

QUESTIONS	RESPONSES
Can ACLF refuse a particular Hospice Service?	If the Hospice service is not following the definition of a hospice or is providing substandard care, a resident should have the right to chose. All concerns should be well documented and shared with the family and resident.
P.15 of Power Point 1 st slide says POS shall be released to resident, family or legal representative. Facilities have policies prohibiting this action which prevails, regulation or policy?	A licensed facility must always meet the requirements of the regulations.
Internal calls on resident phone? Abuse?	A resident's telephone is solely for the resident's use. The facility should have policies including the consequences and addressing staff's use of a resident's telephone.
If a resident has "aged in place" and now needs total care with bathing, toileting, dressing & transferring and family will only provide a non medical sitter service is the resident still safe in the ACLF setting?	<p>As the resident's needs change, the facility is responsible to meet their needs. According to 1200-08-25-.07 (6) 6. <u>Each ACLF shall provide each resident with the following personal services: (6.) Non medical living assistance with activities of daily living.</u></p> <p>If a facility feels it can no longer meet the needs of a resident, the facility must transfer the resident. According to 1200-08-25.08(1)(f) <u>An ACLF shall not admit or permit continued stay of any ACLF resident who has any of the following conditions: has needs that cannot be safely and effectively met in the ACLF.</u></p> <p>It is not the responsibility of a hired sitter to perform a resident's ADL's, it is solely the responsibility of the facility. A sitter is a helpmate to the resident and is not to be substituted for the assistance the facility is obligated to provide.</p>
Hospice Waivers?	Hospice waivers are no longer required.
I have had residents who became no longer appropriate for ACLF because of worsening medical condition (mental and physically_ after notification to family/POA they make decision to move resident to an RHA. Is this a problem? If we at ACLF no longer can care for resident I wouldn't think care could be met in a RHA?? Is this OK?	If an ACLF resident has been assessed per regulations as needing a higher level of care RHA placement would not be appropriate. A higher level of care can be provided in a NH for long-term needs or a hospital for short-term needs.
If the resident is on hospice & bedridden, do we have to have them in a rolling bed to move if fire?	The facility must take whatever steps necessary to ensure the safety of the residents including evacuation from facility.
Staffing ratio requirements (especially with non amb. residents)?	There are no staffing ratio requirements. A facility must provide adequate staffing that meets the needs of all residents.
Regulation states that scheduled meds that are expired be returned to pharmacy within 5 days. Question: We	This is a requirement. All regulations must be met in a licensed facility. The facility should address this

