2017

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Bridges by Epoch
2415 Reservoir Ave
M: Trumbull CT 06611
Ph - (203) 397-6800 Fax -

Signature of FLIS Staff

Melissa J. SanSouci RN Nurse Consultant

Licensure Category: Assisted Living Assisted

Licensed Bed/Bassinet Capacity: 72 Census: 40

Date(s) of onsite inspection: 02/07/17

Date(s) additional information obtained: _____

Personnel contacted: Erik Hammerquist ED, Nicole Passaro RN SPLSA + SVC Coordinator

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] Licensing Inspection [ ] *Initial* [✓] *Renewal* [ ] *Other (e.g.strikes)*: _____

[ ] Visit **OR** Revisit for the purpose of _____

[x] See Complaint Investigation # 20741

[X] Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated _____

[ ] Desk Audit _____ [ ] Amended Letter: _____ Original Ltr. _____

[ ] Citation # _____ was issued to this facility as a result of this inspection.

[ ] Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies **were not** identified at the time of this inspection.

[ ] Citation # _____ was/was not verified as corrected. See attached narrative report.

[ ] Narrative report/additional information attached.

[ ] See Certification File.

[ ] Referral(s) to _____

REPORT SUBMITTED BY: Melissa J. SanSouci **DATE OF REPORT:** 02/07/17

✓ Approval for issuance of license granted by: Loan D Nguyen **DATE:** 2-8-17
Supervisor/Title

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

LICENSING INSPECTION NARRATIVE REPORT:

DEPARTMENT OF PUBLIC HEALTH
HOSPITAL AND MEDICAL CARE DIVISION

INSPECTION MATERIALS CHECKLIST
ASSISTED LIVING SERVICES AGENCY

Assisted Living Services Agency Bridges by Epoch at Trumbull

Address 2415 Reservoir Ave

City Trumbull State CT Zip Code 06611

The Inspection Materials Checklist is to be used to identify any new or revised agency materials since the last licensure inspection. Please complete as appropriate for your agency and have any materials so identified available for review.

Agency Materials	New	Revised
BY-LAWS OR RULES OF ORDER		NO update
POLICIES/PROCEDURES		
Client Care Policies/Procedures		NO update
o Admission		NO update
o Assisted Living Aide Program		NO update
o Discharge		NO update
o Emergency		NO update
o Administration of Medications		NO update
o Complaint Procedure		NO update
Nursing Service		No update
PERSONNEL POLICIES-for the assisted living services agency		NO update
Orientation		8/2015
In-service education		NO update
Required health examinations		NO update
Annual performance evaluation policy		NO update
Job description-supervisor of assisted living services		NO update
Job description-assisted living aide		NO update
QUALITY ASSURANCE PROGRAM/PLAN		NO update
BILL OF RIGHTS		NO update
PUBLIC INFORMATION MATERIALS		NO update

PLEASE IDENTIFY ANY OTHER NEW MATERIALS DEVELOPED

Resident abuse policy revised 1/2017

Supervisor of Assisted Living Services Signature: Michelle Panarello

Date: 2/7/17

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

Healthcare Quality And Safety Branch

February 21, 2017

Nicole Passaro, Supervisor of Assisted Living Services Agency
Bridges By Epoch At Trumbull
2415 Reservoir Avenue
Trumbull, CT 06611

Dear Ms. Passaro:

An unannounced visit was made to Bridges By Epoch At Trumbull on February 7, 2017 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

Attached is the violation of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which was noted during the course of the visit.

You may wish to dispute the violation and you may be provided with the opportunity to be heard. If the violation is not responded to by March 7, 2017 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

An office conference has been scheduled for March 9, 2017 at 1:00 P.M. in the Facility Licensing and Investigations Section of the Department of Public Health, 410 Capitol Avenue, Second Floor, Hartford, Connecticut. Should you wish to retain legal representation, your attorney may accompany you to this meeting.

You may wish to dispute the violation and you may be provided with the opportunity to be heard. If the violation is not responded to by March 7, 2017 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

Please prepare a written Plan of Correction for the above mentioned violation to be presented at this conference.

Each violation must be addressed with a prospective Plan of Correction which includes the following components:

1. Measures to prevent the recurrence of the identified violation, (e.g., policy/procedure, inservice program, repairs, etc.);
2. Date corrective measure will be effected;
3. The institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained; and
4. Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each violation.

Keeping Connecticut Healthy
DPH
Connecticut Department of Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph
Affirmative Action/Equal Opportunity Employer

DATE(S) OF VISIT: February 7, 2017

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

Alternate remedies to violations identified in this letter may be discussed at the office conference. In addition, please be advised that the preparation of a Plan of Correction and/or its acceptance by the Department of Public Health does not limit the Department in terms of other legal remedies, including but not limited to, the issuance of a Statement of Charges or a Summary Suspension Order and it does not preclude resolution of this matter by means of a Consent Order.

