



Moundridge
Manor

Volunteer Orientation

2021

Welcome!

Welcome to Moundridge Manor's Volunteer Program! We are glad you have chosen to give of your time and talents to make our home a better place to live! In the following pages you will find guidelines and other required information. We hope you enjoy your time and are rewarded for the time you spend here!

Our Mission Statement

Moundridge Manor's mission is to represent and promote the Church of God in Christ, Mennonite's vision of providing individualized physical and spiritual care to those we serve in the Spirit of Joy.

Departmental Contact Information

Volunteer Coordinator | Billy Holdeman-Bass

bholdeman@moundridgemanor.net // 620-259-9455 -or- x412 at Manor

Dining Room Coordinator | Sara Koehn

620-694-7327

Activity Coordinator | Pam Decker

pdecker@moundridgemanor.net // 316-215-2127

Please return the Acknowledgement Page and Volunteer Post-Test and Host/Hostess Post-Test (if you are volunteering in our dining rooms) to your coordinator.

Thank you!

■ **Moundridge Manor, Inc.**

Moundridge Manor, Inc.

REQUIREMENTS for VOLUNTEERS DUE TO COVID-19

Following are some expectations for all Moundridge Manor volunteers:

- We are accepting only fully vaccinated volunteers currently which includes being a Dining Room Host/Hostess, Activity Volunteer, or the Junior Volunteer Program.
- All volunteers must provide a copy of their COVID-19 vaccine record before working.
- You must screen in upon entering the building at any time. Enter at the employee entrance and fill out the *Moundridge Manor COVID-19 Screening Form for Employees, Volunteers, and Contract Workers*.
- All volunteers must wear a properly fitted mask at all times unless eating. Masks must be worn covering mouth and nose.
- Do not come to the facility if you have experienced a new onset of the following symptoms:
 - sore throat
 - headache
 - muscle pain, new loss of taste or smell
 - diarrhea
 - nausea or vomiting, chills (with/without repeated shaking)
 - malaise (fatigue without a known cause)
 - lower-respiratory illness (cough, shortness of breath, or difficulty breathing)
 - congestion
 - runny nose.

If you're ill, call your supervisor immediately.

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Thank you in advance for your continued or new interest in the volunteer program.

Moundridge Manor, Inc.

GENERAL GUIDELINES for VOLUNTEERS

- ✓ A name pin will be provided for you. You are expected to always wear this on your upper-left chest when on duty.
- ✓ Employees and volunteers are prohibited from accepting any cash or gifts from residents. They may accept small tokens such as a piece of candy.
- ✓ It is mandatory that volunteers are punctual and reliable. If you are unable to work as scheduled let your coordinator know as soon as possible.
- ✓ Should you note any suspicious activity within the Manor which may constitute a crime or if a resident reports that “someone took” something of theirs – you must report that to a supervisor immediately. You do not need to substantiate your suspicions, just report.
- ✓ All residents and staff at Moundridge Manor shall be treated with courtesy and respect without discrimination regarding age, race, sex, disability, creed, national origin, or genetic information.
- ✓ Should you have any concerns that compliance with regulations or the law have not been upheld, or that someone has been treated unethically you may report to your supervisor; Kevin Unruh, Administrator; or place a note anonymously in the box at the library desk labeled “Compliance and Ethics Report Box”.
- ✓ Use good body mechanics when lifting or moving an object. This means use your leg muscles and squat to pick up items instead of bending at the waist. Hold heavy items close to body when moving the item, and ask for help if you are unsure, you can move an item by yourself.
- ✓ Notify nursing staff if a resident exhibits unusual behavior, does not eat as much as usual, or anything noted out of the ordinary.
- ✓ If you are injured while volunteering, the provisions of the Workman’s Compensation Law may cover you. Be sure to immediately report to your Department Manager any injury incurred while here.

