VILLAGE AT THE HARBOR (VATH)

POLICIES AND PROCEDURES

SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 1

DBA SAN JUAN ISLAND EMS

DBA VILLAGE AT THE HARBOR

DBA VILLAGE AT HOME

APPROVED BY THE SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT BOARD OF COMMISSIONERS ON 1/28/2026

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DEPARTMENTAL POLICIES AND PROCEDURES – VILLAGE AT THE HARBOR

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GENERAL INTRODUCTION

These departmental policies represent a continuation of the Policies and Procedures as outlined in "Administrative Policies and Procedures" and "Personnel Policies and Procedures" for San Juan County Public Hospital District No. 1. They are separate only for ease of use but are considered a single and coherent set of Policies and Procedures.

A group of Policies and their procedures is referred to as a sub. For instance, "Environmental Services" is a grouping of policies and procedures on that topic.

VATH.RES.1 ACCOUNTS RECEIVABLE

Accounts receivable processes are laid out in the Administrative Policies and Procedures. These are departmental policies and procedures for the Village at the Harbor.

VATH.RES.1.1 Rate Setting

Residents will receive periodic rate changes based on market conditions. Village at the Harbor is operated as a public service with significant taxpayer support, but the goal of the taxpayer support is to keep the community open on San Juan Island while providing excellent services. User fees are still required.

Rates should be comparable to mainland services both for the sake of solvency and to avoid having non-residents fill the facility due to the discount in services.

At the District's option a differential rate between residents who lived within the District (and paid taxes into the system) and those who did not (and thus did not pay into the system) may be charged.

All rate changes must be approved by the Superintendent or the Board of Commissioners. Current rates are in the appendix.

Procedures for "Rate Setting"

1. An annual market review will be completed and used as a tool for the budgeting process. This review will assist in setting current costs for the residents.
2. Rates for housing and services will be evaluated as identified by the budget.

3. A determination will be made as to any rate changes for the coming year.
4. Any rate change must be communicated to the residents at least 30 days prior to the rate increase going into effect.
5. Rates for ancillary services not included in the monthly fees must be posted and provided to the resident at least 30 days prior to the time of any change.

VATH.RES.1.2 Billing Adjustments

The District will identify, for invoicing purposes, those goods and services which residents have received during a billing cycle and for which they need to be billed, or credits due residents.

Procedures for "Billing Adjustments"

Adjustments

1. The Executive Director will gather documentation for billable services, such as:
    a. Charged guest meals.
    b. Charged or added housekeeping services, maintenance services and transportation services.
    c. Charged services provided by the nurse.
    d. Food purchases paid for by the residence during the billing period.
    e. Dates of absence from the residence.
    f. Overnight stays for guests in the guest room.
2. The Administrator will prepare billing adjustments only for residents eligible for credit or for those who have charged/received goods and services during the specified billing period.
3. A description of the goods or services charged/received will be noted in the Additional Charges column. Likewise, a description of credits will be noted in the credits column.
4. Once completed, Executive Director will provide the Billing Adjustment Forms to the Finance Department. [Refer to the Administrative Policies and Procedures section on Accounts Receivable]

VATH.RES.2 COMMUNICATION

VATH.RES.2.1 Communication with Residents and Staff

Village at the Harbor administration will make an effort to assure adequate availability of information to residents, staff, and Superintendent. It is the Superintendent's responsibility to ensure adequate communication with the Board of Commissioners.

It is also an important priority to allow residents a way to voice their concerns.

Procedures for "Communication with Residents and Staff"

General

To the extent possible, input from all involved will be sought out in planning decisions and program implementation.

Residents have the right to be made aware of changes in and additions to policies, and to receive information on all issues that affect them or the well-being of the community.

Residents have the responsibility of keeping management informed regarding changes in their situation.

Communication

Enter any factual, pertinent information about residents, responsible person/families, staff and any ideas, thoughts, wishes, etc. into the chart notes on a regular basis. Always keep confidentiality and documented facts in mind when entering information. Information that is appropriate for Resident chart notes includes:

- Change in resident condition.
- Work not completed and reason.
- Events happening in the lives of resident, staff, board/owner and families.
- Change in procedures.
- Change in assistance plans
- Status of already reported situations.
- In compliance with HIPAA, Resident charts should be kept in a locked area. Only those staff needing the information to carry out assigned job duties should have access to the Resident charts. It should never be shared with non-employees.

Bulletin Board

A bulletin board will be located in an area frequented by the residents.

- Information about events in the community may be posted but must have approval of the Executive Director before posting.
- Any resident may place information on the board as long as the information has been approved by the Executive Director prior to posting.
- All information on the bulletin board must be dated and will be removed automatically when outdated. Dated information regarding community events will be promptly removed when the event is over. All other information posted will be marked with a date by the individual posting it and removed within an appropriate time frame.
- An activity bulletin board will be located near the front entrance area.

Sign-Out/Sign-In

A sign-out/sign-in book will be located at the front entrance area.

- When away overnight, all residents are asked to sign-out when they leave the building and sign-in when they return.
- Residents are asked to inform staff when they will be gone over a mealtime (see Food Service policy and Missed Meal procedure).
- Residents are asked to notify staff when they may be gone. Alternate plans and documentation may be necessary if resident has medications administered by the residence.

Resident Absences

Residents will be asked to inform staff if they are going to be away for overnight visits before leaving the residence.

- Staff will write information about the resident's absence in their chart notes
- Well-being checks will be discontinued during the resident's absence.
- Staff will not enter the resident's apartment during his/her absence without permission from the Executive Director
- The resident's return will be noted in their chart notes.

Suggestion/Comments Box

A locked suggestion/comments box will be provided and located near the main entrance or office.

- This suggestion/comments box will permit residents, responsible persons/family, or guests to submit confidential and/or anonymous remarks regarding services, employee conduct, and policies and procedures.
- The Executive Director will check the box each week to remove any suggestions/comments.
- The Executive Director will review all suggestions/comments and respond, if possible (if name was left with comment).
- Anonymous comments will be assessed for their validity and action taken when appropriate. Comments/suggestions with signature included will receive a direct response from the Executive Diretor.
- When a response requires a change i in policy, Executive director will work with the Superintendent and respond to the comment/suggestion.

Newsletter

Where the District has adequate resources a newsletter will be published on a regular basis. It may include information about:

- new residents
- new staff
- illnesses or deaths of residents
- activities
- transportation schedule
- menus
- general information about Village at the Harbor
- general hospital district information

Proposed content should be submitted by the posted deadline to the person assigned by administration to prepare and print the newsletter.

The newsletter will be distributed to all residents and staff members.

VATH.RES.3 DEATH AND DYING

VATH.RES.3.1 Death

The District will comply with state and local laws regarding death and dying in an assisted living setting. The District will work to assure the resident's wishes regarding death are honored within appropriate legal parameters.

We believe that death is a part of life and a reality for our residents. As we become aware of their feelings and wishes related to death, they will be noted and, when possible, honored.

Resident must complete appropriate documentation in order for staff to honor their wishes such as the POLST form. Staff are required by law to begin performing CPR when a resident is in distress regardless of directives. Only a registered nurse or 911 personnel may honor the directives.

Copies of the executed documents must be kept in the resident's record for the staff availability.

If a resident is on Hospice, directives may be honored according to the legal boundaries.

Documents that will be honored include:

- Living Wills.
- Advanced Directives.
- No Resuscitation.
- Durable Power of Attorney.

- Health Care Proxy.

VATH.RES.3.2 Living Will / Advance Directives

Residents will be given the option of completing a Living Will or Advance Directive if they have not already done so. This option will be presented to a resident who has voiced special concerns or requests related to illness or death. Advance Directives allows the resident to ask for no life saving measures without the need for a terminal diagnosis. The Living Will or Advance Directives will then be noted on the resident's assistance plan.

Procedures for "Living Will / Advanced Directives"

A resident who chooses to have a Living Will or Advance Directive will be asked to keep a copy of the document in a envelope in his/her apartment.

A resident who chooses to sign a Living Will or Advance Directive must be of sound mind and competent to make life-directing decisions.

A thorough explanation of the Living Will or Advance Directives will be given to the resident and his/her family or responsible person along with a pamphlet describing its purpose, procedure and use.

A resident may add statements to the Living Will or Advance Directives, such as measures he/she particularly wants withheld or living conditions to be avoided.

A resident will be asked to sign two copies of the Living Will or Advance Directives before two witnesses. Neither witness may be an heir, personal physician, employee of that physician or employee of the residence. It is best to have the signatures notarized, although that is not required by law.

Extra copies of the signed original Living Will or Advance Directives will be made. One of the signed copies will be given to the resident's physician, the other will remain in the resident's possession. Additional copies should be given to the resident's adult children and pastor. One copy will remain in the files at the residence and one will be placed in a sealed envelope under the resident's telephone.

In the event a resident is transferred to a hospital, a copy of the Living Will or Advance Directives will be sent with the resident for ambulance and hospital personnel use.

VATH.RES.3.3 Durable Power of Attorney for Health Care

Residents will be given the option of completing a Durable Power of Attorney for Health Care if they have not already done so. Durable Power of Attorney for Health Care does not go into effect unless the resident is unable to make a health care decision because of being unconscious or has significant dementia. This option will be presented to a resident who has voiced special concerns or requests related to illness or death. Durable Power of Attorney for Health Care will then be acknowledged on the resident's assistance plan.

Procedures for "Durable Power of Attorney for Health Care:"

A resident who chooses to have a Durable Power of Attorney for Health Care will be asked to keep a copy of the document under the telephone in the dwelling unit.

A resident who chooses to sign a Durable Power of Attorney for Health Care must be of sound mind and competent to make life-directing decisions.

A thorough explanation of the Durable Power of Attorney for Health Care will be given to the resident and his/her family or responsible person along with a pamphlet describing its purpose, procedure and use.

A resident may add statements to the Durable Power of Attorney for Health Care, such as measures he/she particularly wants withheld or living conditions to be avoided.

A resident will be asked to sign two copies of the Durable Power of Attorney for Health Care before two witnesses. Neither witness may be an heir, personal physician, employee of that physician or employee of the Assisted Living Residence. It is best to have the signatures notarized, although that is not required by law.

Extra copies of the signed original Durable Power of Attorney for Health Care will be made. One of the signed copies will be given to the resident's physician, the other will remain in the resident's possession. Additional copies should be given to the resident's adult children and pastor. One copy will remain in the resident's file at the residence and a copy will be placed in a sealed envelope under the telephone in the resident's dwelling unit.

In the event a resident is transferred to a hospital, a copy of the Durable Power of Attorney for Health Care will be sent with the resident for ambulance and hospital personnel use.

VATH.RES.3.4 No Extraordinary Life-Saving Measures

When a resident discusses with a staff member the desire for no extraordinary life-saving measures, the Administrator will be notified.

Procedures for "No Extraordinary Life-Saving Measures"

Process

The Administrator will have a more formal discussion with the resident about what "no extraordinary life-saving measures" means (see definition below).

- This wish will be shared with the resident's family, responsible person and physician.
- When there is agreement, the resident will be encouraged to make out a Living Will (if resident has terminal diagnosis), Advance Directives or to appoint a person with Durable Power of Attorney for Health Care.
- A copy of the any of these documents will be placed in an envelope and taped to the bottom of the resident's telephone.
- A copy of these documents will be (a) Maintained in the resident's file, (b) Sent to the family or responsible person, and (c) sent to the resident's physician.

- A red dot will be placed on the cradle of the resident's telephone, indicating no extraordinary measures if the resident has a living will and a terminal diagnosis or has advance directives.
- If the resident has a Health Care Proxy, the ambulance will be called and then the person with Health Care Proxy will be contacted. That person's phone number will be placed in the cradle of the phone so they can be contacted to go to the hospital during an emergency when the resident is not capable of making health care decisions.
- If there is a Living Will with a terminal diagnosis or Advanced Directive at the time of death, emergency services will not be called unless the resident asks the staff person to do so.
- If the resident is uncomfortable, struggling or in pain, emergency services will be called for palliative measures.
    - The copy of the Living Will, Advanced Directives or Health Care Proxy be removed from the envelope and sent with the ambulance crew.

Definition of No Extraordinary Life-saving Measures:

Using medical procedures, treatments or interventions that:

1. Use mechanical or other artificial means to sustain, restore or supplement a vital function.
2. Use services that prolong the dying process.

This does not include withholding medication or the performance of any medical treatment or procedure necessary to provide comfort, resolve a treatable problem or alleviate pain.
Examples:

- Obtaining medication for a treatable infection would not be considered an extraordinary measure.
- Obtaining treatment for a fracture would not be considered an extraordinary measure.
- Initiating cardiopulmonary resuscitation would be considered an extraordinary measure.

VATH.RES.3.5 Hospice Death/Death

Living Care Lifestyles managed communities support residents who desire to die on the comfort of their own apartment. Residents are strongly encouraged to enlist a Home Hospice Program to enhance the quality of the resident's last weeks.

Hospice works with the resident and resident's family to maintain the quality of life, develop final wishes and funeral plans. Hospice encourages the family and other loved ones to be present for the residents last moments.

Procedures for "Hospice Death / Death"

When there is a final passing away of the resident, consideration of the resident's family is essential. The following procedures should be followed:

1. Immediately notify the Administrator and inform him/her of the situation.
2. Every Hospice resident must have completed and current directive form in their apartment.
3. If a Hospice resident is found not breathing and without a pulse, staff is to immediately call the Home Hospice Program. Staff will not initiate CPR procedures.
4. Staff is to follow the direction of the Hospice personnel.

When a resident is found without a pulse or not breathing, and is not involved in a hospice program, staff will begin CPR procedure by:

a. Shaking the resident
b. Checking Airway, Breathing, Circulation
c. In no response, call 911, explaining immediately that the victim has no pulse and is not breathing
d. Use E-call system, phone or radio to get additional staff assistance
e. Check ABC's again, begin rescue breathing and chest compressions per CPR training
f. When additional staff/ emergency personnel arrives, locate the directives if available and
g. Continue CPR until directed otherwise by EMS staff

Only appropriately credentialed staff (RN, MD) can pronounce death. Non-licensed staff members cannot pronounce death.

In all cases of resident death, the Administrator will notify resident's family and resident's attending physician after resident has been pronounced dead by Hospice staff or EMS.

The resident's apartment will be secured until family arrives or until the funeral home arrives to remove the body.

Document the event on an incident report and in resident's chart notes.

VATH.RES.3.6 Unexpected Death

There may be times where a resident passes away unexpectedly. There are important legal considerations and it's important that staff follow clear procedures.

Procedures for "Unexpected Death"

If a resident is found without a pulse or not breathing, the staff will begin CPR procedure by:

- Shaking the resident

- Checking Airway, Breathing, Circulation
- In no response, call 911, explaining immediately that the victim has no pulse and is not breathing
- Use E-call system, phone or radio to get additional staff assistance
- Check ABC's again, begin rescue breathing and chest compressions per CPR training
- When additional staff/ emergency personnel arrives, locate the directives if available and
- Continue CPR until directed otherwise by EMS staff

If the resident is found without a pulse or not breathing, staff will ensure that 911 has that information, then:

- Staff will show the Emergency Medical Staff (EMS) the residents signed directive, if available
- Staff will at all times follow the directions of EMS
- Staff will continue the CPR process until directed by otherwise by the EMS or until another appropriately credentialed person declares the resident death
- Staff will immediately contact the Administrator or manager on duty and inform him/her of the situation
- The Administrator or manager on duty will notify the family immediately
- The Administrator or appropriate supervisor is to notify the resident primary care practitioner of the residents death
- Staff will secure resident apartment until the coroner, police, or other proper authority arrives. EMS can assist in the determination of who the proper authority is that needs to come.
- Document the occurrence in the resident chart note

VATH.RES.4 FACILITY AND COMMUNITY EMERGENCIES

VATH.RES.4.1 Building Disasters

For the safety of residents at the residence, staff will know and practice disaster procedures through regular drills. Residents will be informed of disaster procedures.

It is because of disaster potentials that residents must be mobile. Residents who can not exit the building unassisted must be Level III.

Staff will concentrate on assisting less mobile residents or residents in most immediate danger first.

In the event of a disaster, the Medtech on duty is appointed as the person in charge. If the RA needs assistance, the on-call staff person should be called to come to the residence to help.

The Administrator shall develop residence-specific disaster policies and procedures relating to:

- The creation of a list of off-duty staff and procedure for calling them in to assist.
- Medication listings for all residents where residence is responsible for medication assistance.
- Procedures for resident record protection.
- Evacuation procedure.

VATH.RES.4.2 Fire

The District takes the risk of fire seriously and precautions and planning to handle a fire should be taken.

Procedures for "Fire"

In the event of fire, the following actions will take place immediately.

1. Make sure all residents are safe.
2. Pull fire-alarm box and call 911 or (_____).
3. Remove residents in immediate danger.
4. Use fire extinguisher to fight fire if it is small.
5. Evacuate wing where fire is located.
6. Check to see that all fire/disaster doors have closed.
7. Close all windows.
8. Assist residents as needed.

Precautions:

- Touch the door before entering a room. IF IT IS HOT, DO NOT OPEN IT!
- Begin evacuation in the area of the fire first, then move to areas not in immediate danger.

VATH.RES.4.3 Tornado

The risk of tornado on San Juan Island is remote. Nevertheless, procedures will be as follows.

Procedures for "Tornado Watch"

Tornado Watch

A tornado watch means conditions are favorable for the formation of a tornado. When a watch occurs, staff will:

1. Inform all residents of the watch (see attached resident directory).
2. Keep radios and television sets tuned to local stations for weather information.
3. Check sky conditions periodically, especially to the west and southwest.
4. Inform staff and residents and call 911 if a funnel-shaped cloud is sighted.
5. If funnel-shaped cloud is sighted, move to the tornado warning procedure immediately.

Tornado Warning

A tornado warning means that a tornado has been sighted within 10 miles of the residence. The following action will take place immediately:

1. Ask residents to move as quickly as possible to a safe area. Areas that have been identified as safe include:
    - Resident bathrooms (shower).
    - Walk-in closets.
    - Public bathrooms.
    - Hallways (away from end doors with glass).
    - Any room that has four walls with no windows.
    - Lower level.
2. Close all disaster doors.
    - Close all apartment doors.
    - Ask residents to take pillows with them for protection from flying debris.
    - Have all residents and staff move out of areas with windows.
    - Turn on the television and/or radio. Use a battery-operated radio and keep flashlights with you.
    - Have residents and staff remain in the sheltered areas until the warning has been canceled.

VATH.RES.4.4 Blizzard, Heavy Snow

Procedures for "Blizzard, Heavy Snow"

When weather reports predict six inches or more of snow, the following actions will take place:

The Food Service Coordinator will check supplies to assure sufficient food for all meals for seven days.

A trip to the grocery store will be made if there is the possibility of needing more staples, (i.e. bread, milk, eggs, butter etc.) so meals can be provided for the next three days.

A special "grocery run" will be announced to residents. Anyone wishing to go to the store or who provides a grocery list may be accommodated.

When weather makes driving and walking treacherous, residents will be discouraged from using their autos or walking outside unnecessarily (see snow removal procedure).

VATH.RES.4.5 Hurricane

When weather reports predict a hurricane, actions will be taken to protect residents and the residence.

