

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 20, 2018

Ms. Brenda Scalabrini, Manager
Lincoln House
120 Hill Street
Barre, VT 05641-3915

Dear Ms. Scalabrini:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 22, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



2018/03/01 10:54:18 4 /9

PRINTED: 03/01/2018
FORM APPROVED

Division of Licensing and Protection		(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/22/2018
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0175	STREET ADDRESS, CITY, STATE, ZIP CODE 120 HILL STREET BARRE, VT 05641	
NAME OF PROVIDER OR SUPPLIER LINCOLN HOUSE	(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

R100 Initial Comments:

The Division Licensing and Protection conducted an unannounced onsite relicensing survey on 2/21/2018 and a complaint investigation on 2/21/2018 which concluded on 2/22/2018. The following regulatory violations were identified.

R145 V. RESIDENT CARE AND HOME SERVICES
SS=D

5.9.c (2)

Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review the RCH nurse failed to develop and implement a written care plan to address each resident's identified needs and direct staff with the provision of care and interventions for residents with specific health needs for 2 of 6 applicable residents (Residents #1 & 6) Findings include:

1. Resident #1 was placed on Hospice services in September 2017. Per record review, the care plan failed to address all identified needs to include monitoring symptoms and providing interventions associated with the resident's pain management. Resident #1 also requires the use of oxygen, however the care plan does not include provisions for the maintenance of oxygen equipment and direction to staff when to change

Please See Attached

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Sarah Sharbrook

TITLE

Executive Administrator

(X5) DATE

3.12.18

STATE FORM

0000

0J2V11

If continuation sheet 7 of 6

R145 - P221 POC accepted 3/19/18 Sarah Sharbrook RN/pmc

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/22/2018
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R145	Continued From page 1 the nasal cannula; extension tubing; and how and when to clean the oxygen compressor filter. 2. Resident #6 requires a urinary catheter with constant drainage. The resident's care plan has not been developed for the management of the device to include awareness of strict infection control practices when staff assist the resident with disconnecting tubing between the catheter and drainage bags. In addition, staff instructions have not been incorporated within the care plan for the cleaning of urinary bags; visualizing/monitoring urinary output (if necessary) and when to alert the nurse of potential problems associated with the urinary catheter. The above findings were reviewed with the Administrator on the afternoon of 2/21/2018.	R145		
R179	V. RESIDENT CARE AND HOME SERVICES SS=E 5.11 Staff Services 5.11 b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;	R179		Please See attached

Division of Licensing and Protection

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R179	<p>Continued From page 2</p> <p>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and documentation review, the residence failed to ensure that all staff providing care and services to residents received annual mandatory training in the seven topics identified in the Vermont Residential Care Home regulations for 5 out of 5 employees in the sample. Findings include:</p> <p>Per review of staff training records, 2 out of 5 staff had not received annual training in Resident Rights. One out of 5 staff had not received annual training in mandatory reporting of abuse, neglect, and exploitation. None of the staff members had received annual training in Fire Safety or Emergency Response Procedures and First Aid. Four out of 5 staff had not received annual training in Respectful and Effective Communication. One out of 5 staff members had not received annual training in Infection Control. One out of 5 staff had not received annual training in General Care and Supervision of Residents. The training records were reviewed with the Administrator on 2/22/2018.</p>	R179		
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R181	Continued From page 3	R181		
R181 SS=E	V. RESIDENT CARE AND HOME SERVICES	R181		
	<p>5.11 Staff Services</p> <p>5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the residence failed to ensure that no staff member providing direct care to residents had a conviction of an offense for actions related to bodily injury, theft or the misuse of funds, or other crimes inimical to the public welfare. This has the potential to affect all residents. Findings include:</p> <p>Per review of personal records, there was no evidence of the results of the Vermont criminal background checks for two employees who had been hired within the last year. The Administrator</p>		<p>Please see Attached</p>	

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R181	Continued From page 4 confirmed there were no results of the criminal background checks available at 1:30 PM on 2/21/2018.	R181		
R221 SS=C	VI. RESIDENTS' RIGHTS 6.9 Residents may manage their own personal finances. The home or licensee shall not manage a resident's finances unless requested in writing by the resident and then in accordance with the resident's wishes. The home or licensee shall keep a record of all transactions and make the record available, upon request, to the resident or legal representative, and shall provide the resident with an accounting of all transactions at least quarterly. Resident funds must be kept separate from other accounts or funds of the home. This REQUIREMENT is not met as evidenced by: Based on staff interview, the RCH manager confirmed although there is a process for managing resident funds, this does not include providing to residents and/or legal representative a quarterly accounting of all transactions for 10 applicable residents. (Residents # 1, 2, 3, 4, 5, 7, 8, 9, 10, & 11) Findings include: Based on interview on the afternoon of 2/21/18 the RCH manager confirmed that although s/he provides financial assistance by managing small amounts of cash for 10 of the 23 residents, and the resident and/or legal representative sign a consent for this to occur, a quarterly accounting of all transactions is not being provided as	R221	<i>Please See Attached</i>	

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R221 Continued From page 5
required.