MOUNDRIDGE MANOR VOLUNTEER PROGRAM

an introduction

“Volunteers do not necessarily have the time; they just have the heart.” *Elizabeth Andrews*

- ✓ Anyone in good health and serious about helping the elderly may apply for this volunteer program.
- ✓ Some of the most important qualifications needed are:
 - Time and willingness to learn the interests and capabilities of the residents.
 - To be able to work under supervision, to take directions and to accept the rules and regulations of the home.
 - A sincere interest in older people; an appreciation of the dignity and the worth of an individual; an ability to accept the aged, their moods and interests.

BENEFITS OF VOLUNTEERING

VOLUNTEERING INCREASES SELF-CONFIDENCE

Volunteering can provide a healthy boost to your self-confidence, self-esteem, and life satisfaction. You are doing good for others, which provides a natural sense of accomplishment. The better you feel about yourself, the more likely you are to have a positive view of your life and future goals.

VOLUNTEERING PROVIDES A SENSE OF PURPOSE

Helping others can help take your mind off your own worries, keep you mentally stimulated, and add more zest to your life.

VOLUNTEERING COMBATS DEPRESSION

A key risk factor for depression is social isolation. Volunteering keeps you in regular contact with others and helps you develop a solid support system, which in turn protects you against stress and depression when you're going through challenging times.

VOLUNTEERING HELPS YOU STAY PHYSICALLY HEALTHY

The physical activity involved in certain forms of volunteering can be good for your health at any age. It's especially beneficial in older adults. Volunteering has also been shown to lessen symptoms of chronic pain or heart disease.

TASKS VOLUNTEERS ARE ALLOWED TO PERFORM

Volunteers may not be used in lieu of staff personnel to perform direct care resident services. Volunteers may not perform services they are not physically, emotionally, or otherwise qualified to perform. It is the intent of Moundridge Manor's volunteer program to assign volunteers to work in areas that are of interest to them.

Volunteers will be permitted to participate in the following services and activities:

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|---|--|
| ✓ Religious Services | ✓ Participating in discussion groups |
| ✓ Exercise classes | ✓ Reading to residents |
| ✓ Birthday parties | ✓ Writing letters for residents |
| ✓ Dining Room Host/Hostess | ✓ Visiting and talking with residents |
| ✓ Planned activities and games | ✓ Recording attendance at activities |
| ✓ Transporting residents to and from planned activities and/or dining areas | ✓ Collecting pitchers and drinking cups |
| ✓ Aiding residents with arts, crafts, and games | ✓ Library services |
| ✓ Setting up and clearing of activity areas | ✓ Shopping for residents |
| ✓ Serving refreshments | ✓ Folding laundry |
| | ✓ Delivering mail and other duties as assigned |

No information regarding a resident's condition, care and/or treatment or any personal identifiers may be discussed or shared with anyone other than Moundridge Manor employees who are directly involved in the care and treatment of the resident.

All information concerning the residents is always confidential.



- ✓ Do not play favorites
- ✓ Treat each resident equally
- ✓ Do not make a promise to a resident that you cannot fulfill
- ✓ Do not take food to a resident without first checking to see if they can have it
- ✓ Do not argue with a resident
- ✓ Do not attempt to lift a resident from a chair or the floor – call for nursing staff
- ✓ Do not enter a room (even with an open door) without knocking first
- ✓ Try to be cheerful and understanding. Residents are NOT children. They have a lifetime of experiences. Don't talk down or in a patronizing fashion to them
- ✓ Don't talk about your own problems
- ✓ Try to accommodate residents' requests or refer their requests to someone who can
- ✓ Dining seating arrangements questions may be referred to the dining room coordinator.



Moundridge Manor, Inc.

LIFE SAFETY AND EMERGENCY PROCEDURES for VOLUNTEERS

Emergencies

Moundridge Manor strives to be prepared for emergencies and make employee expectations clear. As volunteers you will not be expected to report for duty for an emergency situation requiring call back of staff. In the event an emergency situation arises while you are in the facility, our expectations for you are as follows:

- Keep yourself safe
- Remain calm
- Perform other tasks only as directed by Moundridge Manor leadership

In the case of fire, you may call for help and sound the alarm. Once other Manor staff are aware of the emergency and intervening, you should remove yourself as much as possible from the situation.

