

# Resident Care Director & Nurse Handbook

February 6, 2020



VERITAS  
HEALTHCARE GROUP



VERITAS  
INCARE



VERITAS  
SENIOR LIVING

## **Handbook Reviewed and Updated February 6, 2020**

Each Veritas community program provides caring, passion, and respect to all those that call a Veritas community their home.

This handbook represents the standards of operation, stated policies and procedures, and on-going instructional materials used by and for our Resident Care Director (RCD) and Nurses. However, the contents of this handbook should not to be considered as legal standards of care; nor does it replace the licensing, nursing, or business laws.

Residents of the community receive individualized services; therefore, despite the information in this handbook, services are tailored to meet the individual needs of our residents as deemed appropriate.

The community acknowledges that providing individualized services is always fluid and resident specific and not always dependent on any written materials. In support of this resident-specific concept of providing care, the community recognizes that there is more than one approach to many aspects of assistance and healthcare delivery. Our staff use their professional judgment when providing individualized services, as long as it is always in the best interest of the resident, within their professional license, job description, standards of practice, and within the scope of the community's license under the appropriate state-specific law.

**State specifications (form or guideline or regulation) will substitute Veritas policy and procedure when the state specification requires a higher standard. For more information, consult the state-specific form or guideline or regulation.**

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# RESIDENT CARE OPERATIONAL POLICIES

## ASSISTED LIVING CERTIFICATION

1. Each Veritas community maintains state-specific regulations for Assisted Living Facility policies and procedures to provide specialized care for persons who need assistance with activities of daily living (ADLs) and/or medication assistance.
2. For Veritas communities with a Memory Care (MC) program, refer to the Veritas policies on MC Program Policy Manual and MC Operation.

## GENERAL COMMUNITY STAFFING

### All Associates

All Veritas community staff are required to complete new associate orientation and training. The Veritas HR Form 100-22-A (New Associate Orientation Documentation Form) is the core means of confirming that each associate has received the appropriate orientation and training for their responsibilities and tasks.

Utilizing Form 100-22-A, the following serve as training managers/facilitators, preceptors so that the appropriate staff orientation and training is completed and verified, and that each associate is ready to fulfill their responsibilities and tasks as specified by their job description, Veritas policies and procedures, and regulations (local/state/federal):

- The Director of Clinical/Operations, or Director of Operations, or Director of Clinical Services or designee assures that the Executive Director (ED) and Resident Care Director (RCD) completes orientation and training, and is able to train their assigned staff.
- Once trained, the ED of each community assures that each department head completes orientation and training, and then does the same with their assigned staff.
- Once trained, the RCD of each community assures that each member of the direct-care staff completes orientation and training.

### Job Description

- Each associate is assigned a job description in which the associate reviews and acknowledges their compliance via their signature.
- The job description confirms both the general responsibilities, tasks, and notes any specific qualifications.
- It is reviewed annually by the associate and the supervisor to assure that it is accurate.

## ASSISTED LIVING COMMUNITY STAFFING POLICIES

In addition to the general community staffing policies, the additional policies required for communities with assisted living programs are listed in this handbook.

## **RCD Qualifications and Knowledge, Skill and Abilities (KSA) Preferred**

The RCD must be 21 years of age, possess excellent communication skills and have the ability to work with people and function in a healthcare environment with multiple interruptions, possess orientation to details, possess/attain departmental technology/computer literacy and proficiency.

The RCD must hold and maintain license as a LVN/LPN or RN per the state-specifications for their assigned community and demonstrate expertise with resident care. Further, any state-specific regulated training/certification/licensure must be attained and maintained.

The RCD must maintain CPR certification, valid state driver's license, and automobile liability insurance in the state where the community resides.

In addition to having a combination of education and training in compliance with state-specific regulations, the RCD must have at least two of the following:

- Completed three years (or more) experience in resident care in a healthcare setting.
- Completed two year (or more) experience managing direct-care staff in a healthcare setting.
- Possess and demonstrate:
  - Consistent and efficient organizational skills and/or,
  - Proven leadership qualities and/or,
  - Ability to train and mentor direct-care staff.
- Proficient in MS Word, Excel, Outlook, and PowerPoint.

See the RCD Job Description in the Appendix.

## **RCD Orientation and Training**

The RCD's training manager/facilitator/preceptor will assure that the RCD understands their role in the community, job description, Veritas policies and procedures (including forms), and regulations (local/state/federal). The typical training includes up to five (5) consecutive days of training and/or re-training. A RCD new to Veritas might also be assigned to another community to job shadow a seasoned RCD for up to three (3) days. The RCD will also complete any online education and/or in-service sessions as assigned. All training will be documented and appropriately filed in the RCD's personnel file.

The ED is responsible for monitoring and assuring the above occurs, and timely noting progress or concerns to their supervisor.

## **Nurse and Direct-Care Staff Training**

Each Veritas community will comply with the individual state-specified staffing requirements. In addition, the RCD will collaborate with the Executive Director (ED) and/or designee to employ, train and schedule sufficient direct-care staff to provide services for and meet the needs of the community's residents, as outlined in their nursing assessments and RSPs.

1. Per state-specific regulations, the RCD and/or designee will ensure that all direct-care staff members receive the designated hours of training and specific orientation prior to assuming any job responsibilities, as outlined in the staff member's job description. Training must cover, at a minimum, the following topics (which are listed on HR Form 100-22-A):
  - a. Resident Rights,

- b. Resident Emergencies,
- c. Managed Risk Management,
- d. Infection Control,
- e. Medication Management/Administration,
- f. Community Policies and Procedures,
- g. Laundry Services,
- h. Housekeeping Services, and
- i. Memory Care Policies and Procedures in AL communities with residents with dementia, Alzheimer disease, and memory care needs. In state's with specific memory care training regulations:
  - 1. All direct-care staff will attend and participate in state-specific regulated training. In addition, the direct-care staff will receive 16 hours of on-the-job (OTJ) supervision and training within the first 16 hours of employment following orientation, as outlined in the MC Program's initial orientation training outline. The ED and/or designee will schedule the OTJ after the initial orientation training has been completed. Training must cover:
    - a. Providing assistance with the activities of daily living (ADLs);
    - b. Emergency and evacuation procedures specific to the dementia population;
    - c. Managing dysfunctional behavior; and
    - d. Behavior management, including prevention of aggressive behavior and de-escalation techniques, or fall prevention, or alternatives to restraints.
  - 2. Per state-specified regulations, the direct-care staff will annually complete in-service education regarding Alzheimer's disease. One hour of annual training must address behavior management, including prevention of aggressive behavior and de-escalation techniques, or fall prevention, or alternatives to restraints. The ED and/or designee will schedule this training to include the competency-based content, as outlined in the MC Programming Manual. Subject matter will address the unique needs of the Residents' assessments and needs. Training topics include:
    - a. Assessing resident capabilities and developing and implementing the resident service plan (RSP);
    - b. Promoting resident dignity, independence, individuality, privacy and choice;

- c. Planning and facilitating activities appropriate for the resident with a dementia diagnosis;
- d. Communicating with families and other persons interested in the resident;
- e. Resident rights and principles of self-determination;
- f. Care of elderly persons with physical, cognitive, behavioral and social disabilities;
- g. Medical and social needs of the resident;
- h. Psychotropic medications and side effects; and
- i. Local community resources.

## VERITAS NURSING 101

1. **Activities of Daily Living (ADL/ADLs):** ADLs is a healthcare term that refers to an individual's daily self-care activities. The typical ADLs are:
  - a. Bathing/Showering
  - b. Continence
  - c. Dressing
  - d. Eating
  - e. Toileting
  - f. Transferring.
  
2. **Medication Administration/Assistance:** In compliance with state regulations, no medication may be administered or changed without a written order from a physician or pharmacist, and all medications are documented in the medication administration record (MAR – paper copy and/or EMAR – electronic copy of the MAR and/or medication observation report (MOR) if available) and resident's chart. Per state-specific regulations, medication administration/assistance requires this proper documentation and the direct-care staff must confirm or remind the resident of what and why they are being provided the medications.
  - a. No medication may be administered without the written order being documented in the MAR/EMAR or MOR.
  - b. When giving medications, each time, confirm everything and remember the seven (7) rights: “right medication, right resident, right time, right dose, right route, right reason, and right documentation.”
  - c. Medication Administration or Assistance:
    - i. When providing medication administration/assistance (**where direct-care staff physically touch the medication**), wash your hands and place a new pair of gloves on your hands prior to any contact between you and the medication. The use of gloves is single-use, repeat the process for each resident.
    - ii. In some states medication assistance does not permit the direct-care staff to physically touch the medication, in these states the staff only provides monthly monitoring that the resident has kept their medications secured and has taken the medication as scheduled. In these states the direct-care staff maintains documentation to confirm the monitoring so that the state surveyor can review.
  - d. Provide medication administration/assistance at or near the medication cart.
  - e. Update the MAR/EMAR/MOR as you administrate meds, not later on the shift.
  - f. For more information, see Medication Administration on the website under Resident Care & Health Policy.



