

ElderChoices

Adult Family Homes Provider Training Manual



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Aging and Adult Services

Use of This Training Manual

This provider training manual has been developed by NCB Capital Impact, a national non-profit organization, and the Division of Aging and Adult Services to facilitate the initial training for prospective adult family home providers. Adult family home providers are encouraged to use this self-study manual to prepare for the adult family home certification examination conducted by the Arkansas Division of Aging and Adult Services. The information contained in this manual is for educational purposes only and does not take the place of the Administrative Rules and Certification Requirements for ElderChoices - Adult Family Homes. Each provider is encouraged to cross reference the information in this manual with the administrative rules to be adequately informed of the certification regulations.

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Section 1:

Introduction to Adult Family Homes

Welcome to the state of Arkansas Adult Family Homes program! If you are reading this provider training manual, you have an interest in providing long-term supports for the elderly within the community. This training manual is intended to provide a self-study practicum to prepare you for the Adult Family Homes Certification Examination.

In this section:

- Overview of the ElderChoices Program
- Role of the DAAS RN
- ElderChoices Certification & Medicaid Enrollment Process

Section 1.1:

Overview of the ElderChoices Program

The Division of Aging and Adult Services is the operating agency responsible for the day-to-day functions of the **ElderChoices Program**, which

- is an Arkansas Medicaid home and community-based waiver program designed for the elderly population;
- is funded through the Arkansas Medicaid Program;
- became effective in 1991;
- is designed for people who due to physical, cognitive or medical reasons, require a level of assistance that would have to be provided in a nursing facility, if it were not for the services offered through this program.



The **major goal** of the program is to provide services that assist eligible people to remain in their home, live with family or reside in an Adult Family Home in order to prevent or delay institutionalization.

Section 1.11: ElderChoices Services

Through **ElderChoices**, eligible seniors are provided a list of community-based services available for those in need of the service. Through collaboration between the waiver applicant and the DAAS RN, justifiable services are included on a required waiver plan of care.

The services offered through this program include:

- *Homemaker* – provides basic upkeep and management of the home. Services include laundry, shopping, errands, simple household tasks and meal preparation.
- *Chore* – includes heavy cleaning and/or yard maintenance **ONLY** in extreme, specific circumstances, when lack of these services would make the home uninhabitable.
- *Home-Delivered Meals* – provides one nutritious home-delivered meal each day to individuals who are homebound, unable to prepare their own meals or have no one to prepare meals for them.
- *Personal Emergency Response System (PERS)* – an in-home, 24-hour electronic alarm system that enables an elderly, homebound person to summon help in an emergency.
- *Adult Day Care* – a group program designed to provide individuals with care, socialization and supervision in a licensed adult day care facility.
- *Adult Day Health Care* – a group program that provides an organized program of continued rehabilitative, therapeutic, supportive health and social services activities, in addition to basic day care.
- *Respite* – provides temporary relief to a primary caregiver who is providing long-term care for individuals in their homes. It may be provided outside the client's home to meet an emergency need or as periodic scheduled relief.
- *Adult Family Homes* – a family living environment for those who are functionally impaired, incapable of living alone and are at imminent risk of death or serious bodily harm.
- *Adult Companion* – companions may assist or supervise clients with tasks, such as meal preparation, laundry, light housekeeping, bathing, eating, dressing and personal hygiene when these services are required in accordance with a therapeutic goal. These services must be essential to the health and welfare of

the client and are needed because of the absence of the client's family. Companion services must be furnished outside the timeframe of other waiver services and state plan personal care.

In addition to ElderChoices services, waiver recipients may receive other Medicaid covered services such as physician visits, some prescription drugs, personal care and others.

Section 1.12: ElderChoices Eligibility

Those eligible for ElderChoices must:

- Be age 65 or older;
- Meet nursing home admission criteria at the intermediate level of care;
- Meet established financial criteria; and
- Have a medical need for one or more of the ElderChoices services.

As an Adult Family Home Provider, you can choose to provide care for ElderChoices clients in your home. In order to participate and become an ElderChoices provider, you must be certified by the state of Arkansas. The Division of Aging and Adult Services will provide assistance to you as you navigate the certification process.

Section 1.2:

Role of the DAAS RN



The DAAS RN's role is vital in protecting the integrity of the ElderChoices program, by providing accurate medical assessments, monitoring active ElderChoices waiver cases, assuring quality of care and authorizing those waiver and non-waiver services that are appropriate based on policy.

The DAAS RN:

- Assesses the client's needs, at least once a year, by interpreting and applying nursing home admission criteria. For Adult Family Homes clients, the RN conducts monthly visits to determine quality of care and additional care needs.
- Works closely with applicants, DHS county offices, physicians and providers to expedite the beginning of in-home services

- Creates the plan of care based on the client's needs which the provider must implement
- Conducts in-services with providers and community agencies to provide accurate information about the program and positive public relations
- Monitors clients to ensure quality of care and service management
- Changes the plan of care, according to policy, as requested by interested parties and authorized by a licensed physician
- Ensures all federal regulations are met, such as freedom of choice, cost-effectiveness, election of community services, appropriateness of each waiver and non-waiver service, and medical eligibility.

The DAAS RN provides a service that is very different from a personal care nurse or targeted case manager. There is no conflict of interest between the nurse and the applicant or service provider. They provide unbiased and medical professionalism to the assessment process, the development of an all-inclusive plan of care for the client and the quality of care monitoring process. They are ultimately responsible for the daily management of each ElderChoices client and the services provided to them. They are an unbiased advocate for the client.

Section 1.3:

ElderChoices Certification & Medicaid Enrollment Process

Successfully completing the Adult Family Home Certification process includes earning a 75% or better on the certification examination. This certification process is repeated annually. Once you are certified by the Division of Aging and Adult Services, you are eligible to enroll as an Arkansas Medicaid ElderChoices Adult Family Home provider through the Department of Human Services, Division of Medical Services. For the purpose of the ElderChoices Program, the Adult Family Home enrollment only applies to those providers that offer housing integrated with personal care services.

As a condition of certification, you will be required to develop an admission agreement that specifies the services to be provided, the resident's cost for room and board, and conditions and rules governing Adult Family Home and grounds for the termination of residency. Each adult family home client must be provided a copy of the admission agreement. As an ElderChoices Adult Family Home provider, you will be

required to develop and implement an individualized service plan for each AFH client that accomplishes the tasks specified on the client's plan of care.

Section 1.31: Patient Liability

For any given year of the ElderChoices waiver, Adult Family Homes shall charge waiver residents no more than 90.8% of the current Individual SSI Benefit Rate amount rounded to the nearest dollar for room and board.

For any given year of the ElderChoices waiver, ElderChoices waiver recipients shall receive 9% of the current Individual SSI Benefit amount rounded to the nearest dollar for personal needs allowance. This figure most often increases each January 1st.

The provider must not charge the client for supplies and/or services that the provider is by law, regulation or agreement required to provide. This also applies to medical supplies or services for which payment is known to be available for the client under Medicare, Medicaid or third-party coverage.

Regardless of when an individual begins residing in your home, no Medicaid reimbursement is available until authorization has been issued by the Division of Aging and Adult Services (DAAS) via an ElderChoices plan of care signed by the waiver participant and the DAAS RN.

Section 1: Quiz Questions

Test your knowledge with the following questions. These questions provide examples of the types of questions that may appear on the certification exam, but are not the exam itself. The certification exam will include many more questions and cover all topics discussed in the training manual. See Appendix E for an Answer Key.

1. True or False - The ElderChoices program is designed to care for individuals who require a level of assistance that would be provided in a nursing facility.
2. Which of the following services is not offered through the ElderChoices program?
 - a. Homemaker Services
 - b. Adult Family Home
 - c. Respite
 - d. Assisted Living
3. True or False - Providers seeking certification as an Adult Family Home provider must pass the certification examination with a 75% or better score.

Section 2:

Overview of Adult Family Home Providers

Adult family homes are certified by the state of Arkansas' Division of Aging and Adult Services (DAAS). To be granted certification, you as a provider must meet a minimum level of health, safety and quality. Providers who are certified are required to complete annual training sessions to maintain the knowledge and skills necessary to provide care. Residents of adult family homes deserve quality care, high standards of cleanliness, and acute attention to health and well-being. Through certification with DAAS and its requirements, you are on your way to making the most of your adult family home.

In this section:

- **Qualified AFH Provider**
- **Substitute Caregivers**
- **Physical Environment**
- **Client Room**
- **Yard**
- **Accessibility Features**
- **Assistive Technology**
- **Emergency Preparedness**
- **Fire Safety**

Section 2.1:

Qualified AFH Provider

To be a qualified provider of an adult family home, you must adhere to the specific requirements as described by the state of Arkansas. These qualifications are typical for adult family home providers. These are prerequisites to your certification and continued participation and work as an adult family home provider.

It is important to remember that you will be responsible for care of the physical, mental, emotional and social need of your AFH clients. Being able to provide such care places demands on your abilities – from good communication to adequate financial resources to the ability to complete all necessary training and continuing education.

Some highlights of the requirements include:

- A provider must be at least 21 years old and must possess either a high school diploma or GED.
- The provider must live in the home which is to be certified.
- The provider must have a minimum of two years' personal experience in caring for an individual with significant personal care needs, or possess a minimum of six months formal work experience within a licensed home health care agency in a direct patient service role, or be a Certified Nursing Assistant.

Section 2.11: Certification Requirements

Once your home has been issued an AFH certificate by the state of Arkansas, you may enroll as a provider in the Arkansas Medicaid Program. Certification by DAAS does not guarantee Medicaid enrollment or Medicaid reimbursement.

Once enrolled as an Adult Family Home provider, you now have some additional requirements as you operate your home. These requirements focus on ensuring sustainability for you and your adult family home.

For example: (**All requirements are listed in the Administrative Rules and Certification Requirements for ElderChoices - Adult Family Homes that was provided with the certification packet.)

- A certified adult family home must provide an organized, continuous, 24-hour-per-day program of supervision, care and services that conforms to rules and regulations established by the state.
- The provider, or his or her substitute caregiver, must be on the grounds at all times. This requirement seeks to ensure that someone – you or your substitute – is responsible for the health and well-being of the consumers living in the home.

In addition, there are instances that must be reported immediately to DAAS.

Examples:

- Deaths
- Runaways
- Abuse
- Fights between residents or between residents and caregivers
- Injuries to residents requiring treatment and/or hospitalization

- Sexual acts between residents and staff
- National disaster damage
- Fires
- Power outages
- Loss of water

In these special circumstances, the provider or caregiver (if he or she is present in absence of the provider) must immediately notify the DAAS RN, via form AAS-9511 (a copy of this form is provided in Appendix A). As such, DAAS or its designee must be afforded full access at any time to residents, grounds and building as part of the process of oversight.

Section 2.12: Provider Training Requirements

Various people from related backgrounds may come to the adult family home. A training course is greatly beneficial to achieve a standard from which to measure success.

Providers and each substitute caregiver must successfully complete a training course that is determined by DAAS to enhance the level of care and achieve the desired home atmosphere for the client.

Successful completion of the training course will include a comprehensive examination that is authorized, administered and supervised by DAAS. Participants are allowed two opportunities each calendar year to receive a passing mark. A passing mark must equal 75% accuracy or above. The exam must be taken individually; providers may not converse with anyone during the exam.



Providers taking the exam must show **two forms of identification** at the time of the exam. One **MUST** be a picture ID, like a driver's license. Other forms of ID may include:

- Military ID
- Social Security card
- School ID
- Voter registration card
- Permanent resident card
- Passport

The examination will cover

- the topics addressed in this self-study manual
- the topics addressed in the Administrative Rules and Certification Requirements for ElderChoices - Adult Family Homes provided in the AFH certification packet
- the DAAS forms that you will use as an AFH provider. **These forms are located in Appendix A of this manual.**



All AFH providers must be certified in First Aid and CPR annually. This manual does not cover these topics. There are a number of local organizations and health-care providers in your area that provide this hands-on training. The American Red Cross provides certification training through their local chapters.

Section 2.13: Continued Training & Education

Beyond initial training, the provider and substitute caregiver(s) are required to complete at least 12 hours of continuing education annually.

Continuing education curricula for adult family home providers is authorized, administered or supervised by DAAS. By completing the required continuing education hours during each certification period you will be eligible to maintain your DAAS certification. For example, if on an annual home survey a provider is found to be noncompliant with requirements in the manual, then DAAS may immediately decertify the adult family home and pursue transfer of Medicaid participants. That is a situation that is unwanted by all parties. Continuing to maintain your education and be current in your field will assist you in avoiding such circumstances.



There are programs offered through local community colleges, advocacy organizations, local health-care centers and the area agencies on aging that provide training and information on these topic areas for providers interested in additional training and/or continuing education.

Section 2.2:

Substitute Caregivers

Many providers find it necessary to share the work with substitute caregivers. A **substitute caregiver is someone who is appointed or employed by the provider to care for resident(s) for any period of time that the provider is unavailable.** The use of substitute caregivers is a choice allowed to the provider; however, such use does not eliminate the liability of the provider in the ultimate care of his or her clients. A substitute caregiver works under the immediate direction and supervision of the provider and is the responsibility of the provider. Use of a substitute caregiver provides relief in your absence. Ultimately, however, you as the provider are liable for meeting all of the requirements for participation in the Arkansas Medicaid Program.

Section 2.21: Substitute Caregiver Requirements

Substitute caregivers must be fully informed of the minimum standards established under provider requirements. As a substitute, he or she must still be knowledgeable and comparable in skill and practice to the provider. Thus, all the requirements and training objectives covered above are also applicable to the substitute(s). Providers must have cooperative substitute caregivers in order to maximize the efficiency and effectiveness of the home.

Section 2.22: Substitute Caregiver Qualifications

A substitute caregiver must have similar qualifications to a regular provider, including the ability to successfully complete all training required by DAAS prior to accepting an AFH client. The substitute must also maintain their education by participating in the state's mandatory provider education. The topics, again, are similar to the provider's training.

Section 2.23: Hiring Substitute Caregivers

The provider is responsible for recruiting qualified substitute caregivers for periods of time when he or she will be away from the home, including during respite periods. **Hiring, supervising and paying substitute caregivers are the responsibilities of the**

provider. Substitute caregivers must possess the qualifications set forth in the Administrative Rules and Certification Requirements for ElderChoices - Adult Family Homes that was provided in your certification packet. DAAS must be provided verification of the qualifications for each prospective employee and reserves the right to deny your hiring choice for just cause. Verification of qualifications is a certification requirement applicable to both the provider and substitute caregivers.

The provider is responsible for maintaining files for each substitute caregiver, whether the substitute is a volunteer or employee. The provider must document all training, orientation, performance evaluations and incidents that require counseling regarding conduct and/or work performance. As you would for any business, you must manage and supervise your employees.

All Adult Family Home providers and substitutes must submit to criminal background checks as detailed in the certification requirements.

When hiring employees, the provider must remember that no adult family home provider, employee or family member of the adult family home provider may be related to the resident, serve as the resident's legal guardian, or act as the resident's legal guardian.

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Section 2.3:
Physical Environment

Preparing your home for your clients consists of creating a special space that feels and acts like your client's home. While the comforts of home create a warm living space, your adult family home must also consider the special circumstances of elderly and/or disabled people. Additionally, your home must be safe and secure. Special physical planning that considers the special needs of the elderly and/or disabled maximizes your ability to provide effective and efficient adult family home care.

Some issues to be considered while planning the physical environment of your home are:

- Basic safety in the adult family home
- Independence, privacy and dignity
- Adjustments for the visually impaired

- Adjustments for the hearing impaired
- Adjustments for the memory impaired
- Emergency preparedness
- Fire safety
- Procedures during a fire
- Evacuation planning

This section provides an outline of the home's basic physical issues and needs, including safety and emergency preparedness and the reasons behind creating a functional and safe physical environment.



Moving into a new home can be a stressful, emotional and exhausting transition for anyone. Moving into an adult family home after (presumably) living completely independent can be daunting. Some may adjust easier than others to such a change. The change will be much easier for the new client if the client feels some sense of familiarity to your home. That is why it is important for you, as the provider, to ensure that your residents feel welcomed by the physical spaces you provide.

Understanding the emotions of your new residents as they transition to your adult family home can greatly help to make the best of the situation. Some are eager to begin this new chapter and some are not. Be sure to make the first day a success by being organized from the beginning.

Have paperwork ready, have the resident's room prepared and ready to move in and schedule introductions to existing residents. Your attention must be on the new client as much as possible to ensure he or she is welcomed with ease. If the client becomes emotional on the first or subsequent days after moving in, be sure to handle those emotions well and do not take them personally. If depression or anxiety persists beyond an acceptable amount of time, consider seeking professional help for the resident.



People with physical limitations, like the elderly or disabled, need a home with physical comforts as well as functionality. Your residents need to be able to act as independently as possible and that means you as the provider need to make the home supportive to their physical needs. Below are descriptions of some of the typical concerns you as a provider need to address. Be sure to refer to the Adult Family Home Administrative Rules and Certification Requirements for ElderChoices - Adult Family Homes for more information on this topic.

Section 2.31: Doors, Closets & Cabinets



All door locks, interior and exterior, must work properly. Adjust all doors, including sliding and bi-fold doors, for optimal performance. Remove clutter and obstruction from doorways.

Lever handles work best for persons with weak or arthritic hands. Large glass doors (French doors, sliding glass doors) and windows must have decals, tinting or some other mark of distinction that reduces the risk of a client accidentally walking into the glass. For cabinets, be sure the doors must open and close easily and stay closed to reduce any accidents (e.g. bumping your knee on the bathroom cabinet).

Section 2.32: Electrical

Be sure your electrical cords in use are in good condition - no fraying or splices on the cord. Cords can be a tripping hazard and must be kept out of the way. You may even consider taping or stapling them to the wall or floor. Never place cords under carpeting or rugs; that is also a tripping hazard.

Never use extension cords in a permanent fashion as that is a fire hazard. Instead, use power strips with a built-in circuit breaker if extension is absolutely necessary. As with most things, you may have to assist clients with safe use of electrical appliances and other items. Be sure clients are aware of proper use of electrical devices. Oversee client use of electrical blankets and heating pads, as he or she might not be as aware of heating sensations as they should. Always check on use at bedtime.

Section 2.33: Heating

While people have differing expectations for a comfortable room temperature, as a provider you need to balance those expectations and set the temperature to what is most comfortable to the majority of residents.

As such, encourage clients to wear appropriate clothing for the temperature. If possible, provide clients with individual temperature controls in their rooms. Of course, like in the communal parts of your home, the individual units must meet building and safety codes. Open-faced space heaters must be avoided as they have a greater chance of causing a fire hazard than central heat or gas.

Section 2.34: Home Décor

A home must look like a home. Having décor that reflects a warm, familiar feeling is essential to welcoming your new residents.

Wall colors must be warm. Persons with sight issues need contrasting colors to help differentiate surroundings. Pastel colors on walls can fade into each other while dark colors can cause shadows. Too much white can reflect too much light, causing glare. To minimize this, consider hanging art or picture frames on white or beige walls.

Section 2.35: Home Furnishings

In general, your home must provide enough furniture in communal areas for all members of the household to comfortably enjoy.

The furniture you provide must be sturdy, usable and free from any obstruction. All furniture must be at a comfortable height and well-balanced (e.g. furniture must not easily tip over). Proper furniture for an adult family home must consist of chairs with arms to allow clients to use them for comfort, but also to help them get up and down.

Overstuffed furniture, like large and deep sofas, can be difficult for consumers to get in and out of without help.

Section 2.36: Lighting

Adequate lighting that minimizes glare must be a provision in your adult family home. Older people need more lighting due to vision changes typical with age. To reduce glare, try using frosted bulbs and shades to reduce sun glare. Avoid shiny physical items, like shiny tabletops, plastic furniture coverings or bright flooring.

Section 2.37: Carpeting & Rugs



All carpeting must be securely fastened to the ground. Be sure to fix any stray strands of carpeting that could become a tripping hazard. It is suggested that you not use rugs as walkers and canes may catch on the edges increasing the possibility of a fall. If you must use rugs, add a non-slip resistant backing, double-sided carpet tape or rubber matting to reduce movement.

Section 2.38: Bathrooms



There are many physical considerations for the bathroom, as this is an essential, everyday room in your adult family home. The focus of your physical planning is to make the bathroom completely useable to all residents.

To maintain the safety of your clients, use these tips:

- Install secure grab bars for toilets, bathtubs and showers.
- All bathroom fixtures must be securely fastened. Instead of using a tension shower rod, consider fastening the rod to the walls.
- Toilet paper must be easily accessible.
- All bathtubs and showers must have nonskid mats or abrasive strips.
- Bathrooms must have ample ventilation, produced by a window or ventilations fan.
- Provide seating in the shower or tub for residents.
- Glass showers must have tempered glass or at least be easily differentiated to minimize run-in accidents.
- All mirrors must be free from chips or cracks.
- Faucets with a single handle lever are usually easier for weak or arthritic hands.
- Hand-held showerheads that are lightweight, easy to grasp and use are preferable for residents.
- Bathrooms must be able to accommodate people with wheelchairs.
- A raised seat is required on all toilets used by the AFH clients, regardless of individual needs.

Section 2.39: Water



The water temperature must be moderate to warm/hot. Check with your local utility representative for estimates of optimal water temperature for older people, who are more susceptible to burning (due to slow reaction time or thinning skin).

Section 2.310: Entryways, Hallways, Stairs



As with all areas of your home, entryways, hallways and stairs must be free from any obstructions and floor objects that could cause falls or block passage (for a fire escape, for instance). Emergency exits must be clearly marked.

The entryway must be accessible, and building guidelines or codes can help you in determining how to make your home usable, for people with wheelchairs.

Stairs must be firm with secure footing (e.g. treads or carpeting).

Visibility can be an issue with steps; it is best to make each step a contrasting color to allow residents better visibility as they walk up or down. Contrasting paint, carpeting or even treads can accomplish this. Lighting must be maintained throughout the entire entryway, hallway or staircase so movement is not impeded by decreased visibility.

Remember that client bedrooms and all communal rooms must be located on the first floor of the home to limit the need for residents to navigate stairs.

Section 2.311: Kitchen

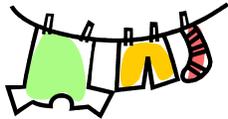


All kitchen appliances and physical fixtures must be securely fastened and in working order. Countertops must remain mostly clear. By storing items in cupboards you allow for residents to access the kitchen with minimal risk of items spilling or dropping. Confused residents may require certain cabinets or drawers to be locked (e.g. drawers with knives, cleaning supplies), but in general you may wish to have some kind of locked storage in your home for those items that could be hazards.

Finally, like the bathroom, you must provide a means of adequate ventilation. This allows for clear air and minimized fire risk.

The stove in the kitchen must be well-maintained and working properly. If a client in your home has confusion or mobility issues, it is recommended that a barrier of at least 36 inches be placed around the stove to guarantee safety.

Section 2.312: Laundry



Ensure the laundry room or area has proper ventilation, working appliances and fixtures, and locked storage for household cleaning products that could be hazardous to residents.

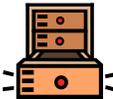
Section 2.4:

Resident Room



Your clients' rooms are their personal space. It is a cherished space that must feel like their own. In their rooms clients may include familiar objects that have sentimental value. These items offer great comfort in new surroundings. Remember that the client has left their "home" to live in your adult family home. Their personal space is incredibly valuable and must be personalized as much as possible while incorporating appropriate physical planning principles.

Client rooms must have at a minimum:

-  dresser/armoire
-  bed
-  closet space

Some clients may wish to bring furniture with them. That decision is up to you, but as a provider you cannot require incoming clients to provide their own furniture. Ideally, client rooms must offer ample seating for the client to entertain visitors. Client rooms must have adequate walking and moving space to get around the room. Windows and doors must not be blocked. Arrange the space, generally, so clients do not have to do any unnecessary reaching, bending or standing to access items in their room.

From the bed, clients must be able to access a light or light switch. Feet must be able to touch the floor to ease getting in and out of bed. Sufficient space around beds, approximately 18 inches from walls and 36 inches between beds (if applicable), makes care giving and general housekeeping easier.



Remember that client bedrooms and all communal rooms must be located on the first floor of the home to limit the need for residents to navigate the stairs.



Adding a baby monitor the client's room is a good way for the provider to be alerted if the resident needs assistance during the night.

Section 2.5:

Yard



Landscaping, if applicable to your adult family home, can be a great way to enhance the sense of “home” for your residents. A well-kept yard and outdoor area instills great pride in the home and provides a greater quality of life for all people. Aside from visual benefits, proper landscaping increases the safety and well-being for clients.

Your yard must generally be flat with level walkways and driveways. Shrubbery near doors and windows must be kept to a minimum in case of emergency use. Outdoor lighting around walkways, driveways and sidewalks allows clients to clearly discern pathways. Good lighting is also a good way to ensure optimal security at night.

Drains must be working properly to eliminate excess water and keep surfaces dry and safe to walk. A fence or gate around the property can keep clients from wandering and allow you to monitor their activity in the yard. A shaded area in the yard offers outdoor enjoyment without the sun, heat and rain.

Like cleaning supplies in the kitchen, yard supplies (e.g. lawn mower, pesticides) must be locked away in storage to reduce any tampering by confused clients.

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Section 2.6: Accessibility Features

Section 2.61: Vision Impaired Special Needs

While aspects of the discussion around vision-impaired client needs have been addressed, there are additional special needs for clients with limited sight.

Work with the client to arrange their room in a way that allows them to easily maneuver around it, even relying on the arrangement of the client's room at his or her previous home. It is imperative that when moving items in the client's room (e.g. housekeeping, or providing care) you replace items exactly where they were found.

Any postings (e.g. Resident Rights) must be posted in black ink on white paper using at least 16-point Times New Roman font.

To better distinguish doors and windows, consider painting them a separate color. This is particularly helpful in an emergency. Depending on the client's level of vision, you may explore color coding certain items. For example, the client may need you to assign red coffee mugs, red towels, etc. to him or her only, to reduce mistakes.

In communal spaces, it is imperative that clutter be nonexistent and any barriers to doors or emergency windows be removed. Communal items – furniture, seating, etc. – must be moved only after consulting with visually-impaired clients. Certain items in communal spaces must include enlarged features (e.g. telephone, large-print books, games, clock, etc.).

Section 2.62: Hearing Impaired Special Needs

Like clients with visual impairments, clients with special hearing needs may require certain provisions in order to make their stay more comfortable and normal, and your job as a caregiver much easier.



Tips for making adjustments to provide for a hearing-impaired client

- Provide amplification devices for telephones.
- Try to reduce as much background noise as possible. Background noise can be anything from televisions, radios, the air conditioning, etc.
- While many communal areas have background noise-makers like televisions and radios, you may consider creating a space away from such noise so hearing-impaired clients can share conversations and social time without noise-related anxiety.
- People have differing opinions on the volume of radios and televisions.
- Provide headsets for those wishing to have the volume louder.
- Lower tones are generally easier for hearing-impaired people; consider adjusting treble and bass to lower tones.
- Closed-captioned televisions are also a good addition to your home.
- In terms of safety, install special fire alarms that signal with a flashing strobe light in addition to sound.

Section 2.63: Mobility Impaired Special Needs

Any carpeting used in your home must be at a low pile for clients with mobility issues. The carpet must be firm and easy to maneuver via wheelchairs, walkers or canes. For someone in a wheelchair, be sure that items are within reach.



One of the best ways to uncover any barriers for persons in wheelchairs is to maneuver your home in a wheelchair to determine yourself whether you can access daily items like the telephone, light switches, items in client rooms, etc.

Section 2.64: Memory Impaired Special Needs

Memory impairment is not uncommon among aging individuals and in the effort to help them minimize confusion, stress and discomfort, you as the provider will want to create an atmosphere that helps to remind clients of time, place and function.



Tips for making adjustments to provide for a memory-impaired client

- Consider decorating a bulletin board for each season or holiday as a reminder of the time of year.
- Timely decorations may also help, such as decals shaped in hearts for Valentine’s Day.
- As with all posted announcements, the text must be large and clear enough to read.
- Place some mark of identification for each room – either the name of the room or a picture will suffice.
- Label or color code special items to help clients locate things.

When memory fails, loud, animated sounds can cause distress. Actively create an atmosphere of calmness.



As mentioned in the section about Yard maintenance, you must be aware of where your clients are, especially your memory-impaired residents who may unintentionally wander away. Having a gated area is certainly helpful. Consider installing a security alarm on all outside doors to allow you to monitor who goes in or out.

Section 2.7:

Assistive Technology

Assistive technology enhances the ability to perform functions that might otherwise be impossible or too difficult. This technology is often utilized by people with disabilities and the elderly.

Devices that are under the assistive technology umbrella include:

- Walkers
- Wheelchairs
- Text Telephone (TTY)
- Life safety monitors
- Eating trays
- Tub transfer bench



The items below are useful in your adult family home. While your clients may vary in ability, having these items on hand prepares you in case clients are ever in need of such assistance. For example:

- Walkers and wheelchairs likely come with clients, but having additional devices in storage (if you are able) may help with clients who have temporary problems.
- Clients who are deaf or hard of hearing will need TTY.
- Life safety monitors are devices that alert caregivers of emergency medical situations, like falls. The client would simply press a button on the system or the personal transmitter (like a bracelet). These devices, if used at the beginning of an emergency, can save valuable time during an emergency.
- For clients who require or choose to have more time in their bedrooms, eating trays are essential. They help clients get significant nutrition while resting.
- Tub transfers allow clients to sit halfway inside and halfway outside of the tub to make the transition easier on the body during bathing.
- A transfer bench eliminates the need to step over the side of the tub, something that can be very difficult for seniors and people with disabilities. Along with a bathing bench or seat, the device allows clients to easily access the shower or bath safely.

There are other assistive technology devices available and the types of products are constantly growing. Your provider needs may also grow based on the client's assistive needs.

Contact the Targeted Case Manager if the client needs assistive technology. The Targeted Case Manager can provide you with information about possible Medicare or Medicaid costs.

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Section 2.8:

Emergency Preparedness

Fire safety and emergency preparedness are immensely important in providing for the health, safety and welfare of your consumers. Emergencies do not happen often, but by being proactive and planning ahead you can alleviate some of the hardship associated with emergencies when they happen. Plus, you and your residents can feel confident knowing that should anything happen, the entire home is well-prepared.

Section 2.81: Medical Emergency

As noted in the Administration Rules and Certification Requirements for ElderChoices - Adult Family Homes that was provided in your certification packet, all providers and substitute caregivers must complete training in First Aid and CPR. Your home must stock the following items for use in such emergency situations:

- Adhesive bandages (various sizes)
- Adhesive tape
- First Aid book
- Gauze
- Hydrogen peroxide
- Soap
- Rubbing Alcohol
- Safety pins
- Scissors
- Splinting materials
- Thermometer
- Tweezers

Know when and how to respond to an emergency. If you are uncertain, don't delay – call for help. Responding quickly saves time and possibly someone's life.



Adding a baby monitor the client's room is a good way for the provider to be alerted if the resident needs assistance during the night.

Section 2.82: Power Outages

Short-term power outages are usually harmless, but longer outages can take a toll on residents. To prepare for longer outages, have the following materials handy and in a safe, secure, accessible place:

- Flashlights
- Extra batteries
- Battery-operated radio
- Wide candles with wide base holders
- Matches
- Non-electrical can opener
- Non-electrical clock

These are essential items, but surely you will want other items on hand to make the situation more bearable (e.g. paper plates, water bottles, canned and other non-perishable food, etc.).

A major consideration during a power outage is the well-being of any clients on oxygen concentrators. In emergency situations, you should have portable tanks or a gas powered generator available to ensure sustained oxygen flow. If any client is on a ventilator, you must have a gas-powered generator available during a power outage emergency.

During the outage, the following are some general tips to get through the emergency:

- Report the outage to the electrical company
- Turn off appliances that were in use before the outage to diminish the possibility of fire
- Do not use charcoal briquettes inside as they are a carbon monoxide hazard
- Keep freezer and refrigerator doors closed to retain the food as long as possible
- Have clients dress appropriately for the temperature
- In winter, have extra bed covers and warm hot water bottles on hand
- Notify family members

Be particularly patient with memory-impaired clients who may have a hard time understanding the situation. Being calm, careful and attentive to them can help deflate concerns and agitation.

Section 2.83: Natural Disasters

Like power outages, natural disasters are usually uncommon but remain something of which to be aware. Again, preparation is key to ensuring the health and well-being of your residents. In addition to Fire Evacuation and Medical Emergency Plans, you should create a Natural Disaster Plan that outlines your procedures in the event of major disaster.

