



Delivery Via Email: coneill@spanishcove.com

August 12, 2020

License Number: AL0906

Ms. Cheryl O'Neill, Administrator
Spanish Cove Housing Authority
11 Palm Avenue
Yukon, OK 73099

RE: Survey Event ID: WP3M11

Dear Ms. O'Neill:

On **March 4, 2020**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on March 4, 2020.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: <http://www.ok.gov/health>. This link opens the OSDH home page. To find the optional POC, **click on Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

- (1) Address how corrective action will be accomplished for affected residents;
- (2) Address how other residents with the potential to be affected will be identified;
- (3) Address measures or systemic changes to ensure the deficiency will not recur;

- (4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
- (5) Include dates when corrective action and monitoring will be completed for each violation;
- (6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 271-6868 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review or conducted in a face-to-face meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
1000 N.E. 10th
Oklahoma City, OK 73117-1299

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

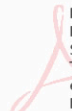
- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 271-6868 or fax at (405) 271-2206.

If you have questions or need assistance, please feel free to send an email to LTC@health.ok.gov or call (405) 271-6868. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Sincerely,

Katie
Stagner

 Digitally signed by Katie Stagner
DN: cn=Katie Stagner, o=Oklahoma
State Department of Health, ou=Long
Term Care,
email=katies@health.ok.gov, c=US
Date: 2020.08.12 13:27:34 -05'00'

Katie Stagner, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SPANISH COVE HOUSING AUTHORITY

11 PALM AVENUE
YUKON, OK 73099

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0906	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/04/2020
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C 911	Continued From page 1 than minimal harm at a pattern. Findings: Resident #3 Was admitted to the center on 02/14/2020 with diagnoses to include chronic obstructive pulmonary disease (lung disease), hypertension (high blood pressure/HTN), and venous insufficiency peripheral (poor blood circulation). A physicians order dated February 2020 documented the resident was to be weighed every two weeks. On 03/04/2020 at 10:40 a.m., resident #3's weights were reviewed with the (licensed practical nurse) LPN. Resident #3 had a nine pound four ounce weight gain in seven days from 02/19/2020 to 02/26/2020. The LPN stated there were no orders to report the weight gain to the physician. At 1:05 p.m., the director of nurses (DON) stated no staff had reported resident #3's weight gain to her. The physician was not notified of the weight gain. Resident #4 Resident #4 was admitted to the center on 10/02/2019 with diagnoses to include: malignant neoplasm of tongue (tongue cancer), HTN and diabetes mellitus. Resident #4 had a physicians order dated 10/02/19 to obtain weights every 2 weeks. On 03/04/2020 at 12:35 p.m. resident #4's weights were reviewed with the DON. Weight records documented resident #4's weight was 136.1 pounds on 02/05/2020 and on 02/19/2020, the resident's weight was 129.0 pounds. Resident #4 had a 5.2% (severe) weight loss in two weeks. The resident was weighed during the time of	C 911		

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C 911	Continued From page 2 survey and the current weight was 127.0 pounds. The DON stated the center sent a request to the physician on 02/21/2020 for a swallow study for resident #4 because she had been "choking and coughing while eating." Even though resident #4 had tongue cancer and had lost weight, the DON stated she had not notified the physician of the weight loss. Resident #7 Resident #7 was admitted to the center on 12/30/2019 with diagnoses to include: HTN, hyperlipidemia (high cholesterol), bradycardia (low heart rate) and atherosclerotic coronary artery bypass (procedure to restore normal blood flow in the heart) without angina pectoris (chest pain). An initial physician order, dated 12/30/2019, was to weigh the resident every two weeks. Resident #7 had an 8 pound weight loss from 161.4 pounds to 153.4 pounds in 6 days, from 01/08/2020 to 01/14/2020. A new physician's order, dated 01/14/2020, documented to weigh the resident every day before breakfast. On 03/04/2020 at 11:10 a.m., resident #7's medical administration record (MAR) was reviewed with the LPN. No daily weights were recorded for the month of February 2020 or March 2020. The LPN stated he did not know why staff was initialing the MAR, but not documenting a daily weight. At 12:58 p.m., the DON was asked who was responsible to review resident weights. The DON stated, "Medical records reviews weights every month in auditing." At 1:00 p.m., the medical records LPN stated if there were any concerns from staff regarding	C 911		

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C 911	Continued From page 3 resident weights it was reported to him, but stated he does not review resident weights on a monthly basis.	C 911		
C 954 SS=F	310:663-9-5(d) STAFF QUALIFICATIONS (d) Assisted living center direct care staff shall be trained in first aid and cardiopulmonary resuscitation. This Rule is not met as evidenced by: Based on interview and record review it was determined the center failed to ensure 16 (#2 - #17) of 16 direct care staff had evidence of first aid training. This deficient practice had the widespread potential for more than minimal harm. Findings: On 03/03/2020 at 2:00 p.m., the director of nurses (DON) was asked if there was any documentation for first aid training for staff. She stated the training had been done on the computer. On 03/04/2020 at 9:50 a.m., the DON was asked if she had the missing documentation for first aid training. No evidence of training was provided prior to exit.	C 954		
C1507 SS=D	310:663-15-1 & 63 OS 1-1918(B)(7) RESIDENT RIGHTS - Reasonable Accommodation Each assisted living center and its staff shall be familiar with and shall	C1507		

