

A thick dark blue vertical bar runs down the left side of the page. A blue arrow-shaped graphic points to the right from this bar, containing the date '1/1/2025'. Below the arrow, several thin, curved lines in shades of blue and grey sweep upwards from the bottom left corner.

1/1/2025

PLEASURE LUXURIOUS LIVING (DBA APEX) POLICIES AND PROCEDURES MANUAL

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POLICY AREA	General
TITLE OF POLICY	1. General Policies
REGULATORY REFERENCE (if any)	TITLE 22-B DCM § 10110.01 - § 10110.6

This document outlines the policies and procedures for Pleasure Luxurious Living, operating as DBA APEX. The terms "APEX," and "Pleasure Luxurious Living" may be used interchangeably throughout this document to refer to the business entity.

1.1. Staff Training

POLICY: Pleasure Luxurious Living (DBA APEX) shall train all its staff on its overall policies and in the proper implementation of its procedures, which are covered in this Policies and Procedures Manual.

PROCEDURE:

To ensure that all staff members understand, follow, and apply the institution's policies and procedures, staff members are trained

1. During the employees on-boarding process
2. When there are new updates/modifications to the policies and procedures
3. On a regular basis

1.2. Resident Access to Policies and Procedures

POLICY: Pleasure Luxurious Living (DBA APEX) ensures that residents have the right to access and review copies of policies and procedures governing their care and the operations of the facility. The institution shall make the policies and procedures easily accessible for residents and shall also provide it to them at their request.

PROCEDURE:

1. **Availability of Policies:** All policies required under § 10110.2 of Washington DC's Assisted Living Residence Regulation shall be readily accessible to residents.
2. **Request for Policy Review:**
 - a. Upon a resident's request to view any specific policy, the designated staff member (such as the administrator or designated personnel) will promptly provide the resident with a copy of the requested policy.
 - b. The resident may request access to policies in writing, electronically, or verbally. The facility accommodates various communication methods to fulfill these requests.
3. **Assistance and Explanation:**
 - a. If a resident requires assistance or explanation regarding any policy, staff members will provide the necessary support to ensure the resident's understanding.
 - b. Staff members will explain the content of the policy and address any questions or concerns the resident may have.

1.3. 24-Hour Emergency Response

POLICY: Residents living at Pleasure Luxurious Living (DBA APEX) have access to 24-hour emergency response by staff.

PROCEDURE:

1. All residents are given instructions on the use of an emergency response system upon move in and ongoing, as needed.
2. Pressing the button on the emergency response button or pulling an emergency response cord will activate the response system which will notify a designated staff person.
3. An emergency cell phone will be carried at all times by a designated staff person. All emergency cell phones will be answered immediately.
4. The system will be tested on a regular basis, and no less than annually by the management staff of Luxurious Assisted Living.
5. The emergency system is to be used for any emergency need.

1.4. Additional Service Referral Policy

POLICY: Pleasure Luxurious Living (DBA APEX) will help assist and/or facilitate resident referrals if a resident needs additional services.

PROCEDURE:

If Pleasure Luxurious Living (DBA APEX) believes a resident needs or could benefit from other medical or health related service, including a licensed health professional, or social service provider Pleasure Luxurious Living (DBA APEX) will:

1. Inform the resident or the resident's responsible party of the possible need
2. Determine the resident's preferences with respect to obtaining the service
3. Assist, as needed, to initiate services and or make resources available to the resident or their responsible party.
4. Inform and/or provide a list of providers, if known, to assist the resident in obtaining services.

1.5. Billing

POLICY: Pleasure Luxurious Living (DBA APEX) will send the residents a monthly bill for rent, all services and other billable goods and/or services.

PROCEDURE:

- Monthly bills will be generated by Pleasure Luxurious Living (DBA APEX) and put in a resident in-house mailbox or mailed via USPS to the resident or resident's designated representative.
- All amounts owed are due as outlined in the Assisted Living Agreement.
- Payments will be mailed to Luxurious Assisted Living, hand delivered to management staff or put in the secure payment box.

1.6. Communication Book

POLICY: The staff at Pleasure Luxurious Living (DBA APEX) may use a communication book to communicate factual, pertinent information about residents, families, staff, and any ideas, thoughts, wishes, etc. into the communication book on a regular basis for other staff to see. The communication book is not the place to record resident service delivery, changes, and/or resident condition.

PROCEDURE: Always keep confidentiality and documented facts in mind when entering information. Information that is appropriate for the communication book includes:

- Work and tasks that have not been completed and reason
 - Events happening in the lives of residents, staff, and families that can be shared
 - Change in procedures with reference where more information can be found
 - Status of already reported situations
 - The communication book is not a book for griping, complaining, or negativity
- This book is not intended for resident documentation. All resident documentation is to be written in their individual record.
 - Always date and sign your entries. If you do not want to sign your name, it is probably not an appropriate entry. The communication book is not for reporting things like, but not limited to, incident reporting, accidents, and/or change of condition.
 - All appropriate staff will read the entries since you last worked and initial each entry you read.
 - Staff must follow up or respond to any request or information obtained by reading the communication book.

1.7. Confidentiality

POLICY: Pleasure Luxurious Living (DBA APEX) takes confidentiality of information very seriously. Personal, financial, medical, or other private information regarding residents or staff should not be disclosed to any other person except:

- As may be required by law
- To other staff as appropriate or necessary to provide services
- To persons authorized in writing by the resident or resident's responsible person to receive the information, including third party payers, or
- To representatives of the commissioner authorized to survey or investigate any part of the community.

It is an employee's responsibility to stop co-workers or other staff from discussing inappropriate resident or staff information in public areas.

1.8. CPR/DNR (Do Not Resuscitate) Policy

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POLICY: Pleasure Luxurious Living (DBA APEX) is committed to providing the highest standard of care to its residents while respecting their individual choices and preferences regarding life-sustaining interventions. This policy outlines the facility's approach to CPR (Cardiopulmonary Resuscitation) and DNR (Do Not Resuscitate) orders

PROCEDURE

1. CPR (Cardiopulmonary Resuscitation):

1.1 Initiation of CPR:

- a. In cases of sudden cardiac arrest or other life-threatening emergencies, Pleasure Luxurious Living (DBA APEX) staff will initiate CPR on a resident unless a valid and unexpired DNR order is in place.
- b. Staff members are trained in CPR, and readily accessible automated external defibrillators (AEDs) are available within the facility for use in emergency situations.
- c. In the event of a witnessed sudden cardiac arrest, a staff member will immediately activate emergency medical services (EMS) by dialing 911.

1.2 CPR Decision when DNR Order is Absent:

- a. If a resident does not have a DNR order, and cardiac arrest occurs, CPR will be initiated by trained staff.
- b. CPR will include chest compressions and, when available, the use of an AED.
- c. Pleasure Luxurious Living (DBA APEX) staff will continue CPR until the arrival of EMS, unless the resident is successfully resuscitated or shows signs of rigor mortis.

1.3 Documentation:

- a. A record of any CPR event will be documented in the resident's medical record, including the date, time, individuals involved, and the actions taken.
- b. Family members or the resident's legal representative will be notified as soon as possible.

2. DNR (Do Not Resuscitate):

2.1 Resident's Right to Choose:

- a. Residents have the right to make decisions regarding life-sustaining treatments, including the choice to request a DNR order.
- b. DNR orders must be documented in writing, be signed by the resident (or their legal representative), and issued by a licensed healthcare provider.
- c. If a resident requests a DNR order or expresses their desire not to be resuscitated, Pleasure Luxurious Living (DBA APEX) staff will provide guidance and support in obtaining the order.

2.2 Implementation of DNR Orders:

- a. When a resident has a valid and unexpired DNR order, Pleasure Luxurious Living (DBA APEX) staff will not initiate CPR in the event of cardiac arrest.
- b. Staff will, however, continue to provide all other appropriate care and comfort measures as indicated by the resident's care plan.
- c. The DNR order will be prominently displayed in the resident's room, ensuring that all staff members are aware of its existence.

2.3 Regular Review of DNR Orders:

- a. DNR orders will be reviewed annually to ensure that they accurately reflect the residents' preferences.
- b. Residents or their legal representatives may request changes to the DNR order at any time.

2.4 Documenting DNR Orders:

- a. The DNR order, when in place, will be documented in the resident's medical record.
- b. The resident's legal representative, if applicable, will be informed and provided with a copy of the DNR order.

3. Staff Training:

- a. All Pleasure Luxurious Living (DBA APEX) staff members will receive training on the facility's CPR/DNR policy and procedures.
- b. Training will include recognizing the presence of valid DNR orders and understanding their implications.

4. Family and Resident Communication:

- a. Family members or the resident's legal representative will be informed of the facility's CPR/DNR policy and procedures upon admission.
- b. The facility will maintain open communication with residents and their families regarding their preferences and the implementation of DNR orders.

1.9. Death of a Resident

POLICY: The death of a resident will be handled appropriately and professionally by all staff at Luxurious Assisted Living.

PROCEDURE:

1. If a resident is on Hospice, follow the directions as outlined in the resident file for notification.
2. If a resident is not on Hospice – call 911
3. Have the following information available for 911 dispatcher:
 - Name of the deceased
 - Address
 - Time of discovery
 - Location where the resident's body was discovered
 - Any other circumstances known about why the resident died
4. 911 will provide further instructions; they may ask staff to stay near the body.
5. 911 responders will notify coroner's office
6. Call the Assisted Living Director and/the Clinical Nurse Supervisor to notify them of who passed away.
7. The Assisted Living Director or Clinical Nurse Supervisor will identify the appropriate person to call and notify the resident's emergency contact list in the record.

1.10. Contacting Ambulance or Emergency Medical Services

POLICY: At Pleasure Luxurious Living (DBA APEX), the safety and well-being of our residents is a top priority. This policy outlines the process for assessing and determining when to contact emergency medical services (EMS) or an ambulance during a health emergency involving residents.

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PROCEDURE:

1. Initial Assessment:

- a. Staff members who identify a health emergency will conduct an initial assessment to evaluate the severity and nature of the situation.
- b. Based on the assessment, staff will determine the urgency and necessity of medical intervention.

2. Emergency Situations:

- a. Life-threatening situations or emergencies requiring immediate medical attention, such as cardiac arrest, severe bleeding, loss of consciousness, severe chest pain, or difficulty breathing, warrant an immediate call to EMS or an ambulance.
- b. Staff members will initiate an emergency response, alerting the Registered Nurse or other designated personnel while simultaneously contacting EMS or initiating the 911 call.

3. Serious Health Concerns:

- a. If a resident exhibits signs of a severe health concern or injury that is not immediately life-threatening but requires urgent medical evaluation or treatment, staff members will contact the Registered Nurse or healthcare provider for guidance.
- b. The decision to contact EMS or an ambulance will be based on the advice of the healthcare professional and the seriousness of the situation.

4. Communicating with Healthcare Providers:

- a. When a health emergency occurs, staff members will promptly contact the Registered Nurse or the healthcare provider on duty to discuss the resident's condition and seek medical advice.
- b. In cases where the healthcare provider recommends contacting EMS or an ambulance, staff will follow the prescribed guidelines.

5. Communication with Family or Responsible Parties:

- a. Simultaneously, or as soon as feasible, designated family members or responsible parties will be informed about the situation.
- b. Clear, concise information will be relayed to reassure family members while maintaining confidentiality.

6. First Aid Provision:

- a. Staff members trained in first aid will provide immediate care while awaiting emergency services, following established guidelines.
- b. The first aid administered will align with the certified training each staff member has received.

7. Resident and Family Communication:

- a. The ALR will communicate with the resident's family or designated emergency contact if EMS or an ambulance is being called during a health emergency.
- b. If the situation allows, the resident will also be informed or reassured while awaiting medical assistance.

8. Emergency Service Arrival:

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- a. Staff members will guide emergency medical services to the location of the emergency within the ALR.
- b. Staff will offer any assistance required by the emergency medical team upon their arrival.

9. Documentation and Reporting:

- a. Staff members involved in the decision-making process regarding the contact with EMS or an ambulance will document the events, including the sequence of actions, in the resident's file.
- b. A report will be generated and shared with relevant ALR authorities and healthcare professionals for review.

10. Post-Emergency Assessment:

- a. After the emergency is addressed, staff will conduct a post-event review and assessment to evaluate the effectiveness of the response and identify any areas for improvement.
- b. The ALR will review the incident and consider any necessary revisions to the emergency response plan.

1.11. Emergency / 911

POLICY: Staff of Pleasure Luxurious Living (DBA APEX) will call 911 to summon assistance and aid when handling emergency situations.

Some examples of events or circumstances which warrant notification of 911 include:

- Has trouble breathing or has stopped breathing
- Has no pulse
- Is bleeding severely
- Is having – chest, neck, jaw, arm pain
- Is in the state of deteriorating unconsciousness or is unconscious
- If a fracture is suspected
- If the person has been badly burned
- If unable to move one or more limbs
- Is having a seizure
- Is suffering from: 1) hypothermia-below normal body temperature, 2) hyperthermia-well above normal body temperature
- Has been poisoned
- Is having a diabetic emergency
- Has suffered a stroke
- Choking
- Intruder
- Security breach
- Physical safety is in jeopardy

If there is any doubt regarding the seriousness of the condition, call 911.

PROCEDURE: How to use 911

1. Dial 9-1-1 from the nearest phone
2. Stay calm and give the 911 dispatcher the following information:

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- 1) State this is a medical emergency
 - 2) Give your name
 - 3) Give the address
 - 4) Give the name of the resident
 - 5) Describe the problem and how it happened, if known, otherwise just tell the facts and what has been observed.
 - 6) Follow directions of 911 dispatcher
 - 7) Hang up when the dispatcher says you can
3. Following a 911 call, staff will wait for the 911 responder to arrive:
 - Have resident information sheet available for medical responder, if applicable.
 - Provide a copy of the resident healthcare directive, if available.
4. After the emergency has subsided and is safely contained, resolved, appropriate actions have been taken:
 - Fill out incident report (according to incident report procedure)
 - Call the appropriate staff and/or resident contact to give them an update
 - Call the resident physician, if needed.

1.12. Emergency Contacts for Staff

POLICY: All staff working at Pleasure Luxurious Living (DBA APEX) will be aware of who should be called in the event of an emergency.

PROCEDURE: Staff will contact the appropriate staff person as follows:

1. Building / Physical Plant emergencies – Contact on-call Maintenance person or the Assisted Living Director
2. Kitchen / Dining room emergencies – Contact the Food Service Manager or the Assisted Living Director
3. Medical Emergencies – Contact 911, and/or Nurse Supervisor or the Assisted Living Director
4. All other Emergencies – Contact the Assisted Living Director.

Emergency numbers, including current cell phone numbers for the above staff will be posted

1.13. Resident Falls

POLICY: Pleasure Luxurious Living (DBA APEX) is committed to ensuring the safety and well-being of its residents. This policy outlines procedures to prevent, promptly respond to, and appropriately manage resident falls within the facility.

Policy Procedures:

1. **Fall Prevention and Risk Assessment:**
 - Prior to admission and during periodic assessments, staff will perform a fall risk assessment for each resident.

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- Identify factors contributing to fall risk such as medical history, mobility, medications, environmental hazards, etc.
- 2. **Preventive Measures:**
 - Staff will take measures to minimize fall risk, including modifying environmental conditions, such as proper lighting and slip-resistant flooring.
 - Engage residents in exercise programs to improve strength and balance as appropriate.
- 3. **Education and Awareness:**
 - Ongoing education will be provided to staff to recognize and manage fall risks and understand preventive techniques.
 - Inform residents and families about fall risks and encourage reporting of near-fall incidents.
- 4. **Response to Falls:**
 - In the event of a fall, trained staff will immediately assess the resident's condition.
 - Staff will follow established protocols to assess and address injuries, provide first aid, and if necessary, contact emergency medical services.
 - In case of head injuries, staff will immediately inform the Nurse whom will accordingly assess the resident, provide treatment, and advise staff
- 5. **Incident Documentation:**
 - Staff will complete incident reports for all falls, detailing the incident, actions taken, and subsequent care provided.
 - Reports will be reviewed by the administration to identify trends and areas for improvement.
- 6. **Post-Fall Follow-Up:**
 - Following a fall, the resident will immediately receive a thorough assessment by a healthcare professional to evaluate for injuries and potential causes of the fall.
 - Staff will conduct regular checks and observations for changes in condition or behavior post-fall as directed by the facility Nurse
- 7. **Individual Care Plans:**
 - An updated care plan will be developed for residents who experience falls to address new concerns, address risk factors, and provide appropriate interventions.
- 8. **Staff Training:**
 - Training and education on fall prevention, recognition, and response will be provided to all staff, ensuring a comprehensive understanding of protocols.

1.14. Incident Report

POLICY: Any incident to a resident, visitor, staff, or to the property or grounds needs to be reported to Pleasure Luxurious Living (DBA APEX) management. An incident report form should be completed to document what happened.

PROCEDURE: In the event of an accident, injury or damage to the property an incident report form must be turned in to the Supervisor or Assisted Living Director.

- If a resident is involved in any incident, their responsible person must be notified to let them know of the occurrence.

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- During business hours the Department Supervisor or Assisted Living Director will be responsible for contacting responsible parties.
- If the incident happens outside of business hours, the person completing the incident report must notify the responsible person and then notify the RN on-call and the Assisted Living Director, as appropriate.
- When in doubt about the severity of an incident or injury, call 911.
- The facility will promptly notify the office of Department of Health (DOH) by phone followed up by written notification within 24 hours or the next business day of any incident involving a resident or the ALR's physical plant that results in significant harm, or the potential for significant harm, to any resident's health, welfare, or wellbeing
- The ALR will notify the Metropolitan Police Department of abuse or any unusual incident involving death or criminal activity at the facility before notifying the office of DOH and will direct instances of sexual abuse to the Metropolitan Police Department's Sexual Assault Unit
- All incident reports related to residents will be kept in their records.
- All other incident reports will be kept by Pleasure Luxurious Living (DBA APEX) for 12 months and then disposed of.

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Incident Report General Sample Form

Pleasure Luxurious Living (DBA APEX)
Incident Report general sample form

Date of Incident:		Time of Incident:	
Exact Location of Incident			
Description of Incident: <i>(attach separate page if necessary)</i>			
Describe action taken:			
Name of Resident(s) involved:	Apt/Unit #of Resident(s):	Phone number of Resident(s):	
Name(s) of staff members involved:			
Name(s) of other witness(es):		Phone number of witness(es)	
Name of Supervisor notified:	Phone Number:	Date Notified:	
Others Notified:	Phone Number:	Date Notified:	
Comments by those notified:			
Signature of Person Completing Form:			
Date:	Time:	Phone Number:	
Supervisor's Review/Comments:			
Supervisor Signature:			Date:
Form Filed: <input type="checkbox"/> in Resident Record <input type="checkbox"/> In Incident Report file			

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Incident Report Resident Sample Form

Pleasure Luxurious Living (DBA APEX)
Incident Report Resident sample form

Resident: _____ Apt/Unit: _____
Date of Incident: _____ Time: _____

Type of Incident (circle appropriate response)

Alleged Fall	Witnessed Fall	Found on Floor
Resident to Resident	Resident to Staff Altercation	Aggressive Behavior
Altercation		
Elopement	Delay in Treatment	Alleged Abuse
Unknown		
Describe Other: _____		

VA Reportable Event? (circle appropriate response)

Yes No

Location of Incident: General (circle appropriate response)

Own Apartment/Unit Other Apartment/Unit Common Area

Specific Location: Common Area Responses (Circle Appropriate Response)

Hallway	Bathroom	Lobby
Dining Room	Laundry Room	Bus
Activity Room	Beauty Shop	Other
Living Room		
Describe Other: _____		

Within Apartment Responses (circle appropriate response)

Bedroom	Bathroom	Kitchen	Living Room
Describe Other: _____			

What did the Resident tell you about what happened?

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Describe what you saw and heard. Just the facts.

Were there witnesses? Their description if the incident:

Injuries sustained (circle appropriate response)

Cut	Skin Tear	Fracture	Abrasion	Burn
Bruise	Swelling	Pain	Hit Head	

Describe Other: _____

Vital Signs:

Temp	Pulse	Resp
B/P	O2Sat	Blood Sugar

Immediate Intervention:

Signature/Title

Date

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Notifications (if appropriate)

911	Date	Time	
Physician	Date	Time	Name:
RN/Supervisor	Date	Time	Name:
AL Director	Date	Time	Name:
Family	Date	Time	Name:
Caseworker	Date	Time	Name:
Other:	Date	Time	Name:

Medical Care Received:

Investigation and Follow-up (circle appropriate response)

Was there previous history of this type of incident? Yes No
Was there a prevention plan in place? Yes No

Contributing Factors: Environmental Factors (circle appropriate response)

Wet Floor Lighting Trip Hazards Weather Related
Call light out of reach Shoes or Clothing Equipment/Furniture None
Describe Other: _____

Contributing Factors: Resident Factors (circle appropriate response)

Fall History Impaired Mental Status Independent Use of ETOH
Vision/Hearing Deficits Use of Assistive Device Dependent for all ADLS
Impaired Safety Judgment Gait/Balance Disorder
Weakness Resistive to Care
Describe Other: _____

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Contributing Factors: Medical (circle appropriate response)

Acute Illness Change in Vitals Bladder Dysfunction Medications
Predisposing Medical Condition Pain/ Discomfort Foot Problems
Describe Other: _____

Resident Follow-up Prevention: General (circle appropriate response)

Physician Evaluation Level of Care Change Resident Re-education
Nursing Reassessment Service/Care Plan Meeting Held None Needed
Service/Care Plan Revision Medication Review Fall Assessment Update
Describe Other: _____

Resident Follow-up intervention and Prevention: (circle appropriate response)

Lighting Adjusted Equipment /Bed Checked for safety PT Eval
Trip Hazards Removed Injury Prevention Mat OT Eval
Clutter Removed Pressure Reduction Mattress Non-Skid Mats
Furniture Rearranged Gripper Pad Home Health
Articles of Need Within Reach
Furniture Height Adjusted New Clothes or Footwear
Glensleeves or Gerisleeves Staff Education
Describe Other: _____

Signature/Title

Date

Additional Notes:

1.15. Missing Resident

POLICY: When residents are noticed to be missing from Pleasure Luxurious Living (DBA APEX) staff will conduct a thorough search to locate the resident.

PROCEDURE: In the event a resident is missing, the staff person that first notices a resident missing will notify the one of the following people, if they are in the community at the time, Assisted Living Director, Clinical Nurse Supervisor, or other licensed nurse who will assume the lead role and responsibility for initiating the following steps. If a direct care staff is the one to notice the resident missing and the Assisted Living Director, Clinical Nurse Supervisor, or other licensed nurse are not in the community the staff will assume the lead role in the following steps:

1. Notify and alert all co-workers within the building that a resident is missing. Include: name, apartment number, description, and where last seen.
2. Immediately search inside the building for the resident.
3. Call people listed on the emergency contact list and ask them if they have taken the resident out.
4. If a resident is not found notify the Assisted Living Director and/or Clinical Nurse Supervisor if not in the community.
5. Assign employees to search outside the community, covering all grounds in front of or behind building and in the immediate neighborhood, as safe to do so.
6. If resident is still not found, notify 911. Have the following information available:
 - a. Name of resident
 - b. Description of resident including what the resident was wearing
 - c. Time when resident was last seen
7. Cooperate with local law enforcement and provide any information necessary to identify and locate the missing resident.
8. Update the resident representatives, and contact the case manager if appropriate, to keep them updated with steps taken to locate the resident.
9. When a resident is found staff will immediately notify law enforcement, resident representatives, and the case manager, if any.
10. Furthermore, immediate evaluation of the resident's physical and mental health status will be conducted by a qualified clinician upon their return to the facility
11. Staff will identify any community building that needs immediate attention to assure residents' safety (i.e., alarms/locks are working properly, windows and doors are secured appropriately, etc.)
12. An incident report will be completed to include all information concerning the resident disappearance. Including the following:
 - a. Time of first alert concerning resident disappearance
 - b. Procedure taken; staff involved
 - c. Time of notification of 911 and others, if involved
 - d. Time when found
 - e. Community building needs addressed
13. Pleasure Luxurious Living (DBA APEX) will review this policy and any individual resident plans that pertain to elopement at least quarterly, and all changes will be documented.
14. Incidents involving missing residents will be handled in accordance to the "Incident Report" policy (Section 1.14)

1.16. Quality Improvement Process

POLICY: Pleasure Luxurious Living (DBA APEX) will have a quality improvement process in place to address challenges and opportunities for improvement.

Pleasure Luxurious Living (DBA APEX) will have a process to address opportunities for improvement through a formalized quality improvement process. The quality improvement process shall include appropriate community staff, including managers and non-managers, who know and understand the problem area. The community will determine how often this team will meet and the areas of focus for which the quality improvement effort will be made.

PROCEDURE:

1. Identified staff shall, using data collected from logged resident complaints, outcomes from surveys or investigations, outcomes from resident satisfaction surveys, or other sources of data, select an area to focus on in the form of a quality improvement initiative.
2. Data should be collected on the target area to develop a baseline. Using a performance improvement methodology, such as Plan-Do-Study/Check-Act (PDSA or PDCA), a Performance Improvement Project (PIP) team shall be organized to enact the PDSA/PDCA cycle.
3. The PDSA/PDCA cycle includes:

PLAN

Establish the objectives and processes necessary to deliver results in accordance with the expected output (the target or goals). By establishing output expectations, the completeness and accuracy of the specification is also a part of the targeted improvement. When possible, start on a small scale to test possible effects.

DO

Implement the plan or execute the process. Collect data for charting and analysis in the following "STUDY/CHECK" and "ACT" steps.

STUDY/CHECK

Study the actual results (measured and collected in "DO" above) and compare against the expected results (targets or goals from the "PLAN") to ascertain any differences. Look for deviation in implementation from the plan and also look for the appropriateness and completeness of the plan to enable the execution, i.e., "Do". Charting data can make this much easier to see trends over several PDSA/PDCA cycles and in order to convert the collected data into information. Information is what you need for the next step "ACT".

ACT

Request corrective actions on significant differences between actual and planned results. Analyze the differences to determine their root causes. Determine where to apply changes that will include improvement of the process or product. When a pass through these four steps does not result in the need to improve, the scope to which PDSA/PDCA is applied may be refined to plan and improve with more detail in the next iteration of the cycle, or attention needs to be placed in a different stage of the process.

4. Share the results with staff, and when appropriate, with residents.

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5. Celebrate successes!
6. Document the quality improvement project process; keep all related documents on file for at least two years.
7. The quality improvement project documentation should be made available, upon request, to surveyors as deemed appropriate in each state.
8. Performance improvement projects will depend on the needs and opportunities for improvement within the organization needs to be in process at all times.

1.17. Resident Record – Access & Storage

POLICY: Resident records will be kept confidential and locked in a secured area where only authorized staff of Pleasure Luxurious Living (DBA APEX) will have access. Records will be readily available to employees and contractors authorized to access the records at Luxurious Assisted Living.

PROCEDURE:

- A resident record will be created when assisted living services are initiated or when the service agreement is completed, whichever is earlier.
- The resident record will be kept for no less than 5 years at Pleasure Luxurious Living (DBA APEX) Living.
- All information in the resident records is confidential; all staff are responsible to make sure confidentiality is maintained for all resident records and information.
- Fax machines or computers used to receive resident information will be kept in areas accessible to authorized staff only
- Resident records will be maintained in a manner that allows for timely access, printing, or transmission of the records.
- Resident records will be made available to the state agency as requested.
- A resident shall also have access to the following records maintained by the ALR with respect to the particular resident:
 - a. Signed resident agreements, including the financial provisions
 - b. Healthcare records, including healthcare notes and progress reports written by ALR staff, the record of prescription medication stored by the ALR to administer to the resident, and the record of prescription and non-prescription medication and dietary supplements stored by a resident in their living unit
 - c. Individualized service plans (ISPs), including all Shared Responsibility Agreements (SRAs) pertaining thereto
 - d. Medication administration records, including records of drug errors and adverse drug reactions
 - e. Medication and treatment orders
 - f. The resident's ALA and healthcare records (Resident or surrogate can obtain a copy)
 - g. The resident's financial records pertaining to the funds and personal property deposited or managed by an ALR for the benefit of the resident (Resident or surrogate can obtain a copy)
 - The ALR shall provide a report of the resident's financial records to the resident (or surrogate) on a quarterly basis.

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- h. Results of investigations conducted by the ALR that were prompted by the resident's submission of a complaint (Resident or surrogate can obtain a copy)

1.18. Resident Record – Confidentiality

POLICY: Resident records will be kept confidential and locked in a secure area where only authorized staff of Pleasure Luxurious Living (DBA APEX) have access to.

PROCEDURE: All staff are responsible for making sure confidentiality is maintained for all resident records and information. No personal, financial, medical, or other information about the resident will be disclosed to any other person, except:

- As may be required by Law
- To staff
- To contractors of the community
- To another home care provider, inpatient community, or service provider that require information that is necessary for the provision of services
- To persons authorized in writing by the resident or resident's responsible person
- To representatives of the state agency authorized to survey or investigate

Fax machines or computers used to receive resident information will be kept in areas accessible to authorized staff only.

1.19. Resident Record – Documentation

POLICY: Staff of Pleasure Luxurious Living (DBA APEX) authorized to document in a resident record will do so for all medications, services, treatments, and therapies for each resident. Staff will also document other important and pertinent information relating to each resident.

PROCEDURE:

1. Staff providing assisted living services will document, daily, medications, services, treatments, or therapies provided to resident.
2. All documentation must include the signature and title of the person who performed the service or administered the medication, treatment or therapy. Initials may be used if there is a completed signature page included in the documentation.
3. For medications administered or treatments and/or therapies administered, documentation in a resident's record must include the date and time of the administration.
4. When medications, services, treatments, or therapies or not performed per the service agreement and schedule, staff must document the reason why it was not performed or administered.
5. Tasks not performed or administered must be reported and followed up on to meet the resident's needs.
6. In addition to scheduled tasks, other pertinent information that should be documented in a resident's record include but are not limited to, information about:
 - a. New problems
 - b. Resident or family concerns
 - c. A change in condition

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- d. Incidents (i.e., falls or injuries)
- e. Family problems

1.20. Resident Record - Information and Content

POLICY: Pleasure Luxurious Living (DBA APEX) will maintain appropriate and accurate records for each resident that is receiving assisted living services.

