RESIDENTIAL PLAZA
BLUE LAGOON
License #AL7551

Resident Handbook

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A. RULES AND REGULATIONS

1. Resident shall use the room and the public areas of the premises as well as all electrical, plumbing, sanitary, heating ventilating, air conditioning, and other facilities and appliances in and about the premises in a reasonable manner consistent with the purpose for which they were designed and intended.

2. Resident shall keep the room and all areas of the premises under control of Resident as clean, sanitary and free from all accumulations of debris, filth, rubbish and garbage. Bulky furniture and/or hoarding is not permitted; this is considered a safety hazard.

3. Residents that reside in the Poinciana Unit, must be aware that the common area and kitchenette of the unit is for the use of both residents. This is a shared space, in which both parties must respect each other including the adding or removal of furniture. Bulky furniture and/or hoarding or items is not permitted; this is considered a safety hazard.

4. Resident shall dispose of the garbage, rubbish, and other waste in a clean and safe manner. Damages which result from improper disposal of waste materials and charges to repair same will be charged to the resident.

5. Resident shall not deliberately or negligently destroy, deface, damage impair, remove or alter any part of the premises or knowingly permit any person to do so upon termination of occupancy. Resident shall surrender the room to Residential Plaza in as good condition as when received, excepting only reasonable wear and tear, damages or destruction not caused by Resident or Resident's guest.

6. Resident shall conduct him or herself, and require other persons permitted on the premises with his or her consent to conduct themselves, in a manner that will not disturb the neighbor's peaceful enjoyment or the operation of Residential Plaza at Blue Lagoon, Inc.

7. Resident to resident altercation and/or resident bullying is prohibited in Residential Plaza. If you become aware of such your responsibility is to report immediately to Residential Plaza staff.

8. If the room is adjacent to a kitchenette Resident shall use that kitchenette for microwave and refrigerator use only.

9. Resident shall provide him or herself with suitable and sufficient clothing and personal necessities at his or her own expense. All personal clothing, bed linens and towels must be marked with the Resident's name. Residential Plaza shall not be liable or responsible for an expense, debt or obligation of any nature or kind contracted by Resident of his or her account. Residential Plaza is not obligated to furnish, supply Resident, maintenance, meals of lodging when Resident is absent from the premises, nor any credit for absence from the premises.

10. The room will be occupied only as a dwelling unit by Resident and for no other purpose. Resident will not permit other persons to reside in the rooms.

11. Resident will notify Residential Plaza of any anticipated absence from the premises.

12. Smoking is permitted only in designated areas of the building.

13. Alcoholic Beverages must not be consumed in common areas, only allowed in the resident room. Alcoholic beverages are not recommended to Residents that are assisted with medication supervision or medication administration.

14. Resident will follow the directions of their physician with regard to meals and medications.

15. To assure the safety of all residents and staff preparedness, resident will participate in fire drills which will be periodically held in accordance with state and municipal laws.

16. Residents receiving supervision with medications are required to use medications in the "Medication on Time Unit Dose" system through the Pharmacy providing services to the facility. Except those residents whose medications are provided by the Veterans Administration Pharmacy. Residents receiving supervision with medications, medications will be stored by Residential Plaza in the second-floor storage/medication cart for the safety of the residents.

17. Resident shall not keep or permit to be kept in or about the premises any pet.

18. Residents are encouraged to have visitors and all visitors are welcome. However, the Resident is responsible for the actions and conduct of any of his/her visitors. Children are welcome but should not be left unattended at any time and should be always accompanied by an adult.

19. No firearms or weapons are allowed in our facility.

20. Residential Plaza prohibits resident abuse, neglect, and exploitation by staff, family member, or other residents. It is the responsibility of any individual that becomes aware of such actions to report this immediately to Residential Plaza administration, staff, or abuse hotline.

21. Residential Plaza administration is on-site Monday thru Friday 8am – 5pm, after hours and Saturdays/Sundays on call. During the Administrator absence the Team Leader is assigned as designee and has access to contact the Administrator 24/7.

22. Housekeeping services are included in the resident's board and service level. This service includes one day a week full cleaning of room and bathroom, garbage removal daily, and emergencies. If the unit needs additional cleaning services weekly this will increase the service level points. Each floor has a scheduled day of the week for cleaning. Defrosting of personal refrigerator or daily cleaning of balcony is not a service offered by Residential Plaza.

23. Toiletries are offered by Residential Plaza in common bathrooms. Residents are responsible in purchasing their own personal toiletries.

24. Incontinent Supplies are not covered in your monthly rent, board, or service level charge unless through a Medicaid Program. Residential Plaza does offer the supplies at an additional cost per schedule, and coordinate the delivery of supplies to your room.

