	OCEANSIDE ELDERLY CARE HOME 452
	PLAN OF OPERATION RELATED TO CARE OF PERSONS WITH DEMENTIA

Our goal is to assist memory impaired residents in reaching their highest potential while sustaining their independence and overall wellbeing. Our philosophy focuses on the connection between the resident, environment, staff and family members. It places its' emphasis on the whole person, always recognizing the individual with respect and dignity. We passionately support the individuality of resident preferences while continually striving for a spirit of wellbeing for all residents.

Goals

1. Residents are relaxed and content and are active and engaged in activities.
2. The atmosphere is cheery and homey where residents will enjoy the feeling of being in their own home as opposed to a clinical environment.
3. Residents are alert, well groomed and clean due to outstanding care and supervision by our staff.
4. Residents are treated with dignity and respect.
5. Privacy and confidentiality is respected.
6. There is open communication among staff, families and residents.

Program Review

We shall, on an ongoing basis, review our facility programs pertaining to care of all residents.

1. Is staffing level sufficient?
2. Are staff satisfied with the performance of their duties?
3. Is resident and family feedback positive?
4. Can changes be made to avoid unusual incidents?
5. Are residents participating in and enjoying our activity program?

We shall make necessary adjustments to our program to better meet our residents' needs.

Overview

We shall comply with the requirements of Title 22 Division 6 Chapter 8 Section 87705, 87706 and 87707.

Per regulations 87705 we shall make our plan of operation related to care of persons with dementia part of our overall facility plan of operation. We shall follow the policies and procedures outlined in this plan.

Our facility written plan of operation including our dementia specific policies and programming are available for review upon request to the administrator by residents, family, responsible party and conservators prior to and after admission.

Residents with mild cognitive impairment are not considered to have dementia.

Dementia care is provided throughout the facility. A resident with dementia will reside in a nonambulatory room only.

Physicians will be consulted for any challenging behaviors which cannot be resolved through routine redirection and programming. Additionally, the physician will be consulted for service plan interventions appropriate to the specific medical condition of the resident on an as needed basis.

Staffing

1. Oceanside Elderly Care Home 452 employs an adequate number of direct care staff, 24 hours a day, to support each resident's physical, social, emotional, safety and health care needs as identified in his/her current appraisal.

2. At a minimum, between 10pm and 6am, at least one staff person shall be awake and on duty if any resident with dementia is determined through a preadmission appraisal, reappraisal or observation to require awake night supervision to ensure the resident’s safety and meet their needs.

3. We shall, on an ongoing basis, review our facility programs pertaining to care of residents with dementia.

    a. Is staffing level sufficient?
    b. Are staff satisfied with the performance of their duties?
    c. Is resident and family feedback positive?
    d. Can changes be made to avoid unusual incidents?
    e. Are residents participating in and enjoying our activity program?

4. We shall make necessary adjustments to our program to better meet our residents’ needs.

Services Available for Residents with Dementia

1. Assistance with eating.
2. Redirection and distraction techniques if the residents' actions may pose a hazard to themselves or others.
3. Incontinent care.
4. Hygiene and dental care.
5. Personalized activities.
6. Monitoring for changes with appropriate notification to the MD.
7. Assistance with medication routines.
8. Observation for changes in behaviors that would warrant MD intervention.

Staff Qualifications

Staff who assist residents with ADLs shall meet all requirements as outlined in Section B5 and B6 of this Plan of Operations. In addition, staff shall be knowledgeable in:

1. Procedures for notifying the resident's physician, family members and responsible persons who have requested notification, and conservator, if any, when a resident's behavior or condition changes.

2. Safety measures to address behaviors such as wandering, aggressive behavior and ingestion of toxic materials.

Staff Training Specific to Dementia Care

Prior to caring for residents with dementia, staff will successfully complete at least six hours of appropriate training specific to dementia care. This training shall be exclusively on the care of residents with dementia. The training may include video instruction tapes, lecture, group discussion, hands on mentoring and study manuals.

Training shall include:

1. Dementia care, including the use and misuse of antipsychotics, the interaction of drugs commonly used by the elderly, and the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia.
2. The special needs of persons with Alzheimer's disease and dementia, including nonpharmacologic, person-centered approaches to dementia care.
3. Dementia care, identifying and reporting resident abuse and neglect, knowledge about hydration, skin care, communication, therapeutic activities, behavioral challenges, the environment, and assisting with activities of daily living.

In addition, training shall cover recognizing symptoms that may create or aggravate dementia behaviors, including, but not limited to, dehydration, urinary tract infections, and problems with swallowing; and recognizing the effects of medications on residents commonly used to treat the symptoms of dementia.