Procedures for "Hurricane"

Determine if evacuation would be advisable. If evacuation is the prudent thing to do and advised by safety authorities, the following procedure should be followed:

1. Contact hospitals or other facilities that are safe from the storm who may be able to take the residents.
2. Contact residents' families, informing them of the need to evacuate. If a family is in a location safe from the storm, request that they take the resident home with them.
3. If possible, obtain consent from each resident before evacuating him/her. Inform family and/or responsible person of the location to which they are being evacuated.
4. Contact transportation companies to assist with transporting residents.

If evacuation is not necessary, the following procedure should be followed:

1. The cook will check to see that there is a 7-day supply of food and water available. If not, a grocery store run should be made. Water should be collected in sanitized containers.
2. Check for a supply of fresh batteries and flashlights.
3. Check medication supplies. Contact the pharmacy if there is not a 3-day supply of medication available for every resident.
4. Make sure there is a good supply of blankets and pillows for comfort and protection, if needed.
5. Protect all resident records (see Disaster policy).
6. Remove loose objects from outside or on the side of the building.
7. Tape up windows to keep rain from blowing in.
8. Move resident beds and chairs into a safe area, away from windows. Give residents blankets and pillows for comfort and protection.
9. Residents will be discouraged from going outside.

VATH.RES.4.6 Earthquake

Procedures for "Earthquake"

It is important to have earthquake drills so residents can respond quickly should one occur:

1. Residents should do one of the following:
2. Go to the doorway of their room and sit on a chair or stand.
3. Get on the floor under a table.

An earthquake emergency box should be maintained. It should include: flashlights and batteries, a portable radio and first aid supplies.

After an earthquake has passed, there are expected aftershocks. The following procedures should be followed:

1. Get residents to a safe location. Bring blankets and pillows for comfort.
2. Assess and treat any resident injuries.
3. Assess any damage to the building. Determine if evacuation is needed.
4. Assess the need for additional food and, when possible, make a trip to the grocery store.

Determine if evacuation would be advisable. If evacuation is the prudent thing to do, follow this procedure:

1. Contact hospital or other facilities who have not experienced damage who may be able to take the residents.
2. Contact residents' families to inform them of the need to evacuate. If a resident's family is in a location that has not experienced damage and can get to the residence, request that they take their family member home with them.
3. If possible, obtain consent from each resident before evacuating them. Inform family and/or responsible person of the location to which they are being evacuated.
4. Contact transportation companies to assist with transporting residents.

VATH.RES.4.7 Record Preservation

Procedures for "Record Preservation"

When there is a disaster that jeopardizes the records of the residence or resident records, staff will:

1. Remove the resident record and medications from its location.
2. When all residents are in a safe location and the emergency response personnel are here, and it is safe to go to the office, get a cart or person to assist and remove the locked medication cabinet in the office from the building.

VATH.RES.4.8 Utility Loss

When there is a loss of utility service, staff will follow procedures to ensure safety of residents and the residence.

Procedures for "Utility Loss"

Electrical Service

1. If power is lost to the building, staff will make rounds on all residents to see if they have a light source and are safe.
2. Notify the power company of the loss of electrical service. Do not assume it has already been reported.
3. Staff will contact the Administrator. Additional staff may be called in to assist.
4. If power remains off for longer than 15 minutes, staff should invite residents to come to the center area of the building for support.
5. If power remains off for a significant length of time and the temperature in the building is not at appropriate levels, evacuations procedures will begin and residents will be transported to a safe place.
6. If temperature is not an issue, staff should regularly patrol the building and be alert for the smell of smoke or evidence of fire or the need for assistance from the residents.
7. Residents on oxygen who require power to provide oxygen will be asked to have a back-up tank in their apartment.

Natural Gas Service

This is the source of heat for the building.

1. An interruption of gas service to the building will be noticed by the kitchen staff, or by residents complaining of no heat source if it is winter time.
2. Staff should notify the Administrator.
3. The Gas Company should be notified. Do not assume they have already been notified.
4. If heat can not be maintained and the apartments get too cold, residents may be evacuated to.
5. If the problem is mostly for the kitchen staff, a cold meal can be prepared for the residents.
6. If a leak is suspected in or around the building, the gas company and local fire department should be notified. They will check the building and surrounding areas to make sure it is safe.

Water Service

1. If water pressure drops or if water supply completely stops, contact the Administrator.
2. Contact the town/city water department to report the problem if it is during office hours. After hours, call the emergency number and report the problem. Ask for cause of failure and approximate time water will be off.
3. Inform the residents of the loss of water and the need to limit use of water.
4. Using a variety of containers, obtain water from an alternate source. This water may not be potable (drinking) but can be used to flush toilets, or be boiled for use in cooking.
5. Obtain bottled water for drinking from the local grocery store or contact a water supply company to supply five-gallon containers for drinking.

VATH.RES.4.9 Natural Gas Leak

A natural gas leak is a serious disaster. Call 911 immediately and follow the following procedures.

Procedures for "Natural Gas Leak"

If a natural gas leak is suspected in or around the building, there is a smell of natural gas or other reason to believe there is natural gas leak, Staff will do the following:

1. Staff should contact maintenance immediately and then notify the Manager.
2. The source of the natural gas must be shut off.
3. Shut off any open flames or electrical devices in the area of the gas smell.
4. Notify the Gas Company. Identify there is a suspected leak and follow any instructions given to you.
5. Call local fire department by calling 911. They will check the building and surrounding areas and assist with evacuation to make sure it is safe.
6. If unable to shut off natural gas, evacuate building.

VATH.RES.4.10 Bomb Threat

Any time communication is given that there is a bomb in the building whether written or by phone, the threat should be taken seriously.

Procedures for "Bomb Threat"

1. If you receive a phone call saying there is a bomb in the building, try to keep the caller on the telephone. At the same time, get the attention of another staff member to call 911 to see if the call can be traced.
2. Ask questions of the caller to gather information and to keep him/her on the phone:
    a. When is the bomb set to go off?
    b. Where is the bomb located?

c. How was the bomb brought to the building?

d. Why was the bomb placed in our building?

e. What does the bomb look like?

f. Who placed the bomb in the building?

g. Who is reporting the bomb is in the building?

3. Notify the police. If possible, have them notified by someone else while you are talking to the caller. If the caller hangs up before the police can be notified, do not hang up your line, it may keep the line open enough to allow a trace.
4. Notify the Administrator.
5. If a time of detonation was given, that can be the guide to time evacuation must be completed. If a short time is given, begin evacuation immediately.
6. Do not touch any object that looks unfamiliar or suspicious.
7. Remain calm and reassure residents of their safety.

VATH.RES.4.11 Violent Situation

Procedures for "Violent Situation"

When a violent situation erupts either from a resident or from an outside intruder, the following steps should be followed:

1. Attempt to isolate the violent individual from the rest of the community.
2. Identify to fellow staff a need to contact authorities by dialing 911.
3. Get help any way possible (pushing an emergency response button, pulling the fire boxes).
4. If there is a weapon involved, all action should be designed to avoid use of the weapon.
5. Personal and resident safety is more important than heroism.
6. Keep calm and talk in a soft, authoritative manner.
7. Follow directions given to you by authorities once they arrive.

VATH.RES.4.12 Missing Resident

Procedures for "Missing Resident"

A resident is considered missing after staff has been unable to find them in their normal area of residence. When a resident is missing, staff should:

1. Conduct a search of neighboring apartments to see if resident is visiting.
2. Check the, closets, restrooms, and laundry rooms,.

3. Look in vestibules of outside doors to see if resident went outside and forgot their key and cannot re-enter the building.
4. Call the Manager who may call in other staff to extend the search. If weather is severe, additional staff should be called to hasten the search.
5. Once 30 minutes have passed, family should be notified and the police should be contacted.
6. Once the resident is found, the resident should be checked by a nurse. Contact the Nurse on call. If needed, 911 should be called.
7. Complete an incident report.

VATH.RES.4.13 Severe Thunderstorm

Procedures for "Severe Thunderstorm"

When there is indication of a severe thunderstorm through the weather scanner or from the TV, the following steps should be taken.

- Invite residents to move to a public area to be with neighbors and friends.
- Close all windows in the building.
- Do not use electrical equipment or the telephone.
- Gather flashlights and check batteries in case of power outage. See procedure for loss of utilities.
- Shut down the following equipment for electrical problem:

VATH.RES.4.14 Evacuation of Residents

Evacuation can be only a few residents to the entire building. It is important that the fewest people necessary are evacuated. Evacuation becomes necessary when there is a danger to a specific area, floor or wing of the building.

Procedures for "Evacuation of Residents"

When evacuation becomes necessary:

1. Identify the closest safe place within the building to relocate residents and begin having residents move to that area.
2. Notify the Administrator, who will call in extra staff to assist.
3. If it should be necessary to vacate the building, have residents meet at the designated location. Residents should wait until approval to return to the building is given.
4. Use a resident roster to assure that all residents are accounted for.

5. Should full evacuation be necessary, staff will evacuate residents to the facility the district has an agreement with.
6. Transportation will occur by using the bus, by using staff's private cars and by residents driving their own vehicle.
7. Staff will be responsible for transferring resident charts and medications.

VATH.RES.4.15 Temperature Emergency

The building temperature must be between 60 degrees and 82 degrees. When these temperatures cannot be maintained, there is a temperature emergency.

Procedures for "Temperature Emergency"

Heat Alert

If the temperature in the apartments exceeds 80 degrees:

1. Have residents move to the coolest area if the building.
2. Utilize window and room fans.
3. Contact the necessary source for repair:
    a. Air Conditioning
    b. Electricity: OPALCO
4. Be sure to state that the problem is an assisted living emergency and their help is needed immediately.
5. Provide additional liquid beverages throughout the day.
6. Make sure residents are dressed coolly.
7. Turn off additional lights and appliances that produce additional heat.
8. It may be necessary to evacuate. The Administrator will make that decision. (See Evacuation procedure.)

Cold Alert

If the temperature in the apartments drops below 62 degrees:

1. Notify the Administrator
2. Contact the necessary source for repair

Be sure to state that the problem is an assisted living emergency, and their help is needed immediately.

1. Ask residents to move to an area of the building that is warmer (room with fireplace).
2. Have residents bring blankets with them.

3. Provide hot beverages for the residents (coffee, hot chocolate, tea).
4. It may be necessary to evacuate. The Administrator will make that decision. (See Evacuation procedure.)

VATH.RES.4.16 Hazardous Spill

Procedures for "Hazardous Spill"

Providing protection is the preferred course of action for a hazardous spill. Eliminating the intake of outside air through the air handling system is the key to safety. Remain sheltered until the danger has passed.

1. Bring residents inside the building immediately.
2. Close all doors to the outside.
3. Close and lock all windows.
4. Turn off any heat, air conditioning and ventilation systems which could possibly draw outside air into the building.
5. Seal gaps around outside doors, windows and vents with tape and wet towels.
6. If there is danger of external explosion, move residents to internal hallways.
7. Contact the Administrator.
8. Turn the TV or radio to local stations for emergency information.

VATH.RES.5 INFECTIOUS DISEASE CONTROL

VATH.RES.5.1 Infection Control

Handwashing is the most important method of infection control.

Hands must be washed between direct contact with any residents, after doing cleaning tasks, after using the restroom or any other task that provides opportunity for infection.

Gloves must be worn when coming in contact with blood or body secretions.

Employees should not work when they are infectious.

Residents should remain in their apartments when they have a communicable disease.

Procedures for "Infection Control"

Standard Precautions

1. Hands must be washed between any task which has the possibility of transferring bacteria from resident to resident.
2. When having direct contact or the potential for direct contact with any body fluids, gloves must be worn.

3. Gloves must be discarded when moving from resident to resident.
4. Wash hands and change gloves when moving from one task to another in the resident's dwelling unit.
5. Use gloves when cleaning areas that may have had contact with body fluids.
6. Use gloves when handling soiled clothing.

Handwashing

1. Turn on water and wash hands with soap. NOTE: It is not necessary to use hot water. Hot water will dry out your hands more quickly. What is most important is good friction and soap. Wash your palm, fingers, between fingers, under fingernails, wrists and forearms.
2. For routine washing, wash the hands for 15-30 seconds. If you feel you are contaminated, wash hands longer.
3. Hold hands downward while washing to prevent germs from contaminating the arms.
4. Rinse hands and wrists well removing all soap and dirt.
5. Dry hands with a clean paper towel.
6. Using the paper towel, turn off the faucet. (Don't use your hands to turn off the water as they are clean and the faucet is contaminated.)
7. Use hand lotion if needed to keep your skin from drying out.

VATH.RES.5.2 Sharps Disposal

If a resident requires injections, they are responsible for the self-administration of that medication.

Procedures for "Sharps Disposal"

The resident will need to follow the following procedure for the disposal of the needles.

1. Resident will inform staff of the need to use needles.
2. Staff will provide a red sharps box for the resident to use and it will be placed in the resident's apartment.
3. After using a needle, the resident will place the needle and syringe in the red sharps box. Encourage the resident to not re-cap the needle.
4. When the box is ¾ full, it will be taped over and sealed.
5. Provide the resident with a new, empty box.
6. The sealed box will be removed for disposal.

VATH.RES.5.3 Blood Spills / Body Fluids

Procedures for "Blood Spills / Body Fluids"

When your work requires you to come in contact with blood or body fluids, you must always wear gloves. These fluids include, blood, urine, feces, saliva or any drainage from a wound.

If there is blood or body fluids on a hard surface, you must decontaminate it by using a disinfectant that will kill any bacteria or virus in the blood or body fluid. Follow manufacturer's recommendations for clean up.

If the spill or area of blood or body fluids is large or spraying, you will need additional protective gear. A protective gear kit with a disposable gown, gloves, eye protection and mask is located in the community

If the spill is on the carpet, furniture or other cloth product, it is necessary to use a disinfectant that does not contain chlorine bleach. Follow manufacturer's recommendations for clean up.

VATH.RES.5.4 Use of Protective Gear

Procedures for "Use of Protective Gear"

1. Gloves are available to be used whenever there is a possibility of coming in contact with body fluids or blood.
2. It is recommended that you carry several pairs of gloves with you as you work.
3. Gloves will be located on all housekeeping carts.
4. When care of a resident requires a regular daily need for gloves, a box of gloves should be placed in the resident's apartment.
5. Should more protection be needed, a protective gear kit is located in the community. This kit includes, gloves, a disposable gown, eye protection and masks.
6. If the protective gear kit has been used, an additional kit can be obtained.

VATH.RES.5.5 Mantoux Testing Policy (Tuberculosis)

All new employees will have a two-step Mantoux test for tuberculosis.

Mantoux testing will be done by a nurse trained in the procedure and trained to read the results or by an authorized outside provider.

All staff will be retested per state and county guidelines, annually.

The Director of Health Services is responsible to keep a schedule of when each resident and staff member is due for the retest.

All positive tests will be followed up with appropriate evaluation by a physician with chest X-ray and potential medication.

Any staff member with documented, recurring positive Mantoux tests in the past should not be given a test but rather see their physician and have a chest X-ray. The physician will need to document that the staff member is free from infectious diseases.

Procedures for "Mantoux Testing Policy (Tuberculosis)"

- Clean the area of skin on the left forearm where the test will be given.
- Draw up .5 cc of purified protein derivative containing 5 tuberculin units in a tuberculin syringe.
- Inject PPD under the dorsal surface of the forearm. A bubble should be seen. Dispose of needle in appropriate sharps container.
- Observe the reaction 38 to 72 hours after the test is given.
- Observe for induration. Induration greater than or equal to 10 mm is a significant reaction. Between 5 and 10 mm is a suspect reaction.
- If the first test is a significant reaction, the staff member should see their physician.
- If the first test is negative or suspect a second test should be administered in one week.
- If a staff member routinely has a positive reaction, and all follow-up tests are negative, they should not be given a Mantoux test, but rather see their physician annually and the physician must indicate they are free from tuberculosis.
- Document on appropriate immunization record.

VATH.RES.5.6 Hepatitis Vaccination

Procedures for "Hepatitis Vaccination"

- All employees will be offered the opportunity to receive a Hepatitis B vaccination.
- Employees are informed that they are not in a high risk profession for Hepatitis B but there is a minimal possibility of exposure.
- If an employee refuses the vaccination and at some later date would request the vaccine, that will be accommodated.
- The vaccine will be administered by an outside provider
- The vaccine is made available at no cost to the employee.
- Refer to OSHA Guidelines.

VATH.RES.5.7 Flu Vaccination

Procedures for "Flu Vaccination"

- All employees and residents will be offered the opportunity to receive a flu vaccination every fall.

- Employees and residents are informed of the benefits/risks to themselves and to those around them if they are protected.
- If an employee or resident refuses the vaccination on the date established by the residence for residents and staff to receive them, they will need to make arrangements with their physician to get the vaccination.
- The vaccine will be administered by qualified professionals
- The vaccine is made available at no cost to the employee if the employee has the vaccination on the designated day it is provided at the residence. If an employee goes to the family doctor for the injection, the cost is their responsibility.

VATH.RES.5.8 Pneumonia Vaccination

All residents may be offered the opportunity to receive a pneumonia vaccination.

Procedures for "Pneumonia Vaccination"

Residents are informed of the benefits/risks to themselves and to those around them if they are protected. Check with your physician.

If a resident refuses the vaccination on the date established by the residence for residents to receive them, they will need to make arrangements with their physician to get the vaccination.

VATH.RES.6 SAFETY

VATH.RES.6.1 Safety Policy

The District will work to provide a safe environment for staff, residents and visitors to work and visit. The District will be in compliance with OSHA ergonomics standard and life safety codes.

Safety is the responsibility of everyone, and any safety concern should be reported to management.

The safety committee is responsible for the evaluation of the environment and establishment of all safety drills as well as evaluation of incident reports and recommendations of procedures to decrease the risk of injury or other safety hazard.

Procedures for "Safety Policy"

Establishment of a Safety Committee

Leadership will establish a safety committee.

- The safety committee will be responsible to schedule, carry out and evaluate the disaster drills.
- The safety committee meets monthly to review incident reports and other safety issues related to staff and resident safety.

- The safety committee is responsible to schedule safety in-services based on the evaluation of disaster drills, incident reports, worker compensation claims, and other information related to safety.

Safety Committee

- The safety committee shall consist of representatives from maintenance, dietary, resident care and management.
- The safety committee will meet at least monthly to review incident reports, drill evaluations, and to schedule safety in-services and drills.
- The committee will establish corrective action or procedures to decrease the risk of injury or harm to staff, residents and visitors when a problem is identified.
- The committee will have all participants sign for attendance and will file any forms in an appropriate location for future reference.

Safety Committee and Drills

The safety committee meets monthly to review incident reports and other safety issues related to staff and resident safety.

Annual employee safety in-services will be conducted.

Safety drills will be carried out on a regular basis (see Disaster Procedures).

VATH.RES.6.2 Risk Management

Procedures will be put in place to manage risk for the welfare of the hospital district, its staff, residents of Village at the Harbor, and visitors.

Procedures for "Risk Management"

Insurance

Insurance will be in place to cover casualty, liability, workers compensation, and unemployment in accordance with the State of Washington requirements. The insurance program will be reviewed annually for completeness.

Resident Fit for Assisted Living

Resident Assistance/Service Plans will be monitored closely to maintain proper occupancy of each resident as to not increase liability to the organization and for the safety of the residents.

Risk Analysis for Employees

All positions will be evaluated for risk potential by assigning a rating as to the likelihood of work injury.

- **Level 1** Very low risk: Any risk would be a result of an accident and there would be no way of predicting that such a risk existed.