PROCEDURE:

- All entries in the resident records must be current, legible, permanently recorded, dated and authenticated with the name and title of the person making the entry.
- Resident records whether written or electronic will be protected against loss, tampering, or unauthorized disclosure.
- No personal, financial, medical, or other information about the resident will be disclosed to any other person, except:
 - As may be required by law
 - To employees or contractors of the community, another community, other health care practitioner or provider, or inpatient community needing information in order to provide services to the resident, but only the information that is necessary for the provision of services
 - To persons authorized in writing by the resident, including third-party payers
 - To representatives of the state agency authorized to survey or investigate the community.

Resident Records shall include:

1. Identifying information, including resident's name, date of birth, address and telephone number.
2. The name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative
3. Names, addresses, and telephone numbers of the resident health and medical service providers, if known
4. Health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records
5. The resident's advance directives, if any
6. Copies of any health care directives, guardianships, powers of attorney, or conservatorships
7. The community's current and previous assessments and service/care plans
8. All records of communications pertinent to the resident's services
9. Documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional
10. Documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional
11. Documentation that services have been provided as identified in the service/care plan
12. Documentation of complaints received and any resolution

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13. A discharge summary, including service termination notice and related documentation, when applicable
14. Resident agreement
15. A physician's statement, including medical orders and rehabilitation plan
16. A residents up-to-date Individualized Service Plan (ISP) and any revisions
17. The functional assessment of Activities of Daily Livings (ADLs) for a resident
18. All shared responsibility agreements
19. Other documentation required under this chapter and relevant to the resident's services or status

1.21. Resident Record - Retention

POLICY: Pleasure Luxurious Living (DBA APEX) will retain the resident records for three years after the assisted living agreement is terminated or expires.

PROCEDURE:

1. Resident records will be stored in a secure designated area.
2. Records will be stored in a locked space accessible only by authorized staff.
3. The resident record will be retained for three years following the termination of an assisted living agreement.

1.22. Resident Record – Transfer

POLICY: Resident records of Pleasure Luxurious Living (DBA APEX) Assisted Living, with the resident knowledge and consent, will be made available to authorized persons upon request and in the event of resident relocations to another community or to a nursing home, or if care is transferred to another service provider. Records will be provided in a timely manner.

PROCEDURE:

1. Transfer of a resident record will include, as known:
 - a. the resident's full name, date of birth, and insurance information
 - b. the name, telephone number, and address of the resident's designated representatives and legal representatives, if any
 - c. the resident's current documented diagnoses that are relevant to the services being provided
 - d. the resident's known allergies that are relevant to the services being provided
 - e. the name and telephone number of the resident physician, if known, and the current physician orders that are relevant to the services being provided
 - f. all medication administration records that are relevant to the services being provided
 - g. the most recent resident assessment, if relevant to the services being provided
 - h. copies of health care directives, "do not resuscitate" orders, and any guardianship orders or powers of attorney.
2. Original resident records will never be provided, only copies
3. Copies of resident records shall be provided, to persons authorized in, writing

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4. Pleasure Luxurious Living (DBA APEX) will be compliant with HIPAA regulations when releasing protected resident health information.

1.23. Video and Photography

POLICY: It is the policy of Pleasure Luxurious Living (DBA APEX) Assisted Living, consistent with its respect for resident privacy and confidentiality, to provide clear and concise guidelines to obtain consent to photograph, video or audio record (“film”) residents and/or staff. For security reasons, certain public interior and public exterior areas of the building may be monitored by video cameras. Video recordings will only be accessible by authorized personnel for legitimate security reasons.

PROCEDURE:

- All photographs and/ or video taping of residents and/ or staff are not permitted without expressed consent. A signed consent form is to be kept in the resident or staff records.
- The residents and/or staff to be filmed or photographed must be informed of the nature and purpose of the filming and of its intended use.
- Residents and staff have the right to refuse consent and to rescind consent for the use of photography and video.
- Residents and staff have the right to request cessation of filming or photography.
- The Assisted Living Director must be notified, if appropriate, in advance of the filming or photography project by the person proposing the project for approval.

1.24. Audio-Visual Monitoring Systems

POLICY: Pleasure Luxurious Living (DBA APEX) is committed to ensuring the safety and security of its residents and premises. This policy outlines the use of audio-visual monitoring systems for non-private areas, as required by District of Columbia regulations.

POCEDURE

1. Purpose:

- a. The Community shall utilize audio-visual monitoring systems to enhance security and monitor non-private areas of the assisted living residence (ALR).
- b. The purpose of the monitoring is to safeguard residents, staff, and property, deter unauthorized activities, and assist in investigations if needed.

2. Installation and Use:

- a. Audio-visual monitoring systems shall be strategically placed in common areas, hallways, entrances, and other non-private spaces.
- b. Cameras shall not be placed in private living quarters, restrooms, or other areas where residents have a reasonable expectation of privacy.

3. Resident and Staff Notification:

- a. Residents, staff, and visitors shall be informed about the presence of audio-visual monitoring systems through signage placed at the entrance of the ALR.
- b. All individuals entering the ALR premises are considered to have consented to being recorded in non-private areas.

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- 4. Length of Retention:**
 - a. Audio-visual recordings shall be retained for a period of 90 days, unless a specific incident or legal requirement necessitates a longer retention period
 - b. After the retention period has elapsed, recordings shall be automatically deleted unless retained for investigative or legal purposes.
- 5. Access to Recordings:**
 - a. Access to recorded audio-visual data shall be restricted to authorized personnel.
 - b. The Emergency Planning Coordinator shall manage access rights and maintain a log of personnel accessing the recordings.
- 6. Destruction of Recordings:**
 - a. The destruction of audio-visual recordings shall occur after the retention period has ended, as per District of Columbia regulations.
 - b. Destruction may be delayed if the recordings are required for ongoing investigations, litigation, or other legal purposes.
- 7. Review and Compliance:**
 - a. The Community shall conduct regular reviews to ensure compliance with District of Columbia regulations regarding audio-visual monitoring.
 - b. Any identified non-compliance issues shall be addressed promptly to avoid potential regulatory violations.
- 8. Record Keeping:**
 - a. Documentation of audio-visual monitoring system usage, including records of retention periods and destruction, shall be maintained for a minimum of thirty days.
- 9. Training:**
 - b. Staff members responsible for managing the audio-visual monitoring system shall receive training on proper usage, data protection, and privacy compliance.

1.25. Resident's Right to Visitation and Visitor Conduct

POLICY: Pleasure Luxurious Living (DBA APEX) is committed to promoting and facilitating residents' right to receive visitors and maintain social connections. Residents have the right to receive visitors at their discretion, and Pleasure Luxurious Living (DBA APEX) will respect this right while ensuring the safety and wellbeing of residents and visitors. All visitors must comply with established conduct expectations to ensure the safety, wellbeing, and privacy of residents and the operational integrity of the facility.

PROCEDURE:

- 1. Visitor Guidelines and Conduct:**
 - a. Visitors are expected to adhere to the following guidelines:
 - Visitors should sign in at the front desk and provide identification.
 - Visitors should be respectful of all residents, staff, and other visitors.
 - Disruptive, abusive, or inappropriate behavior will not be tolerated.
 - Visitors are expected to comply with Luxurious Assisted Living's policies and procedures.

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- Visitors should respect the privacy and confidentiality of other residents and refrain from discussing personal or sensitive information in common areas.
 - All visitors must comply with health and safety measures, such as hand hygiene and following infection control procedures
 - Visitors showing signs of illness should postpone their visit.
 - b. Inappropriate conduct or behavior may result in visitors being asked to leave.
2. **Visitation Hours:**
- a. visitation hours will be clearly communicated to residents and visitors
 - b. Pleasure Luxurious Living (DBA APEX) has established visiting hours to ensure the safety and comfort of all residents.
 - c. Visiting hours are between 9:00 AM and 8:00 PM
 - d. Exceptions may be made for special circumstances or at the resident's request.
3. **Private Visits:**
- a. Residents have the right to receive private visitors in their living units.
 - b. Residents may establish guidelines for their visitors' access to their living units.
4. **Visitor Restrictions:**
- a. In exceptional cases, such as an outbreak or health emergency, temporary restrictions may be applied to visitation as mandated by the District of Columbia's health guidelines.
 - b. In situations where a resident's safety, health, or wellbeing is a concern, Pleasure Luxurious Living (DBA APEX) may also impose restrictions on visitation. Such restrictions may include limiting the number of visitors or requiring supervised visits.
5. **Recording Devices and Photography:** The use of recording devices and photography within the facility is strictly prohibited without prior consent from both the resident and the facility administration.
6. **Visitor Complaints:** The facility encourages residents and staff to report any concerns or complaints related to visitor conduct to the facility management. The facility will take appropriate steps to address reported issues.
7. **Residents' Right to Refuse Visitation:**
- a. Residents have the right to refuse visitors at any time.
 - b. The assisted living staff will respect and support the resident's decision to refuse visitation.
8. **Minors and Pets:**
- a. Minors and pets are allowed as visitors in compliance with Luxurious Assisted Living's policies.
 - b. Minors must be supervised by an adult at all times.
 - c. Pets are subject to Luxurious Assisted Living's pet policy.

POLICY AREA	Retaliation Prevention
TITLE OF POLICY	2. Retaliation Policy
REGULATORY REFERENCE (if any)	TITLE 22-B DCM § 10110.01

2.1. Retaliation Prohibited

POLICY: Pleasure Luxurious Living (DBA APEX) is committed to maintaining a culture of fairness, openness, and accountability in all aspects of resident care, employment, and operations. Retaliation against any individual who makes good-faith reports of alleged violations of law, regulations, policies, or who participates in investigations will not be tolerated.

PROCEDURE:

3. A community or agent of a community may not retaliate against a resident or employee if the resident, employee, or any person acting on behalf of the resident:
 3. Files a good faith complaint or grievance, makes a good faith inquiry, or asserts any right
 3. Indicates a good faith intention to file a complaint or grievance, make an inquiry, or assert any right
 3. Files, in good faith, or indicates an intention to file a maltreatment report, whether mandatory or voluntary
 3. Seeks assistance from or reports a reasonable suspicion of a crime or systemic problems or concerns to the director or manager of the community, the Office of Ombudsman for Long-Term Care, a regulatory or other government agency, or a legal or advocacy organization
 3. Advocates or seeks advocacy assistance for necessary or improved care or services or enforcement of rights under this section or other law
 3. Takes or indicates an intention to take civil action
 3. Participates or indicates an intention to participate in any investigation or administrative or judicial proceeding
 3. Contracts or indicates an intention to contract to receive services from a service provider of the resident's choice other than the community, or
 3. Places or indicates an intention to place a camera or electronic monitoring device in the resident's private space

Retaliation against a resident includes but is not limited to any of the following actions taken or threatened by a community or an agent of the community against a resident, or any person with a familial, personal, legal, or professional relationship with the resident:

- 1) Termination of an agreement
- 2) Any form of discrimination
- 3) Restriction or prohibition of access:
 - a. of the resident to the community or visitors, or
 - b. of a family member or a person with a personal, legal, or professional relationship with the resident, to the resident, unless the restriction is the result of a court order

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- 4) The imposition of involuntary seclusion or the withholding of food, care, or services
- 5) Restriction of any of the rights granted to residents under state or federal law
- 6) Restriction or reduction of access to or use of amenities, care, services, privileges, or living arrangements, or
- 7) Unauthorized removal, tampering with, or deprivation of technology, communication, or electronic monitoring devices.

Retaliation against an employee means any of the following actions taken or threatened by the community or an agent of the community against an employee:

- 1) Unwarranted discharge or transfer
- 2) Unwarranted demotion or refusal to promote
- 3) Unwarranted reduction in compensation, benefits, or privileges
- 4) The unwarranted imposition of discipline, punishment, or a sanction or penalty, or
- 5) Any form of unwarranted discrimination.

- **Confidential Reporting:** a. Reports of violations, concerns, or retaliation may be made confidentially and without fear of retaliation. Reports can be made to any supervisor, manager, or designated compliance officer. b. Pleasure Luxurious Living (DBA APEX) will protect the confidentiality of the reporting individual to the extent allowed by law, and all efforts will be made to keep the reporter's identity confidential when reporting is done anonymously.
- **Investigation of Reports:** a. Pleasure Luxurious Living (DBA APEX) will promptly and thoroughly investigate all reports of violations or concerns. b. Reports of retaliation will be investigated as diligently as the initial concerns. c. The findings of the investigations will be documented, and appropriate actions will be taken based on the results.
- **Anti-Retaliation Training:** a. All employees, contractors, and individuals associated with Pleasure Luxurious Living (DBA APEX) will receive training on this policy, emphasizing the prohibition of retaliation. b. Training will be conducted regularly to raise awareness about the importance of non-retaliation and the reporting process.
- **Protection from Adverse Actions:** a. Anyone who believes they have experienced retaliation or adverse actions after making a good-faith report is encouraged to immediately report these actions. b. Pleasure Luxurious Living (DBA APEX) will take corrective actions to prevent any further retaliation or adverse actions.
- **Consequences of Retaliation:** a. Retaliation by staff or any individual associated with Pleasure Luxurious Living (DBA APEX) will be treated as a serious offense and may result in disciplinary action, up to and including termination of employment, and may have legal consequences. b. Any residents found to have engaged in retaliation may be subject to sanctions as described in Luxurious Assisted Living's resident policies and procedures.

POLICY AREA	Complaints and Grievances Handling
TITLE OF POLICY	3. Complaints and Grievances
REGULATORY REFERENCE (if any)	TITLE 22-B DCMR § 10110.02

3.1 Complaints and Grievances Resolution

POLICY: Pleasure Luxurious Living (DBA APEX) is dedicated to providing residents with a transparent and effective mechanism for addressing complaints and grievances in compliance. This policy ensures residents have accessible avenues to voice concerns and that all complaints and grievances are reviewed and addressed promptly.

PROCEDURE:

1. Accessible Mechanism for Complaints:
 - Residents will be informed upon admission about the facility's complaint and grievance procedures.
 - A designated staff member, such as the administrator or a dedicated grievance coordinator, will oversee the complaints process.
2. Submission of Complaints and Grievances:
 - Residents or their representatives may submit complaints or grievances verbally or in writing, without fear of retaliation, to the facility staff.
 - Written complaints may be submitted via complaint forms available in common areas or through designated channels provided by the facility.
 - If a resident, resident representative, or employee cannot, for any reason, fill out a complaint form one will be completed on their behalf by the supervisor or Assisted Living Director.
3. Initial Review and Acknowledgment:
 - Upon receipt of a complaint or grievance, the designated staff member will promptly acknowledge the receipt, ensuring the resident's understanding that the concern is being addressed.
 - An initial review will be conducted to assess the nature and urgency of the complaint.
4. Investigation and Resolution:
 - The facility will conduct a thorough investigation into each complaint or grievance, involving relevant staff members and departments as necessary.
 - Efforts will be made to resolve complaints within a reasonable timeframe, considering the complexity and severity of the issue.
 - During the investigation process, and when possible, residents, resident representatives, or employees will be asked to participate in determining the solution and bring about resolution of the complaint.

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- In a case where maltreatment was identified (abuse, neglect, or exploitation) Pleasure Luxurious Living (DBA APEX) shall follow its “Handling of Abuse, Neglect, and Exploitation policy”.
5. Communication with Residents:
 - Regular updates will be provided to the resident or their representative throughout the investigation and resolution process.
 - Residents will receive written notification of the outcome of the investigation and any actions taken to address the complaint or grievance.
 6. Documentation and Recordkeeping:
 - Detailed records of all received complaints, investigations, resolutions, and follow-ups will be maintained confidentially.
 7. Review of Complaints and Grievances:
 - Periodic reviews of complaints and grievances will be conducted to identify patterns, systemic issues, or recurring concerns requiring policy or procedural adjustments.
 8. Anonymous Reporting Option:
 - The facility will provide a mechanism for residents to submit anonymous complaints or grievances, ensuring confidentiality and encouraging residents to voice concerns freely.
 9. Continuous Improvement:
 - Feedback from resolved complaints and grievances will be utilized to improve policies, procedures, and staff training to prevent similar issues in the future.
 10. Resident Education:
 - Pleasure Luxurious Living (DBA APEX) shall educate residents upon admission and periodically about the facility's complaint and grievance procedures, emphasizing their right to express concerns and the facility's commitment to addressing them.

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Complaint Sample Form

Luxurious Assisted Living
Complaint sample form

Name of person completing _____ Date _____

Form completed on behalf of (if different than above) _____

Contact information: Phone _____

Email _____

Nature of complaint (include people involved, date and time of incident, etc.):

(attach another page if necessary)

Signature _____

Office Use Only:

Date received _____ By _____

Follow up action taken (include date):

☐ Follow up provided to complainant

☐ Copy filed

Signature of Staff _____

Date _____

POLICY AREA

Abuse, Neglect, and Exploitation

TITLE OF POLICY

**4. Handling of Abuse, Neglect,
and Exploitation**

REGULATORY REFERENCE (if any)

TITLE 22-B DCMR § 10110.02 & §10125

**4.1 Prevention, Investigation, Reporting, and Remediation of Abuse, Neglect,
and Exploitation**

POLICY: Pleasure Luxurious Living (DBA APEX) is committed to preventing, investigating, reporting, and remediating incidents of abuse, neglect, and exploitation of residents in accordance with Washington DC regulations.

PROCEDURE:

Prevention Measures:

- Pleasure Luxurious Living (DBA APEX) will implement comprehensive training programs for staff on recognizing signs of abuse, neglect, and exploitation, as well as procedures for prevention.
- Regular staff education sessions and updates will be conducted to ensure awareness of protocols and regulations related to resident safety.
- Thorough background checks for all staff and volunteers before employment shall be conducted to ensure they are fit to work with vulnerable populations.
- Pleasure Luxurious Living (DBA APEX) shall employ measures for adequate supervision of residents and staff.

Reporting and Notification Requirements:

Upon receiving any complaint alleging violations or suspected incidents of abuse, neglect, or exploitation, Pleasure Luxurious Living (DBA APEX) shall immediately notify:

- The Department of Health by phone and the follow up by written notification to the Department within twenty-four (24) hours or the next business day.
- The District's Adult Protective Services program, and the Long-Term Care Ombudsman.
- The Metropolitan Police Department for incidents involving criminal activity or unusual incidents.

Investigation Requirements:

- Pleasure Luxurious Living (DBA APEX) will promptly investigate alleged incidents allegations of abuse, neglect, or exploitation of a resident
- Results of investigations will be reported to the Director within 30 days of the complaint or within 15 days of concluding the investigation, whichever occurs first.

Unusual Incident Reporting:

Definition: Per the District of Columbia's regulation, "unusual incident" shall mean any occurrence involving a resident or the ALR's physical plant that results in significant harm, or the potential for significant harm, to any resident's health, welfare, or wellbeing. Unusual incidents include but are not limited to: an accident resulting in significant injury to a resident, unexpected death, a sustained utility outage, environmental hazards, misappropriation of a resident's property or funds, or an occurrence requiring or resulting in intervention from law enforcement or emergency response personnel.

- Pleasure Luxurious Living (DBA APEX) shall promptly report any unusual incident that substantially affects a resident's health, welfare, or well-being to the Department of Health by phone followed up by written notification within twenty-four (24) hours or the next business day
- Pleasure Luxurious Living (DBA APEX) shall immediately notify the Metropolitan Police Department of abuse or any unusual incident involving death or criminal activity before notifying the Director and shall direct instances of sexual abuse to the Metropolitan Police Department's Sexual Assault Unit.
- The institution shall maintain records of all unusual incidents for at least 5 years from the date of occurrence.

Sharing Investigation Results:

- The results of an ALR's investigation into allegations of abuse, neglect, or exploitation of a resident shall be reported to the office of Department of Health (DOH) within thirty (30) days of the complaint or fifteen (15) days of the conclusion of the investigation, whichever occurs first.

POLICY AREA	Admission, Transfer, and Discharge
TITLE OF POLICY	5. Residents Admission, Transfer, and Discharge
REGULATORY REFERENCE (if any)	TITLE 22-B DCMR § 10110.01

5.1 Admissions

POLICY: Pleasure Luxurious Living (DBA APEX) will only accept a resident if the community has staff, sufficient in qualifications, competency, and numbers, to adequately provide the services agreed to in each resident's Assisted Living Agreement and are within the scope of Pleasure Luxurious Living (DBA APEX) disclosed services.

The assisted living director, in cooperation with the clinical nurse supervisor, at Pleasure Luxurious Living (DBA APEX) is responsible for admitting residents to the community according to the community's admission policies.

PROCEDURE:

1. Pleasure Luxurious Living (DBA APEX) will not admit or retain a resident unless it can provide sufficient care and supervision to meet the resident's needs, based on the resident's known physical, mental, cognitive, or behavioral condition
2. Prior to providing Assisted Living services to a resident an individualized review or assessment shall be completed by a District of Columbia licensed registered nurse and any licensed healthcare professional to perform the assessments as required. This includes developing an Individualized Service Plan (ISP) as per the direction described in this Policies and Procedures manual under section 6. (6. Resident Individualized Service Plans (ISPs) and Assessments)
3. A RN must orient each person who will perform assisted living services to the resident and the care services to be performed.
4. The RN must include written, resident-specific instructions for performing any delegated task in the resident's record.
5. The facility shall use and maintain a standardized physician's statement form approved by District of Columbia's Mayor (Mayor's form) to document a resident information
 - a. This form shall include a description of the applicant's current physical condition and medical status relevant to defining care needs, and the applicant's psychological and cognitive status, if so, indicated during the medical assessment
6. Pleasure Luxurious Living (DBA APEX) shall consult with the resident's healthcare practitioner regarding the prospective resident's ability to self-administer medication within 30 days prior to admission
7. Pleasure Luxurious Living (DBA APEX) shall conduct a "Post Move-In" assessment within 72 hours of resident's admission

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8. Pleasure Luxurious Living (DBA APEX) shall deny admission to an individual if the ISP that is developed prior to the individual's admission, does not indicate that the individual requires at least the minimal level of assistance with activities of daily living or instrumental activities of daily living provided by the facility.
9. Prospective residents who are denied admission must be informed of the reason for the denial.

5.2 Application and Deposit for Residency

POLICY: When a prospective resident decides to apply for residency at Pleasure Luxurious Living (DBA APEX) an application and deposit must be received.

PROCEDURE:

1. A completed application for residency and a deposit must be given to the Assisted Living Director or Marketing Coordinator.
2. The complete terms of all financial provisions in a resident's agreement shall be made available for the resident (or surrogate) to review prior to admission.
3. The deposit is refundable if the prospective resident has unforeseen needs or circumstances that can't be met, including death.
4. If the prospective resident withdraws the application for residency because they changed their mind or for any other reason, within 30 days, the deposit will be returned. After 30 days, the deposit will be forfeited.
5. On the application, the prospective resident should indicate the dwelling unit type and location in which he/she is interested. All these decisions are subject to change until an assisted living agreement is signed.
6. Staff will initiate a file for the prospective resident that includes: the application, a copy of the deposit check or receipt of other payment type, a copy of the floor plan of the unit the prospective resident has chosen with a notation as to its location.
7. The resident becomes obligated for the monthly fee from the date the Agreement is signed.

5.3 Criteria to determine the care needs

POLICY: Pleasure Luxurious Living (DBA APEX) is committed to conducting thorough assessments of each resident prior to their admission and throughout their stay to determine their care needs. This policy outlines the criteria for assessing residents' care needs, staffing allocation, emergency triage procedures, and fee assessment based on residents' care needs.

PROCEDURE:

1. Initial Resident Assessment:

- a. Prior to admission, a licensed nurse conducts an initial assessment of each resident. This assessment includes, but is not limited to, a review of the resident's medical history, physical health, mental health, mobility, and any specific care requirements.
- b. The initial assessment will consider the following factors:
 - Medical conditions
 - Medication needs
 - Assistance required for activities of daily living (ADLs)

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- Cognitive functioning
 - Mobility and fall risk - Special dietary requirements
 - Emotional and psychosocial well-being
 - c. The results of the initial assessment are documented in the resident's file.
2. **Periodic Resident Assessments:**
- a. Periodic assessments are conducted as per regulatory requirements. The frequency of these assessments is determined by the Director or Administrator, in compliance with the District of Columbia's regulations.
 - b. Periodic assessments aim to review and update each resident's care plan and assess any changes in their care needs.
3. **Developing a Care Plan:**
- a. Based on the initial and periodic assessments, the Director, along with the resident, their family, and healthcare providers, develops an Individualized Service Plan (ISP) tailored to the resident's specific care needs.
 - b. The ISP details the resident's care needs, assistance required for ADLs, medication management, dietary requirements, mobility support, and psychosocial support.
 - c. The ISP may include additional services such as therapy, behavioral support, or specialized care as needed.
4. **Staffing Allocation:**
- a. Staffing levels are adjusted based on the care needs identified in the ISP.
 - b. The Director is responsible for ensuring that sufficient staff with appropriate qualifications and training are available to meet the care needs of the residents. This includes licensed nurses, certified nursing assistants, and other relevant professionals.
5. **Emergency Triage:**
- a. In the event of an emergency, the resident's care plan will be used to determine the appropriate response. Emergency procedures should be consistent with the specific needs identified in the care plan.
6. **Fee Assessment:**
- a. Residents' fees are assessed based on the level of care required, as determined by the ISP and regulatory guidelines.
 - b. The Director, in consultation with the Administrator, reviews and updates fee assessments as care needs change.
7. **Communication:**
- a. The Director and healthcare staff maintain open communication with residents, their families, and healthcare providers to ensure that care needs are continually met.
8. **Record Keeping:**
- a. All resident assessments, care plans, staffing allocations, and fee assessments are documented in the resident's file. These records are kept secure and confidential.
9. **Education:**
- a. All staff members are trained on the importance of accurate care assessments and planning for residents. Training is also provided on emergency procedures, including triage.

5.4 Security Deposit

POLICY: When a resident has signed an Assisted Living Agreement at Pleasure Luxurious Living (DBA APEX) a Security Deposit will be collected.

PROCEDURE:

1. A security deposit for the dwelling unit chosen by the resident will be collected at time of move in.
2. This security deposit is collected to cover damage to the premises that occur beyond normal and reasonable wear and tear.
3. If the resident has made an application deposit it will be applied toward the amount of the security deposit.
4. Any major damage caused by resident that is above and beyond the normal and reasonable wear and tear of the unit will be the responsibility of the resident
5. Pleasure Luxurious Living (DBA APEX) staff will complete a move-out form with the resident on the last day of tenancy to determine any damages.
6. Any damages/excessive cleaning that will be billed to the resident will be accurately documented, recorded, and photographed, as able.
7. The resident will receive interest according to state regulation (as applicable) on the security deposit amount.
8. All damage/cleaning costs acquired, and not paid for by the resident, will be deducted from the security deposit.
9. The security deposit may not be used to pay the residents last month's rent.
10. The security deposit will be returned within the state mandated time frame (if applicable).

5.5 Signing an Assisted Living Agreement

POLICY: When a prospective resident decides to move into Pleasure Luxurious Living (DBA APEX) an Assisted Living agreement shall be signed and received by the community.

PROCEDURE:

When a prospective resident is ready to sign an assisted living agreement and move in:

1. Fill in all the blanks of the agreement and provide the prospective resident and/or responsible person a copy of the appropriate assisted living agreement.
2. Review the assisted living agreement with the prospective resident and/or responsible person and answer any questions they may have.
3. Sign two copies of the agreement.
4. Give one copy to the prospective resident and/or responsible person and retain one copy for the resident record.
5. Collect any monies due because of signing the agreement.
6. Make two photocopies of any check, date and sign the photocopies. Give one copy to the resident and/or responsible person as a receipt. Retain the other for the resident record.

5.6 Designated Representative

POLICY: Before or at the time of execution of an assisted living agreement, Pleasure Luxurious Living (DBA APEX) will offer residents the opportunity to identify a designated representative in writing. A signed Designated Representative form must be filled out documenting the residents' choice in designated representative, the form will be kept in the resident record.

PROCEDURE:

1. Prior to, or at the time of execution of an assisted living agreement Pleasure Luxurious Living (DBA APEX) staff will discuss with the resident the Designated Representative form.
2. If the resident has a formal declaration for another person to be the designated representative, staff may help the resident fill out the Designated Representative form.
3. If the resident has signed an informal designated representative form, the original will be kept in the file, and a copy will be given to the resident and designated representative.
4. The resident has the right, at any time, to add, remove, or change the name and contact information of the designated representative.
5. Pleasure Luxurious Living (DBA APEX) staff will communicate the designated representative information to other colleagues as necessary.

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Designated Representative form

PLEASURE LUXURIOUS LIVING (DBA APEX)
Designated Representative form

You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."

Resident name: _____ Apt/Unit: _____

☐ I do / ☐ I do not choose to designate a representative.

Name of Designated Representative: _____

Relationship to resident: _____

Address: _____

Phone #: (H) _____ (C) _____ (W) _____

Type of information that can be shared with the named Designated Representative:

☐ Medical

☐ Financial

☐ Other. _____

List any special request/instruction (if any): _____

Signature of Resident

Date

Signature of Designated Representative (if available)

Date

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Signature of Staff _____

Date _____

Resident Emergency Contact Information

PLEASURE LUXURIOUS LIVING (DBA APEX) Resident Emergency Contact Information

Resident name _____ Room # _____

Phone Number _____

In the event of an emergency, the following people will be contacted in this order:

1) Name _____ Relation _____

Address _____

Phone number: _____ ☐ Cell ☐ Home ☐ Work

Phone number: _____ ☐ Cell ☐ Home ☐ Work

Does this person have a key to: Your apartment? ☐ Yes ☐ No

The front door? ☐ Yes ☐ No

If not, can management let them into your apartment? ☐ Yes ☐ No

2) Name _____ Relation _____

Address _____

Phone number: _____ ☐ Cell ☐ Home ☐ Work

Phone number: _____ ☐ Cell ☐ Home ☐ Work

Does this person have a key to: Your apartment? ☐ Yes ☐ No

The front door? ☐ Yes ☐ No

If not, can management let them into your apartment? ☐ Yes ☐ No

3) Name _____ Relation _____

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Address _____

Phone number: _____ ☐ Cell ☐ Home ☐ Work

Phone number: _____ ☐ Cell ☐ Home ☐ Work

Does this person have a key to: Your apartment? ☐ Yes ☐ No

The front door? ☐ Yes ☐ No

If not, can management let them into your apartment? ☐ Yes ☐ No

Add any additional emergency information or contacts on an attached page.