- g. **TIPS:**
    - Before giving cardiac medication or diuretics check the resident’s vital signs.
    - In some states unlicensed direct-care staff can provide medication administration/assistance. In these cases, the staff member will adhere to items 2a-2e above.
    - When residents are permitted to self-administer, and we provide medication administration assistance, the staff member will follow 2a-2e above, but:
      - Will not – place medications in med cups without the resident present,
      - Will not – place medications in med cups without first identifying each medication and the purpose of each medication to the resident,
      - Will not – directly place medications (non-crushed or crushed) in the resident’s mouth or in the mouth via spoon as the resident must be able to do this for themselves,
3. **Rounds:** Rounds must be conducted several times each day on each shift to assure that beds are made, residents are clean, dry and efficient care is being provided, and trash is being emptied on a timely basis.
    - a. The RCD, Shift Nurse, and direct-care staff assure that minimum rounds will include a two-hour check on each AL resident.
    - b. Rounds must include random brief checks to ensure incontinent residents are being toileted and changed per their resident service plan (RSP).
    - c. If issues or concerns occur:
      - i. Direct-care associate reports the issue/concern to the shift nurse,
      - ii. The shift nurse investigates, charts, resolves, and/or notifies the RCD,
      - iii. The RCD notifies the ED if an adverse condition and/or reports other issues/concerns at the daily stand-up meeting or no greater than 24-hours that the concern was noted.
      - iv. If necessary, the ED or RCD will contact regional management or the Home Office for further assistance.
  4. **Cart Audit:** The “medication” cart is the property of the pharmacy that provides pharmaceuticals for the Veritas community.
    - a. The medication cart will be secured at all times by the shift nurse and/or designee.
    - b. The medication cart will be audited at each shift change by two (2) associates. This assures that no resident will be without their medications and that all medications are stored properly.
      - i. In the event that medication count (including narcotics) is out of balance (med count does not match record) the RCD and ED will be notified immediately. The following protocol will be followed:
        1. Shift staff must recount and verify the count,

2. Contact the RCD if recount confirms med count is out of balance,
  3. The RCD or ED or designee begins investigation to discern if event is due to med error, loss, and/or theft/diversion. The investigation includes review of previous shift counts, inventory sheets, pharmacy delivery/package review, etc.
    - a. A drug screening for shift personnel (prior shift and current shift where count is off is required).
    - b. The ED will decide if suspension is necessary until investigation concludes.
  - c. The RCD will conduct mandatory cart audits no less than monthly, and communicate missing medication findings to the ED, regional management, and VP of Administration.
  - d. Regional management or designees will conduct mandatory cart audits no less than quarterly, and communicate missing medication findings to the RCD, ED, and VP of Administration.
5. **Medication/Pharmaceutical Destructions:** Any medication/pharmaceutical that is discontinued (DC'D) by the physician/third party healthcare provider requires a written order, and the MAR/EMAR/MOR and resident chart updated. For the actual destruction procedures, each RCD, nurse or designee will follow the state-specific regulations.
6. **Charting:** Be careful with your charting. Nursing documentation must be precise and accurate at all times. Nurses are required to document in the chart and notify the physician/third party healthcare provider, responsible party, RCD, ED and regional management for any resident falls, fall with injuries, changes of condition, elopements/attempted elopement, deaths, etc. **Remember that if it is not charted, it was never done. Your accurate charting is critical to resident care and litigation events.**
- a. When residents are admitted and/or readmitted following a hospitalization, rehab, etc., the nurse is required for the next 72 hours to:
    - i. Chart vitals
    - ii. Identify the “who, what, when, where, and how” in each note to the chart.
  - b. After you finish your assessment during your rounds, chart it immediately. You might forget what you have assessed when you are preoccupied with other tasks.
  - c. Vitals are charted and monitored no less than monthly and per state-specific regulations.
  - d. Chart Audits: The RCD will audit all resident charts on a monthly basis, and thin charts no less than quarterly. **The RCD should never let chart audits stack up, instead the RCD should complete 3-4 chart audits each day.**

- e. A paper copy of the resident's MAR/EMAR/MOR and chart must be available for times when the computer systems are not available. It is critical that the paper copies are updated timely. Each Veritas community can keep up to three (3) months of information in the resident's chart. If only the current month's information is maintained in the chart, then a separate file must be kept for the additional two (2) months.

7. Basic Care:

- a. **Always think before you answer.** Whenever the resident, the relative or the doctor is asking you questions, think of the safest way to answer first. This is also the best thing to do if you are not sure about your response.
- b. **Resident Dignity Preservation.** Each staff member must always assist the resident in having the highest degree of dignity by assisting them with personal hygiene and modesty.
- c. **Never lie to your resident.** If it's awkward or inappropriate to say, find a way to say it without lying. How can residents trust their nurse if you will lie to them?
- d. **When you're faced with a crisis and you don't know what to do, always start with the basics.** Get the resident's vital signs, ask their level of pain or assess their level of consciousness. Further assessments will then develop.
- e. **Never lift or move someone without asking for help.** Always take care of your back.

8. **Adverse Incident Reporting and Management:** The RCD, ED or designee shall report an adverse incident within one (1) business day (within 24-hours of when the incident occurred/becomes known).

- a. An adverse incident includes the following:
  - i. Death,
  - ii. Brain or spinal damage,
  - iii. Permanent disfigurement,
  - iv. Fracture or dislocation of bones or joints,
  - v. Any condition which requires medical attention that the resident did not provide consent (which includes failure to honor advance directives),
  - vi. Any condition which requires medical condition which is a higher-level of care than what the community provides,
  - vii. Any event that is reported in which law enforcement, or staff investigation, or elopement/elopement attempt occurs, and/or other unauthorized absence,
  - viii. Any event in which elopement or possible elopement places a resident at risk of harm or injury,

- ix. Suicide threat/attempt, assaultive behavior, medication incident, need of physical restraints, or other miscellaneous incidents.
  - b. The direct-care staff reports to the Shift Nurse or designee,
  - c. Shift Nurse or designee reports to the RCD,
    - i. The Shift Nurse, designee or RCD contacts the resident’s physician/third-party healthcare provider.
    - ii. Physician/third-party healthcare provides orders on how to proceed...i.e., change of condition protocol, send out to higher level of care, etc.
    - iii. MAR/EMAR/MOR and resident chart is updated.
    - iv. RCD notifies the ED.
  - d. For more information, see the Veritas Adverse Incident Reporting and Management policies and forms.
9. **Fall Risk Management:** Nationwide, over 60% of residents involve falls. Although falls may not be preventable, Veritas endeavors to understand what can be controlled within fall risk parameters which allows direct-care staff to perform effectively and educate residents (resident family) of interventions which can minimize the likelihood of falls and falls with injury.

As part of our Fall Risk Management process, the RCD or designee will utilize the Veritas:

- a. Fall Risk Assessment Form, and
- b. Post Fall Investigation Form, and
- c. Post Fall Monitor Form, and
- d. When a resident has two (2) falls within a thirty (30) day period following admission, and the follow-up nursing assessment indicates a fall risk potential, the Shared Risk and Negotiated Risk Agreement in order to maintain residency at a Veritas community.

## 10. Infection Control:

The RCD, Shift Nurse or designee assures that all staff shall use the Centers for Disease Control (CDC) recommended “universal precautions” to reduce the risk of exposure to blood and body fluids. The following are considered as infectious waste:

- a. Blood and body fluids: blood, urine, vomit, feces, semen and vaginal secretions.
- b. Articles (which includes gloves, swabs and bandages) soiled with blood or body fluids.
- c. Sharps (needles, syringes, scalpels, knives, broken glass, etc.)
- d. Laboratory waste (cultures, specimens, vaccines, Pasteur pipettes and other items contaminated with blood or blood products.

- e. When a mucous membrane has been exposed to blood or body fluids, the area is to be flushed with water for 5-10 minutes immediately or as soon as feasible.
- f. Some consumer equipment is reusable; however, these must be cleansed with a 1:10 bleach water solution and allowed to air dry before the next use.
- g. Staff who come in contact with infectious waste shall use appropriate barrier protection and dispose of these items as outlined in the Veritas infection control policies and forms.
- h. **TIPS:**
  - Direct-care staff should always use the right size of gloves for their hands as gloves work better when they fit your hands.
    - Before placing gloves on your hands, you must wash and dry your hands.
    - Gloves are for single-use (one resident at a time), so repeat this procedure for each resident when gloves are needed.
    - Do not wear gloves out of the resident's room. Discard gloves, wash your hands, and repeat process if needed before pursuing next task.
  - If direct-care staff notices and/or suspects a pattern which could identify an infection control issue, they must notify the RCD and/or ED immediately so that timely precautions and resolution occurs.

#### 11. Mandatory Meetings:

- a. **Shift Change Meeting:** The shift nurse or senior resident care associate or designee will never leave their shift without participating in the shift change meeting and two-person counting of the med cart. These tasks along with discussing any issues and concerns are critical to the continuity of care for our residents. When issues or concerns are brought up, the RCD and ED are to receive the details.
- b. **Daily Stand-Up Meeting:** The RCD or designee attends the ED's daily stand-up meeting to provide the 24-Hour Report (which is completed by the RCD and/or Shift Nurse), Incident Reports (including elopement/potential elopement, injuries), Change of Condition (including behavior changes, declination, med changes,), Status Reports of any resident sent out to the hospital or rehab center, etc., any complaints, any call-outs, any no-shows. The RCD will also confirm any assessments scheduled and any assessment results and pending admissions or discharges. If the RCD is unavailable for the stand-up meeting they will provide their report to the ED prior to the meeting and/or send a designee.
- c. **In-Service Meeting:** Any meeting called for the dissemination and training for associates.
- d. **Additional Meeting(s):** Any meeting not identified above.

- e. TIP: A communication log should be maintained by the ED (or any departmental head) to summarize any additional meetings/communications/notes, etc. A Communication Log Form is available on the website under Business Office Forms.
12. **Drills:** The RCD assures state regulation compliance and collaboration occurs with the Maintenance Director (who functions as the community’s Safety Coordinator) or designee for all emergency drills and preparation.
- a. Fire Evacuation Drill,
  - b. Elopement Drill,
  - c. Severe Weather Drill,
  - d. Active Shooter Drill,
  - e. Evacuation Drill.
13. **Staff Schedule:** The RCD or designee assures that AL staffing meets or exceeds state regulations.
- a. The staff schedule should be posted at least fifteen (15) days prior to the first day on the schedule.
    - i. Date and initial the posting.
    - ii. Keep a copy of the original posting to compare to the actual/revised schedule.
    - iii. Send a copy to the ED.
  - b. The RCD, Shift Nurse or designee must hold the direct-care staff accountable to the schedule and assure that policies and procedures are followed regarding requests for PTO, attendance, call-outs, and no-shows.
- 14. Communications are critical in everything we do:**
- a. Never leave a resident’s apartment saying that you will be back in a minute. That minute might never come as you can’t predict the future.
  - b. No one has the right to make you feel incompetent unless you allow them to. Whether you are a new graduate or a veteran nurse, there is no reason for someone to make you feel incompetent.
  - c. You are human and so are your residents. If you are getting frustrated for any reason take a break and return later on your shift when the frustration has subsided.
  - d. Remember these tips developed by Alzheimer’s Caregiving Institute TM, © Huey, 1996, which are perfect for our core communication with any AL resident and their family:
    - i. Never argue, instead agree
    - ii. Never reason, instead divert
    - iii. Never shame, instead distract
    - iv. Never lecture, instead reassure
    - v. Never say “remember,” instead reminisce
    - vi. Never say “I told you,” instead repeat and regroup

- vii. Never say “You can’t,” instead do what they can
- viii. Never command/demand, instead ask/model
- ix. Never condescend, instead encourage/praise
- x. Never force, instead reinforce

15. **Supplies:** For many Veritas communities the RCD and/or designee is responsible for ordering and maintaining incontinence supplies (Stay Fresh/Medline) and nursing supplies.
- a. Use the census sheet as your base document.
    - i. Make a copy of it.
    - ii. Write down on the copy any supplies needed per resident.
      - 1. Typically one (1) case of pull-ups are appropriate for a one (1) month supply.
      - 2. For a heavy wetter, two (2) cases of pull-ups per month are typical.
  - b. The Sr. Resident Associate (SRA) or designee provides a list of any nursing supplies needed. Typical nursing supplies include:
    - i. Gloves,
    - ii. Saline,
    - iii. Wound Supplies/Gauze, etc.
    - iv. Ointment,
    - v. Lancets,
    - vi. Safety needles,
    - vii. Paper tape,
    - viii. Personal protective equipment.
  - c. The RCD then double checks the list, makes sure that the supplies needed are budget compliant and approves the order.
    - i. If supplies exceed the budget, the RCD will contact the ED for final approval.
  - d. Physician or third-party healthcare provider must provide orders for diabetic supplies, and these must be include on the MAR/EMAR/MOR and resident chart. Usually the resident provides/orders their own supplies, but in communities where state-specific regulations permit, the RCD or designee can process the resident’s diabetic supplies and the resident will be invoiced accordingly.
    - i. Glucometer,
    - ii. Strips,
    - iii. Insulin Needles, etc.