25. Maintenance Staff is on-site Monday thru Sunday from 6am to 5pm and on-call after hours. 24 hour maintenance is not offered by Residential Plaza. Residential Plaza is not responsible for maintaining, cleaning, or repairing personal equipment such as TV, microwave, refrigerator, etc.

26. Meals are served in the Dining Room, Residential Plaza offers open dining to all residents to accommodate their preference. Approved special diets by our Dietitian are offered, and all effort to accommodate special preferences and request are done to the best of our ability. Room Service is available as an extra charge in your service level, Residential Plaza promotes residents to participate in the dining room for socialization.

27. Residential Plaza does not offer shopping services. Activities Department schedules outing to different stores once a month. Your Social Service Representative can coordinate a companion or volunteer that can accommodate your needs.

28. Residential Plaza staffs an in-house RN for services covered under our Limited Nursing Service License. Services must be ordered by a Physician, coordinated through the Social Service Representative, and charged separately per visit. Not included in your service level charge.

29. Residential Plaza offers a full calendar of social and leisure activities posted monthly through the Activities Calendar. Activities vary month to month depending on the preference and request of the residents. Community events are announced but may have an additional cost.

30. Rent payments are due by the 10th of each month, as stated in the Residents Contract.

31. Every floor is assigned to a Social Service Representative whose job is to assist the resident with coordination of care, services, and preferences. All services are coordinated by the Social Service Representative such as activities of daily living, transportation, and third party provider services.

32. Residential Plaza offers special care and service for individuals with Alzheimer's disease and related disorders. These services include a home-like secure environment with 24-hour staff for the safety and welfare of the residents, staff trained in caring for individuals with Alzheimer's disease and related disorders, and activities designed for persons who are cognitively impaired.

33. All Residents/Family Members/Representatives have the right to communicate their concerns. Residential Plaza facilitates different routes of communication for grievances/concerns. Grievances/concerns can be informed directly to a staff member, mailed or emailed in writing, dropped off in the grievance/concern box 2nd floor or at the resident council monthly meetings. Staff will follow policy and procedure in responding to grievances/concerns.

34. Residential Plaza promotes infection control, sanitation, and universal precaution within the community. It is expected that all residents follow proper hand hygiene, respiratory hygiene, cough etiquette and proper waste disposal.

Any breach by Resident of the terms of these rules and regulations shall give Residential Plaza the right to terminate the rental between Resident and Residential Plaza agreements on written notice to Resident in addition to any other rights or remedies Residential Plaza may have under the laws of the State of Florida.

B. BILL OF RIGHTS FOR ASSISTED LIVING FACILITIES RESIDENTS

CHAPTER 429.28

FLORIDA STATUTES

(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:

(a) Live in a safe and decent living environment, free from abuse and neglect.

(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.

(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.

(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time. Upon request, the facility shall make provisions for caregivers and out-of-town guests, and in other similar situations.

(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.

(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.

(g) Share a room with his or her spouse if both are residents of the facility.

(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.

(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.

(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.

(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally incapacitated, the guardian shall be given at least 45 days' notice of a non-emergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.

(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without restraint, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

YOU, AS A RESIDENT, MAY FILE A LAWSUIT TO ENFORCE THESE RIGHTS, WITHOUT FEAR OF PERSONAL HARM (SECTION 429.29 FLORIDA STATUTES). IF YOU BELIEVE YOUR RIGHTS HAVE BEEN VIOLATED AND IF YOU HAVE NOT BEEN ABLE TO RESOLVE THE MATTER WITH THE OWNER OF YOUR RESIDENCE, CONTACT YOUR LOCAL LONG TERM CARE OMBUDSMAN COMMITTEE.IF YOU HAVE BEEN PHYSICALLY OR MENTALLY ABUSED, CALL TOLL FREE 1-888-831-0404.ALL CALLS ARE CONFIDENTIAL.

IT IS RESIDENTIAL PLAZA'S PHILOSOPHY TO HONOR AND RESPECT ALL THE RIGHTS OF EACH RESIDENT.

ANY STAFF MEMBER WHO VIOLATES THE ABOVE RIGHTS WILL BE SUBJECT TO TERMINATION.