Arkansas is susceptible to a variety of natural disasters (e.g. tornados, forest fires, flooding). Depending on the location of your home, you may have differing needs. For example, if your home is built in a flood plain, then you likely will have to stress flood planning issues in your plan.

In creating your disaster plan, pay special attention to the following:

- Know what to do in a disaster
- Know what to take with you
- Know how to transport your clients away
- Know where you plan to go and who you may rely on in such need

Section 2.9:

Fire Safety

While specific fire safety code should be adhered to, there are some general fire safety guidelines and information that will be helpful to you as you begin your adult family home.

Section 2.91: General Fire Safety

It is always possible that a fire can happen anywhere in your home and at any time. It's up to you to protect your residents and your home by checking and rechecking typical fire sources to lessen the probability of fire. The following section presents some general fire safety checkpoints, including:

- Woodstoves/fireplaces
- Heaters
- Smoking
- Combustible storage
- Oxygen and flammable liquids
- General electrical
- Appliances

Section 2.92: Woodstoves/Fireplaces



If applicable, wood burning stoves and fireplaces must be installed properly. Proper building code should be adhered. You are responsible for maintenance of the woodstove or fireplace in accordance with the manufacturer's instructions. These heat sources must be cleaned regularly.

Trash should never be burned in a woodstove or fireplace. Trash burning can cause overheating. Only proper materials should be used in burning a woodstove or fireplace.

Flammable liquids should not be anywhere near the heat source and preferably should be located outside of the house. Any combustible liquids and materials (including furniture) should be at least 3 feet away from woodstoves or fireplaces, but further away is preferable.

Section 2.93: Heaters

Any oxygen-consuming heating devices should be vented and installed using the Uniform Mechanical Code. Proper maintenance of heating is necessary for appropriate performance and safety. Any flammable or combustible liquids and materials must be kept away from the appliance. Space heaters should NOT be used.

Portable electric heaters must be UL listed or approved in order to be used in the home. These heaters must remain at least 3 feet from all combustible material. They cannot be placed on any other surface except the floor. With portable electric heaters, you cannot use extension cords of any kind (including power strip extension cords). You must also never use electric heaters for drying clothing or other combustible materials. These heaters are to be used for personal or communal warmth only.

Section 2.94: Smoking

Not all adult family homes will allow residents to smoke. Those that do should only allow smoking in certain designated areas, as a courtesy to other residents who may not want to be around smoking or who have significant health problems that could be aggravated by second-hand smoke. **Smoking is prohibited in all sleeping areas.** This is extremely important to stress to residents. Smoking cannot be permitted in areas where oxygen is in use or where it is being stored.

As a provider who allows smoking, you should supply safety ashtrays with wide lips in the designated smoking area. Communicate to residents and others that cigarettes and cigars must be extinguished when discarded. The ashtrays must be emptied regularly into covered metal containers or through some other safe means to be disposed of in a safe location.

If possible, furniture and home décor should be designed to reduce the possibility of a fire from cigarettes/cigars. One way to accomplish this includes purchasing new furniture that has significantly higher resistance to fire by cigarettes and other heat sources than furniture made just 15 years ago. Specifically look for furniture in compliance with the requirements of the Upholstered Furniture Action Council's (UFAC) Voluntary Action Program. Fabrics made from mostly thermoplastic fibers (e.g. nylon and polyester) have better resistance to fire in comparison to cellulosic fabrics (cotton and rayon). The more thermoplastic fabric in the furniture, the stronger the resistance to fire.

Blinds should also be a consideration. Many companies sell fire-proof roller blinds or curtains. Carpeting that is fire-resistant is also recommended. Wool carpet is particularly fire resistant.

Section 2.95: Combustible Storage

Any combustible material should never be stored in or near fuel burning or heat producing areas. Clutter should be kept to a minimum and trash should be removed regularly to prevent the possibility of fire.

Section 2.96: Oxygen & Flammable Liquids

Oxygen cylinders should never be used or stored in or near open flames (e.g. woodstoves, fireplaces). When not in use, caps should be securely fastened and cylinders should be secured and stored in a well-ventilated area. When in use, cylinders must be secured on a stable dolly. Use of oxygen must adhere to manufacturer directions and care.

Liquids that are flammable and combustible should be stored in original containers and in limited amounts in a safe and secure way. These liquids require proper ventilation. Like oxygen, flammable and combustible liquids should be a proper distance from open flames.

Section 2.97: General Electrical

As mentioned in previous sections, extension cords cannot be used as permanent wiring. Frayed or damaged cords are a hazard and should never be used. Always ensure that your outlets are not overloaded and that the correct light bulbs are used. Ground Fault Circuit Interrupters (GFCI) should generally be installed in the kitchen and bathrooms.

Section 2.98: Appliances

Check that all appliances are in proper working order. In particular, the range hood and filters should be kept free of grease. Standard ovens and toaster ovens should be cleaned regularly. Stovetops should be cleaned regularly.

Dryer lint screens should be cleaned frequently, usually swiped after each use. Dryer hoses and the areas behind and to the side of the dryer should be kept clear of lint and other obstructions. Follow the manufacturer's guide for care and maintenance of all appliances in your home.

Section 2.99: Fire Detection & Fire Extinguishers

As part of your plan for fire safety, you are responsible for providing regular testing and maintenance of your smoke detector and fire extinguisher. To prevent fire, these two devices must be in working order.

Section 2.991: Smoke and Carbon Monoxide Detectors



Besides regular testing and maintenance, you are responsible for replacing batteries in the detectors on a regular basis. The detectors should be cleaned as indicated in the manufacturer's directions. This prevents excessive dust or other material from affecting the operation of the detectors. Vacuum the detectors on a regular basis to eliminate the build-up.

Section 2.992: Fire Extinguishers



These portable extinguishers should always be fully charged and serviced annually. It is recommended that at least one fire extinguisher be visible and accessible on each floor of your home. At the same time, these extinguishers should be securely fastened to prevent any accidents with residents bumping into them.

Section 2.910: Emergency Exits & Corridors



To exit the home in case of a fire, residents need an efficient and effective pathway clearly marked and free from obstruction.

Section 2.9101: Sleeping Rooms

Each client room must have at least one operable window to use as a second escape, in addition to the bedroom door. The window must be clear below from shrubbery or

other outdoor barriers. The bedroom door and window should be clear from any clutter or obstructions.

Section 2.9102: The Rest of the Home

All corridors and exits must be clear from obstruction or clutter in order for residents to easily pass through. Exit doors should be in working order to allow use. At least one plug-in rechargeable flashlight should be readily accessible on each floor of the home and the provider may even consider installing such devices in each sleeping room.

Section 2.911: During a Fire

Prompt, appropriate and sensitive action is necessary in a fire. Should a fire happen in your home, a planned fire procedure can give everyone the knowledge and courage needed to stay alive and safe. Two components in planning for the possibility of fire are first-response action and emotional understanding.

Section 2.9111: RACE

The four basic procedures in a fire are Rescue, Alarm, Confine and Extinguish - or RACE. By remembering this easy acronym, you arm yourself and your residents with a plan to successfully escape the dangers of fire.

- **Rescue** - Residents should be rescued from the home in a safe manner. Specifically, the person who finds the fire has the obligation to call for help and warn others in the immediate area to begin the evacuation process. At this time, a total evacuation of the home must commence.
- **Alarm** - Call for help via a neighbor's home or other safe spot. Call 911 or the local fire department for help. This safe spot should be determined ahead of time. The safe spot may also be the place where residents congregate once free from the building.
- **Confine** - The fire needs to be confined in order to prevent further damage. Close the door to the room, if applicable, to confine the fire, heat and gases. This will limit the spread of the fire. If possible, close all other doors of the home to further confine the fire.

- **Extinguish** - This part of the procedure includes an evaluation of the situation. If the fire is small and if it is safe, you may consider extinguishing the fire. However, if the fire has outgrown your ability, please rely on fire authorities to safely handle the fire. When fire authorities arrive, the provider and/or client manager in charge should work with the fire department to coordinate client safety.

Keep this general procedure in mind if a fire breaks out in your home. It is also imperative that your residents understand this general procedure as well. You should regularly review the fire evacuation procedures with the residents to better secure the process for everyone.

Section 2.9112: Ability, Reactions & Emotions during a Fire

A fire can be an exceedingly stressful situation for anyone, but for an adult family home client a fire can be further complicated by physical disabilities and disorientation. These factors must be considered when developing your procedure for handling a fire.

Reduced Abilities

Impaired vision, hearing or restricted mobility may limit a client's reaction to fire. Clients with limited hearing may not be aware of the smoke alarm, specifically during the night, so alarms should have flashing strobe lights in addition to sound. Clients with limited vision may have difficulties discerning details in dim light. These clients may misunderstand instructions or become confused, making escape from fire more complicated.

Physical Reactions

Reaction to heat, smoke and gases will vary among clients, dependent upon the client's physical condition and exposure. Visibility is reduced as smoke increases which can cause confusion and further contribution to disorientation for those who already have disorientation issues. Oxygen is depleted which contributes to disorientation and confusion. Besides the fact that heat can burn the skin, inhaled heat damages the respiratory tract. The combination of heat, smoke and toxic gases causes breathing difficulties.

Emotional Reactions

A fire is an exceedingly stressful situation. Some people react illogically or irrationally to extreme situations like fires, and adult family home clients are no exception.

A client's room contains their material possessions, perhaps even all that the person has remaining, making it difficult for them to leave the home during a fire alarm or mandatory evacuation. These clients may require forceful removal and may even return to the fire unless supervised.

Some clients who discover a fire feel secure in their ability to control or put out the fire. Rather than alerting the caregivers, clients may unsuccessfully attempt to diminish the fire themselves. Some clients, like many people, are transfixed by fire and may freeze in place unable to alert others during such an extreme and shocking event. Still other clients escape from the fire without notifying anyone of the fire. Or clients may wander beyond the safe spot outside because of extreme emotions, leaving fire authorities searching for them inside the home.

By understanding all the possible client reactions you can provide a plan to deal with emotions beforehand and during a fire, if you are ever faced with one. Good communication and education can help prevent your clients from complicating the evacuation process.

Section 2.912: Fire Evacuation Plan

A plan for how to proceed during a fire is extremely useful to you, your employees and most importantly, your clients. With the information provided above, the fire code information and knowledge of the individual needs and abilities of your clients, you are prepared to create your own fire evacuation plan.

This plan should be reviewed regularly so that it remains freshly in your mind, should a fire occur. Employees should also review the plan regularly. Part of the plan should be reviewed with clients so they understand their role in a fire evacuation. Be sure to make updates to your plan as the need arises.

The following information may be helpful as you write your Fire Evacuation Plan.

- Designate a safe place for all residents to gather in an emergency (this space should be as accessible as possible to mobility-impaired clients)
- Determine a safe place for all residents to gather that is a safe distance from the home
- Make plans with a nearby neighbor to use their phone in a fire emergency
- Understand the type of need required to assist clients from the home
- Train all staff and residents on fire safety
- Assess emotional ability of clients to handle fire evacuation
- Conduct “test” fire alarms and drills in the day and night
- Continually review the fire alarm and evacuation procedures, especially with memory-impaired clients
- Record maintenance of detection systems and fire extinguishers
- Determine emergency shelter

The fire evacuation plan should allow for the evacuation to be complete within two minutes with verbal instructions only.

Section 2: Quiz Questions

Test your knowledge with the following questions. These questions provide examples of the types of questions that may appear on the certification exam, but are not the exam itself. The certification exam will include many more questions and cover all topics discussed in the training manual. See Appendix E for an Answer Key.

1. Which of the following is not a required qualification to be an adult family home provider?
 - a. Must be at least 21 years of age.
 - b. Must live in the home which is to be certified.
 - c. Must have a minimum of 2 years personal experience in primary care giving, possess at least 6 months formal work experience in providing care or be a Certified Nursing Assistant.
 - d. All of these are required qualifications.
2. True or False - As the primary provider for services in the Adult Family Home you or your substitute caregivers are required to be on the grounds at all times.
3. How many hours of continued training and education must you obtain as a provider every year after initial certification?
 - a. 15
 - b. 25
 - c. 12
 - d. 18
4. Which of the following is the definition of a substitute caregiver?
 - a. A substitute caregiver is a friend or family member that spends time at the home and often provides at least 5 hours of personal care services to the residents every week.
 - b. A substitute caregiver is an individual who lives in the certified home and does not provide personal care services to the residents.
 - c. A substitute caregiver is someone appointed or employed by the provider to care for residents for any period of time.
 - d. A substitute caregiver is a random stranger that is not employed or contracted by the AFH and does not provide personal care services.
5. The physical environment within your home must:
 - a. Contain the physical comforts for provider and provider's family regardless of the resident's mobility needs.
 - b. Support the mobility and accessibility needs of the residents to foster independence.
 - c. Not be changed at all.
 - d. None of the above.

6. Through decoration of the home, how can a provider assist residents with vision impairments?
 - a. Contrasting colors on walls, furniture and floors to differentiate surroundings.
 - b. Arrange furniture within the resident's room to allow client to easily maneuver around, even arranging furniture in the same way as the resident's previous home.
 - c. Create contrast on stairs by making each stair a contrasting color.
 - d. All of the above.

7. What steps can a provider take to make the bathroom usable for all residents?
 - a. Install grab bars in bathtub/shower stall and around toilets
 - b. Raise commode to height easy for transfer from wheelchair
 - c. Install hand held shower head
 - d. All of the above

8. True or False - Decorating the bulletin board for each season or holiday as reminder of the time of year will not assist residents with memory-impairment.

9. Assistive Technology can be installed and used in the home to assist residents to perform functions that may otherwise be impossible or too difficult. Which of the following is not an assistive technology device?
 - a. Wheelchairs
 - b. Bathing benches
 - c. Text telephone
 - d. All of these are assistive technology devices

10. True or False - An adult family home must have a gas powered generator if a client relies upon sustained oxygen.

11. True or False - All adult family homes are non-smoking.

12. In the event of a fire in the home, the four basic procedures are RACE. Which of the following best defines the RACE acronym?
 - a. Rescue, Alarm, Communicate, Extinguish
 - b. Run, Alert, Call, Eliminate
 - c. Rescue, Alarm, Confine, Extinguish
 - d. Rescue, Alarm, Confine, Excite

Section 3: Evaluating & Admitting Residents

In this section:

- Determining Your Scope of Service
- Screening Potential Residents
- Move-In Information
- Resident's Rights
- Developing a Service Plan

Section 3.1:

Determining Your Scope of Service

As an adult family home provider, you will be providing services to clients who have a range of care needs. Some clients may need fairly minimal amounts of personal care assistance and oversight. Other clients will have complex, chronic medical conditions and require extensive assistance with activities of daily living such as bathing, dressing, grooming and toileting.



Keep in mind that the amount of care needed when a client moves to your home will likely increase over time as they age and develop a greater need for assistance.

AFH providers are required to provide care and services to AFH clients 24 hours a day in a home-like environment, which includes a private or semi-private bedroom, semi-private bathroom, home-cooked meals, a common living area and assistance with activities of daily living. AFHs are designed to help clients improve or maintain level of functioning and to stay as independent as possible.

Care and services include:

- Supervision
- Awareness of a client's general whereabouts 24 hours a day

- Monitoring activities on the premises of the residence to ensure the client's health, safety and welfare
- Assistance with activities of daily living, such as personal care activities:
 - Dressing
 - Grooming
 - Toileting
 - Eating
 - Transferring
 - Ambulating
 - Bathing
 - Getting in and out of bed
- Laundry
- Room cleaning
- Managing money
- Shopping
- Transportation
- Writing letters
- Making telephone calls
- Scheduling appointments
- Homemaking
- Attendant care
- Medication oversight
- And other similar activities

Section 3.11: Medical Eligibility Criteria

ElderChoices clients must meet a nursing home level of care criteria in order to be eligible for Medicaid assistance in an adult family home. These criteria have been established by DAAS and are listed below.

1. The individual is unable to perform either of the following:
 - (A) At least one (1) of the three (3) activities of daily living (ADL) of transferring/locomotion, eating or toileting without extensive assistance from or total dependence upon another person; or
 - (B) At least two (2) of the three (3) activities of daily living (ADL) of transferring/locomotion, eating or toileting without limited assistance from another person; or,
2. The individual has a primary or secondary diagnosis of Alzheimer's disease or related dementia and is cognitively impaired so as to require substantial

supervision from another individual because he or she engages in inappropriate behaviors which pose serious health or safety hazards to himself or others; or,

3. The individual has a diagnosed medical condition which requires monitoring or assistance at least once a day by a licensed medical professional and the condition, if untreated, would be life threatening.

Section 3.12: Private-Pay Residents

The Arkansas Medicaid Program has no policy regarding private-pay customers in an ElderChoices Adult Family Home. There is information in this manual that is applicable to both Medicaid recipients and private-pay individuals; however, neither the Arkansas Medicaid Program nor DAAS have any liability or responsibility for services provided to private-pay consumers.

Any private-pay residents living in the adult family home must be treated as “other household members” when the home is undergoing certification to be a Medicaid provider. Therefore, these private-pay residents would be required to submit to drug testing, a criminal background check and supply other information.

Section 3.13: Admission & Retention Limitations

Even though the adult family home setting was designed to serve ElderChoices clients who meet a nursing home level of care, there are limitations to the types of clients that may be served in adult family homes. That is, to be considered appropriate for placement in an adult family home, ElderChoices clients must:

- Be independently mobile, which means they must be able to vacate your home under their own power. Residents can use canes, wheelchairs, walkers or other assistive devices as long as they do not require more than verbal or minimal assistance from another person to vacate, and can do so in two minutes (or less if required by your local fire code).
- Be able to self-administer medications.
- Be unable to live independently.
- Not require nursing care, except for those services that can be appropriately provided by a licensed Class A home health provider.

These limitations on the types of clients that may be served in adult family homes apply only to ElderChoices residents; you may determine your own criteria for the admission and retention of private-pay clients. Be sure, however, in determining your

limits in serving private-pay residents that you are able to adequately meet the needs of all of your residents.

Section 3.14: Determining Your Range of Services

The criteria outlined above determine the outside limits of the type of clients you may accept and retain. You will need to determine before you begin operation of your home what additional admission and retention criteria will be appropriate for your home.

That is, what types of conditions or care needs will not be a good match for your home? When would you not accept a new client or when would an existing client need to move?

This information must be included on a Disclosure of Services form that you are required to provide to all prospective residents. It is important that this information be disclosed to prospective clients so the expectations are clear as to when (and why) they might need to move to a setting that provides a higher level of care.

Following are some criteria that you must consider in determining your admission and retention criteria:

- Will you care for someone who is unable to feed themselves (i.e. needs to be fed)?
- Will you care for someone who has no bladder control and is unable to self-manage their incontinence? No bowel control?
- Will you care for someone who has a history of wandering from their place of residence? Can you provide a secure environment to prevent wandering from your home?
- Will you care for someone who has a physician-ordered special diet that requires modifications be made in meals and snacks?
- Will you care for someone who is combative, resistant or exhibits behavioral issues?
- Can you care for someone who is in a wheelchair (i.e. is your home wheelchair accessible)?



If you decide to care for residents with conditions such as Alzheimer's disease or insulin-dependent diabetes, you may need to get additional training that is specific to these conditions. Be sure that you understand the possible long-term symptoms associated with various conditions so that you can continue to provide care for your clients over time.

For example, the following issues might arise if you choose to accept a client who has Alzheimer's disease or another form of dementia.

Ask yourself if you would be willing and able to:

- Provide a secure environment for someone who may attempt to wander from your home?
- Respond to repeated questions or an inability to follow basic instructions?
- Manage repetitive pacing and/or being shadowed (i.e. followed everywhere you go)?
- Provide hands-on assistance to someone who has no bowel or bladder control, which may include bathing, changing clothes, changing diapers or incontinence supplies, etc.?
- Provide proper nutrition and fluids for someone who is constantly in motion? Or, who is withdrawn and refuses to eat?
- Handle someone who wanders into other people's rooms or rifles through or takes other people's things?
- Deal with interrupted sleep because the person awakens confused at night and wanders around the house?
- Respond to unfounded complaints and accusations made by someone who is not able to remember prior events?
- Provide assistance with personal care to someone who may be resistant or combative?
- Care for someone who may be a messy eater or unable to feed themselves?



Remember that in case of emergency, all residents should be able to vacate your home within two minutes with only verbal or minimal assistance. Some clients with Alzheimer's disease or other dementia would be able to meet this criterion. Whereas you must determine whether clients with this level of service need are appropriate for admission or retention in your home.

Section 3.15: Disclosure of Services Form

Once you have determined your admission and retention criteria (i.e. who would not be a good fit for your adult family home), enter this information into the Disclosure of Services form that is provided by DAAS for this use. It will serve both you and potential clients to have clear expectations as to when someone would not be appropriate to move into your home and when a client would be required to move out of your home.

The Disclosure of Services form provides information about your home that will be helpful for prospective residents and their families. A copy of this form can be found in Appendix A.

Section 3.2:

Screening Potential Residents

Before you can decide whether to accept a prospective client, you need to have enough information about their care needs to make an informed decision.

The decision for a person to move to an adult family home is often made during a crisis; that is, the potential client often has had a major - and often sudden - change in their health status and is no longer able to live independently. The person may be hospitalized, with discharge planners pushing for immediate placement in another setting.



It is important to remember that **you, as the owner and operator of your adult family home**, play a vital role in determining if you are qualified, willing and able to care for a new client. **You need to gather enough information about the potential client to be as certain as possible that the client is a good fit for you and your home.** Many problems can arise by taking in a client who is not appropriate or if there are misunderstandings about the amount and type of care that is needed by a client.

Section 3.21: The Screening Process

Your screening process must begin when you are first contacted about a prospective client. Often this will be by phone, with the contact person potentially a family member, a discharge planner from a hospital, a case manager, or a professional referral agency.

During this first contact regarding a potential client, obtain information about the person's situation and care needs. You may use the sample Resident Screening Form in Appendix A to document the information provided and responses to your questions. Remember throughout the conversation that it is as important to screen out clients

who are not a good match for your home as it is to accept clients who are a good fit. Refer to your admission and retention criteria if there are any questions as to whether a client is appropriate for your home.

To reach an informed decision about whether to accept a potential client, consider the following questions:

- Do I feel comfortable that I can meet this person's needs?
- Can I meet this person's needs while meeting all of my other clients' needs?
- Will this person be a good fit with my family and my current clients?

Section 3.22: Visiting Your Home

If, based on your initial screening of a potential client, it appears that they would be appropriate for your home, the client and/or family member will likely want to schedule a visit.

During this visit with the prospective client and/or their family, show them your available room(s), the bathroom they would use, and common-use living areas. Be sure to point out features that would likely be of particular interest to that specific client.

If the prospective client is able to be part of the visit, use this time as an opportunity to continue to your screening process. That is, be aware of whether the potential client:

- Was able to travel in a standard car? If not, what type of transportation was required?
- Needed assistance with ambulation and/or transferring to and from a wheelchair? If assistance was required, what type and how much assistance is needed?
- Required assistance with toileting while at your home?
- Was able to engage appropriately in conversation? Did the client show signs of confusion or disorientation?

Section 3.23: Conducting a Complete Evaluation of the Client

If after a visit to your home and with the information gathered thus far, the prospective client appears to meet your admission criteria and is interested in moving to your home, schedule a time to conduct a complete evaluation. The purpose of the evaluation is to obtain more detailed information about the client's condition and care needs, both to confirm an appropriate fit with your home and so you will know what assistance will be needed if the client moves to your home.



The provider's evaluation of the client does not replace or change the medical assessment conducted by DAAS to determine medical eligibility for the ElderChoices program.

If time allows, the evaluation may be conducted after the tour of your home, or you may want to schedule an appointment for another day to ensure there will be sufficient time to obtain all of the needed information. If the prospective client was not able to visit your home, it will be important to visit with them at their current place of residence (e.g. their home, the hospital, etc.). Always be sure to do an in-person evaluation to ensure the most accurate information possible.

The evaluation must be conducted with the potential client and other(s) who are significant to the client and/or are familiar with the client's needs and preferences (e.g., family, friends, personal caregivers, etc.). The prospective client must decide whom they would like to participate in the evaluation process (unless they have a legal representative).

If a prospective client currently lives a considerable distance away, an evaluation may be conducted over the phone. In such a case:

- Arrange, if possible, to have both the potential client and a significant other (e.g., a family member) on the phone at the same time.
- Inform the applicant that a determination that he or she is appropriate for residency will be conditional until an in-person evaluation is conducted at the time of move-in (no change in determination must be made unless significantly different information is obtained during the in-person evaluation than was presented during the phone evaluation).
- Obtain information from as many sources as is needed to gain a comprehensive picture of the applicant's needs (e.g., the prospective client, family member(s), caregivers, physician's orders, etc.) before deciding whether the

individual would be a good fit for your home. If conflicting information is received, discuss the areas of conflict with the appropriate parties until resolution is reached.

When conducting an evaluation, first establish rapport with the client and other involved parties. Then explain the purpose of the evaluation and that you will be asking questions about a number of different service areas to determine the needed information.

Section 3.24: Using the Evaluation & Service Planning Form

Use the Evaluation & Service Planning form to conduct client evaluations - a copy of this form can be found in Appendix A. This form includes all of the areas in which you would likely provide assistance to clients, with a place for you to write for each service area what the client is capable of doing and what you (or your substitute caregivers) will do. This form also provides space for you to note details about the resident's preferences or need for assistance for each service area.

Referring to this form:

- Ask the prospective client for each service area listed on the form if he or she is currently receiving assistance or if he or she performs all tasks associated with that service area independently (e.g. “does anyone help you get dressed in the morning?”).
- If the client is independent in a service area, verify that he or she prefers to receive no assistance in this area. Note this in the column titled “What Client/ Other Does.”
- If a friend or family member is currently assisting the potential client in particular areas, ask if they would like to continue this involvement (e.g., a daughter might continue to do her mother's personal laundry or a friend might drive the client to doctor appointments). Any assistance provided by a third party such as a friend or family member must be documented in the “What Client/Other Does” column.
- If your assistance will be needed by the prospective client, determine the exact type of assistance that is needed or preferred. For instance, if the applicant would like assistance with showers, does he or she need or prefer stand-by assistance only? Assistance getting into the shower and adjusting the water temperature? Assistance in washing his or her back and feet? Assistance

drying off and putting lotion on? It is important to be as detailed as possible when determining the amount, type and frequency of assistance needed.

- Determine if the prospective client has any preferences related to the specific service area. For example, if assistance will be provided with showers, approximately what time does he or she prefer to shower? Does he or she have any special routines around showering? As much as possible, you will want to honor each client's habits and patterns, making their transition to your home as smooth as possible.



On the Evaluation & Service Planning form, make notes under each service area as to those tasks staff will be providing assistance with, if the client (or others such as friends or families) will be performing certain tasks, and any preferences or other information which may be helpful to staff when assisting the client with the service needed or preferred.

Remember when doing client evaluations that you must support each client's independence as much as possible, while protecting their health and safety. The client (or their friends or family) may be able to meet many of his or her physical, emotional, social and spiritual needs without your assistance. The purpose of the Evaluation & Service Planning form is to document what the client or others will do and then accurately identify the areas where your assistance is needed.

The Evaluation & Service Planning form is a good tool to use in fulfilling DAAS's requirement that each AFH provider "hold an interview with all prospective residents and their legal guardians prior to or at the time of admission in order to determine the needs of the prospective client and whether the home can meet these needs."



The provider's evaluation of the client and completion of the Evaluation & Service Planning form does not replace or change the medical assessment conducted by DAAS to determine medical eligibility for the ElderChoices program or the plan of care completed by the DAAS RN. The plan of care lists the waiver services, non-waiver services, and chosen providers for each service, including Adult Family Home, and must be signed by the DAAS RN and the waiver participant (client); the DAAS RN will provide you with a copy of the plan of care.

Without the plan of care, providers are not authorized to bill Medicaid for the services provided to any Medicaid recipient.

Section 3.25: Disclosing Important Information

After you have completed the prospective client's evaluation, provide them with information that will clarify what they can expect when they move into your home.

This information should include:

- A copy of your House Rules
- Disclosure of Services form
- Resident Bill of Rights
- Occupancy Agreement

Providing this information to the client (or family member as appropriate) at this time gives them ample time to review the information before they move to your home. You may also want to review your House Rules with the client (or family member) when you give them this form to ensure that your home will be a good fit for them. Also if the client is incapable of signing the Resident Rights document or any other document requiring the signature of the client, have the family member or client representative sign their signature "for" the name of the resident. They must include their relationship to the client.



As the Adult Family Home provider, neither you nor anyone residing in your home or planning to provide substitute care may sign any paperwork for the resident.

Section 3.26: Planning for Move-In

If you and the ElderChoices client agree that the client is appropriate for placement in your home, schedule a day and time for the client to move in. Show the prospective client and/or family your available room(s) to allow them to begin to plan what possessions the client may want to bring when he or she moves.

Encourage the client to personalize their room, by bringing with them some of their favorite pictures, knick-knacks, or if possible pieces of furniture that will be familiar to them. Allow the client to make suggestions on how the furniture in the room might be rearranged, in order to give them a sense of independence and autonomy in their new living situation. Ask the client or their family to label all personal items.

Also, make suggestions as to what clothing the client might bring with them when moving into your home. Typically, clothing and other personal items must be

washable, as non-washable items may accidentally be placed in the washer and be damaged. All clothing must be labeled either with a permanent marker or with a sewn-in label.

Section 3.3:

Move-In Information

At the time a client moves into your home, you must have all needed information on file for the client. This section will provide an overview of resident-specific forms that DAAS requires.



Please keep in mind that Medicaid reimbursement is not guaranteed on the day a client moves into your home. Unless the move is authorized by the DAAS RN and an effective date for Adult Family Home services has been established by the DAAS RN, Medicaid reimbursement is not authorized.

Section 3.31: House Rules

DAAS requires all adult family home providers to develop House Rules that reflect your expectations of clients' (including family members) behavior in your home. Your House Rules must address your policies on at least the following areas:

- Curfews
- Visitors
- Meal times
- Alcohol and/or drug use
- Smoking
- Acceptable noise levels
- Kitchen use
- Telephone use
- Emergency drills (i.e., procedures for fire, severe weather and other life-threatening conditions)
- Courtesy and privacy
- Gambling
- Firearms

- Personal hygiene

When you develop your House Rules, they must not conflict in any way with the Resident Rights that are specified in section 214.1 of the Administrative Rules and Certification Requirements for ElderChoices - Adult Family Homes that was provided in your certification packet. You must provide a copy of your House Rules to each client when you conduct their evaluation (i.e. potential client interview) so they are able to become familiar with the rules prior to moving in. Use the House Rules form located in Appendix A.

Section 3.32: Occupancy Agreement

You are required to enter into a written admission agreement with each client that clearly describes the rights and responsibilities of the client and the provider, as well as a managed risk disclosure statement. This agreement must be in at least 12-point type and be written using plain, commonly understood terms.

The agreement must contain at least the following information:

- A statement that all client information will be maintained in a confidential manner to the extent required under state and federal law and DAAS instruction.
- A description of client accommodations and services covered, as well as any optional services
- A description of all fees, charges and rates for services, including optional services
- A statement regarding the impact of the fee structure on third-party payments and whether third-party payments and resources are accepted by the provider
- Policies and procedures for billing and payment procedures
- The procedure for nonpayment of fees
- Identification of the party responsible for payment of fees and identification of the tenant's legal representative, if any
- The term of the occupancy agreement
- A statement that the AFH provider must notify the client or the legal representative in writing at least 30 days prior to any change in the occupancy agreement, with the following exceptions
 - When the resident's health status or behavior constitutes a substantial threat to the health or safety of the resident, other residents, family or others
 - When an emergency or a significant change in the resident's condition results in the need for the provision of services that exceed the type or

level of services included in the occupancy agreement and the necessary services must not be safely provided by the AFH provider

- Occupancy, involuntary transfer and transfer criteria and procedures that ensure a safe transfer from the AFH, as well as the process for internal appeal for involuntary transfer.
- Policies and procedures for addressing grievances between the client and the AFH provider, family and staff.
- The emergency response policy
- The telephone number for filing a complaint with DAAS and Adult Protective Services

Have the client (and/or responsible party) sign this agreement and provide them with a copy of the agreement. Retain the original agreement in the resident's record. **At a minimum, the agreement must be reviewed every 12 months and updated as necessary to reflect any change in the services to be provided and/or financial requirements.**

A blank copy of the most current occupancy agreement form must be made available to the general public upon request.

