MARQUIS

COMPANIES

Marquis Centennial Hills

Safety program

6351 N. Fort Apache Rd, Las Vegas, NV 89149

Reviewed: 01/01/2022

SAFETY POLICY

When an individual is employed, he or she has a right to expect a proper place in which to work and proper machines and tools with which to do the job, so that energy will be devoted to work without fear of possible harm to health. Only under such circumstances can the relationship between employer and employee be mutually advantageous. It is our desire to provide safe equipment with proper materials and to insist upon safe methods and practices.

Safe working habits on the part of all must be part of our operations. When you have a suggestion on how to reduce injuries or waste, tell your supervisor.

The success of our safety program depends solely on the cooperation, enthusiasm, and effort we all put into it. No job is so important that we cannot take time to do it safely.

Administrator

SAFETY PROGRAM

GOAL:

The goal of the program is to provide safe working conditions for employees and prevent injuries to workers due to unsafe practices and other conditions and at the same time minimize annual Worker Compensation Premiums for the entire corporation.

OBJECTIVES:

The program is aimed at providing a climate where working safely becomes the concern of all employees. It has 3 objectives, none of which can be completely successful without the others:

1. Involve employees in the design and maintenance of a safety program.

2. Reward employees who are successful in working without sustaining on the job injury.

3. Educate employees in the importance of work safety at New Employee Orientation and ongoing in services.

RESPONSIBILITY OF SUPERVISORS

Supervisors have the primary responsibility for our Safety Program and, as representatives of management, are delegated responsibility for carrying out certain objectives as follows:

1. Ensure that a conditional job offer (CJO) and medical review (when indicated) is completed with every new hire (See Appendix A for Safety Forms).

2. Educate new employees on the importance and expectation that they attend a minimum of three Safety Committee Meetings following hire.

3. Set the proper safety example.

4. Assume responsibility for employee safety.

5. Be responsible for a safe work place, personal protective items, storage of materials, and maintenance of equipment.

6. Enforce safety rules.

7. Counsel and train employees in safe work practices.

8. Conduct frequent safety inspections.

9. Investigate and properly report all accidents, in detail.

10. When an accident or incident is reported encourage affected employee(s) to attend the next Safety Committee meeting to participate in prevention planning.

11. See that injured employees receive prompt medical attention.

12. Contribute ideas to management.

13. Conduct new employee safety education on or before the employee begins working.

EMPLOYEE SAFETY RULES AND RESPONSIBILITIES

1. Employees are expected to conduct themselves in a professional manner at all times. Practical jokes or horseplay are forbidden. These acts cause accidents.

2. Report unsafe conditions or work habits to your supervisor. Suggestions are welcome.

3. New employees are expected to attend a minimum of the first 3 Safety Committee Meetings following hire in order to orient themselves to the company/facility Safety Programs, and the first 3 Safety Committee Meetings immediately following any on-the-job injuries to re-orient themselves to the Safety Programs.

4. Report all injuries to your supervisor, immediately. Complete an Incident Report on every injury sustained and turn into your supervisor by the end of the shift in which you are injured.

5. Employees are responsible for their own safety. DO YOUR PART.

6. Conduct work activities in a manner that will not endanger other people, and set an example for other employees.

7. Undertake only those jobs you are authorized to do and that you understand.

8. When making a lift, set feet solidly. Get as close to the object as possible, bend the legs, grip the object firmly, straighten the legs to lift the object comfortably. Do not be a hero. When an object is too heavy or awkward for you, get help. Use a gait belt.

9. Smoking must be confined to designated areas. There are no exceptions.

10. Personal protective equipment must be worn on jobs which require it.

11. Housekeeping is everyone's responsibility. Keep the facility clean and orderly. Clean up and put equipment away.

12. Know the location and use of fire extinguishers. Keep access areas clear.

13. If you are having health problems or feel that there are circumstances which could affect your well-being, mention it to your supervisor.

14. A violation of safety policies or posted safety rules will be cause for disciplinary action. Repeat violations will result in possible suspension or termination at the option of the Administrator.

15. If you are ever in doubt about a safety procedure, consult your supervisor immediately.

NO JOB IS SO URGENT, AND NO WORK SCHEDULE SO RIGID, THAT WE CANNOT TAKE TIME TO WORK SAFELY!