- **Level 2** Low risk: Neither the building nor position suggest a risk of injury, however, the functional limitations of the resident, visitor or staff member increases the risk, and therefore, there is some prediction of a risk.
- **Level 3** Moderate risk: While injury is possible, it is not likely if proper procedures and normal precautions are followed.
- **Level 4** High risk: The tasks of the job or layout of the building add to the likelihood of an injury occurring. Lifting, working with tools, stairs, or chemicals provide the opportunity for injury on an occasional basis. The risk does not occur daily however.
- **Level 5** Very high risk: The position, by its very nature, is a high-risk position. The likelihood of injury is great and very specific procedures are in place to prevent injury.

VATH.RES.6.3 Shared Risk Agreements

The District will work with residents to provide autonomy and choice to people who choose assisted living as their home. In doing so, the District will provide guidance for the staff, residents and families when risks are identified. It will also provide a method of allowing agreed upon risks to occur without fear of litigation.

Procedures for Shared Risk Agreements

Principles

It is the goal of assisted living to allow the resident choice in reasonable risk taking. Living is a risk and residents of the assisted living residence have the right to make choices related to acceptable risk.

The management of the assisted living also has the right to determine what level of risk they are able to accept.

When the resident, family and management can agree on the risk, measures to be taken and are willing to accept the risks and their consequences that have been identified, this will be identified in a written agreement between all parties.

The District will identify in the agreement what they are responsible for and will only accept liability if that is not carried out.

Executing Shared Risk Agreements

1. When there are identified risks such as falls, dehydration, blood sugar control, risk for elopement, etc. these risks will be discussed with the resident and responsible person, and the actions and behaviors that increase the risk will be identified.
2. A plan will be developed to help reduce the risk. This plan will be evaluated at the end of an agreed upon time period.
3. If it becomes evident that the resident does not choose to comply with the suggested actions, the residence will enter into a shared risk agreement with the resident and responsible party.

4. The shared risk agreement will clearly identify the possible risks to the resident, what the staff will do to minimize the risk with an understanding that if the risk occurs, there is a shared realization of the responsibilities.
5. An Agreement Form will be completed and signed by all parties involved. A copy given to the resident, responsible person and placed in the file.
6. If a resident and/or family member is not willing to sign the shared risk agreement and the risk is significant, counseling for termination of residency will begin.

VATH.RES.6.4 Smoking Prohibition

Smoking is prohibited in any area of the building, including dwelling units, because of the health and safety hazards. Visitors and guests may not smoke in the building.

Smoking is permitted only in designated smoking areas outside as posted. Cigarette butts are not to be left on the ground. Use the cigarette receptacle provided.

VATH.RES.6.5 Alcohol

The use of alcohol is discouraged because of the health and safety hazards.

Procedures for "Alcohol"

The use of alcohol is prohibited in all common areas except by authorized community permission.

Temperate use of alcohol may be allowed in the privacy of a resident's apartment.

At no time may a resident be inebriated in the public area.

VATH.RES.6.6 Emergency Care

Residents will receive appropriate emergency care and will have an emergency call system in their apartment.

Staff will be trained in first aid and CPR for early management of problems. When in doubt, the emergency medical services system will be activated.

Emergency response to an activated call system will be provided 24-hours a day.

Procedures for "Emergency Care"

Emergency Information

A Resident Information Record will be completed for each person moving to the residence.

The record will be updated annually or as needed.

A copy of the Resident Information Record, the Health Information Record, the Living Will and any advance directives will be placed in an envelope made available to emergency personnel. In an emergency, the information needed will then be readily available and should be sent with the emergency crew.

A new envelope should be completed and put into place when the resident returns to the community.

24-Hour Emergency Response

All apartments are equipped with an emergency response system.

- Pulling the cord will activate a light and buzzer in the main office and will also activate a pager. This will summon a designated staff person.
- Pushing the button will activate an alarm at the monitoring station and help will be summoned.

An emergency pager will be carried at all times by a designated staff person. All emergency pages will be answered as quickly as possible.

The system will be tested on a regular basis, no less than annually.

This emergency system is to be used for any emergency need, maintenance, health care or personal care need. Residents are encouraged to take individual action for non-emergency needs.

Staff are on duty 24-hours a day.

Summoning Help / Calling 911

When it is apparent that a resident is in need of medical help, the staff member will:

1. Call the ambulance: 911
2. Stay with the resident until help arrives.
3. Remove the information and give to the ambulance personnel. This envelope should include: Resident Information Record, Health Information Record and all advance directives the resident has executed.
4. Notify the Administrator or on shift lead, who will in turn contact the family or responsible person.
5. Lock the apartment door after the resident and the emergency crew have left.

VATH.RES.7 PETS

VATH.RES.7.1 Pets (Not Allowed)

Pets can be a tremendous benefit to the health of residents but can also present safety or health risks and excess wear on the facility. The District will maintain a list of pets that are not allowed.

Procedures for "Pets (Not Allowed)

This residence does not permit any type of domestic animal, reptile or rodent in a dwelling unit. Fish kept in an aquarium are acceptable.

Service animals for visually-impaired, hearing-impaired or physically-disabled individuals are permitted. The care of a service animal and any related issues will be discussed in detail with the applicant in advance of moving to the residence.

VATH.RES.7.2 Pets (Allowed)

Pets are permitted at Village at the Harbor with prior approval of the Administrator.

Procedures for "Pets (Allowed)"

Residents may keep pets so long as the resident, a family member or a friend can care for them responsibly and maintain the dwelling unit and the pet's environment in a clean and sanitary condition.

Pets must be less than 30 pounds in size.

Pets must be kept on a leash when outside the dwelling unit and their owners must clean up after them.

Pets are not permitted in the common areas. Noisy pets are not acceptable. Courtesy and consideration of others are the rule.

Resident must present documentation of pet immunization.

VATH.RES.8 RESIDENT REQUIREMENTS AND ENROLLMENT

VATH.RES.8.1 Residency Requirements

This policy and its procedures sets eligibility for a prospective resident at Village at the Harbor. It also provides guidance for staff when a resident no longer meets eligibility requirements. To provide information to individuals and their families as to eligibility.

The District will comply with all relevant state and federal laws and regulations. This residence is non-discriminatory. Residency will not be denied to any person because of sex, race, religion, handicap or national origin.

The prospective resident or resident:

- must be 55 years of age or older.
- must have the financial resources to pay the assessed fees.
- must be independently mobile (assistive devices may be used) A motorized vehicle is acceptable as long as it has been ordered by resident's physician and the resident is able to operate it in a safe manner.
- must be able to transfer with the assistance of one person or less.
- must have minimal difficulty with orientation to time/place/person (score at least 17 on the MMSE), Memory Care is exempt from this requirement.

- having a colostomy, ileostomy, urinary catheter, oxygen or other medical need, including medication, must be capable of caring for that device or need him/herself, or with the assistance of staff or a home health agency.
- must not exhibit behavior problem(s) disturbing to other residents. If the behavior problem(s) can be controlled as a result of behavior management, medication, family, home health agency or mental health intervention, the resident may be permitted to remain.
- must not be a safety risk to self or others.
- must be able to eat independently (some meal assistance is available).

Final determination regarding eligibility usually rests with the Administrator. The District reserves the right to have the Superintendent overrule the Administrator.

If a prospective resident or a current resident has difficulty with one or more of the above criteria, the assistance/service plan to meet his/her needs will be reviewed with resident, staff, family and home health agency involvement. If the needs cannot be met with the services available, then the prospective resident would not qualify for residency nor the current resident for continued residency.

When a resident no longer qualifies for any of the levels of service available, the Administrator will discuss with the resident and/or family the need to change living arrangements. Although consultation with family members, the physician, and other health- and social-care providers will be utilized in assessing the resident's ability to meet the above criteria, final determination rests with the Administrator.

Probationary residency can be utilized when there is some expectation of reversing the identified concerns.

VATH.RES.8.2 Applying for Residency

Procedures will be established to allow for a smooth and equitable application process for potential residents.

Procedures for "Applying for Residency"

Applying for Residency

1. A person will be identified to or by the Administrator as desiring residency.
2. An application will be completed, and a deposit made and filed with the Administrator. This places the prospective resident on a waiting list if no suitable apartment is immediately available.
3. A Consent for Release of Information letter will be signed. A Medical Information History and Physical form will be completed by the prospective resident physician. These will be processed by the Administrator.
4. The Administrator will set up an appointment to meet with the prospective resident to assess eligibility, either at his/her home, at the hospital or at the residence.

5. Two tools will be employed in the assessment process:
    a. The Functional Assessment (see Resident Evaluation section for an example) is designed to assess ability to live at various levels of the independence/assistance/ care continuum. This tool will help to determine the level of assistance needed and/or appropriateness for the assisted living program.
    b. Mini Mental Status Evaluation (MMSE) questionnaire is designed to assess orientation to time/place/person and to determine level of mentation.
6. When a prospective resident has been determined to meet eligibility requirements, an apartment will be confirmed.
7. The Assistance/Service Plan will be completed prior to residency taking place. This also will be completed prior to signing any Residency Agreement.
8. Prospective residents will be given a copy of the Resident Handbook prior to signing a Residency Agreement confirming the apartment chosen by the resident. Rates and fees will be discussed with the resident and/or responsible person. Deposits and monthly fees will be collected.
9. A move-in date will be established. All fees will be calculated from the move-in date.
10. If eligibility is questionable, a probationary residency may be established (see policy on Probationary Residency Evaluation Period).

Requirements for Assisted Living

A resident receiving Assisted Living services must meet all residency criteria outlined in "residency requirements"

Assisted living is for residents who require staff intervention for any of the following reasons:

1. Medication self-administration, assistance or reminders.
2. Reminders of day, date, time; reminders for appointments.
3. Assistance to organize and or complete daily activities.
4. Additional routine well-being checks due to physical or cognitive impairments (other than morning well-being check).
5. Assistance with personal care services.
6. Requests frequent assistance due to forgetfulness, anxiety or because of an inability to cope with present circumstances.

An assessment tool will be used to determine the level of care needed and the appropriateness of residency in the assisted living program.

The Health, Cognitive and Functional Assessments should be utilized to determine or confirm qualification for Assisted Living. All services needed will be indicated in the resident's assistance/service plan.

Qualifying a Resident for Assisted Living

1. Prior to moving to Village at the Harbor and at any point during residency when a resident's functional status changes, his/her ability to live independently with the support available should be assessed using the Health Assessment, Cognitive Assessment and the Functional Assessment.
2. During the assessment process, the Rating Section of the Functional Assessment will be used to identify the resident's level of independence (according to classification). Place a mark in the appropriate box for each category of function, rating the individual on a scale of 1 to 5, with 1 being the most independent. If a resident seems to be "marginal" (i.e., displays characteristics of more than one classification), the classification representing the lower level of functioning or requiring the higher level of assistance or service should be checked.
3. Upon completing the assessment, total the scores in all categories. The total score identifies the level of independence or assistance most appropriate for the resident. Based on this information and the services your residence offers, determine the degree of personal care in assisted living which will be offered.
4. If the personal care needed is provided by the resident's family or a paid caregiver and no staff intervention is required, then the resident will not be charged for those services. However, if family or a paid caregiver fail to provide personal care and staff members intervene to provide support, then the resident may be billed for those services on his/her next monthly billing statement, as per Residency Agreement. The reason for the charge will be discussed with the resident and family prior to the charge being added to the bill.
5. Services may be initiated for temporary illness or may be ongoing depending on the function, health and cognition of the resident.
6. The assistance/service plan will reflect the needed assistance with any services provided by the residence.
7. There arethree levels of Assisted Living Services available:
    a. Level I Personal Care: Includes 3 meals a day, personal and linen laundry, housekeeping, transportation, medication reminders and well-being checks throughout the day.
    b. Level II Personal Care: Includes all services in Level I plus assistance with bathing, dressing, hygiene, toileting and direct medication assistance.
    c. Level III Personal Care: Includes all services in Level I and, if needed, services in Level II with assistance with mobility being the determining factor for this level of

care. If a person is not able to get out of the building without direct assistance, the person must be Level III.

VATH.RES.8.3 Waiting Lists

The District will provide a fair and equitable way for prospective residents to become part of the community when all the units are occupied and to help maintain a full occupancy. The District will also have procedures to provide priority status for existing residents for a change in dwelling unit

Procedures for "Waiting List"

Change of Dwelling Unit

Existing residents will always have priority for a unit when they desire or need to change because of their aging support needs.

If an applicant refused an offered unit that is the style and size requested, they will drop to the bottom of the list. This is to keep the list active and to prevent people from going on the list and not taking a unit when offered because they will remain on the top of the list.

Waiting List for Enrollment

If a prospective resident expresses the desire to move to a different unit and there are no apartments available, he/she may be placed on a waiting list maintained by the Executive Director or Assistant ED.

1. The prospect will be informed by the Executive Director as to his/her placement location on the waiting list (i.e., whether first, second, third, etc. in line for a certain size/style residence) and will be updated periodically on the status of the list.
2. All prospects on the waiting list will be invited to special events and periodically invited to eat in the dining room so they can begin to develop relationships with the staff and residents.
3. When an apartment becomes available, the prospect will be informed and the Executive Director will begin the process of necessary evaluations to confirm prospective resident is eligible for residency. Once eligibility is confirmed, a move-in date will be set. The Assistance/Service Plan will be completed prior to the Residency Agreement being signed.
4. If an apartment becomes available and is the size and style unit requested by the resident, and is offered and the applicant declines the opportunity to move into that unit, he/she will be moved to the bottom of the list and the next person on the list will be contacted. This process will continue until an applicant commits to the available unit. If a style is offered that is significantly different than requested, and the applicant declines the unit, they will remain at the top of the list of the style unit they requested.

VATH.RES.8.4 Signing an Application/Obtaining a Deposit

Procedures for "Signing an Application/Obtaining a Deposit"

Upon deciding to apply for residency, the prospective resident should complete an application and return it to the Marketing Representative.

1. A deposit should accompany the application.
2. With the deposit, the prospective resident should indicate the desired apartment type and location in which he/she is interested. All these decisions are subject to change until a Residency Agreement is signed.
3. The prospective resident should be given a copy of the Residency Agreement. He/She should also be given a copy of the Resident Handbook to review before signing an agreement.
4. Initiate a file for the prospective resident that includes: a chart in the Eldermark/CRM System, the application, a copy of the deposit check, a copy of the floor plan of the unit the prospective resident has chosen with a notation as to its location, and a copy of the Residency Agreement the prospective resident is reviewing.
5. Make it clear to the prospective resident that the Application Deposit does not guarantee the unit he/she has chosen. If another prospective resident is interested in the same unit and ready to sign a Residency Agreement for that unit, the original person will be notified and given one week to sign a Residency Agreement or choose a different unit.
6. The Residency Agreement must be signed, following necessary evaluations to confirm eligibility, to secure a specific unit. An anticipated move-in date will be established at the time the Agreement is signed and indicated in the appropriate blank in the Residency Agreement. The prospective resident becomes obligated for the monthly fee from that point onward even if they have not moved into the unit. The resident should not take occupancy before the date listed on the Residency Agreement.

VATH.RES.8.5 Signing a Residency Agreement

Procedures for "Signing a Residency Agreement"

Review the Residency Agreement with the resident or responsible party.

1. Give the prospective resident and/or responsible person a copy of the Residency Agreement. Fill in all the blanks of the Agreement.
2. Emphasize to the prospective resident and/or responsible person that the Agreement is a legal, binding contract.
3. Sign two copies of the Agreement in order to have two originals.
4. Give one copy to the prospective resident and/or responsible person, and retain one copy for the file.
5. Collect any monies due as a result of signing the Agreement.

6. Make two photocopies of the check, date and sign the photocopies, and give one to the prospective resident and/or responsible person as a receipt. Retain the other for the resident's file.

VATH.RES.8.6 Rental Deposits

To protect the District against financial loss due to resident misuse of an apartment the District may require a deposit.

Procedures for "Rental Deposits"

A deposit may be collected as security for the apartment. This deposit will be refunded when a resident vacates a dwelling unit if:

- no physical damage over normal wear and tear has occurred;
- all fees and charges for housing and services have been paid, and;
- a 30-day notice has been given, except in an emergency situation (death or requiring nursing home placement with no possibility of returning the dwelling unit).

Prior to moving into the dwelling unit, a Unit Condition Report will be completed with the resident or responsible party. This report must be signed by management and the resident. This will be the basis for determining if damage has been caused by the resident when the person vacates the unit.

VATH.RES.8.7 Occupancy: Enrollment and Termination

Appropriate procedures for taking occupancy of an apartment will be established by the following procedures, as well as procedures for termination of occupancy.

Procedures for "Occupancy Enrollment and Termination"

Gaining Occupancy

- An apartment will be considered occupied when notice to occupy is given to the prospective resident or on the occupancy date identified in the residency agreement.
- An apartment will be considered occupied as long as a resident's personal belongings remain there.
- The resident will be responsible for fees as long as the apartment is occupied.
- The absence of a resident does not release him/her from fees. Absences include vacation, hospitalization, nursing home placement, etc.
- A (30) -day written notice for vacating an apartment is required, except in the case of emergency situations (death or requiring nursing home placement with no possibility of returning to the community).
- It is not permissible for residents to sub-let their units to other people. Any requests for exceptions or special considerations will be reviewed by the Superintendent.

New Resident Move-In

The District will assist new residents in adjusting to their new environment upon move-in.

- Staff will be given notice of a new resident in advance by the Administrator. Staff will be briefed on the resident's status and care needs during the days prior to moving in.
- With permission from the new resident, the Administrator will circulate a written notice introducing a new resident to all existing residents. The Resident Assistant will also inform residents in the neighborhood/wing of a new resident.
- Staff will be responsible for greeting new residents and showing them to their apartment.
- A Primary Resident Assistant will be assigned and introduced to the new resident.
- The staff will use the Orientation Checklist to assure that all orientation information is covered with the resident in the first several days of moving.
- The Activities Coordinator will be responsible for assisting the community in planning a special welcome for new residents.
- An assistance/service plan will be established by the staff prior to moving in.
- Staff will help the new residents become familiar with the common areas (e.g., lounges, laundry room, dining room, mail boxes, etc.) and will provide the new residents with a schedule of activities. Repeated tours may be necessary.
- Staff will visit new residents several times daily during the first week and will introduce new residents to other residents.
- Staff will take time to listen to new residents' concerns and will assist in preventing loneliness, isolation or depression.
- As part of the orientation process, staff will assist the resident and family with moving into the residence. The amount of assistance offered will vary according to the individual needs of each new resident. Staff may assist by helping a resident unpack boxes, putting personal belongings wherever the resident would like them, assisting with the placement of knickknacks, and helping a resident decide where to hang pictures, etc. Requests will be made to Environmental Services for such tasks as installing medical equipment and hanging pictures.
- Staff will take responsibility for explaining to a new resident how the thermostat should be adjusted and how the emergency call system works. If a resident is unable to understand the thermostat or emergency call system, staff will inform the Administrator.
- Staff will explain fire emergency procedures and show the resident the Emergency Escape Plan posted on the back of the dwelling unit door and/or common areas. The

resident will be instructed to keep a working flashlight in his/her dwelling unit to use in the event of a power outage.

New Resident Orientation

The transition from one's previous residence to Assisted Living may be difficult physically, emotionally and mentally. It is our goal to reduce the stress that is common during transitions by responding sensitively to each person's feelings and needs, and by setting a pace and tone that relaxes the resident and promotes a positive adjustment to his/her new home.

