



## CHECK FOR UNDERSTANDING: MONITORING RESIDENTS FOR CHANG IN CONDITION

It is important to establish a “baseline” from which to determine if a resident has experienced a change in condition.

- A. True
- B. False

**Explain your answer:**



## **CHECK FOR UNDERSTANDING: MONITORING RESIDENTS FOR CHANGE IN CONDITION**

**When observing a resident for a change in condition, it is important to monitor a resident's:**

- A. Any physical changes, including skin condition
- B. Overall attitude and personality, including signs of depression, confusion, anxiety, etc.
- C. Both A and B

**Explain your answer:**



## **BREAK OUT PROJECT: ACTIVITIES: ENCOURAGING RESIDENT PARTICIPATION**

**Have staff members work with a partner, one as the “caregiver” and one as the “resident”**

- A. The staff member playing the “resident” should add 46 years to his/her actual age and select a resident profile from your current residents.
- B. The staff member playing the “caregiver” should conduct an interview to gather as much information as possible in a conversational style.
- C. Once completed, link the interests to activities currently offered in your community.

**Explain your results:**

## ACTIVITY TIMING AND SCHEDULING

Activities should be available during “windows of opportunity” throughout the day. An activity “window of opportunity” is approximately 1 hour long. Both residents AND staff must be available to create a “window of opportunity.”

Review the typical daily schedule in your community. How many “windows of opportunity” are available in your typical day?

Below is a sample weekly calendar. Take the time to draft a sample of activities you may offer and when the best time during each day of the week to offer those planned activities.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00 am							
8:00 am							
9:00 am							
10:00 am							
11:00 am							
12:00 pm							
1:00 pm							
2:00 pm							
3:00 pm							
4:00 pm							
5:00 pm							
6:00 pm							
7:00 pm							



## Check for Understanding: Incident Reporting

**When must an incident report be completed?**

- A. Whenever there is a threat to the resident's health, safety, welfare, or rights.
- B. After any injury, such as: cuts, bruises, broken bones, or trauma.
- C. Whenever there are health related problems, such as: heart attack, stroke, medication errors, hospitalization, or first aid was performed on resident.
- D. All of the above

**Explain your answer:**

## **Practice Incident Reporting**

Take the time to practice filling out an incident report. Be sure to clearly mark “sample report” in order to avoid mistaking for an actual report filed. Choose an incident scenario that would warrant an incident report and fill out the report. Remember, you do not want to speculate on what you think might have happened. Only document the facts. Do not forget to include intervention you implemented to assist the resident.

# UNUSUAL INCIDENT/INJURY REPORT

**INSTRUCTIONS :** NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND RESPONSIBLE PERSONS, IF ANY, BY NEXT WORKING DAY.

SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE.

RETAIN COPY OF REPORT IN CLIENT'S FILE.

NAME OF FACILITY		FACILITY FILE NUMBER	TELEPHONE NUMBER (    )
ADDRESS		CITY, STATE, ZIP	

CLIENTS/RESIDENTS INVOLVED	DATE OCCURRED	AGE	SEX	DATE OF ADMISSION

**TYPE OF INCIDENT**

- |  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> Unauthorized Absence            | <input type="checkbox"/> Alleged Client Abuse | <input type="checkbox"/> Rape            | <input type="checkbox"/> Injury-Accident              | <input type="checkbox"/> Medical Emergency        |
| <input type="checkbox"/> Aggressive Act/Self             | <input type="checkbox"/> Sexual               | <input type="checkbox"/> Pregnancy       | <input type="checkbox"/> Injury-Unknown Origin        | <input type="checkbox"/> Other Sexual Incident    |
| <input type="checkbox"/> Aggressive Act/Another Client   | <input type="checkbox"/> Physical             | <input type="checkbox"/> Suicide Attempt | <input type="checkbox"/> Injury-From another Client   | <input type="checkbox"/> Theft                    |
| <input type="checkbox"/> Aggressive Act/Staff            | <input type="checkbox"/> Psychological        | <input type="checkbox"/> Other           | <input type="checkbox"/> Injury-From behavior episode | <input type="checkbox"/> Fire                     |
| <input type="checkbox"/> Aggressive Act/Family, Visitors | <input type="checkbox"/> Financial            |  | <input type="checkbox"/> Epidemic Outbreak            | <input type="checkbox"/> Property Damage          |
| <input type="checkbox"/> Alleged Violation of Rights     | <input type="checkbox"/> Neglect              |  | <input type="checkbox"/> Hospitalization              | <input type="checkbox"/> Other ( <i>explain</i> ) |