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C1507	Continued From page 4 observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(7) (7) Every resident shall have the right to reside and to receive services with reasonable accommodation of individual needs and preferences, except where the health or safety of the individual or other residents would be endangered; This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the center failed to ensure a clean living, with a homelike environment for 1 (#1) of 1 sampled resident. This failed practice had the isolated potential for more than minimal harm. Findings: On 02/02/2020 at 11:55 a.m., resident #1 was asked if there were any concerns or complaints. Resident #1 stated "if you want anything done you have to complain." She stated rain had blown in around her air conditioner/heating unit in the window about two weeks ago. Resident #1 stated she told the maintenance man. During observation of the unit a small puddle of water with black sediment was observed to the left side of the unit on the ledge of the dry wall. A rubber trim around the bottom of the wall had pulled away from the wall. There was a black substance observed on the wall where the trim had come	C1507		

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C1507	Continued From page 5 loose. Resident #1 stated someone (unknown) had come in and stuffed a towel under the unit to block the air from the outside. There was a white towel stuffed under the bottom of the unit and the ledge of dry wall. Weather stripping was observed all around the unit. On 03/03/2020 at 1:12 p.m., the maintenance technician was accompanied to resident #1's room. The areas of concern were pointed out to the maintenance technician. He stated "I will take care of that right away". At 2:25 p.m., the director of nurses (DON) was asked if she was aware resident #1 had a water leak in her room. She stated when the new construction was complete in October 2019, there were complaints by residents at that time, but she was not aware of any complaints at this time.	C1507		
C5010 SS=D	63 O.S. 1-890.8(A-D) Care and Services - Coordination of Care A. Residents of an assisted living center may receive home care services and intermittent, periodic, or recurrent nursing care through a home care agency under the provisions of the Home Care Act. B. Residents of an assisted living center may receive hospice home services under the provisions of the Oklahoma Hospice Licensing Act. C. Nothing in the foregoing provisions shall be construed to prohibit any resident of an assisted living center from receiving such services from any person who is exempt from the provisions of the Home Care Act.	C5010		

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C5010	Continued From page 6 D. The assisted living center shall monitor and assure the delivery of those services. All nursing services shall be in accordance with the written orders of the personal or attending physician of the resident. This Rule is not met as evidenced by: Based on interview and record review, it was determined the center failed to coordinate services with home health for 1 (#3) of 1 sampled resident to obtain daily weights. This failed practice had the isolated potential for more than minimal harm. Findings: Resident #3 moved in to the center on 02/14/2020 with diagnoses to include chronic obstructive pulmonary disease (COPD), hypertension (HTN), and venous insufficiency peripheral (poor blood circulation). The home health plan of care, dated 01/05/2020, documented "skilled nurse to instruct patient/caregiver on weighing daily on a hard flat surface each morning prior to breakfast and after urination and to report a weight gain of 2-3 pounds in one day or 4 pounds in one week." On 03/04/2020 at 10:40 a.m., resident #3's weights were reviewed with the licensed practical nurse (LPN). Resident #3 had a 9 pound 4 ounce	C5010		



Delivery Via Email: coneill@spanishcove.com

August 24, 2020

License Number: AL0906

Ms. Cheryl O'Neill, Administrator
Spanish Cove Housing Authority
11 Palm Avenue
Yukon, OK 73099

RE: Survey Event WP3M11

Dear Ms. O'Neill:

On **March 4, 2020**, a Licensure inspection was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. Our acceptance does not absolve the facility's responsibility for compliance should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **August 20, 2020**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 271-6868.

Sincerely,

Katie Stagner

Digitally signed by Katie Stagner
DN: cn=Katie Stagner, o=Oklahoma State
Department of Health, ou=Long Term
Care, email=katies@health.ok.gov, c=US
Date: 2020.08.24 08:16:33 -05'00'

Katie Stagner
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

Oklahoma State Department of Health

FILE

0001 DATE

Oklahoma State Department of Health

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NAME OF PROVIDER OR SUPPLIER SPANISH COVE HOUSING AUTHORITY		STREET ADDRESS, CITY, STATE, ZIP CODE 11 PALM AVENUE YUKON, OK 73099		
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C1507	Continued From page 5 loose. Resident #1 stated someone (unknown) had come in and stuffed a towel under the unit to block the air from the outside. There was a white towel stuffed under the bottom of the unit and the ledge of dry wall. Weather stripping was observed all around the unit. On 03/03/2020 at 1:12 p.m., the maintenance technician was accompanied to resident #1's room. The areas of concern were pointed out to the maintenance technician. He stated "I will take care of that right away". At 2:25 p.m., the director of nurses (DON) was asked if she was aware resident #1 had a water leak in her room. She stated when the new construction was complete in October 2019, there were complaints by residents at that time, but she was not aware of any complaints at this time.	C1507		
C5010 SS=D	63 O.S. 1-890.8(A-D) Care and Services - Coordination of Care A. Residents of an assisted living center may receive home care services and intermittent, periodic, or recurrent nursing care through a home care agency under the provisions of the Home Care Act. B. Residents of an assisted living center may receive hospice home services under the provisions of the Oklahoma Hospice Licensing Act. C. Nothing in the foregoing provisions shall be construed to prohibit any resident of an assisted living center from receiving such services from any person who is exempt from the provisions of the Home Care Act.	C5010		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0906	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/04/2020
NAME OF PROVIDER OR SUPPLIER SPANISH COVE HOUSING AUTHORITY		STREET ADDRESS, CITY, STATE, ZIP CODE 11 PALM AVENUE YUKON, OK 73099			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C5010	Continued From page 6 D. The assisted living center shall monitor and assure the delivery of those services. All nursing services shall be in accordance with the written orders of the personal or attending physician of the resident. This Rule is not met as evidenced by: Based on interview and record review, it was determined the center failed to coordinate services with home health for 1 (#3) of 1 sampled resident to obtain daily weights. This failed practice had the isolated potential for more than minimal harm. Findings: Resident #3 moved in to the center on 02/14/2020 with diagnoses to include chronic obstructive pulmonary disease (COPD), hypertension (HTN), and venous insufficiency peripheral (poor blood circulation). The home health plan of care, dated 01/05/2020, documented "skilled nurse to instruct patient/caregiver on weighing daily on a hard flat surface each morning prior to breakfast and after urination and to report a weight gain of 2-3 pounds in one day or 4 pounds in one week." On 03/04/2020 at 10:40 a.m., resident #3's weights were reviewed with the licensed practical nurse (LPN). Resident #3 had a 9 pound 4 ounce	C5010			