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Release Sample Form

PLEASURE LUXURIOUS LIVING (DBA APEX)
Release Sample Form

Resident name _____ Room # _____

Resident name _____

Photos and/or Statements:

- I (We) consent without consideration or compensation for the use (full or in part) of any photographs taken of me (us) or statement made by me (us) for the purpose of illustration on Pleasure Luxurious Living (DBA APEX) website, in brochures, newsletters, or other printed materials, videotape, slides, computer digital presentations, social media posts, or distribution in any manner with no restriction in time.
☐ Yes ☐ No

Personal Information:

- Is it OK if Pleasure Luxurious Living (DBA APEX) posts your name in the front door entry system so guests can call you to be “buzzed” in?
☐ Yes ☐ No
- Is it OK if Pleasure Luxurious Living (DBA APEX) posts your phone number in the resident directory given to all residents?
☐ Yes ☐ No
- Is it OK if Pleasure Luxurious Living (DBA APEX) posts the month and day (not year) of your Birthday for activity purposes?
☐ Yes ☐ No

Resident Signature	Date
--------------------	------

Resident Signature	Date
--------------------	------

Pleasure Luxurious Living (DBA APEX) Representative	Date
---	------

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Move-in / Move-out Inspection Report – sample form

PLEASURE LUXURIOUS LIVING (DBA APEX) (DBA APEX)
Move-in / Move-out Inspection Report – sample form

Resident Name:	Apartment Number:
Move-in Date:	Move-out date:
Staff person completing inspection	
Move-in:	Move-out:
Inspection Date:	Inspection Date:
Staff Signature:	Staff Signature:

Kitchen	Move-in	Move-out	Repair Needed
Ceilings			
Walls			
Doors			
Floors			
Windows/Screens			
Stove			
Refrigerator			
Microwave			
Dishwasher			
Garbage Disposal			
Sink			
Cabinets			
Elect. Fixtures			
Other			
Other			

Living Room	Move-in	Move-out	Repair Needed
Ceilings			
Walls			
Floors/Carpet			
Elect. Fixtures			
Windows/Screens			
Blinds			
Other			
Other			

Master Bedroom	Move-in	Move-out	Repair Needed
Ceilings			
Walls			
Floors/Carpet			
Door			
Windows/Screens			
Call System			
Blinds			
Elect. Fixtures			

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Other			
Other			
Bedroom Two	Move-in	Move-out	Repair Needed
Ceilings			
Walls			
Floors/Carpet			
Door			
Windows/Screens			
Call System			
Blinds			
Elect. Fixtures			
Other			
Other			

Bathroom	Move-in	Move-out	Repair Needed
Ceilings			
Walls			
Floors/Carpet			
Doors			
Toilet			
Basin			
Tub / Shower			
Call System			
Vanity			
Elect. Fixtures			
Other			
Other			

Master Bathroom	Move-in	Move-out	Repair Needed
Ceilings			
Walls			
Floors/Carpet			
Doors			
Toilet			
Basin			
Tub / Shower			
Call System			
Vanity			
Elect. Fixtures			
Other			
Other			

Misc. Other	Move-in	Move-out	Repair Needed
Heat System			
Thermostat			
Air Conditioner			
Storage Room			
Smoke Detectors			

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Other			
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MOVE-IN

Resident Certification: I certify that the foregoing report correctly represents the conditions of the previously listed unit at the date of **move-in**.

Resident signature: _____ Date: _____

Resident signature: _____ Date: _____

Signature of staff: _____ Date: _____

MOVE-OUT

Resident Certification: I certify that the foregoing report correctly represents the conditions of the previously listed unit at the date of **move-out**.

Resident signature: _____ Date: _____

Resident signature: _____ Date: _____

Signature of staff: _____ Date: _____

Residents forwarding address: _____

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Resident Move-Out Reconciliation Form

PLEASURE LUXURIOUS LIVING (DBA APEX)
Resident Move-Out Reconciliation

Resident name: _____ Apt/Unit #: _____

Assisted Living Agreement end date: _____

Refund(s) due:

Security Deposit	<input type="checkbox"/> Yes, full amount	<input type="checkbox"/> No, see below
Pet Deposit	<input type="checkbox"/> Yes, full amount	<input type="checkbox"/> No
Rent Credit	<input type="checkbox"/> Yes, amount \$ _____	<input type="checkbox"/> No
Meal/Garage Credit	<input type="checkbox"/> Yes, amount \$ _____	<input type="checkbox"/> No
Other: _____	<input type="checkbox"/> Yes, amount \$ _____	

Charges to Apartment/Unit:

Excess Cleaning	Time: _____	Amount: _____
Damages (list all):	_____	

Replacement Vinyl	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Replacement Carpet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (list all)	_____	

Other Notes: _____

Forward deposit / send charges to: _____

Phone #: _____

Signature of Pleasure Luxurious Living (DBA APEX) representative

Date

5.7 Waiting List

POLICY: If an apartment/unit is not available for a prospective resident at Pleasure Luxurious Living (DBA APEX) they will be placed on a waiting list.

PROCEDURE:

1. The waiting list will be maintained by the Assisted Living Director and the Marketing Coordinator.
2. A prospective resident is required to complete the application for residency to be placed on the waiting list.
3. The prospect will be informed by staff to their placement on the waiting list.
4. All prospective residents on the waiting list will be invited to special events and periodically invited to meals as appropriate.
5. Prospects will be updated periodically on the status of the waiting list.
6. When an apartment/unit becomes available, the prospect will be informed to discuss moving plans.
7. Fees and payment procedures will be discussed and collected prior to the resident taking occupancy of the unit.
8. If an apartment/unit becomes available, and when offered to the prospective resident, he/she declines to move in, they will be moved to the bottom of the waiting list and the next person on the list will be contacted. This process will continue until someone commits to the available unit.
9. Exceptions may be made, with documentation if a prospect declines due to circumstances beyond his/her control or at the discretion of staff of Luxurious Assisted Living.

5.8 Discharge Policy

POLICY: Discharge refers to the permanent removal of an individual from the facility. Pleasure Luxurious Living (DBA APEX) is committed to ensuring a safe, respectful, and compliant process for resident discharges in accordance with District of Columbia's regulatory requirements. Residents shall be discharged only for valid reasons in a manner that upholds their rights, respects their dignity, and safeguards their wellbeing.

If the resident decides to leave the facility for any reason other than in a medical emergency, the resident is required to give a 30-day prior notice of the date they wish to terminate the agreement.

PROCEDURE

1. **Determination of Discharge:**
 - a. Residents may be discharged for the following reasons:
 - Their needs cannot be met within the facility due to changes in their condition as provided in the Individualized Service Plan (ISP) and as amended by an Shared Responsibility Agreements (SRA) when applicable.
 - Failure to pay all fees and costs as specified in the contract
 - Engaging in sexual harassment, exploitation, or other degrading conduct to the detriment of another residents' dignity

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- Resident presents a risk of physical self-harm, or harm to one or more other residents or staff, for which no other reasonable means of mitigation are available Discharge is essential to meet the ALR's reasonable administrative needs and no practicable alternative is available
- The facility ceases to operate
- The licensed capacity of the ALR is being reduced by the DOH of District of Columbia
- The license to operate the ALR is suspended or revoked
- b. Any decision to discharge a resident must be documented, and the resident and their designated representative must be notified in writing at least 30 days in advance, or as required by law, except in emergencies.
- c. The Director, with input from the resident, their family, and the interdisciplinary care team, will develop an Individualized Service Plan (ISP) specifying the reasons for discharge and a plan for a safe transition.

2. Transition Planning:

- a. A discharge coordinator, often a social worker or case manager, will be designated to oversee the transition process.
- b. The facility will provide assistance in finding appropriate alternative housing or services if needed.
- c. Residents and their representatives shall be provided with a list of available services and housing options in the area, and referrals shall be made as necessary.

3. Discharge Process:

- a. Residents have the right to appeal their discharge. A formal appeals process will be established in compliance with the District of Columbia's regulations.
- b. Residents who are unable to make decisions for themselves shall have a designated representative to act on their behalf.
- c. Discharge will not be executed if it poses a threat to the health, safety, or life of the resident.

4. Documentation:

- a. The facility will maintain complete records of the discharge process, including notifications, meetings, and reasons for discharge.
- b. A discharge summary, including information on the resident's health status, medications, dietary restrictions, and personal preferences, shall be provided to the receiving facility or care provider.

5. Discharge Rights:

- a. Residents shall be informed of their right to appeal the discharge decision and receive assistance in understanding and exercising this right.
- b. Residents will be treated with dignity and respect throughout the discharge process.
- c. An involuntary discharge shall be canceled upon the occurrence of one of the following:
 - 1. The payment of all monies owed at any time prior to discharge; or
 - 2. The negotiation of a new ISP

5.9 Transfer Policy

Policy: Pleasure Luxurious Living (DBA APEX) is committed to ensuring a safe, respectful, and compliant process for resident transfers in accordance with District of Columbia's regulatory requirements. Transfers shall be initiated for valid reasons and conducted while upholding the rights and dignity of residents and safeguarding their wellbeing.

PROCEDURE

1. Determination of Transfer:

- a. Transfers may be initiated for the following reasons:
 - The resident's care needs have changed and require a higher level of care that cannot be provided within the facility as provided in the Individualized Service Plan (ISP) and as amended by an Shared Responsibility Agreements (SRA) when applicable.
 - This determination shall only be made after having consulted with the resident (or surrogate) to identify if the ALR can continue to support the resident safely
 - When a sudden, unexpected, and life-threatening medical emergency arises necessitating the immediate transfer of the resident to an acute care facility
 - The resident requests a transfer to another facility or care setting.
 - A temporary transfer due to illness, hospitalization, or other medical needs.
 - Failure to pay all fees and costs as specified in the contract
 - The facility ceases to operate.
 - The licensed capacity of the ALR is being reduced by DOH of the District of Columbia
 - The license to operate the ALR is suspended or revoked
- b. Prior to transferring a resident to another facility, the ALR shall complete and transmit to the receiving facility or, if no receiving facility has been identified, to the resident (or surrogate) any information related to the resident that is necessary to ensure continuity of care and services
 - i. An ALR shall not transmit the information to the receiving facility without the prior, written, uncoerced consent of the resident (or surrogate). If consent is withheld, an ALR shall transmit the information directly to the resident (or surrogate) prior to transfer or discharge
- c. Any decision to transfer a resident must be documented, and the resident and their designated representative must be notified in writing in advance as required by law, except in emergencies.
- d. The ALA or Acting Administrator, with input from the residents, their family, and the interdisciplinary care team, will develop an Individualized Service Plan (ISP) specifying the reasons for the transfer and a plan for a safe transition.

2. Transition Planning:

- a. A transfer coordinator, often a social worker or case manager, will be designated to oversee the transition process.
- b. The facility will provide assistance in finding appropriate alternative housing or services if needed.

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- c. Residents and their representatives shall be provided with a list of available services and housing options in the area, and referrals shall be made as necessary.

3. Transfer Process:

- a. Residents have the right to appeal their transfer. A formal appeals process will be established in compliance with the District of Columbia's regulations.
- b. Residents who are unable to make decisions for themselves shall have a designated representative to act on their behalf.
- c. Transfers will not be executed if they pose a threat to the health, safety, or life of the resident.
- d. Pleasure Luxurious Living (DBA APEX) will inform the resident, a family member, the physician and all interested parties of the decision to transfer the resident to another facility once that decision has been made. The family will be given 30-day notice prior to the resident being transferred, except in cases of emergency.
- e. Residents' personal belongings will be locked for safety in the resident's room; if resident is in a shared room, belongings will be secured in locked storage.
- f. Staff will not enter the resident's room in his/her absence, unless it's a shared room or in case of emergency.

4. Documentation:

- a. The facility will maintain complete records of the transfer process, including notifications, meetings, and reasons for transfer.
- b. A transfer summary, including information on the resident's health status, medications, dietary restrictions, and personal preferences, shall be provided to the receiving facility or care provider.

5. Transfer Rights:

- a. Residents shall be informed of their right to appeal against the transfer decision and receive assistance in understanding and exercising this right.
- b. Residents will be treated with dignity and respect throughout the transfer process.

5.10. Involuntary Discharge, Transfer, or Relocation Notice

Policy

Pleasure Luxurious Living (DBA APEX) shall provide a written notice to residents prior to an involuntary discharge, transfer, or relocation so they understand their options and rights during such circumstances

PROCEDURE

The written notice due to a resident prior to an involuntary discharge, transfer, or relocation shall be on a form prescribed by the Director of DoH and shall contain:

- a. The specific reason(s), stated in detail and not in conclusory language, for the proposed discharge, transfer, or relocation
- b. The proposed effective date of the discharge, transfer, or relocation
- c. A statement in not less than twelve (12)-point type that reads:
"You have a right to challenge this facility's decision to discharge, transfer, or relocate you. If the decision is to discharge you from the facility or to transfer you to another facility and you think you should not have to leave, you or your representative have 7 days from the day you receive this notice to inform the Administrator or a member of

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the staff that you are requesting a hearing and to complete the enclosed hearing request form and mail it in the preaddressed envelope provided. If you are mailing the hearing request form from the facility, the day you place it in the facility's outgoing mail or give it to a member of the staff for mailing shall be considered the date of mailing for purposes of the time limit. In all other cases, the postmark date shall be considered the date of mailing. If, instead, the decision is to relocate you within the facility and you think you should not have to move to another room, you or your representative have only 5 days to do the above.

"If you or your representative request a hearing, it will be held no later than 5 days after the request is received in the mail, and, in the absence of emergency or other compelling circumstances, you will not be moved before a hearing decision is rendered. If the decision is against you, in the absence of an emergency or other compelling circumstances you will have at least 5 days to prepare for your move if you are being discharged or transferred to another facility, and at least 3 days to prepare for your move if you are being relocated to another room within the facility.

"To help you in your move, you will be offered counseling services by the staff, assistance by the District government if you are being discharged or transferred from the facility, and, at your request, additional support from the Long-Term Care Ombudsman program. If you have any questions at all, please do not hesitate to call one of the phone numbers listed below for assistance.";

- d. A hearing request form, together with a postage paid envelope preaddressed to the appropriate District official or agency
- e. The name, address, and telephone number of the person charged with the responsibility of supervising the discharge, transfer, or relocation
- f. The names, addresses, and telephone numbers of the Long-Term Care Ombudsman program and local legal services organizations
- g. The location to which the resident will be transferred

5.11 Accommodating Resident's Needs Prior to Changes

Policy: Pleasure Luxurious Living (DBA APEX) is committed to providing residents with a smooth and supportive transition into our facility and ensuring that their needs and preferences are met during admission, transfer, and discharge processes. This policy is designed to uphold the rights, safety, and wellbeing of residents while ensuring compliance with District of Columbia's regulatory requirements.

PROCEDURE

Section 1: Accommodating Resident's Needs Prior to Admission

1. Initial Assessment:

- a. A thorough initial assessment will be conducted for each prospective resident. This assessment will cover the resident's medical history, cognitive and physical functioning, medications, dietary preferences, and any special care needs.
- b. Prospective residents and their representatives shall be encouraged to share information regarding their specific needs and preferences.

2. Transparency and Communication:

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- a. Prospective residents and their representatives will receive comprehensive information about the facility, its services, fees, and policies.
 - b. The facility will maintain open and effective communication with the prospective resident or their representative throughout the admission process.
3. **Financial Considerations:**
- a. A clear financial agreement will be provided to prospective residents outlining costs, payment options, and financial responsibilities.
 - b. For residents seeking financial assistance, the facility will provide information on available programs or resources.
4. **Physical Accommodations:**
- a. Prior to admission, the facility will ensure that the resident's living unit is prepared to accommodate their specific needs. This may include necessary assistive devices or modifications.
 - b. The resident's personal belongings shall be accommodated in accordance with the resident's preferences.

Section 2: Accommodating Resident's Needs Prior to Transfer

1. **Change in Care Needs:**
 - a. When a resident's care needs change, the facility will conduct a reevaluation to assess the necessary accommodations.
 - b. If the facility can no longer meet a resident's needs, a transfer to a more suitable facility will be considered while upholding the resident's rights.
2. **Communication:**
 - a. Residents and their representatives will be actively involved in decisions regarding transfers, and their input and preferences will be considered.
 - b. The facility will communicate the reasons for the transfer and alternative care options to the resident and their representative.

Section 3: Accommodating Resident's Needs Prior to Discharge

1. **Discharge Planning:**
 - a. Discharge planning will start well in advance and will be individualized to the resident's needs.
 - b. The facility will communicate with the resident and their representative regarding the discharge plan, including the expected date of discharge.
2. **Transition Coordination:**
 - a. A discharge coordinator will be designated to help the resident and their representative with the transition.
 - b. The facility will provide assistance in finding suitable housing or services if needed.

Section 4: Rights and Dignity

- a. Throughout the admission, transfer, and discharge processes, residents and their representatives will be treated with dignity and respect.
- b. Residents shall have the right to appeal a transfer or discharge decision, and the facility will inform them of their rights and provide guidance on the appeals process.

5.12 Pet Policy – Non-Service Animal

POLICY: For the health and safety of our residents, visitors, and staff, pets the following pet guidelines must be followed if the resident chooses to have a pet:

PROCEDURE

1. Residents may be allowed to have a pet reside in their apartment with prior approval of management.
2. Pet vaccinations must be kept current and regular veterinary care is expected.
3. Vaccination records for each pet must be kept by the resident and available to the Assisted Living Director if requested.
4. Pets must have a friendly disposition, approachable and amiable to other people and pets in the building they cross paths with. The Assisted Living Director may request that the pet be brought into the community for an 'interview' prior to move-in.
5. When the pet is in the common area of the building or taken outside onto the grounds of the property, the pet must be supervised, on a leash, held, or in a pet carrier at all times.
6. The resident, resident representative or family member must provide all aspects of care for the pet. This includes but is not limited to:
 - Appropriate and timely veterinarian visits
 - Providing food and water for the pet
 - Keeping the pet in a healthy state, i.e., maintaining coat and hygiene
 - Walking pets in appropriate areas of the grounds
 - Regularly cleaning up after pet, i.e., cleaning litter boxes or picking up feces
 - Immediately cleaning up any accidents relating to waste, vomit, or other mess made by the pet inside and outside the building
 - There will be an additional charge if the cleanup of any waste, vomit or other mess made by the pet is provided by Pleasure Luxurious Living (DBA APEX) staff.
7. If the resident, or residents' family or designated person are unable to properly take care of the pet, the pet will no longer be allowed to stay at Luxurious Assisted Living.

5.13 Service & Companion Animals

POLICY: Pleasure Luxurious Living (DBA APEX) recognizes that service and companion animals can play an important role in facilitating the independence of some individuals with certain types of disabilities. Therefore, an appropriately trained animal, under the control of its partner/handler, may be allowed at Pleasure Luxurious Living (DBA Apex) (DBA Apex).

The health and safety of Pleasure Luxurious Living (DBA APEX) staff, residents, and the service/companion animal is an important concern; therefore, only service animals that meet the criteria described below will be exempt from the rules that otherwise are enforced for animals.

PROCEDURE:

Service Animals

Per the Americans with Disabilities Act, Pleasure Luxurious Living (DBA APEX) accommodates service animals. A service animal is defined as a dog that has been individually trained to do work or perform tasks for an individual with a disability. The task(s) performed by the dog,

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including, but not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items. Residents with service dogs are permitted to bring their service dog in all areas of a place of public accommodation. This includes any private residence space. Documentation of need for a service animal/dogs may be requested

Companion/ Therapy Animals

Per the Fair Housing Act, Pleasure Luxurious Living (DBA APEX) provides reasonable accommodations for companion animals (i.e., an emotional support animal). Companion and Therapy animals are animals whose sole function is to provide emotional support, comfort, therapy, companionship, therapeutic benefits, or to promote emotional well-being. A person qualifies for reasonable accommodation if:

1. The person has a documented disability.
2. The animal is necessary to afford the person with a disability an equal opportunity to use and enjoy the residence; and
3. There is an identifiable relationship between the disability and the assistance the animal provides.

Individuals using service, therapy, or companion animals are responsible for their animals at all times. Use of the animal may not constitute a direct threat to the health and safety of others. The owner is responsible for the health of the animal with verification from a qualified veterinarian or service animal school, for cleaning up after the animal, including the sanitary disposal of animal wastes, for any property damage caused by the animal, for the behavior of the animal in private and public places.

Requirements of service, companion and therapy animals and their owners include:

- Animals must be licensed in accordance with city regulations and, if appropriate, must wear a valid vaccination tag.
- Animals must be in good health. Any service/companion animals occupying Pleasure Luxurious Living (DBA APEX) must have an annual clean bill of health from a licensed veterinarian.
- Owners must provide verification that the animal meets minimum training standards from a recognized school for service animals must be provided.
- The animal must wear some type of easily recognized identification symbol (i.e., harness, backpack). The owner of the service animal must be in full control of the animal at all times.
- The owner is responsible for appropriate waste clean-up and overall cleanliness of the animal.
- The service/companion animal owner is responsible for the appropriate management of his or her animal at Luxurious Assisted Living.
- Disruptive and/or aggressive behavior on the part of the animal may result in the owner being asked to remove the animal from Luxurious Assisted Living.

3.13. Alcohol, Tobacco, and Marijuana Use

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POLICY: Pleasure Luxurious Living (DBA APEX) recognizes the need to establish clear guidelines and procedures regarding alcohol, tobacco, and marijuana use by residents within our facility. This policy outlines the rules, restrictions, and support related to alcohol, tobacco, and marijuana use in compliance with District of Columbia regulations.

PROCEDURE

1. Alcohol Use:

- a. The Community permits responsible alcohol use by residents of legal drinking age in designated areas.
- b. Residents are allowed to consume alcohol within the confines of their private living quarters or in common areas specifically designated for alcohol consumption.
- c. The Community will not provide, store, or dispense alcohol to residents. Residents must acquire their own alcoholic beverages.
- d. Excessive alcohol consumption, public drunkenness, or behaviors that disrupt the peace and safety of the community are not permitted. Any violations may result in a review of the resident's stay.

2. Tobacco Use:

- a. Smoking within individual living quarters is permitted, provided it is in compliance with District of Columbia regulations and does not present a safety hazard. Smoking is not allowed in any non-smoking areas, and designated smoking areas must be utilized.
- b. The Community may offer smoking cessation programs and resources for those residents interested in quitting.
- c. Residents must dispose of cigarette butts and other smoking-related waste properly in designated containers.
- d. Marijuana smoking is not permitted in any form, as it remains illegal under federal law. Marijuana use is subject to the same rules and restrictions as tobacco.

3. Marijuana Use:

- a. The Community strictly prohibits the possession, use, or cultivation of marijuana in any form, including medical marijuana, within the facility, as it remains illegal under federal law.

4. Education and Support:

- a. The Community provides education and resources to residents about the risks and health hazards associated with alcohol, tobacco, and marijuana use. Support is available for those who wish to address potential substance use issues.

5. Compliance:

- a. All residents are expected to adhere to this policy in compliance with District of Columbia regulations.

3.14. Resident Sign In/Out

POLICY: Pleasure Luxurious Living (DBA APEX) encourages residents to sign-in and sign-out when coming and going from the community to help staff be aware of when residents are out of the community. A sign-in / out book will be in an accessible area.

PROCEDURE:

1. A sign-out/sign-in book or electronic sign-in/sign out will be located in an accessible and designated area for resident use.
2. All residents are asked to sign out when they leave the building and sign in when they return.
3. Residents are asked to inform staff when they are gone over a meal time, overnight or for an extended period of time.

3.15. Risk Agreement

POLICY: Pleasure Luxurious Living (DBA APEX) will honor a resident's right to have choices and make decisions about his or her own lifestyle, wellness activities, and other issues.

Pleasure Luxurious Living (DBA APEX) will make reasonable effort to foresee and prevent avoidable harm to the resident. In the event a specific decision by the resident or designated representative may choose a decision the staff of Pleasure Luxurious Living (DBA APEX) is concerned about Pleasure Luxurious Living (DBA APEX) and the resident and/or responsible party will enter into a signed Risk Agreement.

PROCEDURE:

1. The Risk Agreement will be discussed with the resident and/or designated representative at the time of discussion.
2. The decision made by the resident and/or designated representative will be written on the Risk Agreement form.
3. Pleasure Luxurious Living (DBA APEX) staff and the resident and/or designated representative will discuss the activity in question, the possible positive and negative outcomes, provide any education, and the responsibilities of the resident, designated representative, outside vendors, others and Luxurious Assisted Living.
4. The Risk Agreement form will be signed and kept in the resident record. A copy will be given to the resident and/or designated representative.
5. The Risk Agreement is reviewed periodically and at least annually, and the review date is recorded and initialed by staff and the resident and/or designated representative.

3.16. Use of Community Common Areas

POLICY: The common areas at Pleasure Luxurious Living (DBA APEX) are for the benefit of the residents. Guests may be invited by the residents to participate in activities and events from time to time.

PROCEDURE:

1. Common areas at Pleasure Luxurious Living (DBA APEX) may be reserved for events when at least one of the following criteria are met:
 - A resident is hosting the event
 - Residents are involved to participate in the event
 - The event will benefit the community
2. Areas that may be considered as common areas are such places as:
 - a. The dining room
 - b. The private dining room
 - c. The library/lounge
3. These rooms may be reserved without cost by the residents for their own private use if the schedule permits.
4. Residents planning to entertain groups of 10 or more people or residents wishing to host a meeting or event requiring special accommodations should reserve the common area with staff in advance.
5. Any large event in any of the common areas must be for the benefit of the residents. Residents' activities and routines may not be disrupted as a result of special events unless such events are approved in advance by staff of the community.

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POLICY AREA	Medications & Treatments
TITLE OF POLICY	4. Medication Management
REGULATORY REFERENCE (if any)	TITLE 22-B DCM § 10110.01

4.1. Medication Management – Assessment, Monitoring & Reassessment

POLICY: Pleasure Luxurious Living (DBA APEX) will, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber conduct an assessment to determine what medication management services will be provided and how the services will be provided.

PROCEDURE:

1. The assessment must be conducted by a nurse.
2. The assessment must include an identification and review of all medications the resident is known to be taking.
3. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.
4. The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications.
** "diversion of medication" means misuse, theft, or illegal or improper disposition of medications.
5. Pleasure Luxurious Living (DBA APEX) will monitor and reassess the resident's medication management services as needed when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually.

4.2. Medication Management Individualized Plan

POLICY: For each resident at Pleasure Luxurious Living (DBA APEX) receiving medication management services, the facility shall provide a registered nurse prepared service/care plan with a written statement of the medication management services that will be provided to the resident.

PROCEDURE:

1. Pleasure Luxurious Living (DBA APEX) will develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following:
 - a. A statement describing the medication management services that will be provided
 - b. A description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions
 - c. Documentation of specific resident instructions relating to the administration of medications
 - d. Identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis

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- e. Identification of medication management tasks that may be delegated to the LPNs.
 - f. Procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services, and
 - g. Any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions
2. The medication management record will be current and updated when there are any changes.
 3. Medication reconciliation will be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.

4.3. Medication Self Administration

POLICY: A resident shall be permitted to self-administer their medications, provided that the resident has been determined capable of self-administering his or her own medication by the most recent on-site medication review or, if they are a new resident, by the initial assessment conducted during the admission process.

PROCEDURE:

1. Pleasure Luxurious Living (DBA APEX) shall determine whether a resident is capable of self-administering medication by making one of the following findings based on an assessment of the associated tasks:
 - a. A resident can self-administer their medication, provided that they can:
 - Correctly read the label on the medication's container
 - Correctly interpret the label
 - Correctly follow instructions as to route, dosage, and frequency of administration
 - Correctly ingest, inject, or otherwise apply the medication
 - Correctly measure or prepare the medication, including mixing, shaking, and filling syringes
 - Safely store the medication
 - Correctly follow instructions as to the time the medication must be administered
 - Open the medication container, remove the medication from the container, and close the container
 - b. A resident can self-administer their medication, but require a reminder to take medications and/or require physical assistance with opening and/or removing medications from the container, provided that they can
 - Correctly read the label on the medication's container
 - Correctly interpret the label
 - Correctly follow instructions as to route, dosage, and frequency of administration
 - Correctly ingest, inject, or otherwise apply the medication
 - Correctly measure or prepare the medication, including mixing, shaking, and filling syringes

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- Safely store the medication

A resident who has been determined to be capable of self-administering their medication but requires a reminder or physical assistance shall be permitted to utilize a device or a third-party to be reminded to take a medication, to open a medication container, or to remove a medication from its container, only.

2. A resident who has been determined not capable of self-administering medication or has elected not to self-administer their medication, or their surrogate, may arrange with a third-party for a licensed practical nurse, registered nurse, advanced practice registered nurse, physician, physician assistant, or certified medication aide to administer medication to the resident or assist the resident with taking their medications to the extent of the healthcare professional's authority to do so under District and federal laws or regulations.
3. Pleasure Luxurious Living (DBA Apex) shall provide or arrange for a licensed registered nurse, advanced practice registered nurse, physician, physician assistant, or Licensed Practical Nurse (LPN), to administer, or assist in the self-administering of, medication to a resident, provided that:
 - a. The resident has been determined not capable of self-administering medication or has elected not to self-administer their medications, and have not arranged with a third-party to administer, or assist in the self-administering of, their medication
 - b. The provided healthcare professional does not exceed their authority to administer or assist in the administration of medication to the resident under District and federal laws or regulations
 - c. Prior to the provision of the medication administration or assistance, the resident (or surrogate) provides in writing:
 - Acceptance of the medication administration or assistance offered by the ALR
 - Acknowledgment of receiving the ALR's medication administration policy and the disclosure of fees
 - The facility shall ensure that the healthcare professional holds the requisite certificate, registration, or license to practice issued by the District
 - The facility discloses, orally and in writing, any fees, rates, or charges associated with aiding with or the administration of a medication that are additional to the resident's existing bill
 - Pleasure Luxurious Living (DBA APEX) has in place education, remediation, and discipline procedures by which to address recurring medication errors perpetrated by the licensed practical nurse, registered nurse, advanced practice registered nurse, physician, licensed physician assistant, or Licensed Practical Nurse (LPN)

4.4. Treatment & Therapy Management Plan

POLICY: For each resident at Pleasure Luxurious Living (DBA APEX) receiving management of ordered or prescribed treatments or therapy services, the community will prepare and include in the service/care plan a written statement of the treatment or therapy services that will be provided to the resident.

PROCEDURE:

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1. Pleasure Luxurious Living (DBA Apex) will develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:
 - a. A statement of the type of services that will be provided
 - b. Documentation of specific resident instructions relating to the treatments or therapy administration
 - c. Procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services
 - d. Any resident-specific requirements relating to documentation of treatment and therapy received
 - e. Verification that all treatment and therapy was administered as prescribed
 - f. Monitoring of treatment or therapy to prevent possible complications or adverse reactions
2. The treatment or therapy management record must be current and updated when there are any changes.