Should you have any questions, please do not hesitate to contact this office at (860) 509-7400.
Respectfully,

Loan D Nguyen

Loan Nguyen M.S.N., R.N., C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

Complaint #20741

DATE(S) OF VISIT: February 7, 2017

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing authority of an assisted living services agency (4) (A) and/or (k) Client service record (2) (H) (i):

1. Based on clinical record review and staff interview, for one client (Client #1) who was at risk for wandering, the facility failed to develop interventions to prevent elopement and/or maintain client safety. The findings include:
   a. Client #1 was admitted to the assisted living facility from out-of-state on 08/12/16 as a respite client, with diagnoses that included dementia, Bell's palsy, squamous cell carcinoma and hypertension.
   The Client Service Program dated 08/12/16 identified a risk for elopement with wandering behaviors, and a history of wandering out of a secured unit in another assisted living community out of state.
   The interventions developed by the Assisted Living Services Agency (ALSA) included monitoring of the client's "exit seeking behaviors," monitoring of the doors to the locked unit, to make sure the doors were "closed and locked behind all staff and visitors," as the resident frequently stood by the locked unit entry/exit points, had wandered out of the secured unit with staff or visitors, and had walked out behind others when going through the secured door.

   Other interventions included having a picture of the client at the front desk for the staff to monitor, educating the staff on door safety, and implementing a 24/7 companion for constant monitoring.

   Interview and review of the nursing notes dated 08/12/16 to 10/15/16 at 12:30 p.m. with the Supervisor of Assisted Living Services Agency (SALSA) identified three episodes of elopement through the coded doors of the locked unit then through the non-coded doors of the facility main entrance.

   The SALSA indicated that on 08/13/16 (the day after admission) Client # 1 pushed the locked door long enough (15 seconds) to unlock the door (a design for use in fire and emergency only), which also triggered a sounding alarm. While the staff responded to the alarm, Client # 1 already walked through the doors of the secured unit and also through the unlocked doors of the main entrance to the building.

   The client was eventually stopped by the ALSA staff and subsequently transported to the emergency department (ED) via ambulance for evaluation.
   Interview and review of the agency documentation on 2/7/17 with the SALSA failed to identify the safe monitoring of a client with a known history of elopement, now frequently

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

positioned near a door with a known push-and-hold fire bypass feature.

Following the incident, the ALSA continued the 24/7 constant monitoring by a companion for seven days. The constant monitoring was weaned to 12 hours a day, and eventually discontinued as the client's family was no longer paying for the companion, and the psychiatric Advanced Practice Registered Nurse (APRN) was in agreement with the discontinuation.
According to the Executive Director, the client was still exit seeking but was redirected successfully. The contract for respite stay was renewed, and the second contract was to end on 10/13/16;

b. The SALSA indicated in an interview on 2/7/17 that on 10/13/15 at 9:45 AM Client # 1 was in conversation with an ALSA aide and suddenly bolted through the locked door of the secured unit when a visitor entered the unit. The client continued to run through the unlocked main entrance to the facility in spite of staff attempts to stop and/or redirect the client. The client ran out of the facility parking lot into the traffic, at times walking down the street and/or through wooded areas or residential yards, followed by facility staff. The local police department was notified and was able to walk Client # 1 to the police car, to be driven back to the facility.

Interview and review of the agency documentation on 2/7/17 with the SALSA failed to identify the development of additional interventions to prevent further incidence of elopements, after the client was found heading into traffic, and the facility staff was unable to stop the client until the police arrival.

According to the SALSA in an interview on 2/7/17, the following day 10/15/16 while another client was attempting to leave the locked unit, Client # 1 pushed through the staff and ran through the locked doors towards the main lobby. The client was stopped by four staff members, the police was called and transported the client to the hospital for evaluation. From the hospital, the client was discharged to a skilled nursing facility.

Interview and review of the agency documentation with the SALSA and the Executive Director on 2/7/17 indicated that the locked doors of the secure unit were activated by fobs available to the staff and to visitors, and once the fobs were activated to lock the doors, the doors did not lock completely until 15 seconds later, a delay required by the Local Fire Code.

Bridges
BY EPOCH
MEMORY CARE ASSISTED LIVING

VIA EMAIL TO LOAN.NGUYEN@CT.GOV

March 30, 2017

Loan Nguyen, M.S.N., R.N., C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section
Connecticut Department of Public Health
410 Capitol Avenue, MS# 12HSR
P.O. Box 340308
Hartford, CT 06134

Re: Bridges by Epoch at Trumbull

Dear Loan,

Attached please find our response to the amended version of the violation letter dated March 21, 2017.

Please contact me with any questions or concerns.

Best regards,

Nicole Passaro RN.