R221

R 145 V Resident Care & Home Services

SS=D

5.9. c. (2)

Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care & services necessary to assist the resident to maintain independence & well - being.

Resident # 1 was placed on Hospice services in September 2017. Per record review the care plan failed to address all identified needs to include monitoring symptoms and providing interventions associated with the resident's pain management

In this situation, because the resident fails to complain or respond to questioning in reference to her level of pain, staff has been observing for signs of discomfort with any movement and/or when resident is resting in her chair or bed. Staff also relies on the daughter who spends every day with the resident for signs of pain with verbal denial.

Plan of Correction (POC)

A written adjunct form has been added to the residents care plan and in the Medication Administration Record (MAR) to have staff sign off on the pain evaluation every 4 hours and adjust as her pain level changes. There is a PRN form that is already in place to document PRN medications. This form identifies the type of pain the PRN medication used and the effectiveness of the PRN medication. In addition there Pain Evaluation form. This form has resident name, Reminder of the Pain scale, both verbal and facial to use to assess the resident. Information in reference to what their respective level of pain is daily. And what medications are given daily to manage the chronic pain. In addition what is the level of an acute episode and what PRN medications or interventions can be used to resolve the acute episode?

This system will be implemented on all residents that have chronic pain as well as when resident has an episode with an acute episode with new pain. When Staff call to notify RN of changes of residents status with pain, instructions from RN to update the Care plan with above mentioned adjunct and recommendations of frequency of rechecking the resident for pain on the MAR.

Resident's with chronic pain will be evaluated daily and in event of an acute episode of pain staff will follow the appropriate interventions per MD orders as well as notifying the RN.

This process will be implemented immediately and will be monitored by the two RN's and Administrator at Lincoln House on a weekly basis for a period of 3 months at which time if compliance is 100% it will be monitored periodically for Quality Assurance.

Lincoln House Plans to have 100 % compliance in 90 days

Resident 1 also requires the use of oxygen however the care plan does not include provisions for the maintenance of oxygen equipment and directions to staff when to change the nasal cannula, extension tubing and how and when to clean the oxygen compressor filter.

Plan of Correction (POC)

A form has been created to use with any resident that has oxygen Continuous and/or PRN. The form has a check off list for the care of the oxygen: Nasal cannula changed every month (unless damaged or soiled) Extension tubing to be changed every 3 months (unless damaged or soiled). Instructions have been added in the care plan of respective residents receiving oxygen and instructions have been attached to the oxygen equipment for reference for all staff. The filters are cleaned weekly and if the resident is receiving humidified oxygen, the reservoir will be checked daily for water level and cleaned

This form will be implemented immediately.

The form will have dates of expected changes with a place for staff to sign when they have completed the expected task in reference to the oxygen equipment care and maintenance

This form will be monitored by the two RN's and Administrator at Lincoln House on a weekly basis for a period of 3 months at which time it will be monitored periodically for Quality Assurance.

Lincoln House Plans to have 100 % compliance in 90 days.

Resident # 6 requires a urinary catheter with constant drainage. The residents care plan has not been developed for the management of the device to include awareness of strict infection control practices when staff assist the resident with disconnecting the tubing between the catheter and drainage bags. In addition, staff instructions have not been incorporated within the care plan for the cleaning of urinary bags. Visualizing /monitoring urinary output (if necessary) and when to alert the nurse of potential problems associated with the urinary catheter.

Plan of Correction (POC)

The care plan has been updated to include the "Foley Catheter Care & Maintenance" Patient Guide by Bard. (This guide addresses the specific issues that present and recommends intervention to resolve the issues. If the intervention does not resolve the issue the staff are instructed to contact the RN In addition, a specific care instructions for Resident # 6 has been added to the care plan 9 copy in Care Plan Book and additional copy in residents' room.