16. **Medical Appointments:** While the resident and/or their family typically take care of the resident’s medical appointments there are times that the RCD or designee assists with scheduling appointments. In all cases the RCD or designee is supposed to be notified by the

resident/family member of any upcoming appointment to help assure that the resident is ready for the appointment.

- a. If the community has a company-owned shuttle and the resident desires to reserve a seat for medical appointments, check with the Program Director for the days that the shuttle is available for medical appointments. Then remember to assist the resident in getting to the shuttle on time.
- b. When the resident leaves the community for an appointment the RCD or designee assures that the resident has the following with them:
  - i. Current Face Sheet,
  - ii. Current Medicine List,
  - iii. Current MAR/EMAR/EMOR,
  - iv. Blank Physician Order Form,
  - v. Copy of Insurance Card.
- c. When the resident returns the resident (or family member) should provide any instructions (orders, medication changes, etc.) to the RCD or Shift Nurse. If that does not happen, the RCD or Shift Nurse should contact the physician/third-party healthcare provider and/or pharmacy to obtain the orders.

17. **Tips for Success:** As a nurse with Veritas, you are both in a direct medical care role as well as a supervisory role to the medical care team assigned to your shift. You and your team will find the following tips essential for success, which are adapted from “Life Hacks” – by Keith Carlson, *BSN, RN, NC-BC*, Board-Certified Nurse Coach, award-winning blogger, nurse podcaster, speaker, and author. These core survival tips are appropriate for both new nurses and seasoned nurses:

- a. **Find a mentor in the workplace:** Your RCD or regional management or a fellow nurse at your community or within the company at-large can be an excellent resource for you to continue on your education and training experience. Sometimes this can be a silent mentoring relationship as you observe someone whom you admire and quietly learn and adapt from how they go about their tasks. Other times, verbalize your desire for mentorship and training with the person you admire by asking questions, requesting training etc. Veritas management is always willing to assist in honing your knowledge and skills. Someday too, perhaps you may become a mentor to someone.
- b. **Ask questions:** Perhaps you’ve heard that the only “dumb” question is the only question that you did not ask. Veritas believes that to be true! Always be confident in being both cautious and curious and ask for clarification when dealing with issues of medical care. Many professionals learn best by asking questions. Your questions are valued and preferred instead of doing something incorrectly or inconsistently.



- c. **Be a team player:** In each role, great nursing and great resident care requires collaboration between all those involved. So, you must always be approachable, cooperative, and willing to help your co-workers.
- d. **Slow down:** In most professions it is common when we become anxious or stressed out at work, we might react by trying to move faster or to attempt too many tasks at the same time. While this might feel like the best approach, it is also common to make more mistakes when rushing or attempting to complete too many tasks when rushed. Always remember that faster isn't always better...instead remember - better is always consistently doing your best.
- e. **Cluster your care:** By utilizing Veritas policies/procedures and planning ahead, you can group particular resident care tasks to help you be more efficient (and not taking unnecessary "literal" steps). This is also a means of helping you "slow down" as discussed above.
- f. **Get organized and stay organized:** Being organized automatically helps you to "slow down" and "cluster your care" as discussed above. Endeavor to develop systems/routines that help you be more organized and efficient...i.e., using approved clipboards, color coding, software, etc. When any nurse is organized and efficient they provide the best resident care. Organization skills can be learned and/or honed. Your workplace mentor is an excellent resource for organization.
- g. **Feed your mind and body:** Proper hydration and nourishment is not only essential for our residents, but also essential for every nurse and their direct-care team to function at their best. Skipping regular rest breaks and meal breaks and instead depending on items with caffeine and sugar is not going to help your brain and body function at the highest level. You know this – your body and brain needs hydration and nutrition. For example, while only drinking coffee throughout your shift will provide some energy, coffee is a diuretic and leads to dehydration. Make sure that you drink enough water so that your urine is clear and your mucous membranes are moist. Lead your team by example by feeding/hydrating your body, pack healthy snacks, take your breaks, etc.
- h. **Keep learning:** There is no end to what a nurse and direct-care staff needs to learn. Be a sponge and soak-up everything. Your knowledge, skills, and abilities can be honed every day on the job. Each Veritas community provides regular online continuing education through a third-party vendor, and in-service training sessions are also offered at each community. In addition, you can augment your on-going education by reading journal articles and blogs, listening to podcasts, or watching videos. Stay true to being open to continued learning.

The annual and the special in-service trainings along with the learning management system (LMS) that the each community provides is an excellent resource for the RCD and Shift Nurse or any direct-care staff that is certified/licensed to help maintain their required CEUs, Veritas policies, and state-specific regulations.

- i. **Take time for yourself:** Nurses and their direct-care team work hard, but they also need to play hard. Make sure you have time for family, friends, hobbies, travel, and plan for relaxation. Reward yourself! This will do wonders for your own well-being and personal fulfillment.

In addition to the above, as a new nurse following your graduation from nursing school and state boards or as a nurse new to Veritas the following dire adapted from Nurse Buff are great ways to kick start your career.

- a. **Preserve your integrity and call to nursing:** Always be honest with yourself and others. At the end of a challenging shift, it's your integrity that will keep you in touch with your profession's dignity.
- b. **Be on time, prepared, and 100% for every shift:** You will never know what may happen in your shift. So always, come to work prepared to bring your best, and do not be late. Once on shift, and the shift change meeting has completed and the med cart counted, make sure to check that all equipment is functioning and all supplies needed are present.
- c. **Listen to your residents:** No matter how expert you are about health concerns, your residents may know their bodies better than you do. You might miss a critical symptom with your resident's needs if you don't listen well or take them seriously. Also, never ignore your residents just because they might have begun annoying you. No matter how frequent they press their call light – remain calm and professional, and find out what they really need.
- d. **Don't focus on the negative, be the positive influence:** Every staff member of Veritas is human, being in the presence of a co-worker who is constantly negative or constantly complaining/venting is a definite energy-drainer. Don't be that co-worker who is known for negativity. Remember that working on any shift is similar to being on the same small boat with others.
- e. **When contacting a physician and/or third-party health provider, make sure that you have pen, paper, and the resident chart:** Before contacting the resident's medical provider, make a list of the things you need to mention. Also, dictate laboratory results and/or changes of condition in comparison with the previous results. Write down every instruction you are told (and make sure that you confirm each instruction by repeating them back to the medical provider).
- f. **Study and be knowledgeable about medications you are about to administer to your residents:** Consult the RCD and/or contact the pharmacist.

- g. **Invest in yourself when purchasing shoes:** Due to the amount of time that you are on your feet (walking/standing/etc.), you must have comfortable, supportive, and durable shoes which will help keep you on your feet longer with little or no pain. Inappropriate shoes and/or ill-fitting shoes are known to create common problems of feet pain and lower back pain. **The shoes that you choose must be slip-resistant.**
- h. **In the event that you make a mistake – admit it:** As nurses we are dealing with a resident’s medical issues which can be a matter of life and death. As soon as you discover a mistake occurred – admit it and follow the appropriate procedures to resolve the mistake. While no one welcomes a mistake, it is unacceptable to ignore a mistake and putting a resident’s health in danger. Always treat a mistake and the appropriate way to resolve the mistake as a learning opportunity.
- i. **Be the nurse that you want if you were the resident:** As mentioned before all of us are human, and sometimes you might feel cranky or out of sorts. If/when this occurs, imagine for yourself as being the resident and realize what kind of nurse that you would want in charge of your health.

## NURSING ASSESSMENT

The RCD, Shift Nurse or designee utilizes a comprehensive assessment (see Veritas Comprehensive Assessment for Assisted Living Form) for the following:

1. Initial for pre-admission / admission,
2. Regular for ongoing/routine checks,
3. Change of Condition for anytime there is a change of behavior, significant medication change, treatment, etc.

NOTE: Each assessment must indicate where the resident was admitted from.

The RCD or Shift Nurse or designee will conduct a comprehensive nursing assessment using the Veritas Comprehensive Assessment for Assisted Living Form for each resident within fourteen (14) days of admission, annually and/or as needed for change of condition. The assessment will include:

- Health monitoring assistance
- Location from which the resident was admitted
- Primary language
- Diagnoses
- Sleep-cycle patterns and night time care assistance
- Psychosocial needs
- Alzheimer/dementia history
- Preventive health needs
- Health supplies/services assistance
- Health intervention assistance
- Medication assistance
- Health condition and possible medication side effects
- Hospital admissions within the past 6 months or since last evaluation
- Toileting assistance (bowel)
- Toileting assistance (bladder)
- Personal hygiene assistance
- Oral/dental status
- Bathing/Showering assistance
- Dressing assistance
- Ambulation assistance and physical functioning
- Food preparation and nutritional status
- Eating assistance
- Safety assistance
- Housekeeping services
- Laundry services
- Maintenance services
- Orientation assistance for daily decision-making
- Involvement patterns and preferred activity pursuits
- Communication assistance
- Note any third-party providers, if applicable
- Behavior management assistance

- Socialization assistance
  - Transportation assistance
  - Business management assistance
  - Special treatments/procedures and personal service assistance
1. For each service area, ask the resident and/or his/her family/significant other(s) what assistance he/she may want or need.
    - a. As each service area is discussed, refer to the nursing-assessment process for the type of services that may be included within a category.
    - b. Use sensitivity in discussing these issues, to respect the privacy and dignity of the resident.
  2. Comments must be made about any item which requires staff assistance or coordination with the physician/third-party provider, family, etc.
    - a. In the comment section of that particular service area, indicate the resident's expressed needs and/or preferences for that area of service.
    - b. These comments should be as detailed as possible, as they will be used in writing the RSP provided to the direct-care staff.
    - c. Indicate the frequency of the service needed or chosen and who will be providing the service.
    - d. A Third-Party Healthcare Provider Agreement must be in place with the community, if the resident uses a provider.
  3. When reviewing each service area, be sure to determine the resident's preferences about the service (e.g. does the resident prefer their showers in the morning or at night; does the resident like to eat breakfast or does they like to sleep late).
  4. Each Veritas community will utilize assessment forms as follows:
    - a. Pre-Admission Assessment Form
    - b. Wellness Assessment/Review Form (The frequency will comply with state-specific regulations.)
    - c. Mini-Mental State Examination (MMSE)
    - d. Behavior Screen
    - e. Geriatric Depression Screen
    - f. Pain Assessment Form
    - g. Progress Notes
    - h. Resident History & Interest Evaluation Form (typically completed by the Program Director).