Nicole Passaro
SALSA
Bridges by Epoch at Trumbull

POC accepted
4-3-17
CNguyen

Bridges
BY EPOCH
MEMORY CARE ASSISTED LIVING

BRIDGES BY EPOCH AT TRUMBULL
Plan of Correction

The Facility is submitting this Plan of Correction in response to the violation issued by the Facility Licensing and Investigations Section of the Department of Public Health on March 21, 2017 from an unannounced visit on February 7, 2017.

A. "Interview and review of the agency documentation on 2/7/17 with the SALSA failed to identify the development of additional interventions to prevent further incidence of elopements...."

1. Measures to prevent the recurrence of the identified violation.

   a.) The SALSA In-serviced all staff on the existing elopement policy. (See Attachment #1)

   b.) The SALSA In-serviced all staff on the behavior management policy. (See Attachment #1)

   c.) The SALSA reviewed all residents to ensure any resident with exit seeking behaviors would have a comprehensive plan addressing the behavior. Currently the facility has no exit seeking residents. One resident enjoys visiting common areas off of the household but has no desire to leave the community. The SALSA has revised this resident's service plan to ensure the resident has daily opportunities to be escorted off of the household. (Attachment #2)

   d.) The Community will assess any resident with exit-seeking behaviors for severity and ability to redirect. For exit-seeking behaviors that are unable to be redirected, the resident will be placed on 1:1 until an alternate placement for the resident can be found.

2. Date corrective measure will be effective.

   a.) The training was completed on February 16, 2017 and is ongoing with new employees.

   b.) The in-service was completed on February 16, 2017 and is ongoing with new employees.

POC accepted 4-3-17 LNguyen

c.) The care plan was revised March 3, 2017.

d.) Effective immediately and ongoing as we assess new residents prior to admission.

3. The institution's plan to monitor its quality assessment and performance functions to ensure that the corrective measure or systematic change is sustained.

   a.) The SALSA/designee will review the communication/report log weekly to ensure any noted exit seeking behaviors are addressed. Results of the review will be submitted to the QAPI Committee. Recommendations by the Committee will be implemented. (Attachment #3)

   b.) The Plant Director will submit the elopement drill/response QA tool to the QAPI Committee monthly. Recommendations by the Committee will be implemented. (See Attachment #4)

4. Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each violation.

   Supervisor of Assisted Living Services Agency (SALSA)

ATTACHMENT #1

Bridges BY EPOCH MEMORY CARE ASSISTED LIVING	POLICIES AND PROCEDURES		
	Corporate Approval:		Policy No: 113 A
	Wellness Approval:		Page No: 1 of 2
	Subject: Elopement Drills/Response to an Elopement (CTI)	Issued: 6/2015	Revised:

POLICY:

Elopement Drills will be coordinated quarterly in order to continually plan and evaluate our preparedness as a community towards an elopement of a resident with dementia. Visual Checks on each resident and their apartment will occur hourly as a standard daily operation.

PROCEDURE:

- Visual Checks are to be completed hourly by care staff within each household and documented on visual check form.
- Each quarter or more frequently if required, a manager will coordinate an unscheduled "elopement drill" where a resident will be presumed missing as a door alarm is activated.
- Expectations will be that the Door Alarm Activation Procedure is followed and staff responds appropriately.
- Staff are expected to account for all residents within the household when a safety breech has been identified:
    - Door was left ajar
    - Door alarm was activated
    - Door did not latch properly
- Findings will be documented and evaluated for possible improvements in both procedure or staff performance.
- Documentation of actions taken with modifications (if any) will be noted.

EPOCH SENIOR LIVING	POLICIES AND PROCEDURES		
	Corporate Approval:		Policy No: **421**
	Wellness Approval:		Page No: **1 of 3**
	Subject: **BEHAVIOR MANAGEMENT**	Issued:	Revised: 2/2017

POLICY:

It is the policy of Epoch Assisted Living to assess each resident for behavioral symptoms. An individualized plan to reduce, eliminate or manage the behaviors will be developed by the Wellness Director and communicated to team members, resident and family members.

Definition Behavioral Symptoms:

Any symptom that relates to an action or emotion that causes distress to the individual resident or infringes on the rights of other residents.

Examples:

- physical or verbal aggression
- exit seeking
- paranoia
- self-isolation
- hoarding
- screaming
- disrobing in a public area
- inappropriate sexual touching
- pacing
- perseveration
- resistive to care
- hallucinations
- anxiety
- biting
- sleep disturbances

PROCEDURE:

1. The Wellness Director/designee will complete a comprehensive assessment prior to move-in, 30 days post move-in, and every six months that includes behavioral symptoms. If a resident exhibits new symptoms between the comprehensive assessments; the Wellness Director/designee will do a focused behavioral assessment.