Section 3.33: Resident's Rights

People do not lose their rights just because they are elderly and/or have a disability. Just as every other adult in society, clients have a right to take chances, refuse treatment, associate with anyone they choose, make informed decisions, make poor decisions among others. We often feel that the elderly must be kept safe at all costs. Often, many well-meaning people overstep their authority and take away a client's rights in their attempt to keep the client safe.

Section 3.331: Fair Housing Rights

As a provider renting out space to residents who will reside in your home, you are subject to federal and state fair housing laws. You must follow the provisions set forth in the Fair Housing Act, Title VII of the Civil Rights Act of 1968, as amended. This federal regulation governs all housing related to sale, rental and financing of dwellings and other housing related transactions. This law prohibits discrimination based on race, color, national origin, religion, sex, familial status (including children under age 18) and disability.

Through an amendment to the Fair Housing Act in 1988, the federal government intended to preserve housing specifically designed to meet the needs of older

persons. Such housing that meets the Fair Housing Act definition of “housing for older persons” is exempt from the law’s familial status requirements, provided that the following provisions are met:

- HUD has determined that the dwelling is specifically designed for and occupied by elderly persons under a federal, state or local government program or
- It is occupied solely by persons who are 62 or older or
- It houses at least one person who is 55 or older in at least 80 percent of the occupied units, and adheres to a policy that demonstrates intent to house persons who are 55 or older.¹

Therefore, as a certified Adult Family Home provider with the state of Arkansas, you will satisfy the legal definition of senior housing or housing for older persons as described above and can legally exclude families with children.

The Fair Housing Act also defines and protects against discrimination in housing based upon disability status. Federal laws define a person with a disability as “any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.”² In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex, and mental retardation that substantially limits one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks and caring for oneself.

You will be subject to these laws as well and must take appropriate steps to ensure you are meeting the provisions of the law in the advertising, marketing or leasing to residents. Regardless of whether the home is private or public housing, fair housing laws provide the following rights to people with disabilities:

- **Prohibits discrimination against persons with disabilities.** It is unlawful for a housing provider to refuse to rent or sell to a person simply because of a disability. A housing provider may not impose different application or qualification criteria, rental fees or sales prices, and rental or sales terms or conditions than those required of or provided to persons who are not disabled.

Example: A housing provider may not refuse to rent to an otherwise qualified individual with a mental disability because he or she is uncomfortable with the individual's disability. Such an act would violate the Fair Housing Act because it denies a person housing solely on the basis of their disability.

¹ Fair Housing Act, Section 804(f) Retrieved from: http://www.fairhousinglaw.org/fair_housing_laws/fh_act.html

² Fair housing Act, Section 807(b)(3). Retrieved from:
http://www.fairhousinglaw.org/fair_housing_laws/fh_act.html

- **Requires housing providers to make reasonable accommodations for persons with disabilities.** A reasonable accommodation is a change in rules, policies, practices or services so that a person with a disability will have an equal opportunity to use and enjoy a dwelling unit or common space. A housing provider should do everything he or she can to assist, but is not required to make changes that would fundamentally alter the program or create an undue financial and administrative burden. Reasonable accommodations may be necessary at all stages of the housing process, including application, tenancy, or to prevent eviction.

Example: A housing provider would make a reasonable accommodation for a tenant with mobility impairment by fulfilling the tenant's request for a reserved parking space in front of the entrance to their unit, even though all parking is unreserved.

- **Requires housing providers to allow persons with disabilities to make reasonable modifications.** A reasonable modification is a structural modification that is made to allow persons with disabilities the full enjoyment of the housing and related facilities.

Examples of a reasonable modification would include allowing a person with a disability to: install a ramp into a building, lower the entry threshold of a unit, or install grab bars in a bathroom.

Reasonable modifications are usually made at the resident's expense. However, there are resources available for helping fund building modifications. There are a number of agencies and organizations in Arkansas that can assist you to make home modifications to meet reasonable accommodation requests from your residents. The Arkansas Home Builders Association can assist you in identifying "aging in place" specialists from across the state that may be able to provide guidance on making modifications.

You can visit their website at:

<http://www.arkansashomebuilders.org/contactus.html>.

These requirements apply to most public and private housing. However, there are limited exemptions for owner-occupied buildings with no more than four units, single-family housing sold or rented without the use of a broker, and housing operated by organizations and private clubs that limit occupancy to members.

The Arkansas Fair Housing Commission (AFHC) is the state enforcement agency that works in conjunction with the U.S. Department of Housing and Urban Development to enforce fair housing laws. The AFHC is empowered to receive, investigate, conciliate and/or resolve complaints alleging violations of the Arkansas Fair Housing Act which prohibits discrimination on the basis of race, color, national origin, religion, sex,

familial status (including children under the age of 18 living with parents of legal custodians, pregnant women and people securing custody of children under the age of 18) and handicap (disability).

The commission also works with providers to provide technical and other assistance to prevent discriminatory housing practices. If you have any questions regarding your ability to meet the provisions of the Fair Housing Act, you should contact the Arkansas Fair Housing Commission:

Arkansas Fair Housing Commission

101 E. Capitol Ave., Suite 212

Little Rock, AR 72201

(501) 682-3247

<http://www.fairhousing.arkansas.gov/default.php>

Section 3.332: Resident Bill of Rights

Each adult family home is required to have written policies and procedures defining the rights and responsibilities of the clients. This Resident Bill of Rights must present a clear statement defining how clients are to be treated by you, your staff, your volunteers and others involved in providing care in your home. **You must ensure a copy of the Resident Bill of Rights is prominently displayed within the home in a general use area and is easily accessible for all residents.**

By reviewing the Resident Bill of Rights upon admission, you are beginning the process of assuring the clients in your home that they will still have control over their own lives. The rights can also be used as a teaching tool for a client's family who is requesting you to do things a client does not agree to. A client has the right to resist choices made by family members or medical professionals and may even make decisions contrary to what you think is best. **You role is to provide information and advocacy for the individual and to support independent choice.**

Upon admission to the home, each client must be fully informed of these rights and of all of the rules and regulations governing client conduct and responsibilities. You must receive a signed and dated acknowledgement from the client or their legal guardian that they have read and understand the rights.

This signed acknowledgement form must be included in the client's file. For clients with hearing, sight or speaking disabilities and clients who speak English as a second language, you must take appropriate measures to ensure they are fully informed of their rights. These measures could include having access to an interpreter to accommodate all disabilities or non-English speaking skills.

Resident Rights must be deemed appropriately signed if signed by:

- A client capable of understanding: client and one witness sign;
- A client incapable because of illness: the legal guardian or authorized representative and two witnesses sign;
- A client is mentally retarded: rights read and, if understood by resident, he or she and two witnesses sign. One witness must be an outside, disinterested party. If client does not understand rights, legal guardian and one witness sign;
- A client is capable of understanding, but signs with mark other than name: client signs with a mark (e.g., “X”) and two witnesses sign.

Each client must be assured of the following rights:

- To temporarily leave and return to the AFH
- To receive visitors at times mutually agreeable to the client and AFH provider
- To have access to a telephone in the home to make local calls in privacy and without charge, and to make long distance calls as specified in the occupancy agreement
- To participate in the family environment and not be confined to a specific area of the home
- To write and send uncensored mail and to receive unopened mail on the date of delivery
- To participate in religious, cultural and community activities according to the resident’s wishes and abilities
- To enjoy privacy of self and possessions
- To know that his or her wishes will be honored in regard to contacting designated physician(s) and other source(s) of medical care, relatives, designated friends and/or spiritual counselors in the event of an acute illness, nursing facility admission or hospitalization
- To have all personal information maintained and treated in a confidential manner
- To live in an environment where he or she will be treated as an adult, with respect and dignity, regardless of race, color, sex, creed or mental or physical disability
- To be fully informed, prior to or at the time of admission and as need arises during participation in the program, of services available in the AFH, including charges for services
- To be transferred or discharged only for:
 - Medical reasons
 - His or her welfare or the welfare of other residents
 - No longer needing the services provided by the AFH
 - AFH no longer included on the ElderChoices plan of care
 - AFH ceasing operation
- To be given reasonable written notice to ensure orderly transfer or discharge:

- The term “transfer” applies to the movement of a client from one AFH to another home or institution (e.g., nursing home, hospital, etc.)
 - “Medical reasons” for transfer or discharge must be based on the resident’s needs and are determined and documented by a physician.
 - Documentation for “medical reasons” by a physician must become a part of the resident’s permanent medical record.
 - “Reasonable notice of transfer or discharge” means the decision to transfer or discharge a client must be discussed with the client and/or legal guardian. The resident/legal guardian must be told the reason(s) and alternatives available.
 - In the case of non-emergency involuntary discharge, a minimum of 30 days written notice must be given.
 - A copy of the written notice must become a part of the resident’s permanent medical record.
 - Transfer for the welfare of the client or other residents may be affected immediately, if such action is documented in the medical record.
- To be encouraged and assisted to exercise all constitutional and legal rights, including:
 - the right to vote;
 - the right to voice grievances or recommend change in policies or services to AFH or outside representatives of their choice;
 - freedom from restraint, coercion, discrimination or reprisal.
 - To have the right to free exercise of religion, including the right to rely on spiritual means for treatment
 - To retain and use personal clothing and possessions as space and regulations permit
 - To be free from mental and physical abuse, chemical and physical restraints (except in emergencies), unless authorized in writing by a physician and only for such specified purpose and limited time as is reasonably necessary to protect the client from injury to himself or others:
 - “Mental Abuse” includes humiliation, harassment and threats of punishment or deprivation
 - “Physical abuse” refers to corporal punishment or the use of restraints as a punishment
 - Drugs must not be used to limit, control or alter client behavior for convenience of the provider/caregiver
 - “Physical restraint” includes the use of devices designed or intended to limit resident’s total mobility
 - Physical restraints are not to be used to limit client mobility for the convenience of the provider/caregiver, as a means of punishment or when not medically required to treat the resident’s medical symptoms

- To be assured confidential treatment of his or her personal and medical records
- To approve or refuse the release of such records to any individual except to DHS in case of transfer to another health care institution or as required by law or third party payment contract
- To be assured privacy in treatment and care for personal needs, including toileting and other activities of personal hygiene
- To be assured respect when spoken to, cared for or talked about by AFH provider/caregiver
- To exercise choice in participation of AFH activities, including individual preferences regarding such things as menu, clothing, religious activities, friendships, activity programs and entertainment
- To associate or communicate privately with persons of their choice

Please remember that unless a client has a legally appointed guardian, they have the right to make decisions, even bad ones. **If you see indications that a client can no longer understand the consequences of their decisions, you should contact the DAAS RN and case manager to determine how to proceed.**

Section 3.333: Restraints

All individuals have a humane and legal right to live free of restraints. Clients have the right to be free from chemical and physical restraints (except in emergencies), unless authorized in writing by a physician and only for such specified purpose and limited time as is reasonably necessary to protect the client from injury to himself or others:

- Drugs must not be used to limit, control or alter client behavior for convenience of the provider/caregiver
- “Physical restraint” includes the use of devices designed or intended to limit resident’s total mobility

Physical restraints are not to be used to limit client mobility for the convenience of the provider/caregiver, as a means of punishment or when not medically required to treat the client’s medical symptoms.

Restraints are not the answer. Less restrictive methods are equally effective without the risks associated with the use of restraints. Any thought to restrain a client should instead trigger an investigation and understanding of what is causing the behavior or problem. Care strategies should then be put in place to address the individual needs of the client without the use of restraints.

Some examples of alternatives to restraints are listed in this section. Depending on the circumstances, you may want to talk with professionals specializing in the development of programs to help resolve specific behavior and/or safety concerns identified.



Examples of physical alternatives include:

- assessment for pain and medications used properly for pain relief;
- massage to soothe and calm an agitated or anxious person;
- use of wheelchairs that are in good working order and correct size.



Examples of activities include:

- structured daily routines;
- walking or pacing in a safe area such as an enclosed courtyard;
- organized physical exercises;
- greater reliance on available family or friends for direct supervision;
- using an activity board that fits on a client's lap;
- music;
- reading.

Section 3.34: Resident Information Form

You must obtain essential contact and background information about a client prior to move-in, such as their birth date, prior address, emergency contact information, physician contact information, etc.

Use the sample Resident Information form in Appendix A to obtain the following information from the client (or responsible party) prior to admission:

- The resident's name, last mailing address and date of admission
- The name, address and telephone number of the next of kin, legal guardian, responsible party and any other person the client indicates must be notified in case of an emergency
- Identifying numbers, including Medicare, Medicaid, Supplemental Medical Insurance, Social Security and/or VA

- The name and telephone numbers of each physician who treats the resident

This information must be retained in the client file.

Section 3.35: Physician's Report Form

DAAS requires that you obtain the following medical information prior to or at the time of a resident's admission:

- Any allergies or, if none, the statement "No Known Allergies"
- Documentation of the resident's medications, both prescribed and over-the-counter
- A general description of the resident's physical condition at the time of admission

A copy of the Physician's Report form has been provided in Appendix A to facilitate the gathering of this information from the prospective resident's physician. Ask prospective residents or their families to have the applicant's physician complete and return this form prior to or at the time of the resident's move-in.

Section 3.36: Documentation of Legal Representation

Ask the client (or family) when you conduct the client evaluation if he or she has one or more persons who have the authority to legally represent him or her. If the client has a power of attorney, guardian, conservator or another form of legal representation, ask for copies of the letters of appointment or other appropriate documentation. Maintain copies of these documents in the resident's record.

Section 3.37: Advance Directives

Ask the client (or family) if they have an Advance Care Directive (i.e. a living will). This document provides a way for a person to express their wishes for care if they become unable to do so at some time in the future. The form is called an Advance Directive because it lets you direct your health care in advance. If the client has an Advance Directive, make a copy of this document and maintain the copy in the resident's record. Death is not an easy subject to discuss. However, given the age

and medical condition of many Adult Family Home clients, it is important to have basic information from the client and/or family. This is a delicate issue and should be handled with tact and professionalism.

When a client is accepted for residence in an Adult Family Home, you should meet with the client/family to discuss procedures in the event of the death of the client. You must determine how the family wants the situation handled. You should determine who is to be notified and in what order. This information should be in writing with signatures. If this information changes during the client's residence in the home, the changes should be noted and initialed by all parties involved. Also to be ascertained, has the family made a decision on a funeral home? If so, is there a form to release the deceased to the funeral home?

At the time of death, you should call 911. Do not touch or remove anything from the individual or premises. Based on circumstances of the situation, police and emergency personnel will determine actions to be taken. A decision will be made to release the deceased directly to the designated funeral home or to another location for further action.

If the client is also a patient of a hospice program, you should notify the hospice organization. In 2009, the Arkansas Attorney General rendered the following opinion: If the hospice patient dies in the home, the registered nurse may make pronouncement of death. However, the county coroner and the chief law enforcement official of the county or municipality where death occurred shall be immediately notified in accordance with Arkansas Code 12-12-315.

In accordance with policy of the Department of Human Services, Division of Aging and Adult Services (DAAS), adult family home providers must immediately inform the DAAS RN when a death occurs. The provider or caregiver (if present in absence of the provider) must immediately notify the DAAS RN and complete and submit form AAS-9511 within five working days. A copy of AAS-9511 must be retained in the client's file.

Proper planning will make a difficult situation less stressful for you, the provider, and for the resident's family.

Section 3.38: Evacuation and Shelter Plan

DAAS policy states that all adult family home clients and staff be informed of your evacuation and shelter plans within the first 24 hours of their arrival in your home and

following any changes made to the plan. These plans must provide step-by-step procedures that will be followed in the case of an emergency (e.g. how residents will be evacuated, to where residents will be evacuated and how assistance will be provided to residents after evacuation).

You must provide clients with a copy of this plan with signed acknowledgement that you reviewed the plan with them within 24 hours of the time they moved into your home.

You must also post a drawn escape plan that clearly depicts the home's exits; the print size and style of the plan must accommodate the needs of all residents living in your home.

Section 3.39: Activities & Interests Form

As an adult family home provider, you are expected to meet the recreational and social needs of your clients. To assist with this, you should ask each prospective client to complete the sample Resident Activities & Interests form that is available in Appendix A. The client can then return the completed form at the time of move-in. Additional information regarding the use of this form may be found in the section in this manual titled "Resident Activities."

Section 3.4:

Developing a Service Plan

DAAS requires each adult family home to develop a written service plan for each client describing the resident's needs, capabilities and the service supports needed. **The service plan developed by the adult family home provider is NOT the same as the waiver plan of care.** The service plan is more specific regarding specific tasks and specific types of assistance.



The service plan must be based on the plan of care developed by the DAAS RN and sent to the AFH provider. Along with the 9503, the AFH provider will receive an **AAS-9510** (Start Services form). The AFH provider must complete the start of care date on the AAS-9510 and return it to the DAAS RN.

The service plan must be signed by the client and the adult family home provider. Use the Evaluation & Service Planning form located in Appendix A to develop this plan. Because you used this form to complete an evaluation for a resident, you may need to make only slight changes to be able to have the form serve also as your service plan. Alternatively, you may wish to rewrite the information you obtained during the evaluation process on a clean form.

Each client's service plan must describe:

- The client's needs and preferences
- The client's capabilities
- The assistance the client requires for various tasks
- The goals and objectives of the resident
- By whom, when and how often the needed assistance will be provided.

Keep the following information in mind when developing a service plan:

- **Be Specific.** You might think of the service plan as painting a picture of the client in words. Try to make the service plan detailed enough so your substitute caregivers will be able to understand the client's need for assistance just by reading the plan. This will help ensure consistency in care and show respect for your clients.
- **Include Resident Preferences.** Be sure to include on the service plan information about the client's preferences for the different types of assistance needed, such as what time they like to get up in the morning, if they have a special routine when getting ready for the day, or if they like to take their showers first thing in the morning. As much as possible, you will want to honor clients' lifelong habits and routines.
- **Complete and Update the Service Plan.** The service plan must be completed shortly after the client moves to your home (ideally by the end of their first day). You can add to or make changes to the plan as you learn more about the client and/or as their care needs change over time. You, the client, and the client's representative (if appropriate) must sign the plan to acknowledge agreement for the services that will be provided. The service plan will serve as a written "care contract" between you and the client specifying joint expectations for the provision of care. The service plan must be reviewed and updated at least every six months, or when significant changes in the client's condition occur.

Section 3: Quiz Questions

Test your knowledge with the following questions. These questions provide examples of the types of questions that may appear on the certification exam, but are not the exam itself. The certification exam will include many more questions and cover all topics discussed in the training manual. See Appendix E for an Answer Key.

1. The following care and services can be included in your Adult Family Home's scope of service, except:
 - a. Assistance with activities of daily living (e.g. dressing, grooming, bathing, etc.)
 - b. Managing money
 - c. Writing letters for the resident
 - d. None of the above. All services can be part of the scope of service.

2. Residents referred to providers through the ElderChoices Program must meet a nursing home level of care criteria in order to be eligible for Medicaid assistance in an adult family home. Which of the following comprise the criteria?
 - i. At least one (1) of the three (3) activities of daily living (ADL) of transferring/locomotion, eating or toileting without extensive assistance from or total dependence upon another person.
 - ii. At least two (2) of the three (3) activities of daily living (ADL) of transferring/locomotion, eating or toileting without limited assistance from another person.
 - iii. The individual has a primary or secondary diagnosis of Alzheimer's disease or related dementia and is cognitively impaired so as to require substantial supervision from another individual because he or she engages in inappropriate behaviors which pose serious health or safety hazards to himself/herself or others.
 - iv. The individual has a diagnosed medical condition which requires monitoring or assistance at least once a day by a licensed medical professional and the condition, if untreated, would be life threatening.
 - a. i and ii
 - b. iii and iv
 - c. iii only
 - d. i, ii, iii, iv

3. In case of an emergency, all clients should be able to vacate the home within ___ minutes with only verbal or minimal assistance.
 - a. 2 minutes
 - b. 3 minutes
 - c. 4 minutes
 - d. 5 minutes

4. What is the purpose of the Disclosure of Services form?
 - a. To provide a list of client rights
 - b. It provides a legal basis for the provider to act as the power of attorney for the resident
 - c. To provide additional information about the home that may otherwise not have been discussed
 - d. To outline the regular schedule of the home
5. True or False – DAAS requires each adult family home provider to hold an interview with prospective residents and legal guardians prior to or at the time of admission.
6. What is the purpose of the interview mentioned above?
 - a. To determine the needs of the prospective client and whether the home can meet the needs
 - b. To introduce the new client to the other residents
 - c. For prospective client to have ample time to review all documents at this time only
 - d. All of the above
7. True or False - House rules are rules created by the client and reflect expectation of residents, providers AND family members of both residents and providers.
8. What is an Occupancy Agreement?
 - a. An admission agreement with each client that describes the rights and responsibilities of the client and provider.
 - b. A 12-point plan for ElderChoices care.
 - c. A description of client accommodations and services.
 - d. The financial policies and procedures for billing and payment.
9. The Occupancy Agreement must be reviewed every _____ and updated _____ to reflect any change in the services to be provided and/or the financial requirements.
 - a. 6 months, annually
 - b. 12 months, as necessary
 - c. Every 2 years, annually
 - d. 12 months, twice a year
10. True or False - While it is unlawful for a housing provider to refuse to rent or sell to a person simply because of a disability, a housing provider may impose a different application or qualification criteria, rental fees or sales prices and rental or sales terms or conditions than those required of or provided to persons who are not disabled.

11. Under fair housing laws, you as a provider are required to allow persons with disabilities to make “reasonable modifications” to the home. What is a reasonable modification?
 - a. A structural modification that is made to allow persons with disabilities the full enjoyment of the housing and related facilities
 - b. Installation of a ramp leading into the building
 - c. Installation of a grab bar in a bathroom
 - d. All of the above

12. A Resident’s Bill of Rights is
 - a. An outline of residential improvements to be made over the course of the fiscal year.
 - b. An admission agreement between you (the provider) and the resident.
 - c. A statement defining how residents are to be treated by you, staff, volunteers and others involved in providing care.
 - d. All of the above.

13. The following medical information must be obtained as per DAAS requirements prior to or at the time of a resident’s admission, EXCEPT:
 - a. Any allergies
 - b. Documentation of the resident’s medications, both prescribed and over-the-counter
 - c. Detailed physical examination of resident’s children
 - d. General description of the resident’s physical condition at the time of admission

14. You should ask the client (or family) if they have an Advance Care Directive. What is an Advance Care Directive?
 - a. A document that provides the expressed wishes of the client about their care should they become unable to express them sometime in the future.
 - b. A document that validates all financial decision-making on behalf of the resident.
 - c. An agreement between the provider and the client on the type of care to be delivered in the adult family home.
 - d. A document outlining the level and type of care the client will require in the next year.

15. DAAS policy states that all adult family home residents and staff be informed of your evacuation and shelter plans within ____ of their arrival in your home and following any changes made to the plan.
 - a. 2 days
 - b. 2 weeks
 - c. 24 hours
 - d. 1 week

16. DAAS requires each adult family home develop a written _____ plan for each client describing the resident's needs, capabilities and the service supports needed.
- a. Service
 - b. Advance Care
 - c. Occupancy
 - d. Continuum of Care

Section 4:

The Provision of Services

Many of your adult family home clients will need some assistance with personal care, such as dressing, bathing, toileting, grooming or ambulation. Some clients will require minimal amounts of assistance, perhaps only cuing or verbal reminders in one or two areas. Other clients, on the other hand, may need extensive assistance with most activities of daily living. Even if clients are fairly independent when they move into your home, over time they will likely have an increased need for assistance.

In this section:

- **Basic Provision of Services**
- **Assistance with Medications**
- **Housekeeping & Laundry**
- **Coordinating Transportation**
- **Meal Planning and Service**
- **Resident Activities**
- **Infection Control**
- **Mobility & Transfer**
- **Skin & Body Care**
- **Bowel & Bladder Function**

Section 4.1:

Basic Provision of Services

Section 4.11: Seeking Additional Training

If you have not received formal training in the provision of personal care services (e.g. a certified nursing assistant or home health aide course), you may want to consider enrolling in such a course. Community colleges often offer classes covering the provision of personal care at a minimal cost. The Arkansas Department of Health also provides personal care training classes. Access the department's website at <http://www.healthyarkansas.com/>.

In addition to the technical aspects of providing assistance to clients with activities of daily living, you must also keep in mind the way in which assistance is provided. That is, to the extent possible, you must assist clients in a manner that enhances their independence, acknowledges their individuality, respects their privacy, and supports their autonomy and ability to make choices.

Section 4.12: Enhancing Independence

When providing assistance to clients, **remember that one of your primary goals as an adult family home provider is to enhance each client's independence and autonomy.** While it may be easier and faster to do a personal care task for a client, encourage the client instead to do as much of the task as possible for themselves.



The process of supporting a client's independence begins when you develop the service plan with the client. Be proactive in identifying the client's abilities and capabilities, focusing on what they are able to do, not what they cannot do. No matter how frail or impaired a person is, there are always parts of a task of which they are still capable. Doing for a person what they are capable of doing for themselves can lead to "learned helplessness," which in turn can lead to a decline in their health or mental attitude, further loss of function, or attention-seeking behavior problems.

Part of supporting a client's independence is looking for creative solutions that would allow them to be more self-sufficient.

For example:

- Getting a client a plate with edges and an easy-to-grasp spoon might make the difference in them being able to feed themselves versus needing assistance to eat.
- Pull-over shirts, instead of shirts with buttons, might allow a client to get dressed without assistance.
- Once you have broken down each personal care task into smaller subtasks, you will then be able to see what parts a client is struggling with, which allows you then to try to develop creative strategies to support their independence in that particular area.

Be sure, when providing personal care assistance, to provide encouragement and support to the client when they do perform tasks independently - or even for partial success in task completion. Never underestimate the impact that even small acts of independence can have on a client who has lost their ability to perform many tasks that once were considered routine without assistance.

Section 4.13: Recognizing Individuality

When assisting your clients with personal care, it is important to recognize their unique personalities, abilities and lifelong habits. When conducting evaluations and developing service plans, be sure to ask each client about any preferences or routines they have when carrying out their personal care tasks.

For example, most of us have a routine that we follow when performing our own morning or nighttime care. Try to find out from each client what their personal routines or habits have been, and as much as possible incorporate those routines into the care provided for them in your home.

The recognition of individuality also extends to the type and amount of assistance provided to each client. As each client will have different abilities and areas with which they need assistance, the assistance you provide should be unique to the client.

For example, even though you may assist each of your residents with showers, what you are assisting them with and how that assistance is provided must be different for each resident. Mrs. Smith may simply need stand-by assistance, knowing that you are there if she becomes unsteady, but with you usually providing no hands-on help. Mrs. Jones may need to be helped in and out of the shower and help washing her back and feet. Mr. Johnson, on the other, may require assistance into the shower, adjusting the water temperature, washing his back and feet, and drying off. **The details of a resident's needs and preferences must be included in their service plan, so that the same assistance is provided regardless of the caregiver.**

Section 4.14: Maintaining Privacy

When a client moves into your adult family home, they are usually losing their personal space and the privacy that they are used to. Therefore, it is important to respect their need for privacy as much as possible on a day-to-day basis.



Respect each client's right to have control over their own personal space. Support the right of each client to close the door to their room, and if the door is closed be sure to knock and wait for an answer before entering (except in the case of an emergency). Allow clients to be alone, acknowledging that some clients will naturally need and want more "personal" space and time than others. Provide a place where clients are able to visit with family and friends without intrusion from caregivers or other residents.

Always ask permission before going through a client's personal belongings, even if you are looking for something "for them" - always ask if it is OK. And remember that clients have a right to make personal telephone calls and send and receive personal mail unopened.

Be careful about when and where you share information about a client. Don't talk with a client, to other caregivers, or outside health care providers about their health care or personal care needs in front of other residents. Have a space in your home that you can use as an office where you can make and receive private phone calls from family members, physicians or case managers. **You will also want to have a place that will be secure and private where you can store your clients' records.** And, finally, before releasing any information about a client to an outside party, be sure to get a signed written consent from the client- even if it's information requested by a health care provider. With the prevalence of electronic communication and social media, postings of pictures and comments/information about clients also require written consent.

It is also important to respect each client's need for privacy when providing assistance with personal care tasks. Most of the clients in your care will have performed activities of daily living independently (and privately) for 70+ years. To now have a "stranger" assisting them in getting dressed, or using the toilet, or taking a shower, can cause strong feelings of shame and embarrassment. Respect each client's need to retain as much privacy and dignity as possible even while receiving assistance with these very personal tasks.

For example, you could have a client wrap in a towel while getting into the shower and then take the towel off once in the shower. If they don't need hands-on assistance, allow them to shower in private, knowing you are just beyond the curtain or door must they need help. Put yourself in their position, and try to imagine what gestures might make receiving help with such personal tasks feel more respectful and less intrusive.

Section 4.15: Providing Choices

The individuals who are clients in your adult family home will typically have experienced a series of losses and will often have a severely decreased ability to exert control over their lives. Therefore, it is important to create an environment within your home in which clients are given as many opportunities as possible to make choices and participate in the decisions which affect their lives.

When developing a client's service plan, be sure to ask when and how they would like assistance, and plan the provision of assistance around their needs and preferences as much as possible.

For example, ask clients when they would like to get up, go to bed, receive assistance getting ready for the day and have their showers. Ask them what their favorite foods (or recipes) are and try to incorporate those into the meals you prepare. Find out what they genuinely enjoy doing (what brings them a sense of satisfaction and meaning) and brainstorm ways that they could participate in that area of interest.

You can provide some choices even to clients who are confused and have lost much of their ability to make decisions. For example, a resident who is cognitively impaired might be overwhelmed and unable to answer if you ask what they would like to wear. But, if you show them two shirts and ask if they prefer the red or the blue one, they will likely be able to make that choice. Always provide opportunities for choices - simply modify the complexity of the choice based on the abilities of each client.

Expect that you will have clients from differing backgrounds, some of whom may make choices that seem different or odd to you. Some of these may be related to cultural differences; others may be the result of differing personalities; and still others may simply be the result of lifelong habits and routines. Unless a choice a client makes will interfere with the safety and well-being of yourself, your family or other clients, support them in their choice.

Section 4.16: Helping Residents Manage Personal Funds

The client may place personal funds with the AFH provider for safekeeping. Providers must provide for the safekeeping and accountability, including deposits, withdrawals and current balance of such funds.

For any given year of the ElderChoices waiver, Adult Family Homes shall charge waiver clients no more than 90.8% of the current Individual SSI Benefit Rate amount rounded to the nearest dollar for room and board. For any given year of the ElderChoices waiver, ElderChoices waiver recipients shall receive 9% of the current Individual SSI Benefit amount rounded to the nearest dollar for personal needs allowance.

Whenever a client authorizes the AFH provider to exercise control over his or her personal funds or allowance, such authorization must be in writing.

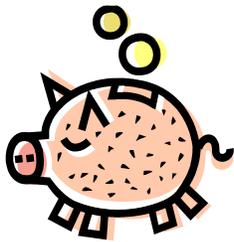
The AFH provider must:

- deposit any amount over \$200 in an interest-bearing account separate from the provider's personal and home's operating accounts

- deposit any amount less than \$200 in either a petty cash account or an interest-bearing account separate from the provider's personal and home's operating accounts
- ensure that all interest earned on funds belonging to the client is credited to the resident
- provide the client with access to his or her money at all times and encourage the client to manage his or her own money independently
- limit any purchase on behalf of the client by the provider or a caregiver using the resident's funds to only those that are requested by the client and for which a receipt can be produced

The provider must provide

- a written statement showing the status of all of the client's property, upon the client's request.
- a final accounting and return all of the client's property to the client at the time of permanent transfer or discharge. Upon the death of the client, the provider must release all of the client's property to the individual administering the resident's estate.



Any such money must not be commingled with the funds or become an asset of the home or the provider, but must be segregated and recorded on the home's financial records as independent accounts.

The personal funds or allowance must, at the discretion of the client, be used in obtaining clothing, personal hygiene items or other supplies, services, entertainment or transportation for personal use not otherwise provided by the home, pursuant to the admission agreement or required by regulation.

The provider must not charge the client for supplies and/or services that the provider is by law, regulation or agreement required to provide. This also applies to medical supplies or services for which payment is known to be available for the client under Medicare, Medicaid or third party coverage.

At a minimum, the client must have access to his/her personal funds or allowance account during the hours of 9:00 a.m. to 5:00 p.m., Monday through Friday.

At the time of discharge from the home, the client's personal account must be reconciled with the client or legal guardian.

Section 4.2:

Assistance with Medications



Medications in adult family homes must be self-administered.

Medications of residents who are deemed capable of administering their own medications without supervision or reminding may be kept in a secure site within the resident's own room. This includes over-the-counter medications.