In the event of tornado all residents and staff will be sheltering in hallways away from windows. For host/hostess that would likely be the service hallway just outside Sunshine Diner.

Dining Room

Dining room host/hostess shall not enter the kitchen area where food is prepared.

Any spills or water on the floor shall be cleaned up immediately. These present a slip and fall hazard. You may contact the dining room coordinator or kitchen staff for direction / assistance.

Broken glass shall be swept up and disposed of in the container for broken glass in the utility on Meadow Lane or give to kitchen staff to be placed in the broken glass container in the kitchen dish room.

Chemicals

Cleaning chemicals shall be kept out of reach of residents and must be in a locked cupboard under the sinks, or under your supervision. Avoid spraying on skin or in eyes. There is an eye wash station in clean utility on Magnolia Lane. This may also be used for any splashes to eyes that may be an infection risk. Rinse skin well with water if sprayed with chemicals. The Safety Data Sheets for all chemicals is located in the holder near the juncture of Meadow Lane and the Library.

Hot Liquids

If a hot liquid is spilled on a resident, the most important intervention is to cool down the area as quickly as possible. An appropriate intervention would be to pour water on the area and notify nursing immediately. The resident needs clothing removed, area rinsed and assessed as soon as possible.

Personal Injury

If you are injured while at the Manor, or believe an injury was sustained while at work, notify your supervisor or our Employee Health nurse as soon as possible and follow subsequent directives.

INFECTION CONTROL: HANDWASHING GUIDELINES

Keeping hands clean through improved hand hygiene is one of the most important steps we can take to avoid getting sick and spreading germs to others. Many diseases and conditions are spread by not keeping hands sanitized with either the use of soap and water or the use of a 60% or higher alcohol-based hand rub product.

CDC guidelines indicate that hand sanitizing products are the preferred method of hand hygiene unless hands are visibly soiled.

To prevent the spread of germs during the COVID-19 pandemic, you should also wash your hands with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol to clean hands BEFORE and AFTER:

- ✓ *Touching your eyes, nose, or mouth*
- ✓ *Touching your mask*
- ✓ *Entering and leaving a public place*
- ✓ *Touching an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier*

Follow Five Steps to Wash Your Hands the Right Way

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals.

Follow these five steps every time:

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

Use Hand Sanitizer When You Can't Use Soap and Water

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

How to Use Hand Sanitizer

1. Apply the gel or foam product to the palm of one hand (read the label to learn the correct amount).
2. Rub your hands together.
3. Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

■ **REFERENCE FILE ATTACHMENT I I a: “How to Handrub”**

■ **REFERENCE FILE ATTACHMENT I I b: “Cough Etiquette”**

Changes in communication

Changes in the ability to communicate are unique to each person with Alzheimer's. In the early stages of dementia, the person's communication may not seem very different, or he or she might repeat stories or not be able to find a word. As the disease progresses, a caregiver may recognize other changes such as:

- ✓ Using familiar words repeatedly
- ✓ Inventing new words to describe familiar objects
- ✓ Easily losing his or her train of thought
- ✓ Reverting to a native language
- ✓ Having difficulty organizing words logically
- ✓ Speaking less often

Helping the person with Alzheimer's communicate

People with Alzheimer's and other dementias have more difficulty expressing thoughts and emotions; they also have more trouble understanding others. Here are some ways to help the person with Alzheimer's communicate:

- ✓ **Be patient and supportive.**
Let the person know you're listening and trying to understand. Show the person that you care about what he or she is saying and be careful not to interrupt.
- ✓ **Offer comfort and reassurance.**
If he or she is having trouble communicating, let the person know that it's okay. Encourage the person to continue to explain his or her thoughts.
- ✓ **Avoid criticizing or correcting.**
Don't tell the person what he or she is saying is incorrect. Instead, listen and try to find the meaning in what is being said. Repeat what was said if it helps to clarify the thought.
- ✓ **Avoid arguing.**
If the person says something you don't agree with, let it be. Arguing usually only makes things worse — often heightening the level of agitation for the person with dementia.
- ✓ **Offer a guess.**
If the person uses the wrong word or cannot find a word, try guessing the right one. If you understand what the person means, you may not need to give the correct word. Be careful not to cause unnecessary frustration.
- ✓ **Encourage unspoken communication.**
If you don't understand what is being said, ask the person to point or gesture.
- ✓ **Limit distractions.**
Find a place that's quiet. The surroundings should support the person's ability to focus on his or her thoughts.
- ✓ **Focus on feelings, not facts.**
Sometimes the emotions being expressed are more important than what is being said. Look for the feelings behind the words. At times, tone of voice and other actions may provide clues.

