



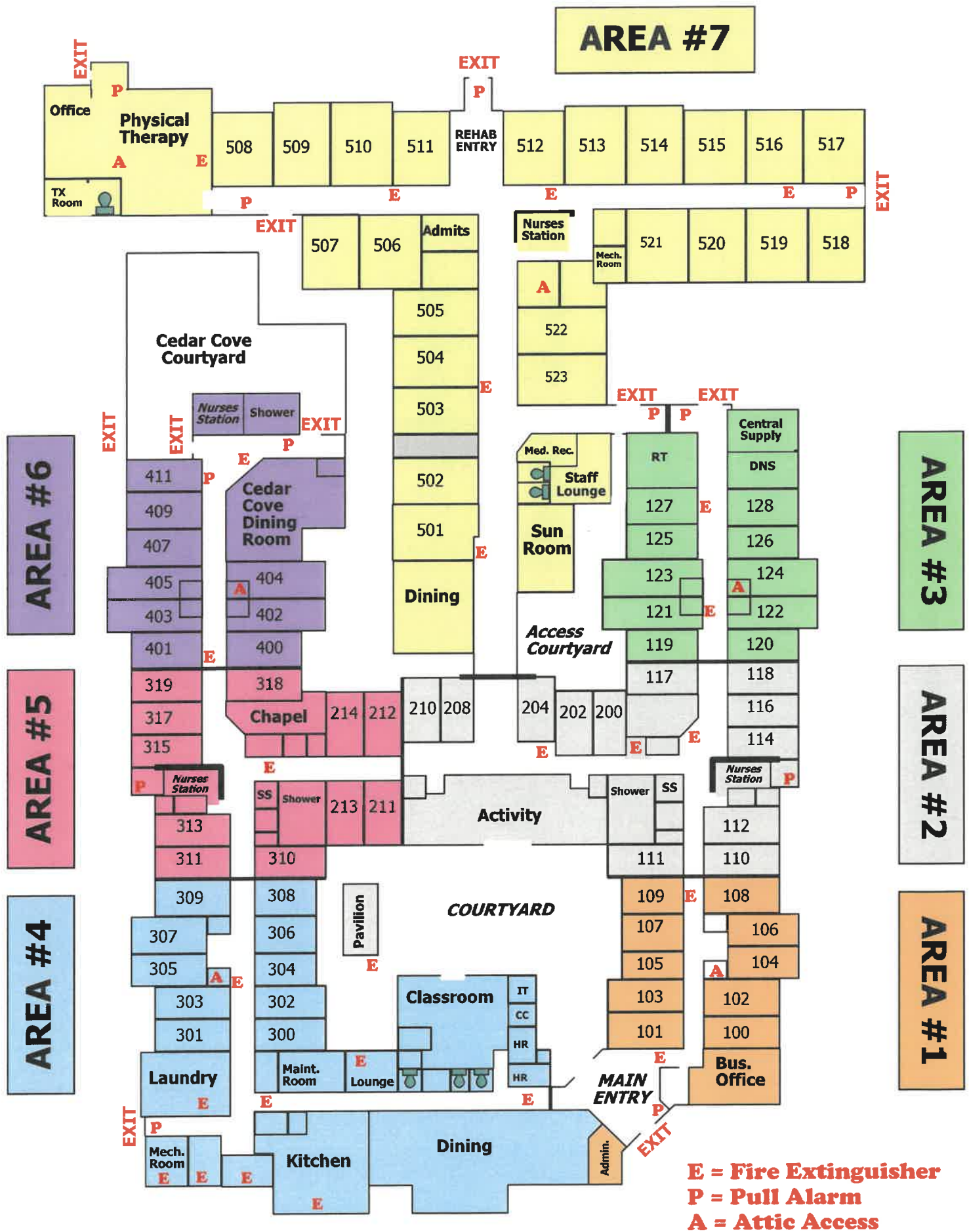
## **Handbook for Outside Providers Contracted Services**

**855 Aaron Drive   Lynden, WA   98264**  
**360-354-4434**  
[www.chccllynden.org](http://www.chccllynden.org)

## **Christian Health Care Center**

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## **Christian Health Care Center Mission Statement**

Our mission is to provide skilled nursing care with compassion and love in Christ's name.  
To fulfill our mission, we pledge to:

- Communicate to all concerned that addressing the needs of patients, residents, clients, and their families is our primary objective.
- Provide a comprehensive range of health, behavioral, pastoral, and supportive services without regard to age, religion, race, color, disability, sex, or national origin.
- Recognize the importance of providing quality care that meets or exceeds the generally accepted standards of the community, in an efficient and cost-effective manner.
- Uphold our charitable mission and strive to assure access to our services by all those in need, while maintaining financial integrity.
- Provide a safe and well-maintained physical environment.
- Offer health promotion services and educational programs to the community. Evaluate the needs of those we serve to determine if the existing array of services should be modified or expanded.
- Work cooperatively with appropriate service agencies, as well as churches and other religious organizations, to assure that community needs are met.



## **Screening for Exclusion from Federal Health Care Programs**

It is the policy of this facility to verify all employees, physicians, practitioners, and contracted employees, that provide services to residents, have not been excluded from participation in any federal health care program.

Physicians, practitioners, and contracted employees that will provide services to residents must acknowledge that they have not been convicted of any offense that would preclude working in a nursing facility and that they are not excluded from participation in the federal health care programs.

Current physicians, practitioners, and contracted employees/services must report if, subsequent to their working relationship with CHCC, they are convicted of an offense that would preclude working in a nursing facility or are excluded from participation in any federal health program. This information should be reported directly to the CEO and Administrator.

It is the policy of this facility to check the Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE database) to verify that physicians, practitioners and contracted employees/services are not excluded from participating in the federal health care programs. Verification reports will be kept on file. Exclusion checks will be done before a new contracted employee/service, physician and/or practitioner begins work at this facility and then monthly thereafter.

Any conviction, debarment, or exclusion, that precludes working in a nursing facility, will result in termination of that physician, practitioner or contracted employee/service.

## CHCC's Compliance and Ethics Program

**A compliance and ethics program is a program that is designed to:**

- Prevent and detect violations of criminal, civil and administrative laws, as well as violations of facility policies and procedures.
- Promote quality of care.

**Compliance is following the rules.**

**Ethics is doing the right thing because it's the right thing to do.**

### **Components of the Compliance Program:**

- \*Written standards, policies and procedures.
- \*Oversight of the compliance program.
- \*Compliance training.
- \*Monitoring and auditing.
- \*Enforcement.
- \*Responses and Remediation.

### **Compliance Program Component: Policies and Procedures**

This facility is committed to compliance. CHCC's policies and procedures describe the actions and processes necessary for following rules and laws, and how we promote quality care. Everyone is responsible for following all policies and procedures. Please contact the Human Resource Director if you have questions about the CHCC personnel policies and procedures. Please contact the Administrator or your Supervisor if you have questions about facility policies and procedures. Please contact the Compliance Officer if you have questions about any compliance program policies and procedures.

### **Compliance Program Component: Oversight**

Oversight of the Compliance Program is the responsibility of the CHCC Board of Trustees and Chief Executive Officer (CEO). They have designated Mary Wynstra and Tonja Myers as the contact persons, in this facility, for reporting suspected violations, or to ask questions about compliance.

### **Compliance Program Component: Compliance Training**

This handout training counts as a required training in order to be employed with Christian Health Care Center, and to remain employed with this facility. Additional trainings may be required to make sure you understand your responsibilities and how to do your job to promote safety and quality care. All training that is specified as "mandatory" must be completed. Some employees with greater responsibilities will receive specific training based on their roles in the facility.

**Compliance Program Component: Monitoring and Auditing**

CHCC is required to take reasonable steps to achieve compliance with the programs' standards, policies and procedures. Monitoring and auditing are two ways we ensure compliance.

Supervisors may monitor your work for compliance. Some tasks will be documented, such as with checklists, and others through simple observation. You may be interviewed by management or outside resources to verify you understand what compliance means and that you have the skills and knowledge to do your job. CHCC medical and financial records are routinely audited for completeness and accuracy.

**Compliance Program Component: Enforcement**

Compliance with policies and procedures is required for continued employment. All CHCC employees are expected to adhere to the facility's Code of Conduct and the facility's policies and procedures. This applies to *everyone*, regardless of position. Discipline will be fair and consistent across all positions. Adherence to the programs standards, policies, and procedures will be evaluated at least annually with your employee performance evaluation. Disciplinary action will be administered for non-compliance, including failure to report non-compliance issues. Disciplinary action may include termination of employment with CHCC.

**Compliance Program Component: Response and Remediation**

One of the purposes of a compliance and ethics program is to detect violations. Once detected, or there has been a complaint or notice of possible non-compliance, there will be an investigation. Everyone must comply with the investigation. It is against the law to retaliate against anyone for participating in an investigation. You may be interviewed by someone in-house, a consultant, legal representative, or government agency. Corrective actions will be taken, based on the results of the investigation. Individual wrongdoers will be disciplined. Reports will be made to the applicable state and/or federal agencies, including law enforcement when required.

**The purpose of CHCC's Code of Conduct**

CHCC's Code of Conduct is the foundation of our compliance and ethics program. The purpose of the Code of Conduct is to establish the facility's culture and compliance, to summarize specific guidelines for employees to follow and to help employees understand what is required of them. A copy of our Code of Conduct can be found on our website: [chcclynden.org](http://chcclynden.org)  
Expectations: Everyone must receive, read, understand and agree to abide by the code of conduct.