4.5. Medication Loss or Spillage

POLICY: In the event there is a loss or spillage of any medication, including Schedule II medications, staff at Pleasure Luxurious Living (DBA APEX) will record and account for the loss or spillage of all medications.

PROCEDURE:

1. When loss or spillage of a medication, including Schedule II medications, occurs a notation must be made in the resident's record explaining the spillage and the actions taken. The notation must be signed by the person responsible for the loss or spillage and include verification that any contaminated substance was disposed of according to state and federal regulations.
2. A medication error report form must be completed.
3. Staff will notify the RN of the loss or spillage.
4. In situations of known loss or unaccounted for prescription drugs:
 - a. A nurse will investigate the situation
 - b. The investigation will be documented in required records
 - c. Any state or federal required action will be taken, if necessary
 - d. Disciplinary action will be taken if the staff is determined to have diverted medication.

4.5. Medication Management – Administration & Setup

POLICY: The nursing and LPN staff will document any medication administration provided accurately in each resident record. A licensed nurse will correctly and accurately document any medication setup provided.

PROCEDURE:

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1. Documentation of a medication reminder, medication assistance or medication administration will be completed immediately after that task has been performed.
2. Medication reminders will be documented on the Medication Administration Record (MAR) by entering the nurses initials under "medication reminder" and include the full signature and title of the person who provided the medication reminder.
3. Assistance with medication and medication administration will be documented on the MAR by entering the nurses initials under the date and opposite the medication and dose given and include the full signature and title of the person who provided the medication administration.
4. For medication reminders or administration, the documentation must include the medication name, dosage, date and time administered, and method and route of administration.
5. For active assistance with medications from the dosage box system, the nurse will use the MAR for documenting medications given from a dosage box and will refer to the medications profile listing the medication name, dosage, date, and time administered. It will also include the purpose of the medication and any special instructions if applicable.
6. The licensed nurse who sets up the medications in the dosage box will observe and monitor the past week's medication administration documentation and compliance and will initial that this has been done. The medication regimen will also be updated and reviewed at the same time of medication set up.
7. The licensed nurse who sets up the medications will also observe any problems regarding storage of medications.
8. A licensed nurse will set up medications in dosage boxes for the resident, usually on a weekly basis, and will make or direct changes between set ups when necessary. The nurse will verify medications are set up correctly in the dosage box before administration to the resident by use of the medication profile. If any question of medication accuracy in the dosage box arises, the staff will contact the licensed nurse and receive direct instructions on handling any necessary changes at that time, while in direct contact with the nurse.
9. The nurse will record in each resident's medication administration any problems with medication administration, including refusals.
10. The nurse will also document any reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.
11. If initials are being used on a MAR, then a signature page must be used that includes the person's name, title, signature, and initials located in an accessible place as verification.

4.6. Medication Management – Planned & Unplanned Time Away

POLICY: If Pleasure Luxurious Living (DBA APEX) is providing medication management services to the resident and controls the resident's access to the medications the following procedures for giving accurate and current medications to residents for planned and unplanned times away from home will be followed, according to the resident's individualized medication management plan.

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PROCEDURE:

For planned time away, the medications must be obtained by the pharmacy or set up by a licensed nurse.

For unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse may give the resident or resident's representative medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven (7) calendar days with the following requirements:

1. The resident, or the resident's representative, must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances.
2. The medications must be placed in a medication container, or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled.
3. The resident or resident's representative must be provided in writing the community's contact information in case they have questions.
4. The process must be properly documented in the MAR and resident record including documenting the date the medications were given to the resident or the resident's representative and who received the medications, the person who gave the medications to the resident, the number of medications that were given to the resident, and other required information.

4.7. Medication Storage

POLICY: When medications are managed and stored by Luxurious Assisted Living, medications will be kept securely locked and stored per manufacturer's directions. Only authorized staff will have access to stored medications.

PROCEDURE:

- Medications will be stored consistent with each residents' medication management plan and service/care plan.
- Medications managed by Pleasure Luxurious Living (DBA APEX) will be stored to prevent diversion of medications by residents or others who may have access to the medications. Diversion means the misuse, theft, or illegal or improper dispositions of medications.
- Medications managed outside of a resident's private "living space" must be in securely locked and substantially constructed compartments and permit only authorized personnel to have access. This may be a medication room, medication cart, or similar setup.
- Medications will be stored consistent with manufacturer's recommendations (refrigerated, room temperature, or frozen).

Optional but suggested to protect staff and minimize diversion:

- Schedule II Drugs will be stored under a double lock system and stored separately from other medications.

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- Schedule II Drugs will be counted at the beginning and end of every shift, with counts compared to Schedule II medications ordered to be administered.
- Medications managed inside a resident's private "living space" must be in securely locked and substantially constructed compartments and permit only authorized personnel to have access. This may be a locked drawer, cabinet, etc.

4.8. Medications – Prescribed, Not Prescribed & OTC

POLICY: Pleasure Luxurious Living (DBA APEX) will determine whether the community shall require a prescription for all medications the provider manages. The community will inform the resident whether the community requires a prescription for all over the counter and dietary supplements before the community agrees to manage those medications

PROCEDURE:

- The nurse will review the medication list provided by the resident or prescriber for the resident and determine which medications will need a prescriber's orders.
- The nursing staff will follow the policy for medication orders as determined necessary.

Over-the-counter drugs or dietary supplements

- Pleasure Luxurious Living (DBA APEX) providing medication management services for over-the-counter drugs or dietary supplements must retain those items in the original labeled container with directions for use prior to setting up for immediate or later administration.
- The community must verify that the medications are up to date and stored as appropriate.

4.9. Medications – Prescription Drugs & Prohibition

POLICY: When Pleasure Luxurious Living (DBA APEX) receives a prescription drug, prior to being set up for immediate or later administration, the prescription drug must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.

No prescription drug supply for one resident may be used or saved for use by anyone other than the resident.

4.10. Medication & Treatment - Administration & Delegation

POLICY: Ordered or prescribed medications and or treatments/therapy may be administered by a nurse, physician, or other licensed health practitioner authorized to administer medications or to perform the treatment or therapy

PROCEDURE:

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When administration of medications or treatment/therapy is delegated or assigned to Licensed Practical Nurse (LPN), Pleasure Luxurious Living (DBA APEX) will ensure that the Registered Nurse has:

1. Gives the first dose of a newly introduced medication to the resident and evaluate first reaction
2. Instructed the LPN in the proper methods with respect to each resident to administer the medications or perform treatment/therapy, and the staff has demonstrated the ability to competently follow the procedures
3. Specified, in writing, specific instructions for each resident and documented those instructions in the resident's records
4. Communicated with the LPN about the individual needs of the resident.

For LPNs to provide delegated medication administration and/or treatments/therapy, the following may occur:

1. A nurse must conduct a resident assessment to determine what medication management or treatment/therapy services will be provided and how those services will be provided.
2. Pleasure Luxurious Living (DBA APEX) will prepare and include in the Service/Care Plan a written statement of the medication management or treatment/therapy services that will be provided to the resident.
3. The medications have current prescriber's orders on file.
4. A nurse must specify, in writing, specific instructions for each resident and document those instructions in the residents' record.
5. A nurse must instruct the LPN on the following medication administration tasks before delegating the task to them:
 - a. The complete procedure of checking a resident's Medication Administration Record (MAR).
 - b. The preparation of medication for administration.
 - c. The administration of the medication to the resident.
 - d. The reminder to self-administer medications.
 - e. The documentation after assistance with medication reminder or medication administration, of the date, time, dosage, and method of administration of all medications, or the reason for not assisting with medication administration as ordered, and the initials of the nurse or authorized person who assisted or administered and observed the same.
6. The LPN must follow the delegated medication administration or treatment/therapy.

4.11. Medication & Treatment Orders - Implementing

POLICY: Medication and treatment/therapy orders received by Pleasure Luxurious Living (DBA APEX) must be implemented within 12 hours of receipt unless recommended otherwise by the healthcare provider instructions

PROCEDURE:

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1. Upon receipt of a medication and/or treatment order, whether new or change of an order from an authorized prescriber, a licensed nurse must take action to implement the order within 12 hours unless recommended otherwise by the healthcare provider instructions
2. Implementation Process for Medication and Treatment Orders shall be as follows:
 - a. Receipt of Medication and Treatment Orders
 - b. Upon receipt of a medication and/or treatment order from an authorized prescriber, whether it's a new order or a change in an existing order, the order will be reviewed promptly by the designated staff. This includes both licensed nurses and qualified medical personnel responsible for medication management.

Assessment and Verification

The licensed nurse will promptly assess the order to ensure its accuracy and completeness. This includes verifying the resident's name, medication or treatment details, dosage, administration route, frequency, and any special instructions or precautions

Implementation Timeline

The standard timeline for implementing medication and treatment orders shall be 12 hours from the time of receipt unless healthcare provider instructions recommend otherwise. If the healthcare provider instructions specify a different time frame for implementation, it will be followed accordingly

Medication Administration

Medication and treatment administration will be carried out by licensed nurses or qualified staff members who have completed the necessary training and are authorized to administer medications safely

Documentation and Reporting

Accurate and detailed documentation of medication administration will be maintained. Any discrepancies or issues will be reported to the Nurse in charge and the appropriate healthcare provider promptly

Communication

Effective communication is vital. The designated staff will promptly communicate with the resident (or their surrogate) regarding any changes in their medication or treatment plans

Follow-Up and Monitoring

Continuous monitoring of the resident's response to the medication or treatment will be conducted. If there are any adverse effects or changes in the resident's condition, the healthcare provider will be informed promptly

Notifications and Reporting:

In compliance with District of Columbia's regulatory requirements, notifications and reporting will follow these guidelines:

- **Healthcare Provider:** If there are any issues with the implementation of an order or if a healthcare provider needs to be notified of a resident's condition, it will be done as soon as possible, typically within the same business day.
- **Nurse in Charge:** The Nurse in charge will be notified of any significant issues or discrepancies in medication or treatment administration within the same business day.

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- **Resident (or Surrogate):** The resident or their surrogate will be informed of any changes to their medication or treatment plan promptly. This includes any new orders or adjustments in the plan.
- **Director of Department of Health:** Pleasure Luxurious Living (DBA APEX) shall promptly notify DOH of an adverse drug reaction by phone and followed up by written notification to the same within 24 hours or the next business day
- The Facility shall submit to DOH a copy of any report of an adverse drug reaction within thirty (30) days of the discovery of the adverse drug reaction **ALA or ALA designee:** Pleasure Luxurious Living (DBA APEX) staff shall report drug errors and adverse drug reactions immediately to the ALA or ALA designee who shall report, as appropriate, to the doctor, prescriber, pharmacist, resident, and resident's surrogate and shall document the incident in the resident's record

4.12. Medication & Treatment Orders – Receiving

POLICY: An RN, LPN/LVN, therapist, or person at Pleasure Luxurious Living (DBA APEX) who is qualified to receive orders will obtain all medications and treatment orders either in writing, verbally, or electronically by an authorized prescriber.

PROCEDURE:

1. All orders for medications and treatments must be dated and signed by the prescriber and must be current and consistent with the assessment.
2. Content of medication orders must contain the name of the drug, dosage, frequency, route, indication and directions for use.
3. Verbal orders received from a prescriber must have the RN/LPN/LVN:
 - a. Record and sign the order.
 - b. A record of the verbal order will be kept in the resident record
 - c. All verbal orders received will be written and then forwarded to the prescriber for the prescriber's signature.
4. Electronically transmitted orders:
 - a. An order received by facsimile machine, or other electronic means must be received and kept confidential.
 - b. An order received by facsimile machine, or other electronic means must be communicated to a licensed nurse when received.
 - c. An order received by electronic means, not including facsimile machine, must be immediately recorded or placed in the resident's record by a nurse.
 - d. An order received by email or facsimile machine must have been signed by the prescriber and must be immediately recorded or a usable copy must be placed in the resident's record by a person authorized by the RN.
5. When appropriate, changes will be made to the residents' service/care plan.

4.13. Medication & Treatment Orders - Renewal

POLICY: Residents who receive medication management services by Pleasure Luxurious Living (DBA APEX) will have current prescribers prescribed medication or treatment/therapy orders on record. Medication and treatment orders must be renewed regularly, or as required.

PROCEDURE:

1. Medication and treatment/therapy orders will be sent to the resident's authorized prescriber for signatures if medications or services are new or changed.
2. Medication and treatment/therapy orders will be updated with a resident's authorized prescriber following hospitalization, if any changes have occurred.
3. Signed medication and treatment order renewals will be placed in the resident's record.

4.14. Medication & Supplies - Reordering

POLICY: Nursing staff of Pleasure Luxurious Living (DBA APEX) will assist residents to make sure medications and supplies are ordered and available as needed.

PROCEDURE:

1. When a resident needs medication and/or supplies reordered from the pharmacy or supplier, staff will contact them by faxing, calling, or following the pharmacy's directions to refill prescriptions or requests.
2. Prior to holidays and weekends the RN or designated staff will plan ahead for the needs of residents for refills on prescriptions.
3. When residents use a mail order pharmacy program, staff will notify the family if the resident has less than two (2) weeks of medication remaining. Staff will document this notification in the pharmacy logbook.
4. When a pharmacy delivery arrives, medications will be put in individual resident's medication drawer or medication cart.
5. A nurse will reconcile the medications when they arrive from the pharmacy.

4.15. Medication & Treatment Orders

POLICY: To ensure a current, written prescriber's order must be obtained for any treatment or medication administration provided to a resident. Prescriptions or orders that are to be implemented must be received from an authorized prescriber. And, to ensure ongoing evaluation of medications and treatments.

PROCEDURE:

1. The nurse is responsible for assuring that:
 - a. Current, authorized prescriber orders for medications or treatments administered by the staff are kept on file in the residents' records
 - b. Communicated to the resident or responsible party
 - c. Educate resident or responsible party on all medication and treatment orders, and
 - d. Changes in orders are addressed in the resident's service/care plan and are communicated to the other staff.
2. An order for medication or treatment must contain the name of the resident, a description of the medication, treatment, or therapy to be provided and the frequency, duration, and other information needed to carry out the order.
3. An order for medication or treatment must be dated, signed by the prescriber and must be current and consistent with the resident's assessment.

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4. The licensed nurse will communicate with the prescriber to assure that the prescriber renews a medication or treatment/therapy order regularly and as needed.
5. The licensed nurse will review all medication and treatment orders for progress, effectiveness, and necessity on a regular basis and with resident change of condition.
6. The license nurse will also monitor and evaluate medication and treatment/therapy orders and services for effectiveness on a regular basis.
7. A resident MAR and TAR will be audited regularly by a licensed nurse or designed person for documentation compliance.

4.16 On-Site Medication Review

POLICY: Pleasure Luxurious Living (DBA APEX) shall ensure that an on-site medication review by a Registered Nurse is arranged to occur every 45 days. This review shall include documentation of any changes to the resident's medication profile, including changes in dosing and any medications that have been added or discontinued

PROCEUDRE:

A registered nurse shall be scheduled to be at the facility every 45 days to:

1. Supervise the administration of medications
2. Assess the resident's response to medication
3. Assess the resident's ability to continue to self-administer his or her medications

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**Pleasure Luxurious Living (DBA APEX)
Medication & Treatment/Therapy Orders sample form**

☐ New Order ☐ Yearly Renewal

Resident name: _____ Birth date: _____

Prescriber: _____ Clinic phone #: _____

Clinic name & address: _____ Clinic Fax: _____

Diagnoses: _____

Allergies: ☐ None ☐ Yes, they are: _____

MEDICATION	DOSE	ROUTE	FREQUENCY/ TIMES	DURATION

Treatments: ☐ None ☐ Yes, they are: _____

Special Equipment / Supplies: ☐ None ☐ Yes, they are: _____

PLEASE REVIEW AND SIGN THESE ORDERS AND RETURN ASAP TO:

Pleasure Luxurious Living (DBA APEX)
4237 EADS ST NE
Washington DC, 20019

ORDERS ARE EFFECTIVE FOR ONE YEAR UNLESS OTHERWISE NOTED

Authorized Prescriber Signature

Date

4.16. Medication & Treatment Record – Documentation & Refusal

POLICY: Pleasure Luxurious Living (DBA APEX) will create and maintain a correct and accurate medication and/or treatment/therapy record for each resident receiving medication assistance or administration and or treatments and therapies.

PROCEDURE:

1. The following must be documented in the resident's medication and/or treatment/therapy records after providing medication assistance or administration:
 - a. The date,
 - b. The time,
 - c. The quantity of dosage,
 - d. The method of administration of all prescribed legend and over-the-counter medications and or treatments/therapy
 - e. Signature and title of the authorized person who provided the assistance and/or administration of medications/treatment/therapy
2. If medication and or treatment/therapy assistance and/or administration were not completed as prescribed, documentation must include the reason why it was not completed and any follow up procedures that were provided.
3. Documentation of medication/treatment/therapy reminders, medication/treatment/therapy assistance or medication/treatment/therapy administration will be completed by the person who performed the task immediately after the medication assistance/administration is completed.
4. Document special occurrences as follows:
 - a. Medication and/or Treatment/Therapy Refused – To indicate the medication/treatment was refused, circle your initials and write a capital R in the same box on the MAR or TAR form.
 - b. Medication/Treatment/Therapy Held – To indicate the medication/treatment was held, circle your initials and write a capital H in the same box on the MAR or TAR form.
 - c. There is an area on the reverse side of the MAR form marked "Special Remarks." This is the designated area to document the reason for refusal, held, PRN given, etc.
5. A signature page must be filled out if using initials for verification. The signature page will include name, initials, title and signature.
6. Pleasure Luxurious Living (DBA Apex) will document in the resident's record any refusal for an assessment for medication management by the resident. The community must discuss with the resident the possible consequences of the resident's refusal and document the discussion in the resident's record

4.17. Medication Disposal

POLICY: Staff of Pleasure Luxurious Living (DBA APEX) will dispose of any medication, as needed, in a proper way including following any state guidelines, including any Board of Pharmacy guidelines.

PROCEDURE:

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1. Any current medications being managed by Pleasure Luxurious Living (DBA APEX) must be provided to the resident when the resident's service/care plan ends, or medication management services are no longer part of the service/care plan.
2. Medications for a resident who is deceased or that has been discontinued or have expired may be provided for disposal.
3. The community shall dispose of any medications remaining with the community that are discontinued or expired or upon the termination of the service agreement or the resident's death according to state and federal regulations for disposition of medications and controlled substances.

Unused Prescription Drugs:

- Current unused medications managed by Pleasure Luxurious Living (DBA Apex) will be returned to the pharmacy for credit, or given to the resident or the resident's representative, when the resident's medications are no longer managed by the community, or the medication has been discontinued by the prescriber.
- Upon disposition, the community must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.

Unused Controlled Substances:

- Current unused controlled substances remaining when the resident's medications are no longer managed by Luxurious Assisted Living, the medications are expired, or the medication has been discontinued by the prescriber, must be disposed of in accordance with accepted practices of the state and or Board of Pharmacy.
- Upon disposition, the community must document in the resident's record the disposition of the expired medication including the medication's name, strength, prescription number as applicable, quantity, date of disposition, and names of staff (including a witness) and other individuals involved in the disposition.
- A copy of the destruction record will be kept of file at the community for 3 years in accordance with District of Columbia assisted leaving regulations

Expired Prescription Drugs:

- Expired medications managed by Pleasure Luxurious Living (DBA Apex) will be disposed of according to the accepted practices of the state and or Board of Pharmacy and the labels from the containers will be destroyed.
- Upon disposition, the community must document in the resident's record the disposition of the expired medication including the medication's name, strength, prescription number as applicable, quantity, date of disposition, and names of staff and other individuals involved in the disposition.

4.18. Medication Error

POLICY: For the safety of the residents at Luxurious Assisted Living, the community has a goal of zero medication errors. In the event an error occurs, staff will document, track, and resolve medication administration errors for quality improvement. Staff will be retrained if necessary.

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PROCEDURE:

- Pleasure Luxurious Living (DBA Apex) requires that all employees and all licensed practical nurses, registered nurses, advanced practice registered nurses, physicians, physician assistants, or Licensed Practical Nurse (LPN) to immediately report any medication error or adverse drug reactions to the ALR's available registered nurse and ALA upon discovery
 - The facility requires the ALA or Acting Administrator to report the medication error or adverse drug reaction, to the resident's healthcare practitioner, prescriber, pharmacist, and the resident (or surrogate), as appropriate
- The Licensed Practical Nurse (LPN) shall notify the Registered Nurse (RN) whom will accordingly instruct the LPN on what next steps shall be taken.
- If the LPN on duty is unable to have timely two-way communication with a licensed nurse, the LPN will immediately contact the physician and explain in detail the medication given, the dosage and amount. The LPN will document exactly what the prescriber stated and any orders and then will carry out the orders.
- Pleasure Luxurious Living (DBA APEX) shall initiate an investigation of any reported medication error or adverse drug reaction within 24 hours of discovery
 - Upon the completion of the investigation, the facility shall compose a report documenting the findings and conclusion of the investigation, which are to be kept as part of the Pleasure Luxurious Living (DBA Apex)'s records for at least 5 years
 - This report will be made available to DOH's Director's designee upon request during an inspection

NOTIFICATION

- Pleasure Luxurious Living (DBA APEX) shall promptly notify DOH of an adverse drug reaction by phone and followed up by written notification to the same within 24 hours or the next business day

Pleasure Luxurious Living (DBA APEX) shall submit to DOH a copy of any report of an adverse drug reaction within thirty (30) days of the discovery of the adverse drug reaction

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Pleasure Luxurious Living (DBA APEX) Medication Error Report sample form

Resident name: _____ Birth date: _____

Date/Time Error Occurred: _____

By Whom: _____

Date/Time Error Discovered: _____

By Whom: _____

Indicate the Type of Error:	
<input type="checkbox"/> Incorrect time	<input type="checkbox"/> Incorrect person received medication
<input type="checkbox"/> Incorrect medication	<input type="checkbox"/> Incorrect documentation
<input type="checkbox"/> Incorrect dosage	<input type="checkbox"/> Missed medication
<input type="checkbox"/> Incorrect route of administration	<input type="checkbox"/> Transcription error
	<input type="checkbox"/> Pharmacy error

Describe Error in Detail:

How could this error have been prevented?

Name of Nurse notified: _____ Date/Time: _____

By whom: _____

Name of prescriber notified: _____ Date/Time: _____

By whom: _____

Ordered response/intervention: _____

Name of others notified: _____ Date/Time: _____

By whom: _____

Signature of person completing report _____ Date/Time _____

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Licensed nurse signature (if different)

Date/Time

4.19. PRN Medications

POLICY: Licensed nurses may provide PRN medication administration. Staff must be trained, with documentation on file. PRN medications must be administered according to the prescriber's orders.

PROCEDURE:

1. Review the resident's medication sheet at the time of administering medication.
2. Check the information of the individual medication sheet for the "7 Rights":
 - Right person
 - Right medication
 - Right time
 - Right route (i.e., by mouth, eye drop, to the skin)
 - Right dose (i.e., how many milligrams, drops)
 - Right reason
 - Right record to document that the medication was taken
3. Check frequency of PRN medication if given in the last 24 hours and whether it has been given the maximum number of times allowable for the day.
4. Confirm whether the reasoning for giving the medication matches the reason the medication is prescribed.
5. Check the medication sheet in the medication book with the label on the medication container. The label should be checked three (3) times:
 - when taken from storage
 - when removed from the container
 - when returned to storage
6. Wash hands (see handwashing procedure)
7. Administer PRN medications as appropriate
8. Document on the medication record or in the PRN medication notes sheet:
 - a. when the PRN medication was given
 - b. why the PRN medication was given
 - c. any unusual reactions or symptoms following the administration of the medication.
 - d. Whether the medication was effective
 - e. follow up communication with resident
 - f. report any reactions or side effects to the nurse

4.20. Blood Sugar Testing – Single Equipment Use

PROCEDURE:

1. Gather supplies
 - Blood glucose monitoring device / test strips
 - Lancet holder and lancets
 - Cotton balls
 - Alcohol swabs
 - Gloves
2. Identify the resident to be tested.

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3. Explain the procedure to the resident.
4. Wash your hands and have the resident wash their hands if possible.
5. Put on gloves.
6. Follow the manufacturer's instructions for proper use of the specific glucometer being used. Below is an example of instructions:
 - a. **Insert a lancet into the Penlet.** Remove the Penlet cap by twisting it counterclockwise. Insert a lancet into the lancet holder. Push down firmly until the lancet is fully seated in the holder. Do not twist the lancet. To avoid contamination and to prevent the cap from rolling set the cap down on a flat surface with its small hole pointing up.
 - b. While the lancet is in the Penlet, twist off the protective disk. Make two full turns to ensure that the lancet separates from the protective disk.
 - c. Replace the Penlet cap. Turn the cap clockwise until it is snug but not overly tight.
 - d. You can adjust the puncture dept setting, if necessary, by twisting the knob counterclockwise toward the smaller bumps for a shallower puncture or clockwise toward the larger bumps for a deeper puncture.
 - e. **Cock the Penlet.** Slide the ejection/cocking control backward until it clicks. If it does not click, it may have already been cocked when the lancet was inserted.
 - f. **Turn blood glucose meter on / insert test strip.** Press on/off button or insert test strip. Make sure the code displayed on the meter matches the code on test strip vial. If it does not match, you must code the meter before proceeding. If correct, remove a test strip from the vial. Replace the vial cap immediately. Do not touch the test spot on the test strip. The test spot should be white or ivory in color, with no tears or wrinkles. With the meter display showing, slide the test strip into the test strip holder, notched end first, test spot facing up. Make sure you push the test strip all the way until it stops.
 - g. **Lance finger.** Choose a spot on the side of a finger. (It is best to try and use a different finger each time to prevent soreness or calluses.) To increase blood flow to the fingertips, massage the hand from the wrist to the fingertip two or three times. Wipe the puncture site off with an alcohol wipe. Hold the penlet firmly against the side of the finger. Press the release button. (Greater pressure of the device against the finger will also cause a deeper puncture.) Gently massage the finger to obtain the required blood volume.
 - h. **Apply blood sample to test spot.** Be sure that you:
 - Touch only the tip of the drop of blood to the test spot,
 - Apply enough blood to form a round, shiny drip that covers the test spot completely and stays wet during the entire test,
 - Do not smear blood on the test spot or apply a second drop after the test begins.
 - Do not move the test strip as you are applying blood,
 - If the test strip moves, push it back into its original position,
 - Do not remove the test strip from the meter to apply blood,
 - Do not touch or move the test strip once the count has begun.
 - i. **Obtain test results.** Accurate results will be available in 45 seconds.
 - j. **Remove the lancet.** Remove the cap. Twist it counterclockwise or slide ejector forward. **Always use caution when removing the lancet.** Point the lancet down and away from you. Push forward on the ejection/cocking control and eject the lancet directly into a container designed to receive sharps. Replace the ejection/cocking control to the middle position. Replace the cap. Discard test strip.

- k. Apply pressure to resident finger with cotton ball or tissue.
- l. **Clean the glucometer** per manufacturer's recommendations.
- m. Store the glucometer in a clean and dry location.
- n. Un-glove, discard gloves, and wash hands.
- o. Document the results of the reading and notify the RN of any unusual results.

4.21. Blood Sugar Testing – Shared Equipment Use

PROCEDURE:

1. Gather supplies
 - Blood glucose monitoring device / test strips
 - Lancet holder and lancets
 - Cotton balls
 - Alcohol swabs
 - Gloves
 - Cleaning and Disinfecting supplies for the glucometer
2. Identify the resident to be tested.
3. Provide privacy for the procedure.
4. Explain the procedure to the resident.
5. Wash your hands and have the resident wash their hands if possible.
6. Put on gloves.
7. Follow the manufacturer's instructions for proper use of the specific glucometer being used.
Below is an example of instructions:
 - a. **Insert a lancet into the Penlet.** Remove the Penlet cap by twisting it counterclockwise. Insert a lancet into the lancet holder. Push down firmly until the lancet is fully seated in the holder. Do not twist the lancet. To avoid contamination and to prevent the cap from rolling set the cap down on a flat surface with its small hole pointing up.
 - b. While the lancet is in the Penlet, twist off the protective disk. Make two full turns to ensure that the lancet separates from the protective disk.
 - c. Replace the Penlet cap. Turn the cap clockwise until it is snug but not overly tight.
 - d. You can adjust the puncture dept setting, if necessary, by twisting the knob counterclockwise toward the smaller bumps for a shallower puncture or clockwise toward the larger bumps for a deeper puncture.
 - e. **Cock the Penlet.** Slide the ejection/cocking control backward until it clicks. If it does not click, it may have already been cocked when the lancet was inserted.
 - f. **Turn blood glucose meter on / insert test strip.** Press on/off button or insert the test strip. Make sure the code displayed on the meter matches the code on test strip vial. If it does not match, you must code the meter before proceeding. If correct, remove a test strip from the vial. Replace the vial cap immediately. Do not touch the test spot on the test strip. The test spot should be white or ivory in color, with no tears or wrinkles. With the meter display showing, slide the test strip into the test strip holder, notched end first, test spot facing up. Make sure you push the test strip all the way until it stops.
 - g. **Lance finger.** Choose a spot on the side of a finger. (It is best to try and use a different finger each time to prevent soreness or calluses.) To increase blood flow to the fingertips, massage the hand from the wrist to the fingertip two or three times. Wipe the puncture site off with an alcohol wipe. Hold the Penlet firmly against the side of the finger. Press the release button. (Greater pressure of the device against the finger will

also cause a deeper puncture.) Gently massage the finger to obtain the required blood volume.

- h. **Apply blood sample to test spot.** Be sure that you:
 - 1) Touch only the tip of the drop of blood to the test spot,
 - 2) Apply enough blood to form a round, shiny drip that covers the test spot completely and stays wet during the entire test,
 - 3) Do not smear blood on the test spot or apply a second drop after the test begins.
 - 4) Do not move the test strip as you are applying blood,
 - 5) If the test strip moves, push it back into its original position,
 - 6) Do not remove the test strip from the meter to apply blood,
 - 7) Do not touch or move the test strip once the count has begun.
- i. **Obtain test results.** Accurate results will be available in 45 seconds.
- j. **Remove the lancet.** Remove the cap. Twist it counterclockwise or slide ejector forward. **Always use caution when removing the lancet.** Point the lancet down and away from you. Push forward on the ejection/cocking control and eject the lancet directly into a container designed to receive sharps. Replace the ejection/cocking control to the middle position. Replace the cap. Discard test strip.
- k. Apply pressure to resident finger with cotton ball or tissue.
- l. **Clean and disinfect the glucometer** per manufacturer's recommendations and consistent with CDC guidelines.
 - 1) Clean the glucometer to remove blood by following manufacturer instructions.
 - 2) Disinfect the glucometer by following manufacturer instructions, making sure any product you use is effective against blood borne pathogens. Follow disinfection product instructions to make sure it is applied properly and remains on the glucometer for the required amount of time (typically two minutes).
- m. Remove gloves, dispose of gloves, and wash hands.
- n. Store the glucometer in a clean and dry location.
- o. Document the results of the reading and notify the nurse of any unusual results.