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0906	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/04/2020
NAME OF PROVIDER OR SUPPLIER SPANISH COVE HOUSING AUTHORITY		STREET ADDRESS, CITY, STATE, ZIP CODE 11 PALM AVENUE YUKON, OK 73099			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C5010	Continued From page 7 weight gain in 7 days from 02/19/2020 to 02/26/2020. The LPN stated there were no orders to report the weight gain to the physician. At 1:05 p.m., the director of nurses (DON) stated no center staff or home health staff had reported the resident's 9 pound weight gain to her, and she was not aware of the home health plan of care to weigh the resident daily. The physician was not notified of the weight gain.	C5010			



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OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 8/12/2020

Facility Name: Spanish Cove Housing Authority

License Number: AL0906

Survey Event ID: WP3M11

Date Survey Completed: 3/4/2020

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 911 SS=E

Based on: Interview and record review it was determined the (registered nurse) RN failed to monitor residents for weight gain or loss.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Spanish Cove Retirement Village appreciate the opportunity to correct this issue and set in place a process to avoid reoccurrence.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

OSDH Response: Element accepted Yes ☐ No ☐

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

ASSISTED LIVING CENTER'S PLAN ELEMENTS

Investigation found issues with process for collection and distribution of weight information. Our process for entering weights in EMR has been changed to allow the software to trigger alert for staff immediately upon entry, helping to prevent reoccurrence. Residents identified in this tag with weight loss have been addressed with their physician and a plan of ongoing care is in place.

Process analysis to correct issue led to software changes and development of verification process that will insure this issue is does not reoccur.

All residents are weighed according to their physician orders.

Weight is logged in "Weight Log" at nursing desk and in EMR.

Staff to enter weight on log sheet at the time weight is taken.

Staff enter weight for each resident in EMR. Alerts have been established in EMR that will automatically trigger to indicate weight variance and notify staff at the time of entry. Staff will be expected to notify nurse immediately.

The staff member also receives an automatic notification to reweigh the resident and report their findings in EMR.

If a weight variance is found, the nurse will notify the facility Certified Dietary Manager and the resident physician. Actions will be documented in the resident ID notes.

		Nurse will follow resident until variance is resolved and document progress toward resolution in the EMR.	
OSDH Response: Element accepted Yes ☐ No ☐			
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.		The Director or designee will verify the weight order and place weight order in the EMR to ensure order consistency. The Medical Records nurse will pull a weekly weight report from the EMR and review with the written weight log. Documentation of variances will be reviewed and reported to the Director immediately. Weight variances will also be reported during our quarterly QAPI meeting with our Medical Director. AL Medical Records will review all documentation for weight and variances of weight weekly and report deficient practice to AL Director for correction.	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		3/9/2020	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature <i>Cheryl Orville</i> OAC 310:663-25-4(F)		Administrator signature required. Date <i>8/21/2020</i>	
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	Enter a date of addendum.	Submitted by	Enter name of person submitting addendum.
Items Below Are For OSDH Use Only			
Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.			
Facility in Compliance by: Click here to enter a date.			



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OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 8/12/2020

Facility Name: Spanish Cove Housing Authority

License Number: AL0906

Survey Event ID: WP3M11

Date Survey Completed: 3/4/2020

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 1507
Resident Rights

Based on: Interview and record review it was determined the center failed to ensure a clean living, with a homelike environment for 1 (#1) of 1 sampled resident.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: The new Assisted Living wing was granted occupancy from the OSDH in August 2019. Following our occupation, it was discovered that the PTAC air units were not fitting as designed. Our facility began discussion with the builder to correct the issue at that time. It took the OSDH notification of deficient practice for the builder to respond and resolve the issue in its entirety.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

OSDH Response: Element accepted Yes ☐ No ☐

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained?
Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

ASSISTED LIVING CENTER'S PLAN ELEMENTS

The builder purchased and installed brackets to support the base of the PTAC air units within the window creating a stable fit to ensure that the window is sealed from elements.

This solution was incorporated within all new rooms through out the new construction.

The Assistant Director of Maintenance has monitored the solution during inclement weather on several occasions following the implementation of the solution. No reoccurrence has been identified. Inspection of the solution will continue monthly to identify areas of concern. Additionally, all staff are instructed to place a maintenance ticket through our reporting software for any issues. This report goes directly to the Director of Maintenance and is assigned immediately to maintenance. All issues are tracked until resolved by our software.

The Assistant Director of Maintenance or designee will monitor each room monthly to ensure any maintenance issues are addressed immediately.

Ongoing review on quarterly bases and review of software reports for trends.

