Indiana Department of Health

A SURVEYOR'S PERSPECTIVE: DEMENTIA CARE IN THE LONG-TERM CARE SETTING

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OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.

Federal Regulation

F 744

§483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.

KEY ELEMENTS OF NONCOMPLIANCE §483.40(b)(3)

To cite deficient practice at F744, the surveyor's investigation will generally show that the facility failed to:

- Assess resident treatment and service needs through the Resident Assessment Instrument (RAI) process;
- Identify, address, and/or obtain necessary services for the dementia care needs of residents;
- Develop and implement person-centered care plans that include and support the dementia care needs, identified in the comprehensive assessment;
- Develop individualized interventions related to the resident's symptomology and rate of progression (e.g., providing verbal, behavioral, or environmental prompts to assist a resident with dementia in the completion of specific tasks);
- Review and revise care plans that have not been effective and/or when the resident has a change in condition;
- Modify the environment to accommodate resident care needs; or
- Achieve expected improvements or maintain the expected stable rate of decline.

Immediate Jeopardy

DEFICIENCY CATEGORIZATION §483.40(b)(3)

An example of Severity Level 4: Immediate Jeopardy to Resident Health or Safety includes, but is not limited to:

Based upon a comprehensive assessment by a qualified professional, it was identified that a resident living with dementia required close supervision to prevent injury. The resident's care plan indicated that the facility had developed individualized interventions to support him; however, documentation in the resident's record provided information about an incident that had occurred recently as a result of lack of supervision. When left alone in the bathroom, the resident sustained second degree burns to his hand from hot water, requiring treatment at the emergency room. Following the incident, no revisions were made to the resident's care plan.

The facility failed to implement individualized interventions, as well as revise the care plan accordingly, to address the resident's dementia care needs, resulting in injury, as evidenced by observation, record review, and/or interview.

Actual Harm

An example of Severity Level 3: Actual Harm that is not Immediate Jeopardy includes, but is not limited to:

The care plan for a resident with an identified diagnosis of dementia included the need for close supervision to prevent the resident from wandering into the rooms of other residents. However, the review of the care plan indicated that the facility had failed to develop person-centered interventions to prevent the resident from wandering. The record review also provided information about a resident-to-resident altercation that had occurred a week prior to the survey. The altercation involved a sweater that was removed from the room of another resident, who slapped and scratched the resident living with dementia, because she refused to return the garment. The resident received minor lacerations and bruising, which was cared for by the direct care staff at the nursing home. The care plan was revised to reflect the need to closely supervise.

During the survey, the resident was observed wandering in and out of resident rooms. When questioned, direct care staff were unaware that the resident required close supervision.

The facility failed to develop and implement interventions to address the resident's dementia care needs, resulting in the resident's inability to achieve her highest level of functioning.