Training materials are approved by organizations or individuals specializing in dementia. Orientation may include up to two hours of mentoring and hands-on training from direct care staff who have completed six hours of orientation specific to the care of residents with dementia and eight hours of in-service training on the subject of serving residents with dementia.

Annual Staff Training Related to Dementia Care

The annual training will include at least 8 hours of training on dementia care, including the use and misuse of antipsychotics, the interaction of drugs commonly used by the elderly, and the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia. This training shall be developed in consultation with individuals or organizations with specific expertise in dementia care or by an outside source with expertise in dementia care. In formulating and providing this training, reference may be made to written materials and literature on dementia and the care and treatment of persons with dementia. This training requirement may be satisfied in one day or over a period of time. This training requirement may be provided at the facility or offsite and may include a combination of observation and practical application.

Dementia Trainer Qualifications

The trainer shall have a minimum of eight hours of certifiable continuing education or three semester units, or the equivalent, from an accredited educational institution, on topics relevant to caring for individuals with dementia and one of the following experience requirements:

1. Current employment as a consultant with expertise in dementia care.
2. Two years full-time experience, or the equivalent, within the last four years, as an RCFE administrator or as a direct care provider for individuals with dementia.

Non-Allowable Conditions

1. Prohibited Health Conditions (unless an exception is granted by CCL):

    a. Gastrostomy tubes, tracheostomy, nasogastric tubes, IV's.
    b. Infectious disease.
    c. Applicants requiring in patient care in a health facility
    d. Oxygen tents
    e. Un-managed incontinence
    f. Disabling contractures
    g. Diabetics with metabolic instability
    h. Wounds requiring irrigation
    i. Stage 3 & 4 dermal ulcers
    j. Those requiring complete assistance with all activities of daily living

2. Residents determined by their physicians to have a primary diagnosis of mental disorder, unrelated to dementia.

3. Suicidal ideations.

4. Unsafe behavior that may pose a hazard to the resident or others.

Physical Environment Related to Dementia Care

We shall provide a dementia friendly environment, including labeling common items, reducing background noise, and providing colorful stimulation which can have significant benefits on the resident's symptoms including reducing agitation, and possibly confusion.

We shall:

1. Encourage a homelike setting: familiar furniture, comforters, pictures, and decorations.

2. Display resident's artwork or pictures related to the resident's favorite hobby.

3. Eliminate background noise and play soft music during meals and ADLs.

4. Provide chairs that are easy to get in and out of, and tables at the correct height.

5. Provide drawers and closets that open easily.

6. Avoid clutter which can increase confusion and agitation from excessive decorations, or general clutter around the facility.

7. Use soft, but sufficient lighting.

8. Keep common areas and hallways easy to navigate: adequate lighting, good spacing between furniture, color contrast between floors and walls, adequate handrails.

Facility Safety

All residents and/or responsible parties are informed of environmental safety policy prior to admission

Non-Ambulatory Status

A resident who is unable to or unlikely to respond either physically or mentally to oral instructions relating to fire or other dangers and to independently take appropriate actions during emergencies or drills will reside only in rooms with non-ambulatory fire clearance.

Safety and Storage of Hazardous Materials

The administrator will make routine inspections of the facility to look for any unsafe materials or conditions. Staff are trained to also observe for these conditions. Any materials that may pose a hazard to residents by coming in contact with them or ingesting them, are kept in locked storage and are inaccessible to residents. Staff are trained to observe for these materials and proper storage. This may include laundry supplies, cleaning supplies, knives, sharp utensils, matches, personal hygiene supplies, gardening supplies, over-the-counter medication, nutritional supplements or vitamins, alcohol, cigarettes, etc. However, residents with dementia shall be allowed to keep personal grooming and hygiene items in their own possession, unless there is documentation from the resident's physician that the resident is at risk if allowed direct access to personal grooming and hygiene items.

Physical Plant Safety

The knobs are removed from the oven/range to make it inoperable when the kitchen is not supervised by staff.

Routine inspections take place to ensure the safety of all equipment and furniture.

We have no heaters or wood stoves in the facility. The water heater and circuit breakers are inaccessible to residents.

There is no pool or body of water on the grounds.

Medications are centrally stored in the locked medication cabinet.

Toxic plants are not kept in the facility.

Facility Exits and Gates

Delayed egress and/or secured perimeters are not utilized. All facility exits are equipped with operational auditory alarms if exiting may pose a hazard to residents.

Secure Area for Wandering

The fenced portion of the yard is designated for resident use. The gates are self-closing and self-latching.

Pre-appraisals

1. Prospective residents who are diagnosed with dementia will be appraised for appropriateness prior to move in. These residents will meet the following criteria:

    a. Do not have a primary diagnosis of mental disorder unrelated to dementia.
    b. Is not believed to be at risk for violent behavior toward self or others.
    c. Determined to be manageable within the physical environment and operational structure.