2. The behavioral assessment will include

    - type and duration
    - frequency
    - known triggers
    - change in routine
    - environmental factors
    - any medical symptoms (ex: pain, fever, constipation, medication side effects)

3. The development of an individualized behavior plan may require the involvement of the resident, family members, wellness staff, life enrichment staff, psych services or others as indicated. The resident's preferences and past roles are important for the team to consider when developing the plan.

4. The behavioral plan will be documented on the service plan and communicated to the resident's personal representative and the staff.

5. The behavior log sheet will be utilized to document what occurred just prior to the behavior starting, type of behavior, staff response, and outcome.

6. The Wellness Director will evaluate the behavior management plan and revise as warranted.

7. Staff will be trained at orientation, annually, and episodically as indicated on identifying behaviors, causative factors, approaches to de-escalate behaviors and reporting observed behaviors.

8. If a resident behavior jeopardizes the safety of others the Executive Director and Wellness Director will be notified immediately. The resident's family member/resident representative will be notified. Necessary actions will be initiated to protect the well-being of residents, visitors and team members (ex. Call 911, provide one to one)

BEHAVIORAL LOG
RESIDENT:

Date	Time	Antecedent (what happened before the behavior occurred?)	Behavior	Intervention (Staff Response)	Outcome (was the intervention effective?)	Stf Int.

ATTACHMENT #2

Master Care Plan

Campus: EPOCH Trumbull Community: Assisted Living 3/6/2017

D.O.B.: **Start of Care:** 12/7/2016 **Gender:** Female

Emergency: **Phone:** - Cell

DIAGNOSES Primary

Dementia	☑
Neurotic Excoriations	☐
HTN	☐
Arthritis	☐
Fracture, pelvis	☐
Macular degeneration	☐
Gout	☐
Lactose Intolerance	☐
Hearing loss	☐
UTI-hx	☐
Allergic rhinitis	☐
Vitamin D deficiency	☐
Fracture left wrist	☐
Anemia	☐

ALLERGIES

ALLERGIES - MEDS; Macrodantin, Nexiuum, Omeprazole; ALLERGIES-FOOD: No Known; ALLERGIES-OTHER: No Known

CODE STATUS

DNR

ADMISSION

SERVICE INITIATION

Reason for initiation of services-med mngm, falls, incontinence, nutrition -specify:
Extent of memory impairment requires resident to reside in a secured community.
Admitted from - *Home*
Client History: *Resident was living with son in VT, now requiring memory care assisted living*
Suitable for special care
Yes

E.R. VISITS

No known emergency room visits in the last 6 months
Date of last emergency room visit:
Many years ago

ELOPEMENT HISTORY

Has not eloped (wandered or attempted to leave a facility)

FALL HISTORY

No known falls in the last 6 months

HOSPITALIZATIONS

No known hospitalizations in the last year

INJURIES

No known recent injuries

MD VISIT

Approximate frequency of MD visits -
Semi-Annually
Date of last MD visit:
Date of last Dentist visit:
unknown
Date of last Eye Doctor visit:
Summer 2014

SUPPORT SYSTEM

Has Legal representative for health care decisions
Son.
Family is local *Involved*
Family lives out of area *Involved*
No problems with family circumstances
No problems with personal relationships

Master Care Plan

Campus: EPOCH Trumbull | Community: Assisted Living | 3/6/2017

D.O.B.: | **Start of Care:** 12/7/2016 | **Gender:** Female

Emergency: | **Phone:**

ADMISSION

SURGICAL PROCEDURES	No known recent surgical procedures
VETERAN STATUS	Is not a veteran

ADL NEEDS

BATHING NEEDS	Needs some supervision to bathe / shower *Goal: resident will be clean and free from odor. Intervention: Resident is very independent, supervise , cue and make sure resident is taking showers and washing. Assist as needed. MW/F 7-3. RESIDENT CAN BE RESISTANT TO ASSISTANCE*
DRESSING NEEDS	Independent - Chooses clothes and is able to dress self *Make sure resident is wearing clean clothes daily. Will put same clothes on daily. Redirect and assist in making sure she is not wearing dirty clothes*
DRESSING NEEDS-SPECIAL	No special dressing needs
EATING - DIETARY	Appetite - *Good* Recommended diet - *No Added Salt* Favorite foods -specify: *Eats Anything*
EATING NEEDS-FEEDING	Independent - no help needed to eat
HYGIENE / GROOMING	Independent - stays neat and clean; does own grooming and oral hygiene *make sure resident is washing, brushing teeth, combing hair daily and assist as needed*
MOBILITY - BED	Independent with bed mobility
MOBILITY - TRANSFER	Independent - can transfer without help
MOBILITY - WALK	Independent - walks without assistance
MOBILITY - WHEEL	Does not use wheelchair
RESPIRATORY EQUIP.	Independent - no special respiratory equipment
TOILETING NEEDS	Independent - no help needed with toileting