Best ways for you to communicate

While a person with later-stage Alzheimer's may not always respond, he or she still requires and benefits from continued communication. When communicating with a person with dementia, it's especially important to choose your words carefully.

- ✓ **Identify yourself.**
Approach the person from the front and say who you are. Keep good eye contact; if the person is seated or reclined, go down to that level.
- ✓ **Call the person by name.**
It helps orient the person and gets his or her attention.
- ✓ Ongoing communication is important, no matter how difficult it may become or how confused the person with Alzheimer's or dementia may appear.
- ✓ **Use short, simple words and sentences.**
Lengthy requests or stories can be overwhelming. Ask one question at a time.
- ✓ **Speak slowly and distinctively.**
Be aware of speed and clarity. Use a gentle and relaxed tone — a lower pitch is more calming.
- ✓ **Patiently wait for a response.**
The person may need extra time to process what you said.
- ✓ **Repeat information or questions as needed.**
If the person doesn't respond, wait a moment. Then ask again.
- ✓ **Turn questions into answers.**
Provide the solution rather than the question. For example, say "The bathroom is right here," instead of asking, "Do you need to use the bathroom?"
- ✓ **Avoid confusing and vague statements.**
If you tell the person to "Hop in!" he or she may interpret your instructions literally. Instead, describe the action directly: "Please come here. Your shower is ready." Instead of using "it" or "that," name the object or place. For example, rather than "Here it is" say "Here is your hat."
- ✓ **Turn negatives into positives.**
Instead of saying, "Don't go there," say, "Let's go here."
- ✓ **Give visual cues.**
To help demonstrate the task, point or touch the item you want the individual to use or begin the task for the person.
- ✓ **Avoid quizzing.**
Reminiscing may be healthy, but avoid asking, "Do you remember when ...?"
- ✓ **Write things down.**
Try using written notes as reminders if the person is able to understand them.
- ✓ **Treat the person with dignity and respect.**
Avoid talking down to the person or talking as if he or she isn't there.
- ✓ **Convey an easygoing manner.**
Be aware of your feelings and attitude — you may be communicating through your tone of voice. Use positive, friendly facial expressions and nonverbal communication.
-- Read more: <http://www.alz.org/care/dementia-communication-tips.asp#ixzz48BE0WEud>

■ REFERENCE FILE ATTACHMENT I2a: “Dementia: an Umbrella Term to Describe a Certain Set of Symptoms that Indicate a Brain Disorder of Some Kind”

What is Person-Centered Care and Culture Change?

As we look for ways to improve life at Moundridge Manor, we hear the term “person-centered care,” and “culture change.” We don't want to change the good care we give our residents or change our culture. “Person-centered care” and “culture change” are terms in healthcare that represent a shift in the way we view care of elders and the way the care is delivered. Traditionally, nursing homes were set up like hospitals, with a central nurse’s station, long hallways, set mealtimes and pill times, and one menu for each meal. Full bedrails and restraints were standard practice. Times have changed, with the focus shifting onto resident choices and desires. Instead of the resident conforming to the facility's standards, the facility works to accommodate the resident's choices. Research indicates that resident quality of life and satisfaction improves when they participate in and make choices about their care, just like they did in the past.