Residents will be involved in a structured orientation process to promote a positive adjustment to the residence.

Counseling for Termination and Termination of Residency Due to Level of Care Change

If termination of residency due to level of care change is being considered, documented evidence will exist that supports the increasing care needs of the resident. These increasing care needs may result from physical deterioration, decline in mental ability or behavior problems.

If safe and feasible, the District will first attempt to engage in counseling. Counseling for termination of residency is a process whereby residents and/or their responsible person are apprised of concerns and noticed changes on an ongoing basis.

The Administrator will counsel with the resident and a responsible person regarding: the problems identified and possible solutions allowing the resident to remain at the community by providing for the care through: (a) increased staff intervention with increased level of care services (b) a home health or hospice agency (c) responsible person/family intervention (d) alternative care facilities.

- A new assistance/service plan will be developed to meet the needs identified. Any increase in service fees as a result of the increased assistance required will be identified to the resident and/or responsible person.
- If an alternative care residence is needed, the Administrator will explore options with the resident and/or responsible person and make recommendations to facilitate their choice.

If termination of residency due to level of care change is initiated, the following procedures will be followed:

- During the termination process, the resident may remain at the residence on a temporary basis as long as it is safe for that resident and the community.
- The Administrator will have final determination as to whether or not the assistance services being provided are adequate for the care and safety of the resident. The District reserves the right to have the Superintendent overrule the Administrator.
- A 30-day written notice for the need to find other care will be given.

- When a resident moves from the residence, all accounts (outstanding balances, deposit refund, charges for damages) will be settled with the resident within 15 days, unless State Assistance Program billing is involved, of vacating the apartment (see procedure for Vacating a Dwelling Unit).

Termination of Residency Due to Non-payment

If termination of residency due to non-payment is being considered, documented evidence supporting the failure to make payments by the 5th day of the month will exist.

- A discussion with the resident and/or responsible party about non-payment will be made on the 10th day of the month to assess when payment can be expected.
- If payment is not received on the agreed upon date, a Termination of Residency notice will be given verbally and in writing to the resident and/or responsible party informing them of the need to vacate the dwelling unit within days specified in the residency agreement. (See Below).
- If resident and/or responsible party are chronically late with paymentslate charge on late payment will be added to the next invoice.
- If the resident and/or responsible party does not make payment and has not vacated the apartment, Notice of Intent to Take Legal Action will be delivered certified mail, signature required, to the resident and/or responsible party.
- The residence attorney will be contacted when Notice of Intent to Take Legal Action is given and responsibility for ongoing communication and action will rest with the attorney.
- During the time of making settlement on payment, the care needs of the resident will be met.

When there is habitual late payment of monthly fees (Ex. more than 3 times) and there has been repeated need to give Termination of Residency notices, probationary residency procedures will be implemented requiring timely payment or the need to terminate residency.

Vacating an Apartment

- An apartment will not be considered vacated until all contents of the unit have been removed.
- Written notice of the intent to vacate a dwelling unit is required. A 30-day written notice is required unless the reason for termination is due to care needs that cannot be met by the assisted living program or death.
- All belongings should be removed by the resident or his/her responsible person by the date on the notice, unless otherwise arranged for.

- The apartment will be inspected and all accounts (outstanding balance, deposit refund, charges for damages) settled with the resident and/or responsible person within 15 days, unless State Assistance Billing Program is involved, of vacating the dwelling unit.

Intra-Residence Moves: Voluntary

A resident currently living in the assisted living residence always has priority over a person on the waiting list or from the community for a vacated apartment.

- A resident will be permitted to relocate to another apartment within the residence once approval has been granted by the Administrator.
- Rent and service fees for the currently occupied unit will discontinue on the day it is vacated (see policy Vacating a Dwelling Unit). If a resident has things in two units for more than the day of the move, he/she will be responsible for the charges for both units.
- The resident will sign a new Residency Agreement for the newly chosen unit and will begin paying all applicable fees equal to the current market rate and fee structure for that unit.
- The resident is responsible for all costs incurred by the residence to repair damage (over and above normal wear and tear) to the vacated unit to prepare it for occupancy.

Inter-Residence Moves or Move-Out: Involuntary

The residence has the right to request a resident move to a different apartment or to move-out when there is an identifiable need for such a move.

- A written notice as prescribed in the residency agreement will be given.
- A resident has the right to voice a grievance and have that grievance responded to by management or a third-party ombudsman when an inter-residence move or move-out request is involuntary.
- The resident will sign a new Residency Agreement for the new unit and will begin paying all applicable fees equal to the current market rate and fee structure for that unit.
- The resident is responsible for all costs incurred by the residence to repair damage (over and above normal wear and tear) to the vacated unit to prepare it for occupancy.

VATH.RES.9 RESIDENT RECORDS AND CONFIDENTIALITY

VATH.RES.9.1 Confidentiality of Resident Records

The hospital district complies with HIPAA (See Administrative Policies and Procedures) and other applicable confidentiality rules and regulations. This section is intended to cover Village at the Harbor specific considerations.

The hospital district takes seriously the need to assure confidentiality of all resident information, confidentiality of information about the operations of the facility, and to provide a work and living

environment that can be trusted. This creates an environment where residents feel that they can trust staff members to keep their personal business, decisions, and actions confidential.

A resident's record is a legal document and, as such, it must be kept confidential and used only for the documentation of information necessary for the delivery of services to that resident.

Procedures for "Confidentiality of Resident Records"

Confidentiality of Information about Residents

Any information by or about a resident shared with a staff person must be treated as confidential.

- A breach of confidentiality is serious and will result in disciplinary action.
- Information about the operations will be shared with the staff from time-to-time to keep them informed. It is expected that the information not become public community knowledge.
- HIPAA regulations should be honored at all times.
- Promoting Village at the Harbor without breaching confidentiality is part of everyone's job description and is expected of all.

At the time of hiring, each new employee, upon completing an orientation/training period, will be required to sign a confidentiality agreement.

- During orientation, new employees will be informed of the company policy pertaining to confidentiality and will be given verbal and written examples of breaches of confidentiality in the workplace (refer to written examples below).
- Throughout the course of employment, periodic in-service training will be conducted to reinforce the policy of confidentiality and to assist employees in developing alternative ways of handling situations in which breaches of confidentiality are probable.
- Employees who reveal confidential information may be terminated from employment without warning.

Resident Records

Resident records should be managed with the utmost confidentiality.

- All resident files will be kept in a locked cabinet.
- Only staff involved in providing direct assistance to a resident may read or document in that resident's record.
- Documentation will occur when an activity, event, incident that is not usual for the resident or change in level of assistance occurs.
- No information in a resident's file may be released to an outside source (physician, family member, insurance company, etc.) without a signed consent form.

- All documentation in a resident's record must be typed or written in ink. Changes or corrections must be initialed.
- A resident's record will be retained for at least seven years or per state requirements after he/she leaves the residence.

VATH.RES.9.2 Confidentiality in the Workplace

Decisions and actions made by management remain in the workplace and are shared with residents or other employees only with permission or approval from management. This helps prevent organizationally destructive attitudes and communications from affecting the morale of staff or residents.

Procedures for "Confidentiality in the Workplace"

Confidentiality in the Workplace

Confidentiality is defined as the act of keeping knowledge and information about a person or situation to oneself, sharing it only with a co-worker or supervisor when they have the need to know or if:

- it affects a resident's quality of life, safety, personal health or well-being;
- or early intervention by the Manager, the nurse, the resident's responsible person/family, or other professional could prevent a potential crisis or otherwise bigger problem.

Financial and/or legal information contained in residents' files should be retained in a locked drawer, cabinet or desk, and be accessible only to management. All other information about residents should be accessible to all employees, but should never be accessible to other residents or individuals not employed by the company, nor should it be given to (copied or shown to) any other resident or individual not employed by the residence without a signed release of information form.

A resident's record is a legal document and, as such, it must be kept confidential and used only for the documentation of information necessary for the delivery of services to that resident. Any information by or about a resident shared with a staff person must be treated as confidential.

"Work Related Information"

Confidentiality is further defined as keeping work-related information to oneself, sharing it with a co-worker or supervisor only if:

- it affects the safety, privacy, quality of life, or personal health and well-being of a resident or fellow employee; or
- it affects employee morale and ability of employees to work effectively and efficiently as a team; or

- it affects residence staffing; or
- it violates resident rights, company policy, or federal, state, or local laws, regulations, or ordinances.

Work-related information includes, but is not limited to:

- Personal information about an employee.
- Personal opinions about residents or other employees' personal lives, or work performance.
- Personnel changes and reasons for changes.
- Written communication about, from or between any of the following:
  - Administrator.
  - The management company.
  - The Board of Directors/Owner.
  - The shareholders.
  - Residents.
  - Family members of residents.
  - Residents' physician(s) or other health-care providers.
  - Legal representatives or advocates for employees, residents or the company.

Work-related information should not be discussed verbally or in writing with residents unless permission to do so is granted by the employee's supervisor.

Failure to maintain confidentiality as described in this policy and related procedures may result in immediate termination of employment.

VATH.RES.10 RESIDENT RIGHTS

VATH.RES.10.1 General Statement

Residents do not leave their individual personalities or basic human rights behind when they move to an assisted living residence. Following is a list of resident rights recognized by management and employees.

Our residents have the right to:

1. be treated with dignity and respect.
2. be given the information necessary to participate in decisions which affect them, both individually and corporately.
3. have their records containing personal and financial information kept confidential.

4. privacy.
5. freedom to talk with the Administrator without fear of reprisal.
6. be treated fairly, courteously and with respect by all staff.
7. receive a prompt response to emergency calls and requests for assistance.
8. manage their own financial affairs or to appoint someone they trust to handle those affairs for them.
9. personalize their dwelling unit.
10. communicate and socialize freely with individuals of their own choosing.
11. be free of physical, sexual, verbal, neglect, fiduciary or psychological abuse from staff, family and other residents.
12. live free from involuntary confinement and financial exploitation.
13. enjoy full use of the residence, including lounges, dining room and activity areas, in compliance with residence guidelines.
14. voice grievances without fear of reprisal from staff or management.
15. recommend changes in policies and services.
16. communicate privately by mail or telephone with anyone, including, but not limited to, relatives, friends, case workers, lawyers, medical and psychiatric facilities, health care professionals and members of public agencies.
17. have visitors, provided the visits are conducted at reasonable hours, as defined by the house rules, and the visitors are not actively disruptive to other residents.
18. exercise choice in attending and participating in activities, including religious services.
19. be made aware of the policy and procedure for handling grievances and problems. If the outlined procedure does not resolve the problem to the resident's satisfaction, he/she may contact the following individuals or agencies: The Department of Social and Health Services, Washington State Long Term Care Ombudsman, The Aging and Adult Administration
20. form resident councils and conduct meetings in private.
21. be consulted and encouraged to have input into their assistance/service plan which guides the services delivered to the resident.
22. receive resident policies and residence policies in writing prior to moving in.
23. be given thirty (30) days written advance notice of termination of residency, or need to relocate to a different apartment except in cases of medical emergency or non-payment of rent.
24. be given thirty (30) days written advance notice of changes in policies/procedures/fees and charges.

25. receive information about services available within the residence and from other sources in the community.
26. provide for advanced directives regarding end-of-life care.
27. accept risk for quality of life through shared risk agreements.

VATH.RES.10.2 Protecting and Ensuring Resident Rights

Residents will be informed of resident rights in writing. This may be accomplished by giving them a copy of Resident Rights or the Resident Handbook.

Procedures for "Protecting and Ensuring Resident Rights"

Resident Council

Formation of a Resident Council will be encouraged but not mandated.

- The Resident Council will meet as often as the residents choose but monthly is a good guide.
- All residents will be invited.
- Staff members will attend by invitation only.
- The Resident Council will organize and establish by-laws and elect officers.
- The Resident Council will elect one member to serve as liaison to the Board of Directors/Owners.
- Minutes will be kept of all meetings.

The Resident Council has responsibility for ensuring that resident rights are respected and maintained. It will serve as a forum to hear resident grievances and will work with the resident, responsible person/family, and management toward resolution.

The Administrator will be an advocate for resident rights.

All staff will receive training on resident rights prior to assignment.

The list of resident rights will be available for residents to review at any time.

Resident Grievances

Residents have the right to express their complaints and dissatisfactions without fear of reprisal. They also have the right to ask the Administrator, the Resident Council, the Superintendent, and/or the Board of Commissioners to assist in resolving a problem.

Residents will be encouraged to play an active role in bringing about the desired change or resolution to a problem.

Grievances that cannot be easily resolved or have not been resolved to a resident's satisfaction should be dealt with in the following manner:

1. The resident should direct his/her concern or problem to the Administrator, who will, in turn, take responsibility for involving others who can help.
2. If the Administrator is unable to effect the desired change or resolve the matter to the resident's satisfaction, the resident may direct his/her grievance to the Resident Council and/or the Board of Directors/Owner.
3. A prompt response to the resident's grievance or concern will be given to the resident verbally and, if desired, in writing. Complex problems may require time to resolve and some problems may not be able to be resolved. Whatever the case, residents will be given a reasonable explanation for the action taken on their behalf.
4. If resident is not satisfied with explanation, they may contact the Ombudsman for further intervention. The Ombudsman number is posted in the community.
5. In cases of abuse (sexual, neglect, verbal, fiduciary, psychological or physical) or exploitation, residence management will call upon the expertise of Adult Protective Services and The Department of Social and Health Services to address the problem.
6. Whenever possible and in whatever ways possible, residents will be asked to participate in determining the solution and bring about resolution of the grievances.

VATH.RES.10.3 Abuse and Neglect

Our facility staff prides itself in providing exceptional service to our residents and will not tolerate verbal, physical, mental or sexual abuse, including involuntary seclusion of any resident by any staff member, other resident or visitor to the facility. Abuse, whether toward residents or staff, will not be tolerated.

All staff are mandatory reporters. As mandatory reporters, staff have the responsibility to report abuse, neglect, and/or exploitation to the proper authorities without fear of retaliation. (Reference: RCW 74.34; RCW 70.129; WAC 388-78A-2630).

The law requires that anyone who witnesses or has reason to believe that an incident is the result of abuse/assault, exploitation, or neglect must report immediately to the department of Social and Health Services (1-800-562-6078). One may wish to consult the Administrator or Resident Care Coordinator for assistance in making a determination if you have reasonable cause to believe or reason to expect the incident is reportable.

Procedures for "Abuse and Neglect"

Definitions

Abandonment: Action or inaction by a person with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care.

Abuse: The willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment of a vulnerable adult. Abuse includes sexual, mental, physical and exploitation of a vulnerable adult.

Sexual abuse: Nonconsensual sexual contact, including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse also refers to a staff member engaged in sexual contact with a resident whether consensual or not.

Physical abuse: Willful infliction of bodily injury or physical mistreatment. It includes but is not limited to striking with or without an object, slapping, pinching, choking, kicking, shoving, prodding, or the use of chemical or physical restraints.

Mental abuse: Willful action or inaction which includes but is not limited to coercion, harassment, inappropriately isolating a vulnerable adult from family, friends, or regular activity and verbal assault that includes ridiculing, intimidating, yelling or swearing.

Exploitation: The act of forcing, compelling or exerting undue influence over a vulnerable adult causing them to act in a way that is inconsistent with relevant past behavior, or causing the resident to perform services for the benefit of another.

Financial exploitation: The illegal or improper use of property, income, resources, or trust funds of a vulnerable adult by any person for that person's profit or advantage.

Neglect: A pattern of conduct or inaction by a person with a duty of care that fails to provide the goods and services that maintain physical or mental health; failure to avoid or prevent physical or mental harm or pain; An act or omission of action that demonstrates a serious disregard for the consequences to constitute a clear and present danger to the resident's health, welfare, or safety.

Reporting Requirements (1) - Staff Responsibilities

It is the responsibility of each staff member to immediately contact the department directly regarding suspected or alleged abuse or other improprieties. This facility will not retaliate against any resident and/or staff member who reports an alleged incident of abuse in good faith.

All staff who observe the following resident incidents are responsible for notifying their supervisor or management: (a) Resident falls (b) Altercations between residents (c) Elopement of residents (d) Abuse, neglect, abandonment, exploitation and sexual or physical assault of residents (e) Medication errors

Reporting Requirements (2) – Process of Reporting:

The process of reporting abuse and neglect is as follows:

1. Any staff member who has a reasonable cause to believe that an incident of abuse, abandonment, neglect, or financial exploitation has occurred will notify the Department of Social and Health Services Complaint Resolution Unit (CRU) hotline at 1-800-562-6078. The staff member should also report it immediately to someone within management so that immediate interventions can take place.

2. Any staff member who has reason to suspect an incident of sexual or physical assault has occurred will report to the CRU hotline 1-800-562-6078 and to the local law enforcement emergency services number as soon as the resident is protected from further harm.
3. If the incident involves licensed or certified health professionals, a report should also be made to professional licensing within the Department of Health.
4. All staff members will receive training on abuse, neglect and exploitation and the mandatory reporting requirements during orientation and periodically at least annually. A statement of understanding will be placed in the employee file.
5. Any staff member who is suspected of abuse, neglect or exploitation will not have access to any resident until an internal investigation of the incident has been completed. Action will be taken to assure the safety of all residents.
6. The following information will be requested by the hotline:
    a. The name and address of the facility where the resident lives
    b. Name and address of person making the report (this can remain anonymous per the caller's preference)
    c. Name and address of the resident
    d. Name and address of the legal guardian or alternate decision maker
    e. Nature and extent of the abandonment, abuse, financial exploitation, neglect or self neglect
    f. Any history of previous abandonment abuse, financial exploitation, neglect or self neglect
    g. Identity of the alleged perpetrator if known
    h. Other information that may be helpful in establishing the extent of the abandonment, abuse or financial exploitation and what action has been taken by the facility to protect the resident/residents

Reporting Requirements (3) – Incident Report

An incident report will be prepared for any abuse, neglect or exploitation to determine the circumstances of the event and to determine appropriate measures to prevent similar future situations. The following information will be gathered:

- Resident information with relevant history
- Location and date/time of incident management
- Notification as appropriate (e.g., physician, family, Complaint Resolutions Unit)
- Interviews with witnesses

- Description of incident
- Contributing factors
- Assessment of resident
- Extent of injury
- Signature of person completing investigation
- Review and signature of management
- Findings
- Action taken
- Notification of the CRU (hotline)
- Interventions to prevent reoccurrence

Reporting Requirements (4) – Notifications

The facility will notify the resident's family, guardian or other individual or agency responsible for or designated by the resident as soon as possible regarding:

- A serious or significant change in the resident's condition
- The relocation of the resident to a hospital or other health care facility
- Death of the resident

Reporting Requirements (5) – Documentation

Documentation is an important part of reporting:

- Document in the resident health record the date and time individuals were notified and the relationship of those individuals to the resident
- The staff member will document the incident in the resident health record and action of the staff related to the incident including preventative measures put in place to assure safety.
- Document any changes in the resident's physical, mental, emotional and social abilities to cope with the affairs and activities of daily living, physical and mental coordination. Include changes in the negotiated service plan to ensure resident safety.

Protecting The Resident From Further Harm

Report the incident to your supervisor so a plan can be developed to protect the resident from further harm.

- Assure the alleged perpetrator/s is kept away from the resident or other residents.
- Have a trusted person stay with the resident.