INDEPENDENT LIVING

RESIDENT GOALS	Client Goals - specify: *? Unsure*
ACTIVITY CAPABILITIES	Independent - participates in wellness activities of choice without help. *Goal: Resident will remain active in the community and be given choice of activities. Intervention:. Remind resident of activities on schedule throughout the day. Review daily calendar with resident and she will decide what would like to Participate in. RESIDENT ENJOYS LEAVING THE HOUSEHOLD FOR ACTIVITY AND TO SIT IN OTHER AREAS OF COMMUNITY. ENJOYS WALKING TO FRONT LOBBY AND SITTING BY FIREPLACE AND READING MAGAZINES. STAFF WILL ACCOMPANY RESIDENT AT ALL TIMES. EASILY REDIRECTED BACK INTO HOUSEHOLD BY STAFF AFTER ESCORTED TO DIFFERENT AREAS OF COMMUNITY. LIFE ENRICHMENT TO VISIT WITH RESIDENT EACH MORNING AND AFTERNOON TO REVIEW MORNING AND AFTERNOON/EVENING ACTIVITIES WITH RESIDENT. DOES NOT VOICE DESIRE TO LEAVE COMMUNITY. LIFE ENRICHMENT TO ESCORT RESIDENT TO OTHER AREAS OF COMMUNITY DAILY IN THE MORNING.*

Underlined Text: updated in the last month

Master Care Plan

Campus: EPOCH Trumbull | Community: Assisted Living | 3/6/2017

D.O.B.: | Start of Care: 12/7/2016 | Gender: Female

Emergency: | Phone:)

INDEPENDENT LIVING

CASE MANAGEMENT	Needs family consultations. *Goal: Keep family involved in resident medical care and concerns. Intervention. Notify POA of any changes to resident's medical needs. Offer consultation with wellness nurse or MD as needed* **Needs scheduling and follow-up of medical concerns, lab work and appointments** *Goal: Resident will attend all scheduled well visits remain chronic and stable. Intervention:. Wellness staff will coordinate resident appointments with inhouse physicians and will update family of any changes*
DIETICIAN SERVICES	Client declines dietician services *Goal: Resident will maintain adequate nutrition and tolerate diet ordered by physician. Intervention: Will assist resident in referring to dietician services if needed due to inability to maintain adequate nutrition or requires special diet*
FINANCE/CARE DECISIONS	Financial POA Health Care Proxy
HOUSEKEEPING	**Receives housekeeping once a week** *Goal: Apartment will be maintained and kept clean. Intervention: Housekeeping services will be provided weekly per housekeeping schedule ans as needed,* Needs daily housekeeping help: (trash, counters, dishes, bathroom, bedmaking) *Goal: Keep apartment clean daily and free from clutter. Intervention: empty trash, make bed and straighten apartment daily and as needed*
LAUNDRY NEEDS	Needs laundry service *Goal: Allow resident to maintain dignity and pride by wearing clean clothes. Intervention: Laundry to be done weekly on 11-7 Wednesday and as needed* Needs assist with bed linens changed weekly *Goal: Allow resident to maintain comfort and dignity. Intervention: Bed Linens and towels to be washed weekly on 7-3 Wednesday and as needed*
MANAGE ENVIRONMENT	Needs help reducing fall risk by removing clutter in apartment *Goal: Allow resident to be safe in personal environment and free from potential barriers that could cause fall. Intervention: Make sure suite free from clutter, and pathways are clear*
OTHER SERVICES NEEDED	No special cares specified
PET	Does not have a pet
SHOPPING	Other provider helps with shopping/getting supplies *Family Goal: Residents shopping needs will be met. Intervention: Family will provide resident with items needed*
TRANSPORTATION	Other provider provides transportation. *Family Goal: Resident's transportation needs will be met. Intervention: Resident's family will transport to any off community appointments or needs, assist with bridges transportation if needed and available*

MEDICATIONS

MED MANAGEMENT	Needs full med setup - needs medication doses prepared in advance *Goal: resident will receive medications as ordered and scheduled by physician. Intervention: Meds to be set up in bubble packs by Omnicare pharmacy*

Underlined Text: updated in the last month

9

D.O.B.: **Start of Care:** 12/7/2016 **Gender:** Female

Emergency: **Phone:**

MEDICATIONS

MED MANAGEMENT	Needs medication ordered *Goal: Medications will be ordered from residents pharmacy of choice. Intervention: Resident chooses to use Omnicare Pharmacy*
MEDICATION FALL RISK	Four or more daily medications - increased fall risk Resident takes Antihistamine medications Resident takes antihypertensive medication
RESIDENT MEDS	
SELF ADMINISTRATION OF MEDS	Med Self Administration is not applicable