EMPLOYEE EDUCATION

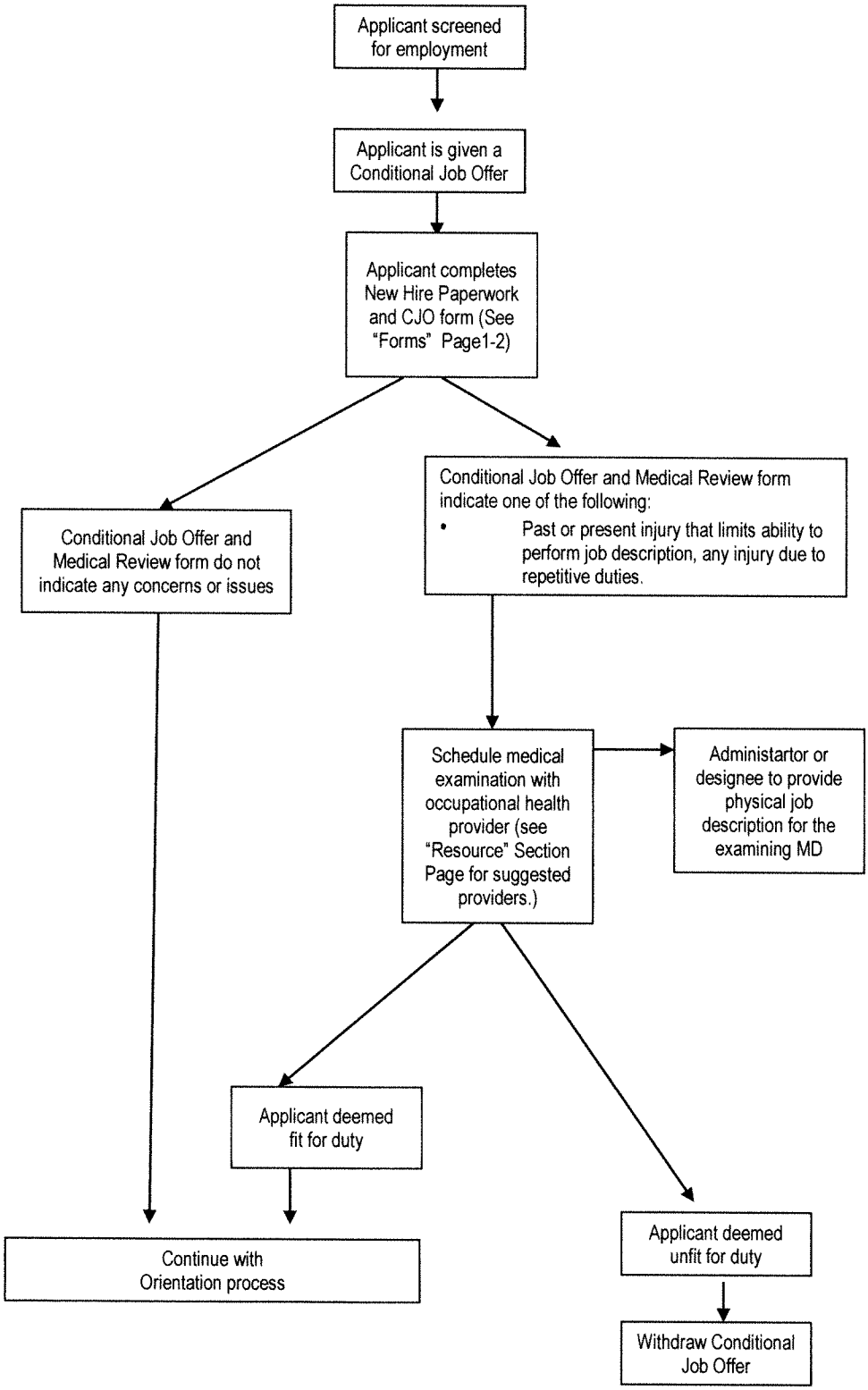
It is the responsibility of the facility to train employees in the performance of their job duties. This includes instruction in the safest techniques to be used.

All new employees should receive orientation in basic safety skills including lifting and bending techniques, resident transfers and hand washing. Special attention should be paid to lifting, bending and transfers as this is the area of highest risk and liability. If possible, have a physical therapist or other professional conduct hands on training.

Ongoing employee education cannot be stressed enough. Other ideas for this continuing education might be safety features held at in-services, bulletin board posters, guest speakers, reminders in the employee bulletin, paycheck stuffers, brochures/handouts, etc.

YOU CAN NEVER OVERDO THE REINFORCEMENT FOR WORKING SAFELY!

Conditional Job Offer & Medical Review Form Procedure



****Facility is responsible for cost of "Fit For Duty" Exams**

SAFETY COMMITTEE

Goal:

Promote employee awareness of the importance of working safely through employee involvement and interaction by setting and maintaining safety standards for the facility.

Objectives:

1. To assist in the evaluation and improvement of safety and health in the facility.

2. To provide a channel of communication for open discussion of problems that resulted, or could have resulted in an injury or illness;

3. To improve the spirit of cooperation among facility staff members.

Committee Membership:

Membership is recommended to be a minimum of four employees. Half of your members should be managers and half should be line staff. It is not recommended for the administrator to be a committee member.

It is recommended that the committee be composed of the following personnel:

Representative from the following departments:

Nursing
Dietary
Housekeeping and/or Laundry
Maintenance
Activities and/or Social Services

SAFETY COMMITTEE PROTOCOL

All Committee officers are responsible to the Administrator of the facility, as well as the membership of the Safety Committee.

If a member is experiencing difficulty concerning another member, or something pertaining to Safety Committee business, they should first take the problem to an officer of the committee, who in turn will discuss the problem with the remaining officers of the committee, in an effort to resolve it. In the event that a resolution cannot be found, the Chairperson will then consult the Administrator of the facility. If a member feels that the officers of the committee are not addressing the problem in a timely manner, they may then approach the Administrator themselves.

This is not to say that the membership at large cannot approach the Administrator on their own if that is felt to be the only solution, but that an attempt to resolve Committee problems, by the committee, should be the first step.

Acknowledging that nothing pertaining to Committee business is secret to the membership, but that some items need only be known by the officers in the interim between meetings, when all affairs of the committee are made known; it is suggested that topics pertaining to current affairs of the Safety Committee, be made known to the officers before they are made public, or become general knowledge, thereby lessening the opportunity that an officer will be embarrassed publicly due to a lack of knowledge pertaining to those affairs.

The Administrator of the facility will receive a copy of the minutes of each meeting, in a timely manner, from the Chairperson, at which time any new business can be discussed and made known.

It is expected that each member, will come to meetings prepared to discuss business, and that each officer or sub-committee person will be prepared to give a report on that area for which they are responsible.

A code of respectful silence will be maintained during each presentation, with comments or discussion on the subject matter, made only after making a request for the floor. In this way, each member will have the opportunity to voice an idea or opinion and be heard.

When a member of the Safety Committee is unable to attend a meeting, for whatever reason, they will notify the chairperson, as soon as possible, so that an awareness of the absence is known before the meeting.

DUTIES AND RESPONSIBILITIES

Employee Safety

1. Develop directives and programs, and identify standards for employee safety.

2. Design an annual safety inservice program for the education of all employees.

3. Review Incident Reports of all employee injuries for suggestions to correct potential safety hazards. Employees experiencing an on the job accident which necessitates in the filing of an 801 may be asked to attend the next Safety Committee meeting to discuss the accident.