# ADMISSION POLICIES

## PRE-ADMISSION PROCESS

1. In collaboration with the ED, the RCD and/or designee will review the community's admission policies and will inform the potential resident and/or family/significant other(s) of those conditions which would disqualify an individual from residency to manage the expectations of the resident and/or family/significant other(s). Sometimes completing the pre-admission policies can take more than one trip to assess a potential resident is necessary.
2. Individuals are not appropriate for residency if:
  - a. Their needs exceed the level of services the community provides and the community has documented efforts to provide or arrange for the required services.
  - b. They exhibit behavior or actions that repeatedly and substantially interfere with the rights or well-being of other residents despite prudent and reasonable intervention.
  - c. They have a medically unstable condition and treatment cannot be appropriately developed and implemented in the assisted living environment.
  - d. They exhibit behavior that is an immediate danger to self or others.
  - e. They are permanently bedfast (they may require assistance in transferring to and from a wheelchair, and this is acceptable).
  - f. They require skilled services on a daily or regular basis.
3. Take the time to answer questions about these criteria. If it is unclear whether a person would be disqualified on the basis of one of these criteria, suggest:
  - a. An informal evaluation (by phone or in person) to obtain basic information about the potential resident's service needs/preferences to determine the general feasibility of application.
  - b. Submitting an application to initiate a formal evaluation process.
4. Provide all interested residents and/or their family/significant other(s) a brochure, a rate card, and admission requirements.
5. Give full and accurate information about service and rental charges, the philosophy of service, etc. Do not quote rates without an evaluation and do not make broad promises that cannot be honored.
6. Assure that physician orders are clear that the potential resident is appropriate for assisted living.
7. Assure that the potential resident is compliant with community required screenings and immunizations and vaccinations.

8. Emergency Admission: Times might arise that require you to stop what you are doing to assess an individual due to the needs of an emergency admission. However, regardless of the reason for an admission, policies and procedures must be followed.

## **ADMISSION PROCESS**

An available apartment or a place on the waiting list can be held once an Admission Packet is completed (Residency Agreement and Exhibits), and the appropriate community/reservation fee has been submitted. Use the New Resident Move-In Checklist (which includes pre-move tasks through the actual move-in day).

1. Verify that the form has been completed appropriately.
2. Inform the potential resident and/or family/significant other(s) that a final decision regarding admission and the appropriateness of residency cannot be determined until the pre-admission process has been completed, and the ED approves the resident for admission.
3. Review with the potential resident/significant other(s), give full information about all fees which must be paid pre-move. See the Admission Packet which includes the following where applicable:
  - a. Resident Agreement
  - b. Exhibit A – Fees
  - c. Exhibit B – Supplemental Fees
  - d. Exhibit C – Medication Management Program
  - e. Exhibit D – Responsible Party
  - f. Exhibit E – Private Duty Personnel
  - g. Exhibit F – Smoking Policy
  - h. Exhibit G – Motorized Vehicles
  - i. Exhibit H – Photos Medical and Marketing
  - j. Exhibit I – Community Outing Release of Liability
  - k. Exhibit J – Beneficiary Designation Form
  - l. Exhibit K – Resident Rights
  - m. Exhibit L – Criteria for Admission
  - n. Exhibit M – Do Not Resuscitate Orders
  - o. Exhibit N – Community Provided Transportation
  - p. Exhibit O - Vericare
  - q. Any additional community specific forms and/or state-specific forms.
4. The ED and/or designee will follow the Veritas move in process for all new admissions which includes he/she to review and provide:
  - a. The residency agreement and applicable exhibits/move in forms.
  - b. The resident's and provider rights per the appropriate state-specific regulations.
  - c. The reporting of abuse, neglect and/or exploitation per the appropriate state-specific guidelines and contact information.
  - d. When a resident is admitted, the community must provide to the resident's immediate family, and document the family's receipt of, the appropriate state agency telephone hotline number to report suspected abuse, neglect, or exploitation.
  - e. The AEM: Authorized Electronic Monitoring notification and forms as provided by the appropriate state-specific regulations.

- f. The community's Resident Handbook for policy notification.
5. Prior to admission into a Veritas community, it is important that the RCD discuss all pending admissions with the ED. Once the RCD and ED agree, the RCD reports the pending admission to the community's leadership team at a stand-up meeting, and then informs the entire direct-care staff of the resident's pending arrival so that they know all aspects of care that each individual resident will require.
- a. Two (2) days prior to arrival, in collaboration with the Program Director, the RCD and/or ED can arrange for the necessary room sign updates and can post a Welcome Letter/Packet in the new resident's apartment.
  - b. As a reminder, the RCD notes the upcoming admission on the 24-Hour Report and at the Stand-up Meeting prior to the actual day of admission.
  - c. Soon after the resident's arrival, the RCD assures that all direct-care staff introduce themselves to the resident and include an explanation of their role in the community.
  - d. The RCD and Program Director will assure that each new resident is welcomed to their new home and that we know the resident's history and interest by completing the Resident History and Interest Evaluation Form.
  - e. These steps help assure the new resident and the resident's family feel more at ease and comfortable which also helps provide a calmer adjustment period.
  - f. Some of our communities have enriched the new resident welcome experience by implementing a Resident Ambassador program. This is a program that the Program Director and ED collaborates with the Resident Council.
    - i. The Resident Council seeks nominations and holds an election for one (1) to two (2) residents to become Resident Ambassador. A simple majority vote determines the resident(s) selected.
    - ii. The Resident Council determines the term and/or when a new election is needed.
    - iii. The Resident Ambassador receives a special designated sign for their apartment.
    - iv. The Resident Ambassador will collaborate with the Program Director and/or ED to help assure that the new resident is welcomed and becomes familiar with the community and all programs.
    - v. For more information contact the Program Director and/or ED.
6. The RCD or designee will assure that the new resident's transition is successful by:
- a. Spending as much time as needed during the first hour of admission.
  - b. Taking the resident and their family on a tour/re-tour to help familiarize them to the community. Repeat as often as needed.
  - c. Answering their questions.
  - d. Monitoring the direct-care staff closely during the admission.
    - i. Assuring that the resident is being checked,
    - ii. Vitals and weight are taken,
    - iii. Arrives in the dining room for meals on time,
    - iv. Receives medications timely,
    - v. Receives snacks when appropriate,
    - vi. Attends activities, appointments, etc.
  - e. Providing courtesy calls to the resident's family with updates.



## **RESIDENT MOVE-IN INFORMATION REQUIREMENTS**

Complete the demographic information on the Initial Resident Move-In Information Sheet with the assistance of the Resident and/or family/significant other(s). This information must be completed in its entirety.

- Full name of resident
- Social Security number
- Military/Veteran Status
- Primary language
- Usual residence (where the Resident lived before admission)
- Gender
- Marital status
- Date of birth
- Place of birth
- Usual occupation (during most of working life)
- Family, other persons named by the Resident and physician for emergency notification
- Pharmacy preferences
- Medicaid/Medicare number
- Other insurance provider information
- Religious preference information
- Other medical providers
- DNR/Living Wills/POA/Guardianship Documents.
  - Include any state-specific required documentation. For example:
    - In Florida, the DNR must be on yellow paper.
    - In Texas, the POA documentation requires two (2) signatures from the resident/POA and physician/third-party healthcare provider.
- Durable Medical Equipment (DME) provider, if applicable
  - The RCD or Nurse designee will assure that the DME contact information is available in the resident's chart.

## **PHYSICIAN / THIRD-PARTY HEALTHCARE PROVIDER ORDERS**

The RCD provides the resident and their family/significant other(s)/responsible party the state-specific regulations regarding physician/third-party healthcare provider orders for admission.

1. Current medication orders must be completed by the resident's physician/third-party healthcare provider and submitted before the formal evaluation process can be completed and a final decision made on the admission.
  - a. Thus, it is important that these orders be completed and returned as quickly as possible.
  - b. Physician/third-party healthcare provider orders must be received within thirty (30) days prior to admission.
2. When the completed physician/third-party healthcare provider orders are received, confirm that all state-specific regulations are met.
  - a. Verify any questions about the information provided by the resident's physician/third-party healthcare provider.
  - b. All orders must be signed and dated by the physician/third-party healthcare provider.
  - c. All orders must include the reason for the order.
3. If information received during the evaluation process and/or from other providers of service (e.g. physician, nursing facility, etc.) put the admission in question, tell the resident that he/she may be required to provide additional information, including:
  - a. A nursing assessment performed by the RCD or nurse designee.
  - b. Specialty assessments (e.g. physical therapy, psychiatric, dementia-related evaluations, etc.).
    - i. These assessments should be performed if there is a question about the ability of the resident to meet the criteria established for residency by state-specific regulation and/or the community policy.
    - ii. Contact the physician/third-party healthcare provider if details are missing or if more details are needed.
    - iii. The RCD or nurse designee should meet with each healthcare provider who visits the resident at the Veritas community prior to that provider seeing the resident, and after the visit completes if available. Otherwise, the RCD or nurse designee will follow-up with the provider via phone/email/etc.
4. Incorporate any information from the physician's orders into the assessment and RSP:
  - a. Particular areas to note for current status may include; medication, dietary needs, health monitoring, nursing intervention, diabetes/insulin required, wound care, existing behaviors medications, recent hospitalizations, ambulation, current treatments, etc.
  - b. Complete the dietary preference and order form for the resident and place in the chart and provide to the Dietary Manager/Chef and/or designee.
5. For more information, refer to the Veritas resident care & health policies for medications and health related services.