Unresolved maintenance issues are reported to director and QAPI Team which includes the Administrator

The Assistant Director will review and file the room monitor log monthly. They will report trends to Director of Maintenance, Administrator and QAPI.

OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	5/22/2020
OSDH Response: Element accepted Yes ☐ No ☐	
Administrator's Signature OAC 310:663-25-4(F)	Date Enter a date of signature.
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.	
Addendum Date	Submitted by
Enter a date of addendum.	Enter name of person submitting addendum.
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OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 8/12/2020

Facility Name: Spanish Cove Housing Authority

License Number: AL0906

Survey Event ID: WP3M11

Date Survey Completed: 3/4/2020

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 954

Based on: Interview and record review it was determined the center failed to ensure 16 (#2 - #17) of 16 direct care staff had evidence of first aid training.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: The Spanish Cove Retirement Village staff are all enrolled at hire in our training software. Staff have comprehensive training for First Aide twice a year. Our facility made the decision to utilize this process to allow each employee the time they need to complete the extensive training at their own pace. Each employee is tested at the end of the module and must have an 80% to pass. We chose to make these topics an individual training as we felt First Aid is vital to ensure quality of care.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

ASSISTED LIVING CENTER'S PLAN ELEMENTS

During investigation of the finding we discovered by running a compliance report for First Aid completion within our training software that all of the staff present at the time of the inspection had completed First Aid training at least once during the year. Our scheduled training dates are annually in March and August, reoccurring annually.

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

Documentation of the training syllabus is attached along with the names of staff in compliance for completion of training.

OSDH Response: Element accepted Yes ☐ No ☐

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

Our Clinical and Corporate Compliance nurse runs a compliance report monthly for scheduled trainings. Staff who are in non-compliance are identified and reported to their direct supervisor. The employee also receives alerts to their personal email to inform them they are in non-compliance. Supervisors speak directly with staff and follow up to ensure trainings are complete. Staff who continue to be deficient enter into our formal disciplinary action process.

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

As stated above. The Compliance nurse review, evaluates and reports non-compliance.

Should non-compliance become systemic within the entire organization, the compliance nurse will initiate a process improvement plan and report plan progress in quarterly QAPI.

Report of investigation and plan for correction will be provided to Medical Director during QAPI meeting quarterly until non-compliance is resolved.

		Reports for monitoring non-compliance if found will be reported and kept with QAPI documentation.	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		8/20/2020	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature <i>Cheryl Orrell</i> OAC 310:663-25-4(F)		Date <i>8/21/2020</i> Enter a date of signature.	
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
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Training Effectiveness

8/20/2020

Hierarchies	- - Assisted Living
Course	First Aid Refresher
Training Plan	All
Departments	Nursing-AL
User Locations	All
Job Titles	All
Employment Types	All
User Locations	All
Custom Field 1	All
Custom Field 2	All
Custom Field 3	All
Learner Status	Active
Date Range	3/1/2019 - 3/1/2020
Hire Date Range	-

Average Final Exam: 98%

First Aide August

Learner	Compliant
<u>boismier, christy</u>	Yes
<u>Bouse, Briana</u>	Yes
<u>Brassfield, Glenna</u>	Yes
<u>Buck, Kelli</u>	Yes
<u>Chacko, EssyA.</u>	Yes
<u>Cherian, Ivy</u>	Yes
<u>Clark, Kristyn</u>	Yes
<u>Dunham, Carolyn K.</u>	Yes
<u>Dyer, Aubrey</u>	Yes
<u>Eisenman-Price, Kaitlyn</u>	Yes
<u>Fischer, Beverly</u>	Yes
<u>Jackson, Amanda</u>	Yes
<u>Jones, Sarah</u>	Yes
<u>Kyle, Shelby</u>	Yes
<u>Mathews, Amber</u>	Yes
<u>Moreland, Jason</u>	Yes
<u>O'Brien, Jennifer</u>	Yes
<u>Omogbai, Jennifer</u>	Yes
<u>O'Neill, Cheryl</u>	Yes
<u>Powell-Nieto, Jillian</u>	Yes
<u>Russell, Nancy</u>	Yes
<u>Sam, Faith</u>	Yes
<u>Sims, Christy</u>	Yes
<u>Smith, Jessica</u>	Yes
<u>Towles, Amanda</u>	Yes
<u>Vega, Melissa</u>	Yes
<u>White, Marie</u>	Yes
<u>Woodworth, Amy</u>	Yes
<u>Wright, Kimberly</u>	Yes

First Aide March

Learner	Compliant
<u>boismier, christy</u>	Yes
<u>Bouse, Briana</u>	Yes
<u>Brassfield, Glenna</u>	Yes
<u>Buck, Kelli</u>	Yes
<u>Chacko, EssyA.</u>	Yes
<u>Cherian, Ivy</u>	Yes
<u>Clark, Kristyn</u>	Yes
<u>Dunham, Carolyn K.</u>	Yes
<u>Dyer, Aubrey</u>	Yes
<u>Eisenman-Price, Kaitlyn</u>	Yes
<u>Fischer, Beverly</u>	Yes
<u>Jackson, Amanda</u>	Yes
<u>Jones, Sarah</u>	Yes
<u>Kyle, Shelby</u>	Yes
<u>Mathews, Amber</u>	Yes
<u>Moreland, Jason</u>	Yes
<u>Obrien, Jennifer</u>	Yes
<u>Omogbai, Jennifer</u>	Yes
<u>O'Neill, Cheryl</u>	Yes
<u>Roblyer, K' Risa</u>	Yes
<u>Powell-Nieto, Jillian</u>	Yes
<u>Russell, Nancy</u>	Yes
<u>Sam, Faith</u>	Yes
<u>Sims, Christy</u>	Yes
<u>Smith, Jessica</u>	Yes
<u>Towles, Amanda</u>	Yes
<u>Vega, Melissa</u>	Yes
<u>White, Marie</u>	Yes
<u>Woodworth, Amy</u>	Yes
<u>Wright, Kimberly</u>	Yes