Can read the label/state the name of medications?
Assistance
Knows what each medication is for?
Unable
Can identify proper dosage of each medication?
Unable
Knows when to take each medication?
Assistance
Remembers to take each medication on time?
Assistance
Able to report any symptoms?
Assistance
Resident is able to ask for PRN medications
Assistance
Able to open containers? *Assistance*
Able to prepare and administer Nebulized medications?
N/A
Able to prepare and apply topical medications?
N/A
Able to prepare and administer Ear drops?
N/A
Able to prepare, administer/apply Transdermal patches?
N/A
Able to prepare and administer suppositories?
N/A
Able to prepare and administer Eye drops?
N/A
Able to prepare and administer Inhalers?
N/A
Able to fill syringes and self inject independently
N/A
Able to self inject, requires assistance from staff selecting proper syringe
N/A
Stores drugs properly *Unable*

Master Care Plan

Campus: EPOCH Trumbull | Community: Assisted Living | 3/6/2017

D.O.B.: | Start of Care: 12/7/2016 | Gender: Female

Emergency: | Phone:

MEDICATIONS

SELF ADMINISTRATION OF MEDS	Functional deficits impacting residents ability to participate in independent medication management or SAMM, specify: *none* Cognitive deficits impacting residents ability to participate in independent medication management or SAMM, specify: *None* **NURSE ADMINISTRATION: The resident requires full assistance with all medications.** *Requires LMA for: PRN MED, Meds not packaged by Omnicare in bubble packs*

PHYSICAL

ADVERSE REACTIONS	Is not having current adverse reactions to medications	
CARDIAC FUNCTION	Elevated BP	*Goal: resident will remain free from complications of elevated blood pressure. Intervention:, controlled on medication*
CIRCULATORY FUNCTION	Anemia	*Iron Deficiency*
ENDOCRINE / METABOLIC	Denies active diabetic problems	
EXERCISES	Self directed walking program *with supervision* **Independently does mobility exercises** *Goal: resident will participate in exercise activites of choice. Intervention: Remind resident of activites and escort as needed*	
GI FUNCTION	Denies active digestion problems	
GU FUNCTION	Other GU systems -specify: *Occasional UTI*	
HEARING	Hearing difficulty at conversational level *Goal: hearing difficulties will not affect resident quality of life. Intervention:. Talk to resident at eye level, use calm tone, talk at normal level directly to resident. Bilateral Hearing Aides*	
MUSCULOSKELETAL	Joint pain -describe:	*Rt Knee- Arthritis*
ORDERS REQUIRED	Pulse, respiration, blood pressure, and weight monthly *Vital signs to be done monthly on the 4th. 7-3 weights & 3-11 vitals. Report abnormalities to nurse immediately*	
OTHER TREATMENTS	No other treatments	
PAIN	Pain Frequency - Less often than daily *pseudogout, left wrist, rt knee* Treatment of pain - other (e.g. hot packs, exercise) - specify: *OTC Ibuprofen*	
RESIDENT ALLERGIES	Allergies Med Allergies: Food Allergies: Other Allergies: *Macrodantin, Nexium, Omeprazole, NKFA, NKOA*	
RESIDENT DIAGNOSES		

Underlined Text: updated in the last month

9

Master Care Plan

Campus: EPOCH Trumbull | Community: Assisted Living | 3/6/2017

D.O.B.: | Start of Care: 12/7/2016 | Gender: Female

Emergency: | Phone:

PHYSICAL

RESPIRATORY FUNCTION	Denies active respiratory issues
SKIN	Other skin issues -specify: *Will pick at arms and face until sometimes causes open sores* Braden Skin Assessment Score: *19*
SKIN (BRADEN RISK ASSESSMENT)	Sensory Perception: Ability to respond meaningfully to pressure related discomfort *3. Slightly Limited* Moisture: Degree to which skin is exposed to moisture *4. Rarely Moist* Activity: Degree of physical activity *4. Walks Frequently* Mobility: Ability to change and control body position *3. Slightly Limited* Nutrition: Usual food intake pattern *3. Adequate* Friction and Shear *2. Potential Problem* Braden Skin Assessment Score: *19*
SPEECH	Communicates clearly or with difficulty but can be understood.

SAFETY

BED SAFETY	Specify bed type	*Other bed type - Describe: Regular bed*
	Specify mattress type	*Mattress original to bed*
	Needs side rail/s	*No side rail*
	Needs additional bed safety features	
	No special bed options	
EVACUATION GROUP (*)	Evacuation Group #2:	*Goal: resident will remain safe during emergency evacuation. Intervention:Resident able to walk out of community with group. Needs reminders and cueing to stay with group. May evacuate in a small group with verbal cues. Requires supervision at all times when off secures unit. Resident ambulates without devices. Resident requires clear verbal cues to get to safety in an emergency.*
GAIT/BALANCE	Gait / Balance are normal	
GENERAL SAFETY	Needs verbal assistance to evacuate in event of an emergency *Goal: resident will evacuate safely in an emergency. Intervention:. May evacuate in a small group with verbal cues. Resident ambulates independently without device but requires specific verbal cues to get to safety in an emergency. Resident has bilateral hearing aids. Resident has glasses. Resident has memory impairment. Resident requires escort from the building. Resident requires supervision at all times when off of secured unit. Would require verbal prompts to exit the building.* Requires constant supervision when off the secure neighborhood *Goal: resident will remain safe when off of household. Intervention: resident will have constant supervision when off of the household. Residents whereabouts will be known at all times*	