No Actual Harm

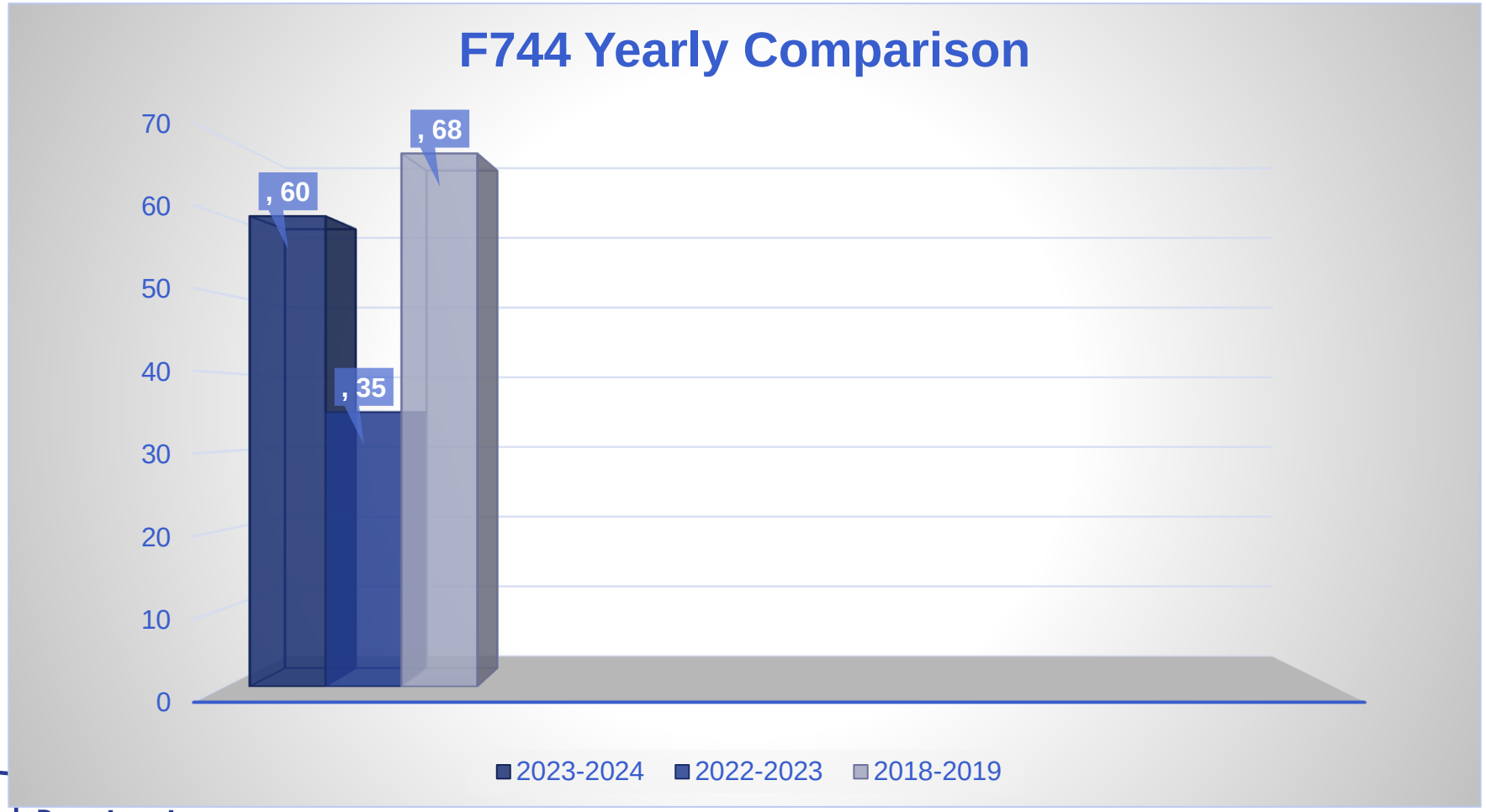
An Example of Severity Level 2: No Actual Harm with Likelihood for More Than Minimal Harm that is Not Immediate Jeopardy

A resident was observed standing in her doorway asking what day of the week it was. Two staff members were within hearing distance, but did not reply to the resident. The surveyor also noticed that there was no calendar in the resident's room.

Review of the resident's record showed that she had a diagnosis of dementia. The care plan noted that the resident has a tendency to forget what day of the week it is and can become anxious when not reminded. Interventions include that staff are to ensure that a current calendar is on her bedroom wall and remind the resident what day it is when she wakes up each morning and when facility staff are asked.

The facility failed to support the resident and implement care planned interventions to reduce her confusion, which had the potential to cause the resident anxiety.

Indiana Statistics



2023-2024 Citation at Immediate Jeopardy

Immediate Jeopardy: 1 citation at J

Based on observation, interview, and record review, the facility failed to provide individualized dementia care and supervision of a newly admitted resident with Alzheimer's dementia for one of three residents reviewed for dementia care (Resident B) which resulted in the resident exiting the locked memory care unit through a second story window approximately 13 feet above the ground and fracturing her left heel, left ankle, two sacral vertebrae, and a thoracic vertebra.