2. Residents appropriate for residency will be cognitively assessed to further establish the mental and functional status as a baseline indicator to better identify resident needs. Tools for assessment are used to determine the approximate stage of residents' cognitive decline, level of severity and functional ability.

3. An assessment test will be completed by the Administrator prior to admission. In addition to the resident participating in the assessment, the family/responsible party, physician, home health etc.

are invited and encouraged to participate in the interview process and resident appraisal.

4. The resident will be re-assessed once yearly (at a minimum) and upon significant change in condition.

5. Provisions are made for those who are hearing or sight impaired.

6. The results of assessments will be maintained in the clinical record.

7. The Service Plan will reflect residents' dementia care needs.

8. The physician and resident representative will be notified of any significant change in resident status.

Service Plans

Our goal is to build upon resident strengths in development of an individualized care plan for residents with memory loss. Residents with severe cognitive impairments often are significantly limited in language abilities and comprehension skills. Service plans can effectively present a comprehensive approach to care which will meet the individual needs of the resident. It should be understood that resident impairments may compromise resident's ability to personally attend and participate in the development of their service plan. Residents who are mild to moderately cognitively impaired will be invited to participate in any service plan meetings. Residents unable to benefit may be represented by family member or other responsible party

1. Resident service plans will be developed by the interdisciplinary care team to meet both clinical and psychosocial needs. This will include:

    a. Administrator
    b. Direct care staff member when applicable, with input from each shift
    c. Family representation when possible
    d. Home health if appropriate
    e. Physician or other persons as requested by resident or responsible party

2. The administrator will provide initial assessment and complete service plan prior to resident's move in to facility.

3. Individualized service plans shall describe resident needs, choices, problems, and desired outcomes or interventions.

4. Development of the service plan will reflect the resident as whole person, with family, history and personal interests.

5. The service plan shall identify staff who are primarily responsible for implementing the care plan.

6. Service plans will incorporate strength based activities, including activities of daily living, which the resident is able to successfully complete to encourage maximum use of remaining skills.

7. Service plans will include any behavioral management techniques specified as effective, such as re-direction or activity engagement

Annual Evaluation

Residents with dementia will have, at a minimum, an annual evaluation and reappraisal of their dementia care needs by their physician. This will include a medical assessment and a reappraisal of their individual service needs and elopement risk.

1. Family/responsible party will be invited to participate in the annual evaluation. Staff will be interviewed by the Administrator for their input on resident desires/needs. The physician will share his/her findings with the Administrator.

2. An LIC602A (or equivalent) will be completed by the physician. The physician will determine if there is any change in physical or cognitive status which may require adjustments to their service plan or relocation to a higher level of care.

3. The Administrator will utilize an appropriate assessment tool to determine if there is any change in physical or cognitive status which may require adjustments to their service plan or relocation to a higher level of care.

4. The residents Appraisal Needs and Service Plan is adjusted as necessary.

5. Residents are observed on an ongoing basis and changes are reported to the administrator. Service plans are adjusted to reflect any new resident needs or change in status.

Notification of Change of Condition/Behavior

The resident's conservator and physician (and family and/or responsible party who have requested notification) are informed of any change or changes in the resident's status.

1. The administrator or designee notifies the physician immediately by phone call and follows the physician recommendations. This information will be documented and kept on file in the facility.

2. The administrator or designee notifies the conservator by phone call within 24 hours.

3. The administrator or designee notifies the family and/or responsible party by phone call within 24 hours if they have requested that they be notified with any change of condition.

4. A follow up letter is sent to the physician and conservator with a description of the change in the condition of the resident with dementia.

5. A follow up letter is sent to the family and/or responsible party within 72 hours if they have requested such notification.

All above steps are documented including the type and time of the notification and response of the persons notified including the recommendations of the physician. All documentation is kept on file in the facility.

A conference will be set up with the resident, family/responsible party, the administrator, and any other appropriate individuals, to discuss the physician recommendations and make appropriate changes to the service plan or examine the possibility of a change in the existing level of care. If it is determined that a prohibited condition exists, the resident will be relocated.

Interventions for Elopement

Our first step in preventing elopements is to identify those residents with the identifiable potential to wander or elope. We shall consult the physician and family and perform an assessment during the admission process to ascertain the resident's history of wandering and/or eloping.
Being that a resident is in a new environment, it may trigger a desire for a resident to leave our facility. Therefore, all new residents with any type of cognitive impairment or depressed are considered at increased risk during this time frame.