4. Gather and evaluate information which is relevant to employee safety:
   - reports of employee incidents
   - suggestions of employees regarding improvement of employee safety
   - safety inspection reports
   - relevant standards, laws, regulations and safety communications

5. Review and analyze jobs to determine hazards, giving emphasis to those showing high incident occurrence.

6. Make recommendations to administration regarding improvement of employee safety.

Resident Safety

1. Develop directives and programs and identify standards for resident safety.

2. Promote education and training of employees regarding safe resident care practices.

3. Establish a system of reporting resident incidents.

4. Conduct regular periodic inspections throughout the facility.

5. Gather and evaluate information which is relevant to resident safety as directed:
   - resident incident reports
   - suggestions of employees and residents regarding improvement of resident safety
   - safety inspection reports relevant standards, laws, regulations and safety communications.

6. Make recommendations to administration for improvement of resident safety.

7. Coordinate programs with the Facility Infection Control Committee and/or Emergency Response Team (if and when applicable).

Fire Safety (as assigned)

1. Develop directives and programs, and identify standards relating to fire safety.

2. Review and evaluate fire drills, fire incidents, and fire safety inspections of the nursing home.

3. Review and evaluate fire safety inspection reports of the State Fire Marshall.

4. Promote training programs for new and existing personnel.

5. Make recommendations to administration for improvement of fire safety.

Other Emergency Plans (as assigned)

1. Develop and/or review for appropriateness an emergency plan for the facility covering such event as: wind storm, flood, explosion, power outage, etc. (See Facility Emergency Preparedness Manual)

2. Coordinate such plans throughout the facility and with exterior agencies as appropriate.

3. Systematically evaluate and update these plans.

4. Promote training programs for new and existing personnel.

SAFETY COMMITTEE JOB/RESPONSIBILITY DESCRIPTION

CHAIRPERSON: The chairperson shall serve a term of twelve, (12) months, after which the new chairperson will assume the duties, following a majority vote by the membership. If the membership requests that the serving chairperson serve a second, (2), term, and the chairperson consents to this, a majority vote is again needed. A member should only serve two, (2), consecutive terms in office. **Exceptions to this guideline will be reviewed by the Administrator of the facility for necessity.**

The Chairperson is responsible to the Administrator of this facility, and invites said person to all meetings, and/or gives a report of all business discussed. The Chairperson moderates all Safety Committee meetings and hears reports from all Committee members and officers. In the Chairpersons absence, the secretary will chair the meetings

SECRETARY: The secretary serves an elected term of six, (6), months, after which a new person will assume the duties following a majority vote by the membership. The secretary may serve a second, (2), terms, at the request of the membership, and a majority vote of the membership. The secretary may serve only two, (2) consecutive terms, but may be voted into office again after a six, (6) month interval. **Exceptions to this ruling will be reviewed by the Administrator of the facility for necessity.**

The Secretary is responsible to the committee as a whole, but to the Chairman, for job related duties. The Secretary records the minutes of all Safety meetings accurately, and gives copies of said minutes to each Safety Committee member in a timely manner. The Secretary will read the minutes of the previous meeting at each current meeting, and make all corrections and amendments.

The Secretary will serve in place of the Chairperson, at all Committee functions, if the Chairperson should be absent. The Secretary will keep the Chairperson informed of all communication received, relating to the committee, in the interval between meetings. The Secretary will also announce a meeting, to the employees at large, before the start of each meeting. An agenda for the current meeting will be available to the members.

OPTIONAL

TREASURER: The treasurer will be elected to a six (6) month term by the majority of the membership, and may not serve two (2) terms consecutively. After a six (6) month interval, a previous treasurer may be elected again. **Exceptions to this guideline will be reviewed by the Administrator of the facility for necessity.**

The Treasurer will give a report, at each meeting of the membership, of all expenses and moneys earned. A balance of money on hand will also be reported at that time. The Treasurer is responsible for keeping an accurate account of the financial state of the committee and safeguarding the monies entrusted to them, as well as receipts of expenses.

SAFETY COMMITTEE MEETING GUIDELINES

Safety Committee Meetings are to be held at least quarterly, but monthly is preferred. A suggested order of business might be as follows:

1. CALL TO ORDER: Meeting should be called together promptly.

2. ATTENDANCE: Names of persons present should be recorded and members who cannot attend should notify the Chairperson with reasons for absence noted in the minutes.

3. INTRODUCTION OF VISITORS: Name, title and facility or company.

4. MINUTES: Minutes of the previous meeting should be read and corrections made.

5. UNFINISHED BUSINESS: When definite decisions have not been made on previous action items, they should be brought up for reconsideration.

6. REVIEW OF INCIDENT REPORTS: Incident Reports for all employee and resident accidents will be reviewed. Injured workers will not be identifiable to the committee. Accident causes and preventive measures should be discussed to prevent reoccurrence of similar incidents.

7. SAFETY EDUCATION: The Chairperson should obtain speakers, if desired, and prepare an agenda. Subjects should be recorded in the minutes.

8. INSPECTION AND RECOMMENDATIONS: Regular facility inspections will be conducted to note unsafe conditions and work practices and recommendations for corrections included in the minutes. (See "Resource" Section for inspection / walkthrough checklists.)

Minutes will be posted on the employee bulletin board for the review of all employees.

Safety Committee Minutes, Incidents and OSHA Logs must be retained for a period of no less than 5 years.

Prior to a Safety Committee Meeting a "Meeting Notice" should be posted to notify facility staff members. (See "Forms" page 4).

During each Safety Meeting the Secretary or designee will keep Minutes – A suggested format for minutes is included in the "Forms" section page 5.

