an education via RELIAS on all new admits and annually.
QAPI team will meet monthly and communicate to all other staff via email of any new discussion and resolutions. Dept. heads are also responsible for communicating with their direct staff via team meetings or huddles. Any feedback will be brought back to our QAPI monthly am meeting.

EVALUATION and ESTABLISHMENT of PLAN Use the Self-assessment tool and audits as necessary; plan to revisit and track updates to plan.

HILLVIEW HEALTH CARE CENTER/The OAK'S FACILITY ASSESSEMENT
Persons involved completing:
Administrator: Kelly Kramer, NHA
Director of Nursing: Karlie Hurlbert, RN
ADONs: Jennie Maas, RN and Kate Alberts, RN
Infection Prevention Specialist: Tracey Sheetz, RN
MDS/Restorative and ECS support; Terri Meyers, RN
Facilities Supervisor: Ken Rotar
Health Information: Dinita Bruemmer
Staff Development: Molly Haugen
Dietary/Food & Nutrition Manager: Lori Clark
Program Coordinator for The Oaks: Brooke Smith, CTRS
Psychiatric Services: Amy Harter, APNP and Kate Fassbinder, MD Psychiatrist
Support Systems Manager: Kim Haskey
Reviewed by Governing Body: Veterans, Aging and Long-Term Care Committee of the La Crosse County Board.
Reviewed by Medical Director: Elizabeth Cogbill, MD
Reviewed: July 2017, October 2017 November 2017, December 2017, October 2018, January 2019, July 2019, November 2019, November 2020 (review resident population/new admits and resources/through monthly QAPI team and annually) March 2021, March 2022, June 2022

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*Supplement documents can be provided.

PURPOSE: To determine and define facility wide resources necessary to provide quality care during day-to-day operations as well as during emergencies. To serve as a record for staff and management to understand the reasoning for decisions made regarding staffing and capabilities to provide services to those we serve and potentially will serve. To identify other resources including operating budgets necessary to carry out facility functions. To use a competency-based approach that focuses on ensuring that the care provided allows people to maintain or attain their highest practicable physical, mental, and psychosocial well-being. To identify resources needed to provide the necessary person-centered care and services each person may need.

Part 1: Our Resident Profile
Information used to collect data are from such sources including but not limited to: MDS reports, Quality Measures, 672 (Resident Census and Conditions of Residents) and/or 802 (Roster/Sample Matrix Form) reports, the payroll-Based Journal, and in-house designed reports

1.1 Number of licensed beds/capacity: 85 with average daily census of 69.5.
   100 hall: long term; 300 hall: rehab stay; 400 hall: long term
   600 hall: long term; 800 hall: long term memory care.
   The Oaks Memory care/Psychiatric stabilization 3/10 residents
1.2 Admissions occur most often during the weekdays when stabilized staff are working.

Hillview serves a diverse population primarily those that may need more care than one is able to receive in a community settings such as assisted livings or group homes. Populations include but not limited to below:

Category	Common diagnoses
Psychiatric/Mood Disorders	Psychosis (Hallucinations, Delusions, etc.), Impaired Cognition, Depression, Schizophrenia, Anxiety Disorder, Behavior that Needs Interventions, Bi-polar, Behavioral Disturbances
Heart/Circulatory System	Congestive Heart Failure, Coronary Artery Disease, Angina, Dysrhythmias, Hypertension, Orthostatic Hypotension, Peripheral Vascular Disease, Risk for Bleeding or Blood Clots, Deep Venous Thrombosis (DVT), Pulmonary Thrombi-Embolism (PTE),
Neurological System	Parkinson's Disease, Hemiparesis, Hemiplegia, Paraplegia, Quadriplegia, Multiple Sclerosis, Alzheimer's Disease, Non-Alzheimer's Dementia, Seizure Disorders, CVA, TIA, Traumatic Brain Injuries, Neuropathy, Aphasia, Cerebral Palsy,
Vision	Visual Loss, Cataracts, Glaucoma, Macular Degeneration

Hearing	Hearing Loss
Musculoskeletal System	Fractures, Osteoarthritis, Other Forms of Arthritis, Osteoporosis
Neoplasm	Prostate Cancer, Breast Cancer, Lung Cancer, Colon Cancer, Leukemias
Metabolic Disorders	Diabetes, Thyroid Disorders, Hyponatremia, Hyperkalemia, Hyperlipidemia, Obesity
Respiratory System	Chronic Obstructive Pulmonary Disease (COPD), Pneumonia, Asthma, Chronic Lung Disease, Respiratory Failure, Pulmonary hypertension
Genitourinary System	Renal Insufficiency, Nephropathy, Neurogenic Bowel or Bladder, Renal Failure, End Stage Renal Disease, Benign Prostatic Hyperplasia, Obstructive Uropathy, Urinary Incontinence
Diseases of Blood	Anemia
Digestive System	Gastroenteritis, Cirrhosis, Peptic Ulcers, Gastroesophageal Reflux, Ulcerative Colitis, Crohn's Disease, Inflammatory Bowel Disease, Bowel Incontinence, Constipation, Ostomy
Integumentary System	Skin Ulcers, Injuries,
Infectious Diseases	Skin and Soft Tissue Infections, Respiratory Infections, Tuberculosis, Urinary Tract Infections, Infections with Multi-Drug Resistant Organisms, Septicemia, Viral Hepatitis, *Clostridium difficile*, Influenza, COVID-19

1.3 It is the policy of Hillview Health Care Center to admit and to treat all residents without regard to race, color, creed, or national origin. All services provided are made available to residents without distinction in eligibility or in standard of services. All persons or organizations having occasion either to refer residents for admission or to recommend Hillview are advised to do so without regard to resident's race, color, creed, or national origin. The medical, emotional, social factors, along with payment source are considered as part of the process of evaluation of the person's needs and whether we can offer appropriate care.

Acuity

1.4 Hillview's residents vary in acuity level. The following table indicates one day and is comparable to our acuity level over the past 6 months. Data sources include RUGs, MDS data, and other resident health information tools.

On 05/20/22 acuity levels (see table below) we were at 70 census

Major RUG-IV Categories

Major RUG-IV Categories	Number/Average or Range of Residents
Rehabilitation Plus Extensive Services	0
Rehabilitation	15
Extensive Services	0
Special Care High	3
Special Care Low	4
Clinically Complex	5
Behavioral Symptoms and Cognitive Performance	10
Reduced Physical Function	30

Special Treatments and Conditions

	Special Treatments	Number/Average or Range of Residents
Cancer Treatments	Chemotherapy	0
	Radiation	0
Respiratory Treatments	Oxygen therapy	5
	Suctioning	0
	Tracheostomy Care	0
	Ventilator or Respirator	0
	BIPAP/CPAP	5
Mental Health	Behavioral Health Needs	20
	Active or Current Substance Use Disorders	0

Other	IV Medications	1
	Injections	15
	Transfusions	0
	Dialysis	4
	Ostomy Care	4
	Hospice Care	4
	Respite Care	0
	Isolation or Quarantine for Active Infectious Disease	0

Assistance with Activities of Daily Living

Assistance with Activities of Daily Living	Independent	Assist of 1-2 Staff	Dependent
Dressing	4	60	4
Bathing	0	55	13
Transfer	5	50	13
Eating	10	48	10
Toileting	6	55	7
Other care, describe:			
	Independent	Assistive Device Used to Ambulate	In Chair Most of Time
Mobility	8	40	20

Ethnic, cultural, or religious factors

1.5 Hillview provides diverse activities including celebrating Christmas, Hanukah, Hmong New Year, etc. Residents, families, and visitors have access to religious services (Hillview offers Protestant and Catholic at Hillview and non-denominational services on a regular basis) or religious-based advanced directives. Residents with language barriers have had pictographs created by therapy or nursing to convey basic needs. Translation services are available through Certified Language International. See insert. Care planning is completed as needed to impart necessary information to staff. Hospital staff also will provide resources as needed.

Need an Interpreter?

1. Dial 1.800.CALL.CLI (1800.225.5254)
2. When the operator answers, tell them:
   a. Your customer code is: 46LACC
   b. You are calling from La Crosse County Personnel Department
   c. The language that you need
   d. Your name and division
   e. Please let the operator know if you would like to connect to multiple parties (call a patient/client at home for example)
3. The operator will connect you with an interpreter promptly.

24 hours a day 7 days a week

CERTIFIED LANGUAGES

Ethnic, cultural or religious factors for food services:
During the resident interview information is obtained as to likes, dislikes and preferences. We offer food or choice and honor requests as able: examples: fish on Fridays for Catholics and during Lent, no pork or shellfish for people of the Jewish faith and vegetarians are offered a variety of non-meat foods. The cycle menu does have ethnic dishes such as tacos, stir fry, lasagna, spaghetti, german potato salad, brats and kraut etc... as choices. We look for menu suggestions from residents. They are encouraged to share favorite recipes to our kitchen and Recreation staff. Resident Council has had "sample tastings" of possible new menu items!