After the initial assessment, routine reassessments are completed to determine changes in mental status, behavior, and the effectiveness of chosen interventions. Staff will continually monitor the resident's behavior because these types of changes may occur subtly and gradually over time. In addition, each resident may exhibit individual behavior patterns for wandering/eloping, calling for a variety of interventions tailored to specific residents

We would like to provide a permissible living environment for their residents, but it is our duty to keep the residents safe. One of the most basic preventive measures is employee awareness. Staff members require ongoing education about wandering and elopement behavior, assessments and interventions. Staff must be able to immediately recognize those residents who are assessed as potential wanderers or elopers so that due diligence may be exercised in monitoring their movements.

In addition to employees' awareness, physical preventive measures such as door alarms are used.

We shall also:

a. Avoid events that lead to wandering behavior, e.g. crowded events, loud noises.
b. Review medications that my cause anxiety, impaired vision, or poor balance, such as sedative drugs, with ongoing assessment of their effectiveness.
c. Permit residents to look outside the window to keep track of the seasons and time of day.
d. Decorate rooms with favorite pictures, books, etc. to provide a sense of comfort and familiarity. e. Encouraging family and friends to visit.

Elopement Protocol

The facility only accepts residents safe to reside in the facility. Elopement precautions are carried out for all residents.

1. Every resident will be screened prior to admission for severe elopement risk.

2. Physician statement regarding leaving the building unescorted will be obtained.

3. Conservatorship of person verified.

4. Upon admission, a clear frontal photograph will be obtained.

5. A physical description will be obtained.

6. Resident ID bracelet will be provided should family/resident approve, if necessary.

7. Outerwear, purses and wallets will contain name and address of facility.

8. Should an elopement occur, an immediate systematic search of property and surrounding neighborhood will take place. Family is notified immediately.

9. Law enforcement authorities will be notified of elopement immediately, should resident not be located.

10. Once resident is located, resident shall receive physical examination and MD consult.

11. Document elopement.

12. Reevaluate if resident is appropriate to be retained in the facility.

13. File Unusual Incident report with licensing agencies as required.

14. Should the resident be appropriate for retention, service plan adjustments should be immediately undertaken to prevent further elopements.

Resistance to Care

Cognitive losses may cause residents difficulties in providing self-care. Confusion and misinterpretation of staff intervention can increase resident distress and cause resident resistance. Generally, those activities of daily living which require intimate care can cause residents to misinterpret intent, becoming increasingly agitated and/or resist care altogether. Care staff will utilize current care practices and provide successful personal care interventions while affording resident choice, dignity, respect and privacy

1. All staff will be trained on resident rights in regard to the resident's entitlement to:

    a. Refusal of care
    b. Freedom from restraints or physical or verbal force
    c. Dignity and respect for privacy
    d. Reasonable accommodations

2. The administrator will evaluate for best resident approach during care.

3. Staff will apply approaches, invitations and direction to best encourage resident positive response

4. Resident preference, lifestyle and choice will be considered during care practices such as:

    a. Bath or shower
    b. Times of day for care
    c. Lifestyle frequency
    d. Caregiver preference
    e. Resident modesty comfort level

5. Gently coax resident through process.

6. Use diversional methods if resident appears uncomfortable such as music, songs, etc.

Avoiding Aggressive Behaviors

1. Safety for all of our residents is our first priority. Residents who display behaviors which may be a danger to our residents may have to be relocated to a more appropriate level of care. However, interventions for dealing with these behaviors may allow the resident to reside in our facility.

2. Uncovering a pattern in a resident's aggressive behavior is the first step in helping to prevent it. Staff are trained to note when a resident is aggressive. For example if a resident becomes aggressive when unable to find items such as clothes or dishes, we can label drawers and cabinets. If a person becomes combative when trying to make choices about eating or dressing, we may limit the options we present. If outbursts occur when a person receives instructions on how to do something, we shall avoid general directives and instead give instructions that contain only one step. For example, say, "put this shirt on" rather than "dress yourself."

3. Maintaining a regular daily routine may help avoid outbursts. Playing music the person enjoys during problem times such as bathing may also be useful. In addition, a regular, gentle exercise program is utilized to help reduce aggression on days the resident is physically active.

4. We shall analyze the facility to see if any changes can be made to improve resident behavior. For example, the facility may be overcrowded, or the person may be over or under stimulated. In some circumstances, changing roommates may be helpful.

5. If behavioral modifications do not help control aggression, medication may be necessary. Of course this is determined by the physician and all physician orders and recommendations are followed.

If Aggression Occurs

1. If a person with dementia becomes aggressive, staff are trained to stay calm and stop whatever it is they are trying to get the resident to do. The resident is given enough space so that he or she doesn't feel threatened.

2. Staff will not argue with the resident, make degrading comments, or punish the person physically or psychologically.

3. Staff will talk to the resident in a calm, non-threatening voice using easy-to-understand language. If a television or radio is on, the volume is turned down or turned off. Staff may try to distract the person by switching to another subject.