Person-centered care is the new “normal” in long-term care facilities today. Person-centered care is not just a remodel job! The foundation is a belief that the resident has value and a right to dignity, choice, and autonomy or self-direction. Caregivers must listen to their residents, allow them to make choices, honor their choices, and love them for who they are. Other core beliefs of person-centered care include providing a home-like atmosphere, consistently staffing the same caregivers with the same residents, giving residents and all staff the ability to help make decisions, and, again, honoring resident choices. This could mean that the resident is asked what time they want to get up, and not awakened before that time. Mealtimes are flexible, with expanded dining hours and more food choices. Bath times and days are per resident preference. Restraints are gone. Bedrails and alarms are minimal. Residents are asked about favorite activities and included in them. Pets are allowed. Gardens are cultivated and residents can eat the fresh foods. Rooms are arranged and decorated to the resident's satisfaction. Central nursing stations vanish, long hallways are made to look more home-like, and shared areas are renovated for residents and families. Community members and school groups come and participate in social events.

Together, we have moved towards person-centered care at Moundridge Manor. We are thankful for how far we’ve come! As we look ahead, we see there are ways we could improve, for the good of our residents and the betterment of Moundridge Manor.

As Barbara De Angelis says, *“No matter what age you are, or what your circumstances might be, you are special, and you still have something unique to offer. Your life, because of who you are, has meaning.”*



REFERENCE FILE ATTACHMENT 14a: *“Nursing Home Residents’ Rights*

Moundridge Manor, Inc.

Subject: Resident Abuse, Neglect, Exploitation and Misappropriation of Resident Property

Reference: §483; F586, F600, F602, F603, F604, F605, F606, F607, F608, F609, F610; KAR 28-39-150, KAR 39-1401, KAR 39-1402, KAR 39-1403, KAR 39-970

Purpose: To ensure that all residents of Moundridge Manor shall be free from abuse, neglect, exploitation, misappropriation of property, and mistreatment. Includes, but is not limited to freedom from corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the resident's medical symptoms.

Definitions:

- **Abuse** is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.
 - **Willful** means that the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.
 - **Involuntary seclusion** is the separation of a resident from other residents, from his/her room, or confinement to his/her room (with or without roommates) against the will of the resident or their resident representative. Emergency short-term monitored separation from other residents due to temporary behavioral symptoms will not be considered involuntary seclusion and may be permitted if the least restrictive approach for the minimum amount of time (based on resident needs and not staff convenience) is used.
 - **Verbal abuse** is the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability.
 - **Sexual abuse** is non-consensual sexual contact of any type with a resident.
 - **Physical abuse** includes, but is not limited to hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment.
 - **Mental abuse** includes, but is not limited to humiliation, harassment, threats of punishment, or deprivation.
- **Neglect** means the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.
- **Exploitation** is taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion.
- **Misappropriation of resident property** means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.
- **Mistreatment** means inappropriate treatment or exploitation of a resident.

Procedure

1. Screening

- a. The definition of “conditions” for this *Procedure* section of this policy is *abuse, neglect, exploitation, misappropriation of property, mistreatment, or any other action by a court of law that would indicate an individual is unfit for service in a long-term care facility.*
- b. This facility will not employ or otherwise engage individuals who have been found guilty of any of the above conditions by a court of law, or have had a finding entered into the State nurse aide registry concerning any of the above conditions, or have a disciplinary action in effect against their license by a state licensure body as a result of a finding of any of the above conditions.
- c. The following information will be obtained by the Administrator, Director of Nursing (DON), or designated administration personnel:
 - i. **All applicants:** Criminal background checks will be done at the time of employment. Applicant will be informed that background and reference checks will be completed prior to employment. There also will be an attempt to obtain information from previous and/or current employers.
 - ii. **Positions requiring a certificate:** Must have a current trainee or certificate status from the appropriate Kansas registry. Registry confirmation will be performed with Kansas as well as with any other state registry that the facility believes will include information on the individual. Periodic checks will be performed for current employees in this category to ensure compliance.
 - iii. **Positions requiring a professional license:** Must have a current license from the appropriate Kansas or compact state licensing board. Verification with that licensing board will be completed to verify license status and to ensure disciplinary action is not in effect. If the individual has recently lived outside of Kansas and/or has been licensed in one or more other states (to the best of the facility’s knowledge), the appropriate licensing board of those states will also be contacted to determine license status as well as the presence of any disciplinary action there.
 - iv. **Volunteers, contractors, and employees of contractors:** This facility will terminate relationships with these individuals if we come into knowledge that an individual has been found guilty of any of the above conditions in a court of law.
- d. Refer also to Criminal Background Check policy.