Other

1.6 Hillview contracts with a therapy agency to provide rehabilitation to residents. All our beds at Hillview are Medicare certified. Hillview has dedicated CNAs to work as restorative aides to provide additional therapeutic needs such as walking and range of motion. Restorative Aides along with our Recreation Therapy staff offer various exercise

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programs. Staff are provided annual dementia care training. Bathing needs and wants of our residents are based on personal preferences of residents and all shifts are expected to provide baths. Our Recreation Therapy department provides physical, cognitive, spiritual activities to meet the preferences of residents during the days, evenings and on weekends. Programs are provided in house and in the community to meet all levels of functioning for our residents. Our sleep initiative, centers on our residents, allowing them to wake naturally. Our dining allows a choice in their meals.

1.7 Part 2: Services and Care We Offer Based on our Residents' Needs

2.1 See the table below that identifying care needs and resource specific to these types of care.

General Care	Specific Care or Practices
Activities of daily living	Partial baths, full bed baths, whirlpool tub baths, showers, oral/denture care, dressing, grooming, repositioning eating, support with needs related to hearing/vision/sensory impairment, supporting resident's independence in doing as much of these activities by himself/herself.
Mobility and fall/fall with injury prevention	Transfers, ambulation, restorative nursing, contracture prevention/care; supporting resident independence in doing as much of these activities by himself/herself, providing frequent checks to maintain an alarm free environment. DON reviews and organized falls, bringing results to monthly QAPI.
Bowel/bladder	Bowel/bladder toileting programs, incontinence prevention and care, intermittent or indwelling or other urinary catheter, ostomy, responding to requests for assistance to the bathroom/toilet promptly to maintain continence and promote resident dignity
Skin integrity	Pressure injury prevention and care, skin care, complex wounds requiring negative pressure therapy (KCI) wound care team (pressure, etc.). We have 2 nurses wound who inspect, review, measure and document on all pressure related wounds and some venous/arterial wounds. The Dietician reviews. Braden Scale and skin assessments are targeted to be done quarterly.
Mental health and behavior	Manage the medical conditions and medication-related issues causing psychiatric symptoms and behavior, identify and implement interventions to help support individuals with issues such as dealing with anxiety, care of someone with cognitive impairment, care of individuals with depression, other psychiatric diagnoses, developmental disabilities DD, and MI. Resources include psychiatric services and trauma informed care
Medications	Timely and appropriate administering of required medications. Medications given by the following routes: oral, nasal, buccal, sublingual, topical, subcutaneous, rectal, intravenous (peripheral or central lines), intramuscular, inhaled (nebulizer), vaginal, ophthalmic, etc. Assessment of consideration of gradual dose reduction (GDR) for MD/provider review. Nursing assessment of psychoactive/pain medications. Med Pass observation of staff at least annually. Resident med review done on admission by Health Direct RPH, on admission visit by MD and with each 30-day minimum visit for the first 3 months then per regulatory interval schedule or acute visit. Consultant RPH reviews all residents' medications monthly and gives report to Medical Director and DON.
Pain management	Assessment of pain, pharmacologic and nonpharmacological pain management. Identify and report to provider multiple orders of pain medications. Assign pain ratings for either 1-2 pills or 2 different meds.
Infection prevention and control	Identification and containment of infections, prevention of infections. Monitor and discuss with staff/providers Antibiotic Stewardship. Review each antibiotic ordered for proper usage and documentation. Staff education/ audits for handwashing, gloving and peri care. Review and monitor each staff call-in to determine criteria for returning to work. Annual in-services on Blood Borne Pathogens, Handwashing, and other infection related topics. Provide information on cleaning of equipment. All residents needing isolation will have a sign posted on their door. All infections are examined for patterns and prevention. COVID is one example.
Management of medical conditions	Assessment, early identification of problems/deterioration, management of medical and psychiatric symptoms and conditions such as heart failure, diabetes, chronic obstructive pulmonary disease (COPD), gastroenteritis, infections such as UTI and gastroenteritis,

	pneumonia, hypothyroidism. Education on reporting Change of Condition using the AMDA guidelines.
Therapy	PT, OT, Speech/Language, Management of braces, splints. Develop Restorative and functional programs for residents and staff including AROM, PROM, ambulation, dressing, eating and communication
Other special care needs	Dialysis, hospice, ostomy care, bariatric care, palliative care, end of life care, Management of various drains i.e.: JP, Peripheral IV's, PICC lines, PEG tubes, NG, and NJ tubes.
Nutrition	All residents are interviewed and assessed nutritionally at admission. Diet cards are individualized to resident preferences and diet order. Diets are liberalized at resident request after education by nursing, RD or CDM. Specialized Diets include but may not be limited to: • No concentrated sweets • Fluid restrictions • Low sodium • Tube feeding • No added salt • Gluten free • GM sodium • Low potassium • Low fat/low cholesterol • Cardiac The RD and CDM work closely with SLP to individualize textures and fluids for each resident to dine safely. Special textures and fluids include: Altered Textures: Ground, Diced/cut and Puree Altered Fluids: Honey, Nectar, Pudding Assisted Devices are available for use to promote independent dining for our residents. Occupational Therapy evaluates residents and recommends special assistive devices on an individual basis. Adaptive equipment includes: Straws, spout, sippy or nosey cups, weighted/bent/built up or child utensils, divided, scoop, rim and lip plates, scoop bowls, plate guards.
Provide person-centered/directed care: Psycho/social/spiritual support:	Build relationship with resident upon admission, use of I- Care plans, encourage staff to engage resident in conversation. Find out what resident's preferences and routines are; what makes a good day for the resident; what upsets him/her and incorporate this information into the care planning process, including trauma informed care. Make sure staff caring for the resident have this information Record and discuss treatment and care preferences Support emotional and mental well-being; support helpful coping mechanisms; Alzheimer's support group, Benevolent touch program, Virtual Dementia tour offered. Encourage residents to make their rooms their own space. Provide culturally competent care: learn about resident preferences and practices regarding culture and religion; stay open to requests and preferences and work to support those as appropriate. Provide or support access to religious preferences, use or encourage prayer as appropriate/desired by the resident. Provide opportunities for social activities/life enrichment (individual, small group, community), Support community integration if resident desires. Prevent abuse and neglect. Identify hazards and risks for residents Offer and assist resident and family caregivers to be involved in person-centered care planning and advance care planning Provide family/representative support

Part 3: Facility Resources Needed to Provide Competent Support and Care for our Resident Population Every Day and During Emergencies

3.1 Hillview hires staff as well as contracted services to successfully care for our residents. Each position at Hillview has a job description outlining the requirements depending on the position. Human Resources can provide a copy of our current job positions to State Surveyors if needed. Each position has a job description listing qualifications, preferences, tasks, and expectations. After hire, each position continues with various in-services and education to stay on top of the trends and issues in their field of work. See attached list of *current licenses, orientation, and competencies for staff.

3.2 Nursing Services § 483.35 Hillview employs sufficient staff who provide direct services to residents. Employees have the appropriate competencies and skill sets to provide nursing and related services for resident safety and allowing them to attain or maintain the highest practicable physical, mental, and psychosocial well-being. A resident assessment and an individualized plan of care is created for each resident. We employ based on the number or residents, acuity, and diagnosis of the facility's resident population in accordance with §483.70(e). We employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service § 483.60(a) –

Staff type: includes but not limited to: §483.70(e)
- Administrator, Staff Development, QAPI chair, Environmental Service staff, Social Service staff, Admissions Nurse, Business Office workers, Finance staff, Human Resources workers, Compliance/HIPPA Compliance Officer
- Nursing Services (DON, RNs, LPNs, Med techs, CNA, MDS nurse, Nurse Techs, Infection preventionist and Wound Nurse)
- Contracted Therapy Services (e.g., OT, OTA, PT, PTA, speech language pathology) Optometrist, Recreation Therapists, Recreation Therapy assistants, QMHP
- Medical/Physician Services (e.g., Medical Director, Attending Physician, Physician Assistant, Nurse Practitioner, Optometrist, APNP, Psychiatrist, Dentist, Podiatrist)
- Pharmacist
- Support Staff (facilities manager, information technology staff, custodians, housekeeping, maintenance staff, groundskeepers, laundry staff, central supply and purchasing staff)
- Chaplain/Religious services (volunteer pastors/churches)
- Volunteers, students
- Other: vocational services worker, diagnostic X-ray services worker

3.3 Individual staff assignment
Based on Hillview's resident population and their needs for care and support, we have developed a master schedule based on avg census of 65.
This would change with census fluctuation as determined by the DON and staff scheduler who review upcoming admissions, discharges, staffing, residents' acuity etc.,
3.4 Staff are stabilized in our nursing, social services, recreation, and housekeeping departments as staffing allows.