- Allow the resident to stay in the area he/she feels is safe (nurse's office, administrator office)
- Assure the resident's property is safeguarded

When Rape Or Sexual Abuse Is Suspected

When there is reason to suspect that a physical assault has occurred, mandated reporters shall immediately report to the appropriate law enforcement agency and to the department.

1. Immediate medical examination for the alleged victim will be arranged. The duty nurse or administrator will escort the alleged victim to nearest hospital and notify the examining physician that the resident may have been raped or sexually abused;
2. All evidence will be preserved (e.g., linens, towels, bedclothes or clothing) and will not be laundered or discarded. It will be placed in a plastic bag and given to appropriate authorities. The resident will not be bathed or cleansed prior to the medical examination. We will recognize the resident's right to refuse medical examination.
3. The charge nurse or manager on duty shall notify the nurse manager and Administrator immediately if such an event is suspected. The Administrator or manager on duty will inform the Dept. of Social and Health Services and the Police.
4. The Resident Care Coordinator or Administrator will arrange for a counselor or other professional knowledgeable in the field of rape and sexual assault to question or interview the resident, and provide counseling or intervention, when appropriate: only individuals with special training in the field of rape and sexual assault are permitted to question the victim or suspect of the alleged incident concerning the event, unless the department, police or prosecutor's office instructs otherwise.
5. The Resident Care Coordinator or Administrator will inform the family.
6. The Licensee through its Management Agent shall immediately assure any staff member suspected or accused of abuse does not have access to any resident until the Licensee investigates and takes action to assure resident safety. The staff member will not be allowed on site until conclusion of the investigation. Any substantiated allegations of abuse will result in termination.

Abuse of Employees

Employees are expected to maintain professional composure even if sexually harassed, struck, attacked, discriminated against, or verbally abused by a resident. Report the event immediately to your supervisor document and list witnesses.

In an unsafe situation 911 should be called.

Responsible residents will be confronted with their behavior and asked to cease. If the resident has a diagnosis of dementia, employees will be given special training on how to avoid these situations and the administrator will act to minimize them. Residency may be terminated immediately or notice may be given to vacate under certain circumstances.

VATH.RES.11 SECURITY

VATH.RES.11.1 Security Considerations

Security systems will be established at this residence to help keep residents, guests, and staff safe.

Procedures for "Security Measures"

Security measures include:

- 24-hour response to call systems.
- a locked residence from 10:00 p.m. to 8:00 a.m.
- a monitored fire-alarm system that informs the fire department immediately.
- staff available 24-hours a day/seven days a week.
- daily well-being checks.
- exterior lighting.
- a sign-in/sign-out process.

VATH.RES.11.2 Keys

Keys will be managed in a rigorous fashion to help ensure security. See also "Access To Premises" policy under the Administrative Policies and Procedures.

Procedures for "Keys"

One key will be issued to each resident in the apartment.

Additional keys may be requested from the Administrator for a fee.

Possession of additional keys will be entered in a log that specifies the apartment number, the resident's name and the names of those who have the keys, along with their addresses and telephone numbers.

Lost keys should be reported to the office immediately. They may be replaced for a fee.

Upon termination of residency, all keys must be returned to the Administrator before any refund of payments is made.

Only designated staff will have access to master key.

Periodic review of key security should be completed by the safety committee.

VATH.RES.11.3 Locking of Doors

Doors will be locked on a set schedule.

Procedures for "Locking of Doors"

- All exterior doors to the building will be unlocked at 8:00a.m. and re-locked by 10:00 p.m.
- Hall and service entrances will be locked at 8:00 p.m.
- All residents will have a key to enter the building at any time.
- All apartments will be equipped with locks.
- Residents will be encouraged to lock their apartment when they are away from the residence.
- Staff will not enter an apartment when the door is closed unless the resident asks them to enter.
- Staff will have a master key which is to be used only if there is evidence of an emergency, such as water overflowing, smoke detector alarm, emergency call bell activated, etc.

VATH.RES.12 SHARED SPACES

VATH.RES.12.1 Use of Common Areas

The common areas exist for the benefit of residents and are not to be considered public meeting rooms. Guests may be invited by the resident to participate in activities and events from time to time. The District will work to protect the privacy of the residents for whom this is home.

Procedures for "Use of Common Areas"

Availability of Common Areas

Common areas can be reserved for events when at least one of the following criteria are met:

- A resident, staff member, or board member is hosting the event.
- Residents are invited to participate in the event.
- The event will benefit the residence.

Areas that may be considered as common areas are such places as:

- The dining room: Guests are welcome.
- The parlor: For private, more intimate functions.
- The living room: A gathering place.
- Neighborhood lounges: "The family rooms."
- The activity center: For resident meetings, games, crafts, and other social and recreational happenings.
- The exercise room.

- The laundry rooms.
- The shop.
- The guest room: A hotel room for overnight guests (There may be a fee associated with this service)

Except for the guest room, these rooms may be reserved without cost by the residents for their own private use.

There may be a room rental charge for non-resident use of common areas.

Residents planning to entertain groups of 10 or more people or residents wishing to host a meeting or event requiring special accommodations should reserve the common area they would like to use.

Any large event in any of the common areas must be for the benefit of the residents. Residents' activities and routines may not be disrupted as a result of special events unless such events are approved in advance by the Resident Council.

Application for Use of Common Areas

Applying for use of common areas:

- The Application for Use of Residence form should be completed and submitted to the Administrator or Assistant Administrator a minimum of 20 days before the planned meeting or event.
- The Administrator or Assistant Administrator will review all applications and, if necessary, contact the applicants for additional information. Applicants will be notified of acceptance or denial of their requests within a reasonable period of time (Ex. within 10 days).
- The Administrator or Assistant Administrator will call a special Resident Council meeting to review requests, if necessary.
- If a request is accepted, the Administrator or Assistant Administrator will coordinate details of the meeting/event with other staff members.
- Applicants will be supplied with a copy of the form Policy for Use of Residence Common Areas by Residents and Non-Resident Groups to provide information on the rules and conditions of use.

Use of the Guest Room

Currently there is no guest room available.

DEPARTMENTAL POLICIES AND PROCEDURES – VILLAGE AT THE HARBOR

VILLAGE AT THE HARBOR – GENERAL SERVICES (VATH.GSS)

VATH.GSS.1 ACTIVITIES

VATH.GSS.1.1 Activities at Village at the Harbor

The District seeks to provide a wide range of activities to enhance the lives of residents and to provide opportunities for residents and staff to interact socially.

Activities will be scheduled on a regular basis to enrich the lives of residents. Activities will include, but not be limited to:

- Social events.
- Religious events.
- Exercise.
- Creative opportunities.
- Intellectual opportunities.
- Cultural events.
- Volunteer opportunities.
- Work opportunities.

VATH.GSS.1.2 Activity Coordinator and Committee

The District employs an activity coordinator to encourage activities, and encourages the creation of an activity committee to work with the activity coordinator.

Procedures for "Activity Director and Committee"

1. Residents will be informed that an Activity Committee exists and that any resident is welcome to serve.
2. The Activity Committee will meet monthly and as needed with the ActivityDirector to plan routine and special activities.
3. Members of the Activity Committee will assist with the activities either as leader, behind-the-scenes coordination or promotion.
4. The Activity Committee will also be asked to assess activities to determine:
    a. level of interest.
    b. value.
    c. enjoyment.

d. age-appropriateness.

5. The Activity Committee will provide the Activity Director with feedback based on their assessment. This information will be used to make appropriate changes in activities and to plan future activities.

VATH.GSS.1.3 Activity Assessment for New Residents

The welfare and health of residents is related to their voluntary activity level. The District will make an effort to engage new residents to encourage participation in activities that the resident can engage in.

Procedures for "Activity Assessment for New Residents"

The Activity Director will meet with each new resident within seven days after moving to the residence to determine the resident's interests and abilities.

The Activity Director will complete:

- Checklist: Activities You Enjoy.
- Initial Activities Assessment.
- Resident Lifestyle Profile.

Information obtained from this assessment will be used to encourage and involve the resident in activity and volunteer opportunities.

VATH.GSS.1.4 Activity Types

The District encourages a number of activities based on resident requests and needs.
See also "Communication" under Residents for the ways in which these activities are communicated to residents.

Procedures for "Activity Types"

Religious Study

- Religious study such as bible study will be scheduled as desired by the residents.
- A committee of residents will be responsible for establishing the curriculum and frequency of meetings.
- The studies will be ecumenical in nature.
- A volunteer leader will be recruited.

Craft Program

Craft opportunities will be available at scheduled times as well as at the expression of personal desires of residents.

- Craft items may be (a) sold in the gift shop if available, (b) donated to special causes, (c) made for area hospitals, nursing homes, etc., or (d) kept by the resident

- A fee for supplies may be charged for certain projects.
- Craft projects will be arranged based on interests of the group (i.e., quilting, rug-making, weaving, woodworking, knitting, crocheting, quilling, painting, pottery-making, ceramics, etc.)
- Volunteers will be recruited with skills in a special craft.
- It is the responsibility of participants in a craft project to clean up the work area at the end of each session.

Field Trips

The ActivityDirector will plan field trips for residents and establish the fee for such trips.

- The committee may work with a local travel agency to get good information on rates.
- Participation in field trips will be open to residents and guests on a first come/first served basis.
- The trips will be priced close to cost for the residents but with a higher mark-up for guests.
- Field trip information will be communicated in the weekly newsletter.
- Field trip plans will be discussed with the Administrator so proper arrangements for any missed services can be altered and made up.

Food Requests for Activities/Private Parties

When refreshments or a special meal is needed for an activity or a private party, a Food Request form will be completed by the ActivityDirector, resident, family member or other staff member, and sent to Dining Service Director.

- The type of food needed will be specified on the form.
- A copy of the form will be returned to the requesting party with a proposed food list and expected cost. The original will be retained in the Food Service files.

VATH.GSS.2 CLEANLINESS

VATH.GSS.2.1 Housekeeping for Apartments

The District will maintain standards of cleanliness and consistency in the way in which apartments and common areas are cleaned and maintained.

Procedures for "Housekeeping"

Cleaning Frequency

Assisted living apartments will be cleaned weekly, unless otherwise noted in a resident's assistance/service plan. Services not identified in the assistance/service plan should not be rendered without permission from a supervisor.

Services included in basic assisted living level of care may include:

- Weekly routine cleaning.
- Quarterly cleaning.
- Annual cleaning.
- Weekly linen laundry.

Residents consistently needing daily support with tidying, making beds, etc. need to be assessed for level of care change.

A housekeeping schedule will be maintained and will identify the day, time and type of cleaning to be performed [i.e. routine (R), monthly (M), quarterly (Q), or annual (A)] for each resident.

Staff members will be trained in the following:

- all housekeeping procedures.
- use, labeling and storage of chemicals (i.e., OSHA).
- fire/safety hazards and health concerns to be reported.
- safety precautions and first aid.
- resident preferences.

Apartment Cleaning

The need for cleaning services will be assessed for each resident upon admission. The cleaning program will be addressed on the assistance/service plan.

- Residents may accept full to partial responsibility for keeping their apartments clean.
- Cleaning services provided will depend on the needs of each resident within the time allotment for each apartment.
- Residents will be responsible for the day-to-day tidying of their apartment (i.e., making beds, washing dishes, etc.) unless specified in their assistance/service plan.
- Level of care fees may be affected by the need for increased support with keeping the apartment tidy.

Routine (Weekly) Dwelling Unit Cleaning

Check cleaning cart to ensure it is stocked with all the supplies necessary to clean an apartment. Supplies needed:

- rubber gloves
- bucket with clean, medium-hot water
- spray bottle of concentrated all-purpose cleaner
- clean rags
- toilet bowl brush
- heavy duty bathroom cleaner
- toilet bowl cleaner
- glass cleaner
- an approved spot remover for carpets
- air freshener
- furniture polish
- broom & dust pan or hand-vac
- vacuum cleaner with attachments

Approximate Time Needed: 35-40 min. Clean according to resident's assistance/service plan, adding or deleting tasks according to special instructions from supervisor. A complete routine cleaning includes:

- Stripping and remaking bed (see Stripping and Remaking Bed procedure).
- Emptying all trash cans/waste baskets.
- Cleaning the bathroom (see Cleaning Bathrooms procedure).
- Dusting tops and sides of wood furniture using furniture polish (carefully remove items on tops of furniture to dust and then replace items exactly as they were before moving the resident should be encouraged to do this if physically able); also clean top of window sills and heating units.
- Using all-purpose cleaner, clean countertops, fronts of cabinets, exterior of appliances (if appliances are part of the dwelling unit), inside of sink and faucet.
- Sweep or vacuum the floor of the apartment that is not obstructed by furniture. Move only small pieces of furniture to vacuum under or around do not move heavy furniture.
- Using all-purpose cleaner, clean the telephone receiver and all door handles.
- Using spot remover for carpets, spot clean carpet where needed.
- Spraying dwelling unit with air freshener, unless resident asks you not to.

Quarterly Apartment Cleaning

Supplies needed: All routine cleaning supplies. Check cleaning cart to ensure it is stocked with all the supplies necessary to clean a dwelling unit.

Approximate Time Needed: 55-60 min.

In addition to routine cleaning, quarterly cleaning includes the following:

- Clean around all door jams using a damp cloth and all-purpose cleaner.
- Clean accessible surface areas and vegetable bins of the refrigerator (if resident has one) with wet cloth or sponge (do not use chemicals on cloth or surface of refrigerator interior). Dispose of old or spoiled foods with resident's permission or as otherwise indicated in resident's assistance/service plan.
- Vacuum edges of floor using edging tool.
- Vacuum under bed, dresser and other pieces of raised furniture using vacuum cleaner attachments.
- Clean inside of windows using glass cleaner.

Annual Apartment Cleaning

Supplies needed: All routine cleaning supplies. Check cleaning cart to ensure it is stocked with all the supplies necessary to clean a dwelling unit.

Approximate Time Needed: 65-75 min.

In addition to the routine cleaning, an annual cleaning includes: (NOTE: An annual cleaning is the same as a quarterly cleaning with the addition of several steps/tasks).

- Turn or "flip" resident's mattress(es). This task should not be done alone. Request/arrange for help from maintenance personnel to turn mattress(es).
- Remove curtains and replace with a clean set. If possible, without damaging other window treatments resident may have, remove and shake dust from window treatments or vacuum treatments with vacuum cleaner attachments. Do not attempt to do either if resident prefers that you leave window treatments untouched.
- If resident has a refrigerator, pull it away from wall and, using vacuum cleaner attachments, vacuum coils and floor surface area behind refrigerator. Also, wipe defrost pan clean with a wet rag. (NOTE: Request/arrange assistance from maintenance personnel to move refrigerator. Do not attempt to move refrigerator alone.)

Stripping and Remaking Bed

Strip and remake bed as often as indicated in resident's assistance/service plan.

If resident has his/her own linens, use the following procedure:

- Take the bed linens off the bed and to the laundry room or place in labeled laundry bag for other staff to do.
- Make bed with a clean set of resident's linens.
- If you are responsible for doing the linens, place linens in washer and begin washing. Use laundry detergent according to directions on packaging. Use liquid fabric softener as directed on the packaging.
- After approximately 25 minutes, check linens in washer. When finished, place in dryer. Use one fabric softener sheet in dryer per load.
- Fold linens. Return to resident's apartment.

If using residence linens, Obtain clean linens from the linen closet and take them to the resident's room, take the soiled bed linens off the bed and place them in a laundry hamper/bag, and remake the bed with clean linens, giving special attention to the following:

- The resident's preferences, i.e. whether he/she wants sheets tucked in a certain way or not at all, the number of blankets, etc.
- Smooth out wrinkles.
- Placement of bedspread, sheets and blankets (i.e. arrange them so they hang evenly on both sides of bed.
- Put fitted sheet over mattress and mattress pad. Wash mattress pad one time per month unless needed more often.
- Spread the top sheet on the bed with the top edge of the sheet even with the head of the mattress.
- Spread the blanket(s) over the top sheet about six inches from the top edge of the mattress.
- Turn back the top sheet to cover the top edge of the blanket(s).
- Tuck the sheet(s) and blanket(s) under the mattress at the foot of the bed.
- Make a square corner on both sides of the bed (near the foot of the bed) so that the sheet(s) and blanket(s) are tucked neatly out of sight.

Linen Soiled with Blood or Body Fluids

1. Linen that is contaminated with blood or body fluids should be handled only with gloved hands.
2. Using great care, handle linens in such a way that they do not touch your clothing.
3. With appropriate protective gear, rinse the soiled item out in the resident's bathroom. Cleanse the sink.

4. Linen should be placed in the residents personal laundry bag and removed immediately to the laundry room.
5. Place soiled laundry and the bag into a washing machine and place through the wash cycle using detergent and the hottest wash cycle.
6. Remove laundry from the bag and return to the washer and wash normally.
7. Dry clothes and laundry bag. Return cleaned clothes to the laundry bag and return to the resident's apartment.
8. Do not mix resident's laundry.

Cleaning Bathrooms

Supplies needed: All routine cleaning supplies. Check cleaning cart to ensure it is stocked with all the supplies necessary to clean a dwelling unit.

1. Remove rug(s), scale and wastebasket from bathroom. Shake rug(s) vigorously above bathroom floor so that dust, hair, etc. can be swept up later. If using a hand vacuum on bathroom floor, also run hand vacuum over throw rug(s).
2. Flush toilet, if needed.
3. Squirt toilet bowl (disinfectant) under inside rim of toilet. Let set.
4. Spray shower walls and floor surface with bathroom cleaner. Spread and wipe around shower walls and faucet with clean wet rag. Use hand-held shower hose to rinse shower. Be sure all hair is rinsed down drain and/or removed from drain plate. Wipe dry.
5. Spray bathroom cleaner in sink and on faucet. Spread and wipe around sink and faucet with clean wet rag. Wipe countertop, picking up and moving personal items on counter as you go along. Rinse rag and wipe all surfaces with water only. Using dry rag, wipe inside of sink and faucets. Chrome faucets should have a polished look. Be sure to put personal items back in their original spots. If resident has removed personal items for you, allow him/her to put them back.
6. Spray mirror above sink with glass cleaner. Wipe dry with clean rag making certain the mirror is streak-free.
7. Using toilet bowl brush, scrub interior of toilet, especially under rim. Flush. Rinse toilet bowl brush in fresh toilet water.
8. Spray bathroom cleaner (disinfectant) on exterior toilet bowl and base, seat and lid. Wipe clean with wet rag.
9. Sweep or vacuum bathroom floor. If using hand vac, also vacuum throw rugs.

10. Use a clean mop, medium-hot water and floor cleaner, mop bathroom floor, working from the farthest side of the bathroom to the doorway. Be sure mop is rung out properly to prevent puddles of water on the floor.
11. Once floor surface is dry, put bathroom rug(s), waste basket and scale back in their original places.

Trash Pick-Up

- Trash will be collected from each apartment on the cleaning day.
- Containers for glass, aluminum, plastic and newspapers will be made available for recycling.
- Residents who wish to participate in recycling will need to take those items to the designated containers.
- Sharp objects used for care delivery must not be put in the trash in the resident's unit. They must be disposed of in a RED sharps container.

VATH.GSS.2.2 Internal Environmental Services (Building)

The residence will be kept clean and well-maintained. This will be accomplished through a regular cleaning schedule, a preventive maintenance program, and repair or enhancement of existing structures, systems and fixtures.

Procedures for "Internal Environmental Services (Building)"

Building

All staff and residents are responsible for seeing that the common areas are clean and neat. Any area will be cleaned if found to be dirty, even if it is not the specific day for cleaning that area.