4.22. Ear Drops

POLICY: Licensed nurses may provide medication assistance or administration. Staff must be trained, with documentation on file. Ear drop medications must be administered according to the prescribers' orders.

PROCEDURE:

- 1. Medications always need to be administered according to the "7 Rights"
 - Right person
 - Right medication
 - Right time
 - Right route (i.e., by mouth, eye drop, to the skin)
 - Right dose (i.e., how many milligrams, drops)
 - Right reason
 - Right record to document that the medication was taken
- 2. Some important tips to remember when administering ear medications are:

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- a. Always know what medications you are giving, what effect they have, and what their side effects are. If you are not sure about any medications, check your medication reference manual and/or call the nurse.
 - b. Medications should be set up, given to the individual, and documented by the same staff member. Do not give out medications that another person has set up.
 - c. To avoid confusion, it is best to give the medications as quickly as possible after they are set up. Set up the medications for one person, give them to the person, and document that they were given before you set up the medications for the next person.
 - d. Always wash your hands before setting up medications and at any time during the process if your hands have been contaminated. (See hand washing procedure)
 - e. Compare the information of the MAR with the label on the medication container. The following information should be in all the places:
 - Resident name
 - Name of the medication
 - The strength and dosage of the medication
 - The route
 - The time that the medication is to be given
 - Any special instructions
 - f. If you cannot read the label, or if the MAR and the label do not all say the same thing, stop and call the nurse for instructions. The directions on the label and the MAR should be the same.
3. Read the label and compare it with the information on the MAR three (3) times to make sure that you haven't made a mistake.
 4. Provide privacy for the individual. Tell him/her what you are going to do.
 5. Position the resident:
 - a. If in bed, turn head to opposite side.
 - b. If sitting in a chair, tilt head sideways until ear is as horizontal as possible.
 6. Clean the entrance of the ear with a cotton ball, if needed.
 7. Note any significant observations or complaints prior to administering the eardrops and any adverse reactions or side effects after administration.
 8. Draw medication into dropper (if there is one), again checking label on the bottle against medication sheet.
 9. Administer the eardrop by pulling the ear gently backward and upward and instill number of drops ordered into correct ear canal. Do not touch dropper to any part of ear to avoid contamination the dropper.
 10. Have the resident keep head tilted for two to three minutes.
 11. If drops are to be put in both ears, wait at least 5 minutes before putting drops into the second ear, then repeat procedure.
 12. May use cotton in ear if the resident is more comfortable after administering of drops.
 13. Wash hands
 14. Wear new disposable gloves during medication administration and treatment and ensure that used gloves are properly disposed of after each patient interaction
 15. Document the medication administration.

4.23. Eye Drops and Eye Ointment

POLICY: Licensed nurses may provide medication assistance or administration. Staff must be trained, with documentation on file. Eye drops and eye ointment medications must be administered according to the prescribers' orders

PROCEDURE:

1. Medications always need to be administered according to the "7 Rights"
 - Right person
 - Right medication
 - Right time
 - Right route (i.e., by mouth, eye drop, to the skin)
 - Right dose (i.e., how many milligrams, drops)
 - Right reason
 - Right record to document that the medication was taken
2. Some important tips to remember when administering eye medications are:
 - 1) Always know what medications you are giving, what effect they have, and what their side effects are. If you are not sure about any medications, check your medication reference manual and/or call the nurse.
 - 2) Medications should be set up, given to the individual, and documented by the same staff member. Do not give out medications that another person has set up.
 - 3) To avoid confusion, it is best to give the medications as quickly as possible after they are set up. Set up the medications for one person, give them to the person, and document that they were given before you set up the medications for the next person.
 - 4) Always wash your hands before setting up medications and at any time during the process if your hands have been contaminated. (See hand washing procedure)
 - 5) Compare the information of the MAR with the label on the medication container. The following information should be in all the places:
 - Resident name
 - Name of the medication
 - The strength and dosage of the medication
 - The route
 - The time that the medication is to be given
 - Any special instructions
 - 6) If you cannot read the label, or if the MAR and the label do not all say the same thing, stop and call the nurse for instructions. The directions on the label and the MAR should be the same.
3. Read the label and compare it with the information on the MAR three (3) times to make sure that you haven't made a mistake.
4. Provide privacy for the individual. Tell him/her what you are going to do.
5. Position the resident with head tilted back.
6. **For Eye Drops:**
 - Separate lids by raising the upper lid with forefinger and the lower lid with thumb.
 - Approach eye from below the eye outside the field of vision. Do not touch dropper to eye.
 - Apply drop near center of the lower lid, not allowing drip to fall more than one inch.

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- If more than one kind of eye drop is being used, wait at least 1-2 minutes before using each type.

For Eye Ointment:

- Retract lower lid
 - Approach eye from below, outside the field of vision
 - Apply ointment in a thin layer along inside the lower lid. Do not touch the tip of medication ointment to eye.
7. Note any significant observations or complaints prior to administering the eye drops or ointment and any adverse reactions or side effects after administration.
 8. Wash hands
 9. Wear new disposable gloves during medication administration and treatment and ensure that used gloves are properly disposed of after each patient interaction.
 10. Document the medication administration.

4.24. Inhaler

POLICY: Licensed nurses may provide medication assistance or administration. Staff must be trained, with documentation on file. Inhaler medications must be administered according to the prescribers' orders and verified with the manufacture's requirements per instructions.

PROCEDURE:

2. Medications always need to be administered according to the "7 Rights"
 - Right person
 - Right medication
 - Right time
 - Right route (i.e., by mouth, eye drop, to the skin)
 - Right dose (i.e., how many milligrams, drops)
 - Right reason
 - Right record to document that the medication was taken
2. Some important tips to remember when administering inhaler medications are:
 - 1) Always know what medications you are giving, what effect they have, and what their side effects are. If you are not sure about any medications, check your medication reference manual and/or call the nurse.
 - 2) Medications should be set up, given to the individual, and documented by the same staff member. Do not give out medication that another person has set up.
 - 3) To avoid confusion, it is best to give the medications as quickly as possible after they are set up. Set up the medications for one person, give them to the person, and document that they were given before you set up the medications for the next person.
 - 4) Always wash your hands before setting up medications and at any time during the process if your hands have been contaminated. (See hand washing procedure)
 - 5) Compare the information of the MAR with the label on the medication container. The following information should be in all the places:
 - Resident name
 - Name of the medication

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- The strength and dosage of the medication
 - The route
 - The time that the medication is to be given
 - Any special instructions
- 6) If you cannot read the label, or if the MAR and the label do not all say the same thing, stop and call the nurse for instructions. The directions on the label and the MAR should be the same.
 3. Read the label and compare it with the information on the MAR three (3) times to make sure that you haven't made a mistake.
 4. Provide privacy for the individual. Tell him/her what you are going to do.
 5. Remove cap from mouthpiece, shake the inhaler for 5-10 seconds, position inhaler upside down with mouthpiece on the bottom.
 6. Place the resident in an upright position and tilt the head back slightly and tell the resident to breathe out.
 11. Instruct the resident to take the number of puffs ordered and to close their mouth around the mouthpiece.
 12. Instruct the resident to take a breath and let it out, begin to breathe in slowly, and then compress the inhaler to release the medication. Hold breath for 5-10 seconds to allow medication to reach deeply into lungs.
 13. Wait at least 1 minute in between puffs of the same medication.
 14. Wait at least 5 minutes before administering different inhaled medications.
 15. Provide residents with the opportunity to rinse out mouth.
 16. Wash hands, and mouthpiece of inhaler(s).
 17. Document the medication administration.

4.25. Insulin

POLICY: Licensed nurses may provide medication assistance or administration when a resident is incapable of self-administering their medication determined based on the self-administering assessment results defined in this manual (Section 4.3 Medication Self Administration). Insulin medications must be administered according to the prescribers' orders.

PROCEDURE:

3. Medications always need to be administered according to the "7 Rights"
 - Right person
 - Right medication
 - Right time
 - Right route (i.e., by mouth, eye drop, to the skin)
 - Right dose (i.e., how many milligrams, drops)
 - Right reason
 - Right record to document that the medication was taken
4. Some important tips to remember when assisting residents with self-administered insulin medications are:
 - 1) Always know what medications you are giving, what effect they have, and what their side effects are. If you are not sure about any medications, check your medication reference manual and/or call the nurse.

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- 2) Medications should be set up, given to the individual, and documented by the same staff member. Do not give out medications that another person has set up.
- 3) To avoid confusion, it is best to give the medications as quickly as possible after they are set up. Set up the medications for one person, give them to the person, and document that they were given before you set up the medications for the next person.
- 4) Always wash your hands before setting up medications and at any time during the process if your hands have been contaminated. (See hand washing procedure)
- 5) Compare the information of the MAR with the label on the medication container. The following information should be in all the places:
 - Resident name
 - Name of the medication
 - The strength and dosage of the medication
 - The route
 - The time that the medication is to be given
 - Any special instructions
- 6) If you cannot read the label, or if the MAR and the label do not all say the same thing, stop and call the nurse for instructions. The directions on the label and the MAR should be the same.
- 7) Read the label and compare it with the information on the MAR three (3) times to make sure that you haven't made a mistake.
- 8) Provide privacy for the individual. Tell him/her what you are going to do.
- 9) Review the MAR, if resident needs glucose monitoring, do so before resident gives insulin to himself or herself.
- 10) Chart the accurate check results on the MAR.
- 11) Roll the insulin between your hands to gently mix the insulin. Hand the resident the syringe and the insulin for them to draw up or dial up their insulin. Give them an alcohol wipe to clean the top of the insulin bottle.
- 12) Confirm accuracy of dose with prescriber order.
- 13) Monitor the resident injecting the medication.
- 14) Instruct the resident to place the used syringe in the Sharps container.
- 15) Replace the medication in the appropriate container.
- 16) Wash hands.
- 17) Document that you observed the resident injecting the insulin.

4.26. Nebulizer Treatment

POLICY: Licensed nurses may provide medication assistance or administration. Staff must be trained, with documentation on file. Nebulizer treatments must be administered according to the prescriber orders. The staff will provide nebulizer treatment in the resident's bedroom, with the bedroom door closed, a window open for air circulation (weather permitting), and with the LPN wearing source control (a mask or respirator) for personal protection.

PROCEDURE:

1. Wash hands before touching any nebulizer equipment.

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2. Place nebulizer on a flat surface. Open storage compartment. Make sure the power switch is "OFF". Plug cord into a grounded wall unit.
3. Connect one end of the nebulizer tubing to the connector on the nebulizer box.
4. Assemble clean nebulizer parts:
 - a. Place baffle in nebulizer chamber.
 - b. Holding chamber stationary, screw on nebulizer cap.
 - c. Add prescribed medication through the opening in the cap using either a medicine dropper or a pre-measured dose container.
 - d. Assemble mouthpiece and t-piece and insert into the top of the nebulizer cap
 - e. Attach end of tubing to nebulizer air inlet connector, which protrudes beyond nebulizer chamber.
5. Turn power switch on "ON" to start treatment. A mist should begin to appear.
6. A mouthpiece should be placed between the teeth or facemask applied securely covering the nose and mouth. Residents should continue normal breathing with an occasional deep breath.
7. Turn power switch to "OFF" when treatment is complete, and mist has stopped.
8. Instruct and remind residents to clean nebulizer after treatment is complete. This prevents bacteria growth.
9. Remind residents to use new nebulizer kit and tubing every two weeks.
10. Document the nebulizer treatment

4.27. Nitro Patch Administration

POLICY: Licensed nurses may provide medication assistance or administration. Staff must be trained, with documentation on file. Nitro patches must be applied according to the prescribers' orders.

PROCEDURE:

To apply a nitro patch to a resident following the proper procedure and according to the prescriber's orders.

1. Medications always need to be administered according to the "7 Rights"
 - Right person
 - Right medication
 - Right time
 - Right route (i.e., by mouth, eye drop, to the skin)
 - Right dose (i.e., how many milligrams, drops)
 - Right reason
 - Right record to document that the medication was taken
2. Important tips to remember when administering a nitro patch:
 - a. Always know what medications you are giving, what effect they have, and what their side effects are. If you are not sure about any medications, check your medication reference manual and/or call the nurse.
 - b. Medications should be set up, given to the individual, and documented by the same staff member. Do not give out medications that another person has set up.

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- c. Give the medications as quickly as possible after they are set up. Set up the medications for one person, give them to the person, and document that they were given before you set up the medications for the next person.
 - d. Always wash your hands before setting up medications and at any time during the process if your hands have been contaminated. (See hand washing procedure)
 - e. Compare the information of the MAR with the label on the medication container. The following information should be in all the places:
 - Resident name
 - Name of the medication
 - The strength and dosage of the medication
 - The route
 - The time that the medication is to be given
 - Any special instructions
 - f. If you cannot read the label, or if the MAR and the label do not all say the same thing, stop and call the nurse for instructions. The directions on the label and the MAR should be the same.
3. Read the label and compare it with the information on the MAR three (3) times to make sure that you haven't made a mistake.
 4. Provide privacy for the individual. Tell him/her what you are going to do.
 5. Select any area of skin on the body except the extremities below the knee or elbow.
 6. The chest is the preferred site, but the back is a good alternative.
 7. The area should be clean, dry, and hairless.
 8. If hair interferes with the adhesion or removal of patch, clip the hair before applying the patch. Do not shave the area.
 9. Do not apply to areas with cuts or irritation.
 10. Do not apply immediately after shower or bath. Skin must be completely dry.
 11. Contact with water by swimming, showering, or bathing will not affect the medication. If the patch falls off, discard and place a new patch on a different site.
 12. Note any reaction or side effects and report to nurse, family or responsible party.
 13. Wash hands
 14. Document the medication administration.

4.28. Nose Drops & Nasal Spray

POLICY: Licensed nurses may provide medication assistance or administration. Staff must be trained, with documentation on file. Nose drops and nasal spray medications must be administered according to the prescriber orders.

PROCEDURE:

1. Medications always need to be administered according to the "7 Rights"
 - Right person
 - Right medication
 - Right time
 - Right route (i.e., by mouth, eye drop, to the skin)
 - Right dose (i.e., how many milligrams, drops)

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- Right reason
 - Right record to document that the medication was taken
2. Some important tips to remember when administering eye medications are:
 - a. Always know what medications you are giving, what effect they have, and what their side effects are. If you are not sure about any medications, check your medication reference manual and/or call the nurse.
 - b. Medications should be set up, given to the individual, and documented by the same staff member. Do not give out medications that another person has set up.
 - c. To avoid confusion, it is best to give the medications as quickly as possible after they are set up. Set up the medications for one person, give them to the person, and document that they were given before you set up the medications for the next person.
 - d. Always wash your hands before setting up medications and at any time during the process if your hands have been contaminated. (See hand washing procedure)
 - e. Compare the information of the MAR with the label on the medication container. The following information should be in all the places:
 - i. Resident name
 - ii. Name of the medication
 - iii. The strength and dosage of the medication
 - iv. The route
 - v. The time that the medication is to be given
 - vi. Any special instructions
 - f. If you cannot read the label, or if the MAR and the label do not all say the same thing, stop and call the nurse for instructions. The directions on the label and the MAR should be the same.
 3. Read the label and compare it with the information on the MAR three (3) times to make sure that you haven't made a mistake.
 4. Provide privacy for the individual. Tell him/her what you are going to do.
 5. For Nose Drops:
 - a. Position resident so that their head is lower than their shoulder, you may have to put a pillow under their shoulder.
 - b. Draw medication into the dropper
 - c. Gently raise the tip of the nostril and instill the correct number of drops of medicine. Do not insert dropper into nostril.
 - d. Provide cleansing tissue for residents.
 6. For Nasal Spray:
 - a. Push up the nostrils gently with the end of the spray nozzle to provide easier entrance for the solution.
 - b. Follow prescribers orders and manufactures directions for nasal spray administration.
 7. Note any reaction or side effects and report to nurse, family or responsible party.
 8. Wash hands
 9. Document the medication administration.

4.29. Oxygen

POLICY: When oxygen is utilized by resident at Luxurious Assisted Living, the community will determine, based on assessment and what is included in the resident Service/Care Plan, if the resident or the community is responsible for the ordering, refilling, and administration of oxygen.

PROCEDURE:

1. If Pleasure Luxurious Living (DBA APEX) accepts responsibility for the ordering, refilling, and administration of oxygen, then oxygen shall be managed in the same manner as an ordered medication, including requiring a physician order.
2. If the community accepts responsibility for the ordering, refilling, and administration of oxygen, the community will coordinate with the resident's vendor of choice to schedule oxygen delivery at appropriate intervals (except in the case of oxygen concentrators).
3. Smoking shall not be permitted within five feet of oxygen storage or oxygen in use. When possible, keep oxygen cylinders and vessels at least five feet from gas stoves, candles, lighted fireplaces and other heat sources.
4. When possible, keep oxygen cylinders and vessels a minimum of five feet from electrical appliances.
5. Individual compressed gas oxygen cylinders shall not exceed 250 cubic feet in an apartment space at normal temperature and pressure.
6. Liquid oxygen vessels shall not exceed 10 gallons in an apartment space.
7. Keep oxygen cylinders and vessels in a well-ventilated area (not in closets, behind curtains, or other confined space). The small amount of oxygen gas that is continually vented from these units can accumulate in a confined space and become a fire hazard.
8. Oxygen cylinders and vessels must always remain upright. Never tip an oxygen cylinder or vessel on its side or try to roll it to a new location.
9. Always operate oxygen cylinder or container valves slowly. Abrupt starting and stopping of oxygen flow may ignite any contaminant that might be in the system.
10. Pleasure Luxurious Living (DBA Apex) shall post signage in areas where oxygen is in use to alert others of the oxygen usage and the associated risk of open flames.
 - a. All staff and visitors are to be made aware of the dangers and must ensure that no open flames, including smoking, are present in these areas to prevent fire hazards

4.30. Rectal Medication

POLICY: Licensed nurses may provide medication assistance or administration. Staff must be trained, with documentation on file. Rectal medications must be administered according to the prescriber orders.

PROCEDURE:

1. Medications always need to be administered according to the "7 Rights"
 - Right person
 - Right medication
 - Right time

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- Right route (i.e., by mouth, eye drop, to the skin)
 - Right dose (i.e., how many milligrams, drops)
 - Right reason
 - Right record to document that the medication was taken
2. Some important tips to remember when administering rectal medications are:
 - 1) Always know what medications you are giving, what effect they have, and what their side effects are. If you are not sure about any medications, check your medication reference manual and/or call the nurse.
 - 2) Medications should be set up, given to the individual, and documented by the same staff member. Do not give out medications that another person has set up.
 - 3) To avoid confusion, it is best to give the medications as quickly as possible after they are set up. Set up the medications for one person, give them to the person, and document that they were given before you set up the medications for the next person.
 - 4) Always wash your hands before setting up medications and at any time during the process if your hands have been contaminated. (See hand washing procedure)
 - 5) Compare the information of the MAR with the label on the medication container. The following information should be in all the places:
 - Resident name
 - Name of the medication
 - The strength and dosage of the medication
 - The route
 - The time that the medication is to be given
 - Any special instructions
 - 6) If you cannot read the label, or if the MAR and the label do not all say the same thing, stop and call the nurse for instructions. The directions on the label and the MAR should be the same.
 3. Read the label and compare it with the information on the MAR three (3) times to make sure that you haven't made a mistake.
 4. Provide privacy for the individual. Tell him/her what you are going to do.
 5. Ask the individual to lie on his/her left side. Drape the individual so that only his/her buttocks are exposed.
 6. Put on gloves.
 7. If inserting a suppository, take the suppository out of the wrapper.
 8. Lubricate the suppository, or tip of any other medication applicator. (Some pre-packaged enemas or ointments are pre-lubricated).
 9. Lift the upper buttock to expose the anus. Be sure that you can see the area.
 10. Have the individual take deep breaths or breathe through the mouth to help relax.
 11. Insert the applicator or suppository. If inserting a suppository, use your finger. Insert the tapered end first. Insert it beyond the sphincter muscle.
 12. Slowly remove the applicator or your finger. If necessary, gently press against the anus with a folded tissue or gauze pad until the urge to express the medication passes.
 13. The individual should be instructed to try to retain the medication or suppository for a certain length of time. (Check with the licensed for specific instructions.)
 14. After inserting the medication, remove your gloves and dispose of them.
 15. Wash hands.
 16. Leave the individual in a comfortable position and well covered.
 17. Document the medication administration.

4.31. Topical Application of Ointment & Cream

POLICY: Licensed nurses may provide medication assistance or administration. Staff must be trained, with documentation on file. Topical ointment and cream medications must be applied according to the prescriber orders.

PROCEDURE:

1. Medications always need to be administered according to the “7 Rights”
 - Right person
 - Right medication
 - Right time
 - Right route (i.e., by mouth, eye drop, to the skin)
 - Right dose (i.e., how many milligrams, drops)
 - Right reason
 - Right record to document that the medication was taken
2. Some important tips to remember when administering eye medications are:
 - a. Always know what medications you are giving, what effect they have, and what their side effects are. If you are not sure about any medications, check your medication reference manual and/or call the nurse.
 - b. Medications should be set up, given to the individual, and documented by the same staff member. Do not give out medications that another person has set up.
 - c. To avoid confusion, it is best to give the medications as quickly as possible after they are set up. Set up the medications for one person, give them to the person, and document that they were given before you set up the medications for the next person.
 - d. Always wash your hands before setting up medications and at any time during the process if your hands have been contaminated. (See hand washing procedure)
 - e. Compare the information of the MAR with the label on the medication container. The following information should be in all the places:
 - Resident name
 - Name of the medication
 - The strength and dosage of the medication
 - The route
 - The time that the medication is to be given
 - Any special instructions
 - f. If you cannot read the label, or if the MAR and the label do not all say the same thing, stop and call the nurse for instructions. The directions on the label and the MAR should be the same.
3. Read the label and compare it with the information on the MAR three (3) times to make sure that you haven’t made a mistake.
4. Provide privacy for the individual. Tell him/her what you are going to do.
5. Types of topical applications:
 - a. Lotions to relieve itching and irritation
 - b. Ointments for their prolonged effect of lesions: antibiotics, anti-inflammatory, emollients

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- c. Wet dressings: local baths, plasters, poultices
- 6. Wear gloves or use an applicator to apply creams and ointments.
- 7. Note any reactions or side effects and report to RN.
- 8. Wash hands
- 9. Document the medication administration.

POLICY AREA	Infection Control
TITLE OF POLICY	5. Infection Control, Sanitation, and Universal Precautions
REGULATORY REFERENCE (if any)	TITLE 22-B DCM § 10110.01

5.1. Infection Control Policy

POLICY: Infection control practices are important to Pleasure Luxurious Living (DBA Apex) for the health and safety of both staff, residents, and guests. The community has a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases.

PROCEDURE:

1. Pleasure Luxurious Living (DBA APEX) will identify areas where infection control practices are necessary based on the exposure and risk of the community.
2. Luxurious Assisted Living's infection control program will be consistent with current guidelines from CDC for prevention control in long-term care facilities, where applicable in assisted living facilities.
3. The community will have separate written standards and training procedures in the areas of infection control and prevention.
4. Also see Tuberculosis policies and procedures and reporting of communicable diseases policies and procedures.

5.2. Bloodborne Pathogens

POLICY: Proper infection control practices will be used to protect the spread of Bloodborne Pathogens.

Bloodborne Pathogens are microorganisms that can cause disease when transmitted from one infected individual to another individual through blood and certain body fluids. Bloodborne pathogens can cause serious illness and death. The most common illnesses caused by bloodborne pathogens are:

- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Acquired immunodeficiency syndrome (AIDS) from Human Immunodeficiency Virus (HIV)

Body Fluids That Can Transmit Infection

- Blood
- Semen
- Vaginal Secretions
- Anal tissue
- Amniotic Fluid

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- Cerebrospinal and Synovial fluid
- Pleural, Pericardial, and Peritoneal fluids
- Saliva (e.g., dental procedures)
- Any unfixed human tissue or organ

PROCEDURE:

Standard Precautions

All blood and body fluids must be treated as if they can transmit bloodborne pathogens to the caregiver.

Standard Precautions are designed to reduce the risk of transmission of pathogenic microorganisms from both recognized and unrecognized sources of infection in the health care setting.

Using Standard Precautions means you must take steps to protect yourself and others from the risks associated with BBP.

Treat all blood and other potentially infectious body fluids as if infected

- Avoid direct contact with blood, body fluids, and other potentially contaminated materials
- Wear Personal Protective Equipment (PPE) appropriate for the task
- Practice good housekeeping and good personal hygiene
- Follow proper decontamination procedures
- Dispose of all contaminated materials properly
- Seek prompt medical attention in the event of exposure

5.3. Cleaning of Shared Medical Equipment

POLICY: To establish a process for the cleaning of non-critical, reusable shared resident care equipment. In accordance with existing infection prevention and control policies and procedures, Pleasure Luxurious Living (DBA APEX) will implement and maintain processes to ensure all reusable resident care equipment is routinely cleaned, and when appropriate, disinfected, before and after reuse.

Common shared resident care equipment may include:

- Stethoscopes
- Glucometers not limited to individual resident use
- Mechanical Lifts
- Etc.

DEFINITIONS:

- Cleaning – The physical removal of foreign material, e.g., dust, oil, organic material such as blood, secretions, excretions, and micro-organisms. Cleaning reduces or eliminates the reservoirs of potential pathogenic organisms. It is accomplished with water, detergents, and mechanical action.
- Disinfection – The inactivation of disease producing organisms. Disinfection does not destroy high levels of bacterial spores. Disinfectants are used on inanimate objects. Disinfection usually involves chemicals, heat, or ultraviolet light. Levels of chemical disinfection vary with the type of product used.

PROCEDURE:

1. All equipment must be cleaned immediately if visibly soiled, and immediately after use on residents with contact precautions (e.g., MRSA, VRE, and C-Difficile) regardless of cleaning schedule.
2. Items routinely shared, which cannot be cleaned between uses will follow a regular schedule for cleaning and disinfection.
3. Cleaning and maintenance processes will follow the manufacturer's recommendations.
4. In the absence of recommendations, clean non-critical medical equipment surfaces with a mild detergent followed by cleaning with a disinfectant.
5. Follow product recommendations for disinfectants (how to apply, amount of the product must remain on the equipment, etc.).
6. Use protective equipment such as gloves, goggles and gowns as needed.
7. Glucometers used by multiple residents must be cleaned and disinfected in the following manner between resident use:
 - a. Clean the glucometer to remove blood by following manufacturer instructions.
 - b. Disinfect the glucometer by following manufacturer instructions, making sure any product you use is effective against bloodborne pathogens. Follow disinfection product instructions to make sure it is applied properly and remains on the glucometer for the required amount of time (typically two minutes).
 - c. Remove gloves, dispose of gloves, and wash hands. Store glucometer appropriately.

5.4. Disinfecting Environmental Surfaces

POLICY: Good infection control practice mandates that environmental surfaces be kept clean and free from contamination. Surface types include, but are not limited to, kitchen countertop, dining room tables, public telephones, handrails and door handles/ knobs, TV remotes and computer keyboards.

PROCEDURE:

Following use, environmental surfaces will be cleaned with either soap and water, a commercial disinfectant; or a solution of 1 cup of bleach to 1 gallon water.

High touch areas in and around the community including, telephones, handrails and door handles/knobs, counter tops, TV remotes and computer keyboards, etc. should be cleaned on a weekly basis, and more frequently as directed and during an infectious outbreak and/or cold and flu season.

5.5. Disposal of Contaminated Materials

POLICY: Disposal of contaminated materials is to be done safely for the health of all staff and residents of Luxurious Assisted Living. Contaminated materials may include needles, syringes or soiled dressing/clothing.

PROCEDURE:

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- Never recap needles
- Dispose of needles and syringes in designated sharps containers if handling.
- Sharp's containers should never be filled more than $\frac{3}{4}$ full, then closed and disposed of per Pleasure Luxurious Living (DBA APEX) guidelines.
- Soiled dressings/clothing should be placed in a plastic bag, tied, and placed in the garbage.

5.6. Gloves

POLICY: Gloves must be worn whenever there may be direct contact between any employee and contaminated objects or as instructed.

PROCEDURE:

1. Wash hands
2. Apply gloves to both hands
3. Remove contaminated materials
4. Place materials in proper receptacle
5. Remove gloves by grasping the cuff of one glove and pulling it off, turning it inside out. With ungloved hand tuck finger inside cuff of remaining glove and pull off, turning inside out.
6. Dispose of used gloves in proper receptacle.
7. Rewash hands.

5.7. Gowns

POLICY: Gowns must be worn when contamination of clothing with potentially infectious material is possible or as instructed for infection control best practices.

PROCEDURE:

1. Wash hands
2. Apply gown so all clothing is covered. Opening of the gown should be in the back. Secure in the back.
3. Apply gloves
4. Complete necessary task
5. Properly remove gloves
6. Untie gown at neck and waist. Keeping hand inside one cuff, pull opposite sleeve away from neck and shoulder, peeling down the arm. Repeat this procedure with the other arm.
7. Pull gown off by turning it inside out. Fold so that contaminated sides face one another.
8. Discard in proper receptacle for contaminated material.
9. Rewash hands.

5.8. Hand washing

POLICY: Proper hand washing techniques should be used to protect the spread of infection.

Hand washing shall be completed:

- 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 after someone who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal or animal waste
- After handling pet food or pet treats
- After touching garbage

PROCEDURE:

Hand washing will be performed by all employees, as necessary, between tasks and procedures, and after bathroom use, to prevent cross-contamination.

Equipment Needed:

1. Soap
2. Water
3. Paper towels

Steps:

1. Stand away from the sink. Hands and sleeves must not touch the sink
2. Turn on water and adjust to a comfortably warm temperature
3. Wet hands and wrists
4. Apply soap over hands and wrists, working into a generous lather by scrubbing vigorously
5. Use friction and scrub vigorously for at least 20 seconds (long enough to sing 'Happy Birthday' twice)
6. Be sure to clean beneath the fingernails, around the knuckles and along the sides of the fingers and hands
7. Rinse hands and wrists completely under running water to wash away suds and microorganisms
8. DO NOT TURN FAUCETS OFF WITH CLEAN HANDS – see #10 below
9. Pat hands and wrists dry with a paper towel. It is unacceptable to use resident towels for drying hands
10. Turn off water using a clean paper towel to prevent recontamination of the hands
11. If leaving a washroom/restroom, use paper towels to grasp door handle upon exit to prevent recontamination of clean hands

Hand Hygiene and Gloves

When conducting a procedure requiring the use of gloves, proper hand hygiene should be completed before donning gloves and after removing gloves.