A client may be supervised in self-administration of his or her medication, as necessary. You or a substitute caregiver may

- remind the client to take the medication.
- read the medication regimen as indicated on the container label to the resident.
- open the cap of the container for the resident.

You, a substitute caregiver or other residents **may not** administer medications to a client unless authorized by the resident's attending physician.

Changes in dosage or schedule of any medication must be made only upon the written authorization of the resident's attending physician. **Copies of written medication orders must be maintained in the resident's record.**



Any medications, including over the counter medications, for which you are providing supervision must be:

- stored in a locked cabinet, drawer, etc.;
- individually labeled and kept in the original container;
- prescribed by the resident's physician; and
- kept separate from medications used by yourself, any substitute caregivers and/or your family members;



Prescription medications must be properly labeled. Any medication which has been prescribed but is no longer in use by the client must be destroyed or disposed of in accordance with state law.

Stock supplies of any medication are prohibited.

Under no circumstances will a provider/caregiver or client share his or her medication with any Adult Family Home client.

Section 4.3:

Housekeeping & Laundry

As part of your role as an adult family home provider, you are expected to provide any needed housekeeping and laundry services for your clients. Maintain your home in a clean, comfortable manner that will help put your clients at ease, keeping all hallways and other walkways free of clutter and keeping your home free of unpleasant odors, insects, rodents and trash. Also, make sure that unused items such as old newspapers or unused furniture don't accumulate in your house, creating potential safety hazards or an unpleasant atmosphere for your residents.

Section 4.31: Cleaning Resident Rooms



Prior to move-in when you conduct a prospective client's evaluation, talk with them about how involved they would like to be in the regular cleaning of their room. Encourage each client to keep their room picked up, with an accumulation of clutter discouraged (e.g. stacks of old newspapers, magazines, etc. that might present a safety hazard). Some clients might also like to perform additional cleaning tasks in their room, such as dusting or vacuuming. Support the client in performing these tasks if so, as the more clients are able to do for themselves, the more independent they will stay. If a client is unwilling or unable to keep their room clean, you are responsible for performing this task.

Section 4.32: Doing Residents' Laundry

Before clients move into your home, their needs and preferences regarding their personal and linen laundry must be determined as part of the evaluation process. As with all services you provide, individualize laundry services for each client as much as possible. Some clients may wish to do some or all of their laundry themselves, with assistance provided as needed, whereas other clients will not be interested in participating in this task. Some clients may need laundry done only once per week, whereas others may need or prefer more frequent laundering.



Following are examples of how the provision of laundry services may vary among clients:

- Clients may wish to do all of their laundry without assistance
- Clients may want staff to carry their laundry basket to the laundry room, but prefer to actually do their personal laundry themselves
- Clients may want staff to do both their linen and personal laundry, and may need laundry done more than once a week due to difficulties with incontinence

Document the needs and preferences of each client regarding their laundry service on their service plan. Remember, that DAAS requires that client bed linens be changed at least once a week and more often if needed. The rules also state that laundry services may be provided either by you (the adult family home), by a contract with an outside linen service, or by permitting residents to do their own personal laundry with supervision.

Wash any incontinent clothing and/or linens as soon as possible after the soiling has occurred to minimize any unpleasant odors. If for some reason incontinent laundry cannot be washed immediately, it must be stored in a separate covered storage container until it is washed. The soiled laundry must be kept in a location that is separate from food storage, kitchen and dining areas.

When doing client laundry, be sure that each item is machine washable. Items that are labeled as requiring dry cleaning, hand washing or line drying must not be washed without the permission of the client and/or family member. Also check to make sure that client laundry is marked. If a resident's laundry is not marked, ask the client or family member(s) to mark the laundry with either a permanent pen or a sewn-in label.

Section 4.33: Observing Changes in Residents' Status

Providing clients with assistance with cleaning and/or laundry can provide an opportunity to become aware of changes in a client's health status that might otherwise go unnoticed. For example, you might notice blood stains on a client's clothing, smell urine on his or her sheets, or find spoiled food stashed in a dresser drawer. Document your observations and take appropriate action to identify and resolve any underlying issues. **Remember that all changes in client status must be reported immediately to the DAAS RN via form AAS-9511.**

Section 4.34: Supplying Linens & Toiletries

As an adult family home provider, you are required to provide the following linens and personal supplies for your clients:



- **Bed linens** consisting of a bottom and top sheet, at least one standard-size bed pillow; enough pillow cases for all pillows in use; and blankets suitable for the weather;



- Individual **towels** and **wash cloths**; and



- An adequate supply of **soap** and **toilet tissue**.

Section 4.4:

Coordinating Transportation

As an adult family home provider, you are expected to assist your client with their transportation needs. As such, there are a number of resources from which you can draw to meet these needs.



Adult family home clients are eligible may receive Medicaid assistance with both emergency and non-emergency transportation. Call the number for the contractor in your geographic area to obtain additional information from the transportation contractor for Medicaid.



A list of Medicaid Transportation contact information can be found in Appendix C.

Family members of clients may also be willing to provide assistance with transportation, particularly to medical appointments. Some communities also have assisted transportation available for a nominal fee.

If a substitute caregiver will be transporting clients in a personal vehicle, be sure to have on file a copy of his or her valid driver's license and proof of appropriate automobile insurance. Also, be sure that the mode of transportation chosen for a particular client is appropriate based on the client's condition.

Section 4.5:

Meal Planning & Service

Menu planning is an important part of ensuring that the dietary needs of clients are met in a way that supports their health and well-being, personal preferences and lifestyle choices. As an adult family home provider, you are expected to be aware of and respect each client's special dietary needs and preferences, create appealing and nutritious meals, and facilitate a pleasant mealtime atmosphere. You must also take into consideration your clients' ages, developmental and physical capabilities, caloric needs, cultural backgrounds and any physical condition that may make food intake difficult.

Section 4.51: Evaluating Dietary Needs

Part of your evaluation of a potential client must determine any special dietary needs or preferences. It is important to understand any physician-ordered diet or food allergies that a client may have. Cultural or religious dietary restrictions or preferences and any strong food dislikes are also important.

It can be helpful to write all of your clients' dietary restrictions and preferences on one sheet that provides an "at a glance" view of all of their dietary needs. This summary sheet can then be used as you prepare your menus and meals.

Section 4.52: Nutritional Guidelines

The meals you prepare must follow the guidelines developed by the U.S. Department of Agriculture, as summarized below:

- **The Breads and Cereals group** (6-11 servings per day): whole grain or enriched breads, rolls, English muffins, biscuits, bagels; whole grain or graham crackers; whole grain muffins; cornbread; tortillas; pita bread; bread sticks; whole grain or fortified cereals; granola; pasta and brown or enriched rice.
- **The Fruit group** (2-4 servings per day) and **the Vegetable group** (3-5 servings per day): fruits and vegetables and their juices - fresh, canned or frozen.
- **The Milk, Yogurt and Cheese group** (2-3 servings per day): milk; buttermilk; yogurt; cheese; cottage cheese; pudding and custard made with milk; and ice cream or ice milk.

- **The Meat, Poultry, Fish, Dry Beans, Eggs and Nuts group** (2-3 servings per day): poultry, fish, shellfish, beef, veal, pork, lamb, liver and other organ meats; eggs; dried peas, beans and lentils; nuts and nut butters (such as peanut butter).
- **The Fats, Oils and Sweets group** (use sparingly): cooking oils, butter, margarine, cream, salad dressing, meat fats, candy, sugar and soft drinks.

What counts as a serving?	
Breads and Cereals Group - whole grain and refined <ul style="list-style-type: none"> • 1 slice of bread • About 1 cup of cereal • 1/2 cup of cooked cereal, rice or pasta 	Milk, Yogurt and Cheese Group <ul style="list-style-type: none"> • 1 cup of milk or yogurt • 1 1/2 ounces of natural cheese (such as cheddar) • 2 ounces of processed cheese (such as American)
Vegetable Group <ul style="list-style-type: none"> • 1 cup of raw leafy vegetables • 1/2 cup of other vegetables - cooked or raw • 3/4 cup of vegetable juice 	Meat, Poultry, Fish, Dry Beans, Eggs and Nuts Group <ul style="list-style-type: none"> • 2-3 ounces of cooked lean meat, poultry or fish • 1/2 cup of cooked dry beans • 1/2 cup of tofu counts as 1 ounce of lean meat • 2 1/2 ounce soyburger or 1 egg counts as 1 ounce of lean meat • 2 tablespoons of peanut butter or 1/3 cup of nuts counts as 1 ounce of meat
Fruit Group <ul style="list-style-type: none"> • 1 medium apple, banana, orange, pear • 1/2 cup of chopped, cooked or canned fruit • 3/4 cup of fruit juice 	
<p>*Information based on the USDA and U.S. Department of Health and Human Services 2005 Dietary Guidelines for Americans</p>	

Water



Water is another important nutrient needed by our bodies. Without water, we'd be poisoned to death by our own waste products. Water is essential for:

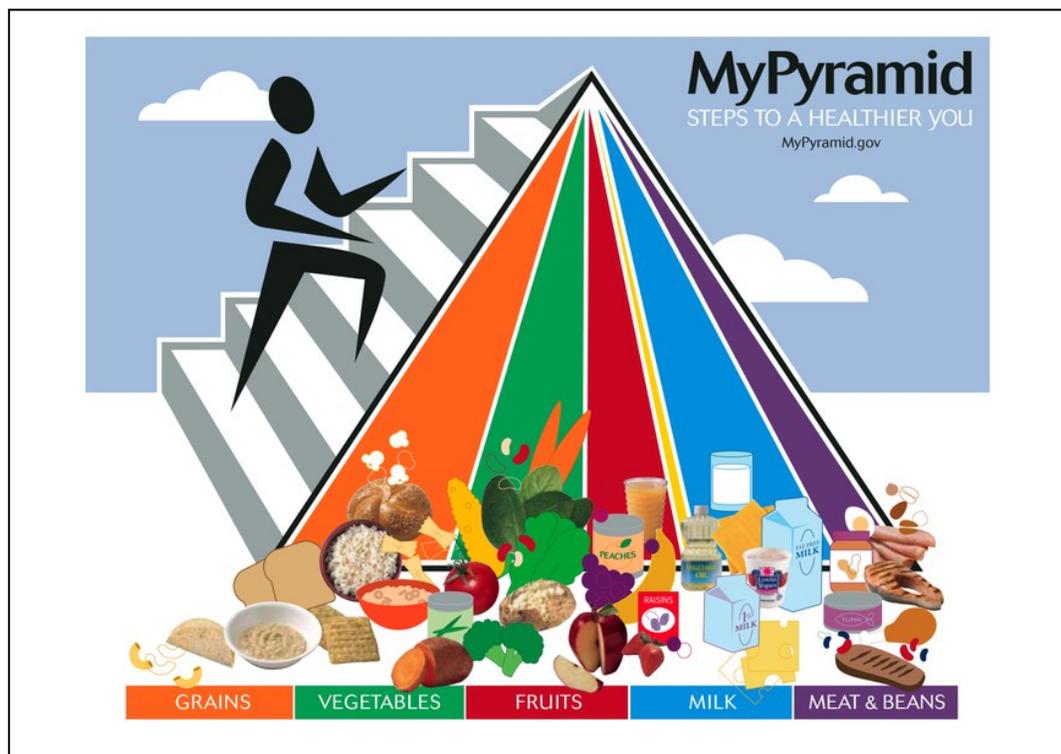
- | | |
|--|---|
| <ul style="list-style-type: none">• digesting food• carrying nutrients and oxygen to every cell in the body | <ul style="list-style-type: none">• breathing• lubricating joints• cooling the body |
|--|---|

Section 4.53: Meal Planning Suggestions

Planning your menus at least one week in advance can help ensure that you have sufficient food and supplies needed for each meal. Advance planning will also help you provide variety in your meals and make sure that any special dietary needs of clients are met.

Some menu planning suggestions:

- **Use foods from each group.** When planning each meal, be sure to use foods from each food group, as outlined in the guidelines developed by USDA (summarized above). Leaving out a food group means that important nutrients are left out. The U.S. Department of Agriculture updated the food pyramid in 2005 and you should use this as a guide to meal planning.³



- **Vary the foods you serve.** Serving different foods each day help to make your meals more interesting and appealing to clients. Preparing the same food in a different way can also add variety to your meals (e.g. chicken can be barbecued, baked or broiled; served sliced or in pieces; or served separately or in a soup or salad).

³ United State Department of Agriculture, MyPyramid.gov, Retrieved from <http://www.mypyramid.gov/pyramid/index.html>

- **Respect clients' dietary restrictions and preferences.** When planning meals, incorporate clients' special diets, needs and preferences. A well-balanced meal with minor modifications can typically be served to all people, including those on diabetic, low-sodium, low-fat and most other special diets. Consult with a professional trained in diet and nutrition (a registered dietitian) if you have any questions about how to meet the special dietary needs of residents. Often a main dish can be modified slightly to meet the needs of one client (e.g. setting some gravy aside before adding mushrooms for a client who does not like mushrooms).
- **Involve clients in meal planning.** Encourage clients to provide input into the meals that you plan and serve. Ask them about their favorite foods and include those foods in meals whenever possible. Encourage clients (or family members) to contribute their favorite recipes, and add these to menus as appropriate.
- **Use fresh foods whenever possible.** Fresh foods have more nutrients, flavor, color and texture than canned or frozen foods, and fresh fruits and vegetables may be less expensive when in season.
- **Utilize the 7-Day Menu Planning form.** Use the suggested 7-Day Menu Planning form in Appendix A to organize your meal planning process each week. Enter onto this form the meals that you plan to serve each day, ensuring that the guidelines for servings from each food group are included. Adjust your menu planning for holidays, birthdays and other special events. Refer to prior menu planning forms so you don't repeat main dinner dishes too frequently (ideally don't serve the same main dish more than one time each month).
- **Keep a recipe file.** Refer to your recipes as you plan menus so you will know what foods are included from the different food groups. Encourage clients to share their favorite recipes, and exchange recipes with other adult family home providers as well.
- **Prepare shopping lists based on menus.** Use the menu planning form and recipes to make a shopping list for the food and supplies that you need to prepare the planned meals. This will ensure that you will have all needed ingredients on hand when preparing meals.

Keep in mind when preparing your shopping lists that you are required to always have a 24-hour supply of perishable foods (i.e. fruits, vegetables, eggs, milk, etc.) on hand at all times. You must also have a three-day supply of non-perishable foods (i.e. enough canned or dried food to feed all of your clients for a three-day period in the case of an emergency).

- **Write notes on your menus.** Make notes on the menu planning forms to facilitate future meal planning. For example, you might note dishes your

clients either especially liked or disliked, if something was particularly easy or difficult to make, or how expensive it was to prepare a certain recipe.

- **Keep old menu plans.** Maintain a file with all of your old weekly menu plans, along with any notes, shopping lists and receipts (it can be helpful in managing your food costs to determine the cost of preparing certain recipes).

Section 4.54: Serving Meals

In order to develop and maintain a social, homelike environment, clients and caregivers must be encouraged to sit together at mealtimes, with the same food made available to everyone unless a special diet is prescribed. Three meals per day must be served, at approximately the same time each day. Make sure you have an adequate supply of dishes and silverware for all meals.

Section 4.541: Importance of Food Presentation

For people to maintain good nutrition, food must be presented in a manner that is visually appealing. This is even more critical when working with older adults because of the decline that often occurs in the sensitivity of taste and smell as people age. This change in the senses can dramatically affect the pleasure and satisfaction obtained from eating.

Some age-related changes that may affect the sense of taste:

- The number and sensitivity of taste buds decrease with age. After age 50, the ability to perceive each of the taste sensations - sweet, salty, bitter and sour - declines, but not at the same rate. This decline appears to be the greatest for salt sensitivity.
- Saliva, which is necessary for taste, also decreases in later life. Some medications may also decrease saliva flow.

Older people who experience a change in their sense of taste may complain that "Everything tastes flat." When food no longer tastes good, individuals may lose their interest in eating, which may in turn lead to weight loss and/or malnourishment. Other individuals may overeat in an attempt to achieve a favorable taste sensation. They may also begin to use more salt, sugar or spices to compensate for the lack of taste.

Offer softer foods for clients who have difficulty swallowing or chewing. Dental issues can be a reason for declining appetite in a client. Also, clients may be sensitive to hot and cold temperatures, resulting in a loss of appetite.

Because of the sensory changes which may occur in later life, it is critical that food is presented in such a way as to be as appealing as possible. Food must be served and seasoned attractively, as how food looks on the plate will often determine whether or not it is eaten. It is important to vary foods in color, shape, texture and temperature.



Tips for enhancing the taste of the food you serve:

- Enhance the taste of food by adding mild spices.
- Serve food with different textures. For example, crunchy, tender and soft food could all be offered in one meal.
- Serve foods warm rather than cold to enhance the food's aroma.

Section 4.542: Presentation Tips

Foods that tend to "run" must be served in separate dishes. Examples of such foods are:

- Pears, peaches, fruit cocktail or applesauce
- Carrot salad, pasta salad or cottage cheese



Place foods that must remain dry (e.g. bread, dinner rolls or biscuits) near the edge of the plate or on a separate plate.

Serve foods of different colors to make a plate more attractive. Examples:

Attractive Plate

Roast Beef (red/brown)
Mashed Potato (white)
Green Beans (green)

Unattractive Plate

Chicken (white)
Cauliflower (white)
Bread (white)

Garnishes can add to the attractiveness of a plate as well. Examples:

- Parsley sprig
- Orange slice
- Spiced apple ring
- Assorted vegetables (tomato, green pepper slice, pickle)

Section 4.543: Snacks

Adult family homes are required to make evening or bedtime snacks available to clients. Consider allowing clients access certain food items without needing to request permission. That is, any food left out on the kitchen counter (e.g. snacks or fruit) or in certain areas of the refrigerator might be made available for clients to “help themselves.” This will facilitate a sense of ownership, independence and autonomy on the part of your clients and allow them access to food when they are hungry, even at times when a caregiver is not readily available (such as the middle of the night).

Section 4.55: If a Client Doesn't Eat

If clients refuse or are unable to eat (or the quantity they eat decreases significantly), ask them why. They may not know the underlying issue, but will at least be able to provide clues that you can then follow. Many things can affect a person's appetite or ability to eat, such as:

- Stress, anxiety or depression;
- Improperly fitting dentures;
- A dislike of the food served due to cultural issues or poor food preparation or presentation;
- The loss of appetite due to an acute medical condition such as the flu; or
- The inability to feed oneself due to a condition such as Parkinson's disease or dementia.



Consult with the DAAS RN or the client's physician as needed for help identifying and addressing the underlying issue regarding the decrease in food intake.

If a client is unable or unwilling to consume regular meals served to him or her for more than **two consecutive days**, you must:

- Notify the client's personal physician
- Act on the physician's instructions
- Notify DAAS RN
- Notify the client's next of kin or legal guardian
- Document the calls and instructions in the client's record

Section 4.56: Assisting a Client with Eating



How to Assist a Client to Eat

1. Assist client to put on clothing protector or cover, if needed.
2. Ensure client is in an upright, sitting position.
3. Sit at client's eye level.
4. Offer the food in bite-size pieces - alternating types of food offered.
5. Make sure the client's mouth is empty before offering the next bite of food or sip of beverage.
6. Offer a beverage to the client during the meal.
7. Talk with the client throughout meal.
8. Wipe food from client's mouth and hands as necessary and at the end of the meal.
9. Remove clothing protector if worn and dispose of in proper container.
10. Remove leftover food.



Tips for helping a client to Eat

- Never feed a client who is lying down, reclining or very sleepy.
- Make sure the client's head is forward and his or her chin is down.
- Put a small amount of food on the spoon or fork.
- Give the client plenty of time for chewing and swallowing. Never rush.
- Tell the client what food is on the fork or spoon before putting it in his or her mouth.
- Treat the client as an adult, not a child.
- The client should remain upright for at least 20-30 minutes after finishing a meal.

Section 4.57: Special Diets

Special diets must be ordered or prescribed by a client's physician. As failure to follow special diets may result in serious health consequences for clients, physician-ordered diets must be followed carefully. For example, if a diabetic client does not receive the properly ordered diabetic diet, he or she could suffer consequences ranging from dizziness to a diabetic coma or even death.

The types of therapeutic diets that may be ordered for clients include:

- **Mechanical soft**. This type of diet is typically ordered for clients who have difficulty chewing hard foods. For example, cooked carrots might be offered instead of carrot sticks. With mechanical soft diets, texture modification is needed for all meats.
- **2 Gram Sodium**. Also known as a low-salt diet, it is ordered for residents who must restrict their sodium intake (e.g. because of heart problems or edema). An order for a low-salt diet may be written as "2 gm Na."
- **Bland / Soft**. These diets are frequently prescribed on a short-term basis for residents who have digestive, dental or swallowing problems.
- **Low fat / Low cholesterol**. This is designed to reduce fat consumption to a designated percentage (typically 30%) of the total daily calories. Most American diets include about 40% fat. In this diet, skimmed milk and cheeses may be used, and portion control of high fat items is essential.
- **1200 Cal, 1500 Cal, 1800 Cal ADA**. These are diabetic, calorie-controlled diets which limit the amount of food in each food group. They are typically prescribed to balance insulin with food carbohydrates, or to control weight.
- **General / No added Salt**. Clients on this diet may be served the regular meal, but must not add salt to the food at the table. This diet may also be called a "4 gm Na" diet.
- **General / limited concentrated sweets**. Clients on this diet may be served the regular meal, but must use dietetic jam/jelly and syrup. Calorie-controlled desserts must also be served instead of regular desserts.
- **General / skim milk, no gravy or fried foods**. This type of diet limits total fat and cholesterol, yet encourages overall adequate intake.

- **General / high fiber.** High fiber diets may be ordered for several reasons, but improving bowel function is the most common. This is a diet with additions or substitutions such as whole wheat bread (instead of white bread); raw fruits and vegetables, and bran cereal.

Section 4.571: Special Diet or Supplement Orders

Any special diet that is required for a client must be ordered by his or her physician. Any special diet should be noted on the Physician Order's form located in Appendix A. As needed, a professional trained in diet and nutrition (i.e. a consulting dietitian) can help you modify regular menu plans to meet a client's special needs.

If a client chooses not to follow a special diet, provide him or her with information about the importance of the diet and work to identify other options that would meet his or her dietary needs. Involve the DAAS RN and/or the client's physician in this process as appropriate.

Nutrient concentrates or supplements (such as Ensure) may also be provided only with a written order from the client's physician.

Section 4.58: Food Sanitation

The proper handling of food is important to preventing food-borne illnesses and to maintaining the health of your clients. Food poisoning and food-borne illnesses can be life threatening for anyone, but particularly for older people.

The best way to prevent food poisoning and the spread of contagious diseases is by safely handling, preparing and storing food.

Section 4.581: Food-Borne Illness

Food-borne illnesses can result from eating foods that might contain germs or germ products which can be poisonous. Chemical agents on food can also cause illness.

Many people mistakenly believe they can decide if food is "spoiled" by how it looks, smells or tastes. However, a germ that may cause a food-borne illness might not change the look, smell or taste of the food. The only way to ensure that food will not cause a food-borne illness is to handle the food in a sanitary manner.

The symptoms of food-borne illnesses in many cases are similar to the symptoms of other illnesses not related to food. These symptoms may include:

- Nausea
- Chills
- Vomiting
- Cramps
- Diarrhea
- Fever

Symptoms may vary among individuals even when the same foods have been eaten. Symptoms can occur almost immediately (especially in chemical poisoning) or several weeks later (with some water-borne germs). Most symptoms, however, appear within two to 24 hours, and typically last for several hours.

Death, although rare, can occur from food-borne illness. Botulism and chemical poisoning are the most frequent causes of death from food-related illnesses.

Section 4.582: General Food Safety Guidelines

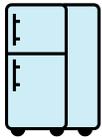
In order to prevent food poisoning or other food-borne illnesses, follow these guidelines in storing, handling and preparing food:

- **Wash your hands frequently.** Hands are a common source of food contamination, with frequent hand washing important in preventing food-borne illnesses. Wash your hands with soap and water:
 - Before handling food, food utensils or food surfaces/equipment;
 - After using the restroom or assisting a client to the restroom;
 - After smoking;
 - After coughing, sneezing or blowing your nose;
 - After your hands have touched your hair, face or mouth; and
 - After touching raw meat, poultry, seafood or eggs.
- **Keep your hands away from your mouth, nose and hair.** Use disposable tissues to cover your mouth and nose when you cough or sneeze, and wash your hands with soap and water afterwards.
- **Use clean utensils to mix and taste foods.** Use clean utensils (not your hands) to mix foods. Also, use a clean utensil every time you taste food while preparing meals. Handle all food items as little as possible, using tongs or scoops for picking up butter, rolls or ice.
- **Thoroughly clean all dishes, utensils and work surfaces.** It is important to use soap and water to thoroughly clean all dishes, utensils and work surfaces after each use - particularly after working with raw foods such as meat, poultry, fish or seafood. Take extra precautions to rinse cutting boards, knives, countertops, sinks, meat grinders, blenders and can openers by using chlorine bleach (one teaspoon per gallon of water). To sanitize dishes and utensils, use the bleach solution, rinsing well, or make sure the water is at least 170°F.
- **Keep hot foods hot and cold foods cold.** Food may be unsafe if stored for more than four hours at temperatures between 45-140°F, the range at which bacteria grow rapidly. Therefore:
 - Keep refrigerated foods cool until you are ready to serve or reheat them.
 - Refrigerate or freeze foods as soon as possible after cooking. After cooking food which will be refrigerated, do not allow the food to cool to room temperature before placing it in a refrigerator. If the food was cooked in a large container, immediately transfer the food into shallow

pans and refrigerate it. Food placed in shallow pans must not be more than two inches deep until it reaches 45° F or less and the cooling period must never be more than four hours.

- When defrosting frozen food, be sure the frozen product is not set out at room temperature as by the time the center has thawed the outside will have been warm for too long.
- If cooked foods are to be eaten hot, keep the food at 140° F until served.

3 Safe Ways to Thaw Foods:



Use the **refrigerator** to thaw the food. It may take longer, but this is the best and safest way. If frozen meat is defrosted in a refrigerator, place the meat in a container to prevent the juice from dripping onto food below.



Thaw the food **under cool, running water** - never under warm or hot water.



Use a **microwave** and follow the manufacturer's defrosting instructions.

- **Handling Eggs and Egg-Rich Foods.** It is important to keep eggs or food made with eggs refrigerated (including cream, custard or meringue pies; homemade ice cream; salads that contain eggs). Leftover egg yolks or whites must be refrigerated in a covered container. Hard-boiled eggs that are left out of the refrigerator for more than 2-3 hours must not be eaten. If eggs or food made from eggs are taken on outings, be sure to keep them in a cooler with ice or reusable cold packs until served.

Be sure to cook eggs until both the yolk and the white are firm to kill any bacteria that may be present. The elderly are in a high-risk group that must avoid eating raw egg in any form because Salmonella bacteria could be present.

- **Handling Meat, Poultry and Fish.** Fresh or thawed meat, poultry or fish must be kept in a refrigerator in a container that will prevent juice from dripping onto food below. Store cooked meat or poultry products in the freezer if you will not be using them in the next few days; when ready to use them they can be thawed and reheated. Remember that it is never safe to thaw these products at room temperature.

Have a cutting board that is used only for raw meat, poultry and fish. This cutting board must be acrylic instead of wood, in order to best prevent the spread of bacteria. After use with raw meat, poultry or fish products, thoroughly wash the cutting board with soap and water and rinse it with a diluted bleach solution (one teaspoon per gallon of water).

When cooking frozen meat, poultry or fish without first thawing, allow at least one and a half times as long for cooking as is required for unfrozen food of the same weight and shape. Do not partially cook meat or poultry one day and complete the cooking on a later day. When heating commercially prepared frozen foods, follow the cooking directions on the package to ensure that the food is thoroughly cooked and safe to eat.

Pay special attention when cooking ground meat because bacteria on the surface are spread throughout the meat when grinding; therefore, ground meat spoils more rapidly than do whole meats. Ground meat must be cooked until the juices are clear, to an internal temperature of at least 155°F.

When cooking ham, be sure to follow the directions on the package carefully. Some hams are fully cooked and just need to be warmed; others are uncooked. If you have any doubts about whether a ham needs to be cooked, it is always best to assume that it needs to be cooked.

Cooking

Kill germs with heat by cooking them above the Danger Zone of 140° F or more. Different foods must reach different temperatures to be cooked and safe.

 <p>Poultry, all food made from poultry, all stuffed meats and the stuffing inside them</p>	<p>180° F</p>
 <p>Pork</p>	<p>160° F</p>
  <p>Beef, lamb and seafood</p>	<p>150° F</p>
 <p>Hamburger</p>	<p>155° F</p>

- Leftovers and Prepared Foods.** Store prepared food in a container covered with an air-tight lid or cellophane, and label the container with the type of food and the date. If prepared food is to be frozen, wrap the product in cellophane. Then wrap the product in freezer paper and label and date the item with freezer tape. Handle foods to be frozen as little as possible to avoid spreading bacteria. Freezing does not kill bacteria; it simply stops their growth. The bacteria continue to multiply after the food is thawed.

Do NOT rely on reheating to make leftovers safe. Staph bacteria produce a toxin that is not destroyed by heating. If the odor or color of any food is poor or questionable, do not taste it. Throw the food out.

Food which has been served **MUST** be discarded (it cannot be handled as a left-over). The only exception is that unopened, individually wrapped and sealed packages of food may be re-served. Examples of such products include sealed crackers and unopened jelly containers.

When you reheat food:

- only reheat food that has been safely prepared and refrigerated

promptly;

- reheat it to 165° F;
 - use the burner on a stove, microwave, oven or a double boiler;
 - stir the food to be sure that all parts of it are hot;
 - use a metal stem thermometer to check the temperature;
 - leftovers should be reheated only once - and eaten within 2 days of being stored properly in the refrigerator.
- **Frozen Foods.** When preparing foods to be frozen, be careful to keep the food and everything it touches as clean as possible and handle the food as little as possible to avoid the spread of bacteria. Do not freeze any food that may be spoiled, as freezing does not kill bacteria; it simply stops the growth of bacteria while frozen. Once thawed, bacteria will continue to multiply. Frozen food may be safely refrozen only if it still contains ice crystals or is still about 40° F or below. Keep all frozen foods tightly wrapped in their original packaging or in moisture-proof packaging.
 - **Canned Foods.** Commercially canned food products are considered safe because they are processed under carefully controlled conditions. If a commercially canned food shows any sign of spoilage, such as bulging, leakage, mold or an unpleasant odor, throw the can out. Do not taste the food.

After opening a tin can containing acidic food (such as tomatoes), remove any leftover product in the can and store it in an air-tight container. The acid in the food may react with the metal in the can in the presence of oxygen.

Section 4.583: General Kitchen Sanitation

All food preparation and service areas and equipment must be kept clean and in good repair. Some basic guidelines:

- Clean and sanitize the kitchen and dining room after each meal.
- Place all food scraps in garbage cans with tight-fitting lids and bag liners.
- Wash and sanitize on a regular basis any equipment that comes into contact with food, including knives, food processors, meat slicers and blenders. ALL equipment must be washed and sanitized if food particles have been on the equipment for two or more hours OR between any contact with raw and cooked foods.
- Make sure your refrigerator maintains a temperature no greater than 45° F and that the temperature on your freezer is at least 0° F.

Section 4.6:

Resident Activities

Activities in adult family homes can help clients maintain or improve their overall health and well-being, quality of life, and sense of satisfaction and meaning. Clients must be provided with a variety of opportunities for involvement in activities that address their physical, mental, social, spiritual and emotional needs, with both individual and group activities available.

Section 4.61: Evaluating Resident Interests

The foundation for an effective activity program is a clear understanding of each client's interests, preferences and abilities. This can be facilitated by a systematic yet individualized process for gathering client-specific information. The Resident Activities & Interests form has been included in Appendix A for this purpose. You must have each client (or family member) complete this form prior to or just after the client moves into your home.

Section 4.62: Planning Around Individual Interests

Use the completed Resident Activities & Interests form as a basis for a discussion with the client, during which you encourage the client to talk about interests that have been important to them in the past or interests they would like to continue but have assumed they could no longer participate in.



Assist the client in identifying ways in which they might continue those activities when living at your home.