__See staffing schedules below__

Position	Total Number staff at Hillview
Executive Director of Health Care Campuses	1
Nursing Home Administrator	1
Director of Nursing	1 Full Time days
Assistant Director of Nursing Supervising Charge Nurses Infection Control Staff Development MDS/Restorative RN's	2 Full Time days .5 PMs, 1 nights .5 .5 1.5
Registered Nurses/LPN/Nurse Techs	5-6 on days; 5 on PMs; 2-3 on nights
Direct Nursing Care -GOALS	1:15 on days 1:18 on PMSs

	1:40 on nights
Direct Care Staff-GOALS	1:12 ratio on days (total CNAs) 1:12 ratio on PMS 1:20 ratio on nights CNAs: 9 on days; 9 on PMs and 6 on nights
Transportation	1 CNA days
Restorative Support Service Workers	Dedicated CNAs perform restorative. MDS/Restorative nurse. Hallway CNAs continue to do programs as well
In addition to nursing staff, other staff needed for behavioral healthcare and services (list other staff positions/roles): Program Coordinator/CTRS Recreation Therapists/Volunteer Coordinators Support Systems Manager/Social Services Supervisor Social Worker Environmental services manager/central supply Maintenance Grounds worker/Custodian-Campus Support Service/RTA	 1 2 1 2 10 4 .25 3
Dietitian or other clinically qualified nutrition professional to serve as the director of food and nutrition services. Registered Dietician Food and Nutrition Director (CDM,CFPP,CFM)	 .5 1
Food and nutrition services staff	7-AM Food and Nutrition staff 6-PM Food and Nutrition staff

Staff training/education and competencies

3.4. **Staff training/education and competencies**

All staff are trained and educated on competencies by educational poster of information with a questionnaire, live response to questionnaire as needed, live demonstration, audits, and live feedback from audits to staff at time of audit and all staff in huddles as necessary. Informational read and sign acknowledging read and understand, guest speakers that are necessary to provide the level and types of support and care needed for our resident population and in 2019 we will add Relias to our educational training for staff providing a better means to assure competencies. Professional licensed staff with required certification training are provided through webinars, conferences, and trainings.

All staff are trained on hire and annually on the following topics:
- ➢ Resident Rights
- ➢ Blood borne Pathogens
- ➢ Severe Weather
- ➢ Workplace Harassment
- ➢ Tuberculosis
- ➢ QAPI
- • Dementia: Caring for persons with Alzheimer's or other dementia: All staff are encouraged to attend educational training via Relias regarding dementia care. We have offered the Virtual Dementia tour and use Teepa Snow training videos.
- ➢ Body Mechanics
- ➢ Fire Safety/ Emergency Disaster
- ➢ Hazardous Communication
- ➢ HIPAA/Confidentiality
- ➢ Civil Rights

- ➢ Person-centered and person-directed care- This should include but not be limited to person-centered care planning, education of resident and family /resident representative about treatments and medications, documentation of resident treatment preferences, end-of-life care, and advance care planning.
- ➢ Infection Control Practices- includes written standards, policies, and procedures for the program.
- ➢ Oral Hygiene (CNA and Licensed Nurses)
- ➢ Abuse training that includes the following- neglect, and exploitation – training that at a minimum educates staff on—(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property; (2) Procedures for reporting incidents, of abuse, neglect, exploitation, or the misappropriation of resident property; and (3) Care/management for persons with dementia and resident abuse prevention.
- ➢ Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, and implementing nonpharmacological interventions
- ➢ Hillview has expectations of all staff to be aware of cultural competencies. It is crucial we are effectively delivering care that meets the social, cultural, and linguistic needs of all our residents. As mentioned above we offer our residents diverse activities. Not only is La Crosse County Hillview sensitive to diversity as an accepting diverse employer, but we're also sensitive to those we serve as well. We are fortunate to have employees, assisting us with educating fellow employees about cultural normalcies, traditions, and modernized traditions. As a county home, we have many resources at our fingertips if we need to assist with delivering person centered care to the diverse populations we may serve. Translation services are available through Certified Language International. Care planning completed as needed to impart necessary information to staff.

Nursing Department:
- Nurses and CNAs complete competency checklist upon hire and further teaching is provided during orientation.
- CNAs complete an annual skills demonstration on four competencies depending on the population of our residents in house- ADLs, oral hygiene (teeth and dentures), catheter emptying, bed pan, dressing, ROM, bathing, perineal care (female and male), nail care, transfers, ROM, gait belts, lifts, hand hygiene, PPE, making a bed, offering resident choice.
- Nurses complete an annual skills demonstration on four competencies depending on the population of our residents in house- Skin/wound care, sterile technique (catheter insertion or PICC dressing change), injection procedure, blood glucose testing, medication administration, hand hygiene, PPE, lung sounds, pain assessment, tube feeding, ostomy care, pre op and post op care, dialysis care, vital signs, offering resident choice.
- CNAs are provided a minimum of 12-hour training which includes the above annual trainings in addition to oral hygiene education, specific diagnoses education or medical equipment that is new to the facility.
- Nurses will have education on specific diagnoses or medical equipment that is new to the facility.
- Hillview uses I-Care-plans and educate staff on the "resident first" mindset. Resident choice begins with the choice to come to Hillview, the option of activities, meals, time they choose to rise and go to bed. Family, through discussion, is educated on the meaning and purpose of person-centered care.   Residents have the right to decide against what may be recommended by their doctor or family member. Staff are to document education when a choice like this is made. Changing from the clinical mind set to the person-centered thought is a continual reminder and education of all people involved.

Policies and procedures for provision of care
3.5. Policy and Procedures are updated at least annually with regulatory changes. Changes are shared with our QAPI committee. All policies are saved on a shared drive for all staff to view. Nursing policies and procedures use a variety of evidence-based information i.e.: Lippincott's Nursing manual, Gundersen Health Systems, Mayo Health Systems, Pathways, Health Direct Pharmacy, AMDA guidelines, National Alliance of Wound Care, AADNS, ANNAC and a variety of others. Education of changes or updates occur through email and during nursing reports as well as nursing and CNA meetings. Our QAPI program allows for staff to initiate a PIP that indicates a policy or procedure that has failed or has not been working correctly. This process allows us to identify and complete a root cause analysis to improve and correct the process.

Working with medical practitioners
3.6   We work with medical providers from many systems. Our two local systems include Gundersen Lutheran and Mayo Health Systems.   We have coverage of providers 5 days a week. M-F except holidays. Our providers all take call from us, some 24/7. Our medical director attends our QAPI, pharmacy and therapeutics as well as our infection control meetings.

Expectations of medical practitioners
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3.7 Our Health Information department compiles and manages resident visits for each practitioner to ensure it meets timely visits per regulations. New admissions are typically seen with in the first week, then per guideline. We have a written in each folder a guide that practitioners use to know what to include in their notes/visits. Nursing provides hard copy vital signs and nurse's notes. Practitioners also have access to their own EPIC systems onsite to dictate notes into and obtain hospital/clinic information. Our Medical Director is comfortable following up with concerns or questions regarding of any of the practitioners from either entity. She is also available to confer or consultant on complex cases or Hillview staff related issues. We have a very solid team here who provide excellent medical care. Staff and medical practitioners have a very good relationship and will ask questions when necessary or ask for clarification. Staff are trained what to have prepared for the healthcare professionals. The health care professionals are updated on the standards and protocols for Hillview.

Physical environment and building/plant needs
3.8 Hillview's maintenance department has thorough knowledge of a range of aspects of the HVAC system, Plumbing and electrical within Hillview as well as the grounds and vehicles owned.
Inventory of all equipment both medical and non-medical are used to provide care in day-to-day operations and emergencies: see table in 3.8 below *see inventory list of supplies and equipment

Physical Resource Category	Resources	If applicable, process to ensure adequate supply, appropriate maintenance, replacement
Buildings and/or other structures	Hillview Health Care Center: 1980 construction, 100% reinforced concrete frame, unfished basement, 1 story 3,754 ft. gross perimeter; 121,026 sq. ft. of floor area, garage, bus garage, storage shed Heating: 100% steam/hot water radiators Cooling: 100% chilled H20 w/fan coil units Fire Protection: 100% sprinkler system 100 % manual fire alarm 100% automatic fire detection 1 ramp located outside the 900 door 1 floor used for resident care Basement used for laundry/storage/central supply One bus garage, truck garage and van garage. The van garage is attached to Hillview; the other 2 are detached.	A preventive maintenance plan is in place. For any staff to alert maintenance of a break/repair or area needing attention, we use a computerizes maintenance IT ticket, that is monitored continuously. 1. **Complete information on the electronic ticket** 2. **Date**: Date and Time 3. **Location**: Identify Exact Location 4. **Repair needed**: Provide detailed information on what needs to be done. 5. **Signed**: add your name and shift for follow up as needed 6. **The electronic system can reply that the issue is being worked on and once completed resolved.** All fire equipment shall be maintained by the Maintenance Department in readily usable condition and inspected on an annual, monthly, or as required basis: 1. Sprinkler System Annually by a contracted firm Quarterly flow alarm tests 2. Smoke Detectors Semi-annually 3. Pull Boxes-Annually 4. Fire Doors-Monthly

