

# Chestnut Place

## Resident Care

**SUBJECT:** MEMORY CARE NEIGHBORHOOD

**PHILOSOPHY:** It is our goal to provide people with dementia the best chance of living fulfilling lives; to preserve, or enhance their remaining strengths and have meaningful relationships by offering a full program that cultivates the mind, as well as care of the body. Our staff are knowledgeable and sensitive to the ever-changing needs of the people with dementia and respond to each stage of the person's journey physically and emotionally. We will be a support for families and friends to help them sustain meaningful connections with the person with dementia and will continue to enhance relationships within the local community. Our goal is to have resident age in place. Chestnut Place will work together with any and all health care professionals to support changing needs.

**POLICY:** It is the policy of Chestnut Place that we will provide a specialized care neighborhood for residents with stages of dementia or behaviors that may require a protected/locked unit based on resident assessment.

**STAFFING:** Staffing in memory care is typically 1 resident assistant per 6 residents for first and second shifts while it is 1 resident assistant for 9 residents for third shift while residents are less active. When full, staffing will consist of the following:

7-3

Health Service Director in-house M-F

1 nurse on unit (RN or LPN)

3 Resident Associates

1 Activity person

3-11

1 nurse on unit (RN or LPN)

3 Resident Assistants

1 Activity person until 5 pm

11-7

2 Resident Assistants

LPN or RN on-call

Staffing during fill up will use the 1:6 staff to resident ratio for first and second shifts and 1:9 for 3<sup>rd</sup> shift. Staffing may be increased should residents' care needs increase based on resident assessments and change of their medical or cognitive condition.

**ORIENTATION:**

Direct care staff will be provided training in communication skills specific to Alzheimer's disease and other cognitive impairments which will enhance the understanding of the disease. Training will utilize the Relias software training system. All personnel will have orientation and training in the performance of their duties and responsibilities: 12 hours of initial training with 4 hours of ongoing annually for direct care staff will include but will not be limited to the following:

- General supervision and care of the residents
- Fire safety and emergency evacuation
- Emergency procedures such as Heimlich, first aid, responding to accidents, contacting police/ambulance/fire department
- Policies and procedures for reporting abuse, neglect and exploitation
- Resident rights
- Activities of daily living
- Infection control measures
- Hand washing, clean environment, blood borne pathogens and universal precautions
- Behavioral strategies
- Transfers
- Medication Management

In addition to the 12 hours of general training annually, those working in memory care will be provided an additional 4 hours annually of dementia specific training. Three hours of the dementia specific training will be done through Relias and include the following modules:

- Dementia Care: Understanding Alzheimer's Disease  
.5 hours
- Dementia Care: Performing ADL's  
.5 hours
- Dementia Care: Challenging Behaviors  
1.0 hours
- Dementia Care: Activities for People with Memory Problems  
.5 hours
- Dementia Care: Understanding Communication  
.5 hours

The remaining hour of specific dementia care training will be provided directly by the Health Service Director RN or Memory Care LPN on dementia topics appropriate for the specific care needs of the resident of the memory care neighborhood.

**ADMISSIONS:**

All residents are assessed prior to admission to Chestnut Place. If a resident is diagnosed with any stage of memory loss, diagnosis of dementia and/or “at risk for elopement,” or has special needs that would benefit from the special programs/increased staff/resident ratio, that resident will be considered for admission to the Memory Care neighborhood.

It is the policy of Chestnut Place to accept any individual over the age of 18 if staff can meet the needs of the individual. Chestnut Place will provide personal care and nursing care to meet the needs and care plans of residents with cognitive impairment, dementia, and/or behaviors that respond to interventions and/or those who need a secure setting for safety.

**CONTINUED STAY:**

Continued Stay will be based on the ability to meet the needs of the resident and that the resident does not have an acute illness requiring nursing home or hospital care.

**DISCHARGE:**

Discharge from the Memory Care neighborhood may be voluntary or involuntary. Chestnut Place reserves the right to terminate the Memory Care Residency Agreement, with or without the consent of the resident and/or his/her legal representatives, for any of the following reasons:

1. The resident presents a serious threat to himself/herself that cannot be resolved through care planning and the resident is incapable of engaging in a negotiated risk agreement;
2. The resident presents a serious threat to residents or staff that cannot be managed through interventions, care planning or negotiated risk agreements within Chestnut Place;
3. A court has ordered the discharge or eviction;
4. The resident has failed to pay rental, service or care charges in accordance with the Residency Agreement;
5. The resident refuses to abide by the terms of the Residency Agreement; or
6. If Chestnut Place can no longer meet the resident’s level of care needs in accordance with Vermont Assisted Living Regulations Section 6.3.