MONTHLY SAFETY FEATURE AGENDA

(See "Resource" Section – "Education Materials" for Inservices as listed below)

One aid to a successful program is to spotlight a monthly safety feature. Inspections and safety awareness materials should be discussed by the Safety Committee, Administrator and Supervisors.

Long term care industry programs, current facility accident reports, or other activities may suggest subjects to be featured.

The following are possible topics for a 12 month period (do not have to correlate to months noted):

January	Proper lifting techniques	Quarterly Inspection
February	Floors, aisles, and walking surfaces	
March	Machine/equipment hazards	
April	Eye and face protection	Quarterly Inspection
May	Stairs and ramps	
June	Electrical hazards	
July	Combative residents	Quarterly Inspection
August	Housekeeping	
September	Resident transfers	
October	Fire prevention	Quarterly Inspection
November	Stress management	
December	Facility safety inspection	

Safety and Supervision of Residents

Policy Statement

Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities.

Policy Interpretation and Implementation

Facility-Oriented Approach to Safety

1. Our facility-oriented approach to safety addresses risks for groups of residents.

2. Safety risks and environmental hazards are identified on an ongoing basis through a combination of employee training, employee monitoring, and reporting processes; QA&A reviews of safety and incident/accident reports; and a facility-wide commitment to safety at all levels of the organization.

3. When accident hazards are identified, the QA&A/Safety Committee shall evaluate and analyze the cause(s) of the hazards and develop strategies to mitigate or remove the hazards to the extent possible.

4. Employees shall be trained and inserviced on potential accident hazards and how to identify and report accident hazards, and try to prevent avoidable accidents.

5. The QA&A Committee and staff shall monitor interventions to mitigate accident hazards in the facility and modify as necessary.

Resident-Oriented Approach to Safety

1. Our resident-oriented approach to safety addresses safety and accident hazards for individual residents.

2. Staff shall use various sources to identify risk factors for residents, including the information obtained from the medical history, physical exam, observation of the resident, and the MDS.

3. The interdisciplinary care team shall analyze information obtained from assessments and observations to identify any specific accident hazards or risks for that resident. The care team shall target interventions to reduce the potential for accidents.

4. Implementing interventions to reduce accident risks and hazards shall include the following:

a. communicating specific interventions to all relevant staff;
b. assigning responsibility for carrying out interventions;
c. providing training, as necessary;
d. ensuring that interventions are implemented; and
e. documenting interventions.

5. Monitoring the effectiveness of interventions shall include the following:

a. ensuring that interventions are implemented correctly and consistently;
b. evaluating the effectiveness of interventions;
c. modifying or replacing interventions as needed; and
d. evaluating the effectiveness of new or revised interventions.

Systems Approach to Safety

1. The facility-oriented and resident-oriented approaches to safety are used together to implement a systems approach to safety, which considers the hazards identified in the environment and individual resident risk factors, and then adjusts interventions accordingly.

2. Resident supervision is a core component of the systems approach to safety. The type and frequency of resident supervision is determined by the individual resident's assessed needs and identified hazards in the environment.

3. The type and frequency of resident supervision may vary among residents and over time for the same resident. For example, resident supervision may need to be increased when there are temporary hazards in the environment (such as construction) or if there is a change in the resident's condition.

Resident Risks and Environmental hazards:

1. Due to their complexity and scope, certain resident risk factors and environmental hazards are addressed in dedicated policies and procedures. These risk factors and environmental hazards include:

a. Bed Safety
b. Safe Lifting and Movement of Residents
c. Falls
d. Smoking
e. Unsafe Wandering

f. Poison Control
g. Electrical Safety
h. Water Temperatures

2. Other topics related to resident risk and environmental hazards may be addressed within related policies and procedures (for example, adequate lighting is addressed under the topic of falls).

References

OBRA Regulatory Reference Numbers	N/A
Survey Tag Numbers	F689, F921
Related Documents	Accidents and Incidents – Investigating and Reporting; Poison Control; Smoking Policy – Residents; Resident-to-Resident Altercations (Resident Rights and Dignity); Falls and Fall Risk, Managing (Falls and Fall Risk); Wandering, Unsafe Resident (Behavior, Mood and Cognition)
Policy Revised	Date: *5/2010 By:* Marquis Companies

Accidents and Incidents - Investigating and Reporting

Policy Statement

All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the Administrator. All accidents and incidents involving residents on or off premises will be investigated and reported to the administrator. Investigations shall be completed within 5 days of the incident.

Policy Interpretation and Implementation

1. The Licensed Nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident. Incident would include, but are not limited to; found on floor, fall, bruise, skin tear, laceration, abrasion, excoriation, pressure ulcer, burn, elopement, resident to resident encounter, etc.

2. The following data, as applicable, shall be included in the resident's electronic clinical record.

   a. The date and time the accident or injury took place;
   b. The nature of the injury/illness (e.g., bruise, fall, nausea, etc.);
   c. The circumstances surrounding the accident or injury;
   d. Where the accident or injury took place;
   e. The injured resident's account of the accident or injury(as able);
   f. The Attending Physician who was notified;
   g. The injured resident's representative who was notified (for residents who are not their own responsible party;
   h. The condition of the injured resident, including his/her vital signs as applicable;
   i. The disposition of the resident (i.e., transferred to hospital, put to bed, sent home, returned to work, etc.);
   j. Any care plan changes made;
   k. Follow-up information;
   l. Other pertinent data as necessary or required; and
   m. The signature and title of the person completing the report.

3. Witnesses and/or those who may have knowledge of the accident or injury will be interviewed as part of the investigation. A summary of the interviews will be included as part of the investigation summary in the clinical record as applicable.

4. The Licensed Nurse and/or the department director or supervisor shall complete the appropriate resident event assessment within the clinical record.

5. For any accident/incident that may meet the definition of potential abuse/neglect, refer to Abuse Investigation policy and procedure.