The following cleaning schedule should be maintained:

Location	Frequency
Dining Room	daily
Hallways	2 times per week
Lobby	3 times per week
Neighborhood Lounge	2 times per week
Offices	1 time per week
Activity Room	3 times per week
Exercise Room	2 times per week
Laundry	3 times per week

Public Restrooms	daily

Cleaning a Vacated Unit

When the apartment is vacated, housekeeping and maintenance will:

- complete the Apartment Condition Report.
- clean the unit completely.
- shampoo the carpets.
- repair holes in the walls from pictures.
- paint the walls.
- clean any window treatments.

The apartment must be ready for occupancy within 3 working days after it is vacated.

VATH.GSS.3 CONCIERGE PROGRAM

VATH.GSS.3.1 Transportation

The District seeks to provide a wide range of activities to enhance the lives of residents and to provide opportunities for residents and staff to interact socially.

Three kinds of transportation will be provided to residents:

- Regularly Scheduled Transportation.
- Concierge Transportation.
- Special Event Transportation.

Staff members assigned to drive the bus/van must be approved by the company's insurance provider, meet all training requirements and certifications, and be approved by management

Staff members assigned to drive any vehicle must have a motor vehicle license check completed before they are permitted to drive (See procedure Motor Vehicle License Check under "Administrative" Policies and Procedures).

Passengers will follow directions provided by the designated driver and participation may be revoked for violations or unsafe behaviors or actions.

Guests/non-residents are not approved for transportation in any company vehicle unless authorized by management prior to outing. For example, if a family member needs to provide support or advocacy for a resident at a doctor appointment they may be permitted. All guests are subject to the same standards as residents regarding unsafe actions or behaviors.

Procedures for "Transportation"

Regularly Scheduled Transportation

Regularly Scheduled Transportation is available.

The bus/van schedule will be posted on the activity bulletin board.

Regularly Scheduled Transportation will go to:

- the banks
- a grocery store
- scenic drives

Residents are asked to sign up for transportation to assure a seat on the bus.

There is no charge for regularly scheduled transportation.

Concierge Transportation

Concierge Transportation is available through the office. As much notice as possible is requested, at least 72 hours. Concierge Transportation may be used for, but not limited to, appointments with:

- doctor/dentist.
- hairdresser/barber.
- lawyer.
- unplanned transportation needs.

A fee will be charged, depending on the distance.

Special Event Transportation

When the activities department plans an event off campus, transportation will be provided. The fee, if any, will be announced for each special event.

A group of residents may request Special Event Transportation to an event in the community not included on the Activities Department calendar. The fee will be determined based on distance and the number of people wanting to attend.

Area Church Transportation

Village at the Harbor does not currently offer transportation to church services. This is subject to change in the future as staffing is available.

VATH.GSS.3.2 Village at the Harbor Vehicles

The assisted living residence will maintain the community vehicles. All vehicles will be equipped with safety restraining equipment.

Procedures for "Village at the Harbor Vehicles"

Safety

The following safety equipment will be maintained in each vehicle:

- First aid kit.
- Fire extinguisher.
- Flares or other road warning equipment.
- Flashlight.

Each vehicle shall be placed on a maintenance schedule for oil changes, tire pressure checks, brake checks and general condition inspection. Documented record of maintenance program will be kept.

No oxygen other than a secured portable tank may be allowed in the vehicles.

Training Requirements for Use

Vehicles may only be operated by employees who are listed on the District's insurance. Each employee must be in compliance with the District's driving policies (excluding the EMS policy on driving).

Village at the Harbor has two vehicles:

- Dodge Grand Caravan – there are no special qualifications to drive this vehicle. All residents must wear seatbelts at all times while in vehicle
- Ford Transit Connect XL – this vehicle contains a wheelchair ramp and tie-downs. As such, a training program must be completed, and competency demonstration completed prior to use. Al drivers must have a completed certificate demonstrating use and safety and be approved by management.

Ford Transit Connect XL – Secure Wheelchair Procedures

Wheelchair procedures for the wheelchair loading unit in the rear:

- Recommendation that employees not transport any electric scooters
- Position wheelchair to face forward. Engage wheel locks. Power off any motorized units
- Locate 4 tie-downs (retractors). Attach and lock-in to floor anchorage
- Attach 4 tie-downs to solid frame members of wheelchair. Do Not pass straps through wheels of a wheelchair, allow the straps to conform or bend around any sharp objects, cross connect any of the 4 tie-downs at any location.
- Rear tie-downs- from back of wheelchair, tie-downs should never be closer than 13, rear tie-downs should always be secured 30-45'
- Front tie-downs- from front of wheelchair, tie-downs should never be closer than 30", tie-downs should extend out approximately 3-8" from side of the chair

- Front tie-downs should always be secured at 40-60’
- Make sure tie-downs are locked and properly tensioned

Ford Transit Connect XL – Secure Passenger Procedures

Securements are designed to bear upon the bony structure of the body and shall be worn low and snug across the front of the pelvis, with the junction between the lap and shoulder belts located near the passenger’s hips.

Lap Belts

- Use the back of your hand when making physical contact with the passenger
- Ensure lap belt is snug and flat against the body, Lap belt should never be twisted or go over or around the arm rests, side panels or any other object
- Make sure lap belt is under the arm rest. Lap belt should be worn low on the pelvis
- Attach the other end of the lap belt to the tongue on the right rear retractor.
- Protect seat belt webbing from sharp edges or corners

Shoulder Belt

- Take the end of the shoulder belt from the anchor point on the vehicle wall
- Place over the center of the passenger’s shoulder and attach the end-buckle to the tongue buckle attached to the lap belt
- Ensure the belt does not travel across the passenger’s neck. Adjust the height of the shoulder belt if necessary to ensure a proper positioning on the passenger’s shoulder. This adjustment should be kept slightly above the occupant shoulder.
- Shoulder belt upper anchorage or guide support should always be positioned so that-belt webbing lies across the center of wheelchair passenger’s chest and shoulder, and it extends upward and rearward of the wheelchair occupant’s shoulder level to avoid any downward force on the spine

Release Passenger

- Carefully remove passenger’s lap and should belts- place in storage pouch
- Unlock front and read tie-downs from wheelchair and floor anchorage and place in storage pouch
- Unlock wheels or turn power on if motorized unit

Warnings

- Do not allow webbing to get twisted inside retractors

- Wheelchair accessories and equipment should be removed from wheelchair and secured in storage pouches
- Whenever possible, items attached to wheelchair in front of passenger (i.e., trays) should be removed and secured separately
- Lap and shoulder belt should not be held away from passengers' body by wheelchair components, i.e., wheelchair wheels, arm rests, panels, or frame
- Never rely on wheelchair's seat belt or postural support belt unless properly approved and crash-tested
- Wheelchair securement systems should be used as shown in instructions
- Systems should only be used with forward-facing wheelchairs
- Report all potential damage and defects to a supervisor
- If vehicle is towed away, the wheelchair tie-down and occupant securement system components- including straps, belts and anchorages- must be replaced, even if there is no visual damage
- Do not attached belt hooks to wheels, plastic, or removable parts of wheelchair
- Wheelchair securement systems should be used as shown in instructions.

VATH.GSS.4 EVENTS

VATH.GSS.4.1 Food for Special Occasions

Procedures for "Food Requests for Special Occasions"

General Activities

- When refreshments or a special meal is needed for an activity, a food request form will be completed and sent to Food Service.
- The type of food needed will be specified.
- The form will be returned to the requesting party with a proposed food list and expected cost.
- The Administrator must provide budgetary approval for the event.
- A charge may be made to guests for the meal.

Food Requests for Private Parties

When refreshments or a special meal is needed for a private party, a Food Request form will be completed by the Activity Coordinator, resident, family member or other staff member; and sent to Food Service.

- The type of food needed will be specified on the form.

- A copy of the form will be returned to the requesting party with a proposed food list and expected cost. The original will be retained in the Food Service files.
- There is no charge for the use of the room when a resident is hosting a private party but there is a charge for the food.

Special Events

When a special event is planned that includes a meal, residents will participate in that meal. Besides eating, participation may include meal planning, creating table decorations and meal preparation.

- Guest tickets may be purchased for special events.
- When a special event is planned that includes a meal and that special event takes place at the same time as the breakfast, dinner or supper meal is normally served, residents will not be charged extra for the meal.
- The weekly newsletter will inform residents of special meals so they can plan appropriately.

VATH.GSS.4.2 Determining Price of Food for Catered Events

Generally, residents will need to pay for food for special occasions unless it is an event held by Village at the Harbor for all residents.

Procedures for "Determining Price of Food for Catered Events"

The Administrator or Chef will gather the following information:

- What is the price range the guest or resident wants to pay per person?
- Do they want a full meal, snack, dessert only, beverages only, etc.?
- Do they have suggestions for what they would like provided?
- How many people will attend the event?
- Is plated service or a buffet style preferred?

Based on the above information, the Chef will determine the charges for the catered event (if necessary, the food service supplier may be contacted for advice and/or pricing information).

The charge for the catered event should be figured two different ways. The fee charged should be the higher of the two per-person costs.

Cost Factor Based On Raw Food Costs

Cost will be determined by the total raw food cost multiplied by three (3).

Example: 30 people will be served the following meal: turkey, stuffing and/or mashed potatoes, squash and/or carrots, jellied cranberries, and pumpkin pie with whipped-cream topping.

Raw food cost is $90.00.

$90.00 divided by 30 people = $3.00 (raw food cost/person)

$3.00 x 3 = $9.00/person charge

Cost Factor Based On Labor

Cost determined based on labor:

Example: 30 people will be served the following meal: turkey, stuffing and/or mashed potatoes, squash and/or carrots, jellied cranberries, and pumpkin pie with whipped-cream topping.

Determine the number of hours of labor for each staff person involved in food preparation, serving and clean up.

Calculate the total cost of labor involved to prepare, serve and clean up following the special event.

Hours needed
Cook hours = 3.5
Food Service Assistants (2) = 6 hours
Companions (1) = 3 hours

Cost for Hours needed

Cook: 3.5 hours x $8.00 per hour	= $28.00
FS Assts: 6 hours x $5.35 per hour	= $32.10
Companion: 3 hours x $6.50 per hour	= $19.50
	$79.60

Add employee taxes/benefits (18%):

$79.60 x 18%	= $14.33
(Total labor cost)	= $93.93

C. add the raw food cost to the total labor cost.

Raw food cost	= $90.00
Total labor cost	= $93.93
(Cost for food and service)	= $183.93

D. Mark up the cost for food and service by 20% for overhead (i.e., utilities, the Chef's and Manager's time in planning the event, laundering of table linens, etc.)

(Cost for food and services)	= $183.93
	x 20%
(Mark up for overhead)	= $36.79

Total cost for food, services	$183.93
Allowance for overhead	+$36.79
Total cost	= $230.72

E. Mark up the cost for food and services by 40% for profit

	$230.72
Profit margin	x 30%
Cost per event	=$299.94

Cost per event	$299.94
Divided by the number of people	30
Cost per person	=$ 9.99

VATH.GSS.5 FOOD SAFETY AND STORAGE

VATH.GSS.5.1 Food Safety

The District will provide a safe environment for employees in the food service department, and will provide food that is free from contamination thus risking the health and wellbeing of the residents and staff.

The District will comply with Department of Health Guidelines in the food service department.

All staff will be trained and aware of proper food handling and storage procedures as per local regulations.

All staff involved in the handling of food will hold a current certification indicating food worker training.

All staff will be aware of proper handling of dirty and clean utensils.

Staff will not work in food service when they are experiencing an infectious disease.

Food will be served in such a way as to prevent growth of bacteria.

All food service staff will wash their hands upon entering the kitchen and when moving from one food prep area to another.

Temperatures of storage areas will be monitored daily.

Temperatures of food will be monitored.

Temperatures and disinfection of utensils will be monitored weekly.

VATH.GSS.5.2 Thawing Food

Food that is frozen should be thawed in such a manner as to prevent the temperature of the food from rising above 41 degrees Fahrenheit.

Procedures for "Thawing Food"

There are different ways food may be thawed:

1. Under refrigeration.

- Food to be thawed will be placed in the refrigerator one, two or three days before it is needed to allow it to be thawed at 41 degrees or less over a period of time.
- Meats to be thawed must be placed on the lowest shelf in the refrigerator to prevent contamination of other foods with meat juices.

2. Submerging in running water

- Food being thawed by running water must be completely submerged in running water.
- Water temperature used to thaw must be no greater than 70 degrees Fahrenheit.
- The temperature of the food being thawed does not rise above 41 degrees Fahrenheit.

3. As part of the cooling process

- Food being thawed as part of the cooking process must have the length of time for cooking adjusted to assure that the temperature of the food reaches the appropriate core temperature prior to serving.

4. By use of a microwave oven.

- Food being thawed by using the microwave must not allow the temperature of the frozen food to rise above 41 degrees Fahrenheit.

VATH.GSS.5.3 Cooling Foods

Foods will be safely cooled.

Procedures for "Cooling Foods"

- Cooked or mixed foods must be placed in refrigeration as soon as possible to begin bringing the temperature to the safe storage level.
- Hot cooked foods that are to be stored must be brought to 70 degrees Fahrenheit within 2 hours and from 70 degrees F to 41 degrees F or colder within 4 hours.
- Room temperature foods that are mixed together must then be chilled to 41 degrees F or colder within 4 hours.
- Eggs must be stored at 41 degrees F or colder.
- Cooling Methods
  - Placing food in shallow pans.
  - Separating the food into smaller or thinner portions.
  - Using rapid cooling equipment (freezer).
  - Stirring the food in a container placed in an ice water bath.
  - Using containers that facilitate that transfer.
  - Adding ice as an ingredient.
- Food should be covered to protect it from contamination.

VATH.GSS.5.4 Food Temperatures

Procedures for "Food Temperatures"

Hot foods should be maintained at a minimum of 140 degrees F.

Cold foods should be maintained at a maximum of 41 degrees F.

VATH.GSS.5.5 Storage of Food in Refrigeration

Procedures for "Storage of Food in Refrigeration"

Fresh fruits, vegetables, eggs, cheeses and other perishable items will be stored in refrigeration of at least 41 degrees F.

Food being returned to storage after cooking or preparation must be covered.

All containers must be labeled with the contents and date food item was placed in storage.

Previously cooked foods can be held in refrigeration of 41 degrees F or lower for up to 7 days and then must be discarded.

Food items that remain sealed from the supplier may be held until the expiration date if unopened.

VATH.GSS.5.6 Cleaning

Procedures for "Cleaning"

- All equipment, food contact surfaces and utensils shall be cleaned:
  - Each time there is a use with a different type of raw animal product.
  - Each time there is a change from working with raw foods to ready to eat foods.
  - Between uses with fruits and vegetables and raw animal products.
  - Whenever contamination may have occurred.
- Surfaces must be cleaned with a sanitizing agent/solution. Chlorine, iodine or quarternary ammonium compounds are approved sanitizing agents.
- All food surfaces will be cleaned at the end of each food preparation session.
- Grid panels in the fire suppression hood over the stove will be removed and run through the dish machine once a month.
- Rubber mats on the floor in the kitchen must be cleaned daily.
- The floor of the kitchen must be cleaned daily and after each spill or contamination.
- Refrigerator units must be cleaned monthly.
- Wall surfaces that become splattered during the food preparation process must be cleaned daily.
- Walk-in refrigerators and freezers must be cleaned quarterly or more often if needed.
- Waste receptacles should be cleaned and disinfected weekly.

VATH.GSS.5.7 Non-Food Storage

Procedures for "Non-Food Storage"

Employees' personal items must be stored in an area away from the food storage areas.

Chemical and toxic products must be stored in a separate closet, closed cabinet or outside of the kitchen area.

First aid supplies must be stored in the kitchen area but away from the direct food preparation surfaces. The first aide supplies should include individually wrapped bandages, tape, first aide creams, antiseptic and other products that may be useful in a kitchen injury incident.

Medicines of residents or employees may not be stored in the refrigerator of the kitchen.

VATH.GSS.5.8 Employee Health

Procedures for “Employee Health”

The supervisor of the food service department must prevent the likelihood of contamination of food or transmission of a communicable disease by securing information stating the food service employee is free from illness due to any of the following:

- Salmonella Typhi.
- Salmonella spp.
- Shigella spp.
- Escherichia coli.
- Hepatitis A virus.

The supervisor of the food service department must assure that no employee is experiencing symptoms related to a gastrointestinal illness, respiratory illness or other contamination concern.

- Diarrhea.
- Fever.
- Vomiting.
- Jaundice.
- Sore throat with fever.
- Open sores with drainage (unless covered with an impermeable cover).
- Discharges from eyes, nose and mouth.

VATH.GSS.5.9 Employee Hygiene

Procedures for “Employee Hygiene”

Employees must keep their hands, arms and fingernails clean.

Employees who have fingernail polish or artificial fingernails must wear gloves while involved in food preparation.

While preparing food, employees may not wear jewelry on their arms and hands except for a plain ring.

All clothing should be clean and covered while doing food preparation. Aprons will be provided for use.

Employees may not eat, drink or use tobacco in any area where food preparation is occurring. Employees may drink from a closed container if the closed container prevents contamination.

Employees must keep hair from contacting exposed food, clean equipment, utensils and linens. Exposed hair must be covered with hairnet, hat, etc.

VATH.GSS.6 FOOD SERVICE

VATH.GSS.6.1 Meals

The District will work to meet the nutritional needs of each resident and to provide a well-balanced, flavorful and varied food service program.

Three (3) meals a day will be available in the dining room to all residents. The number of meals per day that a resident takes will be determined by his/her assistance/service plan.

Special diets are available. Special diets require a physician's order.

All meals will meet USDA guidelines for the major food groups using the nutritional pyramid.

Residents must be able to come to the dining room.

Temporary tray service may be provided to the apartment during illness or following an injury.

Mealtime assistance is available as needed, based on the assistance/service plan.

Residents not present for a scheduled mealtime will be checked by staff to assess their well-being.

Procedures for "Meals"

Meals

The number of meals provided to a resident will be determined by the assistance/service plan.

- The assumption is that residents will eat 3 meals per day.
- There is no credit for occasional missed meals.

Restaurant-Style Dining

1. Residents may be seated prior to the starting time of a meal.
2. Seating is not assigned however residents may choose to eat with the same people and at the same table daily.
3. A special reserved table can be made for a resident who is having several guests.
4. Food chosen by the resident will be prepared and dished up according to each resident's needs and requested portions, and then served (i.e., special diet, meat cut, bread buttered, etc.).
5. Beverages of choice will be served to each resident as they arrive in the dining room and refilled as often as the resident requests.
6. Residents may request second helpings.
7. Dishes used for the main course will be cleared from the tables before dessert is served.

8. Dessert will be served last.
9. Residents may request to take some of their uneaten portion of food back to their apartment if they have a refrigerator to store it or if it does not require refrigeration (e.g. cookies, fresh fruit).

Breakfast

- Breakfast will be available in the dining room from 7:00 a.m. to 9:00 a.m.
- A "short order" menu will be available from which the residents can choose.
- Breakfast will be served restaurant-style.

Dinner (Noon Meal)

- The noon meal will be the main meal of the day.
- Dinner will be served at 12:00 noon seven days a week..
- Residents are requested to take the dinner meal in the dining room. Tray delivery to the apartment is available for a fee (see Tray Service procedure).