For example:

- If the client has been an active member of a particular church and would like to continue to attend services, discuss options that could make this possible (i.e. the client's daughter might be willing to drive him or her, the church might help in arranging a ride with another member who lives close to your home, etc.).
- If the client loved to garden and spent many hours working in their yard in prior years, talk about how they might continue this interest (i.e. are there raised garden beds at your home, is there a local master gardening program in the area in which they could participate, could they assist with the upkeep of your home's indoor plants, etc.).

Involve the client in the discussion and allow them to take ownership of this planning process. Summarize your conversation with the client in the client's progress notes, and note on the client's service plan any special interests or activities that the client wishes to pursue.

Section 4.63: Encouraging Participation in Household Tasks

The philosophy of adult family homes is based on clients living in private homes as part of the family. Therefore, activities in your home should include not only formal, planned activities but also active participation in the day-to-day running of the household. Many people, particularly those from the older generations, like to work as much or more than they like to play, and being able to contribute around the house can create ownership, nurture self-esteem and support independence.

Consider encouraging clients to help with setting and/or clearing the table, making their bed, caring for house plants, working in the garden, washing dishes, folding clothes, dusting furniture or sweeping the sidewalk.



These tasks must always be voluntary and the regular involvement of a client in household chores must be included in their service plan.

Section 4.64: Planning Group Activities

Because of the small number of clients who will be living in your home at any one time, and the fact that these clients may have significantly different levels of functioning and/or areas of interest, most of the activities provided in your home will likely be conducted on an individual basis.

However, some small group activities can work well in adult family homes. For example:

- Exercise circle - Encourage all clients to participate in chair exercises or stretching, held at a regular time on specified days of the week.
- Outings - Excursions out of the home for a few hours at a time can be refreshing for both you and your clients. Possibilities include area parks; an ice cream parlor; a local garden; a holiday parade; or a community art show. Ask your clients for ideas and see if a family member might want to come along.

- Birthday parties and holiday celebrations - If possible, try to include the families and friends of your clients in these occasions.

Section 4.65: Drawing on Outside Resources

Thinking of planning and leading activities can be overwhelming, in light of all of the other tasks you have to perform as an adult family home provider. You will likely want to participate in some activities yourself, particularly those areas in which you have special talents or skills. It will also be appropriate for you to be the primary person to encourage clients to participate in household tasks, such as working in the garden, setting the table or folding clothes. Menu planning, group discussions, and going for rides will also likely be activities that will be a natural for you.

However, don't try to do it all yourself. Draw on available resources from the community to enhance the activities available to your clients, add to the richness of your home, and hopefully decrease your personal level of stress. Following are possible areas of help:

- **Clients' families** - many family members are happy to be involved, and just need to be asked (and encouraged and thanked). A family member might want to take a client for a day trip out of the house, cook a special meal, play cards or other games with a client, bring a movie and popcorn to share, or bring in pets, children or great-grandchildren to visit.
- **Volunteers** - many organizations can be a source of volunteers for your home, including churches, community service organizations, and schools. The key with the successful use of volunteers is in effectively matching each volunteer with an activity that matches their interests and abilities.
- **Libraries** - local libraries can be a great source of free materials that you can access, including books on tape, DVDs and large-print books.
- **Senior Centers** - many senior centers offer activities on selected days of the week. Encourage clients to join in an activity, on a regular basis if possible, to build social connections not possible in an adult family home.
- **Churches** - if your clients have been involved with a local church, see if a volunteer(s) from the church might be willing to transport your client to and from church services or activities; volunteers might also be willing to come to your home to visit with clients, participate in sing-a-longs or lead study groups.

- **Schools or children’s programs** - school teachers or the directors of children’s programs (such as boy or girl scouts) are often looking for opportunities for children to interact with older adults. Don’t be afraid to ask!
 - **High schools or colleges** - many high school students are now required to perform community service projects and many college students are required to do internships, providing an excellent opportunity for additional community involvement in your home.
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Section 4.7: Infection Control

Section 4.71: The Spread of Infection

Understanding how germs grow and spread is important in learning to control the spread of infection.

The five conditions germs need to grow and multiply are:

1. **Moisture** - germs grow well in moist areas.
2. **Heat** - germs multiply in warm temperatures.
3. **Air** - most germs need oxygen to live.
4. **Food** - germs need food to survive. Food for a germ is protein.
5. **Darkness** - the absence of natural light encourages germ growth.

Section 4.711: How Germs Spread

Germs must have a way to get out of the place where they have grown and multiplied and in to infect something or someone. Infections are spread four ways:

1. **Direct contact** -- the spread of an infection through direct body contact of body fluids from one person to another.
2. **Indirect contact** -- coming into contact with something an infected person has used or touched (e.g. used tissues, bedding, clothing, or drinking from a glass used by a person with an infection).

3. **Droplet spread** -- coming into contact with a drop of moisture coming from secretions containing germs (when a person sneezes or coughs). Droplets must have enough force to propel them towards another person.
4. **Airborne spread** -- coming into contact with a germ traveling on dust particles.

Most infections are spread through direct or indirect contact. **Infection control** techniques focus on killing or blocking direct or indirect contact with germs so they can't cause harm.

Four important infection control practices:

1. Hand washing.
2. Wearing gloves.
3. Cleaning and disinfecting the environment.
4. Keeping up with needed immunizations.

Section 4.72: Hand Washing

Hand washing is the single most important thing you can do to control the spread of infection.

When to Wash Your Hands	
Before	After
<ul style="list-style-type: none"> contact with a client starting a task eating preparing food putting on gloves 	<ul style="list-style-type: none"> contact with a client using the restroom removing gloves or protective clothing contact with body fluids contact with contaminated items blowing nose, sneezing, coughing cleaning smoking handling pets



How to Wash Hands:

1. Make sure supplies are within easy reach so that no contaminated surface is touched throughout the task.
2. Turn on warm water at sink.
3. Wet hands and wrists thoroughly.
4. Apply skin cleanser or soap to hands.
5. Lather all surfaces of fingers and hands, including above the wrists, producing friction, for at least 10 seconds; keep fingers pointing down.
6. Thoroughly rinse all surfaces of hands and wrists.
7. Use clean, dry paper towels to dry all surfaces of hands, wrists and fingers.
8. Use clean, dry paper towels or clean, dry area of paper towels to turn off faucet.
9. Dispose of used paper towels in wastebasket immediately after shutting off the faucet.

Section 4.73: Disposable Gloves

Disposable Gloves MUST be Worn, When You:

- have direct skin contact with blood, body fluids or mucous membranes;
- handle things contaminated with germs such as tissues, disposable undergarments or soiled clothing or linens;
- provide first aid;
- have contact with a client that has an open wound;
- clean-up body fluids;
- assist a client with toileting or other personal care tasks;
- have a cut, scrape, chapped hands or dermatitis.

Disposable gloves:

- need to be made of an appropriate material, usually latex or vinyl;
- should not be peeling, cracked, discolored, or have punctures or tears;
- should be thrown away after each use;
- should be changed between tasks if they have become contaminated with germs (e.g. body fluids).



How to Put On Disposable Gloves

- Wash hands before contact with gloves.
- Check each glove for holes or other deterioration before using.
- Grasp glove at cuff and pull onto other hand.
- Grasp other glove at cuff and pull onto other hand.
- Check to make sure glove is snugly fit over each finger.

How to Take Off Disposable Gloves

- With one gloved hand, grasp the other glove just below the cuff.
- Pull glove down over hand so it is inside out.
- Keep holding removed glove with gloved hand and crumple it into a ball.
- With two fingers of bare hand, reach under the cuff of the second glove.
- Pull the glove down inside out so it covers the first glove.
- Throw gloves away.
- Wash hands as final step.

Section 4.74: Cleaning & Disinfecting

Cleaning and disinfecting are not the same. **Cleaning** with soap, water and scrubbing removes dirt and some germs. **Disinfecting** with a bleach solution or another disinfectant kills additional germs on surfaces.

There are two steps to clean and disinfect any surface.

1. Clean and scrub the surface with soap and water;
2. Disinfect the area with a bleach solution or a commercial, household cleaning solution.

Section 4.741: Handling Contamination

Standard Precautions are used any time you come in contact with a client's blood, body fluids, broken skin or mucous membranes, **whether or not you think a client has a blood-borne disease.**

Standard Precautions can include:

- using a protective barrier between you and the blood or body fluids (e.g.

- gloves, a face mask, goggles, gown);
- cleaning and disinfecting any surfaces contaminated with blood or body fluids;
- following special laundry procedures;
- properly disposing of contaminated waste;
- handling needles or other sharp objects correctly.



Any surface contaminated with body fluids or blood should be cleaned and disinfected immediately. Gloves must always be worn as well as any other protective barriers that the situation calls for. Use paper towels for clean up if possible. Dispose of contaminated materials properly.

Section 4.742: Special Laundry Procedures

Although the risk of exposure from soiled laundry is very small, laundry soiled with body fluids or blood should be treated as contaminated. Always:

- wear gloves;
- put contaminated items in a leak proof, plastic bag or covered hamper until ready to wash;
- handle as little as possible and do not shake out items;
- avoid holding soiled items against your clothing;
- wash items with a detergent and/or bleach according to the manufacturer's directions;
- keep soiled and clean linen separate;
- wash your hands after you are done.

Exposure to Blood Borne Diseases	
Kind of Exposure	What to Do
Your eyes are splattered with blood or body fluids.	Flush immediately with water for at least five minutes. Rinse under clean running water.
Blood or any body fluids get into your mouth .	Rinse your mouth with a 50/50 mix of hydrogen peroxide and water. Then rinse with plain water. Hydrogen peroxide destroys HIV and other viruses within seconds.
Both eyes and mouth are exposed.	Immediately rinse both as recommended above and get medical attention for further action.
A needle stick or puncture wound .	Wash thoroughly with soap and water or pour a small amount of hydrogen peroxide on the wound. Get medical attention for further action.
Any bite, scratch or lesion that may have had blood or body fluid exposure.	Wash the area thoroughly with soap and water or pour a small amount of hydrogen peroxide on the wound. Cover the wound with a sterile dressing. Get medical attention for further action.

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Section 4.8:

Mobility & Transfer

Section 4.81: Body Mechanics

Any time you help lift or move a client, use proper **body mechanics** to prevent stress and injury to your spine.

Proper Body Mechanics

- **Before** lifting or moving a thing or person, **test the weight** to make sure you can move it safely. Do not lift it alone if it seems too heavy.
- **Spread your feet about shoulder width apart with one foot in front of the other** to provide a good base of support.
- **Bend at the knees** instead of the waist.
- **Keep your back as straight** as possible.
- **Bring the load as close to your body** as you can.
- **Lift with your legs**, using your stronger set of buttock and leg muscles.
- **Keep your back, feet and trunk together and do not twist at the waist.** If it is necessary to change your direction when upright, shift your feet and take small steps. Keep your back and neck in a straight line.
- **Pull, push or slide objects** instead of lifting when possible.

Section 4.82: Mobility

Encouraging and helping clients stay mobile greatly impacts their physical and emotional well-being.

Many things can limit a client's **mobility**:

- balance problems
- medication
- vision problems
- certain disabilities
- hearing loss
- reduced sense of touch
- pain

Common problems that can occur when a client becomes less mobile:

- pressure ulcers
- increased stress on the heart
- urinary problems
- muscle weakness
- constipation

Helping a client walk includes helping steady the client while he or she is walking, assisting with difficult parts of walking (e.g. climbing stairs) and helping with assistive devices (e.g. walkers).



How to Help a Client Walk

1. Put on and properly fasten non-skid footwear on the client.
2. Stand in front of and face client.
3. Brace the client's lower extremities.
4. With transfer (gait) belt:
 - Place belt around the client's waist and grasp the belt while assisting client to stand.
 - Walk slightly behind and to one side (weaker side, if any) of client for the full distance, while holding onto the belt.
5. Without transfer belt:
 - Place arm around client's torso while assisting client to stand.
 - Walk slightly behind and to one side (weaker side, if any) of client for the full distance with arm supporting client's back.
6. Assist client to where he or she is going and remove transfer belt, if used.
7. Wash hands as final step.



Tips for helping a client walk.

1. Clarify with the client where he or she wants to go and assess the client's abilities before assisting the client to walk.
2. Before assisting a client to stand, encourage him or her to:
 - lean forward;
 - use a rocking motion as momentum (if able);
 - move his or her legs off the bed;
 - push forward with his or her arms from the bed (if able).
3. Keep the client's body as straight as possible when lifting.
4. If a client has a weak leg, brace your knee against it as the client stands.
5. Once the client is standing, encourage him or her to:
 - stand a few minutes and stabilize his or her balance before walking;
 - stand straight, look forward and keep a measured, smooth rhythm;
 - use his or her glasses and/or hearing aids;
 - avoid wearing skirts, robes, etc., that fall below the ankles.
6. Clear pathways of clutter.

Never

- help a client stand by pulling on his or her arms.
- put your hands under the client's armpits when assisting a client to stand.



Tips for helping a client climb stairs.

1. The client should **step up with his or her stronger leg first**.
2. Stand behind the client when he or she is going up stairs.
3. The client should **step down with the weaker leg**.
4. Stand in front or at the side of the client when going down stairs.
5. For safety, the client should always use a handrail.
6. A transfer belt can also be used for support.

Section 4.821: Assistive Devices Used for Helping a Client Walk

Clients who can bear some weight on their legs but are unsteady and/or need help with balance use **walkers**.



Tips for helping a client use a walker. Encourage the client to:

1. pick up - do not slide - the walker;
2. not lean into the walker;
3. place his or her weight on the stronger leg and hands;
4. not pull on the walker when standing up.

Straight canes are for balance and are not designed to bear weight. The client must be able to bear weight on both legs and hold the cane.



Tips for helping a client use a cane.

1. The cane should be used on the client's strong side.
2. The cane goes forward first, followed by the weaker leg and then the stronger leg.
3. Stand on a client's weaker side (if they have one).

Crutches provide support and stability when a client can only bear weight on one foot.



Tips for helping a client use crutches.

1. The crutches should be adjusted to the client's height.
2. The crutches should have heavy, rubber suction tips.

Braces provide specific support for weakened muscles or joints or immobilize an injured area. The brace should be custom-made for the individual.



Tips to remember when a client has a brace.

1. The client may need protective padding.
2. There may be a prescribed schedule for use and rest.
3. Monitor closely for skin irritation or breakdown.

Section 4.83: Falls

Section 4.831: What Can Lead to Falls

Many things can lead to falls for a client, including:

- vision and hearing problems
- seizures
- impaired balance or awareness
- medications
- reduced strength
- poor hydration or nutrition
- alcohol or drug abuse
- slowed reaction time

There are a great number of simple and practical things that can be done to reduce a client's risk of falling. Report concerns you have about a client falling to the DAAS RN.



Encourage a client to:

- have routine eye exams and wear his or her glasses;
- have routine hearing exams and wear his or her hearing aides;
- do strengthening or balance exercises (A client may require an individualized program designed by a doctor.);
- use a walker or other needed assistive devices;
- get up slowly after sitting or lying down;
- reduce fall hazards in the home;
- have medications reviewed by his or her doctor.

Section 4.832: Footwear



All clients should have sturdy walking shoes that support the foot. Shoes that tie or supportive sneakers with thin, non-slip soles and velcro fasteners to adjust for swelling of the feet are best. Slippers and jogging shoes with thick soles should be avoided.

Section 4.833: Fall Prevention



Tips to Preventing Falls

- Keep walkways clear - especially to the bathroom.
- Remove throw rugs and any other things a client may trip over.
- Clear rooms and stairs of clutter.
- All rooms should have good lighting, especially hallways and stairs.
- Stairs should have a strong handrail.
- Vary the colors at floor level so you can see where steps and edges are.
- Use nightlights in the client's room, hallway and bathroom.
- Avoid long robes, loose-fitting slippers and high-heeled shoes.
- Keep things used most often on lower kitchen cabinet shelves.
- Use handrails in tubs and next to toilets.
- Use hand grips to help steady.
- Use safety toilet seats to make standing and sitting easier.
- Use mats in showers and tubs.



What to do if you see a client falling

1. Don't try to stop the fall. You could both be injured.
2. Try to support the client's head and gradually ease the client onto the floor.
3. Keep your back straight, position your feet for a wide base of support. Flex at the knees and hips as you lower the client to the floor.
4. If you are behind the client, gently let him or her slide down your body.



What to do if a client has fallen

1. Ask the client how he or she feels.
2. Keep in mind, that many people are embarrassed and may want to get up or tell you everything is fine even if he or she is hurt. Observe the person carefully.
3. If the client says he or she feels **unhurt and comfortable getting up**, observe him or her carefully while doing so.
4. If the **client is injured**, call 911.
5. Make the client as comfortable as possible and keep him or her warm by covering with a blanket until medical help arrives.
6. **Do not give the client anything to drink or move him or her.**
7. Document and report the fall to the DAAS RN.



****Report any falls immediately to the DAAS RN via the AAS-9511.**

Section 4.84: Transfers

Becoming less mobile can bring on feelings of helplessness, depression and anxiety as a client's independence is reduced.

Transfers are very personal. A client knows what works and doesn't for him or her and will have a definite opinion about how he or she wishes to be transferred. Talk with the client about these preferences before you do any transfers.

Be clear and confident with your directions. This helps the client feel more comfortable and secure.



Tips for helping a client sit on the side of a bed

- Make sure the client is not too close to the edge of the bed.
- Instruct the client to bend his or her knees with their feet flat on the bed and to roll onto their side towards you.
- Have the client bring his or her legs off the bed and push up with their arms to a sitting position.
- Encourage the client to use hip walking if able (scooting forward one hip at a time) to scoot towards the edge of a bed.
- Assist the client, if needed, by placing one arm under his or her shoulder, your other arm over his or her thighs. Swing the client's legs off the bed.



How to Transfer a Client from Bed to Chair/Wheelchair

1. Position chair/wheelchair close to bed with arm of the wheelchair almost touching the bed.
2. Fold up or remove footrests.
3. Lock wheels on wheelchair.
4. Assist client to roll toward side of bed.
5. Supporting the client's back and hips, assist client to a sitting position with feet flat on the floor.
6. Assist client to put on non-skid footwear.
7. Put on transfer belt, if necessary.
8. Assist client to scoot toward edge of bed.
9. With transfer (gait) belt:
 - Stand in front of client.
 - Grasp belt.
10. Without transfer belt:
 - Stand in front of client.
 - Place arms around client's torso under client's arms.
11. Brace client's lower extremities with your knees to prevent slipping.
12. Alert client you will begin transfer on the count of 3.
13. On signal, assist client to stand.
14. Assist client to pivot to front of wheelchair with back of client's legs against wheelchair.
15. Flex your knees and hips and lower the client into the wheelchair.
16. Have client hold onto armrests for support.
17. Reposition client with hips touching the back of the wheelchair and good body alignment. Remove transfer belt, if used.
18. Position client's feet on footrests.
19. Wash hands as final step.



Tips for transferring a client from a wheelchair into a car

- Position the car away from the curb so the client stands on level pavement, or have the car close to the curb so the client will not have to step down onto the pavement from the curb.
- Have the car door open.
- Position the car seat as far back as possible. The front passenger seat is preferred.
- Make sure the wheelchair is in the locked position.
- Have the client put his or her right hand on the car door.
- Have the client use his or her left hand to push off on the wheelchair to a standing position.
- Have the client turn, face the door and place his or her left hand on the seat back or door frame and sit down sideways onto the seat.
- Have the client turn in the seat and assist him or her, if needed, in placing one, then the other foot, in the car.
- Reverse this process if transferring the client out of car.
- Non-friction upholstery such as vinyl or leather helps the client to slide easily. A large, plastic garbage can liner can also be used to make it easier for the person to slide.
- Avoid parking the car on an incline.
- Have the car engine off – put the car in park with brakes set.

Section 4.9:

Skin & Body Care

The four important care giving roles in client skin care include:

1. Promoting healthy skin.
2. Routinely observing a client's skin.
3. Knowing the types of skin problems to look for.
4. Documenting and reporting problems to the DAAS RN immediately.

Skin is the first line of defense a client has to heat, cold and infection. Skin changes with age and sometimes because of a chronic illness.

These changes can lead to:

- skin becoming thinner and dryer - tearing easier and not healing as easily;
- loss of the layer of fat just below the skin, decreasing the ability to stay warm;
- sweat glands losing the ability to cool in heat;
- loss of the ability to feel pain, heat or light touch.

Section 4.91: Five Ways to Help Clients Maintain Healthy Skin

1. Keep skin clean.

- Keep skin, nails, hair and beards clean.
- Set up a routine bathing schedule.
- When bathing, use warm, **not hot**, water and **mild** soaps.
- Monitor water temperature to avoid burns for clients who have lost the ability to feel heat.
- Take extra care to make sure skin folds are clean and dry, particularly for clients who are obese.
- Skin folds hold bacteria, dirt and old skin cells.
- In-between baths, clean the skin as soon as you see something on it.

2. Keep the skin dry.

- Use pads or briefs that absorb urine and keep moisture away from the skin for clients with incontinence.
- Use a cream or ointment as further protection for the skin.
- Avoid using “blue pads” or disposable waterproof under pads that can hold moisture on the skin.
- A waterproof cloth pad that can be laundered and reused is a good alternative.

3. Use moisturizing creams and lotions.

- Gently apply lotion to dry skin regularly.
- An AFH provider can:
 - apply non-prescribed ointments or lotions (e.g. dandruff shampoo or body lotion to prevent drying of scalp or skin);
or
 - change a band-aid in response to a first-aid situation.
- An AFH provider can **NOT**:
 - change ***sterile dressings***;
 - apply a prescribed lotion or ointment used to treat a condition.

4. **Encourage good nutrition.**

- Diet contributes to healthy skin.
- Encourage a client to eat a healthy, well-balanced diet and to drink plenty of fluids (unless on a fluid restriction).

5. **Encourage mobility.**

- Encourage a client to stay as mobile as possible.
- Encourage activities or exercise that help increase circulation.

Section 4.92: Skin Problems

Common Skin Problems	
Type of Problem	What is it?
Pressure Ulcers (or Bed Sore)	Skin breakdown or injury caused by pressure and/or weakened skin that damages the skin and underlying muscle.
Stasis/Venous Ulcers	A chronically open area, caused by poor circulation of the blood in the veins. Early symptoms are a rash or a scaly, red area and itching. The skin around the ulcer becomes a discolored reddish-brown. This occurs most often on the lower legs and feet.
Arterial Ulcers	Round open areas on the feet and lower leg due to lack of blood flow to the legs.
Rashes and Infections	Most rashes are raised, red, bumpy areas on the skin that are often itchy. Skin infections are a break in the skin, like a scratch, where bacteria have spread and caused an infection.
Burns	<p>Skin that is damaged by fire, sun, chemicals, hot objects or liquids, or electricity. Burns are classified according to how deeply the skin is damaged.</p> <ul style="list-style-type: none"> • 1st degree burns are when the skin is reddened and may be swollen and tender. • 2nd degree burns usually have blisters, intense redness, pain and swelling. • 3rd degree burns are the most serious and involve all layers of the skin.
Skin Cancer/Lesions	Abnormal growth on the skin that usually doesn't spread and is treatable. A more dangerous kind of skin cancer is melanoma. Melanomas are irregularly shaped and may be described as a "strange mole" or a mole that is changing. If a client has a strange mole, encourage him or her to contact his or her doctor.



Observe a client's skin at least once a day. Look for

- Redness or other changes in coloring
- Swelling
- Changes in temperature (warm or cold)
- A break in skin
- Rashes, sores, or a gray or black scab over a pressure point
- Odor
- Pain

****Observing any of these signs could be an indication of a skin problem and should be reported to the DAAS RN immediately.**

Section 4.921: Causes of Pressure Ulcers



Immobility is the No. 1 cause of pressure ulcers.

When a person sits or lies in a position for too long without moving, the weight of his or her body puts pressure on the skin and muscle. The pressure can be from a bone pressing against another part of the body or from a mattress or chair. This unrelieved pressure cuts off blood supply to the skin. Without a blood supply, the skin - and eventually the muscle under it - dies and a pressure ulcer forms.

The amount of pressure needed to cause a pressure ulcer ranges from a small amount of pressure for a long time to high pressure for a short time. Pressure ulcers can also be caused when the skin is weakened by:

- friction;
- too much moisture on the skin;
- dryness and cracking;
- age;
- irritation by urine or feces;
- lack of good nutrition and/or drinking enough fluids;
- certain chronic conditions or diseases - especially those that limit circulation.

Section 4.922: Those at High Risk for Pressure Ulcers

Clients who are fully or partially immobile or with weakened skin are at high risk for getting a pressure ulcer.

This includes clients:

- in wheelchairs or who spend a lot of time in a chair or bed;
- who have had a pressure ulcer in the past;
- who are paralyzed;
- who have unmanaged incontinence;
- with poor nutrition or dehydration;
- with a chronic illness, like diabetes, that decreases circulation;
- with cognitive impairments that make him or her forget to move;
- who have a decreased ability to feel sensation;
- who are obese or too thin.

Section 4.923: What Pressure Ulcers Look Like

What a pressure ulcer looks like depends on how severe it is.

The **first signs** of a pressure ulcer include:

- redness on unbroken skin lasting 15-30 minutes or more in people with light skin tones. For people with darker skin tones, the ulcer may appear red, blue or purple. If in doubt, compare the area to the other side of the client's body.
- any open area - it may be as thin as a dime and no wider than a Q-tip.
- an abrasion/scrape, blister or shallow crater.
- texture changes - the skin feels "mushy" rather than firm to the touch.

A pressure ulcer can sometimes look like a gray or black scab. Beneath the scab is a pressure ulcer. If you notice a scab over a **pressure point**, report it to the DAAS RN. Do not remove the scab. If a pressure sore is beneath it, this could cause damage or lead to infection.

Section 4.924: Noticing Skin Problems



What to do if you see a **skin problem**

Any time you see redness on unbroken skin or feel heat in the area lasting 15-30 minutes or more - especially at a pressure point:

- reposition the client off of the red area immediately to remove pressure from the area.
- **report it to the DAAS RN.** Document your concerns.

Do not:

- massage the area or the skin around it.
- use a heat lamp, hair dryer or “potions” that could dry out the skin more.

Section 4.925: Protecting a Client’s Skin



A client needs to change position frequently to protect his or her skin.

A pressure ulcer can start in as little as one to two hours for clients in bed and unable to move. Clients who sit in chairs and can’t move can get pressure ulcers in even less time because the pressure on the skin is greater.

- A client confined to bed should change position at **least every two hours.**
- A person confined in a chair or wheelchair should shift his or her weight in the chair at least **every 15 minutes for 15 seconds** and change position at least **every hour.**

Section 4.926: Preventing Friction to the Skin

Friction is caused when skin is rubbed against or dragged over a surface. Even slight rubbing or friction on the skin may cause a pressure ulcer - especially for those clients with weakened skin. Special care by a provider must be made when transferring and positioning a client.

A client must always be:

- lifted - not dragged when transferring;
- positioned in a chair or bed correctly so he or she cannot slide down;
- positioned on smooth linen or clothing.

Section 4.927: Repositioning a Client



How to Turn and Reposition a Client in Bed

1. Bend client's knees.
2. Before turning client, move client's body towards self.
3. Place your hands on the client's hip and shoulder and gently roll the client over on his or her side away from you.
4. Position client in proper body alignment:
 - head supported by pillow;
 - shoulder adjusted so client is not lying on arm and top arm is supported;
 - back supported by supportive device;
 - top knee flexed, top leg supported by supportive device with hip in proper alignment.
5. Cover client with top sheet.
6. Remove gloves (if used) and wash hands as final step.



Tips to remember when repositioning a client

- Make sure there is room to roll the client.
- Tell the client to look in the direction they are being rolled.
- Do not roll the client by pulling or pushing on his or her arm.



Skin care tips for positioning a client confined to a bed or chair

- A special mattress that contains foam, air, gel or water may be used. Check the mattress daily to make sure it is working properly.
- Do not use donut-shape cushions. They reduce blood flow and cause tissue to swell. This increases the risk of a client getting a pressure ulcer.
- Choose a position that spreads weight and pressure most evenly.
- Use pillows or wedges to keep knees or ankles from touching each other.
- Place pillows under the client's legs from mid-calf to ankle to keep a client's heels off the bed if a client can't move at all.
- Never place pillows directly behind the knee. It can affect blood circulation and/or increase the risk of blood clots.
- Be cautious about raising the head of a bed. This puts more pressure on the tailbone and allows the client to slide, possibly causing a pressure ulcer. Lying flat can be a problem for clients who have difficulty breathing. If this is the case, the head of the bed should not be raised at more than a 30° angle, unless necessary for breathing.

Section 4.93: Personal Hygiene

Personal hygiene is a very important part of helping to keep a client's skin and body healthy. Being well-groomed is also an important psychological and physical boost for most people.

Section 4.931: Mouth Care

Proper care of the mouth and teeth supports a client's overall health and helps prevent mouth pain, eating difficulties, speech problems, digestive problems, tooth decay and gum disease.



Teeth should be brushed twice a day with fluoride toothpaste. It is even better to brush after every meal. Teeth should be flossed at least once a day to clean between the teeth where the brush misses.

Watch for, document and report to the DAAS RN any sore areas in the mouth, changes in tissue, complaints a client may have in eating comfortably, or anything unusual inside the client's mouth.



How to Provide Mouth Care

1. Ensure client is in an upright sitting position.
2. Put on gloves.
3. Place towel across client's chest before providing mouth care.
4. Moisten toothbrush or toothette and apply toothpaste.
5. Clean entire mouth (including tongue and all surfaces of teeth), with brush or toothette, using gentle motions.
6. Assist client to rinse his to her mouth.
7. Hold basin to client's chin.
8. Wipe client's lips and face, and remove towel.
9. Dispose of soiled linen in soiled linen container.
10. Clean and return toothbrush, toothpaste, etc to proper storage.
11. Remove gloves and wash hands.

Section 4.932: Denture Care



Like natural teeth, dentures must be properly cared for. If the client does not have any teeth or wears dentures, gums and mouth should be brushed and cleaned at least twice daily.

Watch for, document and report to the DAAS RN any problems a client may have with dentures such as discomfort, trouble eating, speech problems, complaints of the dentures not fitting correctly, sore spots under or around the denture, or odor.



How to Clean and Store Dentures

1. Put on gloves.
2. Line sink/basin with a towel/washcloth or fill it with water.
3. Obtain dentures from client or gently remove them from client's mouth if he or she is unable to do so. Take the lower denture out first, then the upper denture.
4. Rinse dentures in cool running water before brushing them.
5. Apply toothpaste or denture cleanser to toothbrush.
6. Brush dentures on all surfaces.
7. Rinse all surfaces of denture under cool, running water.
8. Rinse denture cup before putting dentures in it.
9. Place dentures in clean denture cup with solution or cool water.
10. Return denture cup to proper storage.
11. Clean and return supplies and equipment to proper storage.
12. Dispose of sink liner.
13. Remove gloves and wash hands.



Tips for helping a client with denture care.

- Allow dentures to soak overnight (or for several hours, depending on dentist's recommendations or the client's preference).
- Inspect dentures for cracks, chips or breaks.
- Dentures can chip, crack or break even if only dropped a few inches. They are also slippery. Take extra care to avoid dropping them.
- Place clean dentures on clean surfaces, such as the denture cup after it is rinsed.
- Avoid hard-bristled toothbrushes that can damage dentures.
- Do not put dentures in hot water - it can warp them.
- Do not soak dentures in bleach water. Bleach can remove the pink coloring, discolor the metal on a partial denture or create a metallic taste in a client's mouth.
- Ask the client what denture cleaning product he or she uses. Hand soap, mild dishwashing liquid or special denture cleaners are all acceptable. Do not use powdered household cleaners that are too abrasive.
- Don't let dentures dry out - they lose their shape.
- Never soak a dirty denture. Always brush first to remove food.

Section 4.933: Shaving



How to Shave a Client (With a Safety Razor)

1. Put on gloves.
2. Ask client if he or she wears dentures. If so, make sure they are in his or her mouth.
3. Wash face with warm, wet washcloth.
4. Apply shaving lather to the area you are going to shave.
5. Hold razor securely.
6. Hold skin taut with free hand and shave with smooth even movements in the direction of hair.
7. Rinse safety razor in warm water between strokes to keep the razor clean and wet.
8. Shave sides first, then nose and mouth.
9. Wash, rinse and dry face.
10. Clean equipment and put away.
11. Remove gloves and put in appropriate container.
12. Wash hands as final step.

Section 4.934: Nail Care

Nail care includes both fingernails and toenails. Nail care may be a part of the bath routine.