4. We shall try to calm the resident by working through the reasons for the aggression.

5. If interventions are not successful, 911 will be called if the staff member feels that the resident may cause harm to themselves, to staff or other residents.

Preventing Ingestion of Toxic Materials

Our first step in preventing ingestion of toxic materials is to identify those residents with the identifiable potential for this behavior. We shall consult the physician and family and perform an assessment during the admission process to ascertain the resident's potential for this behavior. However, any resident could potentially exhibit this behavior. If a resident is determined to be at risk, we will follow the physician's recommendations as well as encourage input from the family on successful interventions.

Being that it is a new environment, the resident may become confused and act in a way that may be potentially dangerous. Special attention shall be paid to the new resident as they become accustomed to their new environment. Routine inspections of their room and the facility shall take place to ensure anything that may pose a hazard to the resident is identified and stored safely. Staff are trained to observe for these materials and proper storage. This may include laundry supplies, cleaning supplies, knives, sharp utensils, matches, personal hygiene supplies, gardening supplies, over-the-counter medication, nutritional supplements or vitamins, alcohol, cigarettes, etc. Residents with dementia shall only be allowed to keep personal grooming and hygiene items in their own possession, if there is documentation from the resident's physician that the resident may safely store these items in their room. Routine and ongoing observations shall ensure that any changes in the resident's behavior are addressed as necessary to ensure the safety of the resident. Staff will continually monitor the resident's behavior because these types of changes may occur subtly and gradually over time. In addition, each resident may exhibit an individual behavior pattern that may trigger putting items/liquids in their mouth, calling for preplanned interventions tailored to the resident.

We would like to provide a permissible living environment for their residents, but it is our duty to keep the residents safe. One of the most basic preventive measures is employee awareness. Staff members require ongoing education about behaviors that may pose a hazard to residents and the interventions to utilize to minimize the risk.

In addition to employees' awareness, preventive measures are in place.

1. Proper storage of anything that may pose a hazard.
2. Routine facility inspections.
3. Consultations with the physician and family to act proactively.
4. Routine observation of the resident.
5. Activities to keep the resident engaged and happy.
6. Encouraging family and friends to visit to offer a sense of normalcy.

7. Provide the resident with safe objects, preferably that they bring into the facility with them to offer a sense of comfort and remembrance of their own belongings.

Sundowning Behavior

Facility staff will plan for "sun-downing" behaviors by implementing an appropriate program activity or resident diversion.

Staff will:

1. Anticipate sundowning behavior and plan the daily schedule to accommodate beneficial late day and early evening activity.

2. Assess resident group mood to determine an appropriate activity offered such as the need for:

Large motor skills programs

- Dancing
- Outdoor walks
- Exercise
- Physical games

Repetitive Activities

- Folding
- Wiping
- Sweeping

Rote Language Skills

- Sing a-longs
- Familiar poetry recitation

Calming/Soothing Activities

- Shoulder massage
- Soft music
- Family photo album review
- Pet visits
- Snack with hydration

3. Avoid activities with cognitive demand.

4. Assess for any individual resident need.

Facility Wide Practices for Reducing the Need for Psychotropic Medication

1. All physician directions will be followed. However, there are techniques that we can implement that may improve resident behaviors and in turn, possibly reduce the need for some medications. Our preferred approach is behavior management techniques rather than drugs. Some behavior management techniques aim to influence the entire spectrum of disturbing behaviors. Some examples which may be used are:

    a. Making the residents favorite music available.
    b. Schedule of planned activities. Regular routines can alleviate many disturbing behaviors as well as reduce caregiver stress.
    c. Identifying target behaviors that trigger the problem behaviors and avoid these triggers whenever possible.
    d. Providing ample safe space for wandering and pacing. If pacing and wandering can be accommodated in some way, both the resident and caregivers will benefit.
    e. Showing videotapes of the resident's relatives and direct social interaction, to see if they have an effect on disturbing behavior.

2. Simple changes in the environment, including labeling common items, reducing background noise, and providing colorful stimulation can have significant benefits on the resident's symptoms. We encourage a homelike setting with familiar furniture, comforters, pictures, and decorations. We may display resident's artwork or pictures related to the resident's favorite hobby. We eliminate background noise and play soft music during meals and ADLs. Our chairs are easy to get in and out of, and tables are at the correct height. All drawers and closets should open easily. We avoid clutter which can increase confusion and agitation from excessive decorations, or general clutter around the facility. We place a photo of the resident on their door to make navigating the hallways and finding the room easier. We place signs on bathroom doors to make identification easier. Soft, but sufficient lighting is used. Common areas and hallways are easy to navigate.

Behavior Interventions

BEHAVIOR: Biting
Environmental Interventions:

1. Place a towel over the staff member's shoulder to prevent biting during transfer.
2. Have a staff member wear heavy jackets during activities such a transfers.