First Aid Refresher

Introduction

About This Course

Are you prepared to take action to help someone in the event of an accident, injury, or medical emergency? What will you do if you encounter someone who is injured, bleeding, or even unconscious? Offering someone immediate basic first aid can provide relief from injuries or even save lives until trained emergency medical assistance arrives. This course will teach you basic first aid strategies so that you can respond effectively to a range of situations, from minor injuries to life-threatening emergencies.

Learning Objectives

After completing this course, you should be able to:

- Recognize emergency first aid verses non-emergency first aid.
- Discuss appropriate action steps for administering first aid to non-life threatening injuries and illnesses.
- Describe appropriate action steps for administering first aid in life-threatening emergencies.

How Emergent is the Emergency?

Heather Needs Help

Jill and Heather work together and took their lunches to the break room. They were laughing and having a great time, when suddenly Heather stopped and her facial expression became very serious. Jill asked if she was okay, and Heather shook her head, attempting to cough. Jill froze; she didn't know what to do or how to help. Heather's situation quickly went from bad to worse. Jill watched in horror as Heather's face turned red and she clutched at her throat. It looked like she couldn't breathe! Jill felt paralyzed and tried frantically to think of something to help, but didn't know what to do. She yelled at some nearby bystanders for assistance, and watched helplessly as her friend slumped to the floor, unconscious.

If Jill had known the basics of first aid, she could intervene before her friend's situation got so severe.

Scene Safety

Personal safety is your first responsibility in handling any first aid situation, because if you are ill or injured, you will not be able to provide care. Taking certain precautions can keep you safe and healthy.

All first aid scenarios in which a person's blood or bodily fluids may be exposed will put you at risk. It is important to protect yourself as well as the person you are

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helping. In the healthcare environment it is required that all situations implement "standard precautions." Performing first aid is no different, regardless of how critical the situation may be.

Germs can be passed from a person's blood or body fluids to another person through a small cut or sore, exposed mucous membranes in the nose, mouth, and eyes, or through the air when a person coughs, sneezes and breathes,

One of the most important decisions you can make is choosing which standard precautions to take at a first aid scene. To protect yourself from possible contamination, use any available personal protective equipment (PPE).

Some examples of PPE include the following:

- Protective gloves
- Safety glasses/goggles
- Masks
- Protective gowns

Remember, it is not possible to care for someone else on a first aid scene if you become injured or ill. Take all possible precautions at all times and remember to always perform hand hygiene before and after any care is provided.

What is First Aid?

First Aid is the immediate care you give someone with an illness or injury while waiting for someone with more advanced training to take over care. First aid may help someone recover more completely or more quickly and may mean the difference between life and death.

How to Recognize an Emergency

The first few minutes after an accident, injury, or medical situation are crucial. You must be able to recognize whether you are dealing with an emergent or non-emergent situation to respond appropriately.

As a provider of first aid, you need to know when to call for help. This includes recognizing symptoms that indicate continued emergency medical treatment is needed. At a bare minimum, if someone is unconscious, has difficulty breathing or is not breathing at all, you must call for help.

You must also know how to call for help, including how to access Poison Control, your area's Emergency Management System (usually 911), or how to activate your organization's emergency response system.

Emergency First Aid versus Non-emergency First Aid

Luckily, as a first aid provider, you do not have to know complicated responses for every possible emergency situation. However, you do need to know the more common emergencies, as well as symptoms that various life-threatening emergencies have in common.

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You may be asking yourself, "What is considered a non-emergent situation?" Non-emergency first aid is for individuals who may need treatment for a minor medical problem, and the person may not need to seek additional medical care after receiving care. Non-emergent first aid will treat a range of conditions from bandaging minor cuts to treating an insect bite. Get permission to give care for injury or illness that is non-emergent.

What's the Difference?

Do you know the symptoms that may indicate emergency life-saving treatment is needed versus symptoms that need treatment but are not considered emergencies?

Signs of an Emergent Situation

- Difficulty breathing or shortness of breath
- Chest pain or pressure
- Fainting or sudden dizziness
- Sudden vision changes
- Sudden or severe pain
- Severe or persistent vomiting
- Sudden difficulty speaking
- Loss of consciousness
- Uncontrolled bleeding
- Changes in mental status or confusion

Signs of a Non-Emergent Situation

- Coughing
- Rash
- Itching
- Red eyes
- Cramping
- Chronic or moderate pain
- Nausea
- Chest congestion
- Sore throat
- Bleeding from a shallow cut

Something is Not Right with Susan

Beth enjoys working with Susan because she is a team player. Today Susan seems distracted. When Beth mentions she would need help, Susan seems less than eager and says she isn't feeling good. Beth is worried because Susan mentioned last week that she was undergoing some testing to rule out diabetes.

A few minutes later, Beth notices that Susan's face has become very pale and she is walking unsteadily. Susan says, "I think I need to sit down, I am feeling dizzy and my

First Aid Refresher

vision is blurry."

Based on what you have learned so far, will Beth need to administer First Aid?