2. Training - All new employees will receive a copy of this Resident Abuse Policy in their employee handbook. Initial and annual training will be provided to all employees that will address, but not be limited to, the following objectives:
 - a. Understanding the requirements of this policy.
 - b. Recognizing activities that constitute abuse, neglect, exploitation, and misappropriation of resident property.
 - c. Understanding the procedure and obligation for reporting alleged incidents of abuse, neglect, exploitation, or the misappropriation of resident property.
 - d. Dementia management, resident abuse prevention, and appropriate interventions for aggressive behavior.
 - e. Recognizing signs of burnout, frustration, and stress that may lead to abuse.

3. Prevention

- a. All residents will receive a copy of this policy in their Admission Packet.
- b. Residents and families are to report incidents of suspected abuse, neglect, exploitation, or misappropriation of resident property without fear of reprisal to any of the following:
 - i. Charge nurse
 - ii. Nurse Manager
 - iii. Director of Nursing
 - iv. Administrator
 - v. Kansas Long-Term Care Ombudsman (877)662-8362 or 1-785-296-3017
 - vi. Kansas Department of Aging and Disabilities – (800) 432-3535
- c. See #2 for Staff training.
- d. Risk Management and Administration will intervene in situations in which abuse, neglect, exploitation, and/or misappropriation of resident property is more likely to occur by identifying and correcting the following situations: features of the physical environment that may make abuse and/or neglect more likely to occur such as secluded areas of the facility, inadequate staffing to meet the needs of residents, and caregivers unacquainted with the individual resident's care needs.
- e. As on-going assessments of residents reveal needs and behaviors that might lead to conflict or neglect (examples include residents with communication disorders or those requiring heavy nursing care), nursing staff and the interdisciplinary team will monitor and revise care plans as needed to intervene and prevent escalation of those needs and behaviors as possible. Histories will be obtained on aggressive behaviors, wandering, and self-injurious behaviors for all residents at the time of admission.
- f. All staff are prohibited from taking or using photographs or recordings in any manner that would demean or humiliate a resident(s). This would include using any type of equipment (e.g., cameras, smart phones, and other electronic devices) to take, keep, or distribute photographs and recordings on social media.

4. Identification

- a. Staff is educated to be observant for suspicious bruising, bruising in unusual places, unusual fear, withdrawal, or denial of a situation. These observations should be reported for further investigation.
- b. Staff is to be alert for repeated occurrences, patterns and trends in behavior and unexplained depression. Interventions will be implemented as assessment indicates.

5. Initial Reporting

- a. Upon suspicion that abuse, neglect, exploitation, or mistreatment of a resident has occurred, including injuries of unknown origin or misappropriation of resident property, the individual with this knowledge shall immediately, without fear of retaliation, report this to one of the following: charge nurse, nurse manager, director of nursing, department manager, or administrator.
- b. The individual receiving this initial allegation report will ensure that the allegation is reported to the administrator or his designee (if not already notified) and to the State Survey Agency immediately, but not later than 2 hours after the allegation is made, if the events that caused the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that caused the allegation do not involve abuse and do not result in serious bodily injury.
- c. The report to the State Survey Agency is made by contacting the Kansas Hotline by phone (1-800-842-0078) or email (KDADSCOMPLAINTHOTLINE@ks.gov) and must include the following:
 - i. Residents name, date of birth, admit date, and DPOA information
 - ii. Residents mental capacity score (BIMS)
 - iii. Brief description of the incident and allegation