How to Care for Client's Fingernails

1. Put on gloves.
2. Put water in bowl. Test water temperature to make sure it is safe and comfortable before placing client's fingers in water. Adjust if necessary.
3. Place water at a comfortable level for client.
4. Put client's fingers in water and allow to soak.
5. Dry client's hand including between fingers. Pat, don't rub dry.
6. Clean under nails.
7. Groom nails with file or emery board.
8. Finish with nails smooth and free of rough edges.
9. Empty, rinse, wipe water bowl and return to proper storage.
10. Dispose of soiled linen properly.
11. Remove gloves and wash hands.



How to Care for a Client's Feet

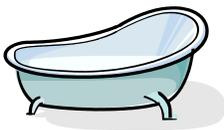
1. Put on gloves.
2. Put water in basin. Test water temperature. Ensure it is safe and comfortable before placing client's feet in water. Adjust if necessary.
3. Put the client's foot completely in the water.
4. Supporting foot and ankle properly throughout procedure, remove foot from water, wash entire foot, including between toes, with soapy washcloth.
5. Rinse and then dry entire foot, including between toes. Pat, don't rub dry.
6. Gently clean dirt out from under nails.
7. File or cut nails, straight across, as needed with clippers or emery board.
8. Put lotion in your hand and massage lotion on client's entire foot. Remove excess (if any) with towel.
9. Assist client to replace socks and shoes.
10. Empty, rinse, wipe basin and return to proper storage.
11. Remove gloves and wash hands.

****An AFH provider must not cut the toenails of a client with diabetes. If a client with diabetes is unable to cut his or her own toenails, medical assistance is required.**

Section 4.94: Bathing

A bath leaves all of us feeling refreshed and in a more relaxed frame of mind. A bath not only cleans the skin, it:

- stimulates circulation;
- provides movement and exercise;
- provides an opportunity to observe the client's skin.



How often baths should be given depends on the client's physical condition, age, skin type and personal wishes. Bathing can take place in a tub, shower, bed, or as a sponge bath.

Older people and some people with chronic illnesses have less skin oil and perspiration. Therefore, they may not need a daily bath or may only need a sponge bath.



Tips for helping a client with a **bath**

- Start at a client's head, work down and complete his or her front first, unless the client has another preference.
- Use less soap - too much soap increases skin dryness.
- Fragile skin requires a very gentle touch.
- Make sure the lighting is good.
- Make sure the bathroom is warm and without drafts.



You may also be asked to help a client with a shower instead of a bath. This can include helping get the client into a shower, washing body parts a client can't reach, assisting the client out of the shower, and getting dried and dressed.



Tips for helping a client with a **shower using a bath bench**

- Make sure the floor is dry when assisting someone in or out of a shower.
- Make sure all equipment is secured and locked before assisting someone on or off of the equipment.
- Encourage the client to do as much as he or she can.
- If help is needed, make sure to move body parts gently and naturally, avoiding force and over-extending limbs and joints.
- When assisting a client off a bath bench, make sure the person is dried off well so he or she doesn't slip.
- Look for skin problems, especially at pressure points and feet.

Section 4.95: Dressing



How to Assist Client with Weak Arm to Dress

- Ask client what he or she would like to wear.
- Remove client's gown/sleep wear while protecting privacy.
- Assist client to put the weak arm through the correct sleeve of the shirt, sweater or slip.
- Assist client to put strong arm through the correct sleeve.
- Assist client to put on skirt, pants, shirt or dress, and non-skid footwear.
- Put on all items, moving client's body gently and naturally, avoiding force and over-extension of limbs and joints.
- Finish with client dressed appropriately (clothing right side out, zippers/buttons fastened, etc.) and seated.
- Place gown in soiled linen container.
- Wash hands.



Tips for helping a client get dressed

- Make sure the room is warm and comfortable.
- Encourage the client to do as much of the dressing as he or she can. Assist with what client is unable to do. Be very patient if it takes longer.
- Be gentle. Do not overextend a client's limbs or use force to get clothing
- Once the client is dressed, check and make sure his or her shoelaces are tied, buttons done, zippers up, and shirt tails tucked in.
- If your client wears dentures, eyeglasses, hearing aids, etc., make sure he or she has them.
- Wear gloves if there is a chance you will come in contact with blood or body fluids.

Section 4.10:

Bowel & Bladder Function

When overseeing a client's bowel and bladder function, your job is to:

- have an understanding of what is and is not normal bowel and bladder function for a client;
- encourage the client to make choices to maintain good urinary and bowel function;
- know what to document and report to the DAAS RN if there are problems in this area.

The following are general guidelines for what is normal and not normal urinary and bowel function.

Urinary Function	
Normal	Not Normal
<ul style="list-style-type: none">• Emptying the bladder about every 3-4 hours during the day (6-8 times in 24 hours)• Getting up once at night to empty the bladder	<ul style="list-style-type: none">• Getting up more than twice at night to empty the bladder• Experiencing urine leakage or wetting accidents (incontinence)• Pain or burning during urination• Emptying the bladder more than 8 times a day• Frequent, sudden, strong urges to go to the bathroom• Blood in urine

Bowel Function	
Normal	Not normal
<p>“Normal” bowel function varies greatly among people. Having a bowel movement is considered normal if it is:</p> <ul style="list-style-type: none">• At least once every 1-3 days• Formed, but not hard• Without excessive urgency (needing to rush to the toilet)• With minimal effort and no straining• Without the need of laxatives	<ul style="list-style-type: none">• Straining or difficulty passing stool• Stool is dry or hard; has blood and/or mucus• Cramping, abdominal pain• Constipation• Diarrhea• Bloating and/or gas• Changes in bowel habits• Continual need for laxatives• Blood in stool



Tips for helping client maintain **good urinary and bowel function**

Many of the recommendations for maintaining good urinary and bowel function are identical to making healthy choices for overall health and well-being.

Encourage a client to take the following steps:

1. **Get plenty of fluids:** Drink 6-8 cups of fluid per day, more when the weather is hot or when exercising. Cut down on alcohol and beverages containing caffeine (tea, coffee, soda).
2. **Make healthy food choices:** Fiber is especially important to good bowel function.
3. **Stay active and fit to the extent possible:** Physical activity speeds the movement of food through the digestive system.
4. **Relax:** Don't strain to empty the bladder or bowel or sit on the toilet too long.
5. **Talk to a doctor:** Encourage a client to see his or her doctor whenever there are changes or concerns about urination or bowel habits.
6. **Stick to the client's toileting routines:** Encourage a client not to ignore his or her body's signals and to go to the bathroom when he or she has the "urge" to go. Learn what the client's usual pattern is so you have time to assist and recognize when there are changes from a client's normal toileting.
7. **Make sure the environment supports a client's routine:**
 - Keep the path to the bathroom clear and free of clutter.
 - Keep assistive devices, such as a walker or cane, nearby.
 - Place a night light in the bathroom or leave a light on.
 - Place a commode, urinal or bedpan at the bedside if the client is unable to get to a bathroom.

Section 4.101: Assisting with Toileting

The client's service plan must outline what kind of toileting assistance is needed. Assistance may include:

- cueing and reminding;
- helping the client to and from the bathroom;
- helping the client transfer on and off and use the toilet or assistive equipment;
- undoing a client's clothing, pulling down clothing and refastening clothing correctly when he or she is done;
- pericare;
- emptying the bedpan, urinal or commode into the toilet;
- assisting with pads, briefs or moisture barrier cream;
- basic colostomy or catheter care, related to cleaning.



Tips for assisting a client with **toileting**

- Assist the client as much as possible into a normal, sitting position.
- If assisting with a transfer to a toilet or assistive device, make sure the item is stable or locked down before beginning the transfer.
- Put anything the client requires within easy reach (e.g. toilet paper or soap to wash up afterwards).
- If assisting with wiping, move from front to back and wear gloves.

Section 4.102: Privacy, Dignity & Independence

Toileting is a very private matter. No matter how routine it may become for you, it is a very vulnerable and defenseless time for a client. A reassuring attitude from you can help lessen feelings of embarrassment for the client.

When assisting a client with toileting, do everything you can to give the client privacy and maintain his or her dignity. This can include things like:

- looking the other way for a few moments;
- leaving the room (if it is safe to do so);
- allowing the client extra time to do what he or she can;
- being patient when a request for your time comes when you are busy with other things.

Section 4: Quiz Questions

Test your knowledge with the following questions. These questions provide examples of the types of questions that may appear on the certification exam, but are not the exam itself. The certification exam will include many more questions and cover all topics discussed in the training manual. See Appendix E for an Answer Key.

1. True or False - Medications in adult family homes must be self-administered.
2. A provider or substitute caregiver may do the following for the client when supervising in self-administration of his or her medication:
 - a. Remind the client to take the medication.
 - b. Read the medication regimen as indicated on the container label to the resident.
 - c. Open the cap of the container for the residents.
 - d. All of the above.
3. If you are providing supervision for medications, you must do the following:
 - i. Store medications in a locked cabinet, drawer, etc.
 - ii. Keep medications separate from those used by yourself, any substitute caregivers and/or your family members.
 - iii. Destroy prescribed medications no longer in use in accordance with state law.
 - iv. Keep non-prescription/over-the-counter medications in original containers.
 - a. i and ii
 - b. ii only
 - c. ii and iii
 - d. i, ii, iii, iv
4. DAAS requires that client bed linens be changed at least _____.
 - a. Every other day
 - b. Once a week
 - c. Once every 2 weeks
 - d. Once every 3 weeks
5. As an adult family home provider, you are required to provide the following linens and personal supplies for your residents, EXCEPT:
 - a. Shampoo and Conditioner
 - b. Towels and wash clothes
 - c. Soap
 - d. All bed linens
6. True or False - Adult family home clients are eligible to receive Medicaid assistance with both emergency and non-emergency transportation.

7. Adult family home providers must have a _____ supply of perishable foods (fruit, vegetables, eggs, milk, etc.) on hand at all times and a _____ supply of non-perishable foods (canned, dried food) in case of an emergency.
- 24-hour, 3-day
 - 48 hour, 3-day
 - 1-day, 2-day
 - 2-day, 4-day
8. How many meals is the provider responsible for providing?
- 1
 - 2
 - 3
 - None
9. If a client is unable or unwilling to consume the regular meals served for more than two consecutive days, what next step(s) should a provider take?
- Notify the resident's next of kin or legal guardian
 - Notify the resident's personal physician and DAAS RN
 - Act on physician instructions
 - Document all contact with physicians, family, DAAS RN etc. in the client's records
- i only
 - i and ii
 - i, ii, iii
 - i, ii, iii, iv
10. True or False - Any special diet or nutrient concentrates and supplements for a client must be ordered by his or her physician.
11. Food-borne illnesses, illnesses that result from eating food that contains germs, germ products or chemical agents, are a real concern for providers. Symptoms of food-borne illnesses may include:
- Nausea, Vomiting and Diarrhea
 - Chills, Fever
 - Cramps
 - All of the above
12. Washing your hands often is critical for eliminating food-borne illnesses and other types of contamination. Which is the least important reason to wash your hands?
- Before handling food, utensils, or food surfaces/equipment.
 - After reading a book.
 - After using the restroom or after assisting a client to the restroom.
 - After your hands have touched your hair, face or mouth.

Section 5:

Communication & Documentation

Good communication skills are critical to your success as an adult family home provider. You must be able to communicate effectively with clients, their families, physicians, DAAS RNs and other members of the care team. To be an effective communicator, you must be willing to observe your current communication patterns and make changes as appropriate. Often our communication styles have become habitual patterns that take effort to change. However, such change can be well worth the effort as effective communication skills can make all aspects of your role as an adult family home provider easier.

In this section:

- **Nonverbal Communication**
- **Active Listening**
- **Using “I” Messages**
- **Showing Respect & Dignity**
- **Honoring Diversity**
- **Communicating with Clients**
- **Managing Grief & Loss**
- **Dealing with Difficult Behaviors**
- **Documentation**
- **Incident Reporting**
- **Client Abuse or Neglect**
- **Record Keeping & Retention**



Section 5.1:

Nonverbal Communication

Although we tend to think of communication as what is spoken, all communication involves both verbal and nonverbal cues. In fact, research has shown that nonverbal communication is the single most powerful form of communication.

Nonverbal communication includes:

- The tone and volume of the voice
- The pace of the words spoken (how quickly or slowly)
- Pauses (or complete silence)
- Eye contact
- Facial expressions
- Gestures and movements of the body
- The distance between the people involved in the communication
- The use and type of touch (if any)

Understanding nonverbal communication improves with practice, and the first step in practice is to recognize the power of nonverbal communication. If a person's words say one thing and their nonverbal communication says another, listen to the nonverbal communication, as it's usually correct.

Be aware as well of what messages you may be unintentionally sending via nonverbal communication. For example, eye contact is an important channel of interpersonal communication, conveying interest and regulating the flow of communication. Smiling is a powerful cue that transmits friendliness, warmth and likeability, and nodding your head typically indicates that you are listening.

Section 5.2:

Active Listening

Effective communication involves providing someone else with your undivided attention. Listening intently communicates that you care about what the other person is saying and is one of the most effective ways of building rapport.



Active listening involves

- making yourself available to the other person
- providing an opening for them to share (e.g. “Would you like to tell me about it?”)
- focusing on the other person, paying particular attention to nonverbal cues that will provide additional information about how the person is feeling
- doing your best to minimize distractions, and communicate interest in the other person by smiling, nodding or saying things like “I see” or “uh huh”
- asking questions to clarify what has been said or to continue the flow of conversation, being careful not to move the conversation in a different direction
- being careful not to shift the conversation to yourself by talking about similar experiences and avoid giving advice - your role in active listening is simply to listen
- checking frequently to see if you have understood what the person meant to say (e.g. “If I understand you correctly, you” Or “Let me see if I have that right...”). You may also check to see if you are correctly identifying what the person is feeling (e.g. “You’re frustrated that the doctor can’t see you for another week”).



Don’t try to change negative feelings - sometimes simply the recognition and acknowledgement of the feeling will help alleviate some of its intensity.

Section 5.3:

Using “I” Messages



An “I” message communicates without blaming or criticizing, by focusing on you and your feelings instead of on the other person. “I” messages explain how you are feeling about the other person’s behavior, and tend to provide an opening for further discussion and communication.

“You” messages, on the other hand, criticize, blame, judge or suggest that the other person is at fault, and usually shut down communication and make a problem worse.



An example of an “I” message is “I feel frustrated that you didn’t tell me that you had a doctor’s appointment today.” An example of a “you” message, on the other hand, is “You must not have told me that you had a doctor’s appointment today.” Try to use “I” messages whenever possible to facilitate open communication with your residents, their families and other care providers.

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Section 5.4:
Showing Respect & Dignity

Each person who moves to your home is a unique individual who deserves to be treated with respect and dignity.

Ask each prospective client what they prefer to be called and always use their preferred name (e.g. Mr. Smith versus Sam). Never call clients terms such as “dear” or “honey,” which can feel condescending or demeaning.

Make efforts to learn about each client’s life history, including where they lived, their occupation, their hobbies and their family. Also find out about their likes and dislikes, their interests and hobbies, acknowledging each client for the unique individual they are.

Your communication with each client must be slightly different, based on the variations in their experiences, backgrounds and personalities. You will honor each client by acknowledging their individuality in your day-to-day communication with them.

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Section 5.5:

Honoring Diversity

As an adult family home provider, you will likely have clients with differing ethnicities, socioeconomic backgrounds and religious beliefs. Even though a client's background may differ from what is familiar to you, it is important to honor the individuality of each client and treat each person with dignity and respect.



Be aware that different cultures may have expectations that vary from what is traditional for you, and that miscommunication can occur as a result. For example, in some cultures it is considered disrespectful to look a person directly in the eye. If you have a client from an ethnicity or culture that you are not familiar with, make efforts to learn about their culture in order to build rapport and minimize conflicts and miscommunication.

Be aware of a natural human tendency to judge or criticize people who are different from ourselves, and try to avoid seeing your clients through a lens of stereotypes or generalizations. Instead, overcome this inclination by getting to know all clients as individuals - their personalities, their interests, and their own unique backgrounds and life experiences.

Section 5.6:

Communicating with Clients

Section 5.61: Communicating with Clients with Difficulty Hearing



- Get the client's attention verbally or by touch (e.g. tap the person gently on the shoulder or arm).
- Face the client directly and keep your hands away from your face. Make sure there is enough light so the client can easily see your face.
- Speak slowly and carefully form your words.
- Use short, simple sentences.
- Reduce background noise and distraction as much as possible.
- Use gestures and facial expressions to help explain yourself.
- Make sure the client has understood what you said before moving on.
- Avoid chewing gum.

Section 5.62: Communicating with Clients with Difficulty Speaking



- Ask questions in a way that lets the client respond with one word, hand gestures or a nod of the head.
- Watch the lips of the client to see if you can pick up any additional clues.
- Reduce background noise and distraction.
- Use pictures or props. Keep paper and pencil handy.
- Be patient. If you do not understand, ask again.
- Limit the amount of time of your conversations so you don't tire the client.

Section 5.63: Communicating with Clients Living with Cognitive Impairment



- Speak slowly in a calm, soft, low, tone of voice.
- Ask one question at a time and wait for the response.
- Use exact, positive statements and phrases.
- Use simple, one step directions.
- Show how to do a task as well as explain it.
- Provide cues to help with transitions (e.g. “In five minutes, we’ll be going to lunch”).
- Reinforce information with pictures or other visual images.
- Include the client in your conversations, if appropriate. Never talk as though the client is not there.
- Remember, a person who has cognitive limitations is often very sensitive to your body language and tone. Keep your negative emotions in check.

Section 5.64: Communicating with Clients Living with Disabilities



- Treat the person as you would any other adult.
- Don't be afraid to ask questions when you're unsure of what to do.
- Just be yourself. Use a normal tone of voice and body gestures. Relax. Don't be embarrassed if you happen to use common expressions such as "Do you want to take a walk," or "I wish you could have seen it?" that might relate to a person's disability.
- Don't talk down to a person with disabilities.
- If you have trouble understanding, don't nod or pretend that you do understand. Ask the person to repeat what he or she has said. If, after trying, you still cannot understand the person, ask him or her to write it down or find another way to communicate.
- Don't assume because someone has a disability, he or she needs help. The fastest way to find out if someone needs assistance, is to ask them. Speak and ask questions directly to the person with a disability, not to another person who may be accompanying the person.
- When referring to a person's disability, be mindful of the language that you use. Talk about or refer to the person first - not a label. Say "person with a disability" rather than "a disabled person."
- If a conversation will last more than a few minutes and the person needs to sit or uses a wheelchair, sit down or kneel to communicate at eye level.
- When introduced to a person with a disability, it is appropriate to offer to shake hands. People with limited hand use or who wear an artificial limb can usually shake hands. Shaking hands with the left hand is also fine.

Section 5.7:

Managing Grief & Loss

When a person moves to your adult family home, they are likely dealing with many different physical, social and psychological changes. For example:

- They may be experiencing losses on many different levels, including the loss of their prior living situation (and possibly their home), the loss of physical capabilities, and the perceived loss of their independence.
- They may feel that they no longer have a useful role in society, having retired from the roles that once provided routine, status, social contact, income and purpose.
- They may be widowed and may have outlived or become distanced from their children.
- They have likely lost friends either to death or because of moves to care facilities or to be closer to family.

And, frequently, loss of health, income and/or mobility has limited their ability to participate in church or community activities.



Thus, because of all of these possible losses, individuals moving to your home may be in a time of grieving, whether consciously or subconsciously. Strong emotions are often part of the grieving process; therefore, clients may feel angry, frustrated, lonely, anxious, fearful and/or resentful about their situation. Such feelings are common whether the person decided to move or the family encouraged the move and the person agreed. Typically, a move to an adult family home represents a major change and loss to the person, and may be the last in many perceived losses.

Grief is a natural and necessary reaction to any significant loss, with feelings of sadness, anger, frustration, fear, guilt and loneliness common. A client may show no interest in his or her appearance or surroundings and withdraw. They may become depressed or anxious. Or, they may develop physical ailments and illnesses in response to their grief.

Section 5.71: Helping Residents Adjust to Loss

It is important to be sensitive to the range of emotions clients may experience, and to provide an opportunity for these feelings to be expressed. Being sensitive to and acknowledging the changes clients may be experiencing (or may have experienced)

can go a long way towards helping them work through the accompanying emotions. To help a client adjust to their move to your home, you must build a trusting relationship based on the communication skills outlined in the prior section of this manual.



Tips for helping residents **adjust to loss**

- **Be supportive and accepting.** Accepting the emotions of grieving clients can open doors to healing for them. Anger, confusion and sadness are normal parts of the grieving process.
- **Engage in active listening.** Encourage grieving clients to talk about their losses and memories. People who are grieving often need to talk about a loss before they can accept or adjust to it. Listen in a nonjudgmental, receptive manner.
- **Avoid glib statements.** A natural response to a person who is grieving is to try to get them to cheer up or stop thinking about their loss. However, such efforts (verbalized in statements such as “But look at what you have” or “Don’t be sad...”) are typically not helpful and can instead cause the person to shut down.
- **Determine what the loss means to the resident.** The same loss (i.e. a move to an adult family home) can have different meanings to different people. One client may think the move reflects his or her loss of independence whereas another client may think the move means their family doesn’t love them. Gaining a better understanding of a client’s loss will allow you to better support them in the grieving and adjustment process.
- **Encourage and assist with adjustment.** Encourage new clients to bring personal belongings when they move and to arrange their personal space. Look for ways that the client can have some ownership within your home. For example, a client might enjoy watering the plants, working in the garden or being responsible for feeding the dog. In addition to actively listening to the client express their feelings about their situation, engage them in casual conversation as well (e.g. ask their opinion about everyday decisions such as what to fix for dinner).

Section 5.8:

Dealing with Difficult Behaviors

Difficult behaviors in others can make your life miserable if you let them. Since you can't change the other person, learn to focus on changing the way you react to them.

One important goal when dealing with difficult behaviors in others is to remain calm and balanced. There are a variety of ways to do this. Practice them so you can use them successfully when they are needed most.

To remain calm and balanced when faced with difficult behaviors:

1. Train yourself to recognize when you are reacting. Then, make a conscious choice about how you want to respond.
2. Use the tools you have practiced.
3. Practice a gentle assertiveness on your own behalf. Standing up for yourself avoids a buildup of resentment, hurt or angry feelings.



Getting back to calm and balance

When faced with negativity, our natural response is to react with negativity. To stop negative reactions, try:

- staying focused on achieving what you want.
- breathing deeply.
- being patient with yourself. Look at each difficult exchange as a lesson in how to deal with others.
- focusing on the behaviors that are difficult, not the person.
- repeating a positive phrase to yourself (e.g. "I am calm and centered").
- imagining a scene, person or experience that gives you a feeling of calm.
- remembering that you have options, such as asking for politeness or leaving the room/area.
- remaining quiet until you feel yourself centered and balanced.



Tips for Handling Difficult Behaviors

Some caregivers may be in situations where a client's behavior becomes difficult. Difficult behaviors can include things like a client becoming angry or violent, sexually inappropriate or disrespectful towards you. This may be caused by several factors, including:

- his or her disease or condition;
- side-effects of medication;
- environmental factors (e.g. too much noise or distractions);
- your way of communicating with a client.

Always remember to protect yourself. Being an AFH provider does not mean that you have to put up with anything that is disrespectful or harms you in any way.

Section 5.81: Coping with another Person's Anger



- Don't take the anger personally. Most times another person's anger is directed at what you represent or the situation, not at you as a person.
- Acknowledge the anger and let the other person know that you realize he or she is angry.
- Listen carefully to what the other person has to say. Allow the person to express the anger before responding.
- Find something to agree about.
- Keep your tone of voice calm and your pitch low.
- Give the person a chance to make decisions and be in control.
- Look for patterns to the angry behavior. Try to break the pattern. If you can avoid the triggers that lead up to an angry outburst, you can reduce frustration.
- Help the person regain a sense of control by asking if there is anything that would help him or her feel better.
- Offer alternative ways to express anger (e.g., a punching a pillow, a complaint list).
- Know when to back off. Sometimes when people are angry, they need time alone to cool down and take a breather. If either of you is losing control of the situation, walk away.
- Take several deep breaths, count to 10.

Section 5.9:

Documentation

The service plan you develop for each client must include details on the assistance that will be provided, including when and how often a particular service will be provided, and in what manner (how) the client will be assisted.

Make changes to the service plan as the client's needs or preferences change, with major modifications acknowledged by having the client and their family member (if appropriate) sign the service plan form.

Section 5.91: Keeping Progress Notes

The service plan is a document that provides a plan for what is expected. You must also keep progress notes for each client. At a minimum, notes should be documented weekly.

There is no special form that must be used for progress notes. Notebook paper kept in a binder will work fine, although special forms designed for this purpose can be purchased through medical supply companies. Each time you make a note in a resident's progress notes, you must include the date and your signature.



You are required to provide all of the services listed on the client's service plan, as agreed to and signed by you and the client. If a problem or issue arises where the provision of a planned service doesn't occur for any reason, you'll want to make a note of it in the client's progress notes and contact the DAAS RN. State why the assistance wasn't provided (e.g. the client didn't want his room cleaned because he was tired and wanted to rest) and any follow-up action that was or will be taken as a result (e.g. you asked if you could clean it the next day instead).

Any service that is included on the plan of care developed by the DAAS RN for a client MUST be performed. If there is an issue or concern with the provision of any service included on this plan, contact the DAAS RN.

You must also document any change that you observe in a client's condition or overall status. For example, you must note if a client said they weren't feeling well, were too confused to pick out their clothes when this is something they usually do without difficulty, or seemed unusually withdrawn. **Any changes in an ElderChoices client's condition must be reported to the DAAS RN immediately via form AAS-9511.**

This may result in a reassessment to adjust the plan of care to meet the client's needs or adjust the service plan currently in place. Also note any action you took as a result of the noticed change (e.g. called the doctor and scheduled an appointment, asked the client if something was bothering them, etc.). Report any significant changes in a resident's condition to the DAAS RN, as these changes may indicate a need to reassess the resident.

The AAS-9511 must be used for all communication between the AFH provider and the DAAS RN.



The resident's family members, legal guardian and/or contact person must also be informed if the client's condition or overall status changes.



Tips for writing **progress notes**:

- Make sure the client's name is written on every page.
- Record the date and time of day for every entry.
- Sign every entry made with a full signature.
- Write legibly so that others can read the documentation.
- Make all entries with a ballpoint pen.
- Write in specific, objective language. Write only what was observed or reported, and state only facts.
- Be complete, making sure that everything significant to the client's condition is recorded.
- If an error in documentation is made, draw a single line through the incorrect information, making sure the statement is still legible.
- Document as soon as possible after an event occurs to ensure the most accurate recording possible.

Section 5.10:

Incident Reporting



As an adult family home provider, you are required to immediately inform the DAAS RN when unusual incidents occur involving your home or the clients who reside in your home.

Unusual incidents must include (but are not limited to) the following:

- The death of a client
- The unexpected departure of a client from your home (including wandering from the home)
- Any form of abuse
- Fights involving clients
- Injuries to clients which require treatment and/or hospitalization
- Sexual acts between clients and staff
- Tornado damage, fires, power outages, loss of water, etc.

When an unusual incident occurs, contact the DAAS RN as soon as possible.



Report the following information to the DAAS RN as soon as possible after the incident occurs.

- falls
- illness
- changes in condition
- unusual incidents, including any injury sustained
- hospitalizations
- physician visits
- changes in medication or physician's orders for care
- changes in the client's physical condition from that recorded at admission

Any changes in a client's condition, hospitalization or admission to skilled nursing facilities must be reported on form AAS-9511 (Change of Client Status form) to the DAAS RN. Record in the client's progress notes when and how you report each incident.



If a client is admitted to a hospital or skilled nursing facility, **Adult Family Home waiver services** cannot be delivered and therefore may not be billed. Waiver services are not billable on the date of admission to the other facility but are billable on the date of discharge. Any payments for waiver services provided while a client is an inpatient of a hospital or a nursing facility will be subject to recoupment by the state.

Section 5.101: Completing an Incident Report

When any unusual incidents occur, you must complete an AAS-9511 and send immediately to the DAAS RN.

After you write your account of the incident, note any follow-up action taken and any additional action that will be taken.

Such actions could include

- calling 911 for emergency medical assistance;
- taking a client to the doctor;
- evacuating your home in the case of a fire;
- searching for a missing resident.

Be as complete as possible in thinking through all possible action steps that must be taken as a result of an incident.

Section 5.11:

Client Abuse or Neglect

As an adult family home provider, you are responsible for reporting to **Adult Protective Services (APS)** any suspected abuse that may be occurring to a client from any person.



Remember that **abuse of clients may take many forms**, including:

- Any physical injury to a client not caused by an accident (e.g., hitting, pinching, striking, or injury resulting from rough handling).
- Neglect of a client resulting in physical harm, discomfort or loss of the client's dignity.
- Unwanted sexual contact with a client (or any sexual contact by a staff person with a client).
- Financial exploitation, including the illegal or improper use of a client's resources or property for the profit or gain of another person and/or spending client funds without the consent of the client or his or her financially responsible party.
- Verbal abuse, including the use of oral, written or gestured communication to a client, or to a visitor or staff member about a client within that client's presence, that describes the client in disparaging or derogatory terms.
- Mental abuse including humiliation, harassment, threats of punishment or deprivation directed toward the client.



As an Arkansas Medicaid provider, you are considered a mandatory reporter of abuse or neglect. Suspected abuse or neglect **must** be reported immediately by calling APS and sending an AAS-9511 to the DAAS RN.

Arkansas law specifies Medicaid providers as mandated reporters of abuse or neglect in the *Adult and Long-Term Care Facility Resident Maltreatment Act* (§12-12-1701 et seq.). There are criminal and civil penalties for failing to report suspected abuse.

Take any allegation of client abuse by any individual (e.g., caregiver, other resident, family member, etc.) very seriously and report it immediately. If abuse is suspected, act immediately to protect the client from any additional harm that may occur (e.g., separating a client from another client, asking a client's family member to not visit your home for a specified amount of time, etc.).

If a substitute caregiver is suspected of abuse, he or she must immediately separate himself or herself from the client he or she is accused of abusing (this does not indicate guilt, but is a step in defusing a potentially volatile situation). Suspending the employee immediately, pending the results of an investigation, is required.

Document all conversations (witnesses may also be asked to put their statements in writing) in the progress notes for the resident(s) involved in the suspected abuse.



Contact the **Adult Protective Services Adult Abuse Hotline at 1-800-482-8049** to report the suspected abuse immediately within the same day that the complaint was received. Also, send an AAS-9511 to the DAAS RN the same day that the complaint was received.

A complaint of abuse may result in investigations from one or more agencies (e.g., Adult Protective Services, DAAS, the police department, etc.). Cooperate fully with any individual(s) conducting the investigation(s). Depending on the situation, notifying and seeking guidance from your professional liability insurance agent may be appropriate.

Section 5.12:

Record Keeping & Retention

You must establish and maintain a record for each client of your adult family home. These records must be maintained in a locked file cabinet or room in a location within your home that will be private and will not be accessible by other clients. All records must be protected against loss, damage and unauthorized use.

Section 5.121: Confidentiality & Access

Adult family home providers must not disclose any client's record to any person or agency other than authorized agents of DAAS (or its designee), or the client's targeted case manager, unless the disclosure is required by federal or state law or express written consent for the release of information has been provided by the client or his or her legal guardian.

A copy of the signed, written consent must be maintained in the client's record. Each client or legal guardian has the right to inspect his or her records.

Section 5.122: What to Include in a Client's Record



The following information is **required** by DAAS to be retained in each client's record:

- **AAS-9503 (Plan of Care)** - this form lists the waiver services, non-waiver services, and chosen providers for each service, including Adult Family Home. The form must be signed by the DAAS RN and the waiver participant (client); the DAAS RN will provide you with a copy of the AAS-9503. You must have a separate AAS-9503 for each ElderChoices waiver participant for whom you are providing Adult Family Home services. Without this form, you are not authorized to bill Medicaid for the services provided to any Medicaid recipient.
- **AAS-9510 (Start Services Form)** - the DAAS RN will send an AAS-9510 with each waiver plan of care to verify that the client's plan of care has been received and services have begun. You are required to return this form to the DAAS RN, indicating the date Adult Family Home services began.
- **AAS-9511 (Change of Client Status)** - this form must be used to report any unusual incidents or changes in the client's condition to the DAAS RN, such as hospitalization; keep copies of all AAS-9511s sent to the DAAS RN
- **Advance Directives** - if the client has an advance directive (i.e. living will); record should include copies of these documents.
- **Documentation of Legal Representation** - if the client has a power of attorney, guardian, conservator or other legal representative; record should include copies of these documents.