Psychosocial/Activity Interventions

1. Do not overwhelm the resident with many caregivers at once
2. Explain slowly what you are trying to do and move slowly, to prevent catastrophic reactions.
3. Try giving the resident gum or candy to chew if it is safe.
4. Provide textures and touch for stimulation.

BEHAVIOR: Pinching, Grabbing, Scratching
Environmental Interventions

1. Give the person something soft to hold onto—a rolled up washrag, doll, or stuffed animal
2. Keep the resident's fingernails short

Psychosocial/Activity Interventions

1. Determine the cause of the grabbing (e.g. fear of falling or desire to keep someone with the person); try to meet the need calmly.
2. Ask the person to "open your hand".

BEHAVIOR: Throwing
Environmental Interventions

1. Provide soft foam balls to throw, and play catch with the resident.
2. If utensils or plates are thrown at mealtimes, use finger foods.

Psychosocial/Activity Interventions

1. Determine what meaning throwing may have for the resident (e.g. anger, part of a sport, or recreation).
2. Play catch with a safe foam ball or beach ball.

BEHAVIOR: Hitting
Environmental Interventions

1. Remove the person from high-activity areas.
2. Try playing calming music with a tape recorder or personal headset.

Psychosocial/Activity Interventions

1. Provide routine gentle touch and pleasing sensory stimulation and contact when the resident is calm, apart from the care activities.
2. Be sure staff members know how to prevent aggression and how to manage potentially dangerous situations.
3. Separate individuals who bring out negative behaviors in each other.

4. Try one-to-one activities if the individual does poorly in a group.

BEHAVIOR: Kicking

Environmental Interventions

1. Avoid approaching the resident from the front.
2. Avoid kneeling in front of the resident; for example, if you know the resident may kick when his shoes are put on or off, do this with the resident in bed instead of sitting up.

Psychosocial/Activity Interventions

1. Carefully observe and assess the resident's mood before approaching her.
2. Use verbal and nonverbal skills to calm the resident.
3. Try relaxation tapes, Walkman, or soothing music during care activities.

BEHAVIOR: Hair Pulling

Environmental Interventions

These interventions are the same as those for hitting and kicking.

Psychosocial/Activity Interventions

1. Prevent the resident from pulling your hair by placing your hand over his to keep it close to the scalp.
2. Maintain calm, friendly voice tones and facial expressions.
3. Interventions to prevent hitting and kicking are also applicable here.

BEHAVIOR: Yelling

Be sure that the resident has been adequately evaluated or treated for pain. Yelling may be his only way to let you know of his discomfort.

Environmental Interventions

1. Move the resident to a quieter place for decrease the noise in the environment.
2. Change the resident's position.
3. Consider removing or lowering the volume on the PA system and phone, or institute quiet hours with the PA off.

Psychosocial/Activity Interventions

1. Ask the resident why he is yelling.
2. Provide touch and soothing verbal reassurance.

3. Provide something warm and soft for the person to hug or to hold.
4. Try putting a Walkman stereo and earphones on the resident with some of his favorite music.

BEHAVIOR: Threatening (Verbal and Nonverbal)

Be sure you have adequately evaluated the resident for physical and medical problems such as pain and infections.

Environmental Interventions

1. Try decreasing noxious stimuli by removing the resident from a high activity area.
2. Try increasing pleasurable stimuli by playing soothing or favorite music on a Walkman, or provide soft toys or massage.

Psychosocial/Activity Interventions

1. Evaluate how staff activities and approaches affect behavior—is the resident responding defensively because he feels threatened?
2. Determine the residents past patterns of coping and interacting and the possible meaning of the threats.
3. Try one-to-one calming sensory stimulation activities such as backrubs or soft singing
4. Try distraction.
5. Provide things to fiddle with, fold or manipulate.

BEHAVIOR: Inappropriate Sexual Behaviors

These behaviors occur in persons with dementia for many reasons. If they are new and inconsistent with previous life patterns they may represent a loss of inhibitions, low self-esteem, or the need for touch. Finding the underlying meaning of the behavior and ruling out any physical problems and medication side effects is a critical first step.

Environmental Interventions

1. Be aware that residents may misinterpret personal care activities that occur in "private spaces" like the bathroom or bedroom as sexual behavior.
2. Provide privacy for residents who wish to masturbate unless they are causing self-harm.

Psychosocial/Activity Interventions

1. When approaching a resident to do personal care activities, try addressing the resident formally, as "Mr. Smith" instead of "Sam", and clearly state that you are a care provider.
2. Provide safe touching and contact in public areas such as the lounge by sitting across the table and holding hands.
3. Try complimenting the person on his or her appearance to boost the sense of masculinity/femininity. Do this separately from personal care. Inappropriate

sexual expression may occur because the person has unmet needs related to self-esteem.
4. Engage the resident in other activities, when appropriate.