**PROCEDURE:**

The Memory Care neighborhood is secured with keypad locking doors. A secure fenced garden area is provided for outside activities.

The Memory Care neighborhood ensures a safe, comfortable living environment with structured activities and has an increased staffing ratio to meet the needs of the residents.

Staff include resident aids with and/or without medication training and licensed nurses. Other staff include a Life Enrichment Director and their ancillary staff. Supervision and administrative support are met Executive Director and Health Services Director.

All staff receive orientation and state required education including dementia training, as well as any special in-service training on behavior management based on interdisciplinary care planning on individual residents.

# **ASSISTED LIVING RESIDENCE LICENSING REGULATIONS**

Agency of Human Services  
Department of Aging and Disabilities  
Division of Licensing and Protection  
Ladd Hall, 103 South Main Street  
Waterbury, Vermont 05671-2306

Effective March 15, 2003

This material is available upon request in alternative formats.

9.5 Negotiated risk discussions and the plan shall be resident specific.

## **X. NUTRITION AND FOOD SERVICES**

10.1 The licensee must have the capacity to provide a full meal and snack program. If such services are offered, the programs must meet the requirements of section 7.1 of the Residential Care Home Licensing Regulations. The licensee may allow residents to purchase less than a full meal and snack plan.

## **XI. PHYSICAL PLANT**

11.1 Resident Units. All resident units must be private occupancy unless a resident voluntarily chooses to share the unit.

11.2 At a minimum, resident units shall include the following:

(a) 225 square feet per unit, excluding bathrooms and closets, unless otherwise provided by these regulations.

(b) A private bedroom, private bathroom, living space, kitchen capacity, adequate space for storage, and a lockable door, unless otherwise permitted by these regulations. Studio/efficiency apartments that offer a private bedroom, living space and kitchen capacity in one large room and include a private bathroom shall meet these requirements.

(c) The bathroom shall be a separate room designed to provide privacy and shall be equipped with a toilet, with grab bars, a sink, hot and cold running water, a shower or bathtub, a mirror and towel racks. Showers or bathtubs shall have non-skid surfaces and safety grab bars.

(d) Kitchens shall consist of a food preparation and storage area that includes, at a minimum, a refrigerator with freezer, cabinets, counter space, sink with hot and cold running water, a stove or microwave that can be removed or disconnected, and electric outlets.

(e) Each unit shall provide adequate closet space for clothing and belongings.

(f) All doors in units, including entrance doors, shall be accessible or adaptable for wheelchair use. Entrance doors to units shall have a locking device and shall be equipped with hardware that is accessible.

(g) All unit windows shall be made of clear glass and permit viewing to the outside.

(h) Light switches in the units shall be located at the entry, in the bedroom and in the bathroom to control one or more light fixtures.

(i) Each unit shall have at least one telephone jack.

(j) Each unit shall have individual temperature controls for heating and cooling.

(k) Each unit shall be equipped with an emergency response system that will alert the on-duty staff.

(l) Each unit shall be built in conformance with the Americans with Disabilities Act Accessibility Guidelines (ADAAG) or the equivalent state building code specifications.

### 11.3 Pre-existing structures.

(a) The licensing agency may grant a variance for pre-existing structures that differ from the minimum requirements set forth above. If such a variance is granted, the specifics of the structural limitations and the terms of the variance shall be stated on the license. The licensee shall include the information in the uniform disclosure form.

(b) The licensing agency may grant physical plant variances for pre-existing structures in the following instances:

(i) Resident units that do not meet the requirements for private kitchen space, but the facility has a community kitchen that includes a refrigerator, sink, cabinets for storage, stove or microwave oven, and a food preparation area. A community resident kitchen shall not include the kitchen used by the assisted living residence staff for the preparation of resident or employee meals, or for the storage of goods.

(ii) Resident units in pre-existing structures not previously licensed as residential care homes must have at least 160 square feet of clear living space excluding the bathroom, closet(s), alcoves and vestibules.

(iii) If the pre-existing structure is a licensed residential care home that was in continuous operation as a licensed residential care home prior to July 1998, the resident unit clear living space, excluding the bathroom, closet(s), and alcoves, must be at least 100 square feet.

### 11.4 Common Areas

(a) The assisted living residence shall have at least two common areas for use by all residents. The common areas shall be designed to meet resident needs and shall be accessible for wheelchair use. The common areas shall provide residents with sufficient space for socialization and recreational activities.

(b) At least one common area shall be available for resident use at any time, provided such use does not disturb the health, safety, and well being of other residents.