This will be implemented immediately.

Monitoring of care will be done by the 2 RN's and the administrator at Lincoln House. The monitoring will include watching for and signs and symptoms of infection due to inappropriate care of the Foley catheter. Resident will also be monitored by Urologist who evaluates resident monthly at an office visit for catheter change.

Compliance will be monitored by periodic request by RN and/or administrator to demonstrate the process of Foley Catheter. In addition at the Skills day for Annual In-service each staff member responsible (and/or delegated by the RN) will need to successfully demonstrate the correct process for Foley care.

This process for the Care plan are readily available to add to any future residents with indwelling catheters.

5.11 Staff Services

5.11 .b. The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to the resident. There shall be at least 12 (twelve) hours of training each year for each staff person providing direct care to the residents. The training must include the following:

1 Resident Rights

2 Fire Safety and emergency Evacuation

3 Resident emergency response procedures such as the Heimlich maneuver, accidents, police or ambulance contact and first aid

4. Policies & Procedures regarding mandatory reports of abuse, neglect and exploration

5 Respectful and effective interaction with residents

6. Infection control measures, (Handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions

General supervision and Care of residents.

In-services are a challenge having attempted to implement several venues to be in compliance with the State Regulations. Two years ago we implemented having two 6 hours sessions that were mandatory for staff to attend to have both didactic and skills. Due to staffing issues this was not done last year.

Plan of Correction (POC)

Mandatory In-services days will be reinstated to comply with the Regulations of the Vermont Division of Licensing & Protection

Implementation will be within 90 days

RN administrator and Executive Administrator will be the responsible parties to ensuring compliance.

Self-study packets will be provided and specific alternative date to demonstrate skills will be arranged for new employees and staff that were excused from the mandatory session due to personal issues.

Lincoln House will be in compliance within 6 months

R 181 V Resident Care & Home Services

5.11. d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions

Plan of Correction (POC)

Administrative Team will check to ensure all current personnel have the appropriate criminal back ground checks as well as Adult & Child Abuse results.

A book has been developed to contain each employee's records in addition to their individual personnel files.

This process has been implemented immediately

Compliance will be monitored by the Executive Administrator and the Medical Director

Lincoln House will have 100% compliance within 30 days.

R221 VI. Resident Rights

6.9 Residents may manage their own personal finances. The home or licensee shall not manage a resident finances unless requested in writing by the resident and then in accordance with the residents wishes. The home or licensee shall keep a record of the transactions and make the record available upon request to the resident or legal representative, and shall provide the resident with an accounting of all transactions at least quarterly. Resident's funds must be kept separate from other accounts or funds of the home.

Plan of Correction (POC)

Executive Administration will implement a quarterly report to be given to Resident and/or Legal Representative immediately

The first report will be March 31, 2018 and follow quarterly after that.

See attached form

Compliance will 100 % within 30 days

This will be monitored by the Executive Administrator

5.11 Staff Services

5.11 .b. The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to the resident. There shall be at least 12 (twelve) hours of training each year for each staff person providing direct care to the residents. The training must include the following:

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3 Resident emergency response procedures such as the Heimlich maneuver, accidents, police or ambulance contact and first aid

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Administrative Team will check to ensure all current personnel have the appropriate criminal back ground checks as well as Adult & Child Abuse results.

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Compliance will be monitored by the Executive Administrator and the Medical Director
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The first report will be March 31, 2018 and follow quarterly after that.

See attached form

Compliance will 100 % within 30 days

This will be monitored by the Executive Administrator

Name

Pain Scale

0-10 Scale or use of Facial Scale

Chronic pain level :

Source of Chronic Pain :

Management of Chronic Pain

Acute Pain Scale :

Source of acute Pain

Management of Acute Pain

Acute Pain Scale :

Source of acute Pain

Management of Acute Pain

Acute Pain Scale :

Source of acute Pain

Management of Acute Pain

Acute Pain Scale :

Source of acute Pain

Management of Acute Pain

Acute Pain Scale :

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Management of Acute Pain

Acute Pain Scale :

Source of acute Pain

Management of Acute Pain

Acute Pain Scale :

Source of acute Pain

Management of Acute Pain

Acute Pain Scale :