Supper (Evening Meal)

- The evening meal will be from 5:00 to 6:00 p.m. daily.
- Residents are requested to take the supper meal in the dining room. Tray delivery to the apartment is available for a fee (see procedure Tray Service).
- The evening meal will be a lighter, lunch-style meal.

Menu Request

- Meals will be served as requested by the resident.
- If there is concern about the resident's choices on a consistent basis, the Dining Service Director should meet with the resident to determine appropriate food choices.

VATH.GSS.6.2 Special Diets

Where possible the District will accommodate special diets. If a special diet is needed, it must be requested in writing by the resident or person responsible prior to residency. Special diets shall have a physician order per state regulation.

A resident developing new special diet needs while a current resident will be accommodated if possible and reasonable, but may be cause for termination of services if it exceeds the scope of the facility.

Each resident is responsible for his/her diet.

Procedures for "Special Diets"

Special diets available may include:

- no added salt.
- regular diabetic diet (cannot be calorie-specific).
- low fat.
- bland.
- mechanically altered.

When possible, special needs will be accommodated.

All meals will be prepared by good nutritional standards, according to the food pyramid and the USDA guidelines, which include:

Good nutritional principles will be followed:

- Minimal fat (when fat is used, it will be a polyunsaturated oil).
- High fiber.
- Limited use of salt.
- Representation from all 4 food groups.

VATH.GSS.6.3 Mealtime Assistance

Procedures for "Mealtime Assistance"

Assistance will be provided to residents needing it, based on the assistance/service plan. It will be provided in a way that maintains the dignity and self-esteem of each resident. Assistance available includes, but is not limited to:

- cutting foods.
- preparing bread.
- cleaning up spills.
- opening containers.
- special utensils.

All residents must be able to feed themselves, unless there are special needs due to temporary illness or injury. There should be an established timeline for how long the resident will need to be fed. Improvement must be realistic to make this a temporary service for the resident.

VATH.GSS.6.5 Tray Service

Procedures for Tray Service

During illness or injury, a resident, responsible person/family or staff may request meals be taken to the apartment.

- This service is available on a temporary basis.
- A charge for delivery of meals to the room will be made in excess of three days per month unless the physician provides documentation that the resident has an infectious disease.
- Residents who request frequent trays will be counseled as to the appropriateness of the need for tray delivery and risks of social isolation.

VATH.GSS.6.6 Guest Meals

Procedures for Guest Meals

When not restricted due to special circumstances, residents are welcome and encouraged to have friends, family and other guests join them for a meal.

- Residents should inform the staff four (4) hours before the mealtime if they are having a guest.
- If a visitor stops by unexpectedly and the resident wants to ask them to stay for dinner, they should call the kitchen. Every effort will be made to accommodate one or two additional people.
- If the resident wishes to treat his/her guests, the fee for the meal can be added to the monthly invoice.
- If guests are paying for their meal, they will be expected to pay at the end of the mealtime.
- Residents can request to use a private space for entertaining guests (Use of Common Areas procedures).

VATH.GSS.7 HEALTH SERVICES

VATH.GSS.7.1 Health Promotion Services

The District seeks to promote good health and identify problems before they develop into major concerns/illnesses.

The assisted living nurse may provide health promotion services. These wellness services may include, but not be limited to:

- Blood-Pressure monitoring.
- Weight monitoring.
- Medication oversight.
- Health-care oversight.
- Blood-Sugar testing support.

- Well-Being checks.
- Special Diets

Some services will be on a fee-for-services basis. The type and frequency of services will be determined by the resident and the nurse. These services will be on the assistance/service plan for the resident.

VATH.GSS.7.2 Medical Care

All residents must identify a primary care physician.

Procedures for "Medical Care"

Residents must have an established local physician before moving in.local physician.

If the resident and family are unfamiliar with local physicians, they will be provided with a list of physicians to choose from.

Residents must provide a recent (within 90 days) history and physical from their physician prior to moving to a community.

When there is a health problem, the resident will be assisted if needed to make an appointment with their physician.

VATH.GSS.7.3 Mantoux (Tuberculosis) Testing

Mantoux testing is not required.

VATH.GSS.7.4 Well-Being Checks

Procedures for "Well-Being Checks"

Getting Up

As part of the assistance/service plan, each resident will indicate the specific time they want to get up in the morning.

- If, by the time indicated by the resident, there has been no sign of activity in a resident's apartment, staff may make a phone call to the resident's dwelling unit to assess the resident's well-being.
- If there is no answer, staff may check to see if the resident has signed out in the sign-out book. If there is no indication that the resident has left the residence, staff may knock on the door to check on the well-being of the resident.
- If there is no answer, staff may enter the apartment.

Bedtime Wellbeing Checks

- As part of the assistance/service plan, each resident will indicate the specific time they desire to go to bed each night.
- The evening Personal Care Assistant will check on the well-being of each resident.

- If a resident was not feeling well during the day, he/she may request additional checks throughout the night.

Other Wellbeing Checks

Additional well-being checks will occur naturally throughout the day:

- At the mealtimes.
- During activities.
- At times of domestic or personal care assistance.
- At bedtime (see Bedtime Well-Being).
- If a resident is not feeling well, he/she may request additional checks.

VATH.GSS.7.5 Health Promotion ClinicA health promotion (wellness clinic) may be offered at the community.

Procedures for "Health Promotion Clinic"

When clinics are available:

- Residents are responsible for deciding if they want to attend the clinic. Reminders of the clinic will be made to residents prior to the clinic.
- Screening will be available at each clinic.
- An education topic will be discussed at each screening.
- Programs and screening will be coordinated by the nurse.
- A record of health promotion activity will be maintained in each resident's record.

VATH.GSS.7.6 Intermittent Nursing Services

The Village at the Harbor may choose to provide any of the following intermittent nursing services through appropriately licensed and credentialed staff; however, the community may or may not need to provide additional intermittent nursing services to comply with the reasonable accommodation requirements in federal or state law:

- Medication administration;
- Administration of health treatments;
- Diabetic management;
- Nonroutine ostomy care;
- Tube feeding; and
- Nurse delegation consistent with RCW and WAC

The community will clarify on the disclosure form any limitations, additional services, or conditions that may apply under this section.

In providing intermittent nursing services, the community will observe the resident for changes in overall functioning and respond appropriately when there are observable or reported changes in the resident's physical, mental or emotional functioning.

Procedures for "Intermittent Nursing Services"

Village at the Harbor may provide intermittent nursing services to the extent permitted by RCW 18.20.160. Health counseling should occur when the resident has a concern or the staff has identified a concern.

- Counseling can include making resources available for the resident to read, giving the resident suggestions of things to try, and helping the resident formulate his/her thoughts so they can talk to the physician.
- Counseling should not include recommendations about medications unless the physician has been consulted.
- Document the information shared with the resident.
- Follow-up on the action taken by the resident as a result of counseling.

VATH.GSS.7.7 Weight Monitoring

Procedures for "Weight Monitoring"

- A routine cycle will be established in the assistance/service plan for weight monitoring for each resident (e.g., monthly, weekly).
- Weight will be checked at a similar time of day, preferably in the morning.
- Weights will be obtained with residents clothed.
- When weight falls outside the physician established parameters, the resident's physician will be notified.

VATH.GSS.7.8 Blood Pressure Monitoring

Procedures for "Blood Pressure Monitoring"

1. Have the resident in a sitting position.
2. Support the arm at heart level.
3. Place the cuff evenly and snugly around the upper arm.
4. Palpate for the brachial pulse.
5. Place the bell of the stethoscope over the brachial pulse.
6. Inflate the cuff 180-200 mm of mercury (mmHg).

7. Slowly deflate the cuff.
8. Note the first sound heard is the systolic pressure and the last sound heard is the diastolic pressure.
9. If unsure of the reading, deflate the cuff completely and wait 30 seconds before reinflating.
10. Record the reading in the resident's record.

Special Considerations

- If the resident has been complaining of dizziness, perform a lying down, sitting and standing blood-pressure reading.
- The resident has the right to know his/her blood pressure. If the reading is high, the resident will be informed and encouraged to take responsibility for follow-up action.

VATH.GSS.8 MEDICATION

VATH.GSS.8.1 Medication for Self-Medicators

Residents considered for a self-medication program must 1) not carry a diagnosis of dementia, developmental disability, mental illness (excluding depression) or legal blindness, 2) be assessed as competent by an RN and 3) have written authorization from their physician/practitioner indicating their ability to self-administer safely and with good judgment.

Procedures for "Medication"

Residents will be screened prior to or upon admission to rule out participation in self-medication administration program based on diagnoses or impairment as outlined in the above policy.

If residents pass the initial screening, the RN will assess for competency using the specified tool as soon as is practicable.

Residents must have a physician's/practitioner's written order for self-administration of prescription medications in the facility medical chart. The order should include a notation that the resident demonstrates good judgment in self administration.

The facility will keep a list of all medications being self-administered in case of emergency (MAR). This should include over-the-counter (OTC) medications utilized by the resident. Whenever a change in medication regime occurs, the resident is encouraged to share this information with the facility nurse/RCC so that there is always a list of current medications. Make a recommendation to the resident to keep a current med list in the apartment for their own safety.

The resident must agree not to share or distribute medications to other residents.

The resident who self-medicates shall have the facility nurse complete the self-med assessment quarterly. The on-going assessments and any concerns will be addressed at the service plan

meetings. The medications should be listed on the self-medication assessment or applied to the quarterly Physicians orders prior to them being sent to the physician.

Residents able to administer their own medications may keep prescription medications in their apartment.

If more than one resident resides in the apartment, the facility nurse will assess each person and his/her ability to safely have medications in the apartment. Locked storage is available (will be provided) for all residents who self-administer their medications.

VATH.GSS.8.2 Medication Services

The District works to provide safe assistance with medications to residents, to provide guidance to the staff for medication services, and to provide consistency in the style of medication delivery system.

Procedures for "Medication Services"

Village at the Harbor provides an environment which allows its residents to remain as independent as possible. In order to promote independence, our Health and Wellness services include the following services:

- Coordination of Pharmacy Services
- Assistance with administration of medications

(Throughout this policy, "medication" will refer to all over-the-counter preparations, prescription medications, vitamins, nutritional supplements, homeopathic preparations, and topical applications.)

General Information

- Staff shall adhere to all policies and procedures written in agreement with the contracted Pharmacy Service provider (refer to specific contract). Pharmacy policies will be followed to manage medications from admission through discharge, to support and enhance the resident's quality of life.
- The resident and/or responsible party shall be responsible for all medication charges which will be established directly by the pharmacy and sent to the resident/ responsible party.
- The resident/ responsible party, the pharmacy, and the physician will manage all insurance questions/ issues.
- The community will only administer medications with the written order of a licensed physician or other authorized practitioner. All orders must be current.

Residents Who Self Administer Medication

A resident who self-administers medication is personally responsible for medication administration. The community will not be held responsible for observing or documenting the self-administration of medication. However, misuse or inappropriate use of medications by the

residents who are self-administering shall be reported to the resident's physician or other authorized provider. If the resident receives assistance with the administration of one or more medications, and also self-administers the same or other medication, a written order by a physician or other authorized practitioner will be required that specifies that such self-administration is authorized.

Assistance with Administration

"Administration" means assisting a person in the ingestion, application, inhalation, or using universal precautions, rectal or vaginal insertion of medication, including prescription drugs. "Administration" does not include judgement, evaluation, or assessments, or the injections of medication, the monitoring of medication or the self-administration of medication, including prescription drugs and including the self-injection of medication by the resident.

Qualified Medication Administration Staff

Only qualified medication administration staff members may administer or assist the resident in administration of medication. A qualified medication administration staff member is a part time or full-time employee of the community, or a contracted employee of a home health agency, trained to provide direct care services, including medication administration services, to the residents.

Every qualified medication administration staff member who administers medications shall be able to read and understand the information and directions printed or written on the label.

Medication Storage

All medications shall be stored in a manner the ensures the safety of the residents, and:

- In containers with pharmacy-prepared labels or original manufacturer's label
- Together for each resident and physically separated from other residents' medications;
- Separately from food or toxic chemicals
- If the resident requires assistance with self-administration, the medication will be kept secure by the community in designated areas
- Medication will be stored in a designated area and/or secure medication cart that is locked and accessible only to designated staff or appropriate resident. The key for the medication cart will be maintained by the Medication Technician on duty
- Medications which require refrigeration shall be stored separately in locked containers in the refrigerator. If medications are stored in a refrigerator dedicated to that purpose, and the refrigerator is in a locked room, then the medications do not need to be stored in locked containers
- Narcotics will be kept locked at all times

Medication Distribution System

The following shall apply to any type of medication assistance:

- The community may only use approved pharmacy-filled dispensing systems, e.g. Opus system, bubble packs or medications in a pharmacy-filled, labeled container, or medications in the manufacturers original container to dispense medications. The medication system must be filled by a pharmacist and appropriately labeled in accordance with pharmacy standards and physician or authorized provider instructions.
- Over-the-counter medications in the manufacturers original container must have the resident's full name labeled on the container
- All medication assistance shall occur in a private area
- The current Medication Administration Record must be presented and read prior to assisting with medications.
- Prior to medication assistance, the five (5) "rights" will be reviewed
    - The right resident
    - The right medication
    - The right dose
    - The right route
    - The right time
- Each medication must be given to the resident directly from the bubble pack, or medication container
- Each resident must be observed taking the medication
- Under no circumstances will the pre-pouring of medications be allowed (transferring of medications from one container to another for transport to the resident or for later assistance)

Resident Controlled Medications

The community will ensure that all medications will be stored in manner that prevents each resident from gaining access to another resident's medications. The community will allow a resident who can independently self-administer medications to responsibly secure their own medications.

In the event that a married couple are residing in a licensed apartment, one person self-administering independently, the other receiving assistance with self-administration, it is acceptable to allow the resident self-administering to store their medications in the apartment in a reasonable fashion, away from the resident receiving assistance with self-administration.

If the community assists a resident with the administration of one or more medications and the resident also self-administers the same or other medications, a written order shall specify that such self-administration is authorized.

Family Assistance with Medications

The community allows family assistance with medications when the resident and family agree to this arrangement. The community will:

- Ensure the family has a back-up plan if they fail to provide the assistance; and
- Document in detail in the negotiated service plan each parties respective responsibilities

The family will ensure that the resident's medications remain in the community whenever the resident is in the community.

Medication Organizers

The community staff (including licensed staff) will not fill medication organizers for residents. Residents requesting this service will be directed to the pharmacy provider, or to their family

Control of Narcotic Medications

Narcotic medications will be stored separately in a double locked area. A two person narcotic inventory will occur for all schedule II and III medications. Each inventory will be documented, Any discrepancies in the inventory will be immediately reported to the Administrator and the Resident Care Coordinator.

Documentation

Staff will document when medications have been taken on the Medication (self) Administration Record. If a medication is not taken, an explanation of the omission will be documented on the MAR. Concerns regarding side effects, effectiveness of the medication, etc., will be documented in the resident note.

Medication Refusal

The resident may choose not to take the prescribed medication. The community will respect this right and will document the date and time of the refusal, and the name of the refused medication. When this occurs, staff will notify the Resident Care Coordinator (licensed nurse) who will:

- Evaluate the significance of the resident not receiving the medication;
- Take appropriate actions, including notifying the prescriber or primary care physician if the omission may have a potential negative outcome to the resident, or if the omissions become a consistent pattern; and
- Notify the family, if appropriate.

This procedure regarding medication refusal may be disregarded if the resident's physician has specific written instructions for addressing the refusal of the medication and the community is able to carry out the instructions.

Non-availability of Medications

When the community assumes responsibility for obtaining the resident's medications, the community will obtain them in a correct and timely manner. It is the responsibility of the Resident Care Coordinator to ensure accuracy of the medication program.

If an error occurs and the prescribed medication is not available, or if the family is responsible for obtaining medications but fails to provide them, the Resident Care Coordinator will:

- Make every effort to obtain the medication within the appropriate time frame;
- Evaluate the significance of the resident not receiving the medication;
- Take appropriate actions, including notifying the prescriber or primary care physician if the omission may have potentially negative outcome to the resident;
- Notify the family of the non-availability of the medication;
- Conduct an investigation to determine the cause of non-availability; and
- Document the non-availability of the medication

Alteration of Medications

The community will provide the medications to the resident in the form they are prescribed. The community may provide the medications in an altered form when:

- The resident is unable or unwilling to take the medications in their prescribed form;
- There is a physician's order stating that it is safe and appropriate to alter the medication in a specified manner;
- The resident has been informed of the alteration; and
- The resident agrees to take the medication in the altered form.

Pharmacy Reviews

The community will ensure that all medication regimens are reviewed quarterly to promote appropriateness and accuracy. The community will work closely with the pharmacy and resident's physician to provide the safest and most accurate medication assistance possible.

Medication Errors

A medication error is any situation where the exact orders from the physician were not followed. Some examples include but are not limited to: (a) Wrong medication (b) Wrong resident (c) Wrong time (d) Wrong amount (e) Wrong route (f) Medication non-availability

All medication errors will be reported immediately to the Resident Care Coordinator. In addition, the person who noted the error will fill out a medication error report. The Resident Care Coordinator will:

- Immediately notify the physician;
- Evaluate the significance of the error;
- Notify the family;
- Conduct an investigation to determine the cause of the error;
- Implement interventions to prevent a future occurrence;
- Follow up with all physicians orders regarding the error; and
- Document the event

Medication Orders

Each resident will have a monthly medication administration record with exact physician's orders for each prescribed medication. This order will include:

- The name of the resident
- The name of the medication
- The exact dosage and dosage frequency of the medication
- The route of the medication; and
- Any details, i.e. "with food", "on an empty stomach". Etc
    - PRN (as needed) orders will be very specific. Example: Tylenol 325 mg- take two tablets every 4 hours as needed for arthritic pain. Residents must be able to request PRN medications

Medication during Leave of Absence from Community

If a resident is absent from the community for a scheduled medication time efforts will be made to assist the resident with the medication prior to leaving, upon returning to the community or the container (s) will be given to resident/ designee. If a resident is absent from the community for a day, the resident (self-administered) will take the medication, or (assisted administered) the Resident Care Coordinator or designee will give container(s) of medication to resident/ designee. If resident is absent from community for an extended length of time, the resident must notify the Resident Care Coordinator or designee one week in advance. The pharmacy will be notified. The day the resident leaves for their extended absence, the Resident Care Coordinator or designee will give the containers (s) of medicine to the resident/ designee.

The community shall send a resident's medication with him or her upon permanent transfer or discharge or destroy or dispose of them with the consent of the resident/ designee in accordance with any applicable state or federal laws and regulations.

Based on our Pharmacy Provider's contract, narcotic medications will only be given to the resident if a physician's order states. "send (name of medication) with the resident". It is the resident's responsibility to obtain the physicians order for each narcotic medication.

The Medication Release ("Release") form will be completed for all medication being sent with a resident/designee during an absence from the community or upon discharge. All medications released will be counted and documented on the Release.