Daily Program Schedule and Activities for Residents with Dementia

1. When a resident is admitted, the administrator will discuss with the resident and family the daily routine and types of activities the resident enjoy. The Administrator will develop the daily schedule each month with input from the resident, family, caregivers and other appropriate individuals. The Administrator will plan our daily schedule, keeping the needs and desires of all residents in mind, to accommodate the needs and desires of the resident as much as possible. Our resident's daily plans are their choice, although we will encourage participation in activities and socialization.

2. The Daily Schedule will:

    a. Remain fluid and flexible to meet the challenges of resident behaviors, abilities, preferences and mood swings.

    b. Be used as a point of information and cueing to residents, staff and visitors

    c. Will not substitute for the monthly recreational calendar but rather incorporate those events into the daily schedule.

3. The written schedule will reflect a typical day only and will be adapted as needed by staff to support resident preferences, choices and current mood.

4. Activities listed on the schedule may include life interests, daily living skills, recreational and personal pursuits that commonly occur throughout the day as well as special events. We will provide:

    a. Cognitive/mental stimulation (e.g., crafts, reading, writing, music, current events, reminiscences, movies);
    b. Physical activities (e.g., gross and fine motor skills)
    c. Work activities and life skills
    d. Social activities
    e. Cultural/religious activities
    f. Sensory activities; individual/group activities (e.g., games)
    g. Outdoor activities (e.g., field trips, gardening)

5. The schedule will contain additional opportunities for physical outlet, cognitive support, social events, cultural recognition, sensory stimulation and outings within both large and small group experiences.

6. The schedule is posted and used as a "guide" for personal care giver participation as well as families, and volunteers.

Sample Resident Daily Program Schedule for Residents with Dementia

8:00	Breakfast in the Dining Room
8:30	Coffee Clatch
9:30	Sittercise
9:45	Refreshments
10:15	Word Game Competition
11:00	Small Groups, Clubs
12:00	Lunch in the Dining Room
1:30	Visits and one-one time
2:30	Games, Socials, Special Events
3:00	Refreshments
3:45	Nature Walk
4:00	Table Games and Music
5:00	Supper in the Dining Room
7:00	Small group gatherings, movies, poetry, readings, favorite TV
8:00	After hours club – one to one
8:30	Refreshments

Dementia Specific Activities

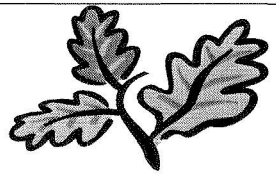
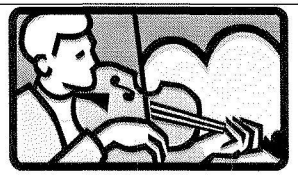
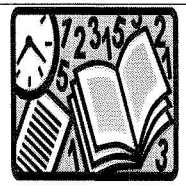
1. Household tasks can be very beneficial activities to make residents feel at home and derive a sense of purpose. However, they, as all of our activities, are optional and are not intended to take the place of staff performing all required household duties.

2. Special care is taken to ensure only safe materials/tools are used in our activity program. Plants are verified non-toxic at purchase at the nursery.
3. We shall include perceptual and sensory stimulation and large motor activities. Our activity program for our residents with dementia works to meet the following goals:
    a. They are stress-reducing through social support and interaction;
    b. They provide positive stimulation through making available activities related to leisure pursuits the resident previously enjoyed;
    c. We engage in communication that assumes the language and behavior of the resident with dementia are meaningful and we strive to communicate in that same framework of meaning;
    d. We work as an effective team with the resident, utilizing family, physician, community services, etc.

Activities we offer that promote success for the resident with dementia limitations:

1. Balloon toss
2. Watering plants (all plants in the facility are verified when purchased as non-toxic)
3. Dancing or stationary exercise program
4. Raking, Sweeping
5. Preparing certain foods e.g. salad using non-hazardous utensils; baking/mixing
6. Vacuuming
7. Drying dishes
8. Listening to/singing familiar songs
9. Reminiscing/looking at a photo album
10. Doing a large format puzzle, Building something with Lego