Employees must be willing to commit to quality care and professional excellence while working at CHCC.

Content of the Code of Conduct: CHCC's mission and guiding principles, summary of compliance guidelines, guidance on how to identify and report compliance issues, assurance of non-retaliation when making a compliance report.

## **Reporting Compliance Issues**

What must be reported? Compliance issues with policies and procedures, fraudulent behavior, illegal behavior. Definition: Whistleblower” is a person who reports any kind of information or activity that is deemed illegal, unethical or against facility policies.

To whom should compliance issues be reported? The compliance officer, Mary Wynstra or the Administrator, Tonja Myers. Law enforcement will be notified when required.

How do you report compliance issues? In person – open door policy with the compliance officer and administrator. Electronically – email sent to [compliance@chcclynden.org](mailto:compliance@chcclynden.org) Drop Box – located in the facility near the activity room; this report may be made anonymously.

CHCC Compliance Hotline – 360-306-3217. Information Needed: What law, policy or procedure was violated? When did the violation take place, and who was involved? Your name and contact information in order to follow up. Your name and contact information is voluntary.

You will not be retaliated against for good-faith reporting.

When should compliance issues be reported? Compliance issues should be reported immediately or as soon as they are identified.

## **Individual Accountability**

Everyone is required to report any actual or suspected violations of the Code of Conduct and any of the program’s policies and procedures. Failure to report will result in disciplinary action, up to and including termination. Elder Justice Act: Everyone who is aware of a crime, or activities that are suspicious of a crime, are required to report. You have the right to know your obligations to report. You have the right to know the penalties for not reporting: In general – subject to a civil money penalty of not more than \$200,00. If failure to report results in increased harm: subject to a civil money penalty of not more than \$300,000. Exclusion from participation in any federal health care program. You have the right to lawfully report without fear of retaliation.

## **Examples of Compliance Violations**

### Quality of Care

We are required to provide the care and services necessary to attain or maintain the residents’ highest practicable physical, mental, and psychosocial well-being. We are committed to providing those services. Examples of failure to promote quality of care include, but are not limited to:

Inadequate or untimely care plans; Inappropriate use of psychotropic medications; Inadequate monitoring of medications or failure to administer medications; Failure to provide care and services to prevent or treat pressure injuries; Inappropriate or insufficient treatment and services to address clinical conditions, including dehydration, malnutrition, incontinence, and mental or psychosocial disorders; Inadequate staffing levels or insufficiently trained or supervised staff; Failure to provide necessary assistance with ADLs.

### Resident Rights and Safety

We are required to promote and protect the rights of residents, including but not limited to: right to be free from abuse and neglect, freedom of choice, self-determination, reasonable accommodation of needs. Examples of compliance violations related to resident rights and



safety; verbal, mental, or physical abuse, corporal punishment, or involuntary seclusion; Failure to report abuse; Inappropriate use of physical or chemical restraints; Failure to ensure that residents have personal privacy; Confidentiality, and access to their personal records; Denial of a resident's right to participate in care and treatment decisions; Failure to safeguard a resident's financial affairs; Failure to provide an ongoing activities program; Discriminatory admission or improper denial of access to care.

### Billing

Examples of Medicare billing fraud, waste or abuse:

Improper reporting of resident case-mix on the MDS or Medicare claim; Therapy or other services with no or insufficient documentation; Failure to screen for individuals and entities on the exclusion list; Providing and billing for equipment, medical supplies, or services that are not reasonable and necessary; Billing for services that are never provided; Submitting claims to Medicare Part A for residents who are not eligible for Part A coverage; Duplicate billing; Altering documentation or falsifying records.

Note: Submitting a false claim or causing a false claim to be submitted may subject the individual, the facility, or both to criminal prosecution, civil liability, and exclusion from participation in federal healthcare programs.

### Kickbacks

This facility complies with the anti-kickback statute and other financial-related laws. This statute prohibits individuals and entities from offering, paying, soliciting, or receiving bribes, kickbacks, or other "payment" in order to induce business. Examples of violations of the anti-kickback statute and other relevant laws include: providing free dinners or lunches or free gifts, such as tickets to sporting events or electronics to referral sources; Routinely waiving coinsurance or deductible amounts without a good faith determination that the resident is in financial need; Agreements between the facility and hospital, home health agency, or hospice that involve the referral or transfer of any resident to or by the nursing home; Arrangements with vendors that result in the nursing facility receiving non-covered supplies at below market prices or no charge, provided the facility orders Medicare-covered products from them.

### HIPAA

This facility is required to safeguard personally identifiable health information. This includes protection from inappropriate disclosure verbally or in writing, both on paper and electronically. Examples of HIPAA violations include, but are not limited to: Snooping in medical records (looking at records of residents for which you have no responsibility); Discussing medical information regarding residents in public or common areas such as hallways or dining rooms; Emailing or texting health information without the appropriate applications/encryption to secure the information; Leaving medical records open so that visitors or other residents can read the information; Providing copies of medical records to family members without proper, written authorization; Discussing medical information with friends and family members without proper, written authorization.

### **CHCC's Policies Against Healthcare Fraud.**

CHCC is committed to providing services in a manner that meets the highest ethical standards and is in compliance with all applicable federal and state laws. CHCC fully complies with federal and state laws addressing healthcare fraud, waste and abuse. CHCC provides this policy to emphasize the importance of these topics and provide guidance on reporting suspected misconduct.

#### **1. Federal False Claims Act.**

The federal False Claim Acts (FCA) imposes liability on employees, contractors, agents and companies who make false claims for payment to the federal government. The FCA prohibits anyone from taking the following actions:

Knowingly presenting or causing to be presented to the federal government a false or fraudulent claim for payment or approval. Knowingly making or using, or causing to be made or used, a false record or statement in order to have a false or fraudulent claim approved by the government. Conspiring to defraud the government by getting a false or fraudulent claim allowed or paid; and knowingly making or using, or causing to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the government.

##### **1.1 Obligation to Report Violations.**

CHCC requires any employee, contractor or anyone conducting business with CHCC to report any known or suspected violation of the FCA to the CHCC Compliance Officer or CHCC's Administrator. An individual may also report known or suspected violations of the FCA to the OIG hotline, (800) 424-5197, by email at [hotline@oig.doc.gov](mailto:hotline@oig.doc.gov) or visit the website at [www.oig.doc.gov](http://www.oig.doc.gov). Anyone making reports of compliance concerns is assured that such reports will be considered confidential to the extent permitted by law. Such reports will be shared with others only a need-to-know basis.

##### **1.2 Non-Retaliation.**

CHCC prohibits retaliation and will take no adverse action against employees for making good faith reports, even if the report turns out to be incorrect. Any employee who believes that he or she has been subjected to retaliatory conduct for reporting a suspected violation of the FCA or for refusing to engage in activity that would be a violation of the FCA must report the alleged violation immediately to the CHCC Compliance Officer or CHCC's Administrator so that CHCC may conduct an appropriate investigation.

##### **1.3 Qui Tam Relator Protection and Recovery Percentages.**

In order to encourage individuals to come forward and report misconduct involving false claims, the FCA (state and federal) contain a "Qui Tam" provision. The government or an individual acting on behalf of the government, can bring actions under the FCA. An individual employee who has actual knowledge of allegedly false claims may file a lawsuit on behalf of the government. If the lawsuit is successful, and provided certain legal requirements are met, the employee may receive an award ranging from the 15% to 30% of the amount recovered. Washington's FCA caps recovery at 25%.

#### **2 State Laws Regarding Fraud and Kickbacks.**

CHCC also fully complies with applicable state laws regarding kickbacks, rebates, self-referrals and submission of false claims. CHCC requires employees, contractors, and/or anyone conducting business with CHCC to fully comply with the following laws.

##### **2.1 Washington Anti-Rebating Statute (RCW 19.68).**

Washington's Anti-Rebating statute is intended to deter and punish improper self-referrals of health care services such as payments of rebates, commissions, refunds, or unearned discounts or profits in connection with the furnishing of medical services by a person licensed by the state to practice medicine and surgery, drugless treatment dentistry or pharmacy. CHCC notes that violation of Washington's Anti-Rebating statute is considered a misdemeanor and may result in the revocation or suspension of a state-issued license.

**2.2 Washington Medicaid False Statements/Fraud Provisions (RCW 74.09).**

Washington law also prohibits attempts to induce referrals of, or making false statements related to, services reimbursed under the Medical Assistance (Medicaid) program. In addition to the prohibitions against making false statements or representations, the statute prohibits providers from offering or receiving remuneration in return for the referral of Medicaid services.

**2.3 Washington Health Care False Claims Act (RCW 48.80).**

Washington law broadly prohibits persons from making false claims related to health care with insurers, health maintenance organizations, health care service contractors and self-funded plans including knowingly presenting false claims or making false statements related to claims for health care payment. In addition, the law prohibits persons from concealing or failing to disclose information in order to obtain health care payment.

**2.4 Washington Medicaid Fraud False Claims Act (RCW 74.66).**

Washington's FCA is almost identical as the federal FCA and imposes liability on any person or corporation who knowingly presents a false or fraudulent claim to the Washington Medicaid program, misappropriates public property or improperly avoids or decreases an obligation to a Washington state Medicaid agency. The Washington FCA allows individuals to file Qui Tam lawsuits if they know of violations and affords those individuals protection against adverse employment actions equivalent to those provided by the federal FCA.