References

OBRA Regulatory Reference Numbers	N/A
Survey Tag Numbers	F607; F943; F689
Related Documents	Abuse and Neglect protocols, Assessing falls, elopement assessment, skin and wound assessments, resident to resident assessment.
Policy Revised	Date: *5/2010 By:* Marquis Companies
	Date: *8/2010 By:* Marquis Companies
	Date: *5/2011 By:* Marquis Companies
	Date: *8/2017 By:* Marquis Companies
	Date: *5/2018 By:* Marquis Companies

Bed Safety

Policy Statement

Our facility shall strive to provide a safe sleeping environment for the resident.

Policy Interpretation and Implementation

1. The resident's sleeping environment shall be maintained by the interdisciplinary team, considering the resident's safety, medical conditions, comfort, and freedom of movement, as well as input from the resident and family regarding previous sleeping habits and bed environment.

2. To try to prevent deaths/injuries from the beds and related equipment (including the frame, mattress, assistive devices, headboard, footboard, and bed accessories), the facility shall promote the following approaches:

a. Inspection by maintenance staff of all beds and related equipment as part of our regular bed safety program to identify risks and problems including potential entrapment risks;
b. Review that gaps within the bed system are within the dimensions established by the FDA (Note: The review shall consider situations that could be caused by the resident's weight, movement or bed position.);
c. Ensure that when bed system components are worn and need to be replaced, components meet manufacturer specifications;
d. Ensure that assistive mobility devices are properly installed using the manufacturer's instructions and other pertinent safety guidance to ensure proper fit (e.g., avoid bowing, ensure proper distance from the headboard and footboard, etc.); and
e. Identify additional safety measures for residents who have been identified as having a higher than usual risk for injury including entrapment (e.g., altered mental status, restlessness, etc.).

3. The facility's education and training activities will include instruction about risk factors for resident injury due to beds, and strategies for reducing risk factors for injury, including entrapment.

4. If assistive devices for bed mobility are used, including but not limited to bed canes/arc rails, there shall be an assessment of the resident, consultation with the Attending Physician if indicated, and input from the resident and/resident representative.

5. The staff shall obtain consent for the use of the assistive device from the resident or the resident's representative prior to their use.

6. After appropriate review and consent as specified above, assistive devices may be used at the resident's request to increase the resident's sense of security (e.g., if he/she has a fear of falling, his/her movement is compromised, or he/she is used to sleeping in a larger bed).

7. Side rails may be used if assessment and consultation with the Attending Physician has determined that they are needed to help manage a medical symptom or condition, or to help the resident reposition or move in bed and transfer, and no other reasonable alternatives can be identified. (See Proper use of Side Rails policy)

8. Side rails shall not be used as protective restraints. Should a protective restraint be used, our facility's protocol for the use of restraints shall be followed.

9. The use of physical restraints on individuals in bed shall be limited to situations where they are needed to treat a resident's medical symptoms, and only after being reviewed by authorized individuals.

10. The staff shall report to the Director of Nursing and Administrator any deaths, serious illnesses and/or injuries resulting from a problem associated with a bed and related equipment including the bed frame, bed assistive device, side rails, and mattresses. The Administrator shall ensure that reports are made to the Food and Drug Administration or other appropriate agencies, in accordance with pertinent laws and regulations including the Safe Medical Devices Act.

References

OBRA Regulatory Reference Numbers	N/A
Survey Tag Numbers	F689; F908
Related References	See also FDA's Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment; and The Hospital Bed Safety Workgroup's Clinical Guidance for the Assessment and Implementation of Bed Rails in Hospitals, Long Term Care Facilities and Home Care Settings
Policy Revised	Date: *5/2010 By:* Marquis Companies

Electrical Safety for Residents

Policy Statement

The resident will be protected from injury associated with the use of electrical devices, including electrocution, burns and fire.

Policy Interpretation and Implementation

1. Orient the resident to basic electrical safety precautions as part of the admission process, and reinforce the following guidelines with the resident as indicated and/or appropriate:

    a. Ensure that the hands are dry before using an electrical device;
    b. Do not to use electrical devices while standing on a wet floor;
    c. Pull electrical cords out by the plug and never yank the cord;
    d. Report electrical devices if they cause even minor shocks;
    e. Unplug any electrical device that appears to be overheating by smell or touch;
    f. Do not use any electrical device that has been dropped or abused, or if liquid has spilled into it. Wait until it has been checked and declared safe for use; and
    g. Do not use electrical appliances where oxygen is being administered or stored.
    h. Do not use any additional electric adapters/plug ins that have not been approved by facility maintenance director.

2. Inspect electrical outlets, extension cords, power strips, and electrical devices as part of routine fire safety and maintenance inspections.

3. Portable space heaters are not permitted in the facility.

4. Halogen lamps shall be used with caution and away from combustible items in the resident's environment.

5. Extension cords shall not be used as a substitute for adequate wiring in the facility.

6. When extension cords are used, the following precautions must be taken and they must comply with NPFA standards;

    a. Secure extension cords and do not place overhead, under carpets, or where they can cause trips, falls, or overheat;
    b. Connect extension cords to only one device;
    c. Ensure that the type of cord used is appropriate of the size and type of electrical load;
    d. Ensure that cords have proper grounding; and
    e. Inspect regularly for fraying, cuts, or breakage.

7. Power strips shall not be used as a substitute for adequate electrical outlets in the facility. Power strips may be used for a computer, monitor, and printer. Power strips in use must comply with NFPA standards.

8. Power strips shall not be used with medical devices in resident-care areas.

9. When power strips are used, the following precautions must be taken, in addition to must meet NFPA standards;

    a. Install internal ground fault and over-current protection devices;
    b. Secure power strips so that they do not cause trips or falls; and
    c. Use power strips that are adequate for the number and types of devices used.

10. Ground fault circuit interruption devices shall be used in locations near water sources to prevent electrocution of residents and staff.