Medication Times

The community promotes individual choice, therefore a resident may choose times of assistance, according to personal lifestyle. The chosen times will be entered into the MAR, and followed, with a potential one-hour leeway allowed. In general medication times are as follows:

- QD 8:00am; resident may choose reasonable alternative
- QAM Resident will choose hour between 6:00am and 11:00am
- Bid 8:00am and 5:00pm, resident may choose a reasonable alternative
- Tid 8:00am, noon, 5:00pm; resident may choose a reasonable alternative
- Qid 8:00am, noon, 4:00pm, 8:00pm; resident may choose a reasonable alternative
- Ac/pc Within an hour of mealtime, respectively
- Pm 5:00pm; resident may choose a reasonable alternative
- Hs 8:00pm; resident may choose a reasonable alternative

Unused Medications

The community will return unused medications to dispensing pharmacy per pharmacy policy whenever applicable. Medications which are not taken with the resident upon termination of services, not returned to the issuing pharmacy, nor retained in the community as ordered by the resident's physician and documented in the residents record nor disposed of according to the hospice's established procedures or which are otherwise disposed of shall be destroyed in the community only by the Resident Care Coordinator with the Administrator present as signing witness.

VATH.GSS.9 MAINTENANCE (INTERIOR)

VATH.GSS.9.1 Interior Lighting

Interior lighting will be well maintained and cared for to ensure resident comfort and safety.

Procedures for "Interior Lighting"

All wall and ceiling lights in the public area will be inspected weekly for burned-out bulbs.

Anyone noticing a light bulb that is burned out should complete a maintenance work request form.

Lights will be replaced as soon as Environmental Services becomes aware of the need.

Any light in a critical area, i.e. bathroom, should be replaced immediately by whoever notices the problem if maintenance is not available.

Light bulbs in table lamps within the resident's dwelling unit are the resident's responsibility.

VATH.GSS.9.2 Maintenance of Building

The building is a costly asset that ensures the safety of residents, staff, and visitors; it is also our resident's home. It should be cared for with attention to detail.

Procedures for "Maintenance of Building"

General Maintenance

A routine maintenance schedule will be established and implemented. Additionally:

- It is the job of all staff to identify areas of concern regarding the maintenance of the building.
- Preventive maintenance will occur throughout the year.
- Residents are encouraged to make their apartment their own. Hanging pictures on the wall is encouraged.
- Any changes a resident wants to make to the apartment must be approved by the Administrator and completed by maintenance personnel. These changes will be done at the resident's expense.

Maintenance Work Request

1. When a resident, staff member or family member recognizes the need for maintenance services, a Maintenance Work Request form will be completed (top portion only) by a resident, a family member or a staff member.
2. The completed form will be placed in a mailbox or other designated place for maintenance personnel.
3. Maintenance personnel will review all Maintenance Work Requests daily and prioritize work to be done. Tools and supplies necessary to do a job should also be identified (but need not be written on the request form). If necessary, the work request or problem will be clarified with the person who filled out the form.
4. All Maintenance Work Requests will be followed up on within five days of receipt, unless the work needed is of an urgent nature, in which case it will be done immediately.
5. The maintenance worker completing the work is responsible for completing the bottom portion of the form.

6. If parts or supplies must be purchased to complete a job, permission to do so must be secured from the Administrator.
7. If the resident is responsible for any portion of the maintenance labor, parts or supplies, this should be discussed with the resident before starting the work. If clear guidelines for whether to charge a resident do not exist, discuss the work request with the Manager before proceeding.
8. Examples of work that residents would be charged for are:

- A resident request that a different light fixture be installed in her apartment. First, permission to install the light fixture must be granted by the Administrator. Assuming permission has been granted, the resident is responsible for the cost of the light fixture and the labor to install it.
- A resident wants to have a wallpaper border hung in the dwelling unit. The resident pays for the border and the staff time or outside contractor's time to do the work.
- A resident is returning from the hospital and asks that furniture be moved to accommodate use of a wheelchair in the apartment. The amount of time per person to do this job will be charged to the resident.
- A resident asks that shelves be installed on one wall of the unit. The materials to create and install the shelves will be charged to the resident, as well as the maintenance worker's time.

Upon completing the work request, the resident will initial and date the Maintenance Work Request form in the bottom right corner. A copy will be left with the resident and a copy placed in a permanent file for all Maintenance Work Request forms.

The Administrator will use the Maintenance Work Request forms to complete monthly billing adjustments so that residents are appropriately charged for maintenance work, supplies or parts.

VATH.GSS.10 MAINTENANCE (EXTERIOR)

VATH.GSS.10.1 External Environmental Services

The campus will be kept well-manicured and in good repair. Building exteriors will be kept in good repair. Lighting will be maintained for safety and security.

VATH.GSS.10.2 Exterior Lighting

Exterior lighting should be well maintained at all times, and any issues reported immediately.

Procedures for "Exterior Lighting"

Exterior lighting will be placed on a timed switch that is adjusted with the lengthening and shortening of the daylight time period. All lights will be inspected weekly for burned-out bulbs. Anyone noticing a light bulb that is burned out should complete a maintenance work request form. Lights will be replaced as soon as Environmental Services becomes aware of the need.

VATH.GSS.10.3 Window Washing

Procedures for "Exterior Lighting"

All exterior windows will be washed twice per year, in the spring and in the fall, per residence policy.

VATH.GSS.10.4 Garden Plots / Landscape Volunteering

Gardening can be a valuable resident activity, and the District supports this where possible and safe to do so. Any such work is for the resident's benefit and should not be construed as creating an employer-employee relationship.

Procedures for "Garden Plots / Landscape Volunteering"

Garden plots will be made available as space allows to any resident who notifies the office of his/her desire for a garden. The following procedures will be observed:

- Plots will be tilled in spring and fall.
- Maintenance of the plot is the resident's responsibility.
- Cost of seed, fertilizer, etc. is the resident's responsibility.
- All produce obtained from the garden is the property of the resident.
- Excess produce may be donated or shared with other residents.
- Any resident who does not maintain his/her plot will be counseled about whether to request a plot the following year.

Residents may volunteer to for working in the flower beds or other areas of their choice.

VATH.GSS.10.5 Snow Removal

Removal of snow is an important safety consideration. Residents should be careful going outside in freezing weather, even if snow has been cleared, as ice and other safety risks cannot be entirely mitigated.

Procedures for "Snow Removal"

- Snow removal services for parking areas will be contracted through a local provider.
- Shoveling of sidewalks will be completed within one hour after the snow stops or first thing in the morning.
- Walks will be salted or sanded as needed to prevent icing.

VATH.GSS.11 PERSONAL ASSISTANCE

VATH.GSS.11.1 Personal Hygiene

It is important to assure appropriate personal hygiene to prevent an odor problem, to prevent skin breakdown, and to help residents maintain confidence and joy in their lives.

Daily hygiene assistance is available through the Assisted Living Program and may include reminders to complete tasks.

The amount of hygiene assistance provided to a resident will be discussed with the resident and indicated in his/her assistance/service plan. The assistance/service plan and amount of hygiene assistance given will be reviewed at regular intervals and appropriate changes made on an as-needed basis. Staff will not do for the resident what the resident is capable of doing for themselves and independence will be encouraged and supported.

If more help is needed than can be provided, alternatives will be explored (e.g., family, home health agency, etc.).

Procedures for "Personal Hygiene"

Assistance/Service Plan

An assistance plan is developed as follows:

1. An assistance/service plan will be completed by Resident Services Coordinator prior to moving into the residence.
2. The Resident Services Coordinator will visit with the resident and family to develop the plan.
3. The Resident Services Coordinator will establish a schedule for services based on the assistance/service plan and inform the Resident Assistants of the assistance needs.
4. All components of the assistance/service plan form must be completed.
5. Residents will not be forced to accept a service. In those cases in which the resident makes poor choices, new assessments and/or Shared Risk Agreement may be needed.
6. Any Personal Care services needed will be indicated on the assistance/service plan.

Assistance with Hygiene

1. The hygiene habits for each resident are the resident's decision to make. However, mouth care will be encouraged at least daily, and if there is a problem with odor, the resident will be counseled as to the frequency of meeting hygiene needs.
2. It is expected that residents will be dressed in street clothes daily when in the public areas of the residence. Hair is to be neat and clean. Men are to be shaved or have facial hair clean and neatly trimmed.

3. The amount and type of assistance needed will be defined in the resident's assistance/service plan.
4. The resident is encouraged to perform his/her own daily hygiene tasks.
5. Assistance with hygiene beyond reminders, can be provided through Personal Care. Staff will assist with the entire hygiene process when needed (mouth care, denture care, combing hair, shaving, washing up).

VATH.GSS.11.2 Assistance with Bathing

The days and number of baths for each resident is the resident's decision to make. If there is a problem with odor, the resident will be counseled as to the frequency and type of bath being completed.

Staff will be familiar with resident transfer techniques to safely get in and out of the tub and shower. Staff should assess the need for additional grab bars to increase sense of safety and security.

Procedures for "Assistance with Bathing"

The resident is encouraged to perform his/her own bathing if appropriate.

Assistance with baths beyond safety assistance can be provided through Personal Care. Staff will assist with the entire bathing process when needed.

- Adjust temperature of the water then turn water off.
- Place towel on floor of the shower/tub to prevent slipping and assist the resident into the shower/tub. Resident may need a shower chair for safety.
- Turn on water.
- Wash from clean to dirty: face, chest, arms, back, legs and then private areas.
- Turn off water or drain the tub before helping the resident get out of the tub.
- If needed, provide a chair for the resident to sit on when getting out of the shower or tub.
- Assist resident to dry self and get dressed.

VATH.GSS.11.3 Assistance with Dressing

Residents are expected to pick out their clothing and dress themselves when appropriate. Assistance with back closures, tying shoes and TED hose can be provided.

Procedures for "Assistance with Dressing"

Daily assistance is available through Personal Care either routinely or during illness or following an injury. Assistance may include:

- Reminding resident to change clothes.
- Helping to arrange the order clothing is put on.

- Holding clothes for the resident.
- Fastening closures.

Residents are expected to be dressed in appropriate street clothes when in the public areas.

VATH.GSS.11.4 Assistance with Hair Care

Procedures for "Assistance with Hair Care"

- Hair is expected to be neat, clean and odor free.
- Hair may be shampooed on the day a resident is scheduled for a shower or bath. Staff are not expected to put hair in rollers.
- If a resident wishes to have her hair done at the beauty shop weekly, an appointment will be arranged.
- If the resident chooses to continue with a beauty shop or barber in the community, transportation may be provided for the appointment consistent with the transportation policy.

VATH.GSS.11.5 Fingernail Care

Procedures for "Fingernail Care"

Hair is expected to be neat, clean and odor free.

Hair may be shampooed on the day a resident is scheduled for a shower or bath. Staff are not expected to put hair in rollers.

If a resident wishes to have her hair done at the beauty shop weekly, an appointment will be arranged.

If the resident chooses to continue with a beauty shop or barber in the community, transportation may be provided for the appointment.

VATH.GSS.11.6 Foot Care

Procedures for "Foot Care"

1. Assess the resident's overall health status before determining who should provide foot care. If resident has significant circulation problems or diabetes, the resident must be referred to a podiatrist.
2. Wash hands.
3. Don gloves.
4. Observe for abrasions, wounds or problems such as calluses, bunions, corns, warts or fungus infection in the nails. If resident has significant problems with any of these, the resident must be referred to a podiatrist.

5. Soak feet in warm water for 20-30 minutes (may use mild soap that includes a lotion).
6. Dry thoroughly between toes. Take care to not break the skin.
7. Trim nails straight across.
8. File nails to prevent rough edges.
9. Smooth corn and calluses with pumice or files.
10. Apply lotion to feet.
11. Use antibiotic ointment in any open area, per physician order.
12. Soak all equipment used in the foot care process in disinfectant solution for the set time recommended by that solution.

Note: Foot care is to be provided by a licensed nurse only.

VATH.GSS.12 Personal Care

VATH.GSS.12.1 Coordination and Individualization of Services

The District will have procedures to assure continuity of services to each resident and to assure individualization of services to each resident, thus decreasing the feeling of an institutional environment.

All services will be tailored to each individual's specific needs. The assistance/service plan will be the basis for coordination of services.

Following the residency assessment and move-in, an individualized assistance/service plan will be developed prior to move-in. The plan will be established by the Director of Health Servicesand the Executive Director with input from the resident and family/responsible person.

A Resident Assistant will be assigned to each resident for friendship as well as identification of needs and provision of services.

Staff will be familiar with each resident's needs and overall situation so that families may be kept abreast, if resident gives permission, of the status of their family member living at the residence. Family members will be invited to share their ideas, thoughts and concerns.

Counseling and consultation will be available to residents and families by the Executive Director.

VATH.GSS.12.2 Primary Support

Procedures for "Primary Support"

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- The Director of Health Services will be responsible for keeping other staff members updated on the assistance/service plan for each resident.

- The Director of Health Services along with the Resident Services Coordinator will be responsible for updating the assistance/service plan as needed (at least semi-annually).
- The assistance/ service plan will be updated for any significant change of condition, within fourteen (14) days of move-in, and semi-annually.
- A pre-assessment will be completed prior to move-in.

VATH.GSS.12.3 Assistance and Service Plan

Procedures for "Assistance and Service Plan"

An assistance/service plan will be completed by the Resident Services Coordinator within fourteen (14) days of move-in.

- The Resident Services Coordinator will visit with the resident and family to complete the plan.
- The Resident Services Coordinator will establish a schedule for services based on the assistance/service plan and inform the Resident Assistants of assistance needs.
- All components of the assistance/service plan form must be completed.
- All Services will be negotiated based on resident preference and needs.
- Any Personal Care services needed will be indicated on the assistance/service plan.

VATH.GSS.12.4 Domestic Services

The District will work to assure availability of facilities, equipment and staffing to provide domestic support to the resident to decrease the burden of a home, yet provide a home-like setting.

Procedures for "Domestic Services"

Domestic Services include linen and laundry services, housekeeping, dining services and transportation.

- A public laundry area will be available for residents to do their personal laundry. The laundry will have needed equipment and supplies to complete the task (washer, dryer, and a folding area).
- Staff will help with linen laundry weekly.
- Residents will be encouraged to continue to participate in domestic activities to whatever extent possible to increase their sense of well-being and productivity.
- Cleaning of the apartment will be completed weekly. Residents will be encouraged to keep their own living space neat and free of clutter.
- Staff will value the resident's personal items and treat them with care.

VATH.GSS.12.5 Personal Laundry

The need for personal laundry services will be assessed upon admission. Residents may accept full or partial responsibility for their laundry (see housekeeping polices). The amount of assistance provided will depend on each resident's assistance/service plan.

Procedures for "Personal Laundry"

Residents may sign-up for a laundry time to assure availability of the washers and dryers, or use them when they are not otherwise scheduled.

Washers and dryers may be in use Monday through Saturday from 3:00 p.m. to 5:00 p.m. by the housing staff.

Residents requiring assistance with personal laundry will be assigned a laundry day.

When staff does resident's laundry, the following will be observed:

- Laundry will be taken to the laundry room.
- Laundry will be separated when necessary.
- Resident's laundry will not be mixed with other residents.
- Following washing and drying, laundry will be returned to the resident's apartment.
- Residents will be encouraged to participate, as appropriate, throughout the procedure.

VATH.GSS.12.6 Assistance with Clerical Needs

The District may provide some assistance with reading and writing, but staff may not assist with a resident's financial or legal affairs. Should a resident need such assistance, a family member or responsible person will be notified by theExecutive Director, after consultation with the resident, so that acceptable and appropriate arrangements can be made for the proper handling and management of the resident's finances or legal needs.

Staff may help with reading and writing or filling out forms. This will be done only in the resident's presence and provided it is not related to financial or legal affairs.

VATH.GSS.13 VOLUNTEERS

VATH.GSS.13.1 Volunteer Program

Volunteerism is good for the volunteer, the organization and the community. The lives of all involved are enriched. Volunteers will be used extensively in the Activity Program and Food Service, as appropriate.

Volunteers will be:

- people from area churches, civic groups, or individuals in the community who desire to participate in the program.
- if residents, activities will be reflected on Assistance/Service Plan.

A volunteer organization will be encouraged, and they will be expected to perform their duties with integrity, to maintain the dignity of the residents, to maintain confidentiality, and protect the residents' rights.

Procedures for "Volunteer Program"

Scheduling and Hours

- Volunteers will be scheduled by the Volunteer Coordinator.
- Volunteers are asked to call in if unable to fulfill their commitments.
- Volunteers will log in using the sign-in/sign-out book.

Volunteer Assignment

A person who would like to be a volunteer or who is recruited to be a volunteer must complete an application.

- References and applicable background checks will be conducted on volunteers.
- During the interview, determine what are the skills, gifts or talents of this volunteer and identify how they could be an asset to your program.
- Determine the availability and commitment the volunteer is willing to make.
- Schedule the volunteer for orientation and training.

Requesting a Volunteer

- Any supervisor or staff person can request a volunteer.
- The Volunteer Request Form should be completed and turned into the Volunteer Coordinator.
- The Volunteer Coordinator will discuss the position with theExecutive Director and then recruit a candidate to fill the need.

APPENDIX

A.VATH.1 Village at the Harbor 2026 Rates

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APPENDIX A.VATH.1 VILLAGE AT THE HARBOR RATES

2026
Monthly Rent and Fees

Monthly rent for each apartment includes all utilities except for telephone, three meals per day, weekly housekeeping and laundry service, activity programs and entertainment, emergency call system, and access to maintenance for worry-free living. Our care levels are an additional expense and are highlighted in Exhibit Two.

Listed below is a pricing sheet for any additional expenses that may be incurred.

Apartment Rents:	
Studio Apartment:	$5,190.00
Studio Deluxe Apartment:	$5,460.00
One Bedroom Apartment:	$6,530.00
Community Fee: *(A one-time, non-refundable move-in fee)*	$1,500.00
Meal Tray Delivery: *(If you are ill, we will deliver meal trays for up to three days of meals at no additional charge.)*	$7.00
Guest – Breakfast or Dinner:	$8.00
Guest – Lunch:	$10.00
Lost Key Replacement:	$20.00
Pendant Replacement:	$150.00
Additional Laundry *(Per load)*:	$45.00
Additional Housekeeping *(Per visit)*:	$45.00
Relocation Fee *(Moving to a new apartment)*:	$1,000.00
Pet Fee *(One time)*:	$1,000.00
Second Occupant:	$800.00
Disposal Fee: *(Disposal fee is incurred if, following move-out, the community must dispose of any items, including furniture.)*	$500.00

2026
Levels of Care Rates

Our care levels are determined by each resident's individual needs and preferences, using a point-based system. As the intensity and time required to meet a resident's care needs increase, so do the corresponding points and level of care. These levels are established through a service plan developed from our care assessment. This point-based approach is based on a nationally recognized system.

Care Level	Monthly Fee
Level One (1 to 8 points)	$750.00
Level Two (9 to 17 points)	$1,390.00
Level Three (18 to 25 points)	$2,030.00

A score of 26 points or higher indicates that the Resident may need a higher level of care. Village at the Harbor will provide guidance for Resident options when the care level is maxed out. This may include incorporating private care assistance, hospice services, or transfer to a Skilled Nursing Facility, Adult Family Home, or Memory Care.

Central Supply

We have a limited stock of central supply items, such as briefs (pull-up and tab), wipes, gloves, barrier cream, disposable bed pads, and pad inserts. We charge current market rates plus a small percentage to help cover administrative costs. A central supply pricing list is available upon request.

Pharmacy Supplies

Village at the Harbor uses Mercury Pharmacy as our preferred pharmacy. Any Resident on medication services/management must have their meds bubble-packed for our med carts. If you opt out of using Mercury for your medications, be aware that Friday Harbor Drug charges a $50.00 monthly fee to bubble pack medications. This cost will be added to your monthly invoice.

Non-preferred pharmacy fee	$50.00