C. ASSISTED LIVING FACILITY ADMISSION CRITERIA

STANDARD ALF License

- Individual is at least 18 years of age.
- Individual is free from apparent sign and symptoms of any communicable disease which is likely to be transmitted to other residents or staff, except for HIV/AIDS.
- Individual must be able to perform activities of daily living with supervision or assistance, if necessary
- Individual is able to transfer, with assistance if necessary. The assistance of more than one person is permitted.
- Individual is capable of taking medication, by either self-administration, assistance with self-administration, or by administration of medication.
    - If resident needs assistance with self-administration, the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance.
    - The facility may accept a resident who requires the administration of medication, if the facility has a nurse to provide this service, or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact contracts with a licensed third party to provide this service to the resident.
- Not have any special dietary needs that cannot be met by the facility.
- Individual is not a danger to self or others as determined by a physician, or mental health practitioner licensed under 490 or 491, F.S.
- Individual does not require 24-hour licensed professional mental health treatment.
- Individual is not bed-ridden.
- Individual does not have any stage 3 or 4 pressure sores. A resident requiring care of a stage 2 pressure sore may be admitted provided that: Such resident either:
    - Resides in a standard licensed facility and contracts directly with a licensed home health agency or a nurse to provide care, or
    - Resides in a limited nursing services licensed facility and services are provided pursuant to a plan of care issued by a health care provider, or the resident contract directly with a licensed home health agency or a nurse to provide care;
        - The condition is documented in the resident's record and admission and discharge log; and
        - If the resident's condition fails to improve within 30 days as documented by a health care provider, the resident must be discharged from the facility.
- Individual does not require any of the following nursing services:

    - Artificial airway management of any kind, except that of continuous positive airway pressure may be provided through the use of a CPAP or bipap machine;
    - Assistance with tube feeding;
    - Monitoring of blood gases;
    - Management of post-surgical drainage tubes and wound vacuum devices;
    - Administration of blood products in the facility or
    - Treatment of surgical incisions or wounds, unless the surgical incision or wound and the underlying condition have been stabilized and a plan of care has been developed. The plan of care must be maintained in the resident's record.

    - Not require 24-hour nursing supervision.

- Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C.
- Have been determined by the facility administrator to be appropriate for admission to the facility. The administrator must base the decision on:
    - An assessment of the strengths, needs, and preferences of the individual, and the medical examination report required by Section 429.26, F.S. and subsection (2) of this rule;
    - The facility's admission policy and the services the facility is prepared to provide or arrange in order to meet resident needs. Such services may not exceed the scope of the facility's license unless specified elsewhere in this rule; and
    - The ability of the facility to meet the uniform fire safety standards for the assisted living facilities established in Section429.41, F.S. and Rule Chapter 69A-40, F.A.C.

- A resident who otherwise meets the admission criteria for residency in a standard license facility, but who requires assistance with the administration and regulation of portable oxygen or assistance with routine colostomy care of stoma site flange placement, may be admitted to a facility with a standard license as long as the facility has a nurse on staff or under contract to provide the assistance or to provide the training to the resident on how to perform these functions themselves.
- A resident enrolled in and receiving hospice services may be admitted to an assisted living facility as long as the individual otherwise meets resident admission criteria.

LIMITED NURSING SERVICES License

- Same admission criteria as a standard ALF.

LIMITED MENTAL HEALTH License

- Same admission criteria as a standard ALF.

D. CRITERIA FOR CONTINUED RESIDENCY

Criteria for continued residency in a facility like Residential Plaza, holding a standard, limited nursing services, or limited mental health license shall be the same as the criteria for admission, except as follows:

1- The resident may be bedridden for up to 7 consecutive days.
2- A resident requiring care of a stage 2 pressure sore, maybe retained provided that:

- Residential Plaza has a LNS license and services are provided pursuant to a plan of care issued by a physician, or the resident contracts directly with a licensed home health agency or a nurse to provide care;
- The condition is documented in the resident's record; and
- If the resident's condition fails to improve within 30 days, as documented by a licensed nurse or physician, the resident shall be discharged from Residential Plaza.

3- A terminal ill resident who no longer meets the criteria for continued residency may continue to reside at Residential Plaza if the following conditions are met:

- The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that maybe needed;
- Continued residency is agreeable to the resident and Residential Plaza;
- An interdisciplinary care plan, which specifies the services being provided by Hospice and those being provided by the facility, is developed and implemented by a licensed hospice in consultation with Residential Plaza.
- Documentation of the requirements of this paragraph is maintained in the resident's file:

    - The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.
    - A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff within the scope of the facility's license.

Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training.

E.

ADVANCE DIRECTIVES

Residential Plaza shall respect and honor your health care decisions, as required or allowed by law. You are not required to give advance health care decisions in order to receive care at this facility. In admission you will be asked about your Health Care Advance Directives and be requested to provide a copy of the document to maintain on file so all health care providers are aware of your wishes. If the document is not available at the time of admission, your family member or representative will be asked to bring a copy to the facility. The resident is responsible for discussing his/her future health care wishes with his/her physician and family or representative and making his/her known.

DO NOT RESUCITATE ORDER (DNR)

Residential Plaza staff may withhold or withdraw cardiopulmonary resuscitation if presented with an order not to resuscitate executed pursuant to s. 401.45. The department shall adopt rules providing for the implementation of such orders. Residential Plaza staff and facility shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing cardiopulmonary resuscitation pursuant to such an order and rules adopted by the department.