11. The use of electric blankets and electric heating pads is not allowed.

References

OBRA Regulatory Reference Numbers	N/A
Survey Tag Numbers	F689
Related Documents	N/A
Policy Revised	Date: *5/2010 By:* Marquis Companies

Hazardous Areas in the Facility

Policy Statement

Hazardous areas in the facility shall be identified with appropriate precautionary signs.

Policy Interpretation and Implementation

1. All hazardous areas are so designated and can be identified on floor plans posted throughout the facility.
2. Hazardous areas, such as power rooms, boiler rooms, oxygen or other flammable liquids storage rooms, etc., are posted with No Smoking signs.
3. Smoking is prohibited in all hazardous areas.
4. The facility's Safety Committee shall recommend measures to ensure that residents cannot access hazardous areas in the facility.
5. The Administrator is responsible for communicating all safety recommendations adopted by the Safety Committee to the appropriate departments within the facility.
6. The Safety Committee shall periodically check for the implementation and integrity of measures intended to prevent residents from entering hazardous areas.

References

OBRA Regulatory Reference Numbers	N/A
Survey Tag Numbers	F689; F836
Related Documents	N/A
Policy Revised	Date: *5/2010 By:* Marquis Companies

Poison Control

Policy Statement

Poison control information shall be readily available throughout the facility.

Policy Interpretation and Implementation

1. Information about poisoning and poison control, including key contact information, is located at Nursing stations/Medication rooms. This information shall be posted at each nurses' station and/or medication room and other areas of the facility where hazardous and poisonous substances may be used or stored.
2. Antidote information is also available at each nurses' station and/or Medication room.
3. If a resident is suspected of taking poison, nursing staff will notify the Attending Physician and Director of Nursing Services.
4. Administer treatment as ordered by the physician, based on poison control recommendations.
5. Nursing staff will document the resident's condition in the resident's clinical record, and the interventions that were made.
6. Staff will complete an incident report per the appropriate policy.

References

OBRA Regulatory Reference Numbers	N/A
Survey Tag Numbers	F689
Related Documents	N/A
Policy Revised	Date: *5/2010 By:* Marquis Companies

Proper Use of Side Rails - Level II

Purpose

The purposes of these guidelines are to ensure the safe use of side rails as resident mobility aids and to prohibit the use of side rails as restraints unless necessary to treat a resident's medical symptoms.

Definition

Physical restraints are defined by the Centers for Medicare and Medicaid Services (CMS) as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. (Note: The definition of restraints is based on the functional status of the resident and not on the device, therefore any device that has the effect on the resident of restricting freedom of movement or normal access to one's body could be considered a restraint.)

General Guidelines

1. Side rails are considered a restraint when they are used to limit the resident's freedom of movement (prevent the resident from leaving his/her bed). (Note: The side rails may have the effect of restraining one individual but not another, depending on the individual resident's condition and circumstances.)

2. Side rails are only permissible if they are used to treat a resident's medical symptoms or to assist with mobility and transfer of residents.

3. An assessment will be made to determine the resident's symptoms or reason for using side rails. When used for mobility or transfer, an assessment will include a review of the resident's:

   a. Bed mobility; and
   b. Ability to change position, transfer to and from bed or chair, and to stand and toilet.

4. The use of side rails as an assistive device will be addressed in the resident care plan.

5. Consent for using restrictive devices will be obtained from the resident or resident representative per facility protocol.

6. Less restrictive interventions that may be incorporated in care planning include:

   a. Providing restorative care to enhance abilities to stand safely and to walk;
   b. Providing a trapeze to increase bed mobility;
   c. Providing a bed cane/arc rail to increase bed mobility;
   d. Providing staff monitoring at night with periodic assisted toileting for residents attempting to arise to use the bathroom; and/or
   e. Furnishing visual and verbal reminders to use the call bell for residents who can comprehend this information.

7. Documentation will indicate if less restrictive approaches are not successful, prior to considering the use of side rails.

8. The risks and benefits of side rails will be considered for each resident.

9. Consent for side rail use will be obtained from the resident or resident's representative, after presenting potential benefits and risks. (Note: Federal regulations do not require written consent for using restraints. Signed consent forms do not relieve the facility from meeting the requirements for restraint use, including proper assessment and care planning. While the resident or representative may request a restraint, the facility is responsible for evaluating the appropriateness of that request.)

10. The resident will be checked periodically for safety relative to side rail use.

11. If side rail use is associated with symptoms of distress, such as screaming or agitation, the resident's needs and use of side rails will be reassessed.

12. When side rail usage is appropriate, the facility will assess the space between the mattress and side rails to reduce the risk for entrapment (the amount of safe space may vary, depending on the type of bed and mattress being used).

13. Side rails with padding may be used to prevent resident injury in situations of uncontrollable movement disorders, but are still restraints if they meet the definition of a restraint.

14. Facility staff, in conjunction with the Attending Physician, will assess and document the resident's risk for injury due to neurological disorders or other medical conditions.

References

MDS (RAPs)	N/A
Survey Tag Numbers	F689; F604

Related Documents	Bed Safety
Risk of Exposure	N/A
Policy Revised	Date: *5/2010 By:* Marquis Companies

Recall of Equipment / Drugs

Policy Statement

The Administrator, Consultant Pharmacist, Director of Nursing, and Safety Committee shall collaborate when equipment, medical supplies, or drugs have been recalled.

Policy Interpretation and Implementation

1. Upon receiving notice of a recall of equipment or medical supplies, the Director of Nursing Services, or designee, shall oversee the removal of such supplies from immediate use.
2. The Safety Committee and Administrator shall help the Director of Nursing ensure that such equipment, supplies, or medications have been removed from use and are destroyed, returned, or otherwise managed as requested or required by the vendor, manufacturer, government agencies, etc.