Alcohol-Based Hand Sanitizers (ABHS)

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ABHS should not be used as a replacement for proper hand washing when hands are visibly soiled. However, if hands are not visibly soiled, or soap and water are not available, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used to quickly reduce the number of germs on hands. There is no limit to the number of times you use ABHS before you must use soap and water. A good rule of thumb though, is to wash with soap and water when hands are visibly soiled, after completing cares for someone with c. diff or norovirus, and when the hands have a “filmy” feel to them.

PROCEDURE:

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

5.9. Masks

POLICY: Masks are worn to protect the mucous membranes of the eyes, nose and mouth during procedures and tasks that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Masks must be worn as instructed for infection control best practices.

PROCEDURE:

1. Wash hands.
2. Find top edge of mask.
3. Hold mask by elastic loops, keeping top edge above bridge of nose.
4. Loop elastic band around ears creating a snug fit over nose, mouth, and chin.
5. Fit flexible nose piece over nose bridge. Make sure the mask fits and is securely in place
6. Don't touch the mask with your gloves while completing the task; the front of the mask is considered contaminated and should not be touched.
7. Remove the mask by handling only the elastic bands to unloop from around ears.
8. Lift the mask away from the face, fold mask in half with inner surfaces together
9. Discard it into the designated waste receptacle.
10. Wash hands.

5.10. Standard Precautions

POLICY: To ensure standard precautions will be used by all staff when providing housekeeping or maintenance services to residents. The state and/or CDC recommendations will be followed unless other guidelines are set forth

PROCEDURE:

1. **Standard Precautions** apply to exposure to:
 - a. Blood
 - b. All body fluids, secretions, and excretions, *except sweat*, regardless of whether or not they contain visible blood
 - c. Non-intact skin

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d. Mucous membranes.

Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.

2. Standard precautions include the use of:
 - hand washing,
 - appropriate personal protective equipment such as gloves, gowns, masks, whenever touching or exposure to patients' body fluids is anticipated
3. Hands should be washed after removing gloves and after any direct contact with body secretions.
4. Employees who have breaks in the skin should wear gloves when having contact with any bodily substances.
5. Gowns should be worn if soiling of clothes is likely, and goggles worn if splattering is likely.
6. Blood spills should be cleaned up promptly with an approved disinfectant. Staff should wear gloves when cleaning up any blood spills and wash hands afterwards. Gowns should be worn if clothes may be soiled.
7. Garbage highly soiled with blood should be bagged and tied at the top.
8. All linen shall be handled using standard precautions.
9. Needles should not be handled inappropriately and be placed in an approved Sharps container.

5.11. Tuberculosis Screening

POLICY: Pleasure Luxurious Living (DBA APEX) will establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by CDC.

The program includes a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers

PROCEDURE:

1. The community will identify an individual staff member responsible for the TB program.
2. The community will maintain a current community TB risk assessment, as necessary.

Residents:

1. Prior to admission, all residents must undergo a tuberculosis (TB) screening, including a TB skin test (Mantoux test) or interferon-gamma release assay (IGRA). A negative screening result is required for admission.
2. Residents with a history of a positive TB test must provide medical documentation of current treatment or non-infectious status from a healthcare provider.
3. Any resident identified with TB symptoms, such as persistent cough, fever, weight loss, or night sweats, will be screened immediately, and necessary precautions will be taken.

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Staff Education:

1. All staff members who have direct contact with residents are required to complete TB education programs, which cover the basics of TB transmission, symptoms, prevention, and the importance of regular screenings.
2. Staff members will be educated about the signs and symptoms of TB, risk factors, and the need for early detection and reporting.

Staff Screening:

1. All staff members who have direct contact with residents, including new hires, are required to undergo a TB screening upon employment. This screening includes a TB skin test (Mantoux test) or IGRA.
2. Staff members with a history of a positive TB test must provide medical documentation of current treatment or non-infectious status from a healthcare provider.
3. Annual TB screenings are required for all staff members with direct resident contact. The TB skin test (Mantoux test) or IGRA will be administered annually.
4. If a staff member presents with symptoms suggestive of TB, they will be screened immediately. Any staff member with a positive TB screening or active TB will be restricted from resident contact and work until medically cleared.
5. Temporary staff members, including contractors and volunteers, are also subject to the same TB screening requirements and must provide proof of a negative screening before engaging in any resident-related activities.

Record Keeping:

1. The Community will maintain records of all resident and staff TB screenings, results, and documentation of treatment or non-infectious status for individuals with a history of a positive TB test.
2. These records will be kept on file and readily available for review by relevant health authorities, as required by District of Columbia regulations.

5.12. COVID-19 Guidance

POLICY: Pleasure Luxurious Living (DBA APEX) is committed to implementing effective measures to minimize the risk of COVID-19 transmission in accordance to latest DC Health COVID-19 guidance. These include the "Coronavirus 2019 (COVID-19): Guidance for Skilled Nursing Facilities & Assisted Living Residences" and "Coronavirus 2019 (COVID-19): INTERIM GUIDANCE for Required Personal Protective Equipment (PPE) for Healthcare Facilities"

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provided by DC Health. The latest versions of the guidance will be available at coronavirus.dc.gov, and the facility will continuously update its protocols based on the latest available guidance from DC Health and other relevant authorities

PROCEDURE

Pleasure Luxurious Living (DBA APEX) shall:

- Follow the latest version of the DC Health COVID-19 guidance, ensuring updated practices as new information or guidelines are released.
- Monitor DC Health advisories for any updates or changes regarding COVID-19 management.
- Ensure timely communication of any changes in protocols to residents, staff, and visitors.
- Ensure that residents and personnel continue to follow all current infection prevention and control recommendations from DC Health to protect themselves and others from COVID-19, regardless of their vaccination status

Covid19 Outbreak and Response

Outbreak Determination

1. Pleasure Luxurious Living (DBA APEX) shall follow the following thresholds for reporting to DC Health who must help make outbreak determination.
 - ≥ 1 probable or confirmed COVID-19 case in a resident
 - ≥ 3 cases of acute illness compatible with COVID-19 in residents with onset within a 72h period
2. An outbreak is defined as:
 - ≥ 1 case in a resident ≥ 14 days after admission/readmission.
 - ≥ 1 case in staff
3. An outbreak in the facility will result in:
 - Return to Outbreak Initiation Phase or as directed by DC Health.
 - Additional risk assessment(s) to identify exposed close contacts as directed by DC Health.
 - Outbreak testing of residents and staff as directed by DC Health.
 - Working with and providing information to DC Health as requested.
 - Additional activities deemed necessary to mitigate spread of COVID-19 as part of outbreak/facility specific recommendations.

Resident Isolation and Quarantine

- Any resident who exhibits COVID-19 symptoms or tests positive for COVID-19 will be immediately isolated in their room or a designated isolation area.
- Areas containing residents on empiric transmission-based precautions (formerly quarantine) or isolation shall have clear and appropriate signage and other markers

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- Accommodations that guarantee appropriate airflow shall be implemented
- Quarantine procedures will be followed for residents who have been exposed to a confirmed COVID-19 case in accordance with DC Health recommendations

Infection Prevention and Control

1. Staff must follow Required Personal Protective Equipment (PPE) for Healthcare Facilities, according to DC Health guidelines
 - Quarantine-level PPE (gown, gloves, respirators, and eye protection) should be used if transmission appears to be wide-spread within a large portion of the facility
2. Regardless of community transmission level, ALL residents should wear a well-fitting mask
 - When outside their room indoors
 - When anyone enters their room (for direct care or other services, such as cleaning)
 - When within 6 feet of a roommate and not separated by a barrier such as a curtain
 - For 10 days after a confirmed COVID-19 exposure.
 - For 10 days after admission/readmission (unless recovered from a COVID-19 infection within the previous 30 days)
 - Until symptoms from a COVID-19 infection are resolved
3. The ALR shall allow entry of LIMITED numbers of non-essential healthcare personnel/contractors as determined necessary and shall consider the following approaches in accordance with DC Health
 - Consider telemedicine options as much as possible while outbreak investigation is underway
 - All non-essential personnel must undergo testing if required as part of an ongoing outbreak investigation
 - All non-essential personnel must follow the same PPE requirements as for staff
 - All non-essential personnel must be informed that an outbreak investigation is in progress
4. Pleasure Luxurious Living (DBA APEX) shall avoid non-essential medical visits and for essential medical visits outside the facility it shall ensure that:
 - Residents who must leave the facility are encouraged to wear masks
 - The receiving medical facility is notified about the facility outbreak prior to the resident's arrival
 - Transporters and the receiving facility are notified of the resident's status and precautions required
 - Travel for medical care for COVID-19 positive residents is provided by medical transport

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5. Pleasure Luxurious Living (DBA APEX) shall limit non-medical personal care services within the facility in accordance to DC Health guidelines
 - Residents who are currently isolated due to COVID-19 and/or are experiencing symptoms of possible COVID-19 shall not receive personal care services
6. Pleasure Luxurious Living (DBA APEX) shall follow DC Health COVID-19 guidelines for On-Site Group Activities, Communal Dining,
7. The ALR shall require testing for residents who have left the facility for more than 24 hours, regardless of vaccination status

Testing

Pleasure Luxurious Living (DBA APEX) shall follow DC Health COVID-19 guidelines as it relates to staff and residents testing. These include the following:

- Test residents and staff, regardless of vaccination status, who have NOT recovered from COVID-19 within the previous 90 days AND should consider testing residents and staff who have recovered within the previous 31-90 days
- Ongoing surveillance testing shall be conducted based on the latest DC Health recommendations.

POLICY AREA	Resident ISPs
TITLE OF POLICY	6. Resident Individualized Service Plans (ISPs), Assessments and Shared Responsibility Agreements
REGULATORY REFERENCE (if any)	TITLE 22-B DCM § 10110.01

6.1. Individualized Service Plan (ISP)

POLICY: Pleasure Luxurious Living (DBA APEX) recognizes that creating a detailed Individualized Service Plan (ISP) for an assisted living facility is a comprehensive process that requires collaboration between the resident, their family, healthcare providers, and the facility's staff. Each ISP will vary based on the resident's unique needs and preferences,

PROCEDURE

Pleasure Luxurious Living (DBA APEX) incorporates the information and follows the process below when developing an Individualized Service Plan (ISP)

1. Pleasure Luxurious Living (DBA Apex) shall develop an ISP for each resident prior to admission
2. The ISP shall thoughtfully be developed based on a thorough understanding of the resident's needs, gathered through the initial post move-in assessment
3. The ISP shall be written by a licensed healthcare practitioner using information from the assessment
4. The ISP shall be developed with the resident, or surrogate, as a full partner
5. ISP shall be signed by the resident, or surrogate, and a representative of Pleasure Luxurious Living (DBA Apex)
6. The ISP shall include a shared responsibility agreement when necessary
7. The ISP shall consider (1) the medical, rehabilitation, and psychosocial assessment of the resident, (2) functional assessment of the resident, and (3) reasonable accommodation of resident and, if necessary, surrogate
8. The ISP shall include the services to be provided, when and how often the services will be provided, and how and by whom all services will be provided and accessed
9. During the ISP development process, the Assisted Living Residence (ALR) will collaborate with the prospective resident and, if needed, their surrogate, to reach a mutual agreement on the responsibilities of each party in obtaining care and achieving the desired outcomes
10. Pleasure Luxurious Living (DBA APEX) shall support aging in place as much as possible, recognizing that there may come a time when adequate and appropriate services can no longer be provided to ensure the resident's safety, necessitating a transfer to another setting.

ISP Review and Update

1. Pleasure Luxurious Living (DBA APEX) shall conduct a “post move-in” assessment within 72 hours of a resident’s admission that will be performed by the RN who will accordingly update the ISP if needed
2. Pleasure Luxurious Living (DBA APEX) shall review the ISP 30 days after admission and at least every 6 months thereafter and shall update the ISP more frequently if there is a significant change in the resident’s condition
 - a. The resident and, if necessary, the surrogate shall be invited to participate in each reassessment
 - b. The review shall be conducted by an interdisciplinary team that includes the resident’s healthcare practitioner, the resident, the resident’s surrogate, if necessary, and Pleasure Luxurious Living (DBA APEX)
3. Pleasure Luxurious Living (DBA Apex) shall ensure that the update of the ISP shall include the involvement of the following:
 - a. A District of Columbia licensed registered nurse
 - b. The ALA or Acting Administrator responsible for the ALR, if the health or safety of the resident is at risk
 - c. Any additional healthcare professional licensed in the District whose expertise is necessary for the ALR to perform a full and competent review of the services provided in the ISP prior
4. At or around the time of an ISP review, Pleasure Luxurious Living (DBA APEX) shall
 - a. Obtain from the resident (or surrogate) a signed statement confirming that the resident (or surrogate) (1) was invited to participate in the review of the ISP and (2) Did or did not participate in the review of the ISP
 - b. If the resident has refused to give signed confirmation regarding the same ISP review on 2 separate occasions, document in the resident’s record the date, time, and method of each attempt to obtain the resident’s signed confirmations and the name of the ALR personnel who made each attempt
5. Pleasure Luxurious Living (DBA APEX) shall provide the resident (or surrogate) no less than 7 days’ notice prior to the review of a resident’s ISP unless 7 days’ notice is made impractical due to a significant change in the resident’s condition that necessitates review of the resident’s ISP at a sooner date. The notice shall
 - a. Include the date, time, and location at which the facility proposes to conduct the ISP review, and advise the resident (or surrogate) that they may request to reschedule the ISP review to another date or time that is mutually agreeable
 - b. Include an outline of the topics to be discussed during the ISP review and no less than a summary of the ALR’s proposed changes to the ISP, if any, to facilitate the resident’s (or surrogate’s) informed decision-making
 - c. Encourage the resident (or surrogate) to participate in the ISP review with the involvement of family and friends of the resident’s choice
 - d. Be delivered to the resident (or surrogate) in writing
 - e. Be followed by no less than 1 written reminder encouraging the resident (or surrogate) to participate in the review

6.2. Medical, rehabilitation, and psychosocial assessment

1. Pleasure Luxurious Living (DBA APEX) shall complete a medical, rehabilitation, and psychosocial assessment of the resident within 30 days prior to admission

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2. The facility shall maintain resident information obtained from a standardized physician's statement approved by the Mayor of District of Columbia.
 - a. The information shall include a description of the applicant's current physical condition and medical status relevant to defining care needs, and the applicant's psychological and cognitive status, if so indicated during the medical assessment.
3. The assessment shall be based on an examination by the prospective resident's primary, licensed healthcare practitioner within 30 days prior to admission and shall include:
 - a. Medical history with a recent evaluation of the resident
 - b. Any significant medical conditions affecting function, including the individual's ability for self-care, cognition, behavior, and psychosocial activities
 - c. Allergies, if any
 - d. Confirmation that the applicant is free from communicable TB and from other active, infectious, and reportable communicable diseases
 - e. Current medication profile and projected and other needed medications, treatments and service; review of nonprescription drugs and review of possible adverse interactions
 - f. Current dietary needs and restrictions
 - g. Medically necessary limitations or precautions
 - h. Monitoring or tests that may need to be performed or followed up after admission

6.3. Functional assessment

1. Pleasure Luxurious Living (DBA APEX) shall collect the following information, on a standardized form approved by the Mayor, within 30 days prior to admission:
 - a. Level of functioning in activities of daily living including bathing, dressing, grooming, eating, toileting, and mobility
 - b. Level of support and intervention, including any special equipment and supplies, required to compensate for the individual's deficits in activities of daily living
 - c. Current physical or psychological symptoms of the individual requiring monitoring, support, or other intervention by Pleasure Luxurious Living (DBA APEX)
 - d. Capacity of the individual for making personal and healthcare related decisions
 - e. Presence of disruptive behavior or behavior which presents a risk to the physical or emotional health and safety of self or others
 - f. Social factor such as (1) significant problems with family circumstances and personal relationships, (2) Spiritual status and needs (3) Ability to participate in structured and group activities and the resident's current involvement in such activities

6.4. Pre-admission medication management assessment

Within 30 days prior to admission, Pleasure Luxurious Living (DBA APEX) shall consult with the prospective resident's healthcare practitioner regarding

1. The prospective resident's current medication profile, including a review of nonprescription drugs
2. Possible adverse interactions
3. Common expected or unexpected side effects
4. The potential that such medications have to act as chemical restraints

6.5. Shared Responsibility Agreements (SRAs)

POLICY: Pleasure Luxurious Living (DBA APEX) will enter into a Shared Responsibility Agreement with each resident and their family or representative. This agreement outlines the roles, responsibilities, and expectations of the ALR, the resident, and their family or representative in providing care and support. The goal of this agreement is to foster a collaborative partnership that supports the resident's health, safety, independence, and quality of life

1. **PROCEDURE:** Pleasure Luxurious Living (DBA APEX) shall develop a Shared Responsibility Agreements (SRAs) to be entered between the facility and a prospective or admitted resident (or surrogate), at any time prior to or after the resident's admittance
2. Pleasure Luxurious Living (DBA APEX) shall not enter into an SRA with a prospective or admitted resident (or surrogate) that:
 - Seeks to directly or indirectly waive the ALR's obligations to the resident, in whole or in part, beyond the scope necessary to accommodate the resident's (or surrogate's) reasonable, requested arrangement or course of action
 - Relieves the ALR of its obligation ensure that it makes available for a resident's use all prescription and non-prescription medications and dietary supplements required to be provided to that resident according to his or her ISP developed or updated
 - Violates any applicable District or federal criminal law
 - Violates or will cause the violation of any provision in this policy
3. Pleasure Luxurious Living (DBA APEX) recognizes and shall inform the resident that the SRA shall not have the effect of absolving a party from responsibility for negligent conduct.
4. Pleasure Luxurious Living (DBA APEX) may decline to enter into an SRA if satisfaction of the SRA will result in an adverse risk to the health, welfare, or safety of other residents or Pleasure Luxurious Living (DBA APEX) staff
 - The facility shall identify adverse risks for which it declined to enter the SRA in writing to the resident (or surrogate) and include a copy of that correspondence in the resident's record.
5. Pleasure Luxurious Living (DBA APEX) shall ensure that the SRA is developed in good faith through a negotiation between the ALR and the resident (or surrogate), where both parties have equal opportunity to propose and/or decline terms of the SRA and suggest reasonable alternatives
6. Pleasure Luxurious Living (DBA Apex) shall perform the following actions in the event that a good faith attempt to negotiate the SRA is unsuccessful:
 - Document in the resident record the ALR's consultations with the resident (or surrogate) to dissuade the course of action and include
 - a. The date and time each consultation was held
 - b. The content of the consultations
 - c. The alternative courses of action proposed by the resident (or surrogate) and ALR, and why the proposed alternatives were not acceptable to the resident (or surrogate) or ALR
 - Shall notify the resident (or surrogate) that harm to the resident's person or others because of the persisted course of action may result in discharge

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- Shall not prevent the resident from pursuing their desired course of action, if it does not present a clear and immediate risk to the health, safety, or welfare of other residents or staff, and does not require intervention to maintain a safe and compliant environment in line with the ALR's legal obligations. This does not grant permission for either party to violate the terms of the resident agreement or prevent the ALR from enforcing the agreement in accordance with applicable laws and regulations

Shared Responsibility Agreements sample form

PLEASURE LUXURIOUS LIVING (DBA APEX)
Shared Responsibility Agreement sample form

Resident Name: _____

Surrogate's name (if applicable) _____

Situation or course of action taken by Resident which presents issues of safety to self or others or has resulted in, or may result in, damage to building:

Resident's choice on how situation should be handled:

Possible consequences of Resident's choice:

Resident's Responsibilities:

Surrogate's Responsibilities (if applicable):

Education provided by Pleasure Luxurious Living (DBA Apex) staff:

What the Assisted Living can do to comply with Resident's preference:

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What the Assisted Living cannot do to comply with Resident's preference:

Assisted Living's alternatives to minimize risk:

Resident's needs that cannot be met by the Assisted Living:

Agreed upon course of action, description of responsibilities and designation of responsible parties for each course of action:

Follow-up Evaluation scheduled for: _____

The undersigned Resident and/or Responsible Party understands and accepts responsibility for the possible outcomes of the agreed-upon course of action. The undersigned Resident and/or Responsible Party understands that, should it become necessary, Pleasure Luxurious Living (DBA APEX) reserves the right to terminate the Resident's residency in accordance with the terms of the Assisted Living Agreement.

Resident signature

Date

Responsible Party signature

Date

Assisted Living Director or Nurse Supervisor

Date

POLICY AREA	Nursing
TITLE OF POLICY	1. Nursing
REGULATORY REFERENCE (if any)	TITLE 22-B DCM § 10110.01

7.1. Assessments, Reviews & Monitoring

POLICY: As needed, Pleasure Luxurious Living (DBA APEX) will conduct a nursing assessment by a nurse of the physical and cognitive needs of the prospective resident and propose a temporary service/care plan prior to the date on which a prospective resident executes an agreement with a community or the date on which a prospective resident moves in, whichever is earlier.

PROCEDURE:

Any initial nursing assessment or reassessment may be conducted in person, be in writing, dated, and signed by the nurse who conducted the assessment.

If necessitated by either the geographic distance between the prospective resident and the community, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery.

Resident ongoing reassessment and monitoring may be needed and provided by the nurse.

A. Nursing Assessments

- **Initial Nursing Assessment:** a. Prior to admission to the Facility, each resident shall undergo a comprehensive nursing assessment conducted by a licensed nurse. b. The assessment will cover the resident's medical history, physical condition, mental health, and individual care needs. c. The results of the initial assessment will be documented in the resident's record.
- **Regular Nursing Assessments:** a. Periodic nursing assessments shall be conducted based on the individual needs of each resident. b. These assessments may occur as follows: i. Quarterly assessments for all residents. ii. More frequent assessments for residents with specific health concerns or changes in their condition. c. The assessments will involve evaluating the resident's physical, mental, and emotional health, as well as the effectiveness of the current care plan.

B. Nursing Reviews

- **Comprehensive Care Plan:** a. A comprehensive care plan will be developed for each resident based on their initial nursing assessment. b. The care plan shall address the resident's specific needs, preferences, and goals. c. This care plan will be reviewed and updated as needed every 6 months in coordination with our nurse assessment and review as part of the ISP process as well as laws and regulations.

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- **Family and Resident Involvement:** a. Residents and their families or surrogates are encouraged to actively participate in care plan reviews. b. Residents or their representatives may request a review of the care plan at any time, and such requests shall be accommodated promptly.

C. Nursing Monitoring

- **Continual Monitoring:** a. Residents' health and well-being will be continually monitored. b. Any changes in a resident's condition or needs will be promptly assessed, documented, and addressed accordingly.
- **Documentation:** a. All nursing assessments, reviews, and monitoring activities will be thoroughly documented in the resident's record. b. Documentation will include the date, time, findings, actions taken, and the healthcare professional responsible.
- **Training:** a. All nursing staff will receive appropriate training in conducting assessments, care planning, and monitoring procedures. b. Staff will be informed of the regulations and the Facility's policies to ensure compliance.
- **Reporting:** a. The results of assessments, reviews, and monitoring activities will be reported to the Director and the designated healthcare professionals. b. Reports will be used to determine the appropriate course of action and make any necessary changes to the care plans.

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Assessment Sample Form 1

PLEASURE LUXURIOUS LIVING (DBA APEX) SAMPLE ASSESSMENT

Resident Name _____

Completed by _____ Date _____

Current Medical and Psychiatric History. [Briefly describe recent change in health or behavioral status, suicide attempts, hospitalizations, falls, etc., within the past six months.]

Briefly describe any past illnesses or chronic conditions (including hospitalizations), past suicide attempts, physical, functional, and psychological condition changes over the years.

Allergies. List any allergies or sensitivities to food, medications, or environmental factors, and if known, the nature of the problem (e.g., rash, anaphylactic reaction, GI symptom, etc.).

Communicable Diseases. Is the resident free from communicable TB and any other active reportable airborne communicable disease(s)? (Check one)

___ Yes ___ No If "No", then indicate the communicable disease: _____

Which tests were done to verify that the Resident is free from active TB:

PPD Date _____ Result _____ mm

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Chest X-Ray (if PPD positive or unable to administer a PPD) Date _____
Result _____

History. Does the resident have a history or current problem related to abuse of prescription, non-prescription, over the counter (OTC), illegal drugs, alcohol, inhalants, etc.?

Substance: OTC, non-prescription medication abuse or misuse

Recent (within the last 6 months) ☐ Yes ☐ No

History ☐ Yes ☐ No

Abuse or misuse of prescription medication or herbal supplements

Currently ☐ Yes ☐ No

Recent (within the last 6 months) ☐ Yes ☐ No

History of non-compliance with prescribed medication

Currently ☐ Yes ☐ No

Recent (within the last 6 months) ☐ Yes ☐ No

Describe misuse or abuse: _____

Risk factors for falls and injury. Identify any conditions about this resident that increase his/her risk of falling or injury (check all that apply):

☐ Orthostatic hypotension ☐ Osteoporosis ☐ Gait problem ☐ Impaired balance ☐

☐ Confusion ☐ Parkinsonism ☐ Foot deformity ☐ Pain ☐ Assistive devices

☐ other(explain): _____

Skin condition(s). Identify any current or history of ulcers, rash, skin tears with any standing treatment orders, easy bruising, etc., and their causes: _____

Sensory impairments that affect functioning. (Check all that apply)

Hearing:

Left ear: ☐ Adequate ☐ Poor ☐ Deaf ☐ Uses corrective aid

Right ear: ☐ Adequate ☐ Poor ☐ Deaf ☐ Uses corrective aid

Vision: ☐ Adequate ☐ Poor ☐ Uses corrective lenses

☐ Blind (check all that apply) - ☐ R ☐ L

Temperature Sensitivity:

☐ Normal ☐ Decreased sensation to: ☐ Heat ☐ Cold

Current Nutritional Status. Height _____ inches Weight _____ lbs.

Any weight change (gain or loss) in the past 6 months? ☐ Yes ☐ No

How much weight change? _____lbs. in the past _____months (check one) ☐ Gain ☐ Loss

Monitoring necessary? (check one) ☐ Yes ☐ No

If needed, explain how and at what frequency monitoring is to occur: _____

Is there evidence of malnutrition or risk for under nutrition? ☐ Yes ☐ No

Is there evidence of dehydration or a risk for dehydration? ☐ Yes ☐ No

Monitoring of nutrition or hydration status necessary? ☐ Yes ☐ No

If needed, explain how and at what frequency monitoring is to occur: _____

Does the Resident have medical or dental conditions affecting: (check all that apply)

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☐ Chewing ☐ Swallowing ☐ Eating ☐ Pocketing Food ☐ Gastronomy Tube Fed
 Note any special therapeutic diet (e.g., sodium restricted, renal, calorie, or no concentrated sweets restricted): _____

Modified consistency (e.g., pureed, mechanical soft, or thickened liquids): _____

Is there a need for assistive devices with eating (check all that apply): ☐ Yes ☐ No

☐ Weighted Spoon or built-up fork ☐ Plate Guard ☐ Special cup/glass

Monitoring necessary? (check one) ☐ Yes ☐ No

If needed, explain how and at what frequency monitoring is to occur: _____

Cognitive/Behavioral Status.

Is there evidence of dementia? (check one) ☐ Yes ☐ No

Has the Resident undergone an evaluation for dementia? ☐ Yes ☐ No

Diagnosis (cause(s) of Dementia) ☐ Alzheimer's Disease ☐ Multi-infarct/Vascular

☐ Parkinson's Disease ☐ Other

Mini-Mental Status Exam (if tested) Date _____ Score _____

For each item, circle the appropriate level of frequency or intensity, depending on the item					Comments
Cognition					
Disorientation	Never	Mild	Moderate	Severe	
Impaired recall (recent/distant events)	Never	Occasional	Regular	Continuous	
Impaired Judgment	None	Mild	Moderate	Severe	
Hallucinations	Never	Occasional	Regular	Continuous	
Delusions	Never	Occasional	Regular	Continuous	
Communication					
Receptive/Expressive Aphasia	None	Mild	Moderate	Severe	
Mood and Emotions					
Anxiety	Never	Occasional	Regular	Continuous	
Depression	None	Mild	Moderate	Severe	
Behaviors					
Unsafe Behaviors	Never	Occasional	Regular	Continuous	
Dangerous to self or others	Never	Occasional	Regular	Continuous	

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Agitation (Describe behaviors in comments section)	Never	Occasional	Regular	Continuous	
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Activities of Daily Living

Check the box that most closely reflects the resident's capabilities

Resident Eats:

- ☐ Independently
- ☐ With supervision, or set-up, or cuing and coaching
- ☐ With physical assistance or use of adaptive devices, such as built-up utensil, plate guard or Geri-cup, to feed self
- ☐ Must be fed or needs tube feeding

Resident's Mobility (moves from place to place):

- ☐ Independently
- ☐ With supervision, or stand-by, or cuing and coaching
- ☐ One-person physical assistance
- ☐ Two-person physical assistance, or needs complete mechanical assistance (e.g., Hoyer Lift)

Resident Transfer to Bed, Chair, or Toilet:

- ☐ Independently (or with assistive device)
- ☐ With supervision, or stand-by or set-up, or cuing and coaching
- ☐ One-person physical assistance
- ☐ Two-person physical assistance, needs complete assistance

Bed Mobility: How Resident moves to and from lying position, turns side to side, and positions body while in bed:

- ☐ Independently (or with assistive device)
- ☐ With supervision, or stand-by or set-up, or cuing and coaching
- ☐ One-person physical assistance
- ☐ Two-person physical assistance, needs complete assistance

Resident use of stairs:

- ☐ Independently (or with assistive device)
- ☐ With supervision, or stand by, or cuing and coaching
- ☐ One-person physical assistance
- ☐ Two-person physical assistance, or unable to use stairs

Resident Continence:

- ☐ Independently
- ☐ With supervision, or stand-by or set-up, or cuing and coaching
- ☐ Needs physical assistance from one other person
- ☐ Incontinent, needs complete assistance

Resident Completes Bathing

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- ☐ Independently
- ☐ With supervision, or stand-by or set-up, or cuing and coaching
- ☐ Needs physical assistance, (e.g., help in and out of tub, washing hair)
- ☐ Must be bathed, needs complete assistance or mechanical assistance, (e.g, Hoyer Lift)

Resident Completes Grooming (teeth, make-up, shaving, hair)

- ☐ Independently
- ☐ With supervision, or stand-by or set-up, or cuing and coaching
- ☐ Needs physical assistance
- ☐ Must be groomed, needs complete assistance

Resident Gets Dressed/Changes Clothes

- ☐ Independently
- ☐ With supervision, or stand-by or set-up, or cuing and coaching
- ☐ With physical assistance
- ☐ Must be dressed, needs complete assistance

Instrumental Activities of Daily Living

Check the box that most closely reflects the Resident's capabilities

Resident Can Prepare Light Meal

- ☐ Independent, plans and prepares adequate meals
- ☐ With supervision, set-up, or cuing and coaching
- ☐ One-person physical assistance
- ☐ Unable to prepare meals

Resident Can Do Light Chores

- ☐ Independent
- ☐ With supervision, set-up, or cuing and coaching
- ☐ One-person physical assistance
- ☐ Unable to do light chores

Resident Can Do Shopping

- ☐ Independent
- ☐ With supervision or cuing and coaching, (e.g., choosing items)
- ☐ With one-person physical assistance/someone to go with them
- ☐ Unable to do shopping

Ability to Manage Finances

- ☐ Family or Resident manages all financial matters independently, write checks, pays bills/rent, goes to bank
- ☐ With supervision, writes checks, pays bills/rent, goes to bank
- ☐ Manages day-to-day purchases, but needs help with purchases and banking
- ☐ Unable to manage finances or handle money

Transportation

- ☐ Travel by self, all modes of transportation

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- ☐ Needs some assistance/escort
- ☐ Complete assistance/needs specialized vehicle

Resident Can Use Telephone

- ☐ Independent
- ☐ With assistance dialing/using directory
- ☐ Unable to use telephone

Behaviors/Communication

Check the appropriate box to indicate frequency of each behavior.

