

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

February 18, 2016

Mr. Timothy Ryan, Manager
The Residence At Otter Creek
350 Lodge Road
Middlebury, VT 05753-4498

Dear Mr. Ryan:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 26, 2016**. 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



Division of Licensing and Protection

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0596 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/26/2016 |
|--|---|---|---|

NAME OF PROVIDER OR SUPPLIER
THE RESIDENCE AT OTTER CREEK

STREET ADDRESS, CITY, STATE, ZIP CODE
**350 LODGE ROAD
MIDDLEBURY, VT 05753**

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| R100 | Initial Comments: An unannounced onsite re-licensure survey was completed on 1/26/16 by the Vermont Division of Licensing and Protection. The following regulatory violations were found. | R100 | | |
| R145 SS=D | V. RESIDENT CARE AND HOME SERVICES 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 facility failed to assure that the resident care plan for 1 of 5 residents in the total sample addressed each of the resident's identified needs. (Resident #4) Findings include: Per record review on 1/26/16, Resident #4 had physician orders for daily (routine) and PRN (as needed) administration of a psychoactive medication to treat an anxiety disorder. The current care plan did not identify and address this need, including measurable goals and specific interventions to manage the resident's anxiety symptoms. The lack of a care plan to address these needs was confirmed during interview with the LPN (Licensed Practical Nurse) Charge Nurse at 12:45 PM the same day. | R145 | See attached | |

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Jonathan Pope* TITLE *Resident Care Director* (X8) DATE *2/16/16*

R145 - R302 POC's accepted 2/17/16 MBolton RN/PMU

Division of Licensing and Protection

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| R167 R167 SS=D | <p>Continued From page 1</p> <p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that there was a written plan for unlicensed staff for the use of PRN (as needed) psychoactive medication administration that included all of the required regulatory elements included below. This practice affected 3 of 3 residents in the applicable sample. (Residents #1, #4 and #5). Findings include:</p> <p>Based on review of physician orders for Resident #1 on 1/25/16, nurses failed to develop a care plan to direct unlicensed staff in the administration of the following order: "Lorazepam, 0.5 mg. PO (by mouth) every 8 hours PRN (as needed) anxiety". For unlicensed staff, regulations require a written care plan for the use of PRN medication that describes the behaviors</p> | R167 R167 | <p><i>See Attached</i></p> | |

Division of Licensing and Protection

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| R167 | <p>Continued From page 2</p> <p>the medication is intended to address; specifies the circumstances that indicate the medication can be used; educates staff about the desired effects and potential adverse side effects to monitor for; and documents the time, reason and results of the medication administered. There was no written care plan for this resident's PRN Lorazepam order.</p> <p>Resident #4 had orders for a PRN psychoactive medication as follows: "Ativan 0.25 mg. every 6 hours PRN anxiety". Per review, there was no PRN care plan to direct unlicensed staff in the administration of this medication.</p> <p>Resident #5 had physician orders for the following PRN psychoactive medication "Valium 1 mg. PO PRN anxiety every 8 hours" and there was no written PRN care plan.</p> <p>The lack of written care plans to direct unlicensed staff's administration of PRN psychoactive medications for Residents #1, #4 and #5 was confirmed during interview with the LPN Charge Nurse on 1/26/16 at 12:45 PM.</p> | R167 | <p><i>See Attached</i></p> | |
| R171 SS=D | <p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:</p> <p>(1) Documentation that medications were</p> | R171 | | |

Division of Licensing and Protection

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| R171 | <p>Continued From page 3</p> <p>administered as ordered;</p> <p>(2) All instances of refusal of medications, including the reason why and the actions taken by the home;</p> <p>(3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;</p> <p>(4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and</p> <p>(5) For residents receiving psychoactive medications, a record of monitoring for side effects.</p> <p>(6) All incidents of medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that there was a record of monitoring for adverse side effects of psychoactive medication for 1 of 3 applicable residents in the sample. (Resident #4). Findings include:</p> <p>Per record review on 1/26/16, Resident #4 has physician orders for administration of the psychoactive medication, Ativan, ordered both daily at the hour of sleep and for use as needed, PRN for anxiety, every 6 hours. During interview on 1/26/16 at 12:51 PM, the LPN Charge Nurse confirmed that there was no documentation of monitoring for potential adverse side effects for this psychoactive medication, as required.</p> | R171 | <p><i>See Attached</i></p> | |
| R302 SS=D | <p>IX. PHYSICAL PLANT</p> <p>9.11 Disaster and Emergency Preparedness</p> | R302 | | |

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| R302 | <p>Continued From page 4</p> <p>9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that there was documented evidence of the required fire drills conducted at least quarterly and at the four specified times of the day. Findings include:</p> <p>Per review of the schedule of fire drills conducted during the past 12 month period, there were no fire drills completed during the night time hours (between 12 midnight and 6:00 AM) and during the evening hours (between 6 PM and 11:59 PM). The Vermont Residential Care Home Licensing Regulations state: Fire drills shall be conducted on at least a quarterly basis and shall rotate times of the day among morning, afternoon, evening and night. The omissions were confirmed with the Director of Maintenance during interview on the afternoon of 1/26/16.</p> | R302 | <p><i>See Attached</i></p> | |
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The Residence at Otter Creek Plan of Correction-RC

R145

Deficiency #1

5.9C (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.