Underlined Text: updated in the last month

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Master Care Plan

Campus: EPOCH Trumbull | Community: Assisted Living | 3/6/2017

D.O.B.: | **Start of Care:** 12/7/2016 | **Gender:** Female

Emergency: | **Phone:**

SAFETY

GENERAL SAFETY

Unable to activate emergency call system

Goal: Observe resident to remain safe. Intervention: know residents whereabouts at all times, hourly check from 7pm-7am, respond to any and all emergency calls. Would not initiate using the ecall system for assistance due to cognitive impairment. May not use.

Access to the kitchen is available with care staff in a supervised capacity.

Yes

Appliances turned off for safety -specify:

Goal: Kitchen access will be supervised for safety. Intervention:. Access to the Kitchen and its Appliances with Care Staff Supervision to Promote Safety. Resident will try to go behind counter and make coffee or toast. Monitor for safety and provide resident with what she would like

Resident is able to use telephone to call front desk in an emergency

No

Client is at risk of falling

Goal: Resident will remain safe and free from falls. Intervention:. make sure wearing non skid footwear, keep pathways clear and free from clutter. No known falls

Client is at risk of eloping

Goal: Resident will remain free from elopement. Intervention:. Frequently safety checks. Keep resident engaged in an activity to prevent wandering/elopement. No known elopement risk. Resident is an elopement risk related to memory impairment but no formal attempt to leave. Resident is on hourly safety checks to prevent elopement.

Is this resident suitable to reside in a SCR?

Yes

RISK OF ELOPEMENT (*)

Risk of Elopement - specify actions required:

Goal: resident will remain safe and free from elopement. Intervention:. Engage in activity to prevent elopement. Frequent safety checks to prevent elopement. Hourly safety checks to prevent elopement. Know residents whereabouts at all times. RESIDENT ENJOYS LEAVING THE HOUSEHOLD FOR ACTIVITY AND TO SIT IN OTHER AREAS OF COMMUNITY. ENJOYS WALKING TO FRONT LOBBY AND SITTING BY FIREPLACE AND READING MAGAZINES. STAFF WILL ACCOMPANY RESIDENT AT ALL TIMES. EASILY REDIRECTED BACK INTO HOUSEHOLD BY STAFF AFTER ESCORTED TO DIFFERENT AREAS OF COMMUNITY. LIFE ENRICHMENT TO VISIT WITH RESIDENT EACH MORNING AND AFTERNOON TO REVIEW MORNING AND AFTERNOON/EVENING ACTIVITIES WITH RESIDENT. DOES NOT VOICE DESIRE TO LEAVE COMMUNITY. LIFE ENRICHMENT TO ESCORT RESIDENT TO OTHER AREAS OF COMMUNITY DAILY IN THE MORNING.

Has not eloped

RISK OF FALLING (*)

Risk of Falling - specify actions required:

Goal: Resident will remain safe and free from falls. Intervention:. Disoriented Daily. Four or More Daily Medications-Increased Fall Risk. Make sure wearing non skid footwear at all times, pathways clear and free from clutter. Remove all clutter from apartment. Resident Takes Antihypertensive Medication.

VULNERABILITY.

Drinks moderately or occasionally

Difficulty weighing advice - has impaired judgment

Has difficulty using the phone

Underlined Text: updated in the last month

Master Care Plan

Campus: EPOCH Trumbull | Community: Assisted Living | 3/6/2017

D.O.B.: | Start of Care: 12/7/2016 | Gender: Female

Emergency: | Phone:

SAFETY

VULNERABILITY. Difficulty communicating, may not report abuse or neglect
Limited decision making present

SOCIAL AND COGNITIVE

ACTIVITIES (SCR RESIDENTS) Needs encouragement to participate in self-care activities.
Goal: Resident will participate in self care activities. Intervention:. requires verbal cueing and supervision. Allow resident to be as independent as possible with aDL's but stand by and assist as needed.
Needs encouragement to participate in gross-motor activities.
Goal: resident will remain active and participate in gross motor activities. Intervention:. Resident participates in the daily exercise program as part of our gross motor activity offerings.
Needs encouragement to participate in sensory/memory activities.
Goal: resident will participate in sensory/memory activites. Intervention:. resident requires assistance with sensory and memory activities related to dementia.
Needs encouragement to participate in social activities.
Goal: resident will participate in social activity. Intervention:. encourage resident to participate in daily activities of choice. Review activity calendar with resident daily as well as offer at the time of program