Withdrawn: Frequency of behavior(s) (check appropriate response):

- | | |
|----------------------------------|---|
| Refuses to Leave Room | <input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous |
| Refuses to Socialize with Others | <input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous |
| Explain _____ | |

Wanders: Frequency of behavior(s) (check appropriate response):

- | | |
|---|---|
| Persistent moving/walking without purpose | <input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous |
| Looks for non-existent place (former house/apartment/bus) | <input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous |
| Actively tries to leave community | <input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous |
| Wanders during day | <input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous |
| Wanders in evening and/or at night | <input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous |
| Explain _____ | |

Sleep Disturbance: Frequency of behavior(s) (check appropriate response):

- | | |
|--------------------------------------|---|
| Unable to sleep or agitated at night | <input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous |
| Frequently falls asleep during day | <input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous |
| Explain _____ | |

Verbally inappropriate: Frequency of behavior(s) (check appropriate response):

- | | |
|-----------------------------------|---|
| Uses foul language | <input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous |
| Sounds angry and threatens others | <input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous |
| Explain _____ | |

Disruptive behaviors: Frequency of behavior(s) (check appropriate response):

- | | |
|--|---|
| Yells | <input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous |
| Demands attention without regard to others | <input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous |
| Takes other's possessions | <input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous |
| Socially inappropriate behaviors (e.g., disrobes, urinates or defecates in public) | <input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous |
| Sexually inappropriate behaviors (e.g., unwanted touching, public masturbation) | <input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous |
| Explain _____ | |

Combative behaviors: Frequency of behavior(s) (check appropriate response):

- | | |
|---|---|
| Throws objects indiscriminately | <input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous |
| Strikes out, kicks, or punches at others | <input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous |
| Pinches, bites, spits at others, scratches, or pulls hair | <input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous |

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Explain _____

Resistive/uncooperative behaviors: Frequency of behavior(s) (check appropriate response):

Refuses to wash	<input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous
Refuses to eat	<input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous
Refuses to drink	<input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous
Refuses to care for self	<input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous
Refuses to allow others to assist	<input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous
Refuses medications	<input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous
Refuses to comply with safety advice	<input type="checkbox"/> Never <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Continuous

Explain _____

Communication (check and/or explain appropriate response):

Communicates needs, ideas, and wishes ☐ Never ☐ Occasional ☐ Regular ☐ Continuous

Sometimes unable to communicate needs, ideas, and wishes

☐ Never ☐ Occasional ☐ Regular ☐ Continuous

Unable to communicate needs, ideas, and wishes

☐ Never ☐ Occasional ☐ Regular ☐ Continuous

Unwilling to communicate needs/wishes ☐ Never ☐ Occasional ☐ Regular ☐ Continuous

Explain _____

Eating patterns and food preferences (check all that apply):

☐ Eats full meals ☐ Eats only two meals ☐ Eats small portions ☐ Finger Foods

☐ Eats only what they want, but maintains weight ☐ Eats only when they want

☐ Supplements (type ordered) _____

Prefers: ☐ Fruit ☐ Vegetables ☐ Meats ☐ Snacks or snack foods

Explain _____

Daily Social and Recreational Needs

Resident Support System (check all that apply):

Resident has: ☐ Legal representative for health care decisions

☐ Surrogate decision maker (family member/significant other)

Family is local: ☐ Involved ☐ Not involved

Family lives out of area: ☐ Involved ☐ Not involved

Problems with family circumstances: ☐ Yes ☐ No

Problems with personal relationships: ☐ Yes ☐ No

Explain _____

Spiritual needs and status: _____

Education/Work History (check/complete all that apply):

☐ Did not complete high school ☐ Completed high school or GED ☐ College

Lifetime or last occupation _____

Interests/Hobbies: _____

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Activity Status (interest and ability to participate in, check and explain):

Structured and group activities ☐ Yes ☐ No ☐ Varies

Explain

Self-directed activities ☐ Yes ☐ No ☐ Varies

Explain

Current Daily Routine (e.g., up in the morning, bedtime, normal sleep cycle prior to moves in, meal time preferences): _____

Interests/participates in programs away from community (e.g., Senior Centers, Adult Day Care, or Rehabilitation Programs): _____

Signature and Title of Person Completing Assessment

Date

Assessment Sample Form 2

LUXURIOUS ASSISTED LIVING
Sample Assessment

Resident Name: _____

Vitals:

Temperature: _____
Pulse: _____
Respiration: _____
Blood Pressure: _____

Height: _____

Weight: _____

Recent gain? _____ Recent loss? _____

Allergies: _____

Assistive Devices Used: (circle all that apply)

Glasses Electric Cart
Hearing Aid(s) Walker
Dentures Oxygen
Cane Dressings
Wheelchair
Other: _____

Medical Condition(s): _____

Surgeries: _____

Vaccination Status:

Pneumonia vaccination received Yes No Date: _____
Flu vaccination received Yes No Date: _____

TB Status (if known): _____

Sensory and Communication:

Vision (circle all that apply): Glaucoma Cataracts Macular Degeneration

Comments: _____

Hearing: _____

Smell: _____

Communication: _____

Dental: _____

ADLs	Complete Independence	Use of Device	Needs some Assistance	Complete Dependence	Comments
Dressing					
Toileting					
Bathing					
Hair Care					
Oral Hygiene					
Shaving					

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Eating					
Transferring					
Ambulation					
Self-Preservation					
IADLs	Complete Independence	Use of Device	Needs some Assistance	Complete Dependence	Comments
Telephone					
Finances					
Shopping					
Appointments					
Transportation					

Mobility: (circle all that apply)

Tremor

Ataxia

Contractures

Amputation

Other: _____

Skin Integrity: (circle all that apply)

Rash

Pale

Open Sores

Itching

Moist

Cellulitis

Cool

Flushed

Other: _____

Endocrine: (circle all that apply)

Thyroid

Disorder: _____

Diabetes

Treatment: _____

Assistance needed with blood glucose monitoring. _____

Liver Disease: _____

Other: _____

Neurological: (circle all that apply)

Stroke

Paralysis

Dizziness

Parkinson's

TIA's

Seizures

Headaches

Other: _____

Gastrointestinal: (circle all that apply)

Heartburn

Gastric Reflux

Nausea / Vomiting

Constipation

Diarrhea

Bowel Incontinence

Ulcer

Other: _____

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Nutritional Status:

Appetite: _____
Nutritional Supplement: _____
Denture fit: _____
(circle all that apply) Difficulty Chewing Pain in mouth / teeth / gums

Cardiovascular / Circulatory: (circle all that apply)

High Blood Pressure Chest Pain Heart Attack
Pacemaker Edema – Location: _____
Heart Disease – Treatment: _____
Other: _____

Genitourinary: (circle all that apply)

Urinary incontinence: Partial Total
How managed: _____
Urinary Problems: _____

Respiratory: (circle all that apply)

Shortness of Breath Chronic Lung Disease Bronchitis
Cough Pneumonia Emphysema
Smoker / History of Smoking
Asthma – Treatment: _____
Other: _____

Musculoskeletal: (circle all that apply)

Neuropathy Fractures Arthritis
Osteoporosis Back Problems Joint Replacement
Pain – Location: _____
Cause: _____
Intensity: _____
Relieved by: _____
Other: _____

Psychological / Cognitive: (circle all that apply)

Alert Oriented to: Person Place Time
Forgetful Confused Anxiety
Sad / Depressed: _____ Paranoid
Memory Loss: _____
Mental Illness or Cognitive Impairment Diagnosis: _____
Behavior Issues (verbal or physical aggression): _____
Other: _____

Other Issues or Problems:

Sleep Patterns: _____
Risk or History of Falls: _____
Cancer: _____
Treatment: _____
Alcohol / Controlled Substance use – How often / how much: _____

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Other: _____

Medications:

- A complete, detailed medication assessment is in the resident record indicating if the resident needs assistance with self-administration of medications, medication administration or central storage of medications.
- Current doctor's orders located in the resident record.

List any other known Over the Counter, Herbal, or Prescribed Medications the resident takes independently:

Family Support:

Resident Strengths:

Other Observations / Notes:

Evaluation / Baseline Assessment completed by:

Signature of RN

Date

7.2. Service/Care Plan

POLICY: All residents receiving assisted living services should have a service/care plan in place. Service/care plans are based on the outcomes of initial and subsequent assessments, reassessments, monitoring, and individual reviews of the resident's needs and preferences.

A Service/Care Plan means the written plan between a resident or resident's designated representative and the community about the services that will be provided to the resident.

PROCEDURE:

1. Pleasure Luxurious Living (DBA APEX) will finalize a written service/care plan when services are provided to a resident.
2. The service/care plan and any revisions shall include a signature or other authentication by Pleasure Luxurious Living (DBA APEX) and by the resident, or resident's representative, documenting agreement on the services to be provided.
3. Service/care plans should be revised, if needed, based on resident reassessments and monitoring.
4. Pleasure Luxurious Living (DBA APEX) will implement and provide all services indicated in the service/care plan.
5. Service/care plans and any revisions or updates will be entered into the resident's record, including notice of change in fees when applicable.
6. A service/care plan should include:
 - a. A description of the services that are to be provided based on the most recent assessment and resident preferences
 - b. The frequency of each service to be provided based on the most recent assessment and resident preferences
 - c. An identification of staff or categories of staff who will be providing services (RN, LPN/LVN, etc.)
 - d. A contingency plan that includes:
 - i. Actions Pleasure Luxurious Living (DBA APEX) will take if scheduled services cannot be provided
 - ii. The names and contact information the resident wishes, if any, to have notified in an emergency or if there is a significant adverse change in the resident's condition
 - iii. Identification and contact information of who the resident has authorized, if any, to sign for the resident in an emergency

7.3. Supervision of Staff – Delegated Services

POLICY: Staff who provide delegated nursing or therapy tasks to residents at Pleasure Luxurious Living (DBA Apex) will be supervised by an RN or appropriate licensed health professional where the services are being provided to verify that work is being performed competently and to identify problems and solutions related to the staff person's ability perform the tasks. Supervision will include observation of LPNs administering the medication or treatment and the interaction with residents.

PROCEDURE:

1. Direct supervision of staff performing delegated tasks must be provided when the individual begins working for Pleasure Luxurious Living (DBA APEX) and first performs the delegated tasks for residents and thereafter as needed based on performance.
2. This requirement also applies to staff that have not performed delegated tasks in a period of time.
3. The supervision should be through the direct and indirect observation of the direct care staff performing the services. The resident or resident's responsible person may be interviewed to assure they are satisfied with the services they are receiving.
4. It is the responsibility of the RN staff to ensure the supervision is done within the time frames outlined above and specified on the resident's service/care plan.
5. Documentation of supervision activities will be retained in the employee's record.

7.4. Supervision of Staff – Non-Delegated Services

POLICY: Staff who only provide assisted living services at Pleasure Luxurious Living (DBA APEX) as specified below will be supervised periodically where the services are being provided to verify that work is being performed competently and to identify problems and solutions related to the staff person's ability perform the tasks.

PROCEDURE:

1. The supervision of the direct care staff will be completed by staff of Pleasure Luxurious Living (DBA APEX) having the authority, skills, and ability to provide the supervision of staff and who can implement changes as needed, and train staff.
2. Supervision will direct observation of the direct care staff while the staff are providing the services and may also include indirect methods of gaining input such as gathering feedback from the resident.
3. Supervisory review of staff will be provided at a frequency based on the staff person's competency and performance.
4. Documentation of supervision activities will be kept in the employee's record.

7.5. Resident Change in Condition or Need

POLICY: Pleasure Luxurious Living (DBA APEX) will conduct initial reviews and scheduled assessments and monitoring as required. And, when changes in condition or need are identified, a Registered Nurse will initiate a change in condition assessment. The assessment may be limited to only those issues where a change has been identified.

PROCEDURE:

1. If, as a result of the change in condition assessment, Pleasure Luxurious Living (DBA APEX) determines there should be a recommended change to services identified in the service/care plan, the community will communicate with the resident or resident's representative to determine if the recommended change will be added to the service/care plan, or if the resident or resident's representative elects to decline such a service/care plan change. Changes, or refusal of changes, will be documented.

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2. If the recommended change in service is not a service provided by Luxurious Assisted Living, the resident or resident's representative will be given the option to contract for such service to be provided by an outside provider and delivered to the resident in the assisted living community. (**as allowable by District of Columbia's regulations*)
3. Change of condition assessments will also be initiated after every resident returns back to Pleasure Luxurious Living (DBA APEX) from the hospital, emergency department or other medical/treatment stay.

7.6. Bathing Assistance

POLICY: To provide residents with safe, hygienic, and thorough bathing assistance.

PROCEDURE:

1. Assist resident to bathroom or position at bedside for sponge bath.
2. Assist residents to remove clothes.
3. Use water at a safe and comfortably warm temperature.
4. If shower or tub bath, assist resident into shower or tub.
5. Washing body parts resident cannot, using soap and water, face first, then upper body, after changing water (if sponge bathe using basin), lower body, then genital area last.
6. Protect residents from unnecessary exposure and chilling.
7. Dry skin surface.
8. Apply lotion to skin with special attention to reddened, discolored, dry and bony areas.
9. Assist residents to put on clothes following bath.
10. Assist residents out of bathroom or reposition in bed.
11. Notify RN if any new bruises, open sores, or skin irritations are discovered.
12. Document bathing assistance provided.

7.7. Catheter Care

POLICY: To provide residents safe, hygienic, and thorough catheter care.

PROCEDURE:

1. Assist residents in a comfortable and private location.
2. Wash hands and apply gloves
3. Assist residents to remove clothes.
4. Use water at a safe and comfortably warm temperature.
5. Hold catheter to prevent pulling.
6. Wipe downward away from urethral opening, with washcloth. Clean approximately 4 inches of catheter tubing, using warm water and soap.
7. Wash genital area from front to back, rinsing frequently.
8. Dry skin surface.
9. Place drainage tubing over the resident's leg, check tubing for evidence of urine flow.
10. Assist residents to put on clothes following catheter care.

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11. Remove gloves and wash hands.
12. Notify RN if any trauma or other unusual observations are made.
13. Document catheter care provided.

7.8. Denture Care

POLICY: To provide residents safe, hygienic, and thorough denture care assistance.

PROCEDURE:

1. Gather needed equipment
2. Explain procedure and provide privacy to resident
3. Wash hands and apply gloves
4. Remove dentures and place in a basin, protecting them from breakage
5. Brush and rinse dentures carefully using toothbrush, toothpaste and running water, “cup” dentures in your gloved hand
6. Place clean dentures into denture cup with water
7. Allow resident to brush and rinse mouth and tongue, as can
8. Check mouth for sores or redness
9. Assist residents to replace dentures. If dentures are stored, leave them covered in water.
10. Remove gloves and wash hands
11. Notify RN if any unusual oral issues are observed
12. Document denture care service provided.

7.9. Dressing Assistance

POLICY: To provide residents with safe and thorough dressing assistance.

PROCEDURE:

1. Assist residents to a comfortable area for dressing.
2. Wash hands.
3. Offer choices to residents in selection of clothing and footwear.
4. Assemble the residents’ clothing and shoes.
5. Position resident comfortably in bed or assist resident to sit safely on the side of the bed or chair.
6. Remove soiled clothing without unnecessary exposure.
7. Assist residents with dressing, as needed.
8. Move residents’ body gently and naturally. Avoid force and over extension of limbs and support joints.
9. For residents having a weak side, place weak arm/leg in clothing first. When removing clothing, remove weak arm/leg last.
10. Assist resident with stockings and shoes
11. Place soiled clothes in resident’s hamper
12. Wash hands
13. Document dressing assistance provided

7.10. Hospice and Dialysis

POLICY: When Pleasure Luxurious Living (DBA APEX) is aware a resident is receiving the services of a Hospice Agency or external Dialysis services for End Stage Renal Disease (ESRD), the community will, whenever possible, train staff regarding the situation and coordinate with the Hospice or ESRD vendor.

PROCEDURE—HOSPICE:

8. Initiation of Hospice services shall be documented as a change in condition in the resident record.
9. If Pleasure Luxurious Living (DBA APEX) is providing services to the hospice resident, the community will coordinate with the Hospice agency which services each will provide to the resident.
10. If the Hospice agency provides a hospital bed, Pleasure Luxurious Living (DBA APEX) will verify that, if bedrails/siderails are in use, the facilities siderail policy and procedure is followed.
11. Establish ongoing communication and documentation expectations with Hospice agency to facilitate coordination of care for resident.

PROCEDURE—DIALYSIS:

1. Initiation of Dialysis services shall be documented as a change in condition in the resident record.
2. Pleasure Luxurious Living (DBA APEX) staff that work with a resident on Dialysis must be trained in:
 - The care and monitoring of the Dialysis access site (when appropriate to tasks assigned)
 - Emergency procedures pertaining to the access site
 - Any fluid or diet restrictions that have been physician ordered and have been accepted as a responsibility of Luxurious Assisted Living
 - Any transportation arrangements that have been accepted as a responsibility of Luxurious Assisted Living

7.11. Mouth Care

POLICY: To provide residents safe, hygienic, and thorough mouth care assistance.

PROCEDURE:

1. Gather needed equipment
2. Explain procedure and provide privacy to resident
3. Wash hands and apply gloves
4. Encourage residents to do self-care, as much as possible.
5. Moisten toothbrush.
6. Apply toothpaste to brush.

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7. Brush resident's teeth using gentle, circular motion to all surfaces of teething, including gums, tongue, under tongue and roof of mouth.
8. Offer resident water to rinse.
9. Hold basin to allow resident to rinse and spit or have resident spit into bathroom sink.
10. Offer towel to wipe mouth, if needed.
11. Remove gloves and wash hands
12. Notify RN if any new oral issues are observed
13. Document any mouth care provided.

7.12. Nail Care

POLICY: To provide residents safe, hygienic, and thorough nail care assistance. Direct care staff will consult with an RN if for any special directions as they may apply to a diabetic resident.

PROCEDURE:

1. Gather needed equipment
2. Explain procedure and provide privacy to resident
3. Wash hands
4. Soak resident's hands or feet in warm soapy water for 2-3 minutes.
5. Clean nails and under nails.
6. Thoroughly dry hands/feet.
7. File nails straight across, if needed, to a length to allow white to show under the entire nail, leaving no rough edges.
8. Apply lotion to skin. (Do not apply lotion between toes)
9. Wash hands
10. Clean equipment, as needed
11. Notify RN if any new nail, cuticle, or skin issues are observed.
12. Document any nail care provided

7.13. Side rails

POLICY: When Pleasure Luxurious Living (DBA APEX) is aware a resident is utilizing side rails (a medical device) on a bed, Pleasure Luxurious Living (DBA APEX) will assess the use, educate the resident, and when appropriate, the responsible person, regarding the risks and benefits of side rails, and verify that the side rail in use is of a safe design and utilized consistent with the manufacturer's directions. This policy shall be followed regardless of who owns or is supplying the side rail.

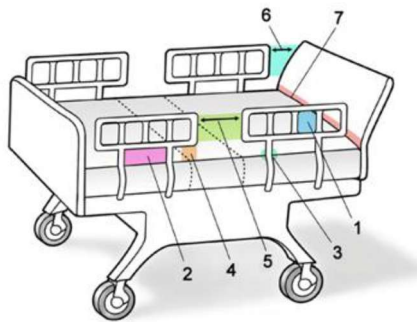
PROCEDURE—ASSESSMENT:

12. When side rails are in use, an RN must conduct an assessment to identify the intended purpose of the side rail and the risks regarding the use of the side rail. If the side rail is acting as a restraint, appropriate action should be taken.

PROCEDURE—VERIFY THE MEDICAL DEVICE IS SAFE:

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3. Staff from Pleasure Luxurious Living (DBA Apex) will determine if the side rail is safe. "Safe" shall be defined as meeting all of the requirements listed below:
 - a. The side rail is used consistent with manufacturer's directions. Be aware of side rails that slide between the mattress and box spring designed for toddler use.
 - b. The side rails are installed securely and maintained in good operating condition. Be aware of "wobbly" side rails.
 - c. The side rail design is consistent with the FDA's 2006 recommended dimensional measurements to reduce entrapment. This means side rail zones 1,2, and 3 must not exceed 4.75".



PROCEDURE—EDUCATION:

1. The resident and, when appropriate, the resident's representative, shall be informed of the risks and benefits regarding the use of side rails. The education provided will be documented in the resident record.

OPTIONAL PROCEDURE—HOSPICE and OTHER MEDICAL SUPPLIERS:

1. Pleasure Luxurious Living (DBA Apex) will inform local known hospice providers and known medical equipment suppliers that residents of Pleasure Luxurious Living (DBA APEX) will only be permitted to use side rails that comply with the 2006 FDA dimensional guidance to reduce entrapments. Assessments and Education procedures must still be followed.

7.14. Toileting Assistance

POLICY: To provide residents with safe, hygienic, and thorough toileting assistance.

PROCEDURE:

4. Assist residents to the bathroom and gather any incontinence products as needed.
5. Wash hands and apply gloves.
6. Explain to the resident what you are doing prior to starting the procedure.

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7. Either stay with the resident while on toilet or close the unlocked bathroom door per resident preference.
8. If resident wears an incontinence product, check if soiled or wet and change as needed.
9. Peri care should be performed after each bowel movement or each episode of incontinence. Always wipe from front to back and allow resident to clean self if able.
10. Assist with clothing adjustments, as needed. Make sure any incontinence products are positioned correctly.
11. Pay attention to any unusual color, odor, blood or pain with urine or stool and report to the nurse.
12. Encourage residents to wash hands thoroughly with soap and water after using the toilet.
13. When a commode is used, make sure brakes are locked and commode is in stable position. Commodes should be emptied and cleaned after each use.
14. Discard any soiled incontinence products and make sure bathroom area is clean.
15. Remove gloves and wash hands.
16. Notify RN of any abnormal urine or stool output.
17. Document any toileting assistance provided.

7.15. Support Stockings/TED Hose

POLICY: To provide residents safe and proper assistance with support stockings/ TED hose.

PROCEDURE:

1. Gather stockings and apply over residents' toes.
2. Gently pull stockings over heel and work stocking to desired length.
3. Carefully remove stockings as scheduled per resident service/care plan.
4. Rinse the stockings with water and hang them to dry each night.
5. Notify RN of any abnormal sores, bruising, or skin rashes.
6. Document support stocking/TED hose assistance provided

POLICY AREA	Companions
TITLE OF POLICY	8. Companions Requirement
REGULATORY REFERENCE (if any)	TITLE 22-B DCM § 10110.01

8.1. Companionship Services

POLICY: Companions play a vital role in enhancing residents' quality of life and addressing their emotional, social, and recreational needs. Pleasure Luxurious Living (DBA APEX) acknowledges that the provision of companionship services is an essential component of assisted living to address the non-medical and psychosocial needs of residents. It ensures residents' emotional well-being, reduces loneliness and social isolation, and improves their overall quality of life. Thus, Pleasure Luxurious Living (DBA APEX) provides companionship services for residents in accordance with the District of Columbia's regulations.

POCEDURE

A. Role of Companions

1. **Definition:** a. Companions are individuals that may provide companion services, including but not limited to cooking, housekeeping, errands, and providing social interaction with a resident b. Companions shall not perform medical or clinical tasks.
2. **Qualifications:** Prior to performing companion services for a resident companion must:
 - a. Complete a criminal background check for unlicensed professionals and shall be free from conviction of an offense listed in 22-B DCMR § 4705.1, or their equivalents, within 7 years prior to the criminal background check unless permitted under § 22-B DCMR § 4705.2.
 - b. Obtain a healthcare practitioner's written statement as to whether they bear any communicable diseases, including communicable tuberculosis
 - c. Provide and dated description of the type and frequency of services to be delivered to the resident
 - Pleasure Luxurious Living (DBA APEX) shall review the information to determine if the services are acceptable based on the resident's care needs, and notify the companion if the services to be provided are unacceptable
 - d. Undergo reference checks and screening to ensure they are qualified for the role Have the necessary interpersonal skills and empathy to provide meaningful companionship.

B. Companion Removal: Companions shall be subject to immediate removal from the ALR premises upon determination by the ALA or designee that:

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- a. They have or are suspected to have communicable disease presents a risk to the health and safety of the residents.
- b. Are mentally or physically incapable of performing their duties.
- c. They present a risk to the health and safety of the residents.
- d. Pleasure Luxurious Living (DBA APEX) shall permit a resident (or surrogate) to appeal the removal of their companion in accordance with the ALR's internal grievance procedures

C. Agreement

Pleasure Luxurious Living (DBA APEX) shall have a written agreement with each companion providing companion services on the ALR's premises, or the agency that employs them, if applicable, requiring the companion to report abuse, neglect, exploitation, or unusual incidents, such as changes in the resident's condition, to the ALR and describing the procedure by which such reporting shall occur

D. Supervision and Reporting

1. **Supervision:** a. Companions shall report to a designated supervisor within the Facility.
b. The supervisor is responsible for providing guidance, assigning companion roles, and overseeing their work.
2. **Documentation:** a. All companion activities shall be documented. b. Records shall include the date, time, activities, residents involved, and the impact of the companionship.

E. Resident Preferences and Involvement

1. **Individual Preferences:** a. Companions should be aware of and respect individual residents' preferences and boundaries. b. Resident choices regarding the selection of companions should be honored whenever possible.
2. **Involvement in Planning:** a. Residents or their surrogates have the right to be involved in planning companion schedules and activities. b. They may communicate their preferences and any concerns to the Facility management.

F. Training and Orientation

1. **Orientation:** a. Companions shall undergo an orientation program upon employment to familiarize themselves with the Facility's policies, procedures, and resident rights.
2. **Ongoing Training:** a. Companions will receive regular training on topics related to companionship, social interaction, and effective communication.

POLICY AREA	Emergency preparedness
TITLE OF POLICY	9. Emergency Preparedness
REGULATORY REFERENCE (if any)	TITLE 22-B DCM § 10110.01 / 42 CFR § 483.73

9.1. Emergency Preparedness Plan

POLICY: It is the intent that Pleasure Luxurious Living (DBA APEX) has in place an effective and compliant Emergency Preparedness Plan.

PROCEDURE:

Pleasure Luxurious Living (DBA APEX) emergency preparedness plan will include all required elements of state and local guidelines and any unique procedures for the community. The plan will be in writing and reviewed annually. The plan is based on our assisted living-based and community-based risk assessments, utilizing an all-hazards approach. Key elements of the plan include four primary components:

1. Risk assessment and planning
2. Policies and procedures
3. A communication plan
4. Staff training and exercises/drills

Pleasure Luxurious Living (DBA Apex) utilized a hazard vulnerability analysis tool to measure threats and hazards of concern, probability of events, measurements regarding the context of impact on people, property, and business, preparedness, and mitigation.

Pleasure Luxurious Living (DBA Apex) emergency preparedness plan includes a communications plan focusing on staff, entities under arrangement, other LTC providers, residents, volunteers, family members, state and federal contacts, and other sources of assistance. The communications plan is designed to share information and medical documentation regarding residents under our care to maintain continuity of care during an emergency.

Training – All staff will receive initial training on our emergency preparedness plan, as well as annual refresher training.

Residents will receive a modified training module regarding emergency preparedness and their role in assuring safety.

Exercises and Drills - Pleasure Luxurious Living (DBA APEX) will conduct emergency preparedness drills regularly that may include fire and evacuation drills.

9.2. Disaster Planning and Emergency

POLICY: Pleasure Luxurious Living (DBA APEX) recognizes the importance of ensuring the safety and well-being of residents during emergencies and disasters. This policy outlines our commitment to comprehensive disaster planning and emergency preparedness, as required by District of Columbia regulations.

Procedure:

1. Emergency Planning Coordinator:

- a. The Community shall designate an Emergency Planning Coordinator responsible for overseeing disaster planning and preparedness.
- b. The Emergency Planning Coordinator shall ensure compliance with District of Columbia regulations and shall serve as the primary contact for local emergency agencies.

2. Risk Assessment:

- a. The Community will conduct a comprehensive risk assessment to identify potential disasters and emergencies relevant to our location and residents. This includes but is not limited to fires, natural disasters, power outages, and pandemics.
- b. Risks should be regularly reviewed and updated to account for new potential threats.

3. Emergency Plan Development:

- a. The Community shall create a written emergency plan that outlines procedures to be followed in various emergency scenarios.
- b. The emergency plan shall include details on evacuation routes, designated emergency shelter locations, communication protocols, and roles and responsibilities of staff members during an emergency.

4. Resident Education:

- a. Residents and their families shall be educated on emergency procedures and provided with a copy of the Community's emergency plan.
- b. Regular drills and training shall be conducted to ensure residents are familiar with evacuation routes and emergency protocols.

5. Staff Training:

- a. All staff members shall receive training in disaster preparedness, including their roles and responsibilities during emergencies.
- b. Staff shall be educated in recognizing signs of resident distress and reporting such signs promptly.