- Beth does not need to administer first aid; she just needs to let Susan rest for a moment.
- Beth needs to administer non-emergency first aid.
- Beth does not need to administer first aid, Susan needs an ambulance. Beth needs to administer emergency first aid.

Section Summary

In this section, you have learned that first aid is basic and the initial treatment strategy for minor non-emergency and emergency situations. You also learned some basic symptoms that often occur in these types of situations to help you differentiate between emergencies and non-emergencies. In the next section you will learn more specific details about first aid for non-emergencies, including non-life threatening injuries and other situations.

First Aid for Non-Life Threatening Injuries and Illnesses

Rating the Severity of the Situation

When you encounter a person in distress, you need to assess the situation first. Check the scene to ensure safety and then rate the severity of the situation.

- Is the person unconscious or unable to communicate?
- Is the person having difficulty breathing?
- Is the person bleeding heavily?
- Is there a suspected spinal injury?
- Is the situation life-threatening?

If the answer to all of these questions is "No," you are likely dealing with a non-life threatening situation. While you may need to get additional medical treatment for the person, you probably won't need to call 911. Remember, a situation can change, and if your response to any of the above questions changes at any time, be prepared to call 911.

Let's look at how to respond to some specific non-emergent situations.

Musculoskeletal Injuries

Musculoskeletal injuries can range from minor sprains and strains to serious fractures (broken bones) requiring follow-up medical attention.

Signs of a sprain or strain include pain, swelling, tenderness, bruising or decreased ability to move the joint or muscle. A helpful way to remember how to treat these injuries is using the mnemonic R.I.C.E.

R: Rest -The person should rest the injury. Do not move, straighten, or put any weight on the injured area.

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I: Ice – It is best if you apply a cold pack, bag of ice or a bag of frozen vegetables to the injured area every few hours for a period of 20 minutes each time. Place a thin barrier between the cold object and bare skin.

C: Compression – Compression is another word for “pressure” or “immobilize.” When an area is wrapped with an elastic bandage or sports wrap the swelling and inflammation of the injured area is likely to reduce. Note: Do not make the bandage or wrap too tight as blood circulation to the injured area will decrease.

E: Elevate – Elevate the injured part only if it doesn't cause more pain. The injured area should be raised to a level above the heart. Raising the injured area can be done by propping the area on some pillows or blankets while lying down or on a table or chair while sitting up.

Besides the above mnemonic, studies have shown that taking an over-the-counter medication for pain or inflammation (i.e. acetaminophen, ibuprofen or naproxen) has proven to be effective. You should seek medical attention if the pain, swelling, tenderness, bruising or decreased ability to move does not improve gradually over 24-48 hours after the time of injury, or if you are concerned the injury is severe.

Broken Bones

If there is a broken bone, a fracture, you need to evaluate the situation to determine whether to call 911 or if the person can be transported to a doctor or emergency room by means other than an ambulance.

Call 911 if:

- The limb or joint is protruding oddly.
- The person has severe pain, with little to no movement.
- The bone has broken through the skin.
- There is heavy bleeding.
- You suspect a bone may be broken in the head, neck, back, pelvis, or upper leg.

If any of these circumstances exist, don't move the person unless you need to perform life saving measures such as CPR.

If there is bleeding to the injured site, apply direct pressure to stop the bleeding. Then, if you don't suspect a bone is broken in one of the areas mentioned above, you should immobilize the bone by splinting.

To create a splint: Loosen or remove any constricting clothing. Wrap the affected limb in a towel or other cloth for padding. Use a board, clean rolled towel, or newspaper as the splint and bind it to the wrapped extremities with bandaging or other cloth to secure.

If you did not call 911, make sure that someone transports the person to a doctor or an emergency room to care for the fracture.

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Head, Neck, or Spinal Injuries

If someone is injured and you suspect a head, neck or spinal cord injury you must take precautions to keep them from moving their head/neck/spine to decrease the risk of further injury or paralysis.

Signs of head, neck or spinal cord injury include:

- Severe pain in head, neck, or back
- Loss of movement or range of motion
- Tingling or altered sensation in extremities
- Nausea or vomiting
- Seizures or loss of balance
- Cuts or bruises around the head and neck

If you suspect a head, neck, or spinal cord injury, your first response should be to call 911. Next, instruct the person not to move if possible. You can support and stabilize the head by placing your hands on both sides of the person's head. If the head is tilted or in an awkward position, do not attempt to straighten the neck, rather maintain the same position and support the person's head with your hands. Monitor the person to make sure they are continuing to breathe, and keep them in the same position until further help arrives.

If the person loses consciousness, you'll need to take additional steps. You'll learn what to do in those situations later in this course.

Eye Injuries

There are a lot of chemicals in the healthcare work environment, and many opportunities for a person to receive a splash injury to their eye. Unfortunately, there are also many myths about treating eye injuries.

Do you know what's true and what's not?

Dos:

- Flush the eye with lots of clean water immediately.
- Remove contact lenses to flush the eye.
- Seek medical attention for further evaluation

Don'ts

- Rub the eye vigorously to remove the foreign object or liquid.
- Flush the eye with mineral oil as soon as possible.
- Leave contact lenses in if present to protect the eye.
- If no pain is experienced after flushing, no further medical care is needed.

The amount of time you need to flush the eye with water will vary by chemical. A good rule of thumb is 15 minutes, but be sure to check your Safety Data Sheets (SDS)

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at your organization for more information. The full extent of damage may not be evident until 24 hours after the splash injury occurs. Make sure the injured individual follows up with a physician as soon as possible.