## RESIDENT SERVICE PLAN (RSP)

The RCD, Shift Nurse or designee, with input from the family/responsible person will develop resident service plan (RSP) for each resident, based upon the nursing assessment, within fourteen (14) days of admission.

The RSP will:

- Identify the individual needs, preferences, and strengths of the resident.
- Be signed by the RCD and ED and resident/responsible party.
  - If the resident/responsible party is not available to physically sign, a phone conversation with a two (2) party witness is permitted and/or an email responding to the RSP confirming their signature is permitted.
- Be provided to the direct-care staff to provide the care and services designated.
- Be designed to help the resident maintain the highest possible level of physical, cognitive, and social functioning.
- Be updated every six (6) months or sooner based on a change of condition or nursing assessment of the resident or state-specific regulations.
- Assure that all physicians/third-party providers understand that **a resident is not appropriate for AL if restraints of any type are needed.** Residents must have the freedom of movement at their own free will at all times. Restraints are defined as chemical or physical and include the following:
  1. Chemical Restraints...i.e., administering Ativan prior to a shower, physician/third-party healthcare provider appointment or activity to assure cooperation, or the use of any medication that restricts a resident's freedom of movement, or specifically is used to sedate the resident.
  2. Physical Restraints:
    - Adaptive Clothing which prevents disrobing...i.e., clothing with zip/fastener in the back where the resident cannot reach.
    - Adaptive Device (any type) which prevents a resident from ambulating.
    - Bed if:
      - Position against wall to prevent the resident from ambulating,
      - Position objects in front of bed to prevent resident from ambulating,
      - With Full Side Rails.
    - Elevating/positioning resident's feet in a bed to prevent ambulation.
    - Geri Chair (any type).
    - Hand Mitts.
    - Lap Belt (any type).
    - Locking a resident in their apartment or other area of the community.
    - Merry Walkers (any type).

- Recliner in which:
  - Resident cannot safely ambulate from,
  - Objects are placed to prevent resident from ambulating.
- Soft Ties.
- Safety Vests.
- Trays (any type).
- Wheelchair if:
  - Resident is unable to unlock on their own free will and/or wheelchair is locked to keep the resident in a particular area of the community,
  - Foot Straps (any type) are used,
  - Seat Belt (any type) is used,
  - Use of pommel cushions to keep resident in the wheelchair,
  - Wheelchair is placed in a reclined position which prevents the resident from getting up.

The RSP has the following sections which must be completed. If no service is required in a service area, the RCD or Nurse Designee will enter “N/A” – otherwise each section will require details and all fields completed. The RSP sections are listed below.

- 1 – 2 Monitoring and Assessment:
  - Medical Conditions which includes Respiratory.
  - Cognitive Impairments, Communication Impairments, Psychiatric Illnesses and Behaviors.
- 3 – 7 Care and Services:
  - Risk Factor Management...i.e., Falls, Skin Breakdowns, Weight Loss, Dehydration, Combativeness, Wandering.
  - Medication Management which includes medicated drops and sprays.
  - Assistance with ADLs (Bathing, Toileting, Mobility, Transfers, Oral Care & Grooming, Dressing, Feeding)
  - Performing Treatments for Physical/Medical Conditions.
- 8. Other Services:
  - Identify and provide details of any other service not already listed on this form.
- 9. Pastoral Care:
  - Religious Affiliation, Clergy
  - Support Groups/Other Groups
- 10. Activities Services:
  - Identify and provide details of any activity/service provided...i.e., Resident History and Interest Evaluation Form, Opportunities for Social Interaction, In-Room Activities/Supplies, Transportation Needs, etc.

- 11. Dietary Services:
  - Indicate any diabetic and/or hydration or special diet restrictions as indicated by orders from the resident’s physician/third-party healthcare provider.
  - Indicate diet restriction between main meals...i.e., snacks per resident’s physician/third-party healthcare provider.
- 12. Nutrition Services:
  - Indicate nutritional assessment/review of nutritional assessment and weight goals and other goals per the resident’s physician/third-party healthcare provider.

## **INCIDENT REPORTS**

The RCD must review all incident reports (accidents with or without injury and adverse incidents) and assure that proper documentation is completed, which includes notifying both the physician/third-party health provider and responsible party with details when the incident involves a resident. If documentation is incomplete/insufficient, the RCD will meet with the direct-care associate to correct the documentation. When the documentation is accurately completed, the RCD forwards to the ED for review and/or any additional actions.

### OVERVIEW

The RCD will assure that all incident reports are completed for the following:

- Behaviors,
- Bruising,
- Burns,
- Elopement/Elopement Attempts/Wandering,
- Falls (which includes when resident has placed themselves on the floor),
- Medication Error,
- Skin Tears,
- Staff Injury.

### PROCEDURES

When an incident occurs with a resident, complete the following:

- 1) Complete an Incident Report Form
- 2) Begin an investigation, and complete an Investigation Form
- 3) Complete thorough/detailed information for the resident chart.
- 4) In addition to items 1 -3, if the incident includes a fall (witnessed or non-witnessed) the RCD or Nurse designee must:
  - a. Complete the Post Fall Monitor Form, and
  - b. Post Fall Investigation Form

- c. Update and/or complete the Fall Risk Assessment Form
  - d. Review and use the Shared Risk/Negotiated Risk Agreement if appropriate.
  - e. Report incident to regional management and ED.
- 5) In addition to items 1 -3, if the incident includes an elopement/attempted elopement/wandering the RCD or Nurse designee must:
- a. Review the Missing Resident Preplanning Form
  - b. Complete the Post-Elopement Form
  - c. Update and/or complete the Risk of Elopement Form
  - d. Update and/or complete the Wandering/Elopement Risk Review Tool.
  - e. Report incident to regional management and ED.
- 6) In addition to items 1-3, if the incident includes a medication error, the RCD or Nurse designee must:
- a. Complete the Medication Error Report Form
  - b. Report incident to regional management and ED.
- 7) In addition to items 1-3, if the incident includes a staff injury, the RCD or Nurse designee must:
- a. Complete Worker's Compensation paperwork and forward to the carrier.
  - b. Report incident to regional management, ED, and the VP of Administration.

## **QUALITY ASSURANCE (QA/CQA) & SAFETY POLICIES**

Each RCD and their direct-care staff are critical in the areas of quality assurance and safety.

The VP of Administration oversees and monitors quality assurance and safety programs. For more information on quality assurance or safety; refer to Appendix A, and/or go to the website and then click on Quality Assurance and/or Safety, or contact the VP of Administration.

### **QUALITY ASSURANCE (QA/CQA) PROCESS**

On a regular basis quality assurance is completed at the community level at each Veritas community...i.e., “community quality assurance – CQA” and also at the regional management level, and Home Office level. The process includes:

- Daily Stand-up Meetings: Each community’s leadership team to assure that all disciplines share information regarding activities/concerns/needs/resolutions to each member of the leadership team. When any member of the team is not able to attend the meeting, the ED will assure that the member receives the minutes/briefing of the meeting.
- Weekend Manager/Manager on Duty (MOD): Typically members of the community’s leadership team participate in a rotation schedule to assure that SAT and SUN shifts are covered by management...i.e., particular hours are onsite and other hours the MOD is available on-call.
- The MOD completes a Weekend Manager report in writing and reports/debriefs the leadership team at the next regularly scheduled Stand-up Meeting.
- Community Quality Assurance Council (CQC): Each community implements and maintains a council made up of the community leadership and designees. The CQC meets monthly and completes agenda/minutes and distributes to the ED’s supervisor, regional management and the VP of Administration.
  - The CQC also provides an annual report by December 20<sup>th</sup> of each year which is a summary of their monthly meetings and anticipated goals/resolutions, etc.
- In addition to any immediate concerns/needs/state-reportable/surveys, etc., regional management prepares and submits the following to the community’s ED and RCD, ED’s supervisor and the VP of Administration which identifies any deficiencies and specifies a timetable where appropriate for resolution:
  - Community Visit Report,
  - Clinical Operations Report,
  - Medication Administration Audit Report.

### **SAFETY**

Safety is a top priority in all that we do at Veritas for both our residents, associates, and guests. By regular emphasis on safety procedures and outcomes, Veritas assures that we can stop and/or limit accidents which lead to injury, lost time for associates, or litigation.

We believe our safety policies are second to none and endeavor to be a leader in the AL industry. The capstone of our safety is found in our Workplace Safety Program. For more information, go to our website, click on Safety, Policy, Workplace Safety PGM and/or contact the Safety Coordinator in any community (which is typically the Maintenance Director) or contact the VP of Administration.

Safety Policies include:

- Workplace Safety Program,
- Annual Community Review, and
- Specific programs in alphabetical order:
  - Anti-Abuse Policy
  - Clean Laundry Policy
  - Community Storage & Handling of Refuse
  - Elopement/Wandering or Missing Resident Procedures
  - First Aid/CPR/AED
  - Hot Water Policy
  - Pet Policy
  - Resident Leaving Premises Policy
  - Safety Committee
  - Safety Data Sheets (SDS)
    - Storage of Cleansers & Potentially Hazardous Substances
  - Transportation Policies
    - Vehicle Accident Procedures
    - Vehicle Driving & Usage Policy
    - Vehicle Maintenance
    - Vehicle Transportation for Resident Appointments
    - Vehicle Transportation Refusal by Resident
    - Visitor & Guest Policy for Residents
- Forms are grouped in categories:
  - Workplace Safety Program, and alphabetical order
  - Disaster Plan Prep
  - Drills
  - Elopement
  - Investigations
  - Pest Control
  - Temp Logs
  - Sign Out Log
  - Surveys
  - Transportation.

## **COMPLAINTS / VERICARE**

If there are complaints, concerns, or suggestions that any resident, resident's family member, or associate feels has not been addressed by the community's leadership, they are encouraged to contact the third-party service Frontline Call Center. For Veritas, this is referred to as the VeriCare Response line. Contact the response line 24/7 at 800.291.6768. The information provided is routed to the CEO/President and VP of Administration and then the appropriate Veritas community/department for immediate review, action, and timely resolution.



## **GUARDIANSHIP RECORD REQUIREMENTS**

In all cases the ED, RCD, Shift Nurse or designee will assure that the official POA/Guardian/Responsible Party is identified and documented.

In some states a durable power of attorney (POA) is not sufficient, and those states require additional guardianship documentation. In states that require additional guardianship documentation, the ED and/or designee will request appropriate documentation, from a resident's legally authorized representative or the person responsible for the resident's support any guardianship record requirements, upon admission or when he/she becomes aware of an appointed guardian for a resident:

1. Current court order appointing a guardian for the resident or the resident's estate; and
2. Current letters of guardianship for the resident; and
3. Updated copy of the court order and letters of guardianship at each annual assessment and retain documentation of any change.