The absence of an order to resuscitate executed pursuant to s.401.45 does not preclude a physician from withholding or withdrawing cardiopulmonary resuscitation as otherwise permitted by law.

MEDICAID FRAUD

Medicaid Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under applicable federal or state law as it relates to Medicaid. The office of the Inspector General at the Agency for Health Care Administration accepts complaints regarding suspected fraud and abuse in the Florida Medicaid system by phone at 1-888-419-3456 or on the Agency web site at
http://ahca.myflorida.com/Executive/Inspector_General/medicaid.shtml

F.

SMOKING POLICY

It is the policy of Residential Plaza at Blue Lagoon, Inc. to assure all its residents a clean and safe environment, free of smoke pollution, contamination and fire hazards.

Your cooperation is appreciated. Smoking of cigarettes, pipes or cigars is allowed only at designated areas of the building. Should a resident, visitor or staff member desire to smoke, it is requested that all smoking take place on an open terrace or outside the building where sitting space and a pleasant natural surroundings is available. Smoking in the rooms, units, or air-conditioned common areas is prohibited.

G. Prevention of Bed Bug Infestation

Residential Plaza at Blue Lagoon works very hard to maintain the facility free of bed bugs for the health of our residents. To continue with this we need your assistance and cooperation. Below are certain guidelines that need to be followed to prevent a bed bug infestation in our building.

Guidelines for furniture:

Bed bugs have a strong preference for paper and wood, over metal and plastic. Porous surfaces provide more humidity and egg-laying locations. Furniture choices can greatly contribute to the control of bed bugs.

- Replace wood frame beds with metal frame
- Eliminate head boards
- Replace all plush furniture with metal and plastic
- Use only white or light colored sheets
- Use Vinyl covered or seamless mattresses and incase the box spring
- Discard any wicker furniture

Policy Statements to Minimize the Spread and Impact of Bed Bugs

- Your belongings must be free of bed bugs, or you must be willing to work with staff to rid your belongings of bed bugs. – *This will prevent the introduction of bed bugs into our facility, and will help the resident to avoid future bed bug issues.*
- You may not bring into this facility items collected from the street, discarded items, donated furniture.
- If you have possibly been exposed to bed bugs, or suspect that you may have bed bug bites, you must tell the facility. – *Early detection and management is very important for the control of bed bugs.*
- The client must consult with medical provider or social worker if bed bugs are suspected.
- You must follow pre-treatment guidelines for a room you occupy. – *Following pre-treatment guidelines will allow management to help get the bed bug infestation under control.*
- You must not use spray, fog, or dust pesticides on your own to treat for bed bugs or any other pests. – *Foggers cause bed bug to spread.*

H. Elopement Response Policy and Procedure

Purpose: To locate and or account for a missing resident.

Responsibility: All Staff

Procedure: The following steps are to be followed regarding residents identified as an elopement risk and response to an elopement/ missing person:

At Risk Residents:

- Staff must make a daily effort to determine that at risk residents have identification on their persons that include their name and the facility's name, address, and telephone number.
- Staff must be generally aware of the location of all residents assessed at high risk for elopement.
- The facility must have a photo identification of at-risk residents on file that is accessible to all facility staff and law enforcement as necessary.

Responding to an elopement:

1. The staff that identifies the missing resident will inform the team leader immediately.
2. The Team Leader will alert all staff on shift by radio (Ex. Code Blue Maria Perez) to start an area check of the building, each aide checks their designated area with the assistance of additional staff on the floors.
    A. Room and bed check, knock and announce yourself. If a resident is present, ask if they have seen the missing individual. Check in and around the beds; do not assume that the person in the bed is the occupant of that unit.
    B. Check surrounding areas around the room such as bathrooms, inside the shower and closets.
    C. After the area check is complete, use radio to report to the Team Leader waiting in the office that your area has been checked.
    D. All this should be done in a confidential manner without causing chaos with other residents.
3. The Team Leader will notify the Administrator/ Designee and the Front Desk. The Administrator will notify all Department Heads to be on standby.

4. As building check is conducted Administrator will review cameras to assist/facilitate the search. Reviewing exit doors, floor fire exit, back terrace, and side of building.

5. If the resident is found in the building.

    A. Immediately use emergency call system to inform that the resident has been found and where the resident was found.

    B. Team Leader will alert staff that resident has been located and search is cancelled.

6. If building search has not been successful or if resident is known to be outdoors the Administrator or designee should be notified.

7. The Administrator or designee will start a ground area check this should be conducted as follows:

    A. The Administrator or designee will assign the residents Case Manager, Maintenance Supervisor, and Team Leaders to start the search outdoors with a picture of the resident.