- d. All alleged violations shall be internally investigated.
6. Investigation - The investigation will include, but is not limited to, the following:
 - a. Names of all individuals involved: employees, residents, visitors, family, and the person responsible for initial reporting.
 - b. Witnesses that actually viewed the incident, including their written account of the event which shall be signed and notarized.
 - c. Resident's statement concerning the incident.
 - d. When and where the incident occurred and any physical/mental evidence of injury or abuse, or suspicious change in the resident's actions or behavior.
 - e. Three resident and three employee interviews.
 - f. Review of all documentation related to the incident.
7. Protection – Moundridge Manor will prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.
 - a. If the circumstances require it, the DON or her designee shall remove a resident suspected of being the subject of an alleged violation to an environment where the resident's safety can be protected.
 - i. If the suspected perpetrator is another resident, the DON or her designee shall separate the residents so they do not have access to each other until the circumstances of the alleged incident can be determined.
 - ii. If the suspected perpetrator is an employee, the Administrator/DON shall place the employee on immediate investigatory suspension while completing the investigation. It should be explained to the employee that if the investigation results do not require suspension or termination, the employee may be allowed to return to work and any scheduled days missed during the suspension time may be paid.
8. Additional Reporting and Actions
 - a. The facility shall report to the Kansas nurse aide registry and licensure authorities any knowledge it has of actions by a court of law against an employee which would indicate an employee is unfit for service as a nurse aid or other facility staff.
 - b. The DON, or her designee, shall notify the resident's representative, and primary care provider regarding the alleged violation and assessment findings and state that an investigation has been initiated and appropriate action will be taken. These notifications shall be documented.
 - c. Facility staff must notify local law enforcement when it is evident that a crime such as sexual assault, battery, or death as a result of neglect, has been committed. If the administrator and/or director of nursing are not available, the administrative designee and/or Charge Nurse will be responsible to notify local law enforcement. (*Refer to Reporting Suspicion of a Crime policy.*)
 - d. The results of all investigations will be reported to the administrator or his designee and the State Survey Agency within 5 working days of the incident.
 - e. If the alleged violation is verified, appropriate corrective action will be taken.
 - f. A written record of all investigations of reported alleged violations is maintained.
9. Refer also to Physical and Chemical Restraint policy.

Revised October 2014

Revised December 2016

Revised January 2020

Reviewed and Revised March 2021

data-all/Current P&P Administrative/Resident Abuse

Moundridge Manor, Inc.

QUALITY ASSURANCE / PERFORMANCE IMPROVEMENT (QAPI): PROGRAM OVERVIEW *for* VOLUNTEERS

Mission

Moundridge Manor is committed to continual perseverance in improving quality of life and quality of care for the residents.

Purpose

The purpose of QAPI within our organization is to take a proactive, systematic, data driven approach to meet our mission. It provides a culture in which problems are viewed as a system and processes challenge, rather than an individual's failure.

Guiding Principles

The QAPI philosophy is infused into day-to-day operations. Everyone associated with Moundridge Manor shall contribute to the process, this includes volunteers. We ask that you "keep your eyes open" for potential problems or issues before they affect residents. Let your volunteer coordinator, dining room coordinator, QAPI coordinator, or a charge nurse know if you note anything of concern. The scope of QAPI encompasses all care and services provided.

QAPI Coordinator, QAPI meetings, and Data

Our QAPI coordinator is Chris Koehn, RN. Responsibilities of the QAPI coordinator include organizing meetings and data. QAPI meetings include our medical director, department supervisors, and two board members. Meetings are held nine times a year. Data from quality assurance checks are reviewed at these meetings. Especially pertinent to volunteers are issues related to infection control, safety, and resident satisfaction. Dining coordinators conduct monthly evaluations of how infection control practices are followed in the dining rooms. If a significant issue is identified, such as residents falling, a special team of staff will be organized to do a Performance Improvement Project (PIP). The PIP team decides on particular actions and these actions are communicated to pertinent individuals. Then the data is evaluated to see if there is improvement. Some data is also posted on bulletin boards periodically to give all staff (and volunteers) feedback.

Communication and Education

We are required to communicate regarding our QAPI program to everyone associated with Moundridge Manor. The intent is to raise everyone's awareness that Quality doesn't just happen, it takes intelligent effort!



MOUNDRIDGE MANOR, MOUNDRIDGE, KAN. SCHEMATIC FACILITY MAP