Deficiency: Based on Staff interview and record review, the facility failed to assure that the resident care plan for 1 of 5 residents in the total sample addressed each of the residents identified needs.

#1 action to correct deficiency:

Resident care director reviewed care plan of Resident #4 and updated care plan to reflect anxiety disorder and goals to be measured. Psychoactive care plan put into place as well showing specific interventions to take when this resident becomes anxious.

#2 Measures to assure this does not recur:

The specific medication in question (Lorazepam) has been added to our internal list of antipsychotic medications. Upon admission the resident care director reviews admission checklist (see checklist included) and will be a second check for this type of care plan.

#3 How corrective action will be monitored:

During routine care-plan updates and annually this will be reviewed.

R167

Deficiency #2

5.10. D: If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:

Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about the desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for, and specific results of the medication use.

Deficiency: Based on Review of physician's orders for resident #1 on 1/25/16, nurses failed to develop a care plan to direct unlicensed staff in the administration of the following order: "Lorazepam, 0.5mg. PO every 8 hours PRN for anxiety." For unlicensed staff, regulations require a written care plan for the use of PRN medication that describes the behaviors the medication is intended to address; specifies the circumstances that indicate the medication can be used; educates the staff about desired effects and potential side effects to monitor for; and documents the time, reason and results of the medication administered. There was no written care plan for this residents PRN Lorazepam order.

#1 Action to correct deficiency:

Resident in this survey as well all current resident residing in RCH home had report run via electronic medical record specific to PRN Lorazepam. PRN psychoactive care plans initiated for all resident receiving PRN Ativan. See care plan included.

#2 Measures to assure this does not recur:

The specific medication in question (Lorazepam) has been added to our internal list of antipsychotic medications. Upon admission the resident care director reviews admission checklist (see checklist included) and will be a second check for this type of care plan.

#3 How corrective action will be monitored:

During routine care-plan updates and annually this will be reviewed.

R171

Deficiency #3

5.10 g. Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum shall include: (1) Documentation that medications were administered as ordered (2) All instances of refusal of medications, including the reason why and actions taken by the home (3) All PRN medication administered, including date, time, reason for giving the medication, and the effect (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration (5) For residents receiving psychoactive medications, a record of monitoring for side effects (6) All incidents of med errors.

Deficiency: Based on staff interview and record review, the facility failed to assure that there was a record of monitoring adverse side effects of psychoactive medication for 1 of 3 applicable residents in the sample.

#1 action to correct deficiency:

Resident care director reviewed care plan of Resident #4 and updated care plan to reflect anxiety disorder as well as insomnia. Psychoactive care plan put into place as well showing specific interventions to take when this resident becomes anxious.

#2 Measures to assure this does not recur:

The specific medication in question (Lorazepam) has been added to our internal list of antipsychotic medications. Upon admission the resident care director reviews admission checklist (see checklist included) and will be a second check for this type of care plan.

#3 How corrective action will be monitored:

During routine care-plan updates and annually this will be reviewed.

Residence at Otter Creek re-licensure survey dated January 26, 2016

POC , Page 4,

IX. Physical Plant

9.11.c. Each Home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.

Deficiency: Per review of the schedule of fire drills conducted during the past 12 month period, there were no fire drills completed during the night time hours (between 12 midnight and 6:00AM) and during the evening hours (between 6PM and 11:59PM).

#1 Action to correct deficiency:

Fire drill schedule will now include a drill that shall occur between 12 midnight and 6:00AM. The night fire drill will be held on February 24, 2015 at 5AM.

#2 Measures to assure this does not recur:

The schedule of fire drills shall be created annually and shall cover every required shift.

#3 How the corrective action will be monitored:

Monthly safety committee meetings will review the prior month's fire drill results to ensure compliance to the schedule.

#4 Dates the corrective action will be completed:

The annual schedule of fire drills has been completed on 1.16.16. The deficiency shift drill will be held on 2/24/16 at 5AM.