Source of acute Pain

Management of Acute Pain

Face Pain Scale Chart

Faces Pain Scale Printable

Faces Pain Scale PDF

Printable Face Pain Chart

Happy Face Pain Charts

Wong-Baker Faces Pain Chart

PAIN ASSESSMENT TOOL



No Pain

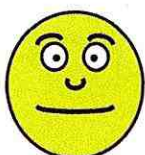
Mild

Moderate

Severe

Very Severe

Worst Pain Possible



0

1-3

4-6

7-9

10

medivizor.com | 2400 x 1252 png
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Share Save Show details More



Feedback

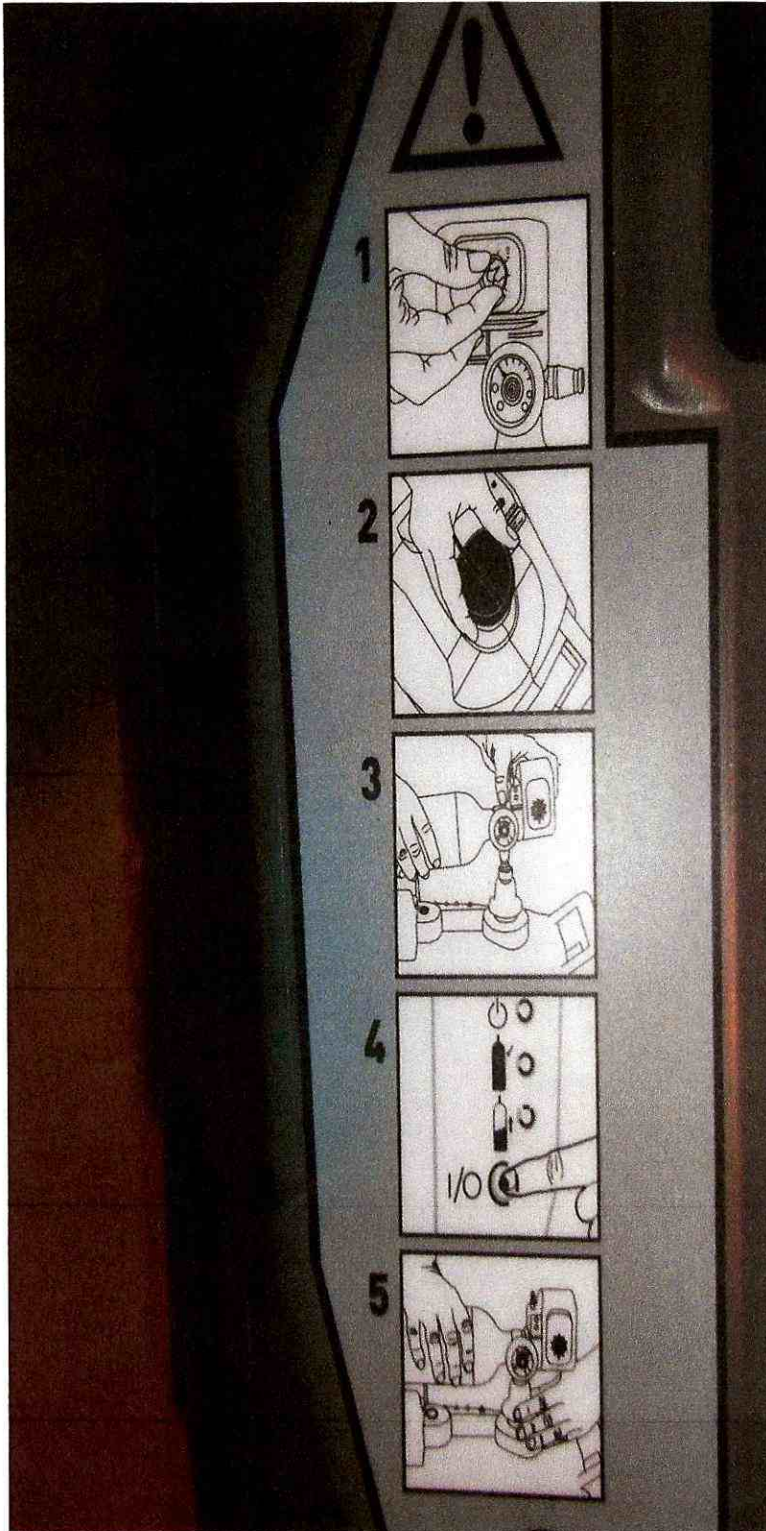
Oxygen

Date Nasal Cannula Changed Due Once a month	Date Extension tubing Changed Due every 3 months	Date Filter was Cleaned Due weekly (Saturday)	Date Humidified Chamber filled/cleaned Daily

Please date and initial the task you completed above Thank you

CLEAN FILTER EVERY SATURDAY

REMOVE FROM THE BACK OF THE
CONCENTRATOR RINSE WITH WARM WATER
AND PAT DRY AND REPLACE.