References

OBRA Regulatory Reference Numbers	N/A
Survey Tag Numbers	F689; F915
Related Documents	N/A
Policy Revised	Date: *5/2010 By:* Marquis Companies

Resident Identification System

Policy Statement

A resident identification system is used to help facility personnel provide medical and nursing care.

Policy Interpretation and Implementation

1. Our facility has adopted a photo identification system to help assure that medication and treatments are administered to the right resident.
2. Data contained on the photo identification is confidential and is used by nursing service personnel when administering medications and treatments.
3. Photo identification may only be released to authorized personnel in accordance with facility policy and current state/federal regulations governing the release of resident information.
4. Prior to or upon admission, the resident or his/her representative must authorize the facility in writing to photograph the resident and to release data contained in the identification file.
5. Nursing staff will review and update resident identification information as necessary, in conjunction with the business office.
6. Inquiries about our resident identification system should be referred to the Director of Nursing Services.

References

OBRA Regulatory Reference Numbers	N/A
Survey Tag Numbers	F583; F842; F675; F684; F697; F698; F744; F759; F760
Related Documents	N/A
Policy Revised	Date: *5/2010 By:* Marquis Companies

Routine Resident Checks

Policy Statement

Staff shall make routine resident checks to help maintain resident safety and well-being.

Policy Interpretation and Implementation

1. To ensure the safety and well-being of our residents, nursing staff shall make a routine resident check on each unit at least every 2 hours. Exceptions may exist for residents based on individualized assessment and care planning.

2. Routine resident checks involve entering the resident's room and/or identifying the resident elsewhere on the unit to determine if the resident's needs are being met, identify any change in the resident's condition, identify whether the resident has any concerns, and see if the resident is sleeping, needs toileting assistance, etc.

3. The person conducting the routine check shall report promptly to the Licensed Nurse any changes in the resident's condition and medical needs.

References

OBRA Regulatory Reference Numbers	N/A
Survey Tag Numbers	F558; F725
Related Documents	See Marquis Standards of Care
Policy Revised	Date: *5/2010 By:* Marquis Companies
	Date: *5/2011 By:* Marquis Companies

Signing Residents Out

Policy Statement

All residents leaving the premises must be signed out.

Policy Interpretation and Implementation

1. Each resident leaving the premises (excluding transfers/discharges) must be signed out.
2. A sign-out register is located at each nurses' station. Registers must indicate the resident's expected time of return.
3. Unless otherwise prohibited by law, medications that must be administered while the resident is out will be given to the resident/person signing the resident out.
4. Written and/or oral instructions on when and how to administer the medication will be provided to the resident or to the person signing the resident out. Only medications that must be administered while the resident is out will be issued.
5. The Licensed Nurse or designee is responsible for notifying the Dietary Manager when the resident will be away from the facility during meal hours and when the resident has returned. Such notification may be through oral, written or electronic communication.
6. Staff observing a resident leaving the premises, and having doubts about the resident being properly signed out, should notify their supervisor at once.
7. Restrictions noted on the resident's chart concerning who may not sign the resident out must be honored unless otherwise prohibited by facility policy or state/federal law governing such releases. If the resident chooses to go with the individual, the Director of Nursing Services and/or Administrator must be contacted and informed of the situation.
8. Residents must be signed in upon return to the facility.
9. Inquiries concerning the signing out of residents should be referred to the Director of Nursing Services or to the Administrator.

References

OBRA Regulatory Reference Numbers	N/A
Survey Tag Numbers	F561
Related Documents	N/A
Policy Revised	Date: *5/2011 By:* Marquis Companies

Smoking Policy - Residents

Policy Statement

This facility shall establish and maintain safe resident smoking practices.

Policy Interpretation and Implementation

1. Prior to, or upon admission, residents shall be informed about any limitations on smoking, including designated smoking areas, and the extent to which the facility can accommodate their smoking or non-smoking preferences; for example, in making room assignments.

2. Each facility may have specific smoking policies and/or restrictions, facility policies will be included within the facility admission packets.

3. No-Smoking signs shall be prominently displayed throughout the facility where smoking is prohibited.

4. Smoking restrictions shall be strictly enforced in all nonsmoking areas.

5. Only facility-approved ashtrays and other smoking equipment/paraphernalia shall be used on facility premises

6. Metal containers, with self-closing cover devices, shall be available in smoking areas.

7. Ashtrays shall only be emptied into designated receptacles.

8. The staff shall consult with the Attending Physician and the Director of Nursing Services to determine any restrictions on a resident's smoking privileges.

9. Nursing will complete a Smoking assessment upon admission and at least quarterly for all residents who wish to smoke, in facilities where smoking for residents is an option.

10. Any smoking-related privileges, restrictions, and concerns (for example, need for close monitoring) shall be noted on the care plan, and all personnel caring for the resident shall be alerted to these issues.

11. The facility may impose smoking restrictions on residents at any time if it is determined that the resident cannot smoke safely with the available levels of support and supervision.

12. Any resident with restricted smoking privileges requiring monitoring shall have the direct supervision of a staff member, family member, visitor or volunteer worker at all times while smoking.

13. The staff will review the status of a resident's smoking privileges periodically, and consult as needed with the Director of Nursing Services and the Attending Physician.

14. Smoking articles for residents with independent smoking privileges:

    a. Residents who have independent smoking privileges shall have access to smoking articles kept at facility Nursing Station
    b. Residents may only use disposable safety lighters.
    c. Residents may not have or keep lighter fluids, including butane gas, or any other forms of gas or fluids, at any time.
    d. Residents with independent smoking privileges may not give smoking articles to other residents with restricted smoking privileges. (Note: Anyone who observes this happening shall report it to the On-Duty Charge Nurse immediately.)
    e. Smoking shall not be permitted in bed/resident room, at any time.