**2.5 Obligation to Report Violations.**

CHCC requires any employee, contractor or anyone conducting business with CHCC to report any known or suspected violation of these state laws to the CHCC Compliance Officer or CHCC's Administrator. Anyone making reports of compliance concerns is assured that such reports will be considered confidential to the extent permitted by law. Such reports will be shared with others only a need-to-know basis.

**2.6 Non-Retaliation.**

CHCC prohibits retaliation and will take no adverse action against employees for making good faith reports, even if the report turns out to be incorrect. Any employee who believes that he or she has been subjected to retaliatory conduct for reporting a suspected violation must report the alleged violation immediately to the CHCC Compliance Officer or CHCC's Administrator so that CHCC may conduct an appropriate investigation.

**Christian Health Care Center Compliance Coordinator: Mary Wynstra**

**Compliance Reporting Information: Reports may be submitted anonymously.**

**CHCC Compliance Hotline Phone Number: 360-306-3217**

**CHCC Compliance Email: [compliance@chcclynden.org](mailto:compliance@chcclynden.org)**

## Discrimination & Harassment

### **Policy:**

Outside Providers are expected to conduct themselves in accordance with CHCC's Equal Employment Opportunity policy. Acts of discrimination by outside providers or employees, including sexual or other harassment, are prohibited and will result in disciplinary action.

### **Procedure:**

**Supervisor Conduct.** Each supervisor is responsible for maintaining a discrimination-free environment. Supervisors are prohibited from implying or stating that submitting or refusing to submit to sexual advances will have any effect on the individual's hiring, placement, compensation, training, promotion or an other term or condition of employment.

**Outside Provider, Supervisor and Employee Conduct.** Unwelcome sexual or other conduct that interferes with an individual's job performance or creates an intimidating, hostile or offensive environment is prohibited. All outside providers & employees, including both supervisory and non-supervisory personnel, are prohibited from engaging in unwelcome sexual conduct or making unwelcome sexual overtures, either verbal or physical. Such prohibited conduct includes, but is not limited to, offensive and unwelcome sexual flirtations, advances or propositions; repeated verbal abuse of a sexual or racial nature; graphic or degrading comments about an individual or his or her appearance; the display of sexually suggestive objects or pictures; or any offensive or abusive physical contact.

**Procedure for Employees & Outside Providers.** Employees & Outside Providers are to report any incident that they believe to be discrimination or harassment to their supervisor, Human Resources or Administration. If requested to do so, the employee/outside provider shall present the report in writing, providing sufficient detail and specifics to allow for a thorough investigation.

**Investigation.** CHCC will take all reports of harassment or discrimination seriously and conduct an appropriate investigation. The investigation shall be conducted as impartially and confidentially as possible. CHCC will require employees/outside providers to cooperate in any investigation, whether or not they are directly involved. Employees/outside providers are expected to refrain from discussing investigatory matters with other individuals.

**Discipline.** Any employee/outside provider who is found to have engaged in harassment or discrimination of another individual will be subject to disciplinary action up to and including termination.

**Prohibition Against Retaliation.** No employee/outside provider who reports harassment or discrimination shall be retaliated against in any manner for making such report. Any individual who is found to have engaged in retaliatory conduct will be subject to appropriate corrective action, up to and including termination. Employees/outside providers who believe that they

have experienced such retaliation should notify their supervisor, Human Resources or Administration.

### **Confidentiality Reminders & HIPAA Privacy/Security**

Information about residents is very private. You have both a legal and ethical responsibility to keep all information confidential. Confidentiality applies to treatment, payment & healthcare operations.

Information about the CHCC company or a resident should ***never*** be discussed in public. Whenever you have questions or concerns about confidentiality, talk to the Administrator, Director of Nursing, or a CHCC Privacy Officer.

### **Confidential Information**

#### **Outside Providers:**

Individuals may be exposed to confidential information about a resident(s) and company information while working at Christian Health Care Center. Federal regulations as well as CHCC policies & procedures demand protection of resident health & company information. Individuals are expected to hold such information in strictest confidence, and agree not to disclose the information or use the information for personal reasons. Violation of confidentiality policies and regulations will result in termination of the contracted services. Further, maintaining confidentiality survives the outside provider's employment with Christian Health Care Center.

#### **Reporting Privacy Violations**

Report violations or suspected violations to CHCC's privacy officer or Compliance Coordinator. Do not fear any retaliation if you report a HIPAA/Privacy or Security Violation. The facility is prohibited to retaliate against individuals for reporting violations. In fact, it is considered part of your job to report instances where you suspect the facility privacy or security policies are being broken.



# NURSING HOME RESIDENTS' RIGHTS

See 42 CFR § 483 for a full listing of Residents' Rights

Residents of nursing homes have rights that are guaranteed to them under Federal and State laws. The laws require nursing homes to treat each resident with dignity and respect and care for each resident in an environment that promotes and protects their rights.

## Right to a Dignified Existence

- ❖ Be treated with consideration, respect and dignity, recognizing each resident's individuality, wishes and preferences
- ❖ Freedom from abuse, neglect, exploitation and misappropriation of property
- ❖ Freedom from physical or chemical restraints
- ❖ Quality of life is maintained or improved
- ❖ Exercise rights without interference, coercion, discrimination, or reprisal
- ❖ A home-like environment and use of personal belongings when possible
- ❖ Equal access to quality care
- ❖ Security of personal belongings

## Right to Self Determination

- ❖ Choice of activities, schedules, health care and providers, including attending physicians
- ❖ Reasonable accommodation of needs and preferences
- ❖ Participate in developing and implementing a person-centered plan of care that takes into account personal and cultural wishes
- ❖ Choice about designating a representative to exercise his or her rights
- ❖ Organize and participate in resident and family groups
- ❖ Request, refuse and/or stop treatment

## Right to be Fully Informed of

- ❖ The type of care to be provided, and risks and benefits of proposed treatments
- ❖ Changes to the plan of care, or in medical or health status
- ❖ Rules and regulations, including a written copy of the residents' rights
- ❖ Contact information for the long-term care ombudsman program and state survey agency
- ❖ State survey reports and the nursing facility's plan of correction
- ❖ Written notice before a change in room or roommate
- ❖ Notices of information in a language or manner he or she understands (Spanish, Braille, etc)

## Right to Voice Grievances

- ❖ Voice grievances without discrimination or retaliation or the fear of it
- ❖ Prompt efforts by the facility to resolve grievances and provide written decision upon request
- ❖ To file a complaint with the long-term care ombudsman program or state survey agency

## Right of Access to

- ❖ Individuals, services, community members and activities inside and outside the facility
- ❖ Visitors of his or her choosing, at any time, and the right to refuse visitors
- ❖ Personal and medical records
- ❖ His or her personal physician and representatives from the state survey agency and long-term care ombudsman program
- ❖ Assistance if sensory impairments exists
- ❖ Participate in social, religious and community activities

## Right Regarding Financial Affairs

- ❖ Manage his or her financial affairs
- ❖ Information about available services and the charges for each service
- ❖ Personal funds of more than \$100 (\$50 for residents whose care is funded by Medicaid) deposited by the facility in a separate interest-bearing account, and financial statements quarterly or upon request
- ❖ Not be charged for services covered by Medicaid or Medicare

## Right to Privacy

- ❖ Personal, financial, and medical affairs
- ❖ Private and unrestricted communication with any person of their choosing
- ❖ During treatment and care of personal needs

## Rights During Discharge/Transfer

- ❖ Remain in the nursing facility unless:
  - the resident's needs cannot be met in the facility;
  - the resident's health has improved and she/he no longer requires nursing home care;
  - the safety of the individuals in the facility is threatened due to the clinical or behavioral status of the resident;
  - the health of others in the facility is threatened;
  - the resident has failed, after reasonable notice, to pay the facility charge for an item or service provided at the resident's request;
  - the facility is closing
- ❖ Right to appeal the proposed transfer or discharge and not be discharged while an appeal is pending
- ❖ Receive 30-day written notice of discharge or transfer that includes: the reason; the effective date; the location going to; appeal rights and process for filing an appeal; and the name and contact information for the long-term care ombudsman
- ❖ Preparation and orientation to ensure safe and orderly transfer or discharge
- ❖ Notice of the right to return to the facility after hospitalization or therapeutic leave

Any questions about “Resident Rights in a Skilled Nursing Home”  
and/or how to report a “Resident Concern/Complaint”?

Please contact the Christian Health Care Center  
Administrator or Director of Nursing  
Phone: 360-354-4434

**Reminder: CHCC is the Resident’s Home**  
Before entering their room.....please remember to  
Knock on the door.

Wait a few seconds, or until you’re invited in.

Introduce yourself, state your name.

Explain what you intend to do in their room before doing it.

### **Abuse Prevention at CHCC**

**IF YOU HAVE REASONABLE SUSPICION THAT ABUSE AND/OR A CRIME HAS  
OCCURRED AGAINST A RESIDENT OR PERSON RECEIVING CARE AT THIS FACILITY,  
FEDERAL LAW REQUIRES THAT YOU REPORT YOUR SUSPICION IMMEDIATELY!**

#### **WHO MUST REPORT:**

\*Individuals who must comply with this law are: owner(s), operators, employees, managers, agents or contractors of this Long Term Care facility (CHCC). This law applies to the above individuals associated with nursing facilities, skilled nursing facilities, hospices that provide services in LTC facilities, and Intermediate Care Facilities for the Mentally Retarded (ICFs/MR)

#### **HOW DO I REPORT:**

**FIRST: Protect the Resident from further Abuse/Harm then....**

\* Immediately contact the CHCC Administrator and/or Director of Nursing for assistance. Individuals reporting suspicion of resident abuse and/or a crime against a resident must call, fax or email the proper authorities within 2 hours. The CHCC Administrator and/or Director of Nursing will help you with any necessary phone calls.