    B. During day light and evening hours, walk completely around the building, check parking lot and unlocked cars, initiate road search in an automobile, if resident is found and refuses to return inform the Administrator or designee by cell phone and the Administrator or designee will inform the police.

    C. After 11:00 pm; only check parking lot and if not successful call the Administrator or Designee and the police will be informed.

8. If building, grounds, and road search have not been successful, notify the Administrator by cell phone, if not in the building.

9. The Administrator or Designee will notify the police.

10. If police are notified; offer any assistance or information regarding resident to the police, this should include a picture of the resident.

11. After contacting the police, the Administrator or designee will contact family member or responsible party and document this notification.

12. The Administrator or designee will be responsible for completing an Adverse Incident Report if required, as mandated by the State.

13. The Care of the other residents should continue as usual. Their activities and service needs should not be altered in any way.

I. Assistive Device Policy

PURPOSE:

To ensure the safe usage of a resident's assistive devices.

RESPONSIBILITY:

Direct or Indirect Care Staff

DEFINITIONS:

Assistive Device – means any device designed or adapted to help a resident perform an action, a task, an activity of daily living, or a transfer; prevent a fall; or recover from a fall. The term does not include a total body lift or motorized sit-to stand lift, with the exception of a chair lift or recliner lift that a resident is able to operate independently. Various types of Assistive Devices: Wheelchair, Rolling Walker, Canes, Commode, Bath Chairs, Bed Rails, etc.

PROCEDURE:

Trainings – Direct care staff will receive training on assistive devices care and maintenance for each device used in the facility. This training must be completed prior to the staff providing care to the resident. The staff training will include, but not limited to:

1. How the facility communicates the type of devices used to the direct care staff.
2. Proper use of the assistive devices for residents.
3. Checking the assistive devices for the following:
    a. Making sure the wheelchairs lock handle are working properly.
    b. Making sure the foot pedals are stable and secure.
    c. Checking the ends of walking canes to make sure the rubber is still intact; or the ends are not worn to unevenness.
    d. Making sure there are no loose screws on the walkers or wheelchairs.
    e. Making sure the shower-chair or bathtub-chair is securely in place
    f. Making sure the seat covers and seats on the Rollators are tightly screwed in place.
    g. Making sure the brake handles are working (to lock and unlock) on the Rollators.
4. The facility staff must follow infection control procedures on all assistive devices.
5. The facility staff must follow its procedures for recommending assistive devices repairs and/or replacement.
6. Other training appropriate for any assistive device that is not listed will be provided accordingly.

These trainings may be provided by the administrator or the administrator's designee. The administrator or the administrator's designee must issue each staff a certificate of the training per the requirements in Chapter 59A-36.011 (12) Florida Adminitstrative Code.

Staff Responsibilities:

1. The administrator or the administrator's designee must assure that all staff is provided with the definition of an assistive device;
2. The admninistrator or the administrator's designee must explain to all staff that they must report any suspision of assistive devices potentials of malfunctionig or if they are malfunctioing or if they are broken.
3. Upon a resident's move-in to the community or the implementation of a new assitive device, it will be recorded in the resident's records, and if applicabe noted in his/her care plan.
4. New assistive devices for a resident may accompany a therapy order for proper use from the physician. At that the time the therapist will be required to provide education to the resident and direct care staff on the proper use of the assistve device with the resident.
5. The administrator or the adminitrator's designee must maintain a current list of all assistive devices used in the facility. The document must include the name of the resident and the assistive device that resident is using.
6. The direct care staff must make sure assistive devices are clean, in good repair and free of any hazards.
7. The direct care staff must encourage residents to function independently with their assistive devices.
8. The direct care staff must clean and disinfect reusable medical equipment and communal assistive devices that have been designated for multiple resident before and after each use according to the manufacturer's directions.

Reporting Requirements and Action to be Taken:

All staff must report malfunctioning assistive devices, broken assistive devices or suspicion of non-working devices to the Residents Case Manager.
Once reported the Case Manager will:

1. Verify and remove the broken assisted device immeditately.
2. Place a Maintenance request if device can be repaired, if not:
3. Identify if the assistive device was provided by a Hospice provider. If so, the Case Manager will contact the Hospice provider for a loner or replacement assistive device.
4. Notify the physican and durable medical equipment (DME) provider for a service call to replace the assistive device or provide a loner until repairs can be completed.
5. Notify staff so that services are provided timely and safely during the period of time of the repair/replacement.
6. Document all actions taken in the resident records and notify the responsible party or parties.
7. Return the repaired or replacement assistive device to the resident.

J.Physical Restraints

PURPOSE:

To ensure physical restraint devices are applied appropriately and safely.