15. Smoking articles for residents without independent smoking privileges:

    a. Residents without independent smoking privileges may not have or keep any types of smoking articles, including cigarettes, tobacco, etc., except when they are under direct supervision.
    b. Smoking shall not be permitted in bed or in resident room at any time.
    c. Anyone who provides smoking supervision to residents shall be advised of any restrictions/concerns and the plan of care related to smoking.

16. Staff members and volunteer workers shall not purchase and/or provide any smoking articles for residents unless approved by the Charge Nurse.

17. This facility may check periodically to determine if residents have any smoking articles in violation of our smoking policies. Staff shall confiscate any such articles, and shall notify the Charge Nurse/Supervisor that they have done so.

References

OBRA Regulatory Reference Numbers	N/A
Survey Tag Numbers	F579; F582; F572; F574; F575; F689; F920, F561

Related Documents	Smoking Policy – Employees (Personnel and Staffing) Smoking Assessment
Policy Revised	Date: *5/2011 By:* Marquis Companies
	Date: 12*/2011 By:* Marquis Companies

Suicide Threats

Policy Statement

Resident suicide threats shall be taken seriously and addressed appropriately.

Policy Interpretation and Implementation

1. Staff shall report any resident threats of suicide immediately to the Licensed Nurse.
2. The Licensed Nurse shall immediately assess the situation and shall notify the Director of Nursing Services of such threats.
3. A staff member shall remain with the resident until the Licensed Nurse arrives to evaluate the resident.
4. After assessing the resident in more detail, the Licensed Nurse shall notify the resident's Attending Physician and representative and shall seek further direction from the physician.
5. All nursing personnel and other staff involved in caring for the resident shall be informed of the suicide threat and instructed to report changes in the resident's behavior immediately.
6. As indicated, a psychiatric consultation or transfer for emergency psychiatric evaluation may be initiated.
7. If the resident remains in the facility, staff will monitor the resident's mood and behavior and update care plans accordingly, until a physician has determined that a risk of suicide does not appear to be present.
8. Staff shall document details of the situation objectively in the resident's medical record.

References

OBRA Regulatory Reference Numbers	N/A
Survey Tag Numbers	F580; F604; F605; F637; F639; F656; F657; F553; F742
Related Documents	Change in a Resident's Condition or Status (Assessments and Care Planning) Use of Restraints (Behavior, Mood and Cognition)
Policy Revised	Date: *5/2011 By:* Marquis Companies

Unusual Occurrence Reporting

Policy Statement

As required by federal or state regulations, our facility reports unusual occurrences or other reportable events which affect the health, safety, or welfare of our residents, employees or visitors.

Policy Interpretation and Implementation

1. Our facility will report the following events to appropriate agencies:

   a. Earthquakes, floods, gas explosions, severe fires, power outages or other calamities that damage the facility or threaten the welfare, safety or health of residents, employees or visitors;
   b. An outbreak of any communicable disease;
   c. Poisonings;
   d. Death of a resident, employee or visitor because of unnatural causes (e.g., suicide, homicide, accidents, etc.);
   e. Actual or threatened employee walkouts/strikes, or other curtailment of services, or interruption of essential services (e.g., heating, air conditioning, food, water, linens, sewage or needed medical supplies) provided by the facility;
   f. Inoperable emergency systems, equipment or resident call systems, which if not corrected could readily become life-threatening;
   g. Allegations of abuse, neglect and misappropriation of resident property; and
   h. Other occurrences that interfere with facility operations and affect the welfare, safety, or health of residents, employees or visitors.
   i. Additional reporting as may be required by specific state regulations.

2. Unusual occurrences shall be reported via telephone/fax to appropriate agencies as required by current law and/or regulations within twenty-four (24) hours of such incident or as otherwise required by federal and state regulations.

3. A written report detailing the incident and actions taken by the facility after the event shall be sent or delivered to the state agency (and other appropriate agencies as required by law) as required by federal and state regulations.

4. The administration will keep a copy of written reports on file.

References

OBRA Regulatory Reference Numbers	N/A
Survey Tag Numbers	F600; F602; F603; F606; F607; F943; F689; F836
Related Documents	N/A
Policy Revised	Date: *5/2010 By:* Marquis Companies

Water Temperatures, Safety of

Policy Statement

Tap water in the facility shall be kept within a temperature range to prevent injury of residents.

Policy Interpretation and Implementation

1. Water heaters that service resident rooms, bathrooms, common areas, and tub/shower areas shall be set to temperatures of no more than the maximum allowable temperature per state regulation.

2. Maintenance staff is responsible for checking thermostats and temperature controls in the facility and recording these checks in a maintenance log.

3. Maintenance staff shall conduct periodic tap water temperature checks and record the water temperatures in a safety log.

4. If at any time water temperatures feel excessive to the touch (i.e., hot enough to be painful or cause reddening of the skin after removal of the hand from the water), staff will report this finding to the immediate supervisor.

5. Direct-care staff shall be informed of risk factors for scalding/burns that are more common in the elderly, such as;

   a. Decreased skin thickness;
   b. Decreased skin sensitivity;
   c. Peripheral neuropathy;
   d. Reduced reaction time;
   e. Decreased cognition;
   f. Decreased mobility; and
   g. Decreased communication.

6. The length of exposure to warm or hot water, the amount of skin exposed, and the resident's current condition affect whether or not exposure to certain temperatures will cause scalding or burns. Therefore, ongoing resident observation and assessment during prolonged exposure to warm or hot water will help to determine the safety of the situation.

7. Nursing staff will be educated about signs and symptoms of burns (first, second, and third degree) so that such injuries can be recognized and treated appropriately.

8. If a resident is burned, nursing staff shall follow pertinent first aid and physician notification protocols and report the injury to his or her direct supervisor.

References

OBRA Regulatory Reference Numbers	N/A
Survey Tag Numbers	F689
Related Documents	Safety and Supervision of Residents
Policy Revised	Date: *5/2011 By:* Marquis Companies