If not received, the ED and/or designee will make at least one documented follow-up request within thirty (30) days after the initial request for:

1. Copy of the court order and letters of guardianship; or
2. Response that there is no court order or letters of guardianship.

The ED and/or designee must keep in the resident's record:

1. Documentation of the results of the request for the court order and letters of guardianship; and
2. Copy of the court order and letters of guardianship.

## **DEPARTMENTAL BUDGET**

The RCD, just like any other department head, is responsible for collaborating with the ED to assure budget compliance.

In any month, if census is below the approved budget...i.e., there's less revenue than expected, then the previously approved expenses must be reviewed and lowered where appropriate. Veritas refers to this process as the spend-down process. The ED will circulate a spend-down sheet to each department head. Expenses are to be lowered as long as the medical care of residents are not placed in jeopardy.

For more information on budgeting, contact the ED and/or refer to the ED Quick Start Handbook on the website which is filed under Human Resources, Policy, and Executive Director Quick Start.

## **MEMORY CARE ACTIVITIES**

Each Veritas community with a Memory Care (MC) program encourages socialization, cognitive awareness, self-expression, and physical activity in a planned and structured activities program. For more information on Veritas MC, refer to the website under Memory Care.

## APPENDIX A – Veritas Administration – WEBSITE FILES

The Veritas website is: [www.veritashcg.com](http://www.veritashcg.com). This website provides various information about our company and communities, as well as, via assigned password provides the written policies, procedures, and forms that are required for each community.

1. Go to [www.veritashcg.com](http://www.veritashcg.com)
  - a. Paged down to the last page until you see a footer named “Veritas Administration”
    - i. Click on it
    - ii. Enter your regional password: \_\_\_\_\_
    - iii. You are now online to the Veritas files for policies/procedures and forms.
2. The files are arranged by topics, and under most you find a tab for policy and procedures, and forms, etc. These topics and tabs are updated on a regular basis. The ED and/or RCD receives notices when anything is revised or added. When anything is revised or added, you will be in-serviced, and must complete an acknowledgement that you have completed the in-service. As of this writing, the information is listed below.
  - a. Business Office
    - i. Policy
      1. Travel and Expense Policy
    - ii. Forms
      1. All AL Residency Agreements
      2. All AL Exhibits
      3. Office/Space Lease for Third Party Vendors
      4. Travel Request Form
      5. Expense Report Form
  - b. Human Resources
    - i. Policy
      1. Associate Handbook
      2. Executive Director Quick Start
      3. Resident Care Director & Nurse Handbook (Future)
      4. Maintenance Director Handbook (Future)
    - ii. Forms
      1. HR Packet 1 – Applicant
      2. HR Packet 2 – Offer
      3. HR Packet 3 – Checklists & Disclosures
      4. HR Packet 4 – New Hire Payroll & Payroll
      5. HR Packet 5 – New Hire Benefits & Benefits
      6. HR Packet 6 – Termination

7. HR Packet 7 – Misc Forms for HR

iii. Job Descriptions

c. Resident Care & Health

i. Policy (Department A – Z)

ii. RCD & Nurse Handbook

iii. Forms (Departmental, Grouped by Area)

1. Activities
2. Appointments
3. Assessments
4. Behaviors
5. Dietary
6. Discharge
7. Exposure and Contamination
8. Falls
9. Immunizations
10. Medication
11. Monitoring Schedules
12. Narcotics
13. Physician Orders
14. Resident Records
15. Service and Treatment Plans
16. Visitors
17. Weight

d. Safety

i. Policy (Department A – Z)

ii. Workplace Safety Policy

iii. Forms (Departmental, Grouped by Area)

1. Disaster Plan Prep
2. Drills
3. Elopement
4. Investigations
5. Pest Control
6. Temp Logs
7. Sign Out
8. Surveys
9. Transportation
10. Workplace Safety Forms

- e. Quality Assurance
  - i. Policy
    - 1. Community Quality Assurance Council (CQC)
    - 2. CQC Annual Report
    - 3. Clinical Ops Report
    - 4. Visit Report
    - 5. Med Administration Report
    - 6. Stand-Up Meeting
    - 7. Weekend Manager
  - ii. Forms
    - 1. Community Visit Report Form
    - 2. Reporting Tree
    - 3. Med Administration Audit Form
    - 4. Annual Report Form
    - 5. Clinical Report Form
    - 6. Visit Report Form
    - 7. CQC Agenda / Minutes Form
    - 8. Stand-Up Meeting Form
    - 9. Weekend Manager Form
  
- f. Memory Care (MC)
  - i. Policy
    - 1. MC Operational Policy and Procedure Manual
    - 2. MC Program Manual
  - ii. Forms
    - 1. Finger Foods
    - 2. Resident History and Interest Evaluation Form
  
- g. Regulation & Links
  - i. State
  - ii. Federal
  
- h. Maintenance
  - i. Policy (Future)
  - ii. Forms
    - 1. Housekeeping and Laundry Schedule Template
    - 2. Maintenance Work Request Form
    - 3. Preventative Maintenance Checklist Form

- i. Sales & Marketing
  - i. Policy
    - 1. Sales and Marketing Handbook
  - ii. Forms
    - 1. Inventory List for Resident Personal Property
    - 2. Marketing Planning Grid
    - 3. New Lead/Inquiry Form
    - 4. Move-In Checklist Form
    - 5. SWOT Analysis Form
    - 6. Telephonic Mystery Shop Evaluation Form
    - 7. Mystery Shop First Impression Assessment Tool

## APPENDIX B – Departmental Job Description Samples

**Position:** Resident Care Director (RCD)

**Classifications:** Full Time, Salary/Exempt

**Reports To:** Executive Director (ED) and Regional Director of Clinical Services (DCS)

**Evaluation Due:** Annually by Supervisor or Designee

**Supervises:** Direct Care Associates

**Physical Demands:** The physical demands of this job requires all of the following:

- Significant physical activities, including prolonged bending, pulling, pushing, sitting, standing, stooping, stretching, and lifting up to 60 pounds occasionally.
- Ability to provide transfer assistance to residents.
- Hand-eye coordination and manual dexterity sufficient to operate departmental equipment.
- Normal and/or correctable range of hearing and vision.
- Ability to read, write, speak and understand the English language.

**Work Conditions:** The work conditions of this job includes all of the following:

- Work in a healthcare environment, involving contact with residents, family and friends of residents, healthcare providers, and staff.
- Resident care with multiple interruptions which may be stressful at times, and may involve dealing with emotional, angry/upset or confused people.
- Regular workweek schedule is Monday through Friday and as scheduled.

**Liaison(s):** Stand-up Meeting, PI, Quality Assurance Committee, Resident Council, Safety Committee

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### Job Objective

The Resident Care Director (RCD), per state-specific regulations of each state, is a licensed nurse (RN, LVN, LPN) who is responsible for supervising the direct-care associates who provides direct care within the state-specified scope of an Assisted Living Facility (ALF) with professional standards of practice through physician orders, federal/state/local regulations, and the community's policies and procedures.

### Qualifications, Knowledge, Skill and Abilities (KSA) Preferred:

Possess excellent communication skills, ability to work well with people, ability to function in a healthcare environment with multiple interruptions, orientation to detail, departmental technology/computer literacy and proficiency a must. Expertise is required with resident care and a required Associate Degree or Bachelor Degree (per state-specific regulation) required in Nursing with at least two of the following:

- Completed three years (or more) experience in resident care in a healthcare setting.
- Completed two years (or more) experience managing direct-care staff in a healthcare setting.
- One year (or more) previous experience with Alzheimer/Dementia/Memory Care.
- Strong organizational skills.
- Proven leadership qualities.
- Ability to train and mentor direct-care staff.
- Proficient in MS Word, Excel, Outlook, and PowerPoint.

Any state-specific regulated training/certification/licensure must be attained and maintained according to the state-specific regulations. In addition, this job requires the incumbent to hold or attain CPR certification, and a valid state driver's license in the state where the community resides, and automobile liability insurance.

### **Duties and Responsibilities**

1. In collaboration with the ED and/or the DCS:
  - a. Keeps ED and DCS informed of any resident medical needs and conditions.
  - b. Assures that all medical records are compliant with state-specific regulations and Veritas policies and procedures.
  - c. Monitors medical waivers and updates on a timely basis (no less than once per year).
  - d. Assists with the annual budget process and complies with the approved annual budget.
  - e. Attends occasional state-specific meetings, training/communication meetings, and other conferences as requested.
  - f. Attends all community meetings.
  - g. Plans, participates, assists or leads In-Service Training sessions for community.
  - h. Provides appropriate assessment and care for on-the-job injuries by community associates.
  - i. Available on an on-call basis in case of emergencies and provides coverage as needed.
  - j. Participates with Manager on Duty program.
  - k. Substitute for the ED as assigned.
2. Resident Care / Nursing Assessment
  - a. Responsible for conducting assessments and coordinating admissions to the community (pre-admission, monthly, quarterly, bi-annually, annually).
  - b. Performs assessments of resident prospects and existing residents to determine priority and suitability of treatment and/or need for modification.
    - i. Monthly (or any additional time needed):
      1. Identified per state-specific regulations and/or Veritas policy and procedure.
    - ii. Annually:
      1. Choking assessment
      2. Vaccinations
  - c. Develops a resident service plan (RSP) for each resident.
  - d. Reminds the resident/family/responsible party of physician/healthcare provider appointments.
  - e. Keeps the direct-care staff notified of medical needs and conditions of each resident.
  - f. Maintains appropriate and professional communication with the resident's family/responsible party and physician/healthcare provider.
  - g. Interpret consultation reports and/or lab reports.
  - h. Update medical records as physician orders are received.
  - i. Monitors, provides, and/or coordinates with healthcare provider for needed immunizations and/or preventative vaccinations.