PRN Psychoactive Drug Documentation

Resident Name: _____
 Psychoactive Drug: _____

Month & Year: _____

| Episode/Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Behavior (s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intervention (s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outcome | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time Med Given | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outcome | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Side Effect(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Behavior Codes to Choose From:

1. Agitation
2. ~~Anger~~
3. Anxiety
4. Continuous Screaming or Yelling
5. Potentially Harmful to Self or Others
6. Other: document explanation

Intervention Codes to Choose From:

1. 1 on 1 with staff / volunteer
2. ~~Activity~~
3. Quiet Time
4. Offer Snack
5. Other: document explanation

Outcome Codes to Choose From:

- + Improved
- 0 Unchanged
- Worsened

| Episode/Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Behavior (s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intervention (s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outcome | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time Med Given | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outcome | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Side Effect(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Behavior Codes to Choose From:

1. Agitation
2. Anger
3. Anxiety
4. Continuous Screaming or Yelling
5. Potentially Harmful to Self or Others
6. Other: document explanation

Intervention Codes to Choose From:

1. 1 on 1 with staff / volunteer
2. Activity
3. Quiet Time
4. Offer Snack
5. Other: document explanation

Outcome Codes to Choose From:

- + Improved
- 0 Unchanged
- Worsened

See reserve side for Side Effect Codes

Use a 2nd Page for incidences of more than 2 behavior episodes in the same day

The Residence at Otter Creek
Care plan for the use of a PRN psychoactive medication

Resident Name: _____ Month & Year: _____

Medication Name: _____

Dosage Information: _____

Diagnosis for Prescription: _____

Side Effects of Medication: _____

The medication will be used to treat the following behaviors (select all that apply):

| | |
|--------------------------|---|
| <input type="checkbox"/> | Behavior represents a danger to self |
| <input type="checkbox"/> | Behavior represents a danger to others |
| <input type="checkbox"/> | Behavior causes resident inconsolable or persistent distress |
| <input type="checkbox"/> | Behavior causes resident a major decline in function |
| <input type="checkbox"/> | Behavior causes resident substantial difficulty receiving needed care |

Behaviors specifically exhibited by resident:

Prior to administering the medication, staff will attempt at least 1 of the following interventions and document them in the care record (check all that apply):

| | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Taking a walk with a caregiver |
| <input type="checkbox"/> | Watching TV |
| <input type="checkbox"/> | Offer a snack or drink |
| <input type="checkbox"/> | Try to involve in an activity or game |

Interventions that resident enjoys to reduce behaviors:

Desired Effects of Med:

IF THE INTERVENTION(S) DO NOT WORK, THEN MEDICATION MAY BE ADMINISTERED.

Plan written by: _____ Date: _____

The Residence at Otter Creek Admission Check List

NAME _____

Nursing Duties Prior to Move In:

*****Must be completed 24 hours prior to admission*****

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| |

Establish chart, label with resident's name

Confirm that the following documents are in the chart:

- Application for Residency
- Physician's Statement
- Insurance Cards
- COLST form

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Review Physician's orders-any corrections, clarifications etc-fax to primary

Note special diet orders or restrictions-send notification to dining services

Provide advanced notice to care staff to expect admission, review information

Fax Physician's orders to Wilcox with insurance cards

Nursing Duties Day of Admission:

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PCC face sheet completed, a copy placed in residents chart

Inquire with resident about pain

Review Fire Safety Plan (defend in place)

Review medications and preferred medication times etc, reflect in E-MAR

Assess for level of support needed with ADLs

Review available aspects of daily care (housekeeping, laundry, preferred shower days-reflect in care plan)

| | |
|--|--|
| | Orient to apartment |
| | Orient to dining services (tray service, shopping days, dining times, hydration cart) |
| | Coordinate with maintenance (work order) for pendant, alarms etc |
| | Complete a baseline AIMS assessment for residents receiving antipsychotic |
| | Complete sections A.O, A.1 and L.1 (demographic information and medication section) <u>on</u> day of admission |
| | Admission Summary Note: <ul style="list-style-type: none"> -Skin Assessment -Mobility Assessment -Assistance with ADLs -Pain Assessment - Orientation - Assistive Devices (hearing aids, dentures, walker) |

Care Staff Duties on Day of Admission:

| | |
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| | Introductions |
| | Complete New Resident Form within 24 hours and filed in chart |
| | Orientation of resident to community |

TO BE COMPLETED BY 14 DAYS AND APPROVED BY REGISTERED NURSE:

| | |
|--|--|
| | Admission assessment completed in entirety, and copy placed in chart |
| | Care plan completed, with copy in care plan binder |
| | Submit this form to HSD when completed |

Health Services Director

Date