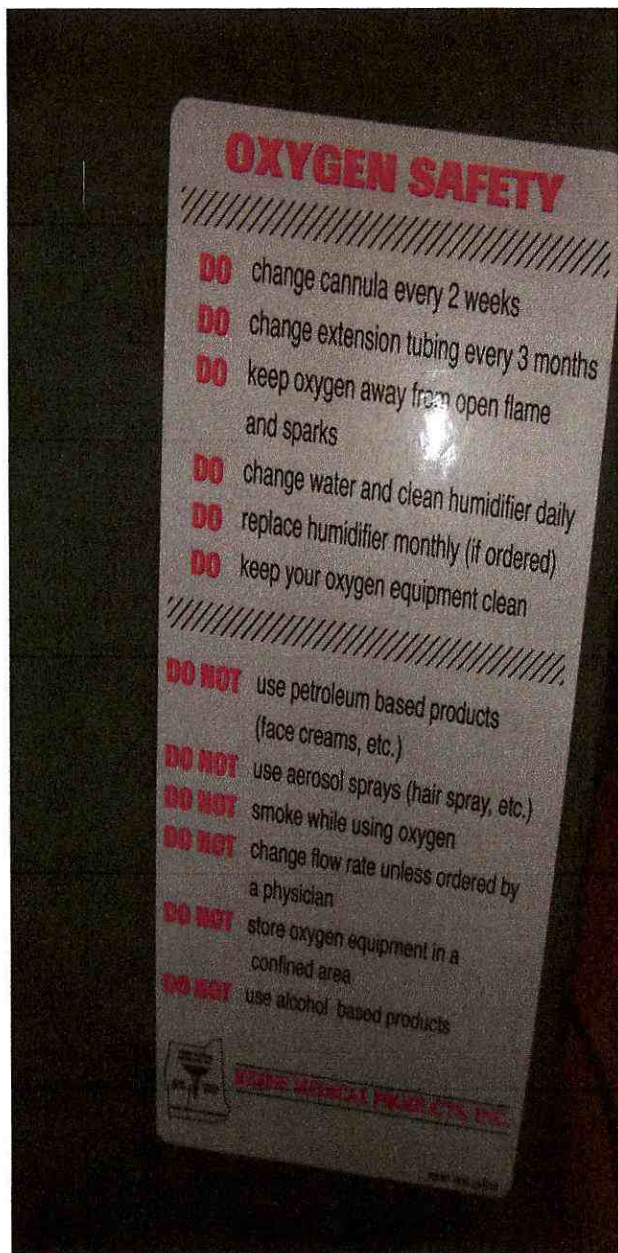
1. TURN OFF
CANISTER

2. PLACE THE
BLACK CUSHION
ON FILLING
STATION

3. PLACE
CANISTER ON
FILLING
STATION
MAKING SURE
THAT IT CLICKS
ON

4. TURN ON
MACHINE
(GREEN
BUTTON)

5. AFTER FILLED
REMOVE BY
PUSHING
DOWN THE
WHITE CERMIC
PIECE



DO

1. CHANGE CANNULA EVERY MONTH
2. CHANGE EXTENSION TUBING EVERY 3 MONTHS
3. KEEP OXYGEN AWAY FROM OPEN FLAMES AND SPARKS
4. CHANGE WATER AND CLEAN HUMIDIFIER DAILY
5. REPLACE HUMIDIFIER MONTHLY (IF ORDERED)
6. KEEP OXYGEN EQUIPMENT CLEAN

DO NOT

1. USE PETROLEUM BASED PRODUCTS (FACE CREAMS)
2. USE AEROSOL SPRAYS (HAIR SPRAY)
3. SMOKE WHILE USING OXYGEN
4. CHANGE FLOW RATE UNLESS ORDERED BY A PHYSICIAN
5. STORE OXYGEN EQUIPMENT IN A CONFINED AREA
6. USE ALCOHOL BASED PRODUCTS

ANY PROBLEMS CALL:
1-800-447-0028

UROLOGICAL DRAINAGE

BARD MEDICAL DIVISION

Foley Catheter Care & Maintenance

Patient Education Guide



BARD | MEDICAL

“WHAT IS A FOLEY CATHETER?”