receive our meds from pharmacy via mail/fed/ex/ups - Our pharmacy does not allow narcotics / controlled substances to be returned – Can we state this in our policy and be OK?	situation with the contracted pharmacy to seek means other than mail/Fed-Ex/UPS to ensure this requirement is met. Facility policies should reflect how to meet the minimum standards and above.
Rule pg 32 Resident record item (c) medication record and incident action: What is the rule referring to as incident and what information is to be included in the resident record versus a medication incident report?	Refer to 1200-08-25-.12(3) in the Assisted-Care Living Facility Standards. The Resident Records section states what is to be included in a resident record. There is no current rule regarding medication incident reporting.
Is an ACLF allowed to bubble pack medications provided by the family – (packed by licensed nurse) Pharmacy provides these empty bubble packs to the facility for this purpose?	Further guidance was received from the Pharmacy Board as to whether this is an appropriate action to pursue and the answer from the Pharmacy Board is NO .
Are families allowed to bring opened bottles of meds from home to an ACLF for our licensed staff to admin & sign/date? How are we sure that those meds are what they are supposed to be? How does the TN Board of Nursing view this?	The facility’s policy should address if such practice is acceptable. If there is doubt about the medication, the facility should consult the contracted pharmacy. Questions pertaining to the Board of Nursing should be directed to the Board of Nursing. The phone number for the Board of Nursing is 615-532-5166.
Are LPN’s or RN’s legally able to re-label directions on bottles (ex: VA meds that may have ___ dosing & directions) *It is VERY difficult to get the VA to give us new signed/dated orders. They also will not fill a new script to (1/2) the med dose if they still have current meds on hand. Example: Celexa 40mg po qd changed to Celexa 20 mg po qd. They will not send 20 mg tablet with new signed/dated orders. Are we OK to legally cut the tabs in halves. * The bottle will not necessarily match the current orders.	A licensed or registered nurse may not alter a prescription. If a medication can be altered to meet the prescribed order, there must be a physician’s order to address this. According to the Pharmacy Board, it is not an appropriate practice for a licensed or registered nurse to alter a prescription or re-label directions on medication bottles.
Re: Med planners set up by family if we (homemaker, NA) signs that resident took 5 pills 8 am. Then we will be liable if not correct 5 pills in planner per family. As the licensed personnel do not want to be held liable when MD said resident is independent with meds with family assist.	Seek guidance from the facility’s legal counsel regarding liability. Licensed personnel should only sign for that medication which they have administered. Self-administered medication shall be addressed in the plan of care.
For those admitted prior to rules revision will the med record be required to update to include information listed in regs (H/P)?	All residents’ medical records must have the requirements that are listed in the current regulation regardless of the date of admission. When regulation requirement changes, so would the facility’s policies and procedures change to reflect the new regulation. The facility may address in policy a <u>reasonable</u> timetable for ensuring all affected are included.
Can a non licensed employee assist an Alzheimer’s / dementia resident with the self administering of their own medication?	Yes, the key word here is “assist”. Please remember, only a licensed nurse/physician can administer medication.
When assisting a person who self medicates with a trans-dermal patch, once they take out the patch from the packet they place it on themselves, who will	Since the resident has to self-administer the patch, the sign/date of the patch can be done by either. A medication record or some document form should be in

sign/date the patch?	place which indicates medications administered – documentation could be completed by resident, care assistant, and/or nurse.
Once a physician & family has agreed that their family member can self admin, an agreement + Dr. order, has been signed, are we responsible on a daily basis to verify whether or not that they have taken their medications?	No, but periodically the facility should check/count the medication to ensure the self-administering residents are taking their medicine as prescribed. The interval in which the medication should be reconciled should be addressed in the facilities polices and procedures. An ACLF is to ensure a medical record is developed and maintained for those residents who require health care services which should contain medications administered. Ensure medications shall be self-administered in accordance with the care plan.
If my facility policy states – Physician Plan of Care states may selfadmin. Res must pass facility self admin test. MAR is printed within self admin in the section of times one signs seeing them take daily. All OTC meds and new Rx’s must be turned in to the nurse for records to be update at the time the change occurs. Documentation to ensure meds are secured in res. Room per facility policy. *In a locked drawer at all times and only includes rx’d meds* IS THIS IN STATE COMPLIANCE?	1200-08-25-.12(3) indicates an ACLF shall ensure the employees develop and maintain a medical record for those residents who require health care services which shall include medications administered. The facility policy must be followed as the regulations are to be followed. The policy can not contradict the State’s requirements; it can only be more stringent than the State minimum requirements. All medications should be securely stored.
MAR is checked within res. Physician orders in Medical Record & signed by a licensed person monthly. Does it still have to be signed daily by staff, when it states on MAR self admin?? And our facility policy doesn’t say daily sign?	Refer to 1200-08-25-.12(3). No regulation states the MAR to be signed daily by staff, but regulation does state the ACLF shall maintain a medical record including medications administered. Proof of this occurring would be documentation by signature.
According to 1200-08-25-.07 An ACLF may provide “medical” services as follows: Not all residents come to ACLF’s for “medical” care and do not want any medical services. Do the residents that do not seek any “medical” services and have been assessed as being able to take their own medications by their own physician be “required” to have “medical” services? I believe the resident rights allow for them to refuse medical care. Are we forcing them to receive medical care by overseeing their medications if they self medicate?	Important in this question is the “ <i>may</i> ” found in 1200-08-25-.07(1). If a resident does not wish to receive nor need medical services these services are not required to be provided.
Please clarify if a MAR must be signed by a member of the ACLF staff @ every dose on residents who have been assessed as capable of self administration.	The rules do not state this. An ACLF shall develop and maintain an organized record for each resident. A medical record must be maintained by the ACLF which includes medications administered for each resident who requires health care services.
Define “assistance with self-adm of medications by resident”	Please refer to 1200-08-25-.02(32) for ACLF.
We see who “may assist” in developing POC, but who “must assist” in developing POC?	The listed staff that “may assist” should be based on the resident’s needs when developing the care plan. If a resident does not have a need for a particular service to attain or maintain the resident’s highest level of