RESPONSIBILITY:

Direct Care Staff / Maintenance Staff

PROCEDURE:

- "Physical restraint" means a device that physically limits, restricts, or deprives an individual of movement or mobility, including any device that is not specifically manufactured as a restraint but is altered, arranged, or otherwise used for that purpose. The term does not include any device that the resident chooses to use and is able to remove or avoid independently, or any bandage material used for the purpose of binding a wound or injury.
- Residents for whom a physician has prescribed a physical restrain must have a written care plan for the use of the physical restraint.
- The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident.
    - The Care Plan must specify:
        - The device prescribed for use
        - The maximum amount of time the resident is to have the restraint applied each day
        - In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of depression, or decline in mobility or function related to the use of the prescribed restraint.
- Maintenance staff must ensure that the device is applied appropriately and safely.
- The resident's physician must review the appropriateness of the continued use of the physical restrain annually, and documentation of this review must be maintained in the resident's record.
- If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical restraint and all requirements of this subsection apply.

K.

INFECTION CONTROL PLAN
RESIDENTS MANUAL

Glossary
ALF and / or Organization = Residential Plaza at Blue Lagoon
AHCA = The Agency for Healthcare Administration
CDC = The Centers for Disease Control and Prevention
PPE = Personal protective Equipment

Policy
The Organization has developed and implemented infection control practices that conform to AHCA regulations, CDC guidelines, federal, state and local regulations and currently accepted standards of practice. All employees are assigned responsibility for the management of infection prevention and control activities.

Purpose
To prevent or decrease the exposure of residents and employees to diseases and infections and to establish and maintain a surveillance program of identifying, reporting, and analyzing infections.

Procedures

1. The Infection Control Plan conforms to CDC guidelines, AHCA, federal requirements, state and local regulations and currently accepted standards of practice.
2. The Infection Control Plan establishes and implements policies and procedures for controlling employee exposure to COVID-19. These policies/procedures include:
    a. Identifying all those residents and employees at risk of exposure to COVID-19.
    b. Establishing procedures for the evaluation of circumstances surrounding exposure incidents.
    c. Establishing a training program upon employment or admission which:
        i. Educates residents and employees in the infection control program
        ii. Advises residents and employees of any revisions or when changes occur.
        iii. Provides record keeping in accordance with regulations.
        iv. Ensuring that provisions of equipment and supplies necessary to minimize the risk of infection with COVID-19 or other potentially infectious materials are available to all residents and employees at risk of exposure.
        v. Establishing a process for educating residents/employees regarding infection control policies/procedures.
        vi. Establishing a surveillance program for infections acquired in home health care.
        vii. Reviewing the program's effectiveness systematically and revising as necessary.
        viii. Establishing policies/procedures that will reduce the spread of COVID-19 to employees and residents.

ix. Monitoring staff and resident's adherence to recommended policies, procedures and protective measures. When monitoring reveals a failure to follow recommended precautions:
    - Counseling, education and/or retraining will be provided.
    - If necessary, appropriate disciplinary action will be taken.
x. Screening staff and residents as required by law and regulation for exposure to COVID-19, and/or immunity to infectious diseases that staff may come in contact with. All screening processes may change based on CDC and/or State Department recommendations.
xi. Directing residents and employees to self-isolate who have been exposed to or who potentially have been exposed to COVID-19 and/or any other viral/infectious disease to physicians for assessment, testing, prophylaxis treatment, counseling and/or immunization as per CDC guidelines.

3. The Organization will respond to COVID-19 confirmed cases as specified in the Organization's Policy "Responding To COVID-19 Confirmed Cases'
4. The goals for the infection control program are to:
    a. Ensure that established infection control procedures are designed to minimize the spread of infection from resident to resident and resident to staff (including outside third party vendors) by addressing prioritized risks.
    b. Reduce the risk of acquisition and transmission of COVID-19 by addressing prioritized risks.
    c. Limit unprotected exposure to COVID-19 throughout the organization by implementing current CDC and OSHA guidelines.
    d. Improve hand hygiene compliance.
    e. Minimize the risk of transmitting COVID-19 associated with the use of procedures, medical equipment and medical devices.
    f. Improve protocol about what to do if employees or residents are sick with COVID-19.
5. Emergency operations planning for COVID-19 disease outbreak includes:
    a. Preparing to respond to an influx, or the risk of an influx, of residents/employees
    b. Managing the ongoing influx of potentially exposed residents and employees over by:
        i. Suspending admissions for new residents when necessary.
        ii. Restricting on-site visits only to screened essential health care personnel (e.g. hospice, nurses, emergency responders, etc.), vendors and state officials. (Exceptions are permitted for limited family visits in end-of-life situations)
    c. Providing or arranging for the residents to have alternative ways to communicate / interact with family, such as: phone calls, video conferences, text message, etc.
    d. Establishing for information management before and during the COVID-19 outbreak, or risk of an outbreak.
6. The Organization will keep abreast of and obtain current information about COVID-19 that could cause an increased number of potentially infectious residents through communication with resources, e.g., hospitals, CDC, Federal, local and state health departments, offices of emergency management and, local media (e.g., television, radio and newspapers).
7. Critical information will be disseminated to residents, families, staff, key practitioners, physicians, and leaders through e-mail, voicemail, telephone and staff meetings.