- j. Performs specialize nursing procedures related to the individual needs for each resident as stipulated by physician orders in their RSP (which includes blood draw, cerumen irrigation, wound care, foot care, ear irrigations, etc.).
  - k. Educates staff and residents on infection control, and reports any incidents to the ED and DCS.
  - l. Tracks adverse incident reports and complies with state-specific regulations and Veritas policies and procedures.
3. Medication Administration
- a. Assures that medications are properly stored, medication carts/cupboards are cleaned, and medication room is organized according to standards.
  - b. Prepares monthly medication administration record and physician order forms and distributes them.
  - c. When needed, instructs and monitors residents regarding their self-administering of medication(s) as indicated by their physician orders and the RSP.
  - d. Regularly reviews capabilities of resident who self-administers medications.
  - e. Tracks medication administration error and complies with state-specific regulations and Veritas policies and procedures.
  - f. Assures that the destruction of expired/discontinued/etc. medication and documentation of destruction, complies with state-specific regulations and Veritas policies and procedures.
4. Direct-Care Associate Supervision:
- a. Assists with recruitment and retention of all direct-care associates.
  - b. Mentors/trains/supports his/her staff to assist them in being successful and utilizing their full potential.
  - c. Assures that all direct-care associate are appropriately scheduled and that hours worked are correctly reported.
  - d. Schedules and assures direct-care associates complete in-service training which includes monthly training for fall prevention, infection prevention, peg tube feeding, VNS use, blood borne pathogens – universal precautions, etc.
  - e. Attains and maintains certification/re-certification for CPR/First Aid/AED as needed.
  - f. Completes TB Screening for all new-hires and then annually thereafter.
5. Adheres to Safety Policies and Procedures:
- a. Knows and follows community rules.
    - i. Resident Rights.
    - ii. Infection control standards, policies, procedures.
    - iii. Community dress code.
    - iv. Hygiene policies.
    - v. Reports and documents any incidents/accidents of residents, staff or visitors.
    - vi. Reports any hazardous condition/equipment/event.
    - vii. Workplace safety program.
  - b. Performs duties as assigned in the Community Disaster Plan.
  - c. Uses required protective equipment when appropriate.
6. Maintains strictest confidentiality of resident HIPAA information, etc.
7. Helps train other staff and volunteers as needed.
8. Forms effective working relationships and rapport with residents, resident family, and staff.
9. Secures work area before departing the community each workday.

***This list is not intended to be all-inclusive. The employee will also perform other reasonably related community duties as assigned by your supervisor.***

**Position:** Senior Resident Assistant (SRA)

**Classifications:** Full Time/Part Time/PRN, Hourly/Non-Exempt

**Reports To:** Resident Care Director (RCD) or Designee

**Evaluation Due:** Annually by Supervisor or Designee with input from Executive Director and/or Regional Clinical Services Director

**Supervises:** Direct Care Associates as assigned.

**Physical Demands:** The physical demands of this job requires all of the following:

- Significant physical activities, including prolonged bending, pulling, pushing, sitting, standing, stooping, stretching, and lifting up to 60 pounds occasionally.
- Ability to provide transfer assistance to residents.
- Hand-eye coordination and manual dexterity sufficient to operate departmental equipment.
- Normal and/or correctable range of hearing and vision.
- Ability to read, write, speak and understand the English language.

**Work Conditions:** The work conditions of this job includes all of the following:

- Work in a healthcare environment, involving contact with residents, family and friends of residents, healthcare providers, and staff.
- Resident care with multiple interruptions which may be stressful at times, and may involve dealing with emotional, angry/upset or confused people.
- Regular workweek schedule is as scheduled.

**Liaison(s):** As assigned.

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### Job Objective

The Senior Resident Assistant (SRA) is typically a Certified Nursing Assistant or Medical Technician, per state-specific regulations of each state, assists with the activities of daily living (ADLs) and the direct-care of each resident which includes caring for the personal needs, safety, and comfort of residents as assigned. The SRA serves in a leadership role when other RAs are on the same shift.

### Qualifications, Knowledge, Skill and Abilities (KSA) Preferred:

Possess excellent communication skills, ability to work well with people, ability to function in a healthcare environment with multiple interruptions, orientation to detail, departmental technology/computer literacy and proficiency a must. A love for the elderly and a combination of desire, experience, previous education/training and/or the ability to learn appropriate care for the elderly with at least one of the following is preferred:

- Certified Nursing Assistant (CNA) license.
- Certified Medical Technician (MT) license.
- Ten years (or more) experience in resident care in a healthcare setting.

- Five years (or more) previous experience with Alzheimer/Dementia/Memory Care.
- Ability to complete/maintain appropriate training/certification.

Any state-specific regulated training/certification/licensure must be attained and maintained according to the state-specific regulations. In addition, this job requires the incumbent to hold or attain CPR certification.

### **Duties and Responsibilities**

1. In collaboration with the RCD and/or Shift Nurse:
  - a. Keeps RCD and/or Shift Nurse informed of any resident medical needs, observations, change of condition, and/or adverse incidents.
  - b. Assists RCD and/or Shift Nurse in supervisory duties, associate orientation/training, and regulatory compliance.
  - c. Assures that all medical records and resident care is compliant with state-specific regulations and Veritas policies and procedures.
  - d. Follows work assignments and schedules.
  - e. Assists with keeping the nursing area and resident care areas neat, orderly, safe, and sanitary.
  - f. Attends all meetings as assigned which includes In-Service Training sessions.
2. Resident Care
  - a. Follows the resident service plan (RSP) for each resident.
  - b. Checks on residents at least every two (2) hours to assure that resident needs are being met.
  - c. Assists with resident care needs and comforts including but not limited to:
    - i. Answers call light/bell promptly.
    - ii. Bathing functions.
    - iii. Bladder/bowel functions (which includes changing clothing and linens if the resident is soiled or wet).
    - iv. Dressing/undressing.
    - v. Escorts and participates residents to program events.
    - vi. Grooming (hair care, nail care, oral hygiene/mouth care, shaving, etc.).
    - vii. Transport assistance (assisting with resident in turning, positioning, etc.).
  - d. Assists with medical care as follows:
    - i. Measures and records vital signs of resident.
    - ii. Records weight and measures resident.
    - iii. Reports any observations/concerns with resident or medical equipment.
  - e. Medication Assistance:
    - i. Where state regulations permit, assists with the medication assistance as indicated in the RSP.
    - ii. When needed, assists and monitors residents regarding their self-administering of medication(s) as indicated by their physician orders and the RSP.
    - iii. Reports any observation/concern of resident capabilities who self-administers medications.
    - iv. Follows Veritas medication administration policies and procedures and complies with state-specific regulations.
  - f. Completes housekeeping and laundry tasks for residents as assigned.
3. Dietary/Food Service Assistance:
  - a. Adheres to the resident's menu plan as outlined in the RSP.

- b. Serves food and assists with feeding as instructed.
  - c. Assists with regular hydration of resident.
  - d. Assists with after meal care which includes cleaning the resident's hands, face, clothing brush teeth, bathroom assistance, etc.
  - e. Reports any changes in the resident's eating habits (especially residents who are on a diabetic diet).
4. Adheres to Safety Policies and Procedures:
- a. Knows and follows community rules:
    - i. Resident Rights.
    - ii. Infection control standards, policies, procedures.
    - iii. Community dress code.
    - iv. Hygiene policies.
    - v. Reports and documents any incidents/accidents of residents, staff or visitors.
    - vi. Reports any hazardous condition/equipment/event.
    - vii. Workplace safety program.
  - b. Performs duties as assigned in the Community Disaster Plan.
  - c. Uses required protective equipment when appropriate.
5. Maintains strictest confidentiality of resident HIPAA information, etc.
6. Helps train other staff and volunteers as needed.
7. Forms effective working relationships and rapport with residents, resident family, and staff.
8. Secures work area before departing the community each workday.

***This list is not intended to be all-inclusive. The employee will also perform other reasonably related community duties as assigned by your supervisor.***

**Position:** Resident Assistant (RA)

**Classifications:** Full Time/Part Time/PRN, Hourly/Non-Exempt

**Reports To:** Resident Care Director (RCD) or Designee

**Evaluation Due:** Annually by Supervisor or Designee with input from Shift Nurse, Sr. Resident Assistant, Executive Director and/or Regional Clinical Services Director

**Supervises:** N/A

**Physical Demands:** The physical demands of this job requires all of the following:

- Significant physical activities, including prolonged bending, pulling, pushing, sitting, standing, stooping, stretching, and lifting up to 60 pounds occasionally.
- Ability to provide transfer assistance to residents.
- Hand-eye coordination and manual dexterity sufficient to operate departmental equipment.
- Normal and/or correctable range of hearing and vision.
- Ability to read, write, speak and understand the English language.

**Work Conditions:** The work conditions of this job includes all of the following:

- Work in a healthcare environment, involving contact with residents, family and friends of residents, healthcare providers, and staff.
- Resident care with multiple interruptions which may be stressful at times, and may involve dealing with emotional, angry/upset or confused people.
- Regular workweek schedule is as scheduled.

**Liaison(s):** N/A

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### Job Objective

The Resident Assistant (RA), per state-specific regulations of each state, assists with the activities of daily living (ADLs) and the direct-care of each resident which includes caring for the personal needs, safety, and comfort of residents as assigned.

### Qualifications, Knowledge, Skill and Abilities (KSA) Preferred:

Possess excellent communication skills, ability to work well with people, ability to function in a healthcare environment with multiple interruptions, orientation to detail, departmental technology/computer literacy and proficiency a must. A love for the elderly and a combination of desire, experience, previous education/training and/or the ability to learn appropriate care for the elderly with at least one of the following is preferred:

- One year (or more) experience in resident care in a healthcare setting.
- Two years (or more) experience in a service industry.
- One year (or more) previous experience with Alzheimer/Dementia/Memory Care.

- Ability to complete/maintain appropriate training/certification.

Any state-specific regulated training/certification/licensure must be attained and maintained according to the state-specific regulations. In addition, this job requires the incumbent to hold or attain CPR certification.

### **Duties and Responsibilities**

1. In collaboration with the RCD and/or Shift Nurse:
  - a. Keeps RCD and/or Shift Nurse informed of any resident medical needs, observations, change of condition, and/or adverse incidents.
  - b. Assures that all medical records and resident care is compliant with state-specific regulations and Veritas policies and procedures.
  - c. Follows work assignments and schedules.
  - d. Assists with keeping the nursing area and resident care areas neat, orderly, safe, and sanitary.
  - e. Attends all meetings as assigned which includes In-Service Training sessions.
2. Resident Care
  - a. Follows the resident service plan (RSP) for each resident.
  - b. Checks on residents at least every two (2) hours to assure that resident needs are being met.
  - c. Assists with resident care needs and comforts including but not limited to:
    - i. Answers call light/bell promptly.
    - ii. Bathing functions.
    - iii. Bladder/bowel functions (which includes changing clothing and linens if the resident is soiled or wet).
    - iv. Dressing/undressing.
    - v. Escorts and participates residents to program events.
    - vi. Grooming (hair care, nail care, oral hygiene/mouth care, shaving, etc.).
    - vii. Transport assistance (assisting with resident in turning, positioning, etc.).
  - d. Assists with medical care as follows:
    - i. Measures and records vital signs of resident.
    - ii. Records weight and measures resident.
    - iii. Reports any observations/concerns with resident or medical equipment.
  - e. Medication Assistance:
    - i. Where state regulations permit, assists with the medication assistance as indicated in the RSP.
    - ii. When needed, assists and monitors residents regarding their self-administering of medication(s) as indicated by their physician orders and the RSP.
    - iii. Reports any observation/concern of resident capabilities who self-administers medications.
    - iv. Follows Veritas medication administration policies and procedures and complies with state-specific regulations.
  - f. Completes housekeeping and laundry tasks for residents as assigned.
3. Dietary/Food Service Assistance:
  - a. Adheres to the resident's menu plan as outlined in the RSP.
  - b. Serves food and assists with feeding as instructed.
  - c. Assists with regular hydration of resident.