Sample Activity Calendar for Our Residents with Dementia

0 exercise gram 30 Meet & Greet 0 dance to music 0 Sensory ID	2 9:00 exercise program 10:30 "Good Morning" 2:30 Balloon toss 6:30 outdoor stroll	3 9:00 exercise program 10:30 Hydration/Refreshment 2:30 Autumn Leaves 6:30 "Let's Relax"	4 9:00 exercise program 10:30 Short Stories 2:30 Pet Visit 6:30 arrange flowers	5 9:00 exercise program 10:30 "Good Morning" 2:30 outdoor stroll 6:30 Large format puzzle	6 9:00 exercise program 10:30 Memory Boxes 2:30 School Visit 6:30 Roll yarn	7 9:00 exercise program 10:30 Lunch Treats 2:30 outdoor stroll 6:30 Short Stories
0 exercise gram 30 children visit 0 backyard stroll 0 dance to music	9 9:00 exercise program 10:30 outdoor stroll 2:30 Balloon toss 6:30 Sing-a-long	10 9:00 exercise program 10:30 "Good Morning" 2:30 outdoor stroll 6:30 "Let's Relax"	11 9:00 exercise program 10:30 Green Thumb 2:30 Meet & Greet 6:30 Write a letter	12 9:00 exercise program 10:30 "Good Morning" 2:30 outdoor stroll 6:30 Patriotic sing-a-long	13 9:00 exercise program 10:30 Hydration/Refreshment 2:30 Fold linen 6:30 Sensory ID	14 9:00 exercise program 10:30 Ice cream social 2:30 outdoor stroll 6:30 Sing-A-Long
0 exercise gram 30 Group Name t Tune 0 outdoor stroll 0 dance to music	16 9:00 exercise program 10:30 Pet Visit 2:30 Balloon toss 6:30 Sing-a-long	17 9:00 exercise program 10:30 Hydration/Refreshment 2:30 outdoor stroll 6:30 "Let's Relax"	18 9:00 exercise program 10:30 "Good Morning" 2:30 Ring toss 6:30 Arrange flowers	19 9:00 exercise program 10:30 Memory Boxes 2:30 outdoor stroll 6:30 Dance to music	20 9:00 exercise program 10:30 "Let's Relax" 2:30 Sing a long 6:30 Hydration/Refreshment	21 9:00 exercise program 10:30 Lunch Treats 2:30 outdoor stroll 6:30 Balloon toss
0 exercise gram 30 Ring toss 0 outdoor stroll 0 dance to music	23 9:00 exercise program 10:30 Hydration/Refreshment 2:30 Sensory ID 6:30 Sing-a-long	24 9:00 exercise program 10:30 Meet & Greet 2:30 outdoor stroll 6:30 Apple Wreaths	25 9:00 exercise program 10:30 Lunch Treats 2:30 Ring toss 6:30 Make X-mas decorations	26 9:00 exercise program 10:30 "Good Morning" 2:30 outdoor stroll 6:30 Dance to music	27 9:00 exercise program 10:30 Autumn Leaves 2:30 Sing a Long 6:30 Roll yarn	28 9:00 exercise program 10:30 Scarecrow 2:30 outdoor stroll 6:30 Balloon toss
0 exercise gram 30 Memory xes 0 outdoor stroll 0 dance to music	30 9:00 exercise program 10:30 Sensory ID 2:30 Hydration/Refreshment 6:30 Sing-a-long					

Emergency/Disaster Plan Specific to Residents with Dementia

1. Residents with dementia can present a challenge in the event of an emergency. They may become confused, agitated, unresponsive or aggressive. Staff training, as outlined in the Staff Training section, includes effective strategies to deal with such problems. Interventions to utilize in an emergency follow.

    a. Staff will be calm and direct effective communication with the residents. This is covered in staff training and practiced using emergency scenarios and role playing. Residents are advised of emergency procedures during normal facility orientation when the resident is responsive and willing. Residents with dementia also participate in emergency drills when they are willing and able.

    b. Staff will know the exit routes (also posted in the facility) from the resident's room to safety. This shall be practiced in emergency drills. Residents with dementia will practice evacuation as well when they are willing and able.

    c. For each shift, specific staff members are assigned to specific residents. At the beginning of each shift, resident assignments are reviewed for that shift. The staff member will be responsible for accompanying their assigned resident(s) through the evacuation process and remain with them in a safe location.

    d. Once the resident(s) is relocated to a predetermined safe location (assuming this location is safe at the time depending on the type of emergency), the staff member will engage the resident(s) and conduct simple activities to keep the resident occupied. As part of staff training, appropriate activities are discussed that may be effective to keep residents calm and occupied once they have been relocated to a safe area.

    e. Locations for relocating residents in the event of an emergency is covered at each emergency disaster drill. For example, a electrical short in a resident's room may only require moving the resident to a different room while the problem is being fixed, whereas a major structure fire, earthquake, etc. will require relocating residents to another building or outside.

    f. Specific staff on each shift are also responsible for notifying family and physician of relocation sites and resident condition. As soon as the emergency permits, staff will follow the notification protocol. If the resident shows no apparent injury or other significant distress, the family is notified first to report on the condition of the resident. If the resident has suffered an injury or significant distress and is displaying abnormal agitation, usual medical emergency procedures are followed.