8. The risk analysis defines the current surveillance activities and will be reviewed systematically, and on an as needed basis whenever significant changes occur.
9. Management will assign responsibility for infection control program management to each department supervisor.
    a. The assigned individual will be qualified for such responsibilities based on education, additional training and/or experience.

EXPOSURE CONTROL PLAN
OSHA REGULATIONS

Policy
Residential Plaza will develop, implement and maintain infection control policies and procedures for residents diagnosed with infections and/or contagious diseases and for the protection of employees caring for such residents. Policies and procedures will reflect OSHA regulations and accepted standards of care.

Purpose
To prevent and control the exposure of Residential Plaza employees and residents to infections and hazardous products.

Procedure

General Information – Infection Control and Standard Precautions

1. Blood, body fluids and tissues of all residents are presumed infectious.
2. If questions arise concerning a particular technique or policies of infection control, they should be directed to the administrator.
3. Refrigerate food promptly and keep in a refrigerator separate from blood or other potentially infectious materials. Medications and biologicals are also stored separately.
4. Maintain a clean resident environment with emphasis on common areas surfaces such as: countertops, handles, handrails, bathroom and kitchen cleanliness.
5. Use aseptic technique, and universal precautions attending the ALF residents.

Hand Hygiene

Hand hygiene is the most important procedure in the prevention of infections. Handwashing will be performed by all staff according to established Hand Hygiene Policy.

Methods of Disinfection

1. Reusable articles in the ALF contaminated with blood or body fluids, e.g., feces, pus, mucous or other organic matter, will be washed with soap and water.
   a. If a danger of contamination of body parts or adjacent areas exists, items will be washed in a specific container for that purpose and the subsequent solution discarded into the toilet bowl.
   b. Full strength disinfectant will be used to clean toilet bowl and seat.
2. Whenever it is necessary to use equipment which must be disinfected after use and which will be used by or for a resident over a period, e.g., bedpans, urinals, bedside commodes, etc.
3. Blood glucose monitors are cleaned when visibly soiled or according to manufacturers' recommendations (third party provider – HHA).
4. All solutions will be checked for expiration date prior to patient use.

a. When the patient no longer needs the treatment, all opened solutions and solution containers, etc., will be discarded after use.
b. Other disposable supplies, e.g., irrigation trays, syringes, suture removal sets,

5. Thermometers will be wiped with alcohol pad after each use. The effectiveness of this technique is dependent on vigorous friction. Allow to air dry. Thermometers with disposable shields are to be cleaned with alcohol pad after disposal of shield.
6. Stethoscopes (third care provider – HHA) and blood pressure cuffs will be cleaned after each use by the employee who has possession of the equipment.
7. All resident's laundry is to be handled minimally and not shaken or placed against the employee's clothing or body. Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Laundry will be placed immediately in the resident's laundry area or washing machine to minimize employees and resident's exposure.
8. Broken glassware, e.g., contaminated blood collection tubes, will not be picked up directly by hand.
9. Use the contents of the spill kit by sprinkling the spill with the absorbent material.
10. Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan. Wear gloves to scoop up the absorbed spill and broken glass.
11. Dispose in container and place container into a contaminated garbage bag.

SPECIFIC PROCEDURES FOR EMPLOYEE AND RESIDENT INFECTION CONTROL TRAINING

Policy

To ensure that all employees and residents are educated and understand specific procedures regarding infection control.

Purpose

All ALF employees and residents are educated and understand proper infection control precautions.

Procedure

Staff

1. All employees who are providing direct resident care will use the following in compliance with Standard Precautions procedures:
   a. Apply gloves before contact with any moist body site, fluids or solids, including mucous membranes, e.g., when assisting residents with bathing, toileting, and meals preparations.
   b. Wear other situation-specific PPE for all residents' care.
   c. Change gloves and wash hands between residents.
2. Wear an apron or gown and protective eyewear if danger of body fluid splash is present.
3. Bag all soiled dressings in plastic and close the bag securely then remove for disposal according to established procedures.
4. Any piece of disposable equipment which has been in contact with blood/body fluids or moist body substances must be disposed of in a plastic bag. Place the plastic bag in the covered trash receptacle.

Resident Education

1. Instruct in all basic principles of Standard Precautions and any other procedures as applicable to the resident's care.
2. Instruct in modes of transmission of all possible contaminants and specific organisms, if known.
3. Instruct regarding disposal of all infectious wastes.
4. Instruct on isolation needs if they were exposed to any contagious diseases.
5. Bathrooms should be cleaned with a 10% bleach solution.
6. Instruct residents to cover the nose and mouth when infected, or under investigation for possible infection.
7. Contact infection control specialists at a local hospital or the local health department for as stated in policies and procedures regarding specific organisms, when known.