		5. Extinguishers-Monthly – dated and initialed. Annually by contract. The La Crosse Fire Department conducts a semi-annual fire inspection of the entire facility including the above systems
Vehicles	2 transportation vans with lift; Activity bus with lift; facilities pickup truck, bobcat	A preventive maintenance plan is in place.
Physical equipment	Bath benches, shower chairs, bathroom safety bars, bathing tubs, sinks for residents and for staff, scales, wheelchairs and associated positioning devices, lifts, lift slings, bed frames, mattresses, room and common space furniture, exercise equipment, therapy tables/equipment, walkers, canes, nightlights, steam table, oxygen concentrators and tubing. Walk-in Cooler/Freezer, copy/fax machines, desktop/laptops, Wi-Fi phones, pagers, cordless hall phones, drinking fountains,	Central Supply maintains an inventory of items in the building. Staff are directed to complete a Maintenance Request for any items needing repair. See above procedure.
Services	Waste management, hazardous waste management, telephone, HVAC, dental, barber/beauty, pharmacy, laboratory, occupational, physical, speech therapy, religious, exercise, recreational activities, memory care, optometrist, podiatry,	Trash is removed 3 times daily Preventative maintenance of HVAC: filter change rotation is performed.
Other physical plant needs	ADA compliant entry/exit ways, nourishment accessibility, nurse call system, emergency power, generator	Emergency power is tested per state requirements.
Medical supplies	Blood pressure monitors, compression garments, gloves, gowns, hand sanitizer, gait belts, infection control products, heel and elbow suspension products, suction equipment, thermometers, urinary catheter supplies, oxygen, AED, oxygen saturation machine, Bi-PAP, bladder scanner	These items are purchased as needed when not provided by clinic/hospital. Central Supply maintains inventory.
Non-medical supplies (if applicable)	Soaps, body cleansing products, incontinence supplies, waste baskets, bed and bath linens, individual communication devices, computers, Personal care products, waste baskets, linens are provided by the facility.	Central Supply maintains inventory and maintenance

Other

3.9.   Hillview uses several contracts, memoranda of understandings and other agreements with third parties to provide services or equipment to Hillview during both normal operations and emergencies. These services are reviewed and updated annually. The contracts detail how their services will meet resident needs and regulatory, operational, maintenance, and staff training requirements.

3.10   Hillview securely transfers health information to hospitals, home health agencies and other providers for resident transferred or discharged from the facility. This is done securely abiding HIPPA rules and regulations. ECS database system electronically stores and manages our resident medical records. (Epic electronic system used by both Gundersen Health System and Mayo Health System, is utilized by our physicians, nurse practitioners, and physician assistants for charting medical progress notes. Hillview has access to both systems.) Hillview manages resident records with ECS (Electronic Charting System). ECS has the capability to fax using La Crosse County's encrypted EFAX system through the Right Fax Printer to securely transfer health information.

Hillview works with both hospitals and our therapy service to utilize view only records of their charting system for more accurate communications of resident status.

During downtime Hillview has developed a procedure to implement ensuring residents and their representative can access their records upon request and obtain copies within required timeframes.

During Emergency power outages lasting more than a few hours; Hillview has available thin-client computers with printers in the lower level of the Hillview campus. These can be plugged into any RED emergency power supply and stocked with paper. If our network is down, any computer off campus can be accessed by a manager. A computer is accessible on campus that is not on the network that can be used and is on the back up generator. This is in the dietician's office behind the kitchen.

Hillview ensures that residents and their representatives can access their records upon request and obtain copies within required time frames. Hillview's ECS face sheet also designates persons with permission to receive resident's health information indicated by an "x" preceding their names.

All records can be reviewed or obtained with proper signed authorization from resident or their POA. There is no charge to view resident's record either electronically or paper chart with a scheduled appointment. Charges for paper copies of health information is based on current Schedule of Health Care Provider Records Fees from the Department of Health Services Wisconsin Statute 146.83 (3f) (b). Fees are posted in the Health Information Office.

3.11   Infection Control §483.80(a) - Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: (1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement and based upon the facility assessment conducted according to §483.70(e) and following accepted national standards. *a surveyor will meet with infection control nurse and view our program

3.12.   Hillview has a facility-based and community-based risk assessment, utilizing an all-hazards approach (an integrated approach focusing on capacities and capabilities critical to preparedness for a full spectrum of emergencies and natural disasters). Please refer to the risk assessment of the emergency preparedness plan (§483.73), and focus on high-volume, high-risk areas. Our Safety committee has taken on the responsibility to develop and assess our emergency preparedness plan.

Staffing Patterns as of June 2022
A reminder that ALL staff are responsible for ALL residents. We assign halls for stability purposes but we all must work as a team, use our radios to confidentially communicate needs on each hall and all support one another to accomplish the good care and needs or all those who live at Hillview.

100
DAYS
1 Nurse (RN, LPN, or NT)
2 CNA
PMS
1 Nurse (RN, LPN, or NT)
1.5 CNAs
NOCS
1/3 Nurse (RN or LPN)
1 CNA

300
DAYS
1 Nurse (RN, LPN, or NT)
1 CNAs
PMS
1 Nurse (RN, LPN, or NT)
1 CNAs
NOCS
1/3 Nurse (RN or LPN)
1 CNA
400
DAYS
1 Nurse (RN, LPN, or NT)
1.5 CNAs
PMS
1 Nurse (RN, LPN, or NT)
1.5 CNAs
NOCS
1/3 Nurse (RN or LPN)
1 CNA

600
DAYS
1 Nurse (RN, LPN, or NT)
1.5 CNAs
PMS
1 Nurse (RN, LPN, or NT)
1.5 CNAs
NOCS
1/3 Nurse (RN or LPN)
.5 CNA
700-THE OAKS
DAYS
1 Nurse (RN, LPN, or NT) or CNA
PMS
1 CNA
NOCS
1 CNA

800
DAYS
1 Nurse (RN, LPN, or NT)
1.5 CNAs
PMS
1 Nurse (RN, LPN, or NT)
1.5 CNAs
NOCS
1/3 Nurse (RN or LPN)
.5 CNAs

APPLIES TO: Lakeview, Ravenwood, Maplewood, Neshonoc Manor, Monarch Manor, Regent Manor

TITLE: QAPI Plan (Quality Assurance and Performance Improvement) --Lakeview Health Center and Assisted Living Quality Assessment and Assurance (QAA)

Mission of Lakeview Health Center and Assisted Living: To create and sustain services delivered in a compassionate manner that respects the unique needs and lifestyles of those in our community.

Purpose of the QAPI Plan:

- Lakeview Health Center and Assisted Living has an on-going QAPI/QAA plan for purposes of monitoring, evaluating, and improving the quality of care and services provided to our residents.
- The term 'QAPI' is intended to communicate an organization-wide philosophy and process to regularly identify and implement constructive, cost-effective strategies to improve the quality of resident care, quality of life, and other measures of organizational performance.

Guiding Principles

The Lakeview Health Center and Assisted Living campus has the following principles which guide our beliefs and philosophy about quality assurance and performance improvement. This guiding principles include the following:

Guiding Principle #1: QAPI has an essential role in all management and board functions.
Guiding Principle #2: Lakeview Health Center and Assisted Living uses quality assurance and performance improvement to guide our day-to-day decision.
Guiding Principle #3: The outcome of QAPI is to ensure the quality of care and quality of life for each of our residents.
Guiding Principle #4: QAPI includes all employees and all services. It focuses on systems and processes rather than individuals with an emphasis on identifying and correcting system gaps rather than blaming individual employees. Our organization has a culture which encourages, rather than punishes, employees who identify errors or system breakdowns.
Guiding Principle #5: Lakeview health Center and Assisted Living makes decisions based on data and input and experience from our stakeholders, which include our employees, residents, families, health care practitioners and others.
Guiding Principle #6: Our organization sets goals for performance and measures progress toward these goals.
Guiding Principle #7: Our organization encourages our employees to support each other as well as be accountable for their own performance and practice.

Procedure for Administration of the QAPI Plan

As approved by the Veteran's, Aging and Long-Term Care Committee (VALTC--the "Board"), our QA/QAPI plan shall be administered by the Quality Council (the "Council"), the Quality Council Chairperson, and organization administration. The Council will be responsible for conducting investigations, inquiries, and proceedings for the purpose of evaluating and improving the quality of care

and services provided to our residents. The Board shall oversee the Council. Sufficient resources will be provided to carry out the QAPI plan.

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Quality Council Organization

Composition

The Council shall be interdisciplinary and include individuals who have a variety of responsibilities (direct and non-direct care.) Representatives from Assisted Living (Community) attend this meeting and have assisted-living specific quality assurance systems.

Appointment and Approval

- <u>Members</u> Council members shall be appointed and approved by the Chairperson and the Administrator. (Members shall serve until their qualified successors are appointed and approved).

- <u>Chairperson</u> A Council member serves as chairperson.

Meetings

- <u>Frequency</u>   The Council shall meet quarterly or more frequently if needed to address important quality or safety issues. A standing agenda item at each meeting is any systemic issue (high risk, high volume, and/or problem prone) identified in a particular area or department. A cumulative listing of these issues and the date of resolution is documented at each meeting.

- <u>Quorum</u>   A majority of the Council members shall constitute a quorum for conduct of business.