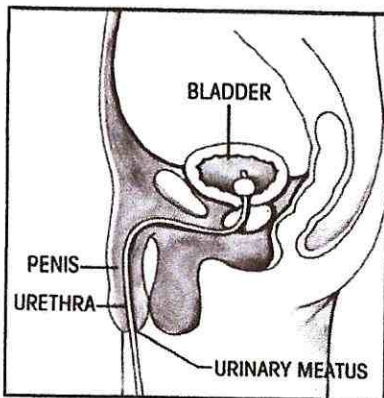
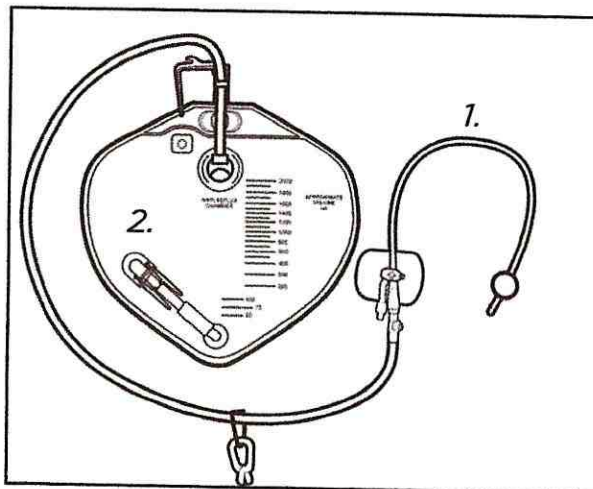
Because of your medical problem, your body is having trouble completely emptying your bladder of urine. This is why your healthcare provider has prescribed a Foley catheter. The Foley catheter will act as a drain to empty your bladder.

A Foley catheter is a thin, hollow tube made of soft, flexible material. It is passed through the urethra into the bladder.

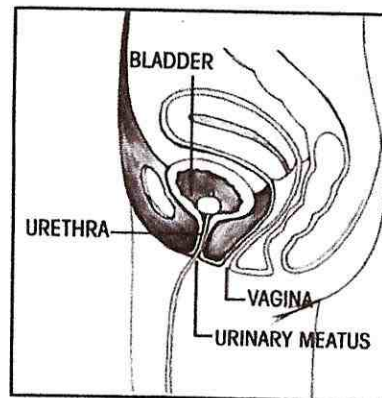
The catheter is held in place by a small water-filled balloon which is inflated in the bladder to keep the catheter from falling out while you go about your normal activities.

Urine will automatically drain out of your bladder into the bag which is attached to the catheter.

- A catheter drainage system consists of:
1. A Foley catheter
 2. A urinary drainage bag



Catheter placement in a male



Catheter placement in a female

"WHAT SHOULD I DO IF I THINK I HAVE A PROBLEM?"

Talk to your healthcare provider whenever you have a question or think you may have a problem. Here are some things you can do on your own.

LEAKAGE

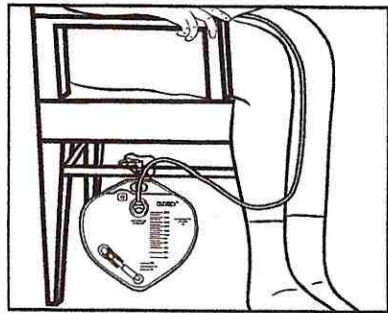
Occasional leakage is not unusual. If it is persistent or in large amounts, call your healthcare provider.

Call your healthcare provider immediately if you notice:

- Strong odor or cloudy urine
- Blood in urine
- Chills, fever above 99.4 degrees
- Lower back pain
- Abnormal leakage around the catheter
- Swelling at catheter insertion site, especially in men
- Disorientation or change in mental status

NO URINE IN BAG

- Change your body position
- Check for kinks or loops in the catheter and tubing
- Make sure the bag is lower than your abdomen so urine flows freely by gravity
- DO NOT clamp the catheter or tubing
- DO NOT irrigate the catheter unless instructed by your healthcare provider
- Call your healthcare provider immediately if the above steps do not restore proper urine flow



Avoid kinks and loops in the catheter or tubing



Call your healthcare provider about large amounts of leakage or when you cannot restore urine flow

"HOW DO I CARE FOR MY FOLEY CATHETER"

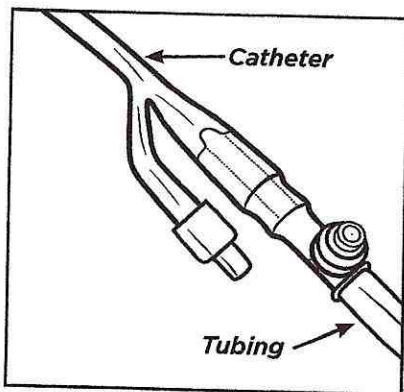
It is important to follow a few simple guidelines to avoid possible complications with your Foley catheter.