- **Evacuation and Shelter Plan** - you are required to review your evacuation and shelters with new clients within 24 hours of move-in; you must have the client (or representative) acknowledge this review via their signing; include a copy of this plan in the record.
- **Evaluation & Service Planning Form** - a detailed service plan must be developed for each client; include the plan in the record.
- Copies of **Financial Records** tracking all expenditures from client's personal allowance account, room and board payments, and patient liability payments.
- **Occupancy Agreement** - a complete copy of each occupancy agreement entered into with the client.
- **Physician's Report Form** - DAAS requires that the following information be maintained in the client's record: Any allergies or, if none, the statement "No Known Allergies"; documentation of the client's medications, both prescribed and over-the-counter; and a general description of the client's condition at the time of admission.
- **Resident Activities & Interests** - this form is a helpful tool in planning client activities.
- **Resident Bill of Rights** - a signed and dated acknowledgement that the client or legal guardian have read and understood the Resident Bill of Rights.
- **Resident Information Form** - the following information must be included on this form:
 - the client's name, last mailing address, date of admission;
 - the name, address and telephone number of the client's next of kin, legal guardian, responsible party and any other person the client indicates should be notified in the case of an emergency;
 - identifying numbers including Medicare, Medicaid, supplemental medical insurance, social security and/or VA;
 - the name and telephone numbers of each physician who treats the client.

Section 5.123: Record Retention

All client records must be maintained in an accessible manner for a period of **six years** following the death or discharge of a client.

Section 5: Quiz Questions

Test your knowledge with the following questions. These questions provide examples of the types of questions that may appear on the certification exam, but are not the exam itself. The certification exam will include many more questions and cover all topics discussed in the training manual. See Appendix E for an Answer Key.

1. If a problem or issue arises where a particular provision of a planned service does not occur for any reason, what is the first thing you should do?
 - a. Make a note of the issue in the client's progress notes and contact the DAAS RN.
 - b. Fill out the special Service Plan progress notes form, noting the incident.
 - c. Discuss the issue with the substitute caregiver and create a plan.
 - d. Call the client's physician.

2. Certain incidents require immediate notification to the DAAS RS. Which is NOT one of those incidents?
 - a. Infrequent changes in social activity
 - b. Falls
 - c. Illness
 - d. Changes in medication or physician's orders for care

3. As a provider, you are responsible for reporting to Adult Protective Services (APS) any suspected abuse that may be occurring to a client from any person. Which situation is NOT a direct form of abuse?
 - a. Verbal abuse directed at a client that describes the client in a derogatory way.
 - b. Unwanted sexual contact with a client or contact by a staff person with a resident.
 - c. Humiliation directed toward the resident.
 - d. None, all are considered forms of abuse.

Section 6: Discharge & Move Out Process

In this section:

- Involuntary Discharge
- Emergency Transfers
- All Transfers
- All Discharges
- Temporary Absences from the Home

Section 6.1:

Involuntary Discharge

A client of an adult family home may not be discharged without the authorization of the DAAS RN and then for only the following reasons:

- Medical reasons - which must be based on the client's needs and must be determined and documented by a physician. This documentation must become part of the client's permanent record.
- The client's welfare or the welfare of other residents
- The client no longer needs the services provided by the adult family home
- The adult family home is no longer included on the ElderChoices plan of care
- The adult family home ceases operation

In the case of non-emergency involuntary discharges, the decision to transfer or discharge a client must be discussed with the client and/or legal guardian and the DAAS RN.

The resident/guardian and DAAS RN must be told the reason(s) for the discharge and the alternatives available, with mediation that is solution-oriented occurring between at least the resident, the provider and the DAAS RN prior to any discharge notice being sent.

Prior to any discharge, the DAAS RN must receive a request for discharge a minimum of 30 days prior to the written notice being given to the resident.

The AFH provider must send a copy of the Discharge Notice to the client and to the DAAS RN. A copy of this notice must be maintained in the resident's permanent record.

A sample Discharge Notice is provided in Appendix A.

Section 6.2:

Emergency Transfers

If a client of your adult family home develops any of the following conditions, you are required to immediately arrange for an appropriate professional evaluation of the resident's condition, notify the DAAS RN, and if, necessary, transfer a client to a facility providing the appropriate level of care:

- Symptoms of a communicable disease;
- A medical condition that requires nursing care greater than that which can be provided on a short-term basis by a licensed Class A home health provider; and/or
- A mental condition which makes the client a danger to himself or herself or others.

If the client is transferred to another facility, you must notify the DAAS RN by the next working day after the transfer. Document the reason for the transfer, all persons notified and action taken, and the location to which the client was transferred in the resident's record.

Section 6.3:

All Transfers

When a client is transferred to a hospital or other facility that can provide the level of care needed by a client, you must provide a hand-copied or machine copy of the records required to accompany the client except in the case of an emergency that prohibits you from copying the required information.

Notify the DAAS RN if you were not able to provide the required information due to the emergency nature of the client's situation. In this case, telephone the Targeted Case Manager and request the required information be provided to the facility to which the client was transferred.



If a client remains in a hospital or nursing facility for more than 30 days from the date of admission to the facility, the DAAS RN will notify the county office via form DHS-3330 and action will be taken by the county office to close the waiver case. The DAAS RN is responsible for notifying the ElderChoices providers included on the plan of care, including the adult family home provider, of the pending case closure.

Section 6.4:

All Discharges

Notify the DAAS RN by telephone and complete DAAS form AAS-9511, at the time of discharge of any client (voluntary, involuntary or emergency), giving the exact date of discharge. This telephone notification must be followed by a written notification on form AAS-9511 to DAAS within five working days.

Section 6.5:

Temporary Absences from the Home



The adult family home provider is required to send the DAAS RN an AAS-9511 any time the client is away from the home for more than 24 hours. Once an ElderChoices application has been approved, waiver services must be provided in the adult family home for eligibility to continue. As stated earlier, if waiver services are not provided for 30 days, action will be taken to close the waiver case.

Since room and board payments are paid at the beginning of each month by the client, the AFH provider may not remove or alter the client's living space regardless of the client's whereabouts during that month. All room and board payments are paid by the client monthly and cover the entire month.

Section 6: Quiz Questions

Test your knowledge with the following questions. These questions provide examples of the types of questions that may appear on the certification exam, but are not the exam itself. The certification exam will include many more questions and cover all topics discussed in the training manual. See Appendix E for an Answer Key.

1. True or False - A provider can discharge a client from the home if the provider does not get along with the resident.
2. Which of the following is a reason for an emergency transfer from the home?
 - a. A client develops symptoms of communicable disease.
 - b. The provider and the client do not agree on the components of the resident's personal care plan.
 - c. A client obtains a mental condition which makes the client a danger to himself or herself or others.
 - d. Both A and C.
3. A client is experiencing an increase in personal care needs level detailed by their individual assessment and has become a danger to the other residents. Which of the following best represents the steps you should take as a provider to address this issue?
 - a. Automatically transfer the client to a hospital and admit them.
 - b. Schedule a meeting with the client and case manager to mediate a solution to the issue.
 - c. Notify the DAAS RN by telephone and complete DAAS form AAS-9511 at the time of discharge of any client giving the exact date of discharge and document the discharge in the client's records.
 - d. All of the above.

Section 7: Diseases & Conditions

In this section:

- Alzheimer's Disease
- Arthritis
- Cataract
- Congestive Heart Failure (CHF)
- Chronic Obstructive Pulmonary Disease (COPD)
- Dementia
- Depression
- Diabetes
- Glaucoma
- Heart Attack (Myocardial Infarction, or MI)
- High Blood Pressure (Hypertension or "HTN")
- Osteoporosis
- Parkinson's Disease
- Pneumonia
- Stroke, Cerebrovascular Accident (CVA) or Brain Attack

Section 7.1:

Alzheimer's Disease

Alzheimer's is a chronic, irreversible progressive illness. It produces changes in nerve cells of the brain, particularly in the cerebral cortex, the part of the brain responsible for intelligence, creativity, memory, learning, problem-solving, reasoning and judgment.

Section 7.11: Behaviors Associated with Alzheimer's

Catastrophic Reaction:

This refers to the way that people afflicted with dementia respond to situations that overwhelm their capacity to think, perform and control their emotions. Remember

that Alzheimer's destroys a person's ability to control emotions, problem solve or meet other people's needs.

Catastrophic reactions include:

- Weeping
- Blushing
- Anger
- Agitation
- Verbal and physical aggression
- Stubbornness
- Anxiety, fear
- Pacing, hand wringing
- Wandering



These **approaches** may be helpful, but remember that what worked today, may not work tomorrow:

- **Assess the situation.** Think about and document what happened before, during and after the behavior, who was involved and what did and did not help. Look for a message or pattern in the behavior.
- **Reassure.** Hold hands; play quiet music. Avoid discounting fears; instead say, "I'll be here if you need me."
- **Redirect attention.** Give instructions or requests one step at a time.
- **Remedy mishaps without making an issue of them.** Help the client calm down. Ignore mishaps whenever possible.
- **Remove from stressful situations.** Stay calm. Avoid hurrying and do not contradict, push or pull the resident.

Wandering:

Wandering can be a major problem and may require 24-hour supervision. Be prepared for wandering problems **before** accepting a client with memory loss. If a potential client has any history of wandering, leaving a residence and getting lost, you need to be sure that your home provides a secure environment that allows freedom of movement and an alarm system to alert you if a client leaves your home.

You must have a plan to prevent wandering and for what to do if it occurs.



Tips for developing a plan to prevent wandering

- **Discuss potential wandering with family.**
- **Ensure a way of easily identifying the client.** Provide or ask the family to provide an identification bracelet or necklace with the client's name, the AFH's address and phone number, and "memory impaired" engraved on it. Have a recent photograph available to use if a search becomes necessary.
- **Schedule walks for the same time each day.** Or, provide another form of regular exercise or physical activity that the person enjoys.
- **Offer reassurance to the wanderer.** Do not restrain. Approach the client in a slow, calm manner. Walk and talk with the person, then turn back. The client will usually walk back with you. Remember, hurrying or scolding may agitate and confuse the person.
- **Redirect attention.** Suggest an activity that the person enjoys, such as having a snack or watching a special TV program.

Repetitive Behavior:

Because those with Alzheimer's forget what has just been said or done, they may ask the same question repeatedly or follow you everywhere you go (shadowing).

Repetitive behaviors may be managed by:

- **Diverting attention.** Give the client something to do, such as folding clothes, sorting mail, etc. Ask the family what the client liked to do before he or she became ill. Try to find something of interest.
- **Using visual cues** to help the client remember the answer to a particular question.
- **Reassuring.** Try to address the fear or anxiety causing the repeated questions.

Section 7.12: Guidelines for Care & Communication

- **Call the client by name.** Repeat the name until you get the client's attention. Establish eye contact as you address the client by name.
- **Present one question or statement at a time, and keep questions simple.** Ask one-part questions, rather than open-ended or multiple choice questions. And, use short sentences.

- **Speak slowly and clearly, in an adult manner.** Never talk about a client who is present as though he or she were not.
- **Allow the client time to think and respond.**
- **Use nouns or names, rather than pronouns.** Say, “John is visiting today” instead of “He is visiting today.”
- **Use words that the client uses.** Familiar words may include slang and foreign terms.
- **Use positive statements.** For example, say “Please stay in the house,” instead of “Don’t go outside.”
- **Use gestures and visual aids.** Use objects to identify activities to easily convey ideas.
- **Use touch, as appropriate.** Touch is a way to communicate with people who no longer understand language. Holding hands, hugging, etc. may convey warmth and affection. Remember that people have different levels of comfort with touch. Meet the need for touch on an individual basis.
- **Maintain a consistent routine that follows life-long patterns as closely as possible.** Avoid sudden changes or surprises. Those with Alzheimer’s may have difficulty coping with even minor changes.
- **Prepare for change gradually.** Make one change at a time. Do not make long explanations or argue about the need for any change.
- **Provide visible boundaries.** Borders, such as fences, help disoriented persons feel safe and know where they are.
- **Provide calm surroundings.** Being around a lot of activity may confuse, frighten or agitate the client. Reduce clutter and noise when possible.
- **Use memory aids.** Use large calendars, clocks, seasonal decorations, newspapers, magazines, etc. Associate the passage of time with an activity - for example, “It’s 11:30 in the morning and time for lunch.”
- **Simplify tasks and activities.** Break down complex tasks into simple steps and give step-by-step instructions.
- **Watch for signs of potential health problems.** The client may not realize or report dental, foot or skin problems.
- **Limit choices.** Making decisions can be difficult for the client. Try to avoid confusion. Limit the number of food choices available at one time, give clothing to the client in the order that it is to be put on, put out only the utensils that the person will actually need to use.
- **Support enjoyable activities.** Watering plants or feeding pets are suitable for a person with a short attention span.
- **Ensure safety.** Take responsibility for the client’s personal safety.

Section 7.13: Alzheimer's Signs & Symptoms

Those afflicted with Alzheimer's gradually become unable to understand, remember or communicate with the outside world.



The onset of Alzheimer's is subtle. The afflicted person may attribute early symptoms to the aging process and not seek a proper medical evaluation.

Early symptoms include:

- Loss of recent memory
- Difficulty remembering names and nouns
- Poor judgment
- Trouble learning new information
- Poor concentration



Symptoms that may occur later:

- Inability to judge between safe and unsafe conditions
- Need help with dressing, bathing, eating and making some decisions
- Changes in personality and behavior, such as
 - silliness
 - poor manners
 - suspiciousness
 - shadowing (following others closely)
 - poor self control
 - changes in eating habits
 - loss of bowel and bladder control
 - changes in perception
- Confusion and stress with unfamiliar people, places and activities
- Loss of interest in others

Section 7.14: Alzheimer's Treatments



There is no cure for Alzheimer's, but medications are available to help manage the disease. Medical management and daily care are directed toward treatable health and behavioral problems and prevention of complications. Individualized care is the key to treatment and management of this disease.

Section 7.2:

Arthritis

Arthritis is a chronic condition that causes pain in joints. There are different kinds of arthritis, which require different treatments.

Section 7.21: Types of Arthritis

Osteoarthritis (OA) - the most common type of arthritis that affects weight-bearing joints including hands, fingers, hips, knees and spine. OA causes stiffness and pain in the affected joints.

Rheumatoid arthritis (RA) - a degenerative joint disease that causes stiffness and pain. RA can affect any or all of the joints of the body, and is accompanied by fever, fatigue and a general sense of not feeling well. RA has the potential for causing the most damage, since it can affect almost all of the joints of the body.

Gout - is caused by uric acid build-up in the body resulting in pain, redness and swelling in small joints, mainly the great toe.

Section 7.22: Arthritis Signs & Symptoms



- redness, swelling
- warmth in a joint
- reduced ability to move the joint
- aching pain and/or stiffness in the joints
- stiffness in the morning
- slower movement
- complaints of aches and pains, or avoidance of activities

Section 7.23: Arthritis Treatments



Goals of treatment are to reduce pain and inflammation, slow down or stop joint damage, and improve the person's ability to function.

Many treatments may be used at one time, and may include:

- prescription and over-the-counter medications to treat pain and decrease inflammation;
- nutritious diet, to maintain or decrease weight and improve overall health;
- rest, to improve the body's ability to repair itself;
- exercise or stretching, to increase joint mobility and decrease stiffness;
- surgery to replace a joint (commonly hip and knee); and
- alternative therapies, including:
 - heat and cold therapy - for some kinds of arthritis, heat can temporarily relax joints, especially before exercise. Hot compresses and warm baths can help. Cold compresses can be applied to sore joints to decrease pain.
 - acupuncture - many people with arthritis believe that acupuncture reduces pain and/or decreases stress associated with the disease.
 - stress reduction - stress may affect the amount of pain a person feels. Support groups and visualization techniques, along with other ways to relax and find comfort, can help to reduce stress.
 - vitamins and herbal supplements.
 - massage.

Section 7.24: Helping Clients with Arthritis



- offer frequent rest breaks in combination with exercise
- encourage client to take prescribed medications
- help arrange the client's environment so that he or she can be as independent as possible

Section 7.3:

Cataract

A cataract is a clouding of the lens in the eye that decreases vision. Most cataracts are related to aging. A cataract can occur in either or both eyes. Because cataracts grow slowly, vision gets worse over time.

Section 7.31: Cataract Signs & Symptoms



- cloudy or blurred vision
- lights may appear too bright, like a glare - a halo may appear around lights
- colors don't appear as brilliant
- poor night vision
- frequent changes in glasses or contact prescriptions

Section 7.32: Cataract Treatments



Early treatment includes:

- stronger eye glass prescription;
- better lighting;
- anti-glare glasses and sunglasses; and
- use of a magnifying glass.

After the above options have been tried, the only other treatment is surgery. If a client has cataracts in both eyes, surgery will be done on one eye at a time to allow for healing between surgeries.

Section 7.33: Helping Clients with Cataracts



- assist client to get reading materials with large print
- ensure the home has adequate lighting
- assist client to walk as needed
- keep client's glasses clean and within reach
- encourage client to make and keep eye appointments

Section 7.4:

Congestive Heart Failure (CHF)

CHF is when the heart grows weaker and cannot pump enough blood throughout the body. This results in blood backing up into the lungs and/or other parts of the body. CHF often develops gradually over several years but can happen suddenly.

Section 7.41: CHF Signs & Symptoms



- shortness of breath that gets worse
- coughing or wheezing
- swelling in the legs and feet that is new
- sudden weight gain
- decreased alertness or concentration
- sleep problems
- dizziness
- needing to sleep propped up or sitting up
- chest pain or a heavy feeling in chest

Section 7.42: CHF Treatments



- a healthy lifestyle - to manage some of the symptoms of CHF
- medications
 - diuretics or “water pills” to decrease swelling
 - pills to lower blood pressure
 - pills to make the heart beat stronger and slower
- oxygen therapy - to help with breathing
- treating other illnesses - to improve symptoms of CHF
- fluid restriction - to avoid build up of fluid in the lungs

Section 7.43: Helping Clients with CHF



- encourage the client to make and keep doctor appointments
- encourage the client to take medications as prescribed
- encourage client to make healthy choices in diet, exercise and alcohol consumption
- encourage the client to wear clothing that is:
 - not too tight - tight socks, stockings, shoes, etc. may block blood flow
 - appropriate for the weather - clothes that will make the client too warm or too cold causes the body to work harder to keep at the right temperature
- assist the client to conserve his or her energy when doing daily activities
- be aware if the client has or uses nitroglycerin (NTG) tablets

Section 7.5:

Chronic Obstructive Pulmonary Disease (COPD)

COPD is a group of lung diseases that damages the lungs making it difficult to breathe. The airways are partly blocked or damaged, making it hard to get air in and out. Smoking is the leading cause of COPD. Common types of COPD are emphysema and chronic bronchitis.

Section 7.51: COPD Signs & Symptoms



- shortness of breath
- cough that doesn't go away
- excess mucus
- wheezing
- chest tightness
- decreased exercise tolerance
- signs of infection - fever, confusion
- weight loss
- signs of depression - COPD limits many activities

Section 7.52: COPD Treatments



COPD cannot be cured. The client's doctor will recommend treatments that help relieve symptoms and help the client breathe easier. The goals of COPD treatment are to:

- relieve symptoms;
- slow the progress of the disease;
- keep the client active;
- prevent and treat breathing problems; and
- improve overall health.

The treatments for COPD may include:

- drug/inhaler therapy (to open airways and decrease inflammation);
- oxygen therapy;
- exercise; and
- a low-salt, nutritious diet with adequate fluids.

Section 7.53: Helping Clients with COPD



- Offer frequent, nutritious, smaller meals instead of three large meals during the day. Eating and drinking can increase shortness of breath and be uncomfortable for the client.
- Avoid wearing perfume, perfumed hairspray or lotions, and other scents that can irritate the lungs.
- Encourage activity with rest periods.
- Prop pillows or raise the head of the bed to help the client breathe easier. Clients with COPD may not be able to catch their breath when lying flat.
- Offer plenty of water, if it is OK with the doctor. Water thins mucus in the lungs.
- Encourage the client to get a one-time pneumococcal vaccination and an annual flu shot.
- Allow plenty of time for activities.
- Do not smoke near the client.

Section 7.6:

Dementia

Dementia is a general loss of intellectual functions (memory, reasoning, concentration, attention, abstract ability and language function), and may include personality changes. Permanent, irreversible, progressive dementia, like Alzheimer's, comes on gradually.

Other types of progressive dementia include:

- vascular, or multi-infarct dementia;
- Lewy Body;
- Huntington's dementia;
- Parkinson's dementia;
- Pick's disease;
- HIV/AIDS dementia; and
- Korsakoff's disease (related to alcoholism).

Section 7.61: Dementia Signs & Symptoms



Reversible dementias

It is important to watch for and report to the DAAS RN any **sudden** confusion or other dementia-like symptoms. This type of dementia is often reversible with proper medical evaluation and treatment. Possible reasons for reversible dementia include:

- infection (often pneumonia or urinary tract infection);
- dehydration/poor nutrition;
- electrolyte imbalance, diabetes out of control, thyroid problems, renal problems; and
- medications.



Irreversible dementias

- progressive memory loss
- inability to concentrate
- decrease in problem-solving skills and judgment capability
- confusion
- hallucinations and delusions
- altered perception

- inability to recognize familiar objects or persons
- disturbance or change in sleep-wake cycle
- impaired motor functions including:
 - inability to dress self in later stages or do other things to care for self;
 - gait changes/fall risk; and
 - inappropriate movements.
- disorientation, including:
 - person, place, time;
 - visual-spatial; and
 - inability to interpret environmental cues.
- unable to problem-solve or learn
- absent or impaired language ability, including:
 - inability to understand what others are saying;
 - inability to read and/or write;
 - inability to speak;
 - inability to name objects;
 - inappropriate speech; use of jargon or wrong words; and
 - persistent repetition of phrases.
- personality changes, including:
 - irritability;
 - poor temper control;
 - anxiety;
 - indecisiveness;
 - self-centeredness;
 - inflexibility;
 - no observable mood (flat affect);
 - inappropriate mood or behavior;
 - inappropriate sexual behavior; and
 - inability to function or interact in social or personal situations.



What to Watch for

- sudden increased confusion, increased or worsening behavioral symptoms - these may be signs of delirium (acute state of mental confusion) that must be treated immediately
- depression - many people with dementia become depressed
- pain or discomfort - people with dementia may be unable to tell you about pain or discomfort and these may be reflected in behaviors

Section 7.62: Dementia Treatments



Because there is no cure for dementia, the goal of treatment is to control symptoms. The first step is evaluation of the client's health status, to make sure that another illness or a side effect of a medication is not creating increased confusion. Treatments can include:

- **Making changes in the environment** - create an environment that is safe, with familiar surroundings and people.
- **Behavioral interventions** - reinforce desirable behaviors, responding appropriately to challenging behaviors, and anticipating the client's needs.
- **Medication** - medication specifically designed to treat dementia may slow the progression of the disease.

Section 7.63: Helping Clients with Dementia



- listen to the client, allow him or her time to reminisce
- slow down and allow more time for activities
- let the client do as much for him/herself as possible
- don't "reality orient" the client - validate his or her feelings
- if the client is experiencing a behavioral symptom, try to figure out what is causing that behavior (e.g. physical problems causing pain)
- take care of yourself - it takes a lot of energy and patience to care for someone with dementia

Section 7.7:

Depression

Depression is a feeling of sadness that becomes severe, lasting for long periods of time, and keeps a person from living a normal life. Depression is ranked in terms of severity including mild, moderate or severe.

The causes of depression can include:

- family history of depression;
- chemical imbalance or other physical problems in the brain;
- trauma and stress;
- physical illness; and
- other mental illnesses, like anxiety or schizophrenia.

Section 7.71: Depression Signs & Symptoms



- constant sad, anxious or “empty” mood
- crying, tearfulness or inability to cry
- feelings of hopelessness, guilt or worthlessness
- loss of interest, pleasure or withdrawal from hobbies and/or social activities that were once enjoyed
- decreased energy, fatigue
- trouble concentrating, remembering, making decisions
- changes in sleep patterns
- a dramatic change in appetite, resulting in weight gain or weight loss
- thoughts or talk of death or suicide, suicide attempts
- restlessness, irritability
- constant physical symptoms that do not respond to treatment, such as headaches, digestive disorders and/or chronic pain

Section 7.72: Depression Treatments



The degree of the depression influences treatment and can include:

- antidepressant medication;
- psychotherapy or “talk therapy”; and
- alternative therapies such as acupuncture, massage, light therapy, herbal therapies and megavitamin treatment.

Section 7.73: Helping Clients with Depression



- break large tasks into smaller ones, and encourage the client to do the best he or she can
- help the client to set and reach realistic goals
- encourage the client to:
 - stay socially active and involved
 - be physically active
 - take prescribed medications and attend therapy
- listen and offer support

Section 7.8:

Diabetes

The body uses a hormone called insulin to transport sugar (glucose) into the body's cells for energy. If there is very little or no insulin (Type 1 Diabetes) or the body no longer responds to insulin correctly (Type 2 Diabetes), cells don't get needed energy and the glucose builds up in the bloodstream unused.

Type 1 Diabetes is usually diagnosed in childhood. The body makes little or no insulin and daily injections of insulin are required.

Type 2 Diabetes is much more common and occurs when the body does not produce enough insulin to keep blood glucose levels normal and/or the body does not respond well to the insulin.

Type 2 Diabetes usually occurs in adulthood and is on the rise due to the increasing number of older Americans, obesity and lack of exercise.

Section 7.81: Diabetes Signs & Symptoms



Type 1 Diabetes

- increased thirst
- frequent urination
- weight loss in spite of increased appetite
- fatigue
- nausea/vomiting

Type 2 Diabetes

- increased thirst
- frequent urination
- increased appetite
- fatigue
- blurred vision
- slow-healing infections

Because Type 2 Diabetes develops slowly, some people with high blood sugar experience no symptoms at all.

When caring for a person with diabetes, it is important to notice the symptoms of high and low blood sugar, as well as skin concerns. When diabetes is not managed, life-threatening conditions can happen.



Signs and symptoms of low blood sugar:

- weakness, shaking
- drowsiness
- headache
- confusion
- dizziness
- double vision
- fast heartbeat
- convulsions or unconsciousness

Signs and symptoms of high blood sugar:

- increased thirst and urination
- nausea
- deep and rapid breathing
- hunger
- drowsiness
- loss of consciousness

Section 7.82: Diabetes Treatments



There is no cure for diabetes. The **short-term goal** is to stabilize blood sugar. The **long-term goals** of treatment are to relieve symptoms and prevent long-term complications such as heart disease and kidney failure.

Diet - The goal for a client with diabetes is to maintain a healthy diet and control his or her blood sugar levels. There are many different types of diets recommended for diabetes. People with diabetes should get input from their doctor about what types of foods to eat and what types to avoid. A dietician can also help in planning diets. Normally, a dietitian can design a program specific to the client's medical needs and personal food preferences.

A client with diabetes will be encouraged to:

- eat a well-balanced diet
- avoid or limit saturated fats
- take an active role in understanding the basics of good nutrition and its impact on blood sugar
- control his or her weight
- exercise helps with blood sugar control, weight loss and high blood pressure. People with diabetes should check with their doctor before starting any exercise program.
- eat meals at regular times
- have a plan in place for what to do when his or her blood sugar gets too low or too high
- limit alcohol
- limit processed foods
- control the intake of carbohydrates
- medication - people with Type 1 Diabetes take insulin by injection each day, sometimes many times per day. People with Type 2 Diabetes typically take oral medications each day to increase the production of insulin or the body's sensitivity to insulin.

Other Information:

- Type 1 Diabetes is thought to be hereditary, and may not be preventable.
- People with Type 2 Diabetes are typically overweight and may not be physically active. Prevention can include:
 - promoting a healthy low-sugar, low-fat diet with fresh fruits, vegetables and whole grains; and
 - a regular exercise routine.

- The American Diabetes Association recommends that all adults be screened for diabetes at least every three years. A person at high risk should be screened more often.

Section 7.83: Helping Clients with Diabetes



- encourage healthy meal choices and regular eating
- encourage the client to monitor his or her blood sugar regularly, if advised by physician
- know the client's plan for what to do when blood sugar gets too low or high
- encourage client to take all medications
- assist the client to inspect his or her feet daily
- encourage the client to avoid clothing that restricts circulation, like tight elastic stockings and socks
- encourage the client to wear shoes that fit well, and check for small rocks or other items in the shoes
- encourage the client to wear a Medic Alert Diabetes bracelet or necklace

Section 7.9:

Glaucoma

Glaucoma is a group of diseases where fluid in the eye builds up, damages the eye's optic nerve, and results in vision loss and blindness. There are many different kinds of glaucoma.

Section 7.91: Glaucoma Signs & Symptoms



Most people with chronic glaucoma do not have any symptoms until vision is lost.

Acute closed-angle glaucoma comes on quickly, and some symptoms include:

- eye pain;
- headaches;
- haloes around lights;
- dilated pupils;
- vision loss;
- red eyes; and
- nausea and vomiting.

Section 7.92: Glaucoma Treatments



- Medications - usually eye drops, these medications either decrease the amount of fluid in the eye or help the eye to drain fluid.
- Surgery - may create areas for eye fluid to drain, or reopen areas for drainage.
- Alternative therapies, used in combination with other treatments, including:
 - well-balanced diet with vitamins and minerals;
 - regular exercise; and
 - relaxation techniques.

Section 7.93: Helping Clients with Glaucoma



- encourage the client to take medications as ordered
- provide a safe environment to prevent falls
- assist the client to obtain large-print books and activities, books on tape, etc.

Section 7.10:

Heart Attack (Myocardial Infarction, or MI)

A heart attack happens when the blood supply to part of the heart muscle is severely reduced or stopped by one or more of the coronary arteries being blocked.

Section 7.101: Heart Attack Signs & Symptoms



Symptoms of a heart attack may be different for every person. Many people experience “silent” heart attacks, meaning that their symptoms do not include pain in the chest, and are therefore ignored. Common symptoms may include:

- uncomfortable pressure, squeezing, fullness or pain in the chest;
- pain or discomfort in one or both arms, back, neck, jaw or stomach;
- shortness of breath;
- feeling of indigestion;
- nausea or dizziness;
- cold sweat;
- feeling light-headed;
- paleness of skin;
- feeling weak or overly tired; and
- unexplained anxiety.
- Women have a tendency to have atypical chest pain or to complain of abdominal pain, difficulty breathing, nausea and unexplained fatigue.

Section 7.102: Heart Attack Treatments



During or right after a heart attack, the emergency room staff may give the client medications to break up the blockage, decrease the pain, and get blood flowing to the heart again. The client may undergo surgery to improve blood flow to the heart.

During or right after a heart attack, the emergency room staff may give the client medications to break up the blockage, decrease the pain, and get blood flowing to the heart again. The client may undergo surgery to improve blood flow to the heart.

Treatments after the heart attack often focus on prevention of another heart attack, and include:

- medications - depending on the client's condition, medications may be used to prevent future blood blockages to the heart, increase blood flow, lower blood pressure and/or cholesterol.
- lifestyle changes, including:
 - healthy diet - low in salt and fat, high in fruits, vegetables and grains;
 - increased exercise;
 - weight loss, if needed; and
 - decrease and/or better management of stress

Section 7.103: Helping Clients who have had Heart Attacks



- encourage the client to take prescribed medications as ordered
- encourage the client to make and keep doctor appointments
- remind the client to rest and pace him/herself to avoid exhaustion
- get training in CPR

Section 7.11:

High Blood Pressure (Hypertension or “HTN”)

Blood pressure is the force in the arteries when the heart beats (systolic pressure or top number) and when the heart is at rest (diastolic pressure or bottom number). High blood pressure is defined in an adult as a blood pressure at or above 140 systolic pressure, or at or above 90 diastolic pressure (140/90).

Section 7.111: High Blood Pressure Signs & Symptoms



Most people with high blood pressure experience no symptoms at all and find out about it while visiting the doctor and having their blood pressure taken. For those people who do have symptoms, they may include:

- headache;
- blurred vision;
- dizziness; and
- ringing in ears.

Section 7.112: High Blood Pressure Treatments



- a healthy lifestyle - by making healthy choices in diet, exercise and alcohol use, a person can sometimes manage high blood pressure without other treatment
- medications
- alternative therapies - herbal remedies, acupuncture, meditation and other alternative therapies may be used alone or in combination with other treatments

Section 7.113: Helping Clients with High Blood Pressure



- encourage client to take medications as ordered
- encourage the client to make and keep doctor appointments
- encourage the client to make healthy food choices (low salt, low saturated fats)
- encourage and assist the client to do relaxing activities
- encourage client to exercise, if able

Section 7.12:

Osteoporosis

Osteoporosis is a disease in which bones become fragile and more likely to break. This occurs more often in women than men, and most often the hip, spine and wrist are affected (although any bone can break). Most women with osteoporosis are past menopause but bone loss may have begun earlier.