Teams (Subcommittees)

The Council may create teams in order to investigate or review certain issues. Teams that are chartered by the Council or designated Privileged/Confidential, will generally be chaired by a Council member. The Council Chairperson and the Administrator must approve the appointment of a non-Council member as chairperson of a chartered or privileged/confidential team.

- All other teams generally have one or more Council members on the team.

- The team chairperson shall coordinate membership based on the specific issue to be reviewed.

- The chairperson of any chartered team, or any Privileged/Confidential team shall provide a written report of the team's analysis and findings to the Council on a scheduled or as-needed basis.

Council Responsibilities

Perform Reviews and Investigations   In the Nursing Home, the Council will be responsible for monitoring, evaluating, and improving the quality of care, investigations, inquiries, and proceedings. This includes assuring the development and implementation of appropriate plans of action to correct identified quality deficiencies.

19

- In the Nursing Home, results of the facility assessment will be reviewed by the Council and used to determine priority areas for project monitoring.

QAPI/QAA Activities

- Quality Council is the team under which all teams in the Nursing Home function (this includes privileged and non-privileged teams).
- Quality Council members are involved in teams either by direct participation or by organizing and selecting team members. Each team is responsible to carry out assigned or self-directed Process Improvement Plans (PIPs).
  - General meetings or teams include--not an all-inclusive list:
    - Clinical Teams (Quality Measures/Quality Indicators [QM/QI], Falls, Wounds, Infection Prevention and Control)
      - Clinical issues are first discussed at a clinical team and are then reported to the Quality Council
    - Resident Protection, Household Huddles
    - Safety
    - Time Limited Teams to work on a PIP, Staff Meetings, Town Hall meetings
    - Department Head, Open Forum
    - Behavior Team
    - Medicare Team
    - Household Gathering, Person Directed Care

Program Feedback, Data Systems, and Monitoring

Like all plans, this plan is an expression of intent that outlines a philosophy and a process for self-improvement. As such, this plan is intended to be flexible and to accommodate timely and appropriate adjustments to address seen and unforeseen circumstances, while adhering to the fundamental mission of our organization.

We have systems in place to monitor care and services through multiple data sources. These feedback systems incorporate information obtained from residents, families, resident representative, medical providers, contractors, and employees. Examples of our data, organizational and/or monitoring systems include:

- CASPER reports
- Quality Measure reports
- Resident/family satisfaction surveys
- Staff satisfaction surveys
- Household Gathering meetings (i.e., Resident Council)
- Family meetings
- Staff meetings
- Community partnerships
- Regulatory surveys
- Grievance/complaint logs
- Drug regimen reviews
- Contracted vendor reports

- Resident Protection team (membership: Director of Nursing--chairperson, Nurse Managers, Household Coordinators, Ravenwood Coordinator, Social Worker, Support Systems Manager, Administrator-ad hoc member)

We monitor and assess systems/care practices through the use of evidence-based best practices, clinical guidelines, manufacturer guidelines, data, and benchmarking.

Tools/processes/procedures used to identify underlying issues/quality deficiencies, collect data, set goals, monitor, and assess outcomes include (but aren't limited to):
- RCA (root cause analysis)
- PDCA (plan-do-check-act) or PDSA (plan-do-study-act)
- Determining high risk, high volume, and/or problem prone areas
- Adverse events and/or medical errors
- SMART goal setting (specific, measurable, achievable, relevant, and timely)
- Reports available from our Electronic Health Record

Process Improvement Projects (PIPs)

PIPs are focused on preventing problems and improving current systems and services. We seek to prioritize PIPs that are high risk, high frequency/volume, and/or problem prone to include issues that may affect the psychosocial well-being and rights of residents.
- The PIP will serve the greatest good or ensure better outcomes.

- The PIP team involves individuals closest to the issue—this can include staff and may include resident/family participation.
    - Before making a change to the process, team members are expected to understand the whole process from start to finish.
    - The team is also accountable for monitoring any subsequent adjustments to any changes made.

- The PIP team schedules their own meeting times and educates new members on what a PIP is.

- Documentation is done on the PIP worksheet and is maintained by the PIP team leader.
    - Retention period is the current year plus the three previous years.
    - If there is a change in the PIP leader due to separation from the organization, the PIPs are given to the Quality Council Chairperson for retention.

- During the meeting the team will review assigned duties/tasks, results of assigned work, plan progress, lessons learned, the project timeline.

- A designated member of the team will be responsible for documenting the meeting minutes.

The Quality Council receives an update on PIP activities at each meeting of the Council.

Employees are updated on PIP projects in a variety of ways; examples include newsletter articles, open forum meetings, town hall meetings, huddles, and other staff meetings.

21

How we obtain and use feedback from employees

Employees have a variety of ways to give feedback to, or contact the Quality Council; examples include:

- Huddles (these occur regularly on the Households, and in the Dining Services department)
- Online, using an improvement opportunity form (a purple sheet—see below)
- Contacting any supervisor, who then can relay the information to a member of the Quality Council.
- Contacting a Quality Council member directly
- Any employee can give feedback anonymously, through voice mail or an unsigned note. These suggestions typically are first received by the Administrator, who then informs the Quality Council chairperson when indicated.
    - We do encourage employees to 'own' their suggestion so follow up can be provided.
    - It is for this reason the online form does require the employee's name.

This information is used to identify problems that are high risk, high volume, and/or problem-prone so these situations can be promptly addressed

The purple sheet (Improvement Opportunity form) is an on-line form and includes directions for completion.

- All employees (Assisted Living and Nursing Home) have a labeled icon on their computer desktop that appears upon login.
- Clicking the icon goes directly to the purple sheet form.

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Quality Council reviews each new or unresolved suggestion at the regular meetings of the Council. Time-sensitive suggestions are addressed prior to the regular Council meeting.

The Quality Council Chairperson maintains a log of the improvement suggestions. Suggestions received in other ways are documented in meeting minutes.

</td>
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LC Improvement Opportunity Suggestion for the Quality Council

A quality council member will be assigned to your idea & may contact you for more info.

If you have ideas about wages or benefits, please talk directly with Administration.

* 1. Your First and Last Name (Quality Council cannot proceed without your name)

* 2. I work in:
☐ Assisted Living (in other words, the Community)
☐ the Nursing Home (includes Ravenwood)

* 3. What is the situation?

* 4. What would you do More of, Better, or Differently to improve the situation?

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How we obtain feedback from families, residents, and resident representatives

In the Nursing Home, concerns or suggestions from families, residents, and/or resident representatives usually are first received by the Administrator, Director of Nursing, or Social Worker.

- The Household Gathering is another opportunity for expressing concerns or making suggestions. The Household Gathering occurs at least monthly.

22

These concerns are addressed promptly and are brought to the Quality Council as needed. If a PIP is needed, it is often started prior to a Quality Council meeting. (We also use online or paper surveys to get feedback on specific areas.)

Our Grievance Official is the Nursing Home Social Worker, who is a member of Quality Council.

Documenting Findings

<u>Minutes</u>

- Meeting minutes shall be maintained for all Council meetings.
  - Standing agenda items include:
    - Employee suggestions
    - PIP reports
    - Systemic issues (high risk/high volume and/or problem prone areas)
- Quarterly meeting minutes shall be made available to the Council and signed by the Council chairperson.
- Generally, the team leader will maintain all documentation related to PIPs, and other documentation such as investigation, analysis, corrective actions or performance improvement activities

- The documentation prepared by the Committee or any of its duly authorized teams Subcommittees is strictly confidential and privileged under applicable law, including Wisconsin Statute 146.38. All documentation shall be labeled as follows: ****PRIVILEGED AND CONFIDENTIAL****

Communication Plan, PIP documentation and communication with employees

- The communication plan includes the process of education and training on QAPI principles and techniques for the VALTC committee, employees, residents, families, and resident representatives. Education for employees is offered during staff meetings and new employee orientation, or just-in-time if a member of a PIP team or committee. The data and information that includes appropriate records will be available to select individuals on a need-to-know basis. Education for residents, family members and resident representatives could occur at the Household Gathering, informal conversations, or the family newsletter.
- The Quality Council receives an update on PIP activities at each meeting of the Council.
- Employees are updated on PIP projects in a variety of ways; these include employee newsletter articles, open forum meetings, town hall meetings, huddles, and other staff meetings.

LAKEVIEW HEALTH CENTER and ASSISTED LIVING

PIP (PROCESS IMPROVEMENT PLAN)   COMPLETE FRONT PAGE ONLY

Your Name _____

Date _____

What is the problem to be solved?	**THIS SIDE** to be completed by the Team Leader
	Leader associated with this PIP
What do we want to accomplish?	Other Team Members
	How will you measure the results of the PIP?
Who will be involved/affected?	
	Results of the PIP
What is the time frame?	
Ideas/suggestions to resolve this PIP	Will you continue the new process, stay with the previous process, or do another process improvement cycle?
	Date PIP is completed
	Suggested time span to review this PIP
	1 month 3 months 6 months
	Other _____

24

Prepare Recommendations

Following review of a quality matter, the PIP team and/or the Council shall make conclusions and identify, develop and implement appropriate plans of action to correct the quality deficiency. If required, the Council's recommendation shall be presented to the Board or other designated person for approval. Plans of action may include:
- **Education** (e.g., develop continuing education programs, conduct in-services).
- **Systems** (e.g., develop or revise clinical protocols and policies and procedures).
- **Operations** (e.g., modify staffing, purchase or repair equipment or physical plant); and
- **Human Resources** (e.g., recommend employment action).