HAND HYGIENE POLICY AND COMPLIANCE PROGRAM

RESIDENTS

Policy
All residents will be encouraged to practice Hand hygiene to reduce the transfer of microbes and germs residents to residents, residents to employees and to prevent the growth of microorganisms on the nails, hands and forearms.

Purpose
To prevent transfer of germs and transmission of infections and to implement a hand hygiene compliance program.

Equipment
- Antibacterial foam/ gel liquid
- Sink running water
- Soap- liquid, antimicrobial
- Paper towels
- Disposable plastic bag or waste can

Procedure

1. Indications for residents performing hand hygiene are:
   a. After using the bathroom.
   b. After blowing or wiping the nose.
   c. Before and after eating.
   d. When hands are soiled.
   e. After any contact with contaminated materials.
2. All residents are encouraged to implement hand hygiene procedures on an ongoing attempt to prevent and/or contain infectious processes and communicable diseases.
3. Antibacterial foam/gel/liquid is the preferable hand hygiene method. When using antibacterial foam/gel/liquid, the procedure is a follow:
   a. Place adequate amount of foam or liquid on hands.
   b. Using friction, clean between fingers, around and under nails, palms and backs of hands until hands are completely dry.

4. The proper procedure for handwashing when using soap and water is as follows:
   a. Turn water to a comfortable warm temperature.
   b. Hold hands under running water so they get completely wet.
   c. Lather hands well with liquid, antimicrobial soap: use friction; wash between fingers, wash area around and under nails.
   d. Using a clean paper towel, dry hands thoroughly.
   e. Turn off water faucet using towel.

f. Discard paper towels in a disposable bag or waste can.

5. Management has implemented an aggressive program to address hand hygiene and decrease rates of infections. This includes:
   a. providing a liquid, antimicrobial soap and paper towels in all resident care areas.
   b. Providing orientation and annual staff training that includes hand hygiene.
   c. Monitoring staff compliance with use of Antibacterial foam/gel/liquid.

RESIDENTS/FAMILIES EDUCATION OF INFECTION PRECAUTIONS AND INFECTION CONTROL PRACTICES

Policy

The Organization will assure that residents/families are informed of any infection precautions or control precautions.

Purpose

The Organization will educate the residents/families regarding any precautions to be taken to prevent and/or control any infection. Residents and family members play a role in increasing resident safety by practicing infection prevention themselves, and in supporting the staff in prevention practices.

Procedure

1. Appropriate employees will provide to the residents/families information/education regarding infection prevention or control precautions to be taken, such as Standard or barrier precautions. (The term family includes the person or persons who play a significant role in the resident's life and may include persons who are not actually related to the resident). Residents/families will also be instructed regarding any observations to be reported to ALF staff.
2. As appropriate to the services which the residents is receiving, education may include such precautions as:
   a. Appropriate hand hygiene
   b. Use of gloves and/or protective clothing
   c. Dressing changes with disposal of soiled dressings
   d. Personal care
   e. Equipment cleaning
   f. Handling resident's personal items, e.g., laundry and dishes

L. INFORMATION

Beauty-Barber Shop:	Open Tuesday to Saturday: 8:30 Am. to 3:00 Pm.
	Sunday/Monday: Closed
	Make your appointment one day in advance.
Pharmacy:	My Care Pharmacy
	1550 W. 84 St. Hialeah, FL 33014 Ph: 305-819-3738
Laundry:	Coin-operate washers $2.50 & dryers$2.50 on each floor.
Mail:	Mail pick-up and delivery daily at Front-Desk
	Excluding holidays and Sundays.
Stamps:	Postage stamps can be purchased Monday to Friday 9am to 3pm at the facility store located in the second floor.
Cable:	Cable basic-extended Comcast 78 channels at no charge.
Telephone:	Installation of new service or transfer of existing service.
	Call A T & T 1-888-757-6500
Newspaper:	For Diario de las Americas, call (305)-633-3341
	For The Miami Herald/El Nuevo Herald call
	(305)-350-2111
Dry-Cleaners:	Nice & Quick Cleaners
	5773 N.W. 7th Street Miami, FL 33126 (305) 266 0802
Taxi:	Super Yellow Taxi (305) 888-7777
	Metro Taxi (305) 888-8888
	Yellow Cab (305) 444-4444
Public Transportation:	Metro Bus, Route #7. Bus Stop is at NW 7th Street and 57th Ave.
Shopping Center:	Conveniently located across NW 57 Ave.

M. Staff Contact Information

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