**Contact the following agencies regarding the suspicion of abuse and/or a crime against a resident of this facility:**

**Crime and/or Abuse Against A Resident Call: DSHS Hotline (state survey agency)**  
**Telephone: 1-800-562-6078**

**Crime Against A Resident Call: Lynden Police Department (local law enforcement agency)**  
**Telephone: #9-1-1**

\*Multiple individuals can report a suspicion of abuse and/or a crime jointly and will be considered in compliance with the law. However, an individual may report the suspicion separately if he/she chooses to do so and the facility may not prevent an individual from reporting.

#### **PENALTIES FOR NOT REPORTING**

\*Individuals who fail to report are subject to a civil monetary penalty of up to \$300,000. and possible exclusion from participating in any Federal health care program as an “excluded individual”.

#### **INDIVIDUAL RIGHTS WHEN REPORTING ABUSE AND/OR A CRIME AGAINST A RESIDENT:**

A Long Term Care Facility may not

- A. Discharge, demote, suspend, threaten, harass, or deny a promotion or other employment – related benefit to an individual, or in any other manner discriminate against an individual in the terms and conditions of employment because of lawful acts done by the this individual;

Or

- B. File a complaint or a report against a nurse or other individual with the appropriate state professional disciplinary agency because of lawful acts done by the nurse or individual, for making a report, causing a report to be made or for taking steps in furtherance of making a report.

#### **PENALTIES FOR RETALIATION**

If a long-term care facility violates (A) or (B) the facility shall be subject to a civil money penalty of not more than \$200,000. or the DSHS Secretary may classify the entity as an excluded entity for a period of 2 years pursuant to section 1320a-7(b) of this title, or both.

If you feel you have been retaliated against for reporting abuse, it is your right to file a complaint with the DSHS Secretary against the facility for violating the provisions of this subsection and information with respect to the manner of filing such a complaint. You should also call the Residential Care Services Abuse Hotline.

#### **DSHS Office of the Secretary**

1-866-363-4276

#### **Residential Care Services Abuse Hotline**

1-800-562-6078



**Christian Health Care Center**  
**Quality Assurance and Performance Improvement (QAPI) Program**

### **The Regulation**

The existing Quality Assessment and Assurance provision requires facilities to develop and implement actions to correct identified deficient practices. In an effort to strengthen the approach to performance improvement, The Affordable Care Act of 2010 was enacted by Congress on March 23, 2010. It requires the establishment of standards relating to **Quality Assurance and Performance Improvement (QAPI)**. This will significantly expand the level of performance improvement activities for skilled nursing facilities.

**QAPI** is the blending of two components of quality management: **Quality Assurance (QA)** and **Performance Improvement (PI)**. QA is the process by which a facility meets certain standards but is more reactive and retrospective. Performance Improvement is a proactive and continuous process intended to prevent or decrease the potential for problems. This is accomplished through an ongoing process of identifying opportunities to improve and testing new approaches.

The quality improvement framework of QAPI is based on the five key elements, which are incorporated into our facility QAPI plan.

#### **Element 1: Design and Scope**

A QAPI program must be ongoing and comprehensive, dealing with the full range of services offered by the facility, including the full range of departments. The QAPI program addresses all systems of care management practices, and always includes clinical care, quality of life, and resident choice. It aims for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents. It utilizes the best available evidence to define and measure goals.

#### **Element 2: Governance and Leadership**

The governing body and/or administration develops a culture that involves leadership seeking input from facility staff, residents, and their families and/or representatives. The governing body assures adequate resources exist to conduct QAPI efforts. This includes designating one or more persons to be accountable for QAPI; leadership and facility-wide training on QAPI; and ensuring staff time, equipment, and technical training as needed. The Governing Body fosters a culture where QAPI is a priority by ensuring that policies are developed to sustain QAPI despite changes in personnel and turnover. Their responsibilities include, setting expectations around safety, quality, rights, choice, and respect by balancing safety with resident-centered rights and choice. The governing body ensures staff accountability, while creating an atmosphere where staff is comfortable identifying and reporting quality problems as well as opportunities for improvement.

### **Element 3: Feedback, Data Systems and Monitoring**

The facility puts systems in place to monitor care and services, drawing data from multiple sources. Feedback systems actively incorporate input from staff, residents, families, and others as appropriate. This element includes using Performance Indicators to monitor a wide range of care processes and outcomes, and reviewing findings against benchmarks and/or targets the facility has established for performance. It also includes tracking, investigating, and monitoring Adverse Events requiring investigation every time they occur, and action plans implemented to prevent recurrences.

### **Element 4: Performance Improvement Projects (PIPs)**

**Performance Improvement Projects (PIPs):** a concentrated effort on a particular problem in one area of the facility or facility wide; it involves gathering information systematically to clarify issues or problems, and intervening for improvements. The facility conducts PIPs to examine and improve care or services in areas that the facility identifies as needing attention.

### **Element 5: Systematic Analysis and Systemic Action**

The facility uses a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change. The facility uses a thorough and highly organized/structured approach to determine whether and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. Additionally, policies and procedures have been developed and the PIP subcommittees are proficient with the use of Root Cause Analysis. Systemic Actions look comprehensively across all involved systems to prevent future events and promote sustained improvement. This element includes a focus on continual learning and continuous improvement.

## **Review of QAPI Plan**

### **Your role in Quality Assurance and Performance Improvement Culture**

#### **Serving on a Performance Improvement Project (PIP)**

The expectation is that all CHCC employees and outside providers will acknowledge their commitment to performance improvement and their respective roles in the process. This commitment represents our organization's obligation and privilege to provide quality of care and quality of life for residents entrusted in our care. At times, your expertise and input may be helpful to the problem we are working on, and you may be asked to serve as a subcommittee team member for a Performance Improvement Project (PIP). We will provide you and your team members with the guidance, training and resources necessary for your team to accomplish its goals. We will focus on systems and processes and nurture a blame-free environment, with the expectation that individuals will be accountable for their own actions and offer their peers support when necessary.

We encourage you to bring any of the following issues to the Director of Nursing and/or the Administrator:

- \*System breakdowns you have encountered.
- \*Errors you may have made.
- \*Potential concern(s) you have identified.
- \*Questions about the QAPI program at CHCC
- \*The need for more training on skills, knowledge, or the QAPI process.
- \*Interest in participating in a QAPI Performance Improvement Project (PIP).

PIP sub-committee members are chosen based on the project topic and expertise needed to perform the PIP. There is no set number on the amount of team members. Who and how many is determined by the topic.

#### **Example of a QAPI PIP:**

The nursing management team identified a high rate of facility acquired pressure ulcers after reviewing several data sources (treatment records, pressure ulcer logs, quality measures). All of the acquired pressure ulcers were located on the hip area. The QAPI Committee assigned a PIP subcommittee to investigate and implement corrective measures. The PIP subcommittee was comprised of an NAC, a Team Leader (LN), a Unit Coordinator (LN), Activity Aid, a Therapist and a Registered Dietician.

**The PIP subcommittee will now begin the Plan, Do, Study, Act (PDSA) cycle of improvement.**

#### **PLAN – Perform a Root Cause Analysis of the problem and plan the steps to improve.**

During the PIP subcommittee investigation, the “Five Whys” method was utilized to identify the root cause of the acquired pressure ulcer problem.

1. **Why did this occur?** Because they were all bed-bound residents.
2. **Why did this occur?** Because they experienced pressure on their bony prominences.
3. **Why did this occur?** Because the mattresses were bottomed out, therefore no longer redistributed pressure, even though the staff had provided turning, repositioning, nutrition and hydration.
4. **Why did this occur?** Because no one knew the mattresses were bottomed out.
5. **Why did this occur?** Because there is no system for inspecting and replacing mattresses on a regular basis.

**The Conclusion** – The PIP subcommittee concluded that the root cause of the problem was that the facility had no system for identifying, reporting, or replacing bottomed out mattresses.

#### **DO – Implement the Plan**

- \*Inspect and replace bottomed out mattresses.
- \*Nurses, NACs, housekeeping, consultants, maintenance staff, and the administrator were trained in detecting when a mattress is no longer providing pressure redistribution and needs replacing.

- \*Implement a bi-annual inspection schedule of mattresses and seating redistribution device, to be completed by a team consisting of one NAC, one Licensed Nurse, and a Maintenance staff member.
- \*Train all staff on observing and reporting questionable mattress conditions.

**STUDY – Study and analyze the results of the plan.**

- \*The results were successful at correcting the root cause of the problem.

**ACT – Act on the findings of the study.**

- \*The facility will continue to implement the bi-annual inspection.
- \*Staff will continue to observe and report questionable mattress conditions.
- \*Training will include all new employees.

**The Result:** Using the “**Five Whys**” identified the root cause of the problem, changes to a system were implemented, and improvement will be sustained through on going inspections.

**To make a suggestion or ask a question about the CHC QAPI program:**

Email: [CHCCQAPI@chcclynden.org](mailto:CHCCQAPI@chcclynden.org)

**Or contact the CHCC Administrator:**

**Tonja Myers:** 360-354-4434 [TAMyers@chcclynden.org](mailto:TAMyers@chcclynden.org)

## Global Harmonization Systems Program: Hazard Communication

### Statement

To ensure that information about the dangers of all hazardous chemicals used by Christian Health Care Center (CHCC) are known by all affected individuals the following hazardous information program has been established:

All departments of the company will participate in the **Global Harmonization/ Hazard Communication Program**. This written program will be available on the Safety bulletin board located by the employee entrance for review by interested individuals. (the employee entrance is located in Area 4 of the facility map)

### Container Labeling

The Director of Environmental Services will ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or with labels that have the identity and the appropriate hazard warning. For help with labeling, see the Director of Environmental Services. The Director of Environmental Services will review the company labeling procedures and update as required.