1. Maintain a Closed Drainage System

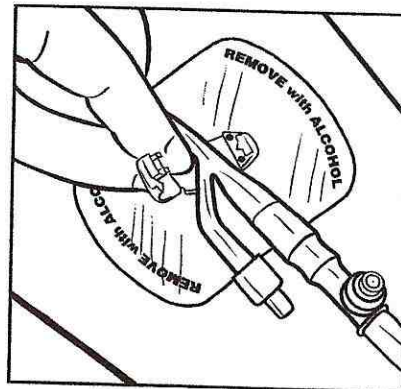
Maintaining a "closed" drainage system reduces the number of bacteria that enter the catheter system to cause an infection.

In order to maintain a closed drainage system:

- DO NOT remove the catheter unless instructed by your healthcare provider.
- DO NOT handle the catheter, tubing, or drainage bag without first washing your hands with soap and water.
- DO NOT break the connection from the catheter and the tubing.
- If a disconnection accidentally occurs, clean both ends with an alcohol pad, reconnect immediately, and call your healthcare provider.



Tamper evident seal helps prevent disconnection of the catheter from the tubing.



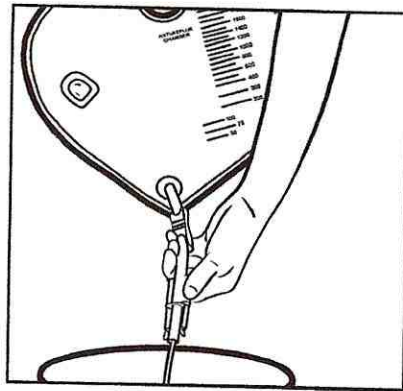
Proper catheter anchoring.

2. Use a Foley stabilization device

Foley catheters are often subject to inadvertent pulling forces that can lead to discomfort. A Foley stabilization device is designed to minimize catheter movement and accidental dislodgement, thereby maximizing comfort.

3. Maintain a Steady Urine Flow

- Keep the drainage bag below the level of your lower abdomen at all times, to keep urine flowing freely by gravity.
- Make sure there are no kinks or loops in the catheter or tubing which might restrict urine flow.
- Empty the drainage bag every four to eight hours, or if it becomes filled before then.
- DO NOT let the drain tube touch the container the urine is draining into, when emptying the bag.



Proper emptying of urinary drainage bag into pail.

4. Practice Good Hygiene

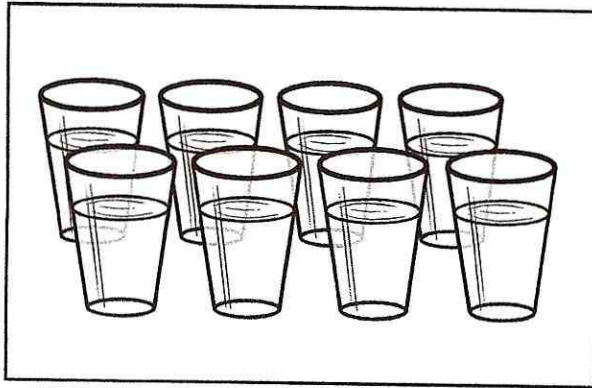
Wash hands with soap and water before and after touching the catheter or drainage bag. Wash skin around the catheter with soap and water daily and after each bowel movement. This will help reduce the risk of infection.

"HOW CAN I PREVENT PROBLEMS WITH MY FOLEY CATHETER?"

The Foley catheter is a necessary aid for managing your urinary drainage. With proper management and care, most potential problems with your Foley catheter can be avoided.

1. Drink Plenty Of Fluids

Unless your doctor has prescribed otherwise, drink at least eight to ten 8 ounce glasses of liquids daily. This helps reduce buildup of deposits that may block the catheter from draining properly.



Good fluid intake is important.

2. Maintain Steady Urine Flow

Keeping the drain bag below bladder level at all times and free of kinks and loops allows urine to drain in a "downhill" direction.