2023-2024 Citations at Harm

Based on interview and record review, the facility failed to ensure effective person-centered dementia care was provided to a resident with known physically aggressive behaviors for two of five residents reviewed for dementia care. (Residents H and J) This deficient practice resulted in an altercation between Resident H and J. Resident J received a fractured left wrist and a laceration above his right eye.

Based on observation, interview, and record review, the facility failed to ensure services were provided to residents with dementia to prevent resident-to-resident altercations for two of three residents reviewed for dementia (Resident C, Resident D). This deficient practice resulted in Resident D experiencing a fall and sustaining an acute fracture of the right upper arm bone with moderate displacement and rotation.

Based on observation, interview, and record review, the facility failed to develop and implement a system of individualized behavior monitoring and management that provided information for assessment to develop individualized interventions to prevent recurrence of behavior expressions for one of four residents reviewed for dementia services

Based on observation, interview, and record review, the facility failed to ensure services for effective supervision were provided to ensure a pencil sharpener was not left unattended and within the reach of a cognitively impaired resident with dementia for one of three residents reviewed for dementia care. This deficient practice resulted in Resident B ingesting the sharpener blade and required hospitalization for surgical removal.

(Survey and PSR findings for same facility)

2023-2024 Citations at Widespread- Not Harm

Based on observation, interview, and record review, the facility failed to provide meaningful, structured activities and/or an environment with available diversionary materials within the secured dementia care unit for three of four residents reviewed for dementia services

Based on record review and interview, the facility failed to ensure individualized resident activities were conducted for residents with dementia related to aggressive behaviors, resident to resident altercation, accidents, and inappropriate sexual behaviors for six of 19 residents reviewed for dementia care.

Based on observation, interview, and record review, the facility failed to implement residents' behavior care plans and provide adequate monitoring and supervision to timely address residents' behaviors for six of 18 residents on the Alzheimer's Care Unit.

Based on observations, interviews and record review, the facility failed to ensure the secured memory care unit provided person-centered care, supervision, and engaging activities to prevent resident-to-resident altercations and/or accidents.

Busy Hands, Calm Minds

Man, using his hands, as they are energized by the mind and will, can influence the state of his own health.

(Mary Reilly)

Surveyor Observations

During each survey, observations are made of all residents, then there is a focus sample. This sample includes residents with dementia and residents residing on a dementia care unit.

Environment

- Space for all aspects of daily life, seating and living areas, not just dining areas
- The unit needs to be physically set up in a way that allows staff to provide ongoing or more frequent monitoring of the residents
  - This helps staff to prevent or intervene in a timely manner when there are resident-to-resident altercations/sexual behaviors
  - Simple interventions, like shutting the door to a dining room while not in use, as long as there's ample space in other common areas for residents to gather, can help to achieve this
  - Also, ensuring adequate personal space for each resident to ambulate in common areas and hallways of the unit. When the residents must rub shoulders or wheelchairs to pass by each other, they can become frustrated and combative which leads to altercations.