- d. Assists with after meal care which includes cleaning the resident's hands, face, clothing brush teeth, bathroom assistance, etc.
  - e. Reports any changes in the resident's eating habits (especially residents who are on a diabetic diet).
4. Adheres to Safety Policies and Procedures:
- a. Knows and follows community rules:
    - i. Resident Rights.
    - ii. Infection control standards, policies, procedures.
    - iii. Community dress code.
    - iv. Hygiene policies.
    - v. Reports and documents any incidents/accidents of residents, staff or visitors.
    - vi. Reports any hazardous condition/equipment/event.
    - vii. Workplace safety program.
  - b. Performs duties as assigned in the Community Disaster Plan.
  - c. Uses required protective equipment when appropriate.
5. Maintains strictest confidentiality of resident HIPAA information, etc.
6. Helps train other staff and volunteers as needed.
7. Forms effective working relationships and rapport with residents, resident family, and staff.
8. Secures work area before departing the community each workday.

***This list is not intended to be all-inclusive. The employee will also perform other reasonably related community duties as assigned by your supervisor.***

<b>Position:</b>	<b>Resident Assistant – Texas Med-Delegated (RA TXMD)</b>
<b>Classifications:</b>	Full Time/Part Time/PRN, Hourly/Non-Exempt
<b>Reports To:</b>	Resident Care Director (RCD) or Designee
<b>Evaluation Due:</b>	Annually by Supervisor or Designee with input from Shift Nurse, Sr. Resident Assistant, Executive Director and/or Regional Clinical Services Director
<b>Supervises:</b>	N/A
<b>Physical Demands:</b>	The physical demands of this job requires all of the following: <ul style="list-style-type: none"> <li>• Significant physical activities, including prolonged bending, pulling, pushing, sitting, standing, stooping, stretching, and lifting up to 60 pounds occasionally.</li> <li>• Ability to provide transfer assistance to residents.</li> <li>• Hand-eye coordination and manual dexterity sufficient to operate departmental equipment.</li> <li>• Normal and/or correctable range of hearing and vision.</li> <li>• Ability to read, write, speak and understand the English language.</li> </ul>
<b>Work Conditions:</b>	The work conditions of this job includes all of the following: <ul style="list-style-type: none"> <li>• Work in a healthcare environment, involving contact with residents, family and friends of residents, healthcare providers, and staff.</li> <li>• Resident care with multiple interruptions which may be stressful at times, and may involve dealing with emotional, angry/upset or confused people.</li> <li>• Regular workweek schedule is as scheduled.</li> </ul>
<b>Liaison(s):</b>	N/A

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### Job Objective

The Resident Assistant (RA), per state-specific regulations of each state, assists with the activities of daily living (ADLs) and the direct care of each resident which includes caring for the personal needs, safety, and comfort of residents as assigned. In addition, for the state of Texas, under the supervision and license of a Registered Nurse (RN), provides medication assistance (medication delegation).

### Qualifications, Knowledge, Skill and Abilities (KSA) Preferred:

Possess excellent communication skills, ability to work well with people, ability to function in a healthcare environment with multiple interruptions, orientation to detail, departmental technology/computer literacy and proficiency a must. A love for the elderly and a combination of desire, experience, previous education/training and/or the ability to learn appropriate care for the elderly with at least one of the following is preferred:



- One year (or more) experience in resident care in a healthcare setting.
- Two years (or more) experience in a service industry.
- One year (or more) previous experience with Alzheimer/Dementia/Memory Care.
- Ability to complete/maintain appropriate training/certification.

Any state-specific regulated training/certification/licensure must be attained and maintained according to the state-specific regulations. In addition, this job requires the incumbent to hold or attain CPR certification.

### **Duties and Responsibilities**

9. In collaboration with the RCD and/or Shift Nurse:
  - a. Keeps RCD and/or Shift Nurse informed of any resident medical needs, observations, change of condition, and/or adverse incidents.
  - b. Provides medication assistance (med-delegated) under the supervision and license of a RN and completes the annual medication delegation training as assigned.
  - c. Assures that all medical records and resident care is compliant with state-specific regulations and Veritas policies and procedures.
  - d. Follows work assignments and schedules.
  - e. Assists with keeping the nursing area and resident care areas neat, orderly, safe, and sanitary.
  - f. Attends all meetings as assigned which includes In-Service Training sessions.
10. Resident Care
  - a. Follows the resident service plan (RSP) for each resident.
  - b. Checks on residents at least every two (2) hours to assure that resident needs are being met.
  - c. Assists with resident care needs and comforts including but not limited to:
    - i. Answers call light/bell promptly.
    - ii. Bathing functions.
    - iii. Bladder/bowel functions (which includes changing clothing and linens if the resident is soiled or wet).
    - iv. Dressing/undressing.
    - v. Escorts and participates residents to program events.
    - vi. Grooming (hair care, nail care, oral hygiene/mouth care, shaving, etc.).
    - vii. Transport assistance (assisting with resident in turning, positioning, etc.).
  - d. Assists with medical care as follows:
    - i. Measures and records vital signs of resident.
    - ii. Records weight and measures resident.
    - iii. Reports any observations/concerns with resident or medical equipment.
  - e. Medication Assistance:
    - i. Where state regulations permit, assists with the medication assistance as indicated in the RSP.
    - ii. When needed, assists and monitors residents regarding their self-administering of medication(s) as indicated by their physician orders and the RSP.
    - iii. Reports any observation/concern of resident capabilities who self-administers medications.
    - iv. Follows Veritas medication administration policies and procedures and complies with state-specific regulations.

- f. Completes housekeeping and laundry tasks for residents as assigned.
11. Dietary/Food Service Assistance:
- a. Adheres to the resident's menu plan as outlined in the RSP.
  - b. Serves food and assists with feeding as instructed.
  - c. Assists with regular hydration of resident.
  - d. Assists with after meal care which includes cleaning the resident's hands, face, clothing brush teeth, bathroom assistance, etc.
  - e. Reports any changes in the resident's eating habits (especially residents who are on a diabetic diet).
12. Adheres to Safety Policies and Procedures:
- a. Knows and follows community rules:
    - i. Resident Rights.
    - ii. Infection control standards, policies, procedures.
    - iii. Community dress code.
    - iv. Hygiene policies.
    - v. Reports and documents any incidents/accidents of residents, staff or visitors.
    - vi. Reports any hazardous condition/equipment/event.
    - vii. Workplace safety program.
  - b. Performs duties as assigned in the Community Disaster Plan.
  - c. Uses required protective equipment when appropriate.
13. Maintains strictest confidentiality of resident HIPAA information, etc.
14. Helps train other staff and volunteers as needed.
15. Forms effective working relationships and rapport with residents, resident family, and staff.
16. Secures work area before departing the community each workday.

***This list is not intended to be all-inclusive. The employee will also perform other reasonably related community duties as assigned by your supervisor.***

## APPENDIX C – Regional Specific Information

<b>Home Office - 4016</b>	<b>6858 Swinnea Rd Bldg 2 Southaven, MS 38671</b>	<b>662.510.5544 662.510.5471 (fax)</b>	<b>veritashcg.com</b>
<b>President/CEO</b>	Chris Landers	662.510.5544 662.420.3104 (cell)	clanders@veritashcg.com
<b>VP of Finance</b>	Stacye Moore	662.510.5544 901.581.8826 (cell)	smoore@veritashcg.com
<b>VP of Administration</b>	Richard Landers	662.510.5544 704.608.3371 (cell)	rlanders@veritashcg.com
<b>HR Director</b>	Leslie Freeman	662.510.5544 662.298.6470 (cell)	lfreeman@veritashcg.com
<b>Business Office Assistant</b>	Kailey Landers-Sadler	859.659.4075 859.613.8069 (cell)	klanders@veritashcg.com
<b>South East Region</b>			
<b>Dir of Clinical/Operations –</b> Avonlea, Glenmary, Gulf Breeze, Regency, Rosewood, St.G Athens, St.G Murrells Inlet	Tamie Frazier	850.293.8332 (cell)	tfrazier@veritashcg.com
<b>Dir of Clinical/Operations –</b> Cedar Creek, Forsyth, Magnolia, Sable, Stanley	Tom Herzog	917.304.7977 (cell)	therzog@veritashcg.com
<b>Dir of Business Office Ops</b>	Brenda Garrison	662.510.5544 901.485.9065 (cell)	bgarrison@veritashcg.com
<b>Dir of Business Office Ops</b>	Malika Travis	662.510.5544 901.319.5894 (cell)	mtravis@veritashcg.com
<b>South West Region</b>			
<b>Dir of Operations</b>	Marcy Dyer	903.221.3361 (cell)	mdyer@veritashcg.com
<b>Dir of Clinical Services</b>	Nelita Booth	903.806.1738 (cell)	nbooth@veritashcg.com
<b>Dir of Business Office Ops</b>	Barbara Campbell	662.510.5544 901.517.7147 (cell)	bcampbell@veritashcg.com

## **APPENDIX D – Community Specific Information**

Insert / Attach Your Specific Information

# APPENDIX E – RCD/Shift Nurse/Direct Care HB Acknowledgement



**V E R I T A S**  
HEALTHCARE GROUP

## **RCD/Shift Nurse/Direct-Care Staff Handbook Acknowledgement**

I have read the Veritas RCD/Shift Nurse/Direct-Care Staff Handbook dated 02/06/20.

I fully understand that I am responsible for the above information, and I agree to comply with the policies/procedures/forms as presented.

\_\_\_\_\_  
Print Associate Name

\_\_\_\_\_  
Associate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Witness

\_\_\_\_\_  
Date