Section 7.121: Osteoporosis Signs & Symptoms



Often there are no symptoms - bone loss occurs slowly over time. The first symptom may be a broken bone that occurs from a minor injury, like bumping into something. Other symptoms may include:

- pain (especially in the lower back, neck and hip)
- decreased height
- “stooped” posture

Section 7.122: Osteoporosis Treatments



- Exercise - weight bearing, like walking, jogging, dancing or resistance training, including weight lifting
- Vitamin and mineral supplement (e.g. calcium and magnesium and vitamin D)
- Nutrition - healthy diet with calcium
- Medications - to reduce bone loss or pain, or to increase bone density or bone mass

Section 7.123: Helping Clients with Osteoporosis



- assist the client to walk, if needed
 - encourage client to wear shoes that fit well
 - encourage the client to exercise regularly
 - encourage the client to make healthy food choices that include calcium
-

Section 7.13:

Parkinson's Disease

Parkinson's disease is a disorder of the brain characterized by shaking (tremor) and difficulty with walking, movement and coordination.

Section 7.131: Parkinson's Signs & Symptoms



- muscle stiffness
- difficulty bending arms and legs
- loss of balance
- “shuffling” walk
- slow movements
- difficulty starting to move
- muscle aches and pains
- difficulty swallowing
- drooling
- shaking, or tremors:
 - during activity (but is more noticeable at rest);
 - severe enough to get in the way of activities;
 - worse when tired or stressed.
- reduced ability to show facial expressions:
 - “masked” face;
 - staring;
 - inability to close mouth; and
 - decreased eye blinking.
- slow, monotone voice
- loss of fine motor skills:
 - handwriting becomes difficult, messy;
 - eating may be difficult, slow;
 - frequent falls.
- constipation
- dementia in advanced Parkinson's disease
- depression

Section 7.132: Parkinson's Treatments



Parkinson's disease cannot be cured. Treatment is focused on decreasing the symptoms, and can include:

- medications, used to:
 - increase dopamine in the brain, improving movement and balance;
 - reduce tremors;
 - reduce pain; and
 - treat depression.
- support groups.
- nutrition and exercise - because swallowing becomes difficult, and constipation is common, eating may not be enjoyable. Exercise, along with frequent rest breaks, loosens muscles and helps to maintain independence.
- therapy - physical, occupational and speech therapies can assist the client to maximize his or her abilities and adapt daily routines to enhance independence.

Section 7.133: Helping Clients with Parkinson's



- assist the client to walk, or supervise and encourage using needed assistive devices (e.g. a walker or cane)
- allow the client time to respond, and be patient with activities of daily living
- encourage the client to avoid stress, and perform your care giving in a stress-free way
- encourage frequent rest breaks
- allow plenty of time for eating, and try to make dining enjoyable and relaxing

Section 7.14:

Pneumonia

Pneumonia is an infection of the lungs. Most cases of pneumonia are caused by bacteria, but sometimes a virus can cause it.

Aspiration pneumonia happens when a person inhales contents of the stomach into the lungs (this sometimes happens when a person has a hard time swallowing). People at a higher risk of getting pneumonia include those with chronic illnesses like diabetes, heart disease or COPD, taking steroid medications, and/or whose immune systems no longer work well (e.g. people receiving chemotherapy or with HIV/AIDS).

Section 7.141: Pneumonia Signs & Symptoms



- fever
- chills
- bluish colored lips and nails
- cough with mucus (pneumonia caused by a virus may have a dry cough without mucus)
- shortness of breath
- chest pain
- fast breathing and heartbeat
- decreased appetite
- fatigue
- in older clients, fatigue and confusion may be the only symptoms

Section 7.142: Pneumonia Treatments



The treatment depends on what caused the pneumonia and how severe it is. Some treatments include:

- medications to treat infection or to treat symptoms (like fever and pain);
- rest;
- increased fluids;
- oxygen;
- coughing and breathing deeply (this will help to clear mucus from the lungs, and keep the chest muscles strong); and
- hospital care.

Section 7.143: Helping Clients with Pneumonia



- encourage client to take all medications as ordered by doctor
- help the client sit up and move around (this will help loosen up the mucus and get oxygen into the lungs and blood)
- wash your hands and use other infection control practices to prevent the spread of infection
- encourage the client to drink fluids and eat nutritious meals

Section 7.15:

Stroke, Cerebrovascular Accident (CVA) or Brain Attack

A stroke occurs when a blood vessel that supplies blood to the brain bursts or is blocked by a clot. Within minutes, the nerve cells in that area of the brain become damaged and die. The part of the body controlled by the damaged section of the brain no longer functions normally.

A transient ischemic attack (TIA) is a mini-stroke that has similar symptoms of a stroke, but TIA symptoms usually go away within 10 to 20 minutes (they may last up to 24 hours).

TIA's are warning signs of another stroke, so the client needs to see a doctor immediately if this occurs.

Section 7.151: Stroke Signs & Symptoms



Symptoms begin suddenly and may include:

- numbness, or weakness of the face, arm or leg, especially on one side of the body;
- trouble seeing in one or both eyes, such as dimness, blurring, double vision or loss of vision;
- confusion, trouble speaking or understanding;
- trouble walking, dizziness, loss of balance or coordination;
- severe headache; and
- memory loss.

A person having these signs/symptoms should seek treatment immediately.

Section 7.152: Stroke Treatments



After medical treatment in a hospital and/or a rehabilitation center, treatment at home focuses on regaining normal functioning and preventing more strokes.

Treatments include:

- physical strengthening, speech and/or occupational therapy
- preventing future strokes through decreasing risk factors is important
- medications to thin the blood may also be prescribed, if the stroke was caused by a blood clot
- Since many people who have strokes also have other chronic illnesses (e.g. diabetes, high blood pressure, high cholesterol and heart conditions), the focus is on improving those conditions. Medications to treat other chronic illnesses may be prescribed.

Section 7.153: Helping Clients who have had a Stroke



Much of how the caregiver can assist and support the client will depend upon what functions the stroke has affected.

With one-sided weakness:

- use words like “right” or “left” side, not “good” or “bad” side;
- assist a client with walking or transferring by supporting the weaker side;
- assist with dressing by dressing the weaker side first and undressing the stronger side first;
- use adaptive equipment and clothing as appropriate;
- allow plenty of time for any activity;
- make sure that the home is free of tripping hazards.

With speech or language difficulty:

- keep your questions and directions simple and one at a time;
- try to ask “yes” and “no” questions;
- use a picture board, if appropriate;
- give the client a pencil and paper if he or she is able to write.

Provide emotional support:

- a stroke can be devastating to the client and may cause frustration, anger and depression. Learning to do things over again that he or she has always been able to do is a difficult and slow process.
- be supportive and positive whenever the client makes progress.
- encourage the client to keep therapy appointments and do his or her exercises.

Section 7: Quiz Questions

Test your knowledge with the following questions. These questions provide examples of the types of questions that may appear on the certification exam, but are not the exam itself. The certification exam will include many more questions and cover all topics discussed in the training manual. See Appendix E for an Answer Key.

1. Which of the following is a behavior associated with Alzheimer's?
 - a. Wandering
 - b. Catastrophic Reaction
 - c. Repetitive Behavior
 - d. All of the above
2. True or False - Older people may only show fatigue and confusion as signs of pneumonia.
3. Which type of dementia is a disorder of the brain characterized by shaking (tremor) and difficulty with walking, movement and coordination?
 - a. Pick's disease
 - b. Huntington's disease
 - c. Parkinson's disease
 - d. Korsakoff's disease
4. True or False - Most people with high blood pressure experience no symptoms at all and find out about it while visiting the doctor and having their blood pressure taken.
5. Which of the following are lifestyle changes that can prevent a heart attack?
 - a. A healthy diet low salt and fat, and high in fruits, vegetables and grains
 - b. Increased exercise
 - c. Decrease and/or better management of stress
 - d. All of the above
6. True or False - Increased thirst and urination and weakness and shaking are both symptoms of low blood sugar.

Appendix A - Sample DAAS Forms

AFH providers are responsible for understanding and implementing the policies governing AFHs. These forms listed below with asterisks are required forms. Those without asterisks are samples that you may use in your AFH to help you meet the policy requirements. You may meet these requirements through other formats, such as electronically, and you may change these forms to better meet the needs of your AFH. If you have questions about the requirements of policy, the need for certain forms, or if a certain change to a form meets policy, please contact the AFH Coordinator to discuss the issue.

- **AAS-9503 (Plan of Care)***
 - **AAS-9510 (Start Services Form)***
 - **AAS-9511 (Change of Client Status)***
 - **Authorized Representative***
 - **Consent for Release of Information**
 - **Discharge Notice**
 - **Disclosure of Services Form**
 - **Evacuation Drill Documentation**
 - **Evaluation & Service Planning Form***
 - **House Rules Form***
 - **Mail Assistance Authority**
 - **Monitoring Logs: Linen Change; Refrigerator/Freezer Temperatures; Room Temperature; Water Temperature**
 - **Occupancy Agreement***
 - **Personal Funds Management Designation**
 - **Physician's Report Form***
 - **Resident Activities & Interests Form***
 - **Resident Bill of Rights*Resident Information Form***
 - **Resident Personal Inventory**
 - **Resident Screening Form**
 - **Resident Visitor Restriction**
 - **Staff Training Report**
 - **Visitor Restriction**
- 7 Day Menu Plan Form**

Appendix B - Helpful Contact Information

Adult Protective Services Adult Abuse Hotline	1-800-482-8049
Advocates for Battered Women Hotline	1-800-332-4443
AIDS Hotline	1-800-590-2437
Alzheimer's Association OK/AR Chapter.....	1-800-272-3900
Alzheimer's Arkansas Programs & Services.....	1-800-689-6090
Alzheimer's Alliance/Texarkana Area	1-877-312-8536
American Cancer Society	1-800-227-2345
American Diabetes Association.....	1-800-232-3472
Arkansas Department of Health	1-800-462-0599
Arkansas Insurance Department Hotline	1-800-852-5494
Arkansas Poison Control Center.....	1-800-222-1222
Arkansas Volunteer Lawyers for the Elderly	1-800-999-2853
Center for Arkansas Legal Services.....	1-800-950-5817
Consumer Product Safety Commission.....	1-800-638-2772
Consumer Protection/Attorney General's Office	1-800-482-8982
Division of Aging and Adult Services	1-501-682-2441
Donated Dental Services.....	1-800-932-8247
HUD-approved Housing Counseling	1-800-569-4287
ICAN (Assistive Technology).....	1-800-828-2799
Low Income Energy Program/Weatherization	1-800-482-8988
Medicare Fraud Prevention Hotline—Arkansas SMP	1-866-726-2916
Medicare Telephone Hotline.....	1-800-633-4227
National Alliance for the Mentally Ill—AR Chapter.....	1-800-844-0381
National Health Information Center.....	1-800-336-4797
National Hearing Aid Society	1-800-521-5247
National Library Service for the Blind & Physically Handicapped	1-800-424-8567
Senior Insurance Network (SHIP).....	1-800-224-6330
Social Security Administration	1-800-772-1213
Spinal Cord Commission	1-800-459-1517

Appendix C - Medicaid Transportation Contact Information

Transportation to and from doctors' and other non-emergency medical appointments are to be handled through the Arkansas Medicaid Transportation Program. Call toll free:

Region 1: Logisticare

1-866-854-8758

Counties: Baxter, Benton, Boone, Carroll, Madison, Marion, Newton, Searcy, Washington

Region 3: Logisticare

1-866-854-8764

Counties: Cleburne, Fulton, Independence, Izard, Jackson, Sharp, Stone, Van Buren, White, Woodruff

Region 4: East Arkansas Area Agency on Aging

1-888-240-2264

Counties: Clay, Craighead, Crittenden, Cross, Greene, Lawrence, Mississippi, Poinsett, Randolph, St. Francis

Region 5: Area Agency on Aging of Western Arkansas

1-888-783-6632

Counties: Crawford, Franklin, Johnson, Logan, Polk, Scott, Sebastian

Region 6: Area Agency on Aging of Western Arkansas

1- 800-568-9987

Counties: Conway, Perry, Pope, Yell

Region 7: Logisticare

1- 866-481-9485

Counties: Lee, Monroe, Phillips, Prairie

Region 8: Central Arkansas Development Council

1-800-385-9992

Clark, Garland, Hot Spring, Montgomery, Pike, Saline

Region 9: Area Agency on Aging of Southeast Arkansas

1-866-501-7328

Counties: Arkansas, Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Grant, Jefferson, Lincoln

Region 10: Southwest Arkansas Development Council, Inc.

1-888-772-5773

Hempstead, Howard, Lafayette, Little River, Miller, Nevada, Sevier

Region 11: Central Arkansas Development Council

1-800-385-9992

Counties: Calhoun, Columbia, Dallas, Ouachita, Union

Region 12: Logisticare

1-866-854-8788

Counties: Faulkner, Lonoke, Pulaski

This information regarding the Medicaid Transportation Program and transportation contracts (brokers) is current at this time; however, it may change as deemed appropriate by the Division of Medical Services.

Appendix D - AFH Physical Requirements

Doors, Closets & Cabinets

- Interior and exterior locks and handles must be in proper working order
- Lever handles should be used
- All doors and cabinets must be balanced, easy to open and close
- All doors, closets and cabinets should remain free from clutter or obstruction
- Glass doors should have decals or some marking to reduce accidental walk-ins
- Cabinets should remain closed when not in use

Electrical

- All electrical cords must be in good condition
- Frayed wires must be repaired at once
- Cords should remain against walls to prevent tripping
- Do not place cords under carpeting or rugs
- Do not use extension cords in a permanent fashion, only minimal use is tolerable
- Do not overload electrical outlets
- Use only proper electrical devices
- Ensure that wattage is consistent with use
- Council clients on proper electrical usage
- Oversee client use of electrical blankets and heating pads

Heating

- Good temperature range is 72 to 78 degrees F
- Clients should wear temperature-appropriate clothing
- Provide individual temperature control if possible
- Do not use space heaters and do not allow clients to use space heaters privately
- Never use the stove/oven as a source of heat for your home
- A barrier of at least 36 inches should be placed around the stove
- Fireplaces should never be left burning without any oversight

Home Décor

- Décor should include contrasting colors to help differentiate surroundings
- Avoid pastel colors as they tend to blend into surroundings
- Avoid use of too much white as it reflects light
- Minimize glare on walls
- De-clutter as much as possible
- Keep décor to a sufficient amount to avoid clutter and any obstruction

Home Furnishings

- Provide enough furniture for all members in communal areas
- Provide enough space for wheelchairs, walkers and canes to easily maneuver throughout the home
- Furniture must be sturdy, well-balanced and not prone to tipping over
- Do not use casters
- Furniture should be at a comfortable height (seat height of 18 to 20 inches)
- Tables should be at least 30 inches high for people in wheelchairs
- Most chairs should have arms
- Overstuffed furniture should be avoided as they are difficult to get out of
- Deep sofas or similar should be avoided as they are difficult to get out of

Lighting

- Provide adequate lighting throughout the entire home
- Increase or maintain sufficient lighting without creating more glare
- Reduce glare
 - Use frosted bulbs, indirect lighting and shades on lighting fixtures.
 - Use window coverings that are adjustable
 - Avoid shiny plastic furniture, slip covers, glass tables, etc.
- Provide adjustable lighting (e.g. reading lamps)
- Use correct wattage only

Carpeting & Rugs

- Carpeting should be securely fastened to the ground to minimize tripping
- It is preferable that you refrain from use of rugs as walkers, canes may catch on them
- If you use rugs, you must add a non-slip resistant backing to reduce movement
- Carpeting should not blend into floor so that clients may see it better

Bathrooms

- All bathroom fixtures should be operational (e.g. faucet, bathtub/shower, and toilet)
- Secure grab bars must be present for all toilets, bathtubs and showers.
- Fasten shower rods to walls, instead of using tension rods
- Toilet paper should be accessible
- Bathtubs and showers should have non-skid mats or abrasive strips
- Bathrooms should have ample ventilation (e.g. window or ventilation fan)
- Mirrors cannot have chips or cracks
- Faucets with a single handle are easier for residents to use
- Shower seating must be provided
- Lightweight, hand-held showers may be easier for seniors and people with disabilities
- Raised toilet seat covers are best for people in wheelchairs

- Bathrooms should be cleaned frequently

Water

- Tap water should not exceed 125° F. For information on how to adjust your water heater, call your local water provider.
- Regularly measure your water temperature to ensure older persons are not susceptible to hot water burns

Entryway, Hallways & Stairs

- Keep areas free from clutter and any obstructions that could cause falls or that may block emergency exits or pathways
- Emergency exits should be clearly marked
- Ensure your home meets accessibility standards
- Stairs should have secure treading
- Contrasting colors for steps can be helpful for people with eyesight issues
- Good lighting is necessary in these areas to minimize accidents
- Extend supportive, 1.5-inch in diameter, full-length handrails on both sides of steps, stairways and ramps inside and outside
- Locate light switches at the top and bottom of stairs

Kitchen

- Kitchen appliances and physical fixtures should be securely fastened and in working order
- Countertops should remain mostly clear
- Store items in cupboard/cabinets to minimize counter space issues
- Lock certain cabinets (e.g. those containing knives, cleaning supplies, etc.) as the need arises
- Provide adequate ventilation
- If possible, the stove should have controls at the front to minimize the potential for an accident

Laundry

- Ensure laundry room or area has proper ventilation
- Appliances should be in working order
- Provide locked storage for household cleaning products that could be hazardous to clients

Resident Room

- A dresser/armoire, bed and closet space must be provided
- Clients may bring furniture with them, but there is no requirement that they do so
- Seating should be available for residents to entertain visitors
- Adequate walking/wheelchair space should be maintained

- Space should be arranged to eliminate unnecessary reaching, bending, standing
- Easy access to lighting is a must
- From the bed, the client has to be able to access a light or light switch
- Feet should touch the ground while sitting upright on the bed
- The bed should be approximately 18 inches from the walls and 36 inches between beds (if applicable)

Yard

- Yard should be well-kept with minimal hazards (e.g. level ground, cut grass, rodents/pests)
- Windows, doors and any emergency exits should be clear from shrubbery
- Property should have level walkways and driveways
- There should be sufficient lighting outside
- Surfaces should be walkable at all times
- Consider installing a fence or gate to deter wandering clients
- Provide locks on gated areas
- Provide a shaded area in the yard for outdoor enjoyment without sun and rain
- Yard supplies should be locked in storage to reduce tampering

Vision Impaired Special Needs

- Work with the visually-impaired person to arrange his or her room in a way that facilitates ease of movement and use
- When moving items in the person's room, always move the item back to its original place
- Any text postings should utilize standards for optimal viewership (16 point Times New Roman font, contrast of black ink on white paper)
- Consider painting doors and windows separate colors to help distinguish them
- Depending on client ability, color code items for him or her
- Remove any clutter or obstructions to doors or windows
- Only move large items in home after discussing with visually-impaired person
- Provide phones with enlarged numbers
- Provide large clocks
- Provide recreational items in enlarged print (e.g. books, games)
- Use soft bulbs to reduce glare
- Color-code water facets
- Provide audio books

Hearing Impaired Special Needs

- Provide amplification for telephones
- Reduce background noise (e.g. radios, air conditioner)
- Create a background noise-free space
- Provide headsets for television, radio
- Adjust treble and bass to lower tones

- Use a closed captioned television set
- Install special fire alarms that signal alarm via flashing lights as well as sound

Mobility Impaired Special Needs

- Use low-pile carpet to allow clients optimal mobility via wheelchairs or walkers and canes
- Carpet should be firm and easy to walk on
- Be sure communal and personal items are within reach for people in wheelchairs

Memory Impaired Special Needs

- Post the date, season or special holidays on a communal bulletin board to help residents remember
- Have some identification for each room
- Label or color code certain items or things to help residents identify and locate things
- Work on maintaining a calm atmosphere in the home to keep residents calm
- Always oversee memory-impaired residents as they may wander off
- Consider installing a security alarm to notify you of someone going in or out

Appendix E - Section Quiz Answer Key

Section 1

1. True
2. D
3. True

Section 2

1. D
2. True
3. C
4. C
5. B
6. D
7. D
8. False
9. D
10. True
11. False
12. C

Section 3

1. D
2. D
3. A
4. C
5. True
6. A
7. False
8. A
9. B
10. False
11. D
12. C
13. C
14. A

15. C

16. A

Section 4

1. True
2. D
3. D
4. B
5. A
6. True
7. A
8. C
9. D
10. True
11. D
12. B

Section 5

1. A
2. A
3. D

Section 6

1. False
2. D
3. D

Section 7

1. D
2. True
3. C
4. True
5. D
6. False

Appendix F - SSI Chart & Quarters of Coverage Chart

01-01-12

Long Term Care (LTC), TEFRA, Home & Community Based Waiver	Individual	\$ 2,094.00 per month
SSI/SPA	Individual Couple	\$ 698.00 \$ 1,048.00
1/3 Reduction for Living in the Household of Another	Individual Couple	\$ 465.34 \$ 698.67
In-Kind Support	Individual Couple	\$ 252.86 \$ 369.33
Living Allowance for Ineligible Spouse or Child	Individual	\$ 350.00
Substantial Gainful Activity (SGA) for Disability Substantial Gainful Activity for Blindness	Individual Individual	\$ 1,010.00 \$ 1,690.00
Assisted Living Facility Waiver Room and Board	Individual	\$ 634.00
Assisted Living Facility Waiver Personal Allowance	Individual	\$ 63.00
Student Earned Income Exclusion	Monthly Annual	\$1,700 \$6,840

Amount Needed to Earn a Qualifying Quarter

Year	Earnings Needed for One Credit	Year	Earnings Needed for One Credit
1978	\$250	1995	\$630
1979	\$260	1996	\$640
1980	\$290	1997	\$670
1981	\$310	1998	\$700
1982	\$340	1999	\$740
1983	\$370	2000	\$780
1984	\$390	2001	\$830
1985	\$410	2002	\$879
1986	\$440	2003	\$890
1987	\$460	2004	\$900
1988	\$470	2005	\$920
1989	\$500	2006	\$970
1990	\$520	2007	\$1000
1991	\$540	2008	\$1050
1992	\$570	2009	\$1090
1993	\$590	2010	\$1120

1994	\$620	2011	\$1120
		2012	\$1130

Appendix G - Planning for an Adult Family Home Business

This section is for informational purposes only and will not apply to all adult family home providers. It is not required by DAAS and it is not part of AFH training; therefore, you will not be tested over it.

Arkansas Small Business Development Center (SBDC)

The SBDC offers many resources and may be able to assist you with issues such as employing and paying substitute caregivers. Contact SBDC if you need any assistance.

Website: <http://asbdc.ualr.edu/>

Office Locations:

Little Rock

ASBDC Lead Center

University of Arkansas at Little Rock
College of Business
Donald W. Reynolds Center for
Business and Economic Development
2801 S. University
Little Rock, Arkansas 72204
501.683.7700
501.683.7720 (fax)
800-862-2040 Outside Pulaski County
(Arkansas Only)
webmaster@asbdc.ualr.edu
<http://asbdc.ualr.edu>

MASSEYK@hsu.edu

<http://www.hsu.edu/sbdc/>

Fayetteville

University of Arkansas, Fayetteville
Sam M. Walton College of Business
Donald W. Reynolds Center for
Enterprise Development, Suite 210
145 North Buchanan
Fayetteville, AR 72701
(479) 575-5148
lbrian@walton.uark.edu
<http://sbdc.uark.edu/>

Arkadelphia

Henderson State University
School of Business
P.O. Box 7624
Arkadelphia, AR 71999
(870) 230-5184

Jonesboro

Arkansas State University
College of Business
P. O. Box 2650

State University, AR 72467
(870) 972-3517
hlawrenc@astate.edu
<http://www2.astate.edu/asbdc>

Magnolia
Southern Arkansas University
College of Business
P. O. Box 9192
Magnolia, AR 71754-9379
(870) 235-5033
fabozeman@saumag.edu
<http://web.saumag.edu/business/partners/asbtdc>

Monticello
University of Arkansas at Monticello
Harris Hall
1514 Scogin Drive

Monticello, AR 71656
(870)460-1910
henryl@uamont.edu
<http://www.uamont.edu/sbtdc>

Russellville
Arkansas Tech University
College of Business
Rothwell Hall
106 West O Street
Russellville, AR 72801
(479)356-2067
jreser@atu.edu
<http://www.atu.edu/asbtdc/>

Introduction

Adult family home providers can be classed as a sole proprietorship home based business. Regardless of how big or small you have decided to make your adult family home, you have made the decision to start a business. This is a big step in your life, and to be successful you must plan and run your business efficiently. This venture cannot be treated as a hobby or part-time venture. Statistics show that only 44% of all new businesses survive in their first four years. The majority of these failures can be direct links to either no or poor planning on the owner's part. If you plan correctly, keep good records and pay your bills on time you will be successful.

This section will lead you through the most important aspects of planning and starting your business. Since adult family homes are home-based businesses and you will be working with the state of Arkansas, we will simplify the planning process that traditional businesses use and concentrate on those aspects that will most assist you. Follow these steps and you will be successful.

Business Musts

Do What You Love

If you do not enjoy what you are doing, it is safe to assume that will be reflected in the success, or lack of success in your business. If you do not enjoy what you are doing then chances are you will be miserable. Most people start a business to do

something they enjoy and have control over their future. There will be bad days when you do not like what you are doing, but the good days must outnumber the bad.

Plan Everything

Planning every aspect of your business is not only a must, but also builds habits that a business owner must develop and maintain. Planning requires you to analyze each business situation, research and compile data and make conclusions based on the facts you have researched. Planning also requires you to set goals and how you will achieve them. Plans that are vital for success include your business plan, operations plan, financial plan and marketing plan.

Manage Your Money Wisely

When the cash starts flowing in most businesses, owners immediately assume they are in the clear. However, there are two things to consider:

- You must be sure to keep the cash flowing in by submitting timely invoices, billing claims for ElderChoices and making sure those invoices are paid on time
- You must pay your bills on time and in full every month.

A vital part of this is taxes. You will have to pay sales tax, income tax (local, state and federal), business tax (or licenses), employment taxes if you have employees, social security tax, and on and on. Just because your checking account seems overflowing, do not assume this cash is all yours to keep. Every purchase is an investment in the business. Make sure each one is a wise one.

Have a Great Business Team

As a small business owner, there will never be enough time in the day to do all there is to do. Your business team will be built from family, friends, suppliers, employees, business associations, bookkeepers and your residents. Use these resources to lighten your work load, to make yourself a more effective manager.

Become an Expert

When you have a problem, where do you go for advice? An expert, of course, and they are not cheap. Experts are expensive for a reason; they know how to solve problems to help others. Becoming an expert in the adult family home business will allow you to operate more efficiently, and will bring others to you for advice and consultation. This in turn will broaden your business circle and open new opportunities.

Get and Stay Organized

You should get your home office, work routine and business planning organized from the start and keep it organized. Develop systems, routines and policies and procedures for every activity associated with adult family homes. Keep to do lists, calendars and task lists to ensure everything is done on schedule. Not keeping organized will result in what is defined as “crisis management,” meaning your day

consists of moving from one crisis to the next (or, as some people put it, “putting out fires”). You may get the work done, but not in any organized fashion, and you may forget critical tasks.

Guarding Against Caregiver Burnout

Operating an adult family home is hard, demanding work, even for the strongest and most capable individuals. Unlike most jobs that start and end at certain times, you are responsible for providing care to residents and managing a home 24 hours a day, seven days a week. Typically, adult family home operators are relieved for only short periods of time, instead of for one or two days at a time as is more common with most jobs.

As a caregiver, you not only must provide care to residents on a continuous basis, you are expected to do so in a manner that is positive, supportive and professional. And, although the demands on your time and energy are great, you may not receive frequent expressions of appreciation from your residents or their families.

Given that your home will become your work place, you will be tempted to work all of the time, since you are there all of the time. You must establish a routine, a regular work schedule that includes breaks, meal times, at least one full day off each week, and scheduled vacations. Failure to plan a work schedule will result in stress on your family life, and no job is worth that cost, and danger from suffering work burn out, which is not an option in your own business. Stay organized, stay on schedule and learn to say no.

Defining Caregiver Burnout

People who do stressful work for long periods of time with little time off are likely to “burn out,” or experience physical, mental and emotional exhaustion. Burnout is caused by a person’s energy reserves being gradually, but continuously drained, with no opportunity to recharge. Following are some of the most common signs of burnout:

- **Physical changes** - including fatigue, trouble sleeping, eating too much or too little, frequent illness, and/or a dependence on drugs or alcohol.
- **Emotional changes** - such as anger, impatience, irritability, resentment, helplessness, sadness, depression, and/or feeling overwhelmed, trapped or out of control.
- **Behavioral changes** - including procrastination, putting distance between yourself and others, or yelling at others.
- **Mental changes** - such as a negative outlook, trouble focusing, and/or confusion.

Preventing Burnout

By far, the most effective way to deal with burnout is to prevent it from occurring. To do so will require you to be proactive and disciplined in taking care of yourself. Following are some guidelines that you may find helpful in preventing burnout - experiment with these to see what seems to work the best for you:

- **Take care of your physical health needs** - be sure to get enough sleep each night (if this isn't possible, allow yourself to take short naps during the day); eat a balanced diet; do some aerobic exercise several times a week to help reduce stress; and see your doctor and give yourself time to recuperate if you become ill.
- **Talk about your feelings** - find a caring person with whom you can openly share your feelings without fear of judgment or criticism.
- **Spend time with positive people** - develop a support system of people who you find supportive and nurturing; consider joining a support group or professional association for adult family home providers to connect with others in similar situations.
- **Take time for things you enjoy** - make a list of activities that are stress-reducing for you and discipline yourself to do at least one of these activities each day (these activities are different for everyone, but might include walking, reading, taking a bath, talking with a friend or watching a movie)
- **Nurture your spiritual side** - develop inner peace and strength in your own individual way, whether it is by spending time outdoors, meditating, attending church or listening to music.
- **Plan for respite help** - find a substitute caregiver whom you trust to take care of things in your absence and take time away from your home at least once a week. Plan for occasional times when you can be away for days at a time, giving yourself a much deserved vacation.

You can also structure the work of operating your adult family home in such a way that you manage the stress that is inherent with this job. For example, schedule your work to fit your energy level, leaving easy tasks for times when you typically are less energetic. Set priorities so you are able to accomplish those tasks that are the most important and pressing. And, finally, know your limits when accepting new residents - carefully evaluate each potential new client and whether you can realistically provide for their care needs in addition to the needs of your current residents. Always remember that you have the right to say "no."

IN LIGHT OF THE DEVELOPMENT OF THE BUSINESS TOOL KIT, IS THIS INFORMATION NEEDED HERE?

Business Planning

A Business Toolkit has been developed for use by Family Home providers. A copy will be provided to you as you progress through the certification process. Staff of DAAS will assist you in understanding and utilizing the information and resources.

Financing

“It takes money to make money.” That old cliché is, unfortunately, true. Of course, if you had all the money you needed you probably would not have to go into business. A home based business such as the one you are starting has its own advantages and disadvantages. Let’s get the bad news out of the way first. Usually, your home has an existing mortgage/lien recorded against it. Banks are reluctant to grant business loans for businesses that will be run out of one’s home as the lien they will file will be second in line to the existing mortgage. If you are fortunate, you have substantial **equity** built up that you can borrow against to start your business. If that is not the case, your job of securing financing may be a little harder.

Do not despair, however. The good news is that there are other sources you can access to finance your business. If you qualify, the Arkansas SBDC (remember them from above?) can assist you in the process of applying for loans from banks that are affiliated with the **Small Business Administration (SBA)**. There are programs available for women owned businesses, minority owned business and others.

Another source of loans for small business is the **U.S. Department of Housing and Urban Development (HUD)**. HUD supplies grants to state and local governments for economic development and job creation. Availability is dependent on each year’s allocations and the needs of each governmental jurisdiction. Go to <http://arkansasedc.com/business-development.aspx> or contact:

Mr. J. Basil Julian, Grants Division Director
Arkansas Economic Development Commission
One Capitol Mall
Room 4C300
Little Rock, AR 72201
Phone: (501) 682-7392
Fax: (501) 682-1209

Visit your local city government to inquire about loans or grants that may be available for your business. Again, the Arkansas Small Business Development Center can direct you to the appropriate agency for your local region.