	<p>functioning, the individual representing that service would not have to attend the care planning.</p> <p>The facility should have a policy defining the core care planning individuals.</p> <p>Refer to Assisted-Care Living Facility Standards 1200-08-25-.12(5) and 1200-08-25-.08(12)(a) and (b) for further guidance.</p>
<p>Care plans-specific outline? Who will do care, when, etc... how often-? Quarterly? Within 90 days? With change?</p>	<p>A resident care plan should address all that you have stated. A care plan addresses a resident's physical, mental and emotional strengths and weaknesses. It objectively addresses the weaknesses utilizing the proper staff to assure the residents maintain and attain their highest practicable levels. This can be done as often a necessary, especially if there have been significant changes in the resident's status. A care plan should address measure goals and objectives.</p> <p>Refer to 1200-08-25-.12(5), Plan of Care, for details on what a POC should include, timing of reviews, and who is involved in the care planning process.</p>
<p>O2: In the old rules & regs it stated that the resident had to maintain & manage their own O2. Under the new rules & regs is it allowable for staff to assist with O2 needs? If so is this a LPN/RN only or can a CNA or resident assistant also assist them?</p>	<p>The current regulations do not prohibit assistance with O2. ACLFs cannot retain a resident who requires continuous nursing care. Services must be provided by the list of appropriate individuals found at 1200-08-25-.07(2)(a)-(e). The level of/kind of assistance depends on what O2 needs the resident may have.</p> <p>The Board of Nursing should be contacted about the scope of practice for LPNs/RNs.</p>
<p>If the state comes after hours to do a fire drill, what qualifications can they show that they are actually with the state? It will be after hours and 3rd shift would not recognize state employees. With identity theft, there could be an imposter of a state representative and they could have access to the building during the drill. During regular hours, an employee could call the state office and verify that the state officer is who they say they are.</p>	<p>All State surveyors have pictured identification. You may request to see two forms of identification i.e. driver's license.</p>
<p>How can a wheel-chair bound resident evacuate within 13 minutes from the 8th floor? Is staff required to do a blanket carry? Other modes of evacuation that you suggest?</p>	<p>If a resident can not evacuate in the required time, that resident is inappropriately placed. Other options include buildings which are constructed to a higher standard including sprinkler system. The modes of evacuation are not discussed in the regulations; however, it is the responsibility of the facility to ensure all residents are evacuated safely regardless to their mode of mobility.</p>
<p>If no R/B is reimbursed what is money paid for and how is it monitored?</p>	<p>For the Quality Enabling Grant money, the requirement is the grant is used to improve the quality of care and</p>

	<p>services beyond what is require in the Residential Home for the Aged regulations. Quarterly the participants must submit a budget reflecting how the reimbursement was spent. During the annual survey or any subsequent survey, the facility is required to present receipts indicating how the money was used. This is how the grant is monitored.</p>
<p>When we intake more residents than the Grant approved how can we add to grand and receive payment for those additional resident?</p>	<p>When a qualified resident has been admitted to the facility, send a letter requesting the resident to be added to your grant award. Also, send a Resident Application and verification of income from the Social Security office. As funds permit, the contracts will be