### Safety Data Sheets (SDS)

The Director of Environmental Services is responsible for establishing and monitoring company **SDS (Safety Data Sheets)** and **GHS** program. The Director of Environmental Services will make sure procedures are developed to obtain necessary **SDSs** and will review incoming **SDSs** for new or significant health and safety information. The Director of Environmental Services will see that any new information is passed on to the affected individuals.

Copies of **SDSs** for all hazardous chemicals in use are located in SDS binder kept near bulletin board located by the employee entrance. (See Map: Area 4.) **SDSs** will be available to all individuals during each work shift. If an **SDS** is not available, immediately contact the Director of Environmental Services.



Safety Data Sheet Book

Area 4: Employee Entrance



### **First Aid Resources:**

Eyewash stations are located throughout the facility.  
Refer to “Eye Wash Station” signs for easy accessibility of an eye wash station.

Every Nurses’ station has basic first aid supplies.  
In the event of an emergency, call 9-1-1.

## **Fire Safety**

According to the National Fire Protection Association, more than 8,000 healthcare fires are reported each year. This means that statistically you could realistically be involved in a workplace fire. CHCC resident's lives and your own depend on your response to a fire.

Fortunately research shows that individuals who are trained and practice for fire emergencies respond to them more quickly and effectively than those who do not practice. This facility conducts regular fire drills.

### **Fire Facts:**

#### **Fire is fast!**

- \*When a fire breaks out it may take just 3 minutes to go from a tiny flame to a raging all consuming inferno.
- \*Flashover occurs when the air becomes hot enough to ignite every combustible item in the room.

#### **Fire is hot!**

- \*As frightening as flames are, you face a greater danger from a fire's intense heat that can sear your lungs.
- \*Heat rises in a fire; temperatures can range from 90 degrees F near the floor to greater than 600 degrees F near the ceiling.

#### **Smoke can kill!**

- \*Fire can fill your workplace with thick, black, blinding smoke.
- \*Smoke contains toxic gases that can kill within minutes.
- \*Carbon monoxide poisoning causes 75% of all fire deaths.
- \*Smoke rises to the ceiling.

**What you do in the first 3 minutes of a fire is more important than what you do in the next two or three hours.**



## **R.A.C.E. to Safety**

### **R – Rescue Residents**

### **A – Activate the Alarm**

### **C – Confine the fire; Close doors**

### **E – Extinguish & Evacuate**

#### **R – Rescue Residents**

When you discover a fire, the rescue of residents in immediate life-threatening danger is always your top priority. This means you need to investigate any unusual odor at once. If you smell smoke coming from behind a closed door:

- Feel the door with the back of your hand before opening it.
- If it is hot to the touch, do not open it.
- If it is touchable, open it slowly.

If you must enter the scene of the fire to rescue a resident:

- Stay low, remember heat and smoke rise.

#### **A – Activate the Alarm**

Activating the alarm immediately is vital. If you must rescue a resident from the fire scene, yell out the facility code word for fire: **“Code Red”**. CHCC staff can then sound the alarm. Activate the nearest Pull Alarm. Call 911.

\*Work as a team. One person can sound the alarm (Pull Alarm) while another can begin removing residents from the location of the fire; past fire doors.

\*When the alarm sounds on it’s own, the location is spelled out on the Fire Panel located at the Cascade Harbor Nurse’s Station. There is a secondary Fire Panel located in the Front Lobby. Listen for staff to provide the location of the fire on the overhead paging system.

\*Take a look down the hallway; if you see a call light flashing Red & Green this area is potentially on fire!

#### **C – Confine the Fire and Close doors**

\*The building is separated into Areas by heavy fire doors. Once the alarm is activated these fire doors will close automatically. When fire doors shut, the building is separated into 7 Areas.

\*These doors help to keep the fire & smoke from spreading.

\*Close all room doors and windows.

\*Turn off all oxygen tanks.

\*Clear hallways of everything – this allows the fire department clear access and also makes room for the evacuation of residents.



## **E – Extinguish and Evacuate**

If a fire is small and confined to the area where it started, you may want to try to extinguish it yourself. (After the alarm has been activated!)

- \*Always know where extinguishers are located.
- \*If an individual's clothes are on fire, wrap them in a blanket tightly and roll them to extinguish the flames.
- \*Use a fire extinguisher to put out a small fire.
- \*Never leave an extinguished fire unattended. Never turn your back on a fire or a recently extinguished fire. Stay with the extinguished fire until the Fire Department arrives.

## **E - Evacuate**

- \*Always evacuate the resident(s) in the room involved in the fire.
- \*All resident room doors must be closed and kept closed.
- \*Place **"All Clear"** magnets on the outside door frame of rooms that have been evacuated.
- \*Evacuate residents to the other side of the fire doors.
- \*Evacuate the building only when told to do so by the incident commander and/or Fire Department.

### **Evacuate residents in the following order:**

**Ambulatory Residents** – this clears the hallways more rapidly. One person can lead several residents at a time to safety.

### **Wheelchair Residents**

**Bedridden Residents** – use blankets to drag residents rather than trying to maneuver beds through doors.

After evacuating all residents to a safe area, the License Nurse will use a census sheet to account for all residents. The Incident Commander/designee will let the fire department know that everyone is accounted for when they arrive. Be sure to tell them if someone is missing.



## Methods of Activating the Fire System at CHCC

**Pull Station:** Pull Stations are located at all exit doors in this facility. Take a look at the CHCC facility map; locate the Pull Stations in each area. (Red Letter "P")

**Smoke Detector:** Smoke Detectors are located in each resident room and throughout the CHCC facility. Take a moment to locate a smoke detector in the area you are working.

### **Sprinkler System:**

If there is enough heat the sprinkler system will be activated. On each sprinkler head there is a small glass tube filled with red liquid. When that red liquid reaches 155 degrees it will activate the sprinkler head. If a sprinkler is broken it will also be activated!

### **What if the Fire System Has Not Been Activated and You Find a Fire?**

If you find a fire before the smoke detector and/or sprinkler system is activated you must yell: **"CODE RED....."** and the location of the fire. For example: You walk into a resident's room (Room 101) and you see flames coming out of the trash can....you would rescue the resident(s) from Room 101 and yell "Code Red! Room 101!". CHCC Staff will activate the nearest Pull Station.



**"CODE RED!"**

## Visual Alarms Connected To The Fire System at CHCC

### Strobe Lights:

Area 1 – 6: the strobe lights are located in the ceilings throughout Area 1 – 6.

Area 7: the strobe lights are located on the walls close to the ceiling.

A strobe light is a visual alarm for those who are hearing impaired. All the strobe lights will be flashing throughout the facility when the fire system is activated. Strobe lights DO NOT tell you where the fire is located. A strobe light is a visual cue that the fire system has been activated. As long as the fire system is activated: the alarm will keep sounding and all the strobe lights will keep flashing.

### Resident Call Light in Hallways:

If the smoke detector and/or the sprinkler system has been activated in a resident's room the resident's call light, in the hallway, will flash Red & Green. When the fire system is activated...quickly look down the hallways for any red & green flashing call light(s). That is the location of the fire! **R.A.C.E!**



Area 1 – 6 Strobe Light



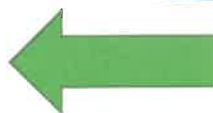
Area 7 Strobe Light



Resident Call Light in Hallway

If a resident's call light is flashing **Red & Green**....this is the Location of the Fire!

**R.A.C.E!**



## Fire Extinguishers

There are 2 types of extinguishers in our healthcare facility.

Types of Extinguishers in a Facility: ABC & K Extinguishers

Type	Contents	Use for fires involving
Class ABC	Dry	<b>Combustibles</b> (paper, wood, cloth, rubber and many plastics) <b>Flammable Liquids</b> (gasoline, oil and grease) <b>Live Electrical Equipment</b>
Class K	Gel	<b>Cooking Media, Trash, Wood, Paper, &amp; Electrical.</b>

### Using a Fire Extinguisher: **P.A.S.S.**

Remember **P.A.S.S.** when using an extinguisher.

**P** – **Pull the Pin** between the two handles

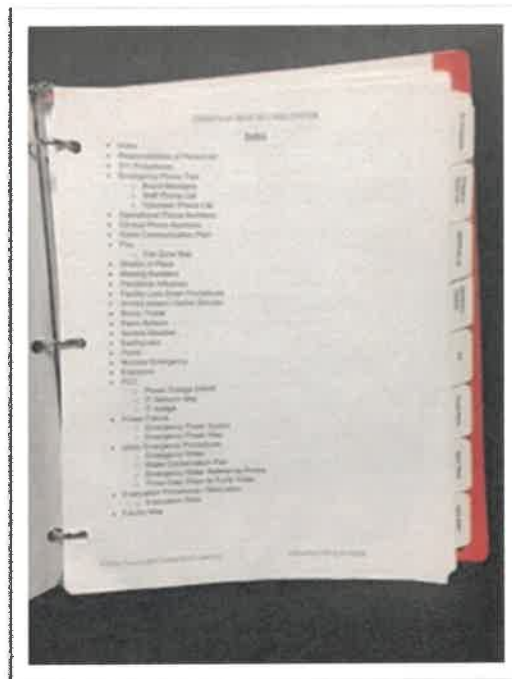
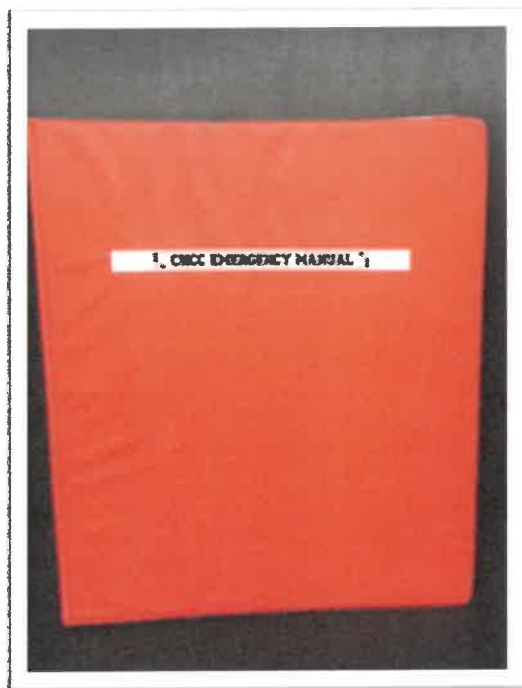
**A** – **Aim the nozzle at the base of the fire** – since the pressure of spraying directly into the fire may spread burning material.

**S** – **Squeeze the handles together.**

**S** – **Sweep from side to side** and evenly coat the entire area of fire. Keep applying the fire extinguisher agent even after the flames are put out. Stay near the extinguished fire, if possible, until the fire department arrives.

**Never turn your back after you have extinguished a fire.**





## Christian Health Care Center Emergency Manual: Located at Each Nurses' Station

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## **Managing Disasters**

**Take appropriate action whenever safety and security are at risk.**

A catastrophe is a sudden disaster that causes a great amount of damage, loss or destruction. In addition to fires, examples of disasters are earthquakes, hurricanes, floods and explosions. If a catastrophe strikes, you must be prepared to act quickly, safely, and calmly. Action depends upon the nature of the catastrophe. The best defense against a disaster is being prepared. Know the facility's emergency procedures before an emergency strikes.

- \*Understand rescue and evacuation procedures.
- \*Know the location of all exits.
- \*Know where the fire pull alarms and extinguishers are located.
- \*Follow the instructions of your supervisor.

After the residents are secured, employees should report to the Nurse in charge for further instructions. Be prepared to act calmly and professionally under the direction of the incident commander. Take appropriate action immediately, as directed.

Instructions might require that you:

- \*Alert the Fire and Police Departments and/or the American Red Cross.
- \*Evacuate the facility.
- \*Assist and observe residents.
- \*Move supplies, equipment and medical records to a safe place.
- \*Help with emergency record keeping.

## **Earthquake Safety**

In case of an earthquake, stay calm and use common sense. Safety procedures from earthquakes vary for different regions. One of the biggest hazards of an earthquake is broken glass. Stay away from windows. Take shelter under a table or in a corner away from windows, mirrors and heavy objects.

### **When you feel the earthquake:**

**Stop:** Don't try to move.

**Drop:** To the ground, on an inside wall or under something.

**Cover:** Your head with one arm.

**Hang On:** To whatever you've crawled under so it doesn't bounce away from, or on top of you.

After the shaking stops, rescue the residents as directed. Rescue procedures will depend upon the extent of damage caused by the earthquake.

## **Other Catastrophes**

Advance warning is usually available for hurricanes, tornadoes and floods. Follow the emergency procedures for the facility. Take appropriate action to provide safety and security. CHCC's "Emergency Plan" is located in a red three ring binder. A copy of the "Emergency Plan" is located at each Nurse's Station.

## **Shelter-In-Place at CHCC**

The following protocols are utilized when the facility is Sheltering-in-Place due to a disaster situation.

Meet with management team to activate Incident Command System (ICS) and discuss preparations for the incident if advanced warning is provided.

Notify CEO, Board members, Residential Care Services, local Emergency Management Office, and Medical Director of the decision to Shelter-in-Place.

Notify staff members, residents, and family members/responsible parties.

Contact all employees from each department and create a list of employees with telephone numbers/emergency telephone numbers who are available to work during the Shelter-in-Place incident if time warrants such planning. Confirm expected availability, as well as the number of family members joining the staff members:

- Before the incident

- During the incident

- After the incident

Instruct all visitors, vendors, volunteers, etc., in the facility at the time the Shelter-in-Place plan is initiated to stay for their safety.

Unless there is an imminent threat, provide staff, volunteers, visitors, vendors, etc., with the ability to communicate with their family members at an appropriate time.

Close and lock all windows, exterior doors, and any other openings to the outside.

If you are told there is danger of a potential explosion, close the window shades, blinds, or curtains.

Create extra water supply. The rule of thumb is 1.5 gallons per person, per day. (See water conservation procedure.) In addition:

- Fill tubs, sinks, pitchers, and as many containers as possible with water.

- Bag up as much ice as possible and place in the freezers.

- If advanced warning is provided, purchase ice and place in freezers. (Gallon freezer/storage bags are useful for cooling individuals and then are ready for drinking as ice melts.)

Turn off all fans, heating, and air conditioning systems and activate other shut-down procedures if necessary to help control entry of potentially unsafe, outside air.

Be prepared to access essential disaster supplies, such as nonperishable food (Meals for All Freeze Dried food available, refer to Manual in Administrator and Dietary Manager Offices), battery-powered radios, first aid supplies, flashlights, batteries, duct tape, plastic sheeting, and plastic garbage bags.

Use duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around the doors and any vents into the room. Plastic sheeting available in Maintenance Shop.

Be alert for leaking water or gas, broken windows, fire hazards, and exposed electrical wires.

Ensure accountability and keep track of all residents and staff members.

Evaluate resident status changes and needs, especially if power is lost. Activate hot or cold weather procedures if necessary.

### **Armed Intruder or Other Dangerous Person Policy**

#### **Statement**

Due to various unexpected conditions, an armed person may enter into the facility and threaten employees, residents or visitors with the intent to harm or to commit a crime. If such a situation were to occur, the following procedures must be followed in order to assure safety of the residents, employees and visitors in the facility.

#### **Interpretation and Implementation**

1. Never take any action that will risk your safety or anyone else's safety.
2. Attempt to activate a facility "Panic Button". If it is not possible to activate a "panic button", anyone who is able should call 911 immediately and relay the details of the situation. Do not hang up until the police tell you to.
3. Attempt to alert others about the individual, announce "Code Gray" and location if possible. Remove residents, staff, and visitors from immediate danger. Escort residents back to their rooms and close doors. Manually close Fire Doors in the hallways. DO NOT move toward the location of the intruder.
4. If the intruder makes any demands or requests, try to do what they ask. Stall if at all possible, to allow police to arrive.
5. Stay Calm. Follow the intruder's commands. Do exactly as you are told. Do not fight or argue. Observe the intruder's clothing and physical features. Observe the person for means of escape, direction of travel and description of vehicle. Never chase or follow the person.
6. If the intruder leaves the facility, lock the facility doors and do not let anyone in or out until the police arrive. Do not touch anything if possible. Prevent anyone from going into the area where the armed person was.
7. Once 911 is contacted you must contact the CHCC CEO, Administrator, DNS & Director of Environmental Services. Phone numbers are located in the Emergency Plan 3 ring binder; located at each Nurse's Station.
8. Once the police arrive, follow their instruction. Complete a "Suspect Description Form" and "Weapon Identification" form. These forms are located at each Nurse's Station.
9. After the incident has concluded, the CHCC Administration staff will complete and Incident Report in conjunction with the individuals involved. Employees, Visitors and Residents will be debriefed as soon as possible. Administrative staff will conduct a security review and make policy and/or physical changes as deemed necessary.



# HOW TO RESPOND

## WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

QUICKLY DETERMINE THE MOST REASONABLE WAY TO PROTECT YOUR OWN LIFE. CUSTOMERS AND CLIENTS ARE LIKELY TO FOLLOW THE LEAD OF EMPLOYEES AND MANAGERS DURING AN ACTIVE SHOOTER SITUATION.

### 1. Run

- Have an escape route and plan in mind
- Leave your belongings behind
- Keep your hands visible

### 2. Hide

- Hide in an area out of the active shooter's view.
- Block entry to your hiding place and lock the doors

### 3. Fight

- As a last resort and only when your life is in imminent danger.
- Attempt to incapacitate the active shooter
- Act with physical aggression and throw items at the active shooter

**CALL 911 WHEN IT IS  
SAFE TO DO SO**

## HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES ON THE SCENE

### 1. HOW YOU SHOULD REACT WHEN LAW ENFORCEMENT ARRIVES:

- Remain calm, and follow officers' instructions
- Immediately raise hands and spread fingers
- Keep hands visible at all times
- Avoid making quick movements toward officers such as attempting to hold on to them for safety
- Avoid pointing, screaming and/or yelling
- Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises

### 2. INFORMATION YOU SHOULD PROVIDE TO LAW ENFORCEMENT OR 911 OPERATOR:

- Location of the victims and the active shooter
- Number of shooters, if more than one
- Physical description of shooter/s
- Number and type of weapons held by the shooter/s
- Number of potential victims at the location

## RECOGNIZING SIGNS OF POTENTIAL WORKPLACE VIOLENCE

AN ACTIVE SHOOTER MAY BE A CURRENT OR FORMER EMPLOYEE. ALERT YOUR HUMAN RESOURCES DEPARTMENT IF YOU BELIEVE AN EMPLOYEE EXHIBITS POTENTIALLY VIOLENT BEHAVIOR. INDICATORS OF POTENTIALLY VIOLENT BEHAVIOR MAY INCLUDE ONE OR MORE OF THE FOLLOWING:

- Increased use of alcohol and/or illegal drugs
- Unexplained increase in absenteeism, and/or vague physical complaints
- Depression/Withdrawal
- Increased severe mood swings, and noticeably unstable or emotional responses
- Increasingly talks of problems at home
- Increase in unsolicited comments about violence, firearms, and other dangerous weapons and violent crimes



Contact your building management or human resources department for more information and training on active shooter response in your workplace.

## **PANIC BUTTON**

## **TO ACTIVATE A PANIC BUTTON**

### **INSERT FINGER INTO HOLE AND SLIDE TOWARDS YOURSELF**

You will notice that the panic button is identified by a strip yellow & black strip of tape. The box is white and the "button" is red.

- If you are able call each station, ask for someone to pick up the phone and notify them of the activation. At NO time should you announce activation over speaker phone or over heap paging, as this could potentially escalate a dangerous situation. please notify each station that the alarm has been activated
- Immediately clear the hallways of visitors and residents. Please escort residents and visitors to their rooms and close doors. Please do this as quietly and calmly as possible. Do not panic or yell down the hallways
- Police will enter and take control of the situation, and give the "All Clear"
- After "All Clear" has been announced Notify the CEO, Administrator, DNS, Assistant DNS & Environmental Service Director Immediately
- Environmental Services will reset alarm

### **Once the Panic Button is activated**

This is a silent alarm. No bells. No horns. No visual alarms.

We are contracted with **Alarm Monitoring Company**. Alarm Monitoring Company will know instantly the time and location of the activated alarm.

**TREAT EVERY ACTIVATION AS AN EMERGENCY** The Police will attempt to call CHCC prior to entry. If you happen to answer a phone call in regards to an activated Panic Button....**NEVER** tell the police it is a false alarm. You may not have detailed information as to why the Panic Button was pushed. However, tell whomever is calling that the panic button has been pushed because an employee(s) is in immediate danger.

***CHCC Employees may activate the Panic Button ANY time they feel verbally or physically assaulted or threatened by a co-worker, visitor or resident.*** It is ok to pull the Panic Button even if there isn't a weapon or threat of a weapon. Our goal is to assure that our co-workers, visitors and residents are safe. So if the thought crosses your mind, "*Should I press the panic button?*"...**We want you to activate the panic button! Follow your instincts.**

### **There are "PANIC BUTTONS" installed in the following locations:**

Main Lobby Receptionist  
Baker Nurse's Station  
Cedar Cove Nurse's Station  
Rehab Nurse's Station  
DNS Office

Main Dining Room  
Cascade Nurse's Station  
Cedar Cove Dining Room  
Rehab Physical Therapy Room  
Administrators Office

## Panic Button



### **Elopement Protocol Summary and “Code 10” Announcement**

**Should an employee observe a resident, unattended, leave the facility he/she should:**

- Attempt to prevent the departure.
- Obtain assistance from other staff members in the vicinity.
- Be courteous in returning the resident to the facility.
- Notify the Licensed Nurse, DNS and Administrator after the resident has been returned to the facility.

**Should an employee hear the security alarm sounding, he/she should:**

- Proceed to the security annunciator panel to locate the exit opened.
- Immediately proceed through the same exit to determine who went through the exit.
- If no resident is found, immediately notify the Licensed Nurse, DNS and Administrator.
- The “Elopement” protocol will need to be activated.

**Should an employee discover that a resident is missing from the facility, he/she should:**

- Determine if the resident is out on leave or at a community appointment.

**If not:**

- The employee will notify the Licensed Nurse, who will initiate the “Elopement” protocol.
- All employees will begin searching their area.

### **Elopement Protocol Summary:**

When an “Elopement” protocol is initiated the Licensed Nurse will announce:

**“Code 10 will (Resident’s Name) please return to their room”** This will be announced three times over the All Page phone system. (press “All Page” button on the phone to make the announcement)

All available employees will stop what they’re doing and make a thorough search of the building(s) and premises. Licensed Nurses will use the Accutech Resident Guard panel to determine the identification of the missing resident; if the resident is wearing an Accutech Resident Guard Tag. Panels are located at the Rehab Entrance, the Main Lobby entrance and at Cascade, Baker and Rehab Nurse’s Stations.

**The following person(s) will need to be notified of an Elopement immediately:**

Facility Administrator, DNS, resident’s legal representative (sponsor) and the resident’s physician.

The following organizations may also need to be notified of an Elopement:

Law Enforcement, Emergency Management, Search & Rescue Squads.

**Upon return of the resident to the facility, the Licensed Nurse will:**

Announce: **“Code 10 All Clear”** three times using the “All Page” button on the phone.

The Licensed Nurse will examine the resident for injuries and contact the resident’s physician with a report of what happened. The resident’s legal representative (sponsor), the Administrator and DNS will be notified. The License Nurse will complete an incident report and document in the resident’s medical record.



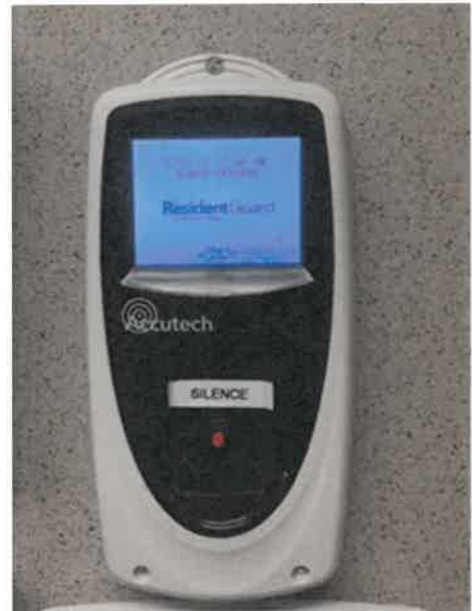
### Resident Guard Alarm

When a CHCC resident is at risk for elopement, from the facility, they may wear a Resident Guard. The Resident Guard is usually placed on the resident's wrist; much like a watch. When the resident approaches an unlocked exit door the alarm will be activated. Staff are expected to gently direct the resident back into the facility. If the resident refuses to return to the facility a staff member will stay with the resident until they can be returned to the CHCC building.

Rehab & Front Entrance



Nurse's Station



Resident Guard: Front



Resident Guard: Back

## **Resident, Visitors, Vendors, Contractors Accidents and Incidents – Investigating and Reporting**

All accidents or incidents involving residents, visitors, vendors, contractors etc; occurring on facility premises must be investigated and reported.

### **Interpretation and Implementation:**

#### **1. Reporting of Accidents/Incidents**

- a. Regardless of how minor an accident or incident may be, including injuries of an unknown source, it must be reported immediately to the department supervisor as soon as such accident/incident is discovered or when information of such accident/incident is learned.
- b. A Report of Incident/Accident form must be completed for all accidents or incidents.
- c. An employee witnessing an accident/incident involving a resident, visitor ect must report such occurrence immediately to the department supervisor. Do not leave an accident victim unattended unless it is absolutely necessary to summon assistance.
- d. A Licensed Nurse must be immediately informed of accidents or incidents so that medical attention can be provided.
- e. Procedures governing the reporting and investigation of abuse, neglect, and/or misappropriation of resident property are located in our facilities abuse prevention policy and procedures.

#### **2. Assisting Accident/Incident Victims**

Should you witness an accident or find it necessary to aid an accident victim, you should

- a. **Render immediate assistance. DO NOT MOVE the victim until he/she has been examined by a Licensed Nurse**
- b. If you cannot leave the victim, ask someone to report to the nurse's station that help is needed and use the call light system located in the resident's room to summon help.

#### **3. Medical Attention**

The Licensed Nurse shall

- a. Examine all accident/incident victims; check vitals.
- b. Notify the victim's physician and inform the physician of the accident/incident
- c. If necessary, transfer the injured person to the emergency room, medical treatment center, hospital
- d. If necessary or appropriate, designate an employee to accompany the victim to the emergency room, medical treatment center or hospital.

#### **4. Investigative Action**

- a. The License Nurse or Supervisor must conduct an immediate investigation of the accident or incident
- b. The following data, as it may apply, must be included on the *Report of Incident/Accident* form
  1. The date and time of the accident or incident took place;
  2. The nature of the injury/illness (ie bruise, fall, nausea etc);
  3. The circumstances surrounding the accident or incident

4. Where the accident or incident took place;
5. The name(s) of witnesses and their accounts of the accident/incident;
6. The injured person's account of the accident/incident;
7. The time the injured person's attending physician was notified, as well as the time the physician responded and his/her instructions;
8. The date/time the injured person's responsible party was notified and by whom;
9. The condition of the injured person, to include his/her vital signs;
10. The disposition of the injured (ie: transferred to hospital, put to bed, sent home, returned to work etc);
11. Any corrective action taken;
12. Follow up information;
13. Other pertinent data as necessary or required; and
14. The signature and title of person completing the report.

**5. A completed Report of Incident/Accident form must be submitted to the DNS and Administrator.**

**ATTENTION: VERY IMPORTANT!**

If a resident, visitor, vendor, employee or volunteer has a fall at CHCC, proper procedures will be followed to assure appropriate treatment and response.

- a. Immediately call for a Nurse. DO NOT attempt to move the victim after a fall.
- b. The Nurse will assess/examine the victim and take vitals.
- c. If necessary, the Nurse or someone delegated by the Nurse, will call 9-1-1.
- d. ONLY employees and/or emergency personnel will provide assistance; as directed by the Nurse.
- e. The incident will be documented.
- f. The victim's responsible party, physician, Director of Nursing & Administrator will be notified. Hospice will be notified if applicable.

## **Resident Personal Care Supplies**

It is the policy of this facility, in accordance with State & Federal regulations, to maintain an environment that remains free of accident hazards as is possible. Residents have the right to keep personal toiletries (toothpaste, lotion, perfume, deodorant, mouthwash) in their room for easy access as long as they are capable of using the items safely. In order to protect confused residents, all toiletry items are to be kept secured & out of sight when not in use. Any aerosol product must be labeled with the residents name and locked in the Nurse's Med Cart or the Med Room.

Residents who are admitting to CHCC are given a copy of our welcome letter, part of which explains that toiletries are to be kept secured. The letter also outlines that any items which are potentially dangerous for confused residents must be checked in with the nurse before being left in the resident's room.

Residents are assessed for cognitive level as part of their comprehensive assessment using the BIMS assessment. If a resident scores an 8 or above, it is presumed they are capable of managing their own toiletries and able to keep them secured at bedside or bathroom, in a covered container (bin, cupboard, closet) as long as their roommate is also safe for this level of storage.

If a resident, who scores 8 or above on the BIMS assessment, has a roommate who scores lower, their toiletries will be kept in a secured location (bins, cupboard, closet) out of sight when not in use.

If a resident scores below 8 on the BIMS assessment, or are otherwise found to be incapable of safely using and managing toiletries on their own, their toiletries will be kept secured away from easy access and used only with supervision.



Examples of Resident "Lotions & Potions"



## **Infection Control, Standard Precautions**

### **Statement:**

Standard precautions will be used in the care of all residents regardless of their diagnosis or presumed infection status. Standard Precautions apply to blood, body fluids, secretions, excretions regardless of whether or not they contain visible blood, non-intact skin, and mucous membranes.

### **Interpretation and Implementation:**

#### **1. Handwashing**

- a. Wash hands after touching blood, body fluids, secretions, excretions and contaminated items, whether or not gloves are worn.
- b. Wash hands immediately after gloves are removed, between resident contacts, and when otherwise indicated to avoid transfer of microorganisms to other residents or environments. Wash hands between tasks and procedures on the same resident to prevent cross-contamination of different body sites.
- c. Use soap (non-antimicrobial) soap for routine handwashing.
- d. Use an antimicrobial agent/soap or a waterless antiseptic agent for specific circumstances (ie control of outbreaks or hyperendemic infection).

#### **2. Gloves**

- a. Wear clean gloves when touching blood, body fluids, secretions, excretions, and contaminated items.
- b. Put on clean gloves just before touching mucous membranes and non-intact skin.
- c. Change gloves between tasks and procedures on the same resident after contact with material that may contain a high concentration of microorganisms.
- d. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another resident. Wash hands immediately to avoid transfer of microorganisms to other resident or environments.

#### **3. Masks, Eye Protection, Face Shields**

- a. Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and resident –care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

#### **4. Gowns**

- a. Wear a clean gown to protect skin and prevent soiling of clothing during procedures and resident care activities that are likely to generate splashes or spray of blood, body fluids, secretions, or excretions.
- b. Remove a soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other residents or environments.

#### **5. Resident-Care Equipment**

- a. Handle resident-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing and transfer of other microorganisms to other residents and environments.

- b. Ensure that reusable equipment is not used for the care of another resident until it has been appropriately cleaned and reprocessed and single use items are properly discarded.

**6. Environmental Control**

- a. Ensure that environmental surfaces, beds, bedrails, bedside equipment and other frequently touched surfaces are appropriately cleaned.

**7. Linen**

- a. Handle, transport and process linen soiled with blood, body fluids, secretions or excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing and transfer of microorganisms to other residents and environments.

**8. Occupational Health and Bloodborne Pathogens**

- a. Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles/sharps.
- b. Never recap used needles or otherwise manipulate them using both hands, or use any other technique that involves directing the point of a needle toward any part of the body.
- c. Do not remove used needles from disposable syringes by hand and do not bend, break, or otherwise manipulate used needles by hand.
- d. Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers, located as close as practicable to the area in which the items were used. Place reusable syringes and needles in a puncture resistant container for transport to the reprocessing area.
- e. Use mouthpieces, resuscitation bags or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.

**9. CHCC's Exposure Control Plan**

A copy of the CHCC Exposure Control Plan can be found at each Nurse's Station.

Report any Occupation Exposure/Incident/Accident immediately to the Director of Nursing or a Licensed Nurse at CHCC.

## **Hand Washing Facts: Information taken from the CDC Handwashing website**

Keeping hands clean through improved hand hygiene is one of the most important steps we can take to avoid getting sick and spreading germs to others. Many diseases and conditions are spread by not washing hands with soap and clean, running water. If clean, running water is not accessible, as is common in many parts of the world, use soap and available water. If soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60% alcohol to clean hands.

### **When should you wash your hands?**

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal or animal waste
- After touching garbage

### **What is the right way to wash your hands?**

- Wet your hands with clean, running water (warm or cold) and apply soap.
- Rub your hands together to make a lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
- Continue rubbing your hands for at least 15 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- Rinse your hands well under running water.
- Dry your hands using a clean towel or air dry them.

### **What if I don't have soap and clean, running water?**

Washing hands with soap and water is the best way to reduce the number of germs on them. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do not eliminate all types of germs.

Hand sanitizers are not effective when hands are visibly dirty.

### **How do you use hand sanitizers?**

- Apply the product to the palm of one hand.
- Rub your hands together.
- Rub the product over all surfaces of your hands and fingers until your hands are dry.

## **Handwashing / Hand Hygiene**

### **Purpose:**

The purpose of this procedure is to provide guidelines to employees for proper and appropriate handwashing and hygiene techniques that will aid in the prevention of the transmission of infections.

### **Objective:**

To prevent and control the spread of infectious diseases.

### **General Guidelines:**

1. Appropriate minimum of 20 second handwashing with antimicrobial or non-antimicrobial soap and water must be performed under the following conditions:
  - a. When hands are visibly dirty or soiled with blood or other body fluids;
  - b. After contact with blood, body fluids secretions, mucous membranes or non-intact skin;
  - c. After handling items potentially contaminated with blood, body fluids or secretions;
  - d. Before eating;
  - e. After using a restroom; and/or
  - f. If exposure to *Bacillus anthracis* is suspected or proven.
2. If bar soap is used for handwashing, it must be kept on a strainer that allows for drainage to ensure that the soap does not remain in a puddle of water. If liquid soap is used, reservoirs must be discarded when empty. If refillable, they must be emptied and cleaned, rinsed and dried and never topped off with additional soap.
3. The use of gloves does not replace handwashing.
4. If hands are not visibly soiled, use an alcohol-based hand rub for all the following situations:
  - a. Before direct contact with residents;
  - b. Before putting on sterile gloves.
  - c. Before performing any non-surgical invasive procedures;
  - d. Before preparing or handling medications;
  - e. Before handling clean or soiled dressings, gauze pads, etc.
  - f. Before moving from a contaminated body site to a clean body site during resident cares;
  - g. After contact with resident's intact skin;
  - h. After handling used dressings, contaminated equipment etc;
  - i. After contact with inanimate objects (ie medical equipment) in the immediately vicinity of the resident; and/or
  - j. After removing gloves.
5. Do not wear artificial nails or extender tips when working with immunocompromised or severely ill residents.
6. Keep natural nail tips less than ¼ inch long.

**Where to find answers to your questions! 360-354-4434**

**Chief Executive Director:** Patrick O'Neill  
PONeill@chcclynden.org

**Administrator:** Tonja Myers  
TAMyers@chcclynden.org

**Director of Nursing:** Heather Lewis, RN  
HLewis@chcclynden.org

**Assistant Director of Nursing:** Karen Jamison, RN  
KLJamison@chcclynden.org

**Director of Social Services:** Jenaye Weidenaar  
JDWeidenaar@chcclynden.org

**Director of Environmental Services:** Steven Lewis  
SLewis@chcclynden.org

**Compliance Coordinator/General Orientation/Training & Development Coord:**  
Mary Wynstra: MBWynstra@chcclynden.org

**HIPAA Privacy Officers:**  
Katie Taylor: KJTaylor@chcclynden.org  
Deanna Miller: DJMiller@chcclynden.org

**CHCC Safety & Accident Prevention Program:**  
Mary Wynstra & Steven Lewis  
[MBWynstra@chcclynden.org](mailto:MBWynstra@chcclynden.org) [SLewis@chcclynden.org](mailto:SLewis@chcclynden.org)

**Important Emails & other things:**

**To email a Compliance Report:**  
[Compliance@chcclynden.org](mailto:Compliance@chcclynden.org)

**To make a suggestion or ask a question about the CHC QAPI program:**  
[CHCCQAPI@chcclynden.org](mailto:CHCCQAPI@chcclynden.org)

**Please follow Christian Health Care Center on [Facebook](#).**

**Please visit the Christian Health Care Center website: [www.chcclynden.org](http://www.chcclynden.org)**