Burns

If you encounter a person who is burned, you need to determine whether you are dealing with a minor burn or a more serious burn requiring emergent medical attention.

Types of Burns:

- First degree burns involve only the outer layer of skin, which will appear red and possibly swollen. Pain, if present, will be mild.
- Second degree burns penetrate to the second layer of skin, or dermis. There will be blistering, redness, swelling, and severe pain.
- Third degree burns are the most serious and involve all layers of the skin and can even involve fat, muscle, and bone. The skin will appear black, or dry and white. This is an emergency!

Burns

For first and second degree burns less than 3 inches in diameter, immerse the burn in cool running water for at least 10 minutes. Do not apply ice to the area. Cover the burn loosely with a non-stick sterile or clean dressing.

If the burn has not broken the skin, follow up medical care may not be needed. Medical attention should be sought if the burn is large (bigger than a silver dollar on adults or a quarter on a child), on the head, neck, feet hands, or genitals.

For severe or third degree burns, DO NOT flush with water. Remove any clothing and jewelry that is near or around the burn area. Do not remove any clothing that may be adhered directly to the burned skin. Cover immediately with a moistened sterile bandage and call 911. If possible, raise the burned area above the level of the heart.

Sunburns

Sunburns are preventable burns caused by invisible ultraviolet (UV) light from the sun. UV light travels through clouds, so it is important to remind individuals that they can become sunburned even on a cloudy day. Sunburns are typically considered first degree and/or second degree burns.

Symptoms of a sunburn can be redness, pain or skin that feels hot to the touch. Sunburn symptoms are typically worse during the first 24 hours after being in the sun and generally fade over 3-4 days. When an individual has a severe sunburn (second degree burn), blisters, swelling and severe pain may be felt.

Sunburns can be prevented by applying a sunscreen (30 SPF or greater) over all visible parts of the body that are not covered by clothing, staying under an umbrella, staying under a tree or in a shady spot, and by wearing sunglasses, a hat, or a long-

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sleeved shirt or long pants.

The best way to treat a sunburn is to apply cool compresses or soaks on the damaged skin, use a lotion or aloe-based gel that is made to treat sunburns, and stay out of the sun until the sunburn is faded and no longer red or painful.

True/False:

Put ice on a burn to cool it faster.

True

False

Applying butter or petroleum jelly to a burn will speed healing.

True

False

Remove any clothing near the burn, even if it is stuck to the burn.

True

False

Review: Martha Has an Injury

Martha was headed quickly down the hallway to answer the telephone. She darted around the corner and almost collided with someone walking in the opposite direction. She dodged him, but then almost ran smack into a cart that was in the hall! Falling was inevitable. She twisted her ankle and scraped her leg against the linen cart on the way down. Martha tried to stand up, but the pain was excruciating. Based on what you have learned so far, how should you respond?

- Remember R.I.C.E: Rest, Immobilize, Cold, and Elevate
- Activate the emergency response system by calling 911.
- Put the injured extremity through full range of motion exercises to determine level of injury based on pain response.
- Help Martha to a more comfortable position off the floor, making sure she puts no weight on the foot.
- Assess Martha's level of pain, and if it is painful to touch.

Section Summary

Feeling more comfortable with first aid yet? In this section you have learned to treat several types of situations requiring first aid, including muscle strains and sprains, splinting broken bones, immobilizing the head and neck, and basic first aid for a toxic eye injury or burn.

Now let's step it up a notch and learn what to do in an emergency or life-threatening situation.

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First Aid for Emergencies

When to Call 911

When you are experiencing a medical emergency, you want to activate the emergency response system as quickly as possible. Let's look at some more specific situations.

Always call 911 if the person is:

- Unconscious
- Gasping for air or not breathing
- Bleeding uncontrollably

If you are by yourself and encounter a person who is unconscious call for help before implementing life saving measures to make sure you have assistance quickly. If someone is with you, instruct them to call for help while you take action.

Heart Attack

Acute Coronary Syndrome (ACS), otherwise known as a heart attack, is considered an emergent situation for any bystander to recognize in order to get the individual help as soon as possible. With rapid recognition of signs and symptoms that a heart attack is occurring, the emergency response team can be activated quickly and the survival rate can increase for the individual.

Signs and symptoms that an individual may be experiencing a heart attack are:

- Pain, increased pressure or discomfort in the chest
- Pain in one or both extremities, back, neck, jaw or stomach
- Indigestion that will not resolve quickly
- Sudden weakness or fatigue
- Shortness of breath
- Nausea
- Lightheadedness or dizziness
- Pale, cool or sweaty skin

It is important to note that if you notice an individual experiencing any of these symptoms that you should not move the individual, but activate the emergency response system as soon as you can. Minutes matter when an individual is experiencing a heart attack.

Poisoning

Poisoning occurs when a person is exposed to or has swallowed substances that have the potential to cause harm. Poisoning can be caused by carbon monoxide gas, chemicals, or cleaning products, and prescription, over-the-counter, or illegal drugs.

Because numerous substances can be poisonous, symptoms will vary. Here are some things to watch for:

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- Abdominal pain
- Discoloration around lips or bluish lips
- Breath that is unusual or smells like chemicals
- Nausea, vomiting, and/or diarrhea
- Difficulty breathing
- Confusion
- Dizziness
- Skin rash or burns (from chemicals in question)
- Drowsiness or sedation

If you suspect a person has been poisoned, call Poison Control at 1-800-222-1222. This number will connect you to your local Poison Control and further instructions on treatment will be provided.