What They SEE

Indiana Department of Health

Busy Hands are Happy Hands

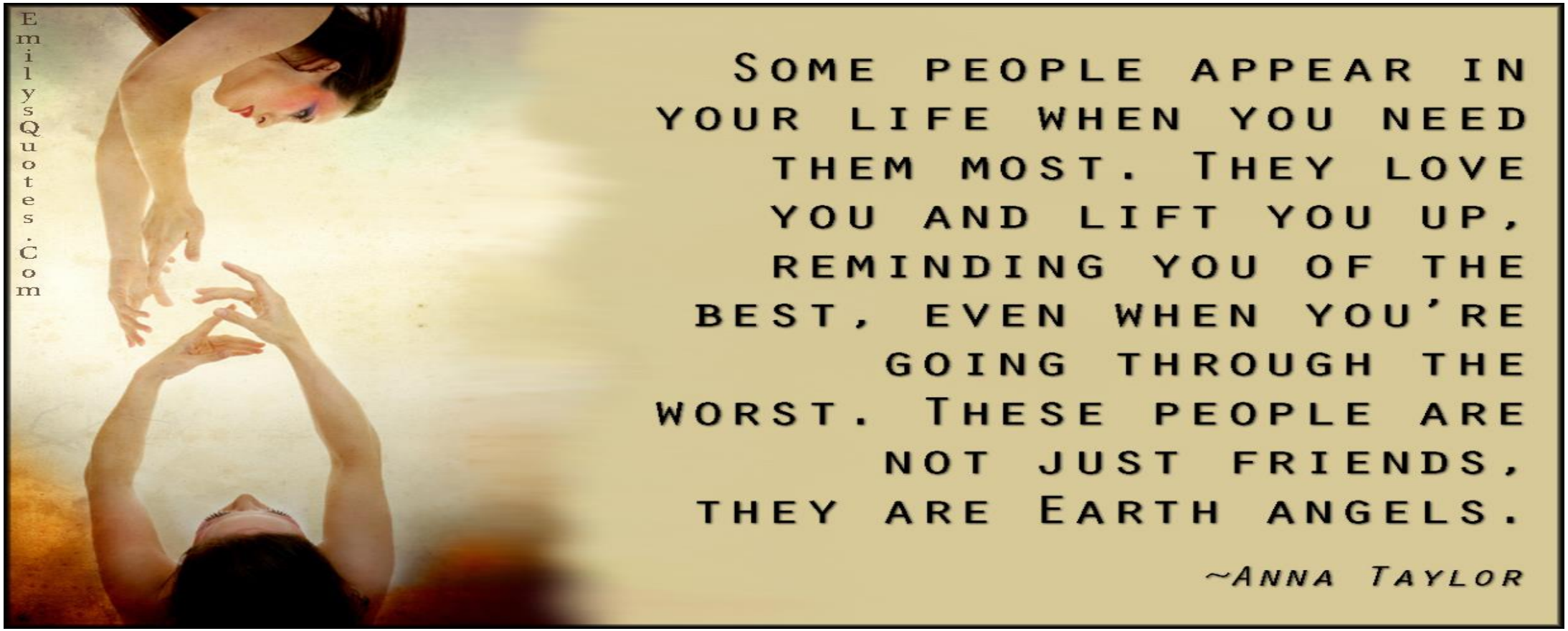
"Most of our dementia units have a good program of some sort staff can follow to keep residents busy and engaged. The best ones have seasonal programs like talks or walks outdoors, raised gardening beds and enclosed spaces with shade for residents. One facility has high family involvement as well. The Thanksgiving/Christmas holiday get togethers seem to be hard on dementia residents without a good program. When the facility links its activities to the season, it seems the residents do better. Some of the dementia units rather than have large gatherings, encourage families to use a more private location in the facility." (from an area supervisor)

When a unit has a consistent, appropriate, ongoing, group activity programs the residents like and meaningful pursuits (music, exercise, art, verbal fill-in-the-blank, etc.) this helps to keep ambulatory residents engaged in something and helps to prevent exit-seeking and wandering into other resident's spaces, which can lead to resident-to-resident altercations.

Activities/Programming

- It is important to acquire as much information from the resident, family or other on their past life history. This information should be available to all unit staff, to utilize for conversation, activities and redirection.
- Knowing the life of the resident is key to meaningful connection

Be “Their” People



People Need People

Needs:

- A dementia care director whose sole focus is on the unit, not other obligations in the facility
- Staff who are dedicated to the dementia care unit and not moved or "pulled' to work other areas. Continuity is key.
- Staff who are engaged with the residents and have buy-in seem to be able to pick up on early signs if something is not right with the resident, so interventions happen sooner either behaviorally or physically
- Staff who are cross-trained. Everyone who works on or cares for those on the unit should be able to assist at anytime and be able to identify concerns in resident care and behaviors. People need to know people, likes and dislikes.

Federal Requirement for Training

F947

Training topics must include but are not limited to—

§483.95(g) Required in-service training for nurse aides.