Report Findings

The Council member who attends meetings of the Board will provide updates regarding the Council when needed.

Confidentiality

Council members and members of Privileged/Confidential teams shall maintain the highest level of confidentiality with respect to all knowledge gained, and all documents, notes, minutes, reports, statements, or any other information obtained during any Council review of internal quality and/or utilization matters. Council and team members shall refrain from disclosing any information whatsoever and immediately notify the Chairperson or Administrator if he or she is requested to provide information, formally or informally, regarding information or documents obtained as a result of membership on the Council or team.

Quality Council Members by Position Title
* = Quarterly Quality Improvement Committee Members

- Administrator (Executive Director)
- Community Living Supervisor
- Dietary Manager (attends on an as-needed basis)
- Dietician
- Director of Nursing *
- Facilities Supervisor
- Financial Manager
- Health Information Manager *
- Human Resource Generalist
- Infection Preventionist *
- Medical Director *
- Pharmacist *
- Ravenwood Coordinator
- Rehabilitation Services (Therapy) Director *
- Staff Development Coordinator (Chairperson) *
- Social Worker (also is the Nursing Home Grievance Official)
- Support Systems Manager
- Others on as-needed basis

25

APPROVED _____

APPROVED _____

EFFECTIVE:	8-3-07
REVIEWED:	1-27-2012, 2-29-16,8-9-21
REVISED:	1-29-08, 1-19-2010, 2-3-2011, 7-11-2012, 7-21-14, 10-12-15, 3-14-16, 8-25-17, 2-23-18, 1-31-19, 8-4-2022
REVIEWER:	Quality Council Chairperson and Administrator/Executive Director, VALTC
SOURCE:	483.75 portion of 6.30.17 CMS Survey and Certification 17-36-NH Appendix PP with final Interpretive Guidelines
	Health Quality Innovators QAPI template (Maryland & Virginia Quality Innovation Network)
GO, CC	

26

APPLIES TO: Lakeview, Ravenwood, Maplewood, Neshonoc Manor, Monarch Manor, Regent Manor

TITLE: **FWRA & Emergency Preparedness Plan**

PROCEDURE:

Lakeview Health Center and Assisted Living has a long history of supporting individuals with cognitive and mental health challenges. Using a person-centered approach to care, Lakeview assists these individuals in managing their behavioral symptoms that often are a part of these disease processes.

Located in West Salem, WI, the Lakeview location offers the following services:
- Lakeview Health Center (Mississippi Valley Health Services commission facility)
  - Skilled Nursing Facility
  - 50 licensed beds
- Ravenwood
  - State only licensed nursing facility
  - 10 licensed beds
  - Serves persons with dementia and behavioral symptoms in a secured environment
- Maplewood
  - Community Based Residential Facility (CBRF)
  - 15 licensed beds
  - Serves adults with challenges related to mental illness
- Neshonoc Manor
  - Community Based Residential Facility (CBRF)
  - 15 licensed beds
  - Serves adults with challenges related to aging, organic dementia, mental illness, cognitive and physical disabilities
- Monarch Manor
  - Community Based Residential Facility (CBRF)
  - 8 licensed beds
  - Serves adults with challenges related to cognitive and physical disabilities, and/or aging
- Regent Manor
  - Adult Family home
  - 4 licensed beds
  - Serves adults with challenges related to intellectual, cognitive and/or physical disabilities

This document describes the resource assessment for the nursing home settings, including Lakeview Health Center and Ravenwood.

Through this assessment, Lakeview will
- Evaluate our resident population
- Identify the resources needed to care for our residents competently during both day-to-day operations and emergencies.
- Ensure the facility has systems in place to assist residents to maintain or attain their highest practicable physical, functional, mental, and psychosocial well-being.

27

Process of obtaining and updating this information: Lakeview Health Center used a team process to develop the facility wide resource assessment. The team included administration, nursing, medical director, staff development, support systems, business management and environmental services. Each team member is responsible to gather data and information from other sources including: residents, resident representatives, employees, and community members. This assessment will be maintained and reviewed as required.

Part 1: Lakeview Resident Profile

Number of residents and facility's capacity:
- Lakeview Health Center is licensed to provide care for 50 long term care residents.
- Ravenwood is a 10-bed state only nursing home specializing in dementia with behavioral disturbances. It is a secured facility that can also be locked depending on the resident's legal status. All residents have a diagnosis of dementia with a goal of short-term placement for stabilization of behaviors.

Diseases/conditions, physical and cognitive disabilities: Lakeview Health Center Nursing Home staff are trained to meet the needs of the residents by following a person-centered plan of care. The following list of Lakeview specific diagnoses is obtained from Section I of the MDS. This list is not all inclusive and may change according to types of residents who are admitted or reside here.

Category	Lakeview specific diagnoses
Psychiatric/Mood Disorders	Psychosis (Hallucinations, Delusions, etc.), Impaired Cognition, Mental Disorder, Depression, Bipolar Disorder (i.e., Mania/Depression), Schizophrenia, Post-Traumatic Stress Disorder, Anxiety Disorder, Agitation, Adult Failure to Thrive.
Heart/Circulatory System	Congestive Heart Failure, Coronary Artery Disease, Angina, Dysrhythmias, Hypertension, Orthostatic Hypotension, Peripheral Vascular Disease, Risk for Bleeding or Blood Clots, Deep Venous Thrombosis (DVT), Pulmonary Thrombo-Embolism (PTE)
Neurological System	Parkinson's disease, Hemiparesis, Hemiplegia, Alzheimer's disease with behaviors, Dementia, Seizure Disorder, CVA, TIA, History of stroke, Neuropathy, Huntington's disease, Aphasia, Insomnia, Developmental Disabilities
Vision	Visual Loss, Cataracts, Glaucoma, Macular Degeneration
Hearing	Hearing Loss
Musculoskeletal System	Osteoarthritis, Fractures, Arthritis, Chronic Pain
Neoplasm	Prostate Cancer
Metabolic Disorders	Diabetes, Thyroid Disorders, Hyponatremia, Hyperkalemia, Hyperlipidemia, Obesity, respiratory failure, weight loss
Respiratory System	Chronic Obstructive Pulmonary Disease (COPD), Pneumonia, Asthma, Respiratory Failure
Genitourinary System	Renal Insufficiency, Nephropathy, Neurogenic Bowel or Bladder,

	Renal Failure, Benign Prostatic Hyperplasia, Bowel and Urinary Incontinence, constipation
Diseases of Blood	Anemia
Digestive System	Peptic Ulcers, Gastroesophageal Reflux, Constipation
Integumentary System	Skin Ulcers, Injuries
Infectious Diseases	Respiratory Infections, Urinary Tract Infections, Septicemia, Influenza, Pneumonia, COVID-19

Decisions regarding caring for residents with conditions not listed above is determined prior to admission. Nurse Manager and Social Worker review documentation related to referral and may make on-site visits and consult with resident or resident representative. If it is determined that staff need further education and training to meet the needs of a resident, Lakeview will educate staff on how to care for residents with these conditions.

Acuity: Overall resident acuity is captured through the Lakeview census and condition report (CMS form 672) and updated weekly by the MDS Coordinator.

Staff training/education: Required training and education for each position is located in individual job descriptions. Modalities used for on-going staff education include staff meetings, huddles and use of Relias Learning Management System. Evaluation of the overall number of facility staff needed to ensure sufficient number of qualified staff are available to meet each resident's needs may be assessed by the matrix, by resident acuity, behaviors, treatments, personal cares and mental health needs.

Refer to
- ADM Employee Education procedure

Physical environment, equipment and other physical plant considerations that are necessary to care for our residents.
- Each department is responsible to assure adequate supplies are available to provide care & services. Managers are responsible to have a knowledge of supply levels, resources and equipment needed to provide care. For example, Lakeview uses par levels and annual department inventory to measure supplies and equipment needed.
- Environmental services staff maintains equipment based on manufacturers recommendation and other systems La Crosse County has in place.
- Facility Request system is available online for requesting repairs or additional facility/maintenance needs.
- See procedure: ADM Preventative Maintenance

Equipment/physical environment for residents	Examples of resources available
Plant needs	Single level building. Wider doors for easy access. Private rooms and bathrooms. Wide bathroom entrance. Sliding doors, ADA compliant entry/exit ways, nourishment accessibility, nurse call system, emergency power
Services	Waste management, hazardous waste management, telephone, HVAC, dental, barber/beauty, pharmacy, laboratory, radiology, occupational, physical, respiratory, and speech therapy

29

Physical medical equipment	Gait belts, bath benches, shower chairs, bathroom safety bars, bathing tubs, sinks for residents, scales, bed scales, wheelchairs and associated positioning devices, bariatric beds, bariatric wheelchairs, lifts, lift slings, bed frames, mattresses, room and common space furniture, exercise equipment, therapy tables/equipment, walkers, canes, nightlights, oxygen tanks and tubing, crash cart. Blood pressure monitors, compression garments, infection control products, suction equipment, thermometers, urinary catheter supplies, oxygen, oxygen saturation machine, Bi-PAP, CPAP, nebulizer, bladder scanner. PPE including surgical face masks, gowns, N95 masks, gloves, face shield or goggles

Services and care that are necessary to care for our residents.