# **LICENSING AND OPERATING RULES FOR NURSING HOMES**

Agency of Human Services  
Department of Disabilities, Aging and Independent Living  
Division of Licensing and Protection  
280 State Drive  
Waterbury, Vermont 05671-2020  
Telephone: (802) 241-0480

Revision date: June 1, 2018

This material will be made available in alternative formats upon request.



## **8.2 Emergency Power**

- a. An emergency electrical power system must supply power adequate at least for lighting all entrances and exits; equipment to maintain the fire detection, alarm and extinguishing systems; and life support systems in the event the normal electrical supply is interrupted.
- b. When life support systems are used, the facility must provide emergency electrical power with an emergency generator (as defined in Vermont Fire Prevention and Building Code) that is located on the premises.

## **8.3 Space and Equipment**

The facility must:

- a. provide sufficient space and equipment in dining, health services, recreation and program areas to enable staff to provide residents with needed services as required by these standards and as identified in each residents plan of care; and
- b. maintain all essential mechanical, electrical and patient-care equipment in safe operating condition.

## **8.4 Resident Rooms**

- a. Resident rooms must be designed and equipped for adequate nursing care, comfort and privacy of residents.
- b. Bedrooms must:
  1. accommodate no more than two residents, except as provided in e. below;
  2. measure at least eighty (80) square feet per resident in multiple resident bedrooms, and at least one hundred (100) square feet in single resident rooms;
  3. have direct access to an exit corridor;
  4. be designed or equipped to assure full visual privacy for each resident;
  5. in facilities initially certified after March 31, 1992, except in private rooms, have ceiling suspended curtains for each bed that extend around the bed to provide total visual privacy in combination with adjacent walls and curtains;
  6. have at least one window to the outside; and
  7. have a floor at or above grade level.
- c. The facility must provide each resident with:
  1. a separate bed of proper size and height for the convenience of the resident;
  2. a clean, comfortable mattress;
  3. bedding appropriate to the weather and climate; and
  4. functional furniture appropriate to the resident's needs, and individual closet space in the resident's bedroom with clothes racks and shelves accessible to the resident.
- d. The licensing agency may permit variations in requirements specified in subsections 8.4 b. 1. and 2. of this section relating to rooms in individual cases when the facility demonstrates in writing that the variations:
  1. are in accordance with the special needs of the residents; and
  2. will not adversely affect residents' health and safety.

- e. Resident bedrooms in existence on the effective date of this rule that are designed to accommodate three or four persons may remain in operation, subject to the following conditions:
  - 1. At least annually, residents who reside in three- or four-bed rooms will be offered the first vacant bed in a semi-private or private room (depending upon payment source) when such bed becomes available and prior to admission of a new resident into such bed. The resident's patient record shall record the date on which the resident was offered the opportunity to relocate to a semi-private or private room, the resident's response and, if the resident requests a transfer to a semi-private or private room, the date on which the transfer occurred.
  - 2. Admission of a new resident to a three- or four-bed room may occur only with the resident's or the resident's legal representative's consent.
  - 3. Any downsizing or reduction in licensed capacity initiated by the facility must first reduce the number of beds contained in three- and four-bed rooms such that these rooms are converted to semi-private or private occupancy.
  - 4. Proposals for new construction, expansion, renovation or substantial rehabilitation of a facility requiring Certificate of Need approval pursuant to 18 V.S.A. §9434 will not be approved by the licensing agency unless the construction proposal includes a plan for elimination or conversion of all three- and four-bed rooms to rooms which accommodate no more than 2 (two) persons.
    - i. The terms "renovation or substantial rehabilitation" shall not be deemed to include routine maintenance or repairs due to normal wear and tear.
    - ii. "Routine maintenance or repairs" includes, but is not limited to, furnace replacement, roof replacement, rewiring, and repainting and other improvements that do not alter the appearance or layout of the facility.
    - iii. Construction that alters the appearance or layout of the facility, including relocation of walls, partitions, doors, creation or subdivision of rooms, or conversion of a portion of the facility for a different use, shall be considered "renovation or substantial rehabilitation" and not "routine maintenance or repair".
  - 5. Facilities shall provide private space for residents of three or four bedrooms to visit with family, relatives, friends, clergy, etc.

### **8.5 Toilet Facilities**

Each resident room must be equipped with or located near toilet facilities.

### **8.6 Resident Call System**

The nurses' station must be equipped to receive resident calls through a communication system from:

- a. resident rooms; and
- b. toilet and bathing facilities.

### **8.7 Dining and Resident Activities**

The facility must provide one or more rooms designated for resident dining and activities. These rooms must:

- a. be well lighted;
- b. be well ventilated, with non-smoking areas identified;