Urine backing up or stagnating in the tube or bag can lead to infection.

Empty your drainage bag every 4-8 hours or more frequently if it becomes filled before then.

3. Practice Good Hygiene

Wash hands with soap and water before and after touching the catheter or drainage bag. Wash skin around the catheter with soap and water daily and after each bowel movement. This will help reduce the risk of infection.

4. Maintain a Closed Drainage System

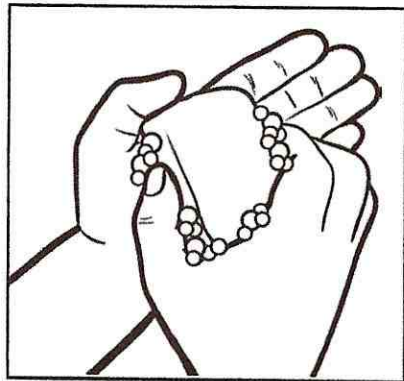
Maintaining a “closed” drainage system reduces the number of bacteria that enter the catheter system to cause an infection.

In order to maintain a closed drainage system:

- DO NOT remove the catheter unless instructed by your healthcare provider.
- DO NOT handle the catheter, tubing, or drainage bag without first washing your hands with soap and water.
- DO NOT break the connection from the catheter and the tubing.
- If a disconnection accidentally occurs, clean both ends with an alcohol pad, reconnect immediately, and call your healthcare provider.

5. Talk to Your Healthcare provider

Your healthcare provider will use the smallest catheter and balloon possible. A larger catheter may cause problems and will not drain urine any faster.



Wash hands with soap and water before and after touching the catheter or drainage bag

5.11 Staff Services

5.11 .b. The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to the resident. There shall be at least 12 (twelve) hours of training each year for each staff person providing direct care to the residents. The training must include the following:

1 Resident Rights

2 Fire Safety and emergency Evacuation

3 Resident emergency response procedures such as the Heimlich maneuver, accidents, police or ambulance contact and first aid

4. Policies & Procedures regarding mandatory reports of abuse, neglect and exploration

5 Respectful and effective interaction with residents

6. Infection control measures, (Handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions

General supervision and Care of residents.

In-services are a challenge having attempted to implement several venues to be in compliance with the State Regulations. Two years ago we implemented having two 6 hours sessions that were mandatory for staff to attend to have both didactic and skills. Due to staffing issues this was not done last year.

Plan of Correction (POC)

Mandatory In-services days will be reinstated to comply with the Regulations of the Vermont Division of Licensing & Protection

Implementation will be within 90 days

RN administrator and Executive Administrator will be the responsible parties to ensuring compliance.

Self-study packets will be provided and specific alternative date to demonstrate skills will be arranged for new employees and staff that were excused from the mandatory session due to personal issues.

Lincoln House will be in compliance within 6 months

R 181 V Resident Care & Home Services

5.11. d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions

Plan of Correction (POC)

Administrative Team will check to ensure all current personnel have the appropriate criminal back ground checks as well as Adult & Child Abuse results.

A book has been developed to contain each employee's records in addition to their individual personnel files. This process has been implemented immediately

Compliance will be monitored by the Executive Administrator and the Medical Director

Lincoln House will have 100% compliance within 30 days.

R221 VI. Resident Rights

6.9 Residents may manage their own personal finances. The home or licensee shall not manage a resident finances unless requested in writing by the resident and then in accordance with the residents wishes. The home or licensee shall keep a record of the transactions and make the record available upon request to the resident or legal representative, and shall provide the resident with an accounting of all transactions at least quarterly. Resident's funds must be kept separate from other accounts or funds of the home.

Plan of Correction (POC)

Executive Administration will implement a quarterly report to be given to Resident and/or Legal Representative immediately

The first report will be March 31, 2018 and follow quarterly after that.

See attached form

Compliance will 100 % within 30 days

This will be monitored by the Executive Administrator

Balance Sheet

Column1	Column2	Column3
previous balance		
deposits	0	0
	0	0
	0	0
	0	0
	0	0
Total Assets		
Balance	0	0

see attached sales slips for item they purchased.

Lincoln House/Balance sheet

Addendum 2

To: Lincoln House Residents

From: Brenda Scalabrini

RE: Personal Cash Account

Please sign and return this form if you wish to keep personal cash in the safe at Lincoln House. This personal cash account will be managed by the Administrator at Lincoln House. A quarterly statement of account will be furnished on a quarterly basis.