BEHAVIOR ISSUES No behaviors to monitor

BEHAVIOR. Eating disorder
Agitated or resistive - specify:
can have difficulty getting adjusted, will get up and down repetitively at meals, etc.
Other -specify: *Resident will occasionally get too close with other residents trying to get into their bed and telling them that she loves them. Monitor for anyone uncomfortable and seperate and redirect as needed and as appropriate*

LIFE LOSSES Recent change of residence or loss of home
Moved from Assisted Living to Sons home June 2016

MENTAL ILLNESS No history of mental illness

MENTAL STATUS. Confused or anxious -specify:
Confusion at times.
Forgetful or memory loss -specify:
Significant Short Term memory loss, combined with hearing loss, creates confusion

ORIENTATION Disoriented daily *Goal: The keep resident engaged in activities. Intervention:. redirect and reorient as needed and as appropriate*

PATTERN OF WANDERING Constant or frequent pacing or wandering
Goal: Resident will remain safe and wander throughout household. Intervention:. Allow resident to wander throughout household. Redirect when trying to go into other resident rooms. Monitor for exit seeking behaviors and redirect

SPIRITUAL ACTIVITIES Attends Sunday services *Christian Church*

Underlined Text: updated in the last month

Master Care Plan

Campus: EPOCH Trumbull Community: Assisted Living 3/6/2017

D.O.B.: Start of Care: 12/7/2016 Gender: Female

Emergency: Phone:

RESIDENT MEDS

Allopurinol (allopurinol) --
Started: 12/09/16 Dosage: 100 mg - 1 tab 1 X a day Daily
Route:by mouth
Instr: 1 tab by mouth daily

Calcium - Vitamin D (Calcium - Vitamin D) --
Started: 12/09/16 Dosage: 600/400 mg - 1 tab 2 X a day Daily
Route:by mouth
Instr: 1 tab by mouth twice daily at 8am and 5pm

Colchicine (colchicine) --
Started: 12/09/16 Dosage: 0.6 mg - 1 tab As Needed Daily
Route:by mouth
Instr: 1 tab by mouth daily as needed

Galantamine (galantamine) --
Started: 12/09/16 Dosage: 16 mg - 1 tab 1 X a day Daily
Route:by mouth
Instr: 1 tab by mouth daily

Preservision (...) --
Started: 12/09/16 Dosage: . . - 1 cap 1 X a day Daily
Route:by mouth
Instr: 1 cap by mouth daily

Valsartan (.Valsartan) --
Started: 12/09/16 Dosage: 160 mg - 1 tab 1 X a day Daily
Route:by mouth
Instr: 1 tab by mouth daily

Vitamin D (multivitamin/dietary supplement) --
Started: 12/09/16 Dosage: 1000 unit - 1 tab 1 X a day Daily
Route:by mouth
Instr: 1 tab by mouth daily

Case Manager:

CONTACTS

Contact Name	Relationship	Emergency Contact	Billing Contact	Health Care Power of Atty	Financial Power of Atty	Legal Guardia
	Son	☑	☑	☐	☐	☐
	Son	☑	☑	☑	☑	☐

Wellness Director: _____ Date: _____

Executive Director: _____ Date: _____

Resident / Responsible Party: _____ Date: _____

Legal Representative: _____ Date: _____

Legal Guardian (if applicable): _____ Date: _____

Other: _____ Date: _____

ATTACHMENT #3

COMMUNICATION LOG / REPORT BOOK AUDIT

Date: _____ Completed by: _____

List any resident behaviors note within past week and intervention initiated. If no interventions noted, document follow up action

RESIDENT NAME	BEHAVIOR	FREQUENCY	REPORTED TO SALSA	INTERVENTIONS Y/N, if no -->	FOLLOW UP

ATTACHMENT #4

EPOCH
SENIOR LIVING

ELOPEMENT DRILL
Quality Assurance Tool

Community:

Date:

Time:

Was a resident or prop used?

Where was person/object located?

Was head count performed by each neighborhood?	Y	N	
Were all community staff informed of missing person/object?	Y	N	
All rooms searched including under beds, closets, bathrooms?	Y	N	
Was the time of missing resident noted?	Y	N	
Was an immediate search of community/common areas completed?	Y	N	
Were outside/external areas searched (courtyard/deck)?	Y	N	
Outside of building searched (2 people going in opposite ways?)	Y	N	
Cars searched?	Y	N	
If missing resident not found within 15 minutes,			
Were Police notified as well as family/responsible party	Y	N	N/A
By the Executive Director or Wellness Director?	Y	N	N/A
Photo provided to police?	Y	N	N/A
Was resident found and returned to the household?	Y	N	N/A
Were all parties notified?	Y	N	
Regional Nurse/OPS notified?	Y	N	

Observations: