

Care Guide



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Claiborne Core Values

As a Claiborne Senior Living team member, you can impact the quality of life for our residents!

We've developed a tried-and-true set of "Core Values & Behaviors" that serve as a roadmap for approaching your work, interacting with residents and team members, and making decisions that help us all achieve our mission.

Core Values & Behaviors

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Act with Integrity

We live the example we wish to set by doing what's right, even when it is difficult or no one is looking.

- Be punctual and prepared to work.
- Be responsible in using resources.
- Do what you say you will do.
- Ensure safety of self and others.
- If you see it, pick it up.
- Share important feedback, even when it's difficult.



Remain Focused

We stay on task through completion, meet and exceed expectations, and remain diligent and consistent in our pursuit of excellence.

- Anticipate the needs of residents and visitors and seek to exceed expectations.
- Follow up to ensure requests are addressed in a timely manner.
- Prioritize your work to focus on what matters most.
- Speak up, respectfully sharing ideas and knowledge.



Our Culture Matters

People are our priority. We create genuine and lasting relationships with a sense of appreciation, courtesy, and service.

- Appreciate and recognize the contributions of others.
- Assist others within and across groups.
- Be proactive, honest, and respectful when communicating.
- Create eye contact, smile, and greet people by name.
- Help in creating a fun and enjoyable work environment.
- Keep an open mind and ask questions about changes or new ideas.
- Learn about and deliver on resident and visitor preferences.
- Make others feel welcome.
- Promote activities and conversations that are meaningful to residents and visitors.
- Speak and act in ways that honor equality and reflect diversity.
- Speak positively about The Claiborne and the people that work and live there.
- Take time to listen, ask questions of, and understand others.



Take Ownership

We learn from our mistakes and rise above them. We take responsibility for our actions while avoiding blame, excuses, or denial.

- Acknowledge mistakes and use them to improve and learn.
- Identify opportunities to improve your skills and take action.
- If you don't know, admit it, and find the answer.
- If you see a problem - take ownership to correct it.
- Take ownership for the quality of your work.



Using the Core Values & Behaviors as the foundation to your role, you will be able to take ownership of and bring to life our five Provisions of Care.

Upholding Dignity
Providing Choices
Maintaining Privacy
Promoting Independence
Supporting Individuality

Professionalism

Professionalism is the foundation of trust and respect in senior living. As caregivers, you represent yourself and our organization's values. Demonstrating professionalism means maintaining a positive attitude, communicating respectfully, and always prioritizing our Provisions of Care.



Professionalism

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Resident Confidentiality	When discussing anything related to a resident or when talking with a resident, family member or professional provider, assume that it is confidential and that it will not be repeated unless it is a life-threatening situation. In a community, gossip can run rampant, so try to keep any information that other residents shouldn't know quiet. It's important to avoid circulation of things such as weight, diagnoses, health statuses, family/staff concerns, etc.
Company Confidentiality	Organizational knowledge is key to the success of caring for our residents. It's important to maintain confidentiality when it comes to information regarding our service practices, staffing models, financial practices, and any legal cases or regulatory concerns involving any resident or staff member.
Grievance Procedure	Residents have the right to file a grievance with the community, the long-term care ombudsman, or any regulatory agency. To file a grievance with the community, direct a resident or their family member to see the Executive Director for instructions.
Professional Standards of Job Role	<ol style="list-style-type: none">1. Compassion and empathy including understanding resident needs, empathetic care, and respectful communication.2. Professionalism and ethics including adherence to CSL policies, ethical (moral) behavior, and continuous learning.3. Effective communication and teamwork including clear communication, positive collaboration and good conflict resolution or de-escalation techniques.

Professionalism

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Voice Volume

Assisted Living is hosted in congregate settings, meaning there are lots of people moving around almost all the time. It's important to consider the volume of your voice when interacting with people inside the community.

Consider the following when adjusting voice volumes in our community:

1. Hearing aides
2. Public setting (dining room, activity area, etc.)
3. Emotional state of resident (are they sad, agitated, excited?)
4. Time of day (early morning or bedtime?)
5. Unexpected audience (in the hall with other residents?)

Appropriate volume levels directly impact comfort, dignity, engagement, and inclusivity.

Professionalism

Communication Essentials

Concise communication is key. Use the “5-Ws & an H” to lead your conversations with residents and team members.

1. WHO – Identify the Person: Clearly address or name the person you’re referring to.
2. WHAT – State the Main Point: Say the action or message and keep it simple.
3. WHEN – Specify the Time: Let the listener know exactly when something will happen.
4. WHERE – Clarify the Location: Briefly indicate where the action will take place.
5. WHY - Ensure Clarity: State the reason for the action.
6. HOW – Give the Method or Approach: Describe how the action will be carried out.

Example: “Mrs. Smith, we’re going to take your walk in the garden in about 5 minutes so you can get some fresh air. I’ll walk beside you and offer support if you need it.”

Try to refrain from assuming the listener has any indication of your plans or the outcome.

Professionalism

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Downtime Do's

During a shift, you may encounter the rare phenomenon of downtime. Downtime typically happens for caregivers when there is a well-attended activity or outing or residents are sleeping.

Here are some things you should do to use your downtime wisely:

1. Review Resident ISPs: Reviewing the care needs of our residents helps us stay up-to-date on changing needs or preferences and promotes our Provisions of Care.
2. Review the Staff Communication Log: Check to see if there have been any missed updates in the log from the last week's previous shifts.
3. Check into Relias: Log in and review your dashboard for quarterly and annual assignments that keep our organization in compliance with regulatory trainings.
4. Inventory Management: Check work-stations and replenish any inventories necessary (office supplies, PPE, charge devices, etc.).
5. Engage Residents: Spend some time getting to know your residents. This important activity helps us to know more about them all around, which promotes our ability to provide more person-centered care.
6. Assist with Housekeeping: Tidy up common areas, organize work-stations, or sanitize high-touch areas such as handrails, doorknobs, and surface areas.
7. Assist in Prepping for Upcoming Activities: Help the Life Enrichment team get a jump-start on the next activity on the calendar by assisting to prepare the area and supplies.

Professionalism

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Downtime Don'ts

We work in our residents' homes and, while providing a level of comfort is important, it's equally important that we maintain a professional image to residents, families, and visitors inside the community. Here are a few tips on what "not" to do with your downtime.

Refrain from the following activities or behaviors:

1. Lounging (stretching out or slumping) in common areas.
2. Unplugging common area fixtures (lights, radios, etc.) to charge personal devices.
3. Spending time in common areas on personal devices.
4. Creating downtime when there are tasks to be completed (i.e. clearing the dining room or restocking the hydration stations).
5. Congregating with co-workers in common areas (use the work-stations or break rooms during break times).
6. Sleeping (in any location)!

Professionalism

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Gifts, Gratuities, and Special Arrangements

Residents will grow fond of caregivers who provide exceptional care. That is the goal! At times, residents and their family members may try to reward caregivers and other team members with gifts, gratuities (tips or money), and/or special arrangements.

Accepting gifts from residents, family members, or any other visitors is outside of our policies at Claiborne. Additionally, borrowing money or items of value from residents or their family members is considered financial exploitation and misappropriation of resident property, and is against our policies.

All gifts or special arrangements should be courteously declined.

While some things may seem harmless to take or accept, consider this list of examples and be mindful of variations like these that are outside of our policies.

DO NOT:

1. Use a resident's phone, tablet, or chargers for personal needs.
2. Accept gifts or money as a thank you or for extra services (more laundry, extra shower, etc.).
3. Borrow jewelry, watches, or accessories.
4. Accept gift cards.
5. Borrow cars or ask for rides.
6. Accept gifts to give to your children or family members.
7. "Accept Help" with personal bills or tasks.

Health-Related Services

This resource is a guide to performing appropriate health-related services to the residents who have chosen Claiborne Senior Living as their home.

Health-related services are tasks such as monitoring, coordinating, and performing actions that maintain or improve the health and self-care ability of our residents. Claiborne team members provide and coordinate assistance in a manner that upholds the dignity, choice, privacy, independence, and individuality of each resident as indicated on the resident's **Individualized Service Plan (ISP)**.



The Individualized Service Plan (ISP) & Care Plan Summary (CPS)

The **Individualized Service Plan (ISP)** is the result of an assessment given to each of our residents prior to move-in and progressively throughout their tenancy. The information includes tasks which are to be performed by Claiborne team members (such as assisting with dressing, grooming, etc.), the levels of assistance needed for each task, baseline mobility and psychosocial being, medication regimens, and additional health-related information that is a major part of providing services. Additionally, the ISP will list personal information about the resident such as their preferences, background information, special routines, and identifying notes that will allow Claiborne team members to provide person-centered, personalized care to the resident.

From the **ISP**, our Directors of Wellness will generate a useful tool that provides our caregivers with a quick, one-page summary to use any time there is a question about how, when, and at what level to assist a resident with a task. This is called the **Care Plan Summary (CPS)**.



Using the ISP & CPS

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In the ISP & CPS, each plan will give a “Level of Independence.” This quick explanation gives you a guide on how to assist the resident with the specific task or ADL (Activities of Daily Living).

Levels of Independence (Assistance)	<ol style="list-style-type: none">1. None – Independent. No assistance required or desired2. Minimal – Verbal Reminders Only. No physical or standby assistance desired3. Moderate – Setup including selecting or laying out supplies, resident completes tasks mostly independently4. Max – Standby or physical assistance requested or desired
Reading the Resident Care Summary (example on next page)	<p>The heading of the summary will give you the demographics of the resident, as well as quick views on mobility, assistive devices, and care level.</p> <p>Each task will have their own block and within each block, you will see the level of independence (or required assistance) along with the definition, additional items needed to complete the task, frequency of the task, and resident’s preference of which shift to complete the task on.</p>
Additional Task Requests (Ad Hoc)	<p>Residents may ask you to assist them with tasks that are not listed on their ISP or CPS. This is referred to as an “Additional Task Requests (Ad Hoc)” request and will be covered in the “Activities of Daily Living” section.</p>



Test Resident 26

GENDER	Male	FALL RISK	No	GLASSES	Yes
BIRTHDAY	November 4, 1939	ELOPEMENT RISK	No	HEARING AID	Both
CARE LEVEL	5	ADMISSION TYPE	Assisted Living	DENTURES	Yes

NO POLST

BATHING

Maximum - Standby or physical assistance requested or desired.

- Shower chair
- Shower
- Maximum assistance with bathing - 1 person assist - 2x per week

Mon Thu Sat at PM

DRESSING

Moderate - Setup including picking/laying out clothes/supplies. Resident dresses independently.

- Assistance with morning dressing
- Assistance with bedtime undressing

GROOMING

Moderate - Setup including preparing /laying out supplies. Resident grooms independently

- Assistance with morning grooming
- Assistance with bedtime grooming

ORAL CARE

Moderate - Setup including preparing /laying out supplies. Resident is independent with oral care. Assist Resident with denture cleaning in the evenings.

- Morning oral care
- Wears dentures

BATHROOM ASSISTANCE

Maximum - Standby or physical assistance requested or desired.

- Uses bedside commode
- Uses incontinence products

TRANSFER

Moderate - Setup including staging/moving assistive devices.

ESCORTING/MOBILITY

Minimum - Verbal Reminders Only. No physical or standby assistance desired.

- Walker

HEARING

Minimum - Verbal Reminders Only. No physical or standby assistance desired.

- Both ears

VISION

Minimum - Verbal Reminders Only. No physical or standby assistance desired.

- Wears glasses regularly

MEALS AND NUTRITION

None - Independent. No assistance requested or desired.

- Regular Liberalized Diet

SAFETY CHECKS

Moderate - Resident desires safety checks

- Safety checks - 2x per shift

PSYCHO-SOCIAL ENGAGEMENT

Minimum - Weekly encouragement to participate

- Please describe the recreational and social activities resident prefers - Resident enjoys activities but is reluctant to participate without encouragement.

VITALS

Minimum - Staff monitors vitals monthly.

FALL RISK

-

- No history of falls within last 90 days

ADDITIONAL SERVICES REQUESTED

- Assistance with laundry (select this box and indicate frequency below)
- Assistance with bed making (select this box and indicate frequency below)
- Assistance with housekeeping (select this box and indicate frequency below)
 - Assistance with trash removal (select this box and indicate frequency below)
 - Laundry - Staff assists once weekly
 - Housekeeping - Staff assists once weekly
 - Bedmaking - Staff makes bed daily
 - Trash removal - Staff assists three to five times weekly

For Claiborne Champions:

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Devices	<ol style="list-style-type: none">1. Introduce any devices used for shift (ex: tablets, walkies, headsets, phones, fobs, keys, etc.)2. Demonstrate how to use each device appropriately3. Give examples of when/how to use each device4. Verify employee can log into devices with valid credentials
Software, Apps, Systems, Hard Copies	<ol style="list-style-type: none">1. Introduce EHR, Nurse Call, RPM, & CareApp (or Task Sheets) etc.2. Give a quick demonstration of when & how to use each & be sure to illustrate usage during the upcoming shadowing shift3. Provide guidance on who to contact if there is an issue with device or software
Tour Work-Station	<ol style="list-style-type: none">1. Give a tour of the work-station including where to find necessary items such as charging stations for devices, where to convene for shift-change, where to complete needed documentation (such as the Staff Communication Log), location of binders (ISPs, Emergency Manual, & OPS 101/102)2. Show new hire to the break room and any locations that are for staff members only (lockers for personal items, fridge for lunches, vending machines etc.)
Introduce New Hire	<ol style="list-style-type: none">1. Introduce your new hire to co-workers and explain their roles/assignments, and how they work together for the success of our residents' care2. Introduce your new hire to department directors and team members from other departments <i>Remember it's important to introduce your new hire to all of our residents for both the resident and the new hire's success!</i>

For Claiborne Champions:

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In-Room Temperatures	<ol style="list-style-type: none">1. Address the type of thermostat or temperature controls used in resident's apartment.2. Educate on changing from heat to cooling.3. Educate on increasing/decreasing the heat or air.4. Educate on how to recognize when a unit needs a reset vs. a repair.5. Who to reach out to if there is a concern or problem.
Community Temperatures	<p>Common area temperatures are adjusted by management personnel only. If a resident is complaining of the temperature in a common area, politely let them know you will tell your supervisor.</p> <p>If they are too cold, offer to retrieve them a sweater; if they are too hot, offer to escort them to their apartment to help them cool down.</p>

For Claiborne Champions:

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Resident Emergency Device Alert (Call/Page)	<ol style="list-style-type: none">1. Respond to the emergency call device alert as soon as reasonably possible<ul style="list-style-type: none">○ Ideal response time is under 2 minutes.○ Unacceptable response time is greater than 15 minutes.2. If call is non-emergent, promptly reset the device to record the appropriate response time.3. If call is urgent, initiate appropriate emergency response protocol* immediately.4. Respond to non-urgent calls with appropriate follow-up according to resident's Individualized Service Plan. <p><i>* Emergency response protocols are trained separately</i></p>
Community-Specific Emergency Call System Demonstration & Training	<ol style="list-style-type: none">1. Demonstrate community-specific emergency call system including pull-cord and wearable device operation.2. Initiating a call/page from pull-cord or wearable device.3. Resetting a call/page from pull-cord or wearable device.4. Clearing the call/page from the staff device (pager/tablet).5. Clearing the call/page from the main computer. <p><i>Demonstrations are community-specific and should be conducted by either a Claiborne Champion, or the personnel who oversees the emergency-call system in your community.</i></p>

Shift Change Best Practices

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Shift Change Best Practices: Onto Shift

1. Gather/Sign-Out devices and necessities such as tablets, walkies/headsets, keys or key fobs, etc.
2. Log in to work platforms such as EHR, communication systems, and/or nurse call (if applicable).
3. Make sure all response calls/nurse calls from shift have been addressed and cleared (if applicable).
4. Complete shift hand-off round visiting each resident on your assignment with the oncoming shift.
5. Review the **Staff Communication Log (SCL)**; initial items that are read to you by outgoing shift.
6. Verify supplies needed for entire shift are readily available.

Shift Change Best Practice: Leaving Shift

1. Turnover Process: Sign-In devices and necessities used on shift (tablets etc.). Place any used devices on charger.
2. Make sure all response calls/nurse calls have been addressed and cleared.
3. Acknowledge shift task completions in the CareApp (sign and turn in task sheets).
4. Complete shift hand-off round visiting each resident on your assignment with the oncoming shift.
5. Replenish supplies for the next shift.
6. Review the **SCL** with oncoming shift; initial items as they are read to oncoming shift.

Staff Communication Log (SCL)

The **Staff Communication Log** is your key to communication with your coworkers, both in and outside of your discipline. This is where the **Life Enrichment Coordinator** will mention changes to activities, where the **Director of Wellness** will discuss changes to a resident's care plan, or where the **Maintenance Director** will mention any updates on outstanding repairs (to mention a few).

This is the communication tool that will help you provide better care to your residents and will allow you to set up the next shifts for success.



Staff Communication Log (SCL)

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Staff Communication Log	<ol style="list-style-type: none">1. Ensures continuity of care and service provisions to residents.2. Communicates occurrences of any significant events to other staff.3. Communicates changes in a resident's Individualized Service Plan that should be implemented.4. Communicates non-resident specific information such as notes about activities, tours of the building, meals, staffing changes, or maintenance concerns.
Documentation Standards	<p>If the entry involves a resident, be sure to uphold confidentiality by using their unit number and a brief description of the event.</p> <p>Use only fact-based language. <i>For example: Unit 125 refused shower; reported to shift supervisor, Or: Unit 131 Fell, injury to left elbow; reported to 2nd shift supervisor.</i></p>
DON'Ts for the SCL	<ol style="list-style-type: none">1. Resident specific needs or daily tasks (not ADLs or iADLs): Documentation of standard needs and daily tasks that are part of the resident's ISP/CPS are not necessary. If new needs or tasks begin, you can write those on the SCL then notify the shift supervisor.2. Completion of ADLs or iADLs: Documentation of routine ADLs & iADL completion is not needed. If these are part of the resident's ISP/CPS you do not need to note these.

Staff Communication Log (SCL)

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Items that may be included on the **Staff Communication Log** and who you can expect to see these entries from!

Director of Wellness (DOW)	<ol style="list-style-type: none">1. Changes in ISP/CPS.2. New or temporary change in mobility.3. New or temporary changes in medication regimen (observe for reactions).4. Emergent transfers or resident out of facility (OOF) for extended time.5. New or visiting (respite) residents' ISP/CPS.6. Internal transfers of residents.7. Discontinuing of ISP/CPS due to move out.
Life Enrichment Director (LED), Dementia Care Director (DCD), Concierge (CON)	<ol style="list-style-type: none">1. Changes to upcoming (previously scheduled) activities.2. Notice of new planned event.3. Upcoming appointments.4. Scheduled transportation.
Any member of Leadership Team	<ol style="list-style-type: none">1. Issues with resident family member or guardian.2. Family communications.3. Building maintenance updates or upgrades.4. Notice of inclement weather preparations.

Staff Communication Log (SCL)

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Items that you as a caregiver will include on the **SCL**. These items are expected of you to ensure successful communication between team members.

Caregiver Responsibilities	<ol style="list-style-type: none">1. Refusal of services (i.e. didn't accept shower at scheduled time after 3 attempts).2. Inappropriate resident behavior.3. Altercations between residents/staff/visitors.4. Unusual occurrences during mealtimes.5. Building maintenance concerns (especially safety concerns).6. Appliances inoperable.7. After hours tours.8. Resident out with family and anticipated return time.9. Ad Hoc or Additional Tasks requests by resident(s).
Additional Expectations	<p>The SCL is the roadmap to what goes on between your shifts. Caregivers are expected to check the Communication Binder for any previous communications that may have been missed. For example, after being off for a couple of days, check the Binder for anything you may have missed to help you better prepare for your upcoming shift.</p>

Deviations from ISP/CPS

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From time to time, a resident will refuse a service or task that is on their ISP/CPS. Here is a reference on how to handle refusals

Refusal of Services

In the event of a resident refusal of services, 2nd and 3rd attempts should be made to deliver or complete the task(s).
If a resident refuses services, there is an option to select “refusal” in the CareApp. To complete the refusal, a drop-down menu will appear with reasons for the refusal. Select one to document the refusal. This should also be noted in the **Staff Communication Log** and reported to the direct supervisor.

It is important to note that residents have the right to refuse services, even those ordered by a physician, and documentation is extremely important in these instances. However, a refusal should not be considered an excuse to not perform a service. Speak with your immediate supervisor to learn more about the resident to ensure you’re using the right approach before accepting a refusal.

Residents may have reasons for the refusal which can help with problem solving. Attempt to encourage the resident using different approaches such as changing the time of the service delivery, offering an alternative service that will reach the same end-goal, point out the pros of the service, or asking another caregiver to try to complete the service (only after 2 refusals with you).

Continued service plan refusals should be evaluated by the Director of Wellness, so it is important to document the ways that you attempted to deliver the service and the reasons they were continually refused; remember to use fact-based language only.

Activities of Daily Living (ADLs)

Activities of Daily Living are the essential, routine tasks that people perform every day to take care of themselves. Many of our residents depend on us to provide assistance with these tasks to maintain or promote a level of independence. Providing this support can directly impact the quality of life, comfort, and safety of our residents.



Bathing/Showering

1. Set up area: shampoo/conditioner/soap, washcloth, towel(s), fresh change of clothes or robe/slippers.
2. Test for appropriate water temperature.
3. Assist resident into shower: place forearm under resident's forearm to keep them steady as they step up/over the shower floor making sure resident is seated or standing steady with grab-bars before letting go.
4. Hand resident items needed such as shampoo, washcloth, etc.
5. Encourage resident to bathe/clean self if possible. If not able, proceed to step 6.
6. Rinse resident and use the top-down method washing hair and body, keeping resident warm during process by rinsing as appropriate.
7. Once completed, assist resident out of the shower making sure the floor is dry, and no fall hazards exist; seat or steady resident.
8. Help resident dry off completely.
9. Dress or use robe.

Dressing

1. Set up clothes, including underwear or disposable undergarments as needed.
2. Be aware of range-of-motion challenges (arms too high, hard to bend, slow to move etc.)
3. Encourage resident to dress themselves or participate if possible.
4. If resident needs to sit – use bed or chair (no rollater seat).
5. If resident can stand – be sure assistive devices are secured/wheels locked.
6. Use a top-down method after unmentionables are on (shirt, pants/skirts, socks, shoes).
7. Make sure clothes fit well and are suitable for motion (shoes fit well).

Ted Hose	<ol style="list-style-type: none">1. It is best practice to make sure the resident is lying down when putting on ted hose.2. Place thumbs inside the top band of hose and fold (or scrunch-up) to the ankle area.3. Place hose over foot placing the open “hole” area on the bottom of the foot.4. Pull the hose up towards the knee gently, make sure there are no wrinkles.5. Check skin as pulling up hose to correct any creases in skin.6. Smooth out the entire hose.
Removing Ted Hose	<ol style="list-style-type: none">1. Gently grasp top band of hose (closest to the knee) and pull down towards the ankle.2. Check for irritated skin while removing ted hose.3. Fold (scrunch-up) the leg-portion of the hose when you get to the ankle.4. Stretch the folded hose away from ankle on two sides (pull your hands apart slightly) and pull across the toes in one smooth motion.5. Hand-wash hose and allow to air-dry overnight.
Grooming	<ol style="list-style-type: none">1. Set up area with appropriate tools – brush, comb, hair gels, leave-in conditioner, dry-shampoo, etc.2. Encourage resident to participate if possible.3. Hand the tools to the resident or talk through the activities while using certain tools (<i>Example: “I’m spraying on this leave-in conditioner; now we’ll start combing through your hair.”</i>)

ADLs

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Personal Hygiene	<ol style="list-style-type: none">1. Cue or assist resident in applying deodorants, powders, creams (be sure to note range of motion issues if/when applying deodorant).2. Make sure resident's hands/nails are clean (use a nail brush if appropriate).
Dental Hygiene	<ol style="list-style-type: none">1. Set up area with toothbrush, mouth rinse, and/or denture cleaning supplies and liquid.2. Cue or assist resident in brushing teeth and/or cleaning dentures (if brushing teeth for resident, press gently only on the teeth and not the gums).3. Ask resident how their teeth/gums feel; if using dentures, ask if they are experiencing any denture-related pain.
Shaving	<ol style="list-style-type: none">1. Set up area with appropriate tools: disposable razor, washcloth, first aid kit (band-aids at minimum).2. Wash area to be shaved with warm water.3. Apply cream if appropriate.4. Shave with the direction of the hair growth in short strokes.5. If using an electric razor, eliminate steps 2 and 3.
Hair Care	<ol style="list-style-type: none">1. Brush or comb hair according to resident preference.2. Make sure hair looks kempt and dignified before leaving apartment and resident is out and about in the community (check for flat spots from recliner or pillow hair).

ADLS *Compassionate Daily Actions*

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Courteous Wake Up	<ol style="list-style-type: none">1. Refrain from flipping on the overhead lights before residents have woken up – use a lamp with softer light.2. Refrain from speaking too loudly when waking residents (use soft voice and soft touch on the arm close to the shoulder).3. Avoid rushing the resident; be mindful they are just waking up and might be moving slower than normal.4. Give them a brief overview of the day (breakfast, activities, therapy, outings).
Courteous Tuck–In	<ol style="list-style-type: none">1. Assist resident with their preferred night-time routine (not what meets your shift schedule).2. Help resident change into their sleep clothes.3. Provide a glass of water for the nightstand.4. Make sure glasses and pendants are close by (nightstand).5. Take out hearing aides and put in a safe place.
Dignity Maintenance	<ol style="list-style-type: none">1. Make sure resident is properly dressed each day (not wearing the same outfit multiple days in a row).2. Make sure resident is properly groomed and does not look disheveled (no shirts buttoned up crooked, no pants folded up wonky).3. Look for accidents on clothing that would affect dignified appearance (soiled shirt from lunch, incontinence leak).

ADLs

MENU

Sensory Aides	<ol style="list-style-type: none">1. Ensure resident has glasses on and/or hearing aides in.2. If resident wears glasses, help make sure their lenses are clean.3. If resident wears hearing aides, ask them if their hearing levels are good (check batteries).
Assistive Devices	<ol style="list-style-type: none">1. Make sure residents have their personal assistive devices prior to leaving their apartment each morning (walker, rollator, cane, etc.).2. If resident uses a walker, make sure end-caps, slides, and/or wheels are in good working order.3. If resident uses a rollator, make sure wheels are free of sticky debris and in good working order; check to make sure the brakes are working and seat is sturdy (not loose or broken).4. If resident uses a manual wheelchair, make sure wheels are free of sticky debris and in good working order; check to make sure the brakes are working and that the seat is clean each day.5. If the resident uses a power wheelchair, check the joystick for proper working order and the speed settings; check to make sure the seat is clean each day.6. If the resident has a bag or caddy on their device, check it frequently for old food, tissues, or random items that should be thrown away – be sure to include the resident when surveying their caddy inventory.

ADLs

MENU

Toileting/ Incontinency Products	<ol style="list-style-type: none">1. Steady resident close to toilet using handicap bars, secured walker.2. Lower resident to toilet using under-arm support method.3. Allow resident to complete their business in a dignified manner.4. Use appropriate cleaning supplies (toilet paper, wet wipes, warm-water perineal bottle).5. Dispose of any soiled incontinency products using double-bag method (bag item, then place in disposal).6. Replace any incontinency products gently.7. If soiled incontinency products are present, bag these in smaller garbage bags and remove them from the apartment immediately (don't place them in larger trash cans and leave them or pull the trash from the larger can if it's not full).
Partial Sponge Bath	<ol style="list-style-type: none">1. Prepare the area with 2 washcloths, warm towel, and water basin or sink.2. Fill the basin or sink with warm water.3. Use a bath blanket or robe to keep the resident warm.4. Use a washcloth or sponge to wash with soapy water, then use the 2nd washcloth to rinse off the soap.5. Dry the resident completely.6. Apply lotions, creams, or powders as necessary.

Catheter Assistance (Cleaning Only)

Prepare the area with a clean washcloth, basin with soap & warm water, gloves & a bed protector or towel (if applicable)

1. Place the pad/towel under the Resident.
2. Use the washcloth, soap & warm water, clean the Resident's private areas front to back gently, then rinse in the same manner.
3. Clean the tubing starting where it meets the Resident's body using a top-to-bottom motion.
4. Dry any wet areas on the Resident or tubing.
5. Note any redness, drainage, or swelling around the catheter insertion point & report to the shift supervisor.

For male Residents: Add a clean external catheter sheath over the private area and tape the sheath to the Resident (do not encircle the private area).

More detailed information on Peri-care can be found on the next pages.

Empty the catheter bags into the toilet and place them back on the Residents' tubing. If a replacement bag is needed, it should be provided in the Residents' apartment. When disposing of the bag, be sure to use the double-bag method and remove the trash from the apartment when cares are completed.

Peri-Care	<p>Perineal, or peri-care, is washing and tending to a resident's private areas to prevent irritation and skin breakdown. Peri-care should be completed during regular bathing/showering, after toileting, or when changing incontinency products.</p> <p>Peri-care should always be completed in a dignified manner and the resident should be made as comfortable as possible. It's important to remember that these tasks can be embarrassing for the resident and require tact and discretion.</p>
Performing Peri-Care	<ol style="list-style-type: none">1. Put on gloves and remove any soiled items using the double-bag method for trash.2. Change into a fresh pair of gloves.3. Place a waterproof pad under the resident if performing peri-care outside of the bathroom or shower.4. Make the resident as comfortable as possible while you expose the perineum for cleaning.5. Gently wash, rinse, and dry perineal area wiping from front to back.6. Gently wash inside of thighs moving away from perineal area alternating side-to-side.7. Be sure soap is rinsed completely, then gently pat dry.8. Change gloves and replace any incontinence products as necessary9. <i>For uncircumcised males, be sure foreskin is retracted during cleaning and returned after cleaning. Do not leave foreskin retracted.</i>

Additional Task Requests (Ad Hoc)	<p>Additional Task Requests (Ad Hoc) are services or assistance that are not listed on the resident ISP or CPS. Occasionally a resident will ask for help with something that is out of the ordinary for various reasons. Maybe they've had a strenuous physical therapy appointment and are having trouble putting their socks on, or they're forgetting if they've fed their pet during the day. While some ad hoc requests will be anomalies, it is important to approach them all in the same manner and make notes about them in the SCL so our Directors of Wellness can monitor resident needs as they might be progressing.</p>
	<ol style="list-style-type: none">1. Follow regular guidelines for our provisions of care.2. Encourage the resident to do as much as they can independently.3. Supplement the resident by providing as much assistance as they need to completed the activity or task, taking notice of what level of independence (assistance) is needed.4. Make an entry in the SCL using communication standards and fact-based language.5. Notify the shift supervisor of the ad hoc request and the level of assistance provided to the resident.

Instrumental Activities of Daily Living	<p>Like Activities of Daily Living, our residents will sometimes ask for or require assistance with Instrumental Activities of Daily Living (iADLs). Instrumental Activities of Daily Living are tasks that are not health-related or performed directly on or around the resident. These include things like laundry, housekeeping, meal preparation, transportation, shopping, etc. Many iADLs are completed for our residents by other disciplines (i.e. Culinary, Housekeeping, Maintenance) but there are some that are the responsibilities of our caregivers too.</p>
Light Housekeeping	<ol style="list-style-type: none">1. Make the bed.2. Tidy the counters/nightstands (clear any trash, wipe up any spills, etc.).3. Pull trash from bathroom, kitchenette, and/or bedrooms (if containing food or soiled undergarments).4. Check for any spills throughout apartment.5. Assess the bathroom for water on the floor.6. Put dirty laundry in the hamper/or pull for the day (depending on laundry schedule).

iADLs

MENU

Escort	<ol style="list-style-type: none">1. Cue or escort resident to and from the dining room for meals.2. Cue or escort resident to and from activities.3. Escort resident during daily walks for exercise (have a conversation with them).
Assist with Technology	<ol style="list-style-type: none">1. If appropriate, assist resident with their technology to keep in touch with their family/friends.2. Assist with in-room devices like televisions/remotes, mobile devices, tablets, thermostats, microwaves, etc.
Other iADLs	<p>From time to time, residents might ask for assistance with other iADLs which could include but are not limited to:</p> <ol style="list-style-type: none">1. Putting things away such as groceries or laundry.2. Planning their schedule, or which activities they would like to attend.3. Helping make lists for shopping day.4. Making appointments (therapies, stylist, dentist, etc.).5. Scheduling transportation.

Laundry	<ol style="list-style-type: none">1. At start of shift, check the laundry schedule to see whose laundry should be completed; use the laundry-machine labels (magnets/dry-erase boards) to identify whose load is currently in process.2. Prior to and after completing a load, check machines for loose items.3. Prior to starting a load, check all pockets for anything that will get destroyed in the washer or dryer (i.e. hearing aides, dentures, tissues, cough drops or candies, chapsticks, TV remotes, etc).4. Prior to starting a load, double check for any soiled items that should be rinsed off before going in the washing machine.5. Use the appropriate amount and type of laundry detergent (sensitive skin/allergen-appropriate).6. Move clothes to the dryer as quickly as possible after the load has washed to avoid damp/musky smells on laundry.7. Fold clothes and return them to the resident's room; if applicable, put the clothes away according to the resident's preference.
Trash Removal	<ol style="list-style-type: none">1. Remove trash from each apartment during regular visits if trash contains food or soiled undergarments.2. If a resident has a large trash can, but only one soiled item, bag that item in a smaller bag and remove from the apartment.3. Store trash in the appropriate location until the end of your shift.4. Take all trash to the dumpster at the close of shift.

Transfer Techniques

MENU

From a Sitting Position

1. Explain to the resident you are about to assist with moving to/from the bed/chair.
2. Direct the resident to place their feet flat on the floor in front of them.
3. Place your feet in front of their feet to keep them from slipping, prior to standing up.
4. Ask the resident to lean forward and use the bed/chair or your shoulders to steady as they lift off their platform.
5. **DO NOT LET THE RESIDENT PUT THEIR ARMS AROUND YOUR NECK – THE BEARHUG TECHNIQUE IS NOT SAFE FOR RESIDENTS OR TEAM MEMBERS!**
6. Support the resident into a standing position by pressing your knees against their knees and putting your forearms under their arms and your hands on their shoulder blades, then count or direct the resident to stand as you stand.
7. Pivot slowly with small steps until the resident is heading in the desired direction – or until their back is toward the chair/wheelchair (remember to pivot and not twist).
8. Assist the resident with their walker/rollator or wheelchair if they are using these assistive devices.

Transfer Techniques

To a Sitting Position	<ol style="list-style-type: none">1. Explain to the resident that you are going to assist them in sitting/lowering.2. Provide side-by-side assistance until the resident's back is parallel with the platform they are going to rest on (chair/wheelchair/bed).3. Place your forearms under their arms and your hands on their shoulder blades.4. If able, have the resident reach back to the platform to brace themselves.5. Count or direct the resident to lean forward and squat as you bend at the knees, keeping your back straight.6. Move slowly to avoid letting the resident land too hard or abruptly, and to avoid injury.
Wheelchair or Powerchair	<p>When transferring resident into/out of a wheelchair or powerchair be sure:</p> <ol style="list-style-type: none">1. The wheels are locked.2. The seat is clean and/or the padding has been changed.3. The footrests are removed or in the up position during transfer.4. The footrests are secured, and down post-transfer, and resident's feet are secure on the footrests. <p><i>This is a good time to double check that the chair is in good working condition.</i></p>
Bed	<p>When transferring resident into/out of the bed, be sure:</p> <ol style="list-style-type: none">1. The bed is lowered if it is adjustable.2. The linens are clean, or removed for laundry if soiled.3. Assist resident to the bed using the "Sitting Position" steps.4. Lift resident's legs and swing onto the bed gently, ensuring the resident is comfortable.

Transfer Techniques

MENU

Toilet	<p>When transferring a resident to/from the toilet, be sure:</p> <ol style="list-style-type: none">1. The toilet or seat riser is secure and not wobbly.2. The seat is sanitary and dry.3. The resident can comfortably reach and use the handicap bar(s).4. Allow for resident to have privacy if safe and possible.
Shower	<p>When transferring a resident to/from the shower stall, be sure:</p> <ol style="list-style-type: none">1. The floor of the bathroom and the shower are dry.2. The shower chair (if using) is clean and cleared off (no shampoos/soaps sitting on it).3. Make sure the resident has secure footing and is sitting steady prior to beginning the shower.4. Be sure to keep water off the resident's body until the temperature is appropriate.

Transfer Techniques

MENU

To Car from Wheelchair

When transferring a resident to an automobile from a wheelchair:

1. Bring the wheelchair parallel to the car and lock the brakes on both wheels.
2. Remove the arm on the side of the car, and the footrests.
3. Use the “knees-to-knees” method and have the resident lean forward and place your forearms under their arms and your hands on their shoulder blades.
4. Have the resident push up if able, into a standing position.
5. Pivot 90° and begin to lower the resident into the car.
6. If able, have the resident reach back to the seat to help steady the weight.
7. Lower the resident into the seat, bending at the knees and keeping your back straight.
8. Once the resident is secured in the seat, gently pick up their legs around the ankles, or under the knees and swing them into the car (one at a time if able).

Reporting

MENU

Reporting

Caregivers often are the eyes and ears of the community. As you learn your residents and the day-to-day norms, you can begin to spot things that are out of the ordinary. These instances are where you should use the “*See Something, Say Something*” philosophy.

If you are on an evening or overnight shift, report to the most-senior team member and ask them to escalate the issue. Your supervisor will respond. If there are additional instructions to follow, they will inform you of any actions you should take.

Incident Reporting Guidelines: OPS-101 can be found in the Staff (work) Station close to the ISP/CPS and Emergency Manual Binders.

Reporting

MENU

Verbally report these to your direct supervisor

RESIDENT RELATED

- Bruises greater than 3 inches
- Injuries with skin lacerations
- Injuries requiring stitches or staples
- Falls with injury
- Unexplainable injury
- Allegation of abuse, neglect, or exploitation
- Theft allegations – especially re: narcotics
- Acting out of character
- Missing resident
- Unexpected death
- Significant medication errors
- Missing narcotics
- Suicidal ideation/communication
- Excessive alcohol or illegal drug use on property
- Communicable disease outbreak
- Significant, unexpected weight loss or gain
- Regulatory activity/state visits/notices & law enforcement
- New pressure ulcer
- New orders for bedrails or restrictive devices
- Needle stick injuries
- Allegations of theft from a resident
- Non-compliance with smoking policy

Report these using OPS 102 form (example on the next page)

CO-WORKER RELATED

- Falls with injury
- Physical altercation with/between co-worker
- Theft allegations – especially re: narcotics
- Suicidal ideation/communication
- Excessive alcohol or illegal drug use on property
- Needle stick injuries
- Non-compliance with smoking policy

EMERGENCY

- 911 transfer of resident or Staff
- Communicable disease outbreak
- Regulatory activity/state visits/notices & law enforcement
- Records requests or subpoenas
- Visitor injury
- Work-related motor vehicle accident
- Call system or pagers down
- Fire suppression malfunction
- Elevator malfunction (if applicable)
- Crisis events (natural disasters/power outages/fires/etc.)

Reporting

Non-Resident Incident Report Form

Visitor Staff Other Community: _____

Name of Person(s) involved: _____

Date of Incident: _____ Time of Incident: (if known) _____ Apt #: _____

Location of Incident: _____

Hall Dining Room Other (please describe): _____

Describe Incident including a statement of person involved: (if able) _____

Name of Witness(es): _____

Nature of Injury:

No visible injury: _____

Cut: _____

Swelling: _____

Abrasion: _____

Burn: _____

Skin Tear: _____

Bruise: _____

Complaint of Pain: _____

Other: (describe) _____

Response to injury/incident:

First Aid: (describe) _____

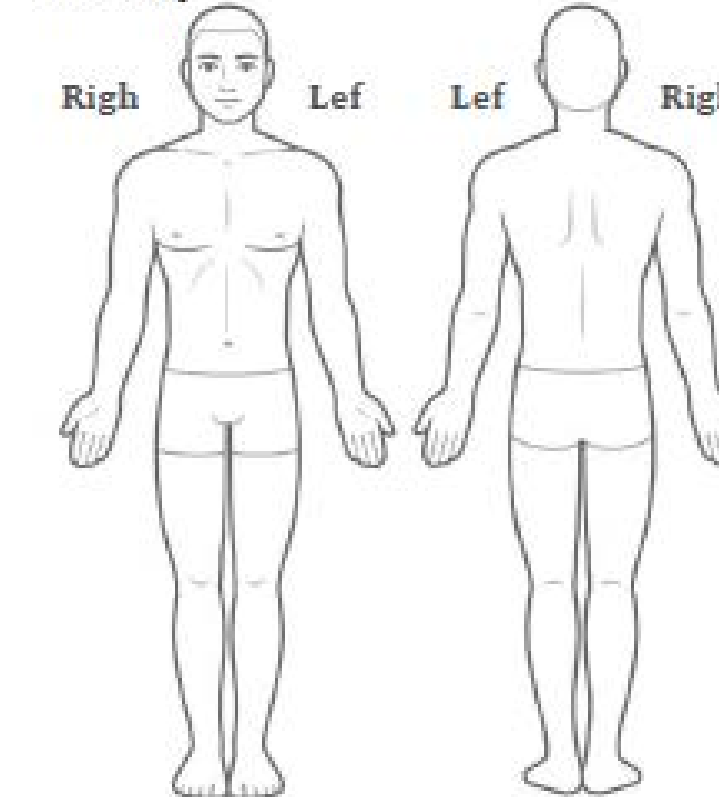
Sent to Doctor's office

Sent for Urgent Care in clinic or ER

Called 911: _____ Time Arrived: _____

Other: (describe) _____

Identify



Vital Signs (recommended): Blood Pressure: ___ Temp: ___ Pulse: ___ Respirations: ___

Notification to Executive Director or Acting Executive Director and/or Wellness Director:

Name Title Date Time

Name Title Date Time

CLAIBORNE SENIOR LIVING

OPS-102 | Non-Resident Incident Report Form | 11.2024

Use only as specifically authorized by Claiborne Senior Living, LLC.



1

Resident Life Safety

MENU

Responding to Falls	<ol style="list-style-type: none">1. Assess situation and communicate with the resident to ask if they are in pain and if so, the location of the pain.2. Do not move the resident. Make them comfortable if possible.3. Call for help/backup, alert the DOW.4. Check for bleeding and perform first aid if applicable and able.5. Check resident to include feeling elbows, shoulders, back, hips, and knees.6. Complete an Incident Report once resident has been re-established or transported to hospital. <p><i>Do not share information about the situation with individuals who are not authorized to receive information.</i></p>
First Aid	<i>First Aid training is completed by 3rd party</i>
Cardiopulmonary Resuscitation	<i>CPR training is completed by 3rd party</i>
When to Call the Director of Wellness	If there is a fall with injury, or resident is unable to stand with minimal or no assistance, call the DOW (or Manager on Duty).
When to Call 911	If resident has a fall with critical injury (head wound, unresponsive, bleeding from more than a skin tear, visible broken bone etc.).

Resident Life Safety

MENU

Preparing a Resident for Emergency Transit	<p>From time to time, a resident may need to be in transit due to an emergency, such as a fall with injury. It is important to prepare and participate in resident's removal from our community so that the resident is kept as comfortable as possible, and the emergency transit service knows the situation and status.</p> <ol style="list-style-type: none">1. Make sure the resident is wearing the most appropriate apparel. If it is cold outside, be sure to send along a jacket, socks, shoes, and potentially a blanket.2. Be mindful of the resident's dignity as they are being placed and moved about on the portable ambulance bed. Make sure they are well-covered.3. Nurse or Med Tech will make copies of the face sheet and med list and they will report the transit reason to EMTs.
Standard Universal Precautions	<p>Using common sense practices to protect residents and staff from infection. These include but are not limited to hand hygiene, PPE use, sharps safety, waste management, etc.</p>

Safety & Maintenance

MENU

Addressing Safety and Maintenance Needs

From time to time, our beautiful Community will need some attention to our brick and mortar. If you notice something out of the ordinary that is a safety concern, or is broken, anywhere in or outside of the Community, it should be reported to the Concierge.

Here are some common repair needs that should be reported:

1. Electricity: no power in an outlet after resetting the GFCI button
2. Light bulb replacements in overhead fixtures
3. Broken bulbs in light fixtures
4. Plumbing leaks
5. Running toilets
6. Clogged toilets (that cannot be released by using a plunger)
7. Stains on carpets
8. Damaged flooring (especially trip hazards)
9. Malfunctioning equipment (apartment or kitchen appliances, laundry machines, etc.)
10. General physical plant concerns that could be a safety hazard

This is not an exclusive list but gives you an idea what to look out for.

Once you report a concern to the Concierge, make a note in the **Staff Communication Log** so that you and your team members are aware of any situations and so you can follow the process to make sure the order was completed.

If you are on an evening or overnight shift and the Concierge is not available, be sure to note in the **SCL** that there is not an active work order at this time.

Claiborne Standards (additional)

MENU

Assistance in the Dining Room	During mealtimes, caregivers assist dining services by: <ol style="list-style-type: none">1. Delivering hall trays.2. Delivering plates from kitchen to dining room.3. Serving drinks/refills.4. Bussing (clearing/cleaning) tables.5. Changing linens (if necessary).6. Cleaning floor.7. Taking out dining room trash.
Advanced Dining Assistance	<ol style="list-style-type: none">1. Cueing resident to use utensils.2. Assisting with cutting up foods.3. Assisting with spoon feeding (state specific). (Memory Care Only)
Assistance in Life Enrichment	During activities, caregivers assist in life enrichment by: <ol style="list-style-type: none">1. Escorting residents to/from the location of the activity in a timely manner.2. Being present and participating in activity if schedule/workflow permits.3. Assist LED in set up and clean up of activities when possible.4. Be familiar with the activity calendar and locations of each activity.5. Encourage residents daily to participate in activities for mental wellbeing.

Claiborne Standards (additional)

MENU

Basics of De-Escalation	<p>If a resident or family member is angry or overly defensive, it is important to follow these de-escalation steps:</p> <ol style="list-style-type: none">1. Stay calm and composed. Your demeanor and body language will reflect in the individual's behaviors. Avoid raising your voice or taking a defensive stance.2. Use active listening. Focus on understanding the individual and repeat back to them the issues you're picking up on. For example: "It sounds like you're feeling..."3. Validate emotions. Acknowledge how the individual is feeling once you figure it out, even if you don't agree with them. Let them know that you understand so they felt heard.4. Stay neutral. Don't place any blame or make any judgements. It's best to focus on calming the individual and finding a solution.5. Offer choices. When you're able, give the individual choices to help them feel more in control.6. Document the incident using our documentation best practices.
Agitated or Combative Resident	<p>Every situation is different and should be approached individually. If the resident has become combative, follow these important steps:</p> <ol style="list-style-type: none">1. Prioritize your safety and the resident's safety as much as possible.2. Remain as calm as possible to help the resident begin to de-escalate their emotions.3. Attempt to re-direct attention by imposing a new topic.4. If the re-direction does not work, remove yourself from the situation and call for help.

Claiborne Standards (additional)

MENU

Regulatory Agency in the Building

From time to time, regulatory agencies will visit our community. If personnel from a regulatory agency (OIG, ombudsman, Fire Marshall) comes into the community and asks you for assistance, please let them know you will report their presence to the Executive Director or the Manager On Duty.

The Executive Director or Manager On Duty will let you know what next steps to take; so please refrain from divulging any information or providing the visitor with any documentation. It is especially important not to share any information about any of our residents unless directed to do so by the Executive Director.

Claiborne Standards (additional)

MENU

Cultural Expectations

At Claiborne Senior Living, we value the diversity of our team and the inclusive culture we create together. To ensure our Residents feel respected and comfortable, it is important to maintain clear and considerate communication at all times.

1. **Communicate in the Resident's Preferred Language:** When interacting with Residents, always prioritize using their native or preferred language. If you are not fluent, seek assistance from a colleague who can interpret or translate to meet their needs effectively.
2. **Be Mindful of Conversations Around Residents:** While we encourage team members to embrace their native languages, speaking in a language not understood by a Resident in their presence can unintentionally create feelings of confusion or exclusion. To avoid this, please use English or the Resident's language when others are part of the conversation.

By balancing respect for our Residents and appreciation for team diversity, we can continue to build an inclusive and welcoming environment for everyone.

Communication Tips

MENU

Providing care for the elderly is a challenging yet fulfilling role! We understand there are times when everyday conversational tones seem best talking with a Resident, but its important to keep in mind that our goal is to provide dignified, quality care, which starts with good customer service. Here are some tips to guide your everyday interactions with our Residents!

What Not to Say:

1. Dismissive comments like “You’ve already told me that,” or “Here, let me do it for you.”
2. Impatient phrases like “Hurry Up!” or “We don’t have time for that right now.”
3. Negative phrasing like “You can’t do that!”
4. Disrespectful language such as pet names like “sweetie” or “honey” unless explicitly welcomed by the Resident and their family; or derogatory names or terms that would make a Resident feel uncomfortable about their physical status.
5. Personal complaints such as “I’m so tired,” or “This job is so hard.”
6. Personal issues such as your financial or relationship statuses like “My boyfriend & I are breaking up,” or “I’m out of money until payday.”
7. Confidential information about other Residents such as “They’re out to the hospital” or “they’re not doing well.”
8. Anything relating to a disruption of services or medication times such as “Jane called in so we’re going to be behind all day,” or “The new cook burned the meatloaf.”
9. Avoid topics that relate to rent payments or Residents’ personal finances (refer them to the Executive Director for this).

Communication Tips

MENU

What To Say:

1. Empathetic phrases such as “I understand how you’re feeling.”
2. Positive reinforcement such as “You’re doing great!” or “Can I help make this easier for you?”
3. Giving clear instructions such as “Here’s what we’ll do next...” (step by step)
4. Encouragement such as “I’m here to help and support you, let’s try when you’re ready.”
5. Respectful language such as addressing the Resident by their preferred names or titles.
6. Acknowledgment for assistance like “Thank you for letting me help you with that!”
7. Assurance that their friends are being cared for if they ask, such as “Ms. Jones is being looked after by our Director of Wellness who is taking good care of her.”
8. Positive affirmations for co-workers such as “The new cook is working really hard to get that meatloaf just right for you guys!”
9. Redirection for topics such as financials and Resident service plans like “I’m sure if you talk with our Executive Director they can help you,” or “Our Director of Wellness would be happy to check on that for you.”

Communication Tips

MENU

It's equally important to know how to address and hold conversations with our Residents' family members and visitors to our Community such as State Surveyors or Ombudsmen. Below are some tips on how to professionally address these parties.

Resident Family Members

When Resident family members are visiting, they will ask questions to see how their loved ones are adjusting, behaving, being cared for, eating, and in general to get an overall picture. Here are some topics to avoid when talking with Resident family members:

1. Blaming the Resident or co-workers "It's not our/my fault that happened, that's what they always do."
2. Overpromising by saying things like "We can guarantee that won't happen again!"
3. Dismissing events by saying "That's just the way things are in assisted living."

Instead direct those types of conversations to your superiors, with positive language such as "I'm sure that our Executive Director can help you get that answer."

Communication Tips

MENU

State Surveyors

As you may know, all of our Communities must remain in compliance with their respective states' regulations for assisted living. This means that State Surveyors may visit our building(s) at any time to make sure we are working appropriately. Here are a few tips to remember if you see, or are approached by a State Surveyor (because let's be real, they can be intimidating sometimes!)

1. Avoid deferring statements such as "Someone else does that."
2. Avoid stating things such as "We've never had that problem before," because it may be documented that we have.
3. Don't get defensive and make remarks such as "We're short-staffed, we can't do that!"

Instead, shake their hand (if offered) and introduce yourself; then let them know you would be happy to get your supervisor or Executive Director if they would like to wait in the seating area.

Communication Tips

MENU

Ombudsmen

The Ombudsmen is an advocate for Residents in assisted living communities that makes sure we are upholding their rights, safety, and well-being. When talking with an Ombudsmen its important to remember that we also have our Residents' best interests in mind. To keep their respect, here are some things to avoid in your conversation with them:

1. Minimizing concerns such as “That’s just a misunderstanding, it’s not a real problem here.”
2. Being defensive or somewhat hostile by saying things like “Why are you even asking about that!?”
3. Deflecting blame onto the Resident by saying “It’s Ms. Jones’ fault for not listening or following instructions.”

Conflict Resolution

MENU

Conflict Resolution Among Co-Workers

The following steps will help employees with conflict resolution in our Community.

1. Use active listening to fully understand each other's perspectives and avoid interrupting.
2. Acknowledge what your co-worker said and show understanding by asking clarifying questions.
3. Share your perspective calmly and focus on "I" statements.
4. Attempt to collaborate on potential solutions for a common goal.
5. List specific actions that can be taken to continue understanding and accountability.
6. If resolution is not achievable, report to the direct supervisor with the issue and how you attempted to correct it.
7. If resolution is not achieved via the direct supervisor and adequate time has been allowed (approx. one week), you may bring the issue to the next level of leadership.

Conflict Resolution Between Caregiver and Resident

1. Use active listening to fully understand the resident's perspective and avoid interrupting.
2. Show empathy when acknowledging their feelings with phrases such as, "I understand you are frustrated..."
3. Repeat the issue to confirm that you understand their concern.
4. Offer a solution or what you can do to ease the frustration (within the scope of a caregiving role).
5. Report the situation to your direct supervisor and relay how you attempted to correct the concern.

Conflict Resolution

MENU

Conflict Resolution Between a Caregiver and a Resident Family Member	<ol style="list-style-type: none">1. Listen patiently to allow the family member to express their concerns; try not to take their frustrations personally.2. Acknowledge using empathy to validate their perspective.3. Ask clarifying questions to better understand what their expectation is.4. Offer a solution or what you can do to ease the frustration (within the scope of a caregiving role).5. Report the situation to your direct supervisor and relay how you attempted to correct the concern.
Conflict Resolution Between Two Residents – or Between a Resident and a Family Member	<ol style="list-style-type: none">1. Politely ask each individual to take a breath so you can help them remedy the issue.2. Listen to both perspectives, allowing each individual to express their side of the story without interruption (you may need to mediate here by explaining to each resident that you will listen to both sides of the story).3. Validate each individual's perspective to show you understand and respect their concerns.4. Use open-ended questions between each individual to guide them to a compromise or solution.5. If necessary, redirect each individual away from the other to allow them to further calm down.6. Report the situation to your direct supervisor and relay how you attempted to correct the concern.

Acronym Library

ADL	Activities of Daily Living
CMA	Certified Medication Assistant
CON	Concierge
CPS	Care Plan Summary
DOW	Director of Wellness
EHR	Electronic Health Record
EMT	Emergency Medical Technician
EXD	Executive Director
IADL	Instrumental Activities of Daily Living
ISP	Individualized Service Plan
LED	Life Enrichment Director

MOD	Manager on Duty
MXD	Maintenance Director
OIG	Office of Inspector General
OPS	Operations
PPE	Personal Protective Equipment
RPM	Remote Patient Monitoring
SCL	Staff Communication Log
WKND	Weekend