Make sure the person is breathing and has a pulse. If not, call 911. If you have received training, begin rescue breaths or CPR if needed. Do not try to make the person vomit unless specifically directed to do so by Poison Control.

Severe Allergic Reactions

An allergic reaction is an abnormal immune system response to a substance. Common substances that cause such reactions are food, pollen, medications, pet dander, dust, and insect bites. Allergic reactions range from mild and irritating to severe and life-threatening, also called anaphylaxis. Anaphylaxis is a severe whole body allergic reaction. An allergic reaction can turn into anaphylaxis within minutes, so it is important to know the symptoms of a serious reaction. Severe reactions are usually immediate, but may also be delayed.

Anaphylaxis symptoms often develop rapidly and include:

- Wheezing, abnormal sounds when breathing or difficulty breathing
- Itching, hives, and redness of the skin
- Swelling
- Difficulty swallowing
- Abdominal pain
- Dizziness
- Nausea or vomiting

For minor allergic reactions on the skin's surface, such as bug bites, apply a cool compress to reduce swelling.

If you suspect a more severe allergic reaction or anaphylaxis, follow your organization's policy and procedure and call 911 immediately. Make sure the person is breathing and has a pulse. Implement rescue breathing and CPR if indicated.

If the person knows they have an allergy, they may carry an Epi-pen (injectable epinephrine, a drug that will counteract or lessen the symptoms) that you can use until further help arrives. Instructions for use will be on the device.

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Bleeding

If someone is bleeding from a wound or other injury, first aid is necessary. If bleeding is seen and does not stop quickly, you need to call for emergency help. To care for someone who is bleeding, put gloves on immediately. Help the person to lie down. Remove any debris from the wound.

Using a bandage or other available material, apply direct pressure to the site of the injury. Hold pressure until the bleeding has stopped. Maintain pressure by wrapping the injury tightly, but not so tight that circulation is impaired.

If it is a nosebleed, pinch the nose just below the bony ridge for about 10 minutes and if bleeding does not stop then seek medical care.

Minor Cuts/Lacerations

Minor cuts are a common injury to people of all ages. It is important to recognize when a cut needs more advanced treatment. The first step in treating a cut or laceration should be to protect yourself with appropriate personal protective equipment, such as gloves if they are immediately available. You will need to try to help the injured individual stay calm while you try to stop the bleeding. In order to try to stop the bleeding you will want to apply firm pressure over the cut. Raising the injury above the level of the heart also can help control any bleeding. Once the bleeding slows down you will want to clean the cut with warm water and a gentle soap. Pat the cut dry after cleaning and apply a sterile bandage over the cut, replace the bandage as needed.

Severe Cuts and Lacerations

Severe cuts are those in which the wound area is bleeding uncontrollably and bleeding will not stop even after holding pressure for ten minutes. It is important to note that while your first instinct is to remove any debris from the wound, if a large object, such as a knife, is the cause of injury, you should not remove the object as it may cause additional injury. When a severe cut or laceration occurs and the bleeding cannot be stopped, the individual may need to seek medical attention in order to have stitches placed. Most cuts that are deep in nature and continue to bleed should receive stitches within 6 hours of the injury.

When an individual receives a cut from a foreign object of which you do not know the cleanliness, it is important to seek medical attention and ensure that the individual is up to date on their tetanus shot or booster. The individual is considered up to date if they have received a tetanus shot or booster within the last 5-10 years.

Did You Know??

Did you know that when a cut or laceration first occurs that there is huge risk for infection to the individual? Any time that an individual has an opening to their bloodstream the risk for infection doubles. Cleansing the wound and covering the area loosely with a bandage will prevent infection. When the area begins to heal after a few days, air can help speed the healing process. A bandage is more important for the control of bleeding and protecting the individual from infection than it is for

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healing.

Nosebleeds

Nosebleeds are common amongst all ages and most commonly are not serious in nature. The most common reason for nosebleeds is dry air, nose-picking or physical contact from an outside force.

If you notice an individual experiencing a nosebleed, the following steps should be taken:

- Have the individual sit or stand while leaning forward; do not lie down or tilt the head back.
- The individual should pinch their nose on the soft area of the nose towards the tip to occlude both nostrils.
- The nose should be squeezed shut for at least 10-15 minutes.

The individual should seek medical care if the bleeding does not stop, they are having a hard time breathing, they are on medication that is considered a blood thinner to prevent clots, or if they experienced a severe head injury or severe force to the face.

Did You Know? The most common reaction of those experiencing a nosebleed is to tilt their head back to try to stop the bleeding and to check over and over again if the bleeding has stopped. Tilting the head back is a major "NO" for those experiencing a nosebleed. When the individual tilts their head backwards they tend to swallow more and blood ends up being swallowed. Swallowing more causes the blood to have a higher likelihood of entering the lungs which can cause further complications. Always have the individual tilt their head forwards. Do not check to see if the bleeding has stopped while holding the nostrils together until the 10-15 minute window is reached. If you do not allow adequate time for clotting to occur, the process is slowed down and the nosebleed will continue to occur over an extended amount of time.

Diabetes and Low Blood Sugar

Hypoglycemia, or low blood sugar, occurs when a person's body is unable to maintain a normal level of sugar, or glucose, in the blood stream to fulfill the body's need for energy. Hypoglycemia is often a symptom of diabetes, but can occur in individuals who do not have diabetes.

Severe hypoglycemia can cause dangerous complications, including death if not treated. Symptoms include:

- Headache
- Dizziness
- Hunger
- Sweating
- Shakiness