Resident care	Facility specific practices
Activities of daily living	Standards of practice are followed for all residents Activities of Daily Living.
Mobility and fall prevention Clinical Fall Policy	Resident Protection Team uses root cause analysis principles to determine contributing factors, potential causes, and identify possible interventions. See Clinical Falls Policy for more detail. Director of Nursing or designee also reads charting 7 days per week and monitors for changes with mobility and alerts teams. Restorative Program is monitored by the MDS Coordinator to ensure compliance. The Household Assistants who are C.N.A.'s completes the specialized restorative programs with the residents. Household C.N.A.'s complete all other restorative programs. Contractures are reviewed by therapy.
Nurse Manager- Bowel/bladder	Upon admission, Nurse Managers initiate a bowel/bladder monitor. Upon completion of this 3-day monitor, clinical team reviews results with providers for appropriate treatment. Bowel/Bladder monitors are done upon admission and with any change in bowel/bladder function status. Any resident that has an indwelling catheter is reviewed with urology for long term placement. Care plans are updated to reflect individualized approaches.
Wound nurse/Skin integrity	Wound Team meets weekly, team consists of Dietician, DON, Nurse Manager, MDS Coordinator, Infection Prevention Nurse and Wound Nurse. All skin alterations and pressure ulcers are reviewed at that time. Braden scales are reviewed monthly, and residents are assessed for any changes with Braden score.
Mental health and behavior	Staff receive behavior management training. Hand in Hand program is used for dementia and behavior management training. We have contracted psychiatrist on staff along with qualified mental health professionals. Specialized Psychiatric Rehabilitative Services are available. Social Services addresses psych/social needs along with the

30

	Resident Protection team. Residents are assessed for a history of trauma and plan of care is developed to address possible triggers. Staff are trained on trauma informed care. Family caregiver support groups and other resources are available in the community for resident representatives. Social Worker will assist families in making these connections. Consultant pharmacist and DON (designee) monitor use of anti-psychotics, non-pharmacological interventions, and gradual dose requirements to ensure appropriate use of medications.
Medications	All residents are reviewed with medical providers upon admission, monthly for 3 months, and PRN. Medical Providers assess the need thereafter. Medical providers do look for multiple medications. Consultant Pharmacist reviews all charts monthly and gives report to DON and Medical Director, recommendations are reviewed with the resident's medical provider.
Pain management	Assessment of pain, pharmacologic and nonpharmacological pain management. Each resident is monitored for pain weekly and PRN. If showing signs of pain, the assessment is reviewed with the Medical Provider.
Infection Prevention	Infection Prevention Surveillance Polices are located in Infection Control Binder and include general policies on Infection Control and outbreaks, including COVID-19 pandemic. Other policies related to the COVID-19 pandemic follow CDC and DHS guidance and include visitation, quarantine/isolation, testing, and vaccination. Infection control team, comprised of IP, DON, nurse managers, Support Systems Manager, Administrator meets weekly or as needed to review pandemic plan, county positivity rate, community transmission rate, vaccination rates & reporting, PPE supplies and plan, CDC/DHS and other State and federal updates, testing supplies/process, all infections, and other policies associated with infectious disease and/or the current pandemic. On a quarterly basis, data and formal reporting is submitted to Medical Director.
Management of medical conditions and isolation quarantine	Residents are assessed to address possible deterioration of medical and psychiatric systems, results of assessment are reviewed with ICPT team, Resident Representative, and Medical Provider. Private resident rooms are utilized as isolation/quarantine rooms and can mimic negative pressures space. Portable HEPA air filtration systems are on households or in resident rooms, as needed.
Therapy	A variety of contracted therapy services are available to residents based on individualized needs. Cognitive Assessments will be completed, as requested, to provide information related to cognitive status which will be used to develop person centered plan of care.
Nutrition	Current diets: General, Mechanical soft, Pureed, Diabetic,

31

	NAS/Low Sodium. Thickened Liquids: Nectar thick, Honey thick, Gelled (or pudding thick) The diabetic/ NAS diets are liberalized. Dining services staff follow the modified menus and dietary cards for all diets served. Currently do not have any IV nutrition or tube feedings Cultural/Ethnic: No specific cultural requests at this time, but we have had residents of the Hmong/ Asian culture and we accommodate requests as able Ethnic: We plan menus with resident input based on the ethnicity of the region we live in Assistive devices: Adaptive glasses (spouted glasses, nose cups, covered cups), inner lip plates, high sided plates, scoop plates, dycem, adaptive silverware (built up handle, youth spoon, infant spoon, bent silverware). Fluid restrictions: utilize a green dietary card, green fluid sheet and fluid monitoring sheet (by nursing) No Hypodermoclysis—similar to IV fluids.
Person-centered/directed care. Psycho/social/spiritual support:	Core Principles of Person Directed Life are followed Private rooms, bathrooms, showers Suites available Small households "I" Care plans. Resident centered Dining practices include flexible mealtimes, snacks Consistent assignment Huddles Volunteer services Getting to Know posters. Provide staff with Hand in Hand training Dementia Generalist/Specialist to staff Resident Engagement and Social Enrichment Household Gatherings (this is completed with individual residents during pandemic, as recommended) Ombudsman involvement, including Volunteer Ombudsman, when available Spirituality room, dens, and family rooms for private space Spirituality services/opportunities are available Social History and Assessment Resident centered activities, including 1:1 visits Community events and outings Tri-shaw excursions Person Centered Care language Outside resources to mental health Counseling Social services are trained in mental health Caregiver support group Resident bank, vending, beauty shop, etc. Virtual visits using IPAD and other communication devices Window visits and other strategies to address family

	interaction during visitor restriction/pandemic
Elopement/Unsafe Wandering	All residents are assessed on admission for unsafe wandering. Communication system is used (binder, email) to confidentially identify residents that are at risk for elopement. Wander management system is also available for enhanced security, if needed and appropriate. This facility utilized a CMS categorical waiver for door security due to the specialized dementia care provided. See CLINICAL Elopement/Unsafe Wandering policy for further details.

Ethnic, cultural, or religious factors: Information regarding a resident's cultural, ethnic, religious beliefs and other preferences is obtained before or upon admission by completing various assessments. The information may come from the resident or the resident representative. A detailed resident centered care plan is completed and documented.

See procedures:

- HHS- Life Interest Assessment and Documentation
- HHS- Person Directed Life Core Principles Policy

Limited English Proficiency Coordinator: Hearing services and language services are available. The L.E.P. Coordinator will assist Social Worker/Program Coordinator in identifying equipment or services to support communication needs of residents, as needed.

Dining services provides services to the household kitchens from a main kitchen. Meals are prepared to meet resident religious, cultural, ethnic, and other food preferences by providing a thorough dietary assessment upon admission. Information is obtained from resident or resident representative. A resident centered care plan reflects these preferences and dining cards are used.

A pleasant and social dining experience occurs where choice is honored. Kitchen areas are accessible to residents. Established dining times are flexible with the involvement of a dining services staff. Residents are invited to assist with menu planning, dining prep and meals. Choice is offered to residents who want to eat meals in their room. Residents are engaged during mealtimes. Conversation and encouragement are based on resident abilities and interests. Resident likes and dislikes are obtained, and staff is made aware.

During COVID-19 pandemic, dining has been modified according to CMS/DHS guidelines. If requiring supervision, residents are encouraged to maintain social distancing.

Part 2: Facility Resources

Campus Structures and vehicles: Lakeview maintains a fleet of vehicles for resident transportation and facility maintenance. In addition to our campus description (page two) there is also a facility garage and a storage container on campus.

Full building campus map is available upon request.

Medical and Non-medical equipment: Managers are responsible to obtain facility equipment based on specific department needs and to protect and promote the health and safety of residents.

Personnel and Staffing: The overall number of facility staff needed to ensure quality care is based on resident acuity and industry benchmarks. Our emphasis is to provide homelike environment in which staff work together to meet the care requirements of the residents.

See Attachment A for current staffing plan. This staffing plan is regularly reviewed by the department head and defines the conventional staffing pattern.

A Staffing Contingency Plan has been developed in response to the COVID-19 pandemic. Under the State and federal emergency orders, the emergency C.N.A. training was implemented at our facility. Staffing Contingency or Crisis Plans may also be implemented during significant staffing shortages. These plans are developed by the department manager and reviewed with the administrator. Authorization to implement the Contingency or Crisis Staffing Plan is obtained from the Medical Director and Public Health Dept, as needed. Staffing team consisting of HR, administration, and department managers meets every other week to identify vacancies, assess status of staffing issues, and address contingency plans.