6. Communication:

- a. The Community shall establish a clear communication system for notifying residents, staff, and families of emergencies. This includes using intercom systems, alarms, and electronic notifications.
- b. The Emergency Planning Coordinator shall be responsible for contacting local emergency agencies, as needed.

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7. Emergency Supplies:

- a. The Community shall maintain a stock of emergency supplies, including but not limited to first aid kits, non-perishable food, water, flashlights, batteries, and medical supplies.
- b. The emergency supplies shall be regularly inspected, maintained, and replenished as needed.

8. Evacuation Procedures:

- a. The Community shall have well-defined evacuation procedures for various types of emergencies.
- b. Evacuation routes and assembly points shall be clearly marked and communicated to residents and staff.

9. Drills and Testing:

- a. Regular drills and exercises shall be conducted to test the Community's preparedness for various emergency scenarios.
- b. The Emergency Planning Coordinator shall review the results of drills and exercises and make necessary adjustments to the emergency plan.

10. Record Keeping:

- a. All disaster planning and emergency preparedness documentation, including risk assessments, emergency plans, and records of drills, shall be maintained for a minimum of three years as required by District of Columbia regulations.

9.3. Physical Plant Requirements

POLICY: Pleasure Luxurious Living (DBA APEX) will comply with the site, physical environment, and fire safety requirements.

PROCEDURE:

LOCATION and PHYSICAL ENVIRONMENT

Pleasure Luxurious Living (DBA Apex) is located on property where:

1. Public utilities are available
2. Access is available to fire department services and emergency medical services
3. The topography provides sufficient natural drainage and is not subject to routine flooding
4. All weather roads and walks are provided and maintained
5. Space is available for outdoor activities for residents
6. The physical environment will be maintained in a good state of repair and operation in accordance with a maintenance and repair program.

FIRE PROTECTION

Pleasure Luxurious Living (DBA Apex) will provide and maintain:

1. Smoke alarms in each as specified by local authorities.
2. Smoke alarms in community halls and common areas as specified by local authorities
3. Portable fire extinguishers are available and located in areas specified by local authorities.

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4. Fire suppression systems are in place if required by state fire marshal authorities.

9.4. Bomb Threat

POLICY: Luxurious Assisted Living, to the best of its ability, will provide safe, orderly assistance to residents in the event of a bomb or bomb threat.

PROCEDURE:

1. The person receiving the bomb threat should keep the person on hold (do not hang up the phone).
2. Go to another phone line (cell phone) and call 911, but do not hang up the phone line in which the call came in on.
3. If the caller gives you any information, write down as much as possible such as:
 - a. The time set for the explosion
 - b. The exact location of the bomb
 - c. What the bomb looks like
 - d. The type of explosive device
 - e. Why the bomb was placed
4. Justify your request for more data by expressing a desire to save the lives of innocent people. Pay particular attention to any strange or unusual background noises and the voice of the caller.

Response to a bomb threat:

1. Wait for emergency personnel to advise you regarding evacuation of the building. It is recommended that the community be evacuated in all cases; however, circumstances will vary in each incident.
2. Do not use radios or walkie-talkies in the bomb threat area. (They may trigger the bomb)
3. If the building is evacuated, make sure everyone is removed at least 500 feet from the building.
4. Assign staff members to groups of residents to keep them calm and informed during the event.
5. Ask all visitors to assist residents if they are able.
6. Staff should make a visual check of their areas as they evacuate and report anything unusual to the police.
7. DO NOT touch anything suspicious.
8. Staff should account for all residents once evacuated.
9. Do not re-enter the building or an area of the building unless cleared by the proper authorities.

9.5. Fire Policy

POLICY: In the event of a fire, staff at Pleasure Luxurious Living (DBA Apex) will assist in protecting and providing safety to the residents, staff, and guests.

PROCEDURE:

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In the event of a fire:

- RACE
 - R – RESCUE: Remove all residents from danger. All should be evacuated to the safest exit or behind the nearest set of smoke compartment doors away from fire/smoke.
 - A – ALERT: Call 911. Tell them who, what, when, where. If the system is sounding, fire department will be on the way, but a call to 911 should still be made. Sprinklers will activate if necessary.
 - C – CONFINE: Close all doors leading towards the fire. Check all rooms and then CLOSE DOORS as you are evacuating the area.
 - E – EXTINGUISH: Extinguish the fire – only if safe to do so and you have followed all other steps in this procedure.
 - When the fire alarm is triggered all fire doors on magnetic holders will automatically close to contain smoke and fire. Residents should stay behind the fire doors. All other doors should be closed immediately to contain the fire or smoke, unless residents need to be evacuated.
 - The fire department will dispatch them immediately. The system is wired directly to the fire station. Once they arrive, staff will take orders and directions from them. They are in charge.
- All known fires must be reported to the fire department for investigation.
- Alarm is Sounding – No Apparent Fire
- Remain calm and keep residents as calm as possible. The fire department needs to come and shut off the alarm. If no one comes to give you further directions, and the alarm is off, you may open the fire doors and continue operations.

Sample way to conduct a planned fire drill:

1. Contact the fire department and the alarm company to let them know you are going to be conducting a drill.
2. Gather staff and explain the assignments and goals.
3. Notify residents that a fire drill will be conducted and ask them for their cooperation.
4. Plant a fake fire (use a red hand towel, for example)
5. Activate the alarm (optional)
6. Allow staff to:
 - a. Locate the fake fire. Remove residents from immediate danger by evacuating those closest to the fire and moving outwards.
 - b. Staff should account for all residents as they gather in the designated meeting place.
 - c. Call 911 even if the system is automated.
 - d. Then make a sweep of the building (except if danger is apparent.) Once everyone is accounted for.
7. Debrief with staff and residents about how the drill went and discuss areas for improvement.

Resident Training

Residents who can assist in their own evacuation shall be trained in the proper actions to take in the event of a fire to include movement, evacuation, or relocation. This training must be made available to residents at least once per year.

Staff Training

Staff shall receive training on fire safety and evacuation plans upon hire and regularly thereafter.

9.6. Fire Safety, Evacuation Plan, Fire Drills

POLICY: Pleasure Luxurious Living (DBA APEX) will develop and maintain a compliant fire safety and evacuation plan.

PROCEDURE: The plan will include:

1. The location and number of units.
2. Employee actions to be taken in the event of a fire or similar emergency.
3. Fire protection procedures necessary for residents.
4. Procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.
5. All employees of Pleasure Luxurious Living (DBA APEX) will be trained on the fire safety and evacuation plans upon hire and regularly thereafter.
6. The fire safety and evacuation plans shall be readily available at all times within the community.
7. Evacuation training for residents must be made available at least once each year
8. Fire/evacuation drills for staff and residents should be conducted on a regular schedule and at different times different shifts.

9.7. Heat and Humidity

POLICY: Luxurious Assisted Living, to the best of its ability, will provide precautionary and preventive measures for the residents during the hot and humid summer months.

PROCEDURE:

1. Staff will work with residents to assist in keeping air circulating in units.
2. Staff and/or residents should draw all shades, blinds and curtains in rooms when exposed to direct sunlight.
3. If need be, residents will be brought to areas of the community that are less exposed to direct sunlight.
4. Pleasure Luxurious Living (DBA APEX) will keep outdoor activities to a minimum due to weather.
5. Staff will do periodic checks to see that residents are appropriately dressed.
6. Staff will provide and encourage residents to consume water and fluids on days when it excessively hot and/or humid.

9.8. Severe Weather

POLICY: In the event of severe weather, Pleasure Luxurious Living (DBA APEX) staff will assist in notifying, protecting, and providing safety to residents and guests.

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Pleasure Luxurious Living (DBA APEX) will have a system of being notified of severe weather – this may be a weather radio, a weather app, or similar device or app.

PROCEDURE:

Severe Weather/Tornado Watch

Conditions are right for severe weather. You should be aware of weather conditions when skies are dark; wind is blowing, etc. Tornadoes may develop. Staff must be aware and ready to respond.

1. Account for all residents. Request that those outside come indoors.
2. Explain the situation to all residents.
3. Turn TV to a local channel for status updates.
4. Close all windows and blinds in common areas and resident rooms.
5. Get out flashlights. Make sure they are in workable condition.
6. Have flashlight with you at all times as well as a portable phone.

Severe Weather/Tornado Warning (Sirens are Going Off)

1. Instruct residents to take cover in their bathrooms, storerooms, or in a corner of their room away from windows. If possible, residents should be moved to common areas inside the center such as activity rooms, internal dining areas, gyms, etc., and away from doors and windows. They should not be in a room with windows, when possible.
2. Reassure residents. Keep them up to date on what is going on.
3. If damage has occurred following severe weather:
 - a. Call 911 for assistance with injuries or transportation to the ER
 - b. Notify maintenance/caretaker.
 - c. Call Supervisor/Assisted Living Director
 - d. Notify all family members, as needed, with an update

9.9. Water Shortage

POLICY: Luxurious Assisted Living, to the best of its ability, will have adequate potable and non-potable water supply on hand to supply residents with water for necessities. Such emergency water supply will meet state requirements, if applicable,

PROCEDURE:

1. If there is a known shortage of water, notify the Assisted Living Director and Maintenance Supervisor immediately.
2. All attempts will be made to determine the cause for water disruption and the probable length of the shutdown.
3. Food Service staff will distribute emergency meals and provide juice, bottled water and other beverages that are to hand for residents.
4. Unless contaminated by the water disruption, the hot water in the hot water tanks will be used by the kitchen staff for cooking purposes, if necessary.
5. Disposable dishes and utensils may be used during emergencies.
6. If necessary, water will be brought in and dispensed as needed. This water supply is only for necessary circumstances and should be used conservatively.

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7. If it becomes apparent that a water shortage will last for an undetermined length of time, the Assisted Living Director will take appropriate emergency measures to ensure proper care for those whose care has been disrupted by lack of water supply.
8. Arrangements will be made to bring water in or transfer residents to alternate housing, as needed, until the problem has been resolved.

9.10. Winter Storms

POLICY: Luxurious Assisted Living, to the best of its ability, will provide safety precautions to residents and staff during a winter storm which may include, but not be limited to, blizzards, heavy snow, freezing rain, ice storms or sleet.

PROCEDURE:

1. Staff will keep posted on all-weather bulletins and relay to others.
2. Keep residents informed of the weather status – advise against going outside.
3. Staff will have portable weather radios available and on during the storm.
4. Staff and residents may need to be prepared for sheltering in place at the community.
5. Make sure all emergency equipment and supplies are on hand or can be readily obtained.
6. Make sure emergency food supplies and food service equipment are on hand.
7. Make sure an emergency supply of potable and non-potable water is available.
8. Make sure the heating system is operable.
9. Use extra blankets/quilts, etc. that the residents have available and keep residents as warm as possible.
10. Keep flashlights handy and extra batteries available, as needed.
11. To keep heat in, close drapes on cloudy days and at night.
12. Be prepared to evacuate residents but only if necessary and ordered to do so by local emergency management authorities.
13. Do not make any unnecessary trips outside. If you must go outside, make sure you are properly dressed, and fully covered.
14. Call Assisted Living Director as needed, for updates and support. Management will call resources and additional staff as needed.

9.11. Emergency Notification for Residents

POLICY: Pleasure Luxurious Living (DBA APEX) is dedicated to ensuring the safety and well-being of its residents in the event of emergencies such as utility outages, environmental hazards, and other substantial threats. This policy outlines the procedures for notifying residents promptly and effectively during such situations.

PROCEDURE:

1. **Emergency Notification System:**
 - Pleasure Luxurious Living (DBA APEX) will maintain an emergency notification system designed to alert residents in the event of an emergency.
2. **Types of Emergencies:**

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- The emergency notification system will be activated for emergencies such as utility outages (e.g., power, water), environmental hazards (e.g., severe weather, fire), and other events posing substantial threats to resident safety.
3. **Notification Methods:**
 - The facility will utilize multiple notification methods for redundancy, including but not limited to:
 - Audible alarms and intercom announcements.
 - Text messages or calls to resident-registered emergency contact numbers.
 - Visual alerts, such as flashing lights.
 - Staff members are stationed throughout the facility to provide assistance and information.
 4. **Testing and Maintenance:**
 - Regular testing and maintenance of the emergency notification system will be conducted to ensure its functionality.
 - Tests will be conducted without prior notice to residents to simulate real emergency situations.
 5. **Resident Education:**
 - During the admission process, residents will be informed of the emergency notification system and its various components.
 - Residents will receive training on how to respond during emergency situations.
 6. **Emergency Drills:**
 - Periodic emergency drills and exercises will be conducted to practice response and ensure residents understand how to react in various scenarios.
 - Residents and staff will be informed about the timing and nature of these drills in advance.
 7. **Family Notification:**
 - In the event of a substantial threat, Pleasure Luxurious Living (DBA Apex) will promptly notify the emergency contacts of residents.
 - Information regarding the nature of the emergency and safety procedures will be provided to emergency contacts.
 8. **Access to Safety Areas:**
 - Procedures for directing residents to designated safety areas within the facility will be established, and residents will be informed about these locations.
 9. **Notification Updates:**
 - In the event of a prolonged emergency, Pleasure Luxurious Living (DBA Apex) will provide regular updates to residents and their emergency contacts regarding the status of the situation.
 10. **Deactivation of Notifications:**
 - The emergency notification system will be deactivated only when it is confirmed that the emergency has been resolved, and it is safe to do so.
 11. **Documentation:**
 - Records of all emergency notifications, drills, and training sessions will be maintained for review and compliance purposes.

POLICY AREA	Employment
TITLE OF POLICY	10. Employment and Contracting
REGULATORY REFERENCE (if any)	TITLE 22-B DCM § 10110.01

10.1. Monitoring of Independent Contractors

POLICY: Pleasure Luxurious Living (DBA APEX) recognizes the importance of ensuring the safety and well-being of residents and the integrity of services provided by independent contractors on the ALR's premises. This policy outlines the procedures for monitoring independent contractors who perform work on behalf of the ALR or its residents.

PROCEDURE:

1. Contractor Vetting and Approval:

- a. Before an independent contractor is permitted to work on the ALR's premises, they must undergo a comprehensive vetting process.
- b. Independent contractors are required to provide necessary documentation, including proof of licensure, insurance, and any other relevant credentials.
- c. The ALR will maintain a record of vetted and approved independent contractors, which will include their contact information, license details, and the services they are authorized to provide.

2. Contract Review and Agreement:

- a. Prior to the commencement of services, the ALR and the independent contractor shall enter into a written agreement specifying the scope of work, terms of service, and the duration of the contract.
- b. The agreement must clearly outline expectations regarding compliance with ALR policies and relevant regulations, including provisions related to privacy, confidentiality, and the protection of residents' rights.

3. Supervision and Monitoring:

- a. Independent contractors must be supervised by a designated ALR staff member during their time on the premises.
- b. Monitoring may include periodic inspections of the contractor's work, ensuring compliance with the agreed-upon services and any necessary modifications, and addressing any concerns promptly.
- c. The ALR will maintain a log of supervisory activities, including dates and descriptions of monitoring efforts.

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4. Identification and Access:

- a. All independent contractors must be easily identifiable while on ALR's premises. They may be required to wear badges or uniforms that distinguish them as contractors.
- b. Independent contractors will only be granted access to areas relevant to their contracted services and within the boundaries defined by the agreement.
- c. Any contractor accessing resident areas must adhere to the same access control and privacy policies as ALR staff members.

5. Incident Reporting:

- a. Any incidents, concerns, or complaints related to independent contractors' services or conduct must be reported to the ALR management promptly.
- b. The ALR will investigate reported incidents, take appropriate actions as necessary, and document the findings and actions taken.

6. Regular Performance Review:

- a. The ALR will conduct periodic reviews of independent contractors' performance to ensure they meet the agreed-upon standards and provide quality services.
- b. Reviews may include resident feedback, observations, and evaluations by ALR staff.

7. Contract Termination:

- a. The ALR reserves the right to terminate the contract with an independent contractor if they fail to meet the agreed-upon standards, violate ALR policies or regulations, or do not perform services to the satisfaction of the residents.
- b. Termination procedures should be clearly outlined in the contract agreement.

8. Documentation and Records:

- a. The ALR will maintain records of all independent contractors' agreements, vetting documentation, supervisory logs, and performance reviews.
- b. Documentation shall be retained for a minimum of three years.

10.2. Availability of the ALA to the ALR staff

POLICY: Pleasure Luxurious Living (DBA APEX) acknowledges the significance of ensuring the presence and accessibility of an Assisted Living Administrator (ALA) to assist and support staff members in delivering high-quality care and services. Pleasure Luxurious Living (DBA APEX) is committed to maintaining an open line of communication between the ALA and ALR staff members. This policy aims to ensure that ALA support and guidance are readily available to staff.

PROCEDURE:

1. ALA Availability:

- a. The ALA is available during designated business hours, as outlined in the ALR's schedule.
- b. The ALA's office location and contact information will be prominently displayed within the ALR premises for easy access by staff members.

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2. Staff Access to ALA:

- a. ALR staff members are encouraged to consult the ALA for guidance, advice, and support on various issues related to resident care, facility operations, and staff concerns.
- b. The ALA is responsible for being approachable and available to address staff inquiries and support their needs promptly.
- c. Scheduled appointments can be arranged if necessary.

3. Open-Door Policy:

- a. The ALA will maintain an open-door policy, welcoming staff to approach them with questions or concerns.
- b. The ALA will ensure that their office door is open during office hours and that staff feel comfortable addressing their needs.

4. Communication Channels:

- a. Staff members can contact the ALA through direct in-person communication, telephone, or email during the designated office hours.
- b. An effective communication system will be in place to ensure that all staff members are aware of the ALA's availability and preferred contact methods.

5. Supervisory and Managerial Support:

- a. The ALA will offer supervisory guidance and support, ensuring that departmental managers and supervisors are adequately equipped to handle daily operational challenges and staff concerns.
- b. The ALA may participate in regular departmental meetings to address staff needs and help as required.

6. Educational Support and Training:

- a. The ALA will provide educational resources, training, and guidance to staff members for professional development, enhancing caregiving skills, and keeping them updated on the latest practices and regulations in the field.
- b. The ALA will be available to address staff queries or concerns related to training programs, ensuring staff are adequately equipped to perform their roles.

7. Resident Care Support:

- a. The ALA will be available to aid staff in addressing complex care-related issues, especially when making critical care decisions for residents.
- b. When significant resident care issues arise, the ALA will work closely with staff to resolve them effectively and in the best interest of the residents.

8. Confidentiality and Professionalism:

- a. The ALA will maintain strict confidentiality regarding staff inquiries and concerns, ensuring that personal or professional matters discussed are kept confidential.
- b. Professionalism in addressing staff concerns and offering advice or support will be always maintained.

9. Availability During Emergencies:

- a. The ALA will be accessible to staff during emergency situations.
- b. Contact information for emergency situations will be provided to staff and prominently displayed.

10. Feedback and Collaboration:

- a. Staff members are encouraged to provide feedback on the support and guidance offered by the ALA to improve service quality continuously.
- b. Collaboration and an open-door policy will be maintained to foster a positive and supportive work environment.

10.3. Contacting the ALR Registered Nurse

Policy Statement: The ALR ensures the availability and accessibility of the Registered Nurse (RN) to address the health-related concerns of residents and provide guidance to staff. This policy defines procedures for contacting the ALR's Registered Nurse and outlines expectations for communication.

PROCEDURE:

1. RN Contact Information:

- a. The ALR will provide contact information for the Registered Nurse, including office extension, email address, and emergency contact number.
- b. Any updates or changes to the RN's contact information will be communicated promptly to staff.

2. Office Hours and Availability:

- a. The RN will maintain regular office hours and will be available for in-person consultations during these hours.
- b. Office hours and availability schedules will be communicated to staff and prominently displayed in the facility.

3. Staff Communication Channels:

- a. Staff members can directly contact the RN during office hours through phone, in-person visits, or inter-office communication systems.
- b. Email communication is also available to discuss non-urgent matters, and the RN will respond during office hours.

4. Scheduled Visits:

- a. The Registered Nurse will conduct scheduled visits to assess residents' health, administer medications, or provide medical care as needed.
- b. Staff members will be informed of the schedule for these visits to ensure coordination and communication.

5. Requesting Consultations:

- a. Staff members who need to consult with the Registered Nurse can schedule appointments during their office hours.
- b. The Registered Nurse will allocate specific times for consultations to address staff inquiries or concerns.

6. Emergency Contact Procedures:

- a. Procedures for contacting the RN in case of emergency will be clearly outlined and communicated to all staff members.

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- b. Emergency contact information, including after-hours contact, will be made available for urgent medical matters.
- 7. **Documentation and Reporting:**
 - a. Staff members contacting the RN must document the reason for contact, any advice or instructions received, and actions taken.
 - b. The RN will maintain records of all communications, recommendations, and interventions provided.
- 8. **Follow-Up and Resolution:**
 - a. The RN will follow up on all reported health concerns or medical queries from staff or residents.
 - b. The RN will guide staff on the steps to address residents' health issues or modify care plans if needed.
- 9. **Prompt Responses:**
 - a. The Registered Nurse will make every effort to provide timely responses to staff inquiries, concerns, or requests for assistance.
 - b. Response times may vary depending on the nature and urgency of the matter but will be communicated to the staff members.
- 10. **Confidentiality and Compliance:**
 - a. All communications with the RN regarding resident health information must be treated confidentially.
 - b. Staff members must comply with health information privacy regulations and avoid discussing residents' health matters in common areas.
- 11. **Feedback Mechanism:**
 - a. Staff members are encouraged to provide feedback on their interactions with the Registered Nurse.
 - b. Feedback may be submitted anonymously or with identification and will be used to improve the communication process.
- 12. **Education and Training:**
 - a. Staff members will receive training on how to contact the RN, the process for communication, and documentation requirements.
 - b. New staff members will be focused on the policy and procedures concerning communication with the RN.

10.4. Private Duty Healthcare Professionals

POLICY: Pleasure Luxurious Living (DBA APEX) allows residents to engage Private Duty Healthcare Professionals to provide additional health care services not covered by the ALR's standard services. This policy ensures the coordination, oversight, and regulation of Private Duty Healthcare Professionals within the ALR, in accordance with District of Columbia regulations, while safeguarding the health, safety, and welfare of all residents and staff.

PROCEDURE

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1. Pleasure Luxurious Living (DBA APEX) shall require all private duty healthcare professionals that provide healthcare related services on its premises to comply with District of Columbia's applicable regulatory requirements as a condition of providing service on the ALR's premises
2. Pleasure Luxurious Living (DBA APEX) shall require that private duty healthcare professionals engaged to provide healthcare-related services to the resident on the ALR's premises on a recurring basis:
 - a. Be certified, registered, licensed, or otherwise authorized by the District of Columbia to render the healthcare-related service they will provide to the resident
 - b. Maintain an accurate and current personnel record with the ALR that includes, but is not limited to, the following:
 - A signed and dated description of the services to be rendered to the resident
 - A copy of the registration, certification, license, or other authorization required for the nurse, aide, or other healthcare professional to lawfully practice the healthcare-related services being rendered in the District of Columbia
 - Initial date and final date, if known, of providing service to resident on the ALR's premises
 - A healthcare practitioner's written statement as to whether healthcare professional bears any communicable diseases, including communicable tuberculosis
 - If the nurse, aide, or other healthcare professional is providing care to the resident under the employ of an agency
 - i. The name, address, telephone number of the agency
 - ii. The name and telephone number of the private nurse, aide, or other healthcare professional's immediate supervisor
 - iii. A copy of the agency's license or other authorization to operate in the District.
 - c. Administer prescription medication to only the resident for whom the medication was prescribed, or assist in the self-administering of prescription medication for only the resident to whom the medication was prescribed
 - d. Be subject to immediate removal from the premises upon determination by the ALA or designee that the healthcare professional has, or is suspected to have, a communicable disease, is mentally or physically incapable of performing his or her duties, or otherwise presents a risk to the health and safety of one (1) or more residents in the ALR
3. Pleasure Luxurious Living (DBA APEX) shall inform a resident (or surrogate) promptly if a private duty healthcare professional he or she has contracted has been removed for the premises
 - a. The ALR shall provide reason for the removal and its intended duration, and provide the resident (or surrogate) with an opportunity to appeal its decision in accordance with the ALR's internal grievance procedures
4. Pleasure Luxurious Living (DBA APEX) shall have a written agreement with each private duty healthcare professional providing healthcare services on the ALR's premises, or the agency that employs them, if applicable, requiring the private duty healthcare professional to report the following events to the ALR and describing the procedure by which such reporting shall occur:
 - a. Medication errors and adverse drug reactions.

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- b. Abuse, neglect, exploitation, or unusual incidents, such as changes in the resident's condition
 - c. Any restriction of, suspension, revocation, or failure to renew the healthcare professional's license or other authorization to practice his or her healthcare profession in the District.
5. Private Duty Healthcare Professional shall not be authorized to practice outside the scope of their authority to practice their profession in the District.

10.5. Background Check

POLICY: Pleasure Luxurious Living (DBA APEX) will conduct background check on all employees and volunteers and contractors.

No employee may provide direct services and have independent direct contact with any residents until acceptable results of the background check have been received. Pleasure Luxurious Living (DBA APEX) will not employ unlicensed personnel whose results of the background check indicate disqualification in accordance to District of Columbia's "Health-Care-Facility Unlicensed Personnel Criminal Background Checks" regulation also known as Chapter 47

PROCEDURE:

1. Pleasure Luxurious Living (DBA APEX) shall ensure that unlicensed personnel shall go through and be cleared by a criminal background check conducted based on District of Columbia's Chapter 47 regulatory requirements prior to employment.
2. Pleasure Luxurious Living (DBA APEX) shall obtain clearance of unlicensed applicants from DC Health prior to employment
3. If hired prior to receiving the results of the background check, or the tentative background check results indicate more time is needed, new hires shall not be permitted to interact or provide services to residents of Pleasure Luxurious Living (DBA Apex) (DBA Apex).
4. Once an approved background check has been received, staff may work with residents, assuming all other requirements have been met.
5. Copies of completed background check shall be kept in individual employee records.
- 5.6. Pleasure Luxurious Living (DBA APEX) shall ensure that its licensed healthcare professionals hold District of Columbia issued requisite certificate, registration, or license

10.6. Employee Records

POLICY: Pleasure Luxurious Living (DBA APEX) will keep an employee record for all paid employees. Employee records will be kept up-to-date and confidential.

PROCEDURE:

1. Employee records for each person will include:

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- a. Evidence of current professional licensure, registration or certificate, if required
 - b. Records of all training and in-service education required and/or provided including record of competency testing as required
 - c. Current signed job description, which includes qualifications, responsibilities, and identification of supervisors, if any
 - d. Documentation of annual performance reviews that identify areas of improvement needed and training needs
 - e. A healthcare practitioner's written statement as to whether the employee bears any communicable diseases, including communicable tuberculosis
 - An annual basis freedom from tuberculosis documentation for all employees, including the ALA, provided by the employee's licensed healthcare practitioner as annual test shall be required by the facility
 - f. Documentation of a completed criminal background study
 - g. Evidence that a reference check has been completed
 - h. Verification of completed orientation and annual training and competency testing as required
2. Other documents that may be included in an employee record include:
 - a. Completed employee application
 - b. Resume (when provided)
 - c. Proof of I-9 compliance
 - d. Completed W-4
 - e. Verification that reference checks were completed prior to hire
 - f. Record of annual training on A Workplace Accident and Injury Reduction (AWAIR) program
 - g. Record of Vulnerable adult prevention and reporting/ abuse and neglect prevention plan training
 - h. Information regarding employee benefits provided or elected
 - i. Other records deemed appropriate
3. Other documents that may be included in separate employee file with related health information:
 - a) Employee injury records, including any exposure to blood borne pathogens
 - b) Workers' compensation records
 - c) Any other health screenings required by infection control programs established
 - d) Other applicable health records
4. Employee records are confidential and may be viewed only by people authorized to have access to the information. Information released to other entities regarding current or terminated employees will be limited to verification of dates of employment, job classification and salary. This information will be released only with written authorization of the employee, except as required by law.
5. If applicable and appropriate Pleasure Luxurious Living (DBA APEX) will provide employee training records completed by request, to the employee or applicable community, with the employee's permission.
6. Employee records will be retained for at least three years after an employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with Luxurious Assisted Living.

10.7. Staffing & Scheduling

POLICY: Pleasure Luxurious Living (DBA APEX) will ensure qualified employees will be scheduled to meet operational requirements and the needs of the residents.

PROCEDURE:

1. Pleasure Luxurious Living (DBA APEX) will develop and implement a written staffing plan that provides an adequate number of qualified direct-care staff to meet the residents' needs.
2. Pleasure Luxurious Living (DBA APEX) will ensure that staffing levels are adequate to address the following:
 - a. Each resident's needs, as identified in the resident's service/care plan and assisted living agreement
 - b. Each resident's acuity level, as determined by the most recent assessment or individualized review
 - c. The ability of staff to timely meet the residents' scheduled and reasonably foreseeable unscheduled needs given the physical layout of the community premises
3. Any employee requesting days off should, in writing, give the supervisor requested days off prior to the posting of the schedule.
4. If changes are needed after the posting of the schedule, employees are responsible to find their own qualified and capable replacement. Employees are responsible for filling out the appropriate PTO or trade request form and receiving approval from the supervisor.
5. In case of an illness or emergency, employees must notify the supervisor by telephone at least two (2) hours in advance of the scheduled work time. For any reason employees are not available to work your scheduled shift, it is an employee's responsibility to make every attempt to find a Pleasure Luxurious Living (DBA APEX) staff person to replace your shift. (Limited exceptions may include hospitalization, personal or family emergencies or death)
6. The supervisor has the authority, or may delegate the authority, to replace an employee with a temporary agency as needed.

10.8. Temporary and Contracted Staff

POLICY: At times Pleasure Luxurious Living (DBA APEX) may need to arrange for temporary supplemental staffing or contracted staff. Such staff will only be used if they meet the same requirements required as hired employees and will be treated as if they are staff of the community.

PROCEDURE:

- Staff must be oriented to the individual needs of each assigned resident, the service/care plan, methods of documentation, and other elements required to provide safe home care services.

10.9. Reference Checks

POLICY: Supervisors hiring for positions at Pleasure Luxurious Living (DBA APEX) will check references on potential new employees.

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PROCEDURE:

1. A minimum of two reference checks will be made on each applicant being considered for any position.
2. Reference checks may be made in writing or by telephone.
3. Reference check form will be discarded after a hiring decision has been made.
4. A record of the reference check being completed will be kept in an employee's record.