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETRATOR, NATURE OF INCIDENT, ANY ANTECEDENTS LEADING UP TO INCIDENT AND HOW CLIENTS WERE AFFECTED, INCLUDING ANY INJURIES:

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PERSON(S) WHO OBSERVED THE INCIDENT/INJURY:

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EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN (INCLUDE PERSONS CONTACTED):

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MEDICAL TREATMENT NECESSARY?  YES  NO IF YES, GIVE NATURE OF TREATMENT:

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WHERE ADMINISTERED:	ADMINISTERED BY:
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FOLLOW-UP TREATMENT, IF ANY:

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ACTION TAKEN OR PLANNED (BY WHOM AND ANTICIPATED RESULTS):

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LICENSEE/SUPERVISOR COMMENTS:

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NAME OF ATTENDING PHYSICIAN

REPORT SUBMITTED BY:	NAME AND TITLE	DATE
REPORT REVIEWED/APPROVED BY:	NAME AND TITLE	DATE

**AGENCIES/INDIVIDUALS NOTIFIED** (SPECIFY NAME AND TELEPHONE NUMBER)

- |   |   |
|---|---|
| <input type="checkbox"/> LICENSING _____<br><input type="checkbox"/> LONG TERM CARE OMBUDSMAN _____<br><input type="checkbox"/> LAW ENFORCEMENT _____ | <input type="checkbox"/> ADULT/CHILD PROTECTIVE SERVICES _____<br><input type="checkbox"/> PARENT/GUARDIAN/CONSERVATOR _____<br><input type="checkbox"/> PLACEMENT AGENCY _____ |
|---|---|





## CHECK FOR UNDERSTANDING: DEMENTIA CARE: SUNDOWNING

**Some of the common behaviors exhibited by residents who experience sundowning include:**

- A. Suspicion
- B. Agitation
- C. Confusion or disorientation
- D. Pacing and wandering
- E. All of the above

**Explain your answer:**



## **CHECK FOR UNDERSTANDING: DEMENTIA CARE: SUNDOWNING**

**Below, list some techniques that a direct care staff may use in order to manage sundowning behavior:**

**Explain your answer:**



## CHECK FOR UNDERSTANDING: DEMENTIA CARE-HYDRATION

**Joe is an 83 year old resident in your assisted living community who refuses to drink water throughout the day. Because it is vital that Joe stay hydrated, an alternative to keep Joe healthy would be to offer him:**

- A. Ice tea or coffee
- B. Watermelon or other fruit
- C. Broth soup
- D. Both B and C

**Explain your answer:**



## CHECK FOR UNDERSTANDING: DEMENTIA CARE-HEALTH COMPLICATIONS

**Which of the following conditions are signs that a resident may have a urinary tract infection (UTI)?**

- A. The resident may be confused or disoriented
- B. The resident has an increase urge to urinate, but has smaller amounts of urine when voiding
- C. The resident has a low grade fever
- D. All of the above

**Explain your answer:**



## CHECK FOR UNDERSTANDING: DEMENTIA CARE-HEALTH COMPLICATIONS

**Louis is a 72 year old resident who has been showing signs of dysphagia. She constantly refuses to eat because she is afraid of choking on her food. What are some interventions you should consider to ensure Louis receives proper nutrition?**

- A. Encourage Louis to sit upright when eating and tilt her head slightly forward
- B. Maximize distractions in the dining area so she will not think about choking
- C. Encourage Louis to eat slowly and possible cut food into smaller pieces
- D. Talk to Louis' physician about a modified diet
- E. Both A, C, and D

**Explain your answer:**