In-service training must—

§483.95(g)(1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year.

§483.95(g)(2) Include dementia management training and resident abuse prevention training.

§483.95(g)(3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at §483.70(e) and may address the special needs of residents as determined by the facility staff.

§483.95(g)(4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.

State Requirement for Training

Comprehensive Care (nursing home)

410 IAC 16.2-3.1-13 Administration and management

(w) In facilities that are required under IC 12-10-5.5 to submit an Alzheimer's and dementia special care unit disclosure form, the facility must designate a director for the Alzheimer's and dementia special care unit. The director shall have an earned degree from an educational institution in a health care, mental health, or social service profession or be a licensed health facility administrator. The director shall have a minimum of one (1) year work experience with dementia or Alzheimer's residents, or both, within the past five (5) years. Persons serving as a director for an existing Alzheimer's and dementia special care unit at the time of adoption of this rule are exempt from the degree and experience requirements.

Comprehensive Rule, continued

The director shall have a minimum of 12 hours of dementia-specific training within three months of initial employment as the director of the Alzheimer's and dementia special care unit and six hours annually thereafter to:

1. Meet the needs or preferences, or both, of cognitively impaired residents
2. Gain understanding of the current standards of care for residents with dementia

The director of the Alzheimer's and dementia special care unit shall do the following:

1. Oversee the operation of the unit
2. Ensure that:
    A. Personnel assigned to the unit receive required in-service training
    B. Care provided to Alzheimer's and dementia care unit residents is consistent with:
        i. In-service training
        ii. Current Alzheimer's and dementia care practices
        iii. Regulatory standards

Residential Rules (assisted living)

410 IAC 16.2-5-1.3 Administration and management

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Residential Rule (continued)

The director shall have a minimum of 12 hours of dementia-specific training within three months of initial employment as the director of the Alzheimer's and dementia special care unit and six hours annually thereafter to:

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        iii. Regulatory standards.

House Enrolled Act No. 1457

Article 28.5 Housing with Services Establishment

Chapter 2. Requirements

A housing with services establishment offering memory care services must meet the following standards:

1) Services must be tailored to the resident and consistent with current evidence-based dementia care
2) Must develop and implement policies and procedures to address residents who are at risk for elopement
3) Must use appropriate safety devices to protect residents who are at risk for elopement
4) Must retain records of the residents and a current picture
5) Must have policies for residents concerning admission criteria, assessment and service planning, staffing including special training for memory care, description of physical environment including safety and security features, discharge criteria and procedures for emergency situations

Definition

Memory Care services means:

Care provided to a person diagnosed with Alzheimer's disease, a related disorder, or dementia who resides in a health facility or a housing with services establishment that locks, secures, segregates or provides a special program or special unit for resident with Alzheimer's disease, related disorders or dementia.

Section 2

A housing with services establishment that offers memory care services must register with the division of aging established by IC 12-9.1-1-1.

Section 3

The state department may survey housing with services establishments for compliance with this article.

Chapter 3

The state department may impose fines not to exceed ten thousand dollars ($10,000) against a housing with services establishment that fails to comply with the requirements of this article.

Surveying to Ensure Compliance

A housing with services establishment that offers memory care services must meet these standards:

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5) Must have policies for residents concerning admission criteria, assessment and service planning, staffing including special training for memory care, description of physical environment including safety and security features, discharge criteria and procedures for emergency situations

Evidence-based Training

Clinical Practice Guidelines

Person-centered care should be the core of the training

Where to find evidence-based training for dementia care:

- National Institute of Health
- American Psychological Association
- World Health Organization
- Alzheimer's & Dementia Services of Northern Indiana
- Alzheimer's Association

Citations for State Rules

Comprehensive Rules (nursing homes)

Dementia-Specific Training - 12 citations

Dementia Disclosure - 5 citations

Residential Rules (assisted living)

R96 – Director, Training, Inservicing, Standards - 3 citations

Questions?

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