Lakeview Health Center reports staffing as required through the Payroll Based Journal reporting system.

Services, contracts, MOU's, or other agreements with third parties provided to the facility during normal operations and emergencies: This list is not to be all inclusive but a representation of the services we supply. The needs of the residents are continually addressed, and new services/agreements are initiated based on need.

- Contracted physical, occupational and speech therapy services
- Managed care contracts, i.e., Family Care MCO's
- On-site rounding from medical providers
- Contracted pharmacy services
- Psychiatric services
- Contracted on-site vision, dental, podiatry
- Translator/Interpreter Services
- Laundry services
- Cleaning/Disinfectant suppliers
- Food and beverage purchasing
- Contracted x-ray
- Contracted Oxygen service
- Medical suppliers
- PPE suppliers
- Contracted staffing agencies

Health Information Technology: Resources in Health Information include the electronic medical record and paper chart. The electronic medical record is backed up nightly by La Crosse County IT department. Overflow records are kept in a locked cabinet.

- See procedure: HI- SOP Chart Order/Active Record

Part 3 Hazard Vulnerability Assessment

Facility Based Hazard Vulnerability Assessment: This facility is operated by the County of La Crosse. LaCrosse County utilizes an all-hazards approach. This approach is designed to focus on the

34

capacity and capability of critical functions of our organization in order to maintain the safety of our residents and staff. This approach assesses a variety of medical and non-medical emergencies, including fire, equipment failure, power outages, water failure, care related emergencies, and natural disasters. We cooperate with local emergency government to provide continuity of services in the event of an emergency.

The Region 4 Healthcare Emergency Readiness Coalition's (HERC) WI Hazard Vulnerability Assessment and any supplemental materials from the LaCrosse County Emergency Management division is the basis for our HVA. Based on this assessment, departmental standard operating procedures and facility-wide emergency procedures have been developed. Our emergency preparedness procedures are located in the facility policy/procedure manual.

Tabletop Exercise/Full Scale Exercise: Based on the Region 4 WI Hazard Vulnerability Assessment Tool, the Region 4 HERC assessment, in coordination with other healthcare providers in our region, completes an annual tabletop exercise and full-scale exercise. Description of this exercise and the after-action report (AAR) can be found in the FWRA binder.

EMERGENCY PREPAREDNESS PLAN

Emergency Operations Plan Activation: The Administrator authorizes activation of any Emergency Plan or communicates any emergency activation by another source (federal, State, local authorities, Regional Emergency Management personnel). In the absence of the Administrator, we follow the Administrative Designee procedure.

- See procedure ADM Administrative Designee

Essential Services Roles and Responsibilities: In an emergency, we follow direction from law enforcement, the fire department, and/or La Crosse County Emergency government. Incident Command structure will be utilized, as required. Department Managers present at the time of the emergency assume duties dependent on the situation and follow the direction of the Administrator (or other recognized external authority), Building Supervisor, and/or Administrative Designee. Essential services are prioritized dependent on the nature of the emergency.

See procedures:
- ADM-EP Bomb Threat
- ADM-EP Communication Interruption
- ADM-EP Emergency Preparedness-Food Service
- ADM-EP Employee Recall
- ADM-EP Fire Watch Walk-through due to Non-Functioning Fire Alarm and/or Non-Functioning Sprinkler System
- ADM-EP Fire (Code Red)
- ADM-EP Code Search - Missing Resident
- ADM-EP Non-Functioning Fire Alarm System
- ADM-EP Non-Functioning Sprinkler System
- ADM-EP Shelter in Place
- ADM-EP Total Building Evacuation
- ADM-EP Utility and Water Outage
- ADM-EP Water Distribution System due to Repairs or Emergencies
- ADM-EP Severe Weather (Code Gray)
- CLINICAL-EP Extreme Temperature.

35

Subsistence Needs: The duration of shelter-in-place is dependent on factors such as current weather/climate, availability of utility services, resident physical condition, staffing needs, and availability of necessary resident-care supplies.

See procedures:
- ADM-EP Emergency Preparedness—Food Service
- ADM-EP Utility and/or Water Outage
- ADM-EP Water Distribution System due to Repairs or Emergencies.

Emergency Fuel & Generator Testing: Emergency generator is maintained onsite and has capacity to maintain all operations for approximately 5-7 days without refueling. Monthly load tests are completed and documented by Facilities Supervisor (or designee). Annual load bank testing is completed by certified contractor and documentation maintained by Facilities Supervisor. This testing is completed to assure generator is working and fueled properly

EMResource:

Resident and Staff Tracking: Resident roll call checks are documented on roll call sheets (paper). The roll call sheets are used to track the location of residents in an emergency. Roll call may be completed by any employee who is able to assist. On-duty staff location is maintained on the daily staffing sheet which is available from the Building Supervisor.   Other care-related information is documented in the resident's record; either electronically or on paper if electronic version is not available.

In addition, see procedure:
- ADM-EP Communication Interruption

Evacuation and Sheltering in Place:

See procedure:
- ADM-EP Shelter in Place
- ADM-EP Total Building Evacuation.

Visitors are evacuated along with residents. Some visitors may choose to remain with their family member or friend at the evacuation site. Others may choose to leave if this is possible.
Sheltering in Place decision would be made in real time. It is dependent on the nature of the emergency. Decision is made with assistance and/or direction from law enforcement, the fire department, and/or La Crosse County Emergency Government officials.

Medical Documentation:

See procedures:

- ADM-EP Communication Interruption

- ADM-EP Total Building Evacuation

Each resident has a hybrid record (paper and electronic). In an emergency, documenation on paper is done if the electronic health record is not available. If a resident is transferred to an alternate site for

36

health care services, information will be transmitted to the receiving facility using technology available at the time. This could include electronic or non-electronic means.

Affiliated/Unaffiliated (Spontaneous) Volunteer Use: The decision to use volunteer health providers would be made at the time of need in conjunction with La Crosse County Emergency Government Officials. Preference will be given for volunteers affiliated with established organizations and who are trained for disaster response activities. If unaffiliated (or "spontaneous") volunteers present at the scene of an emergency event, HR staff will need to confirm credential and criminal background check. All volunteers will be required to work within the scope of their practice and must accept the obligation to "do no harm." If this credentialling is not possible, these spontaneous volunteers will be supervised at all times and will not provide direct resident care. Assignments for these individuals may include data entry, "runners", logistics/supply management or phone bank duties, as determined by administrator (or designee) in conjunction with emergency management personnel or Incident Command Leader. Demographic data and orientation will be provided by assigned staff and will include documentation of check in/out status, duties assigned, and contact information. The most likely scenario for use of volunteer health providers is a shelter-in-place situation for a limited period of time when our own staff are unable to remain continually on site for the period of time they are needed, or if our staff are unable to get to the facility.

Staff Contact Information:
See procedure:
- ADM-EP Employee Recall

It is used when it is necessary to contact off-duty staff in an emergency.

Residents' Physicians' Contact Information: The resident medical record contains the name(s) of the person's physician contact information. In addition, the Building Supervisor has the current on-call schedule for medical providers.

Volunteer Contact Information: Contact information for current volunteers at our facility is maintained by Volunteer Coordinator and would be utilized if needed. Assistance by a volunteer during an emergency is the personal decision of each volunteer.

Primary and Alternate Means of Communication: Communication is done using the technology available at the time of the emergency. This could be via phone, text, fax, or email. 9-1-1 and La Crosse County Emergency Government officials will be involved when needed. The Administrator, Director of Nursing and the Facilities Supevisor have a GETS card in the event there is no cell service. Crisis Communication Plan was developed in response to the COVID-19 pandemic.

Release of Information/HIPAA: Resident information is shared with emergency responders, law enforcement and/or La Crosse County Emergency Government officals when needed to provide appropriate care for that individual during an emergency.

Sharing Emergency Plan Information: A fact sheet for residents, their families and/or their representative with information about several emergency procedures is located in the resident binder

notebook on each household. Real time information during an emergency is also provided via social media, phone tree, and email/mail updates.

1135 Waiver Information: We proceed with direction from La Crosse County Emergency Government officials if an emergency of this magnitude is declared by the President or other officials.

IT Security Threats: The LaCrosse County Information Technology department provides analysis of current IT security threats. All staff are expected to follow County policy on use of technology and have annual training on a variety of IT topics, including security.

CONCLUSION

This plan will be reviewed at least annually. Staff will be provided training on emergency preparedness on an annual basis.

The following tools and resources were used to complete our FWRA
- CMS672
- MDS Section I
- NFPA99
- Casper report
- Acuity levels
- F725, F726 and F838
- Other La Crosse County departments
- Facility Policy and Procedures

Supplemental material used in creating this document is available upon request.

APPROVED _____

APPROVED _____

* * * *

EFFECTIVE: 10-2017
REVIEWED:
REVISED: 2-18-22, 3-08-22
REVIEWER: Administrator, Facilities Supervisor, DON, Staff Development,
                   Community Living Supervisor, Medical Director
SOURCE: CMS672, NFPA99
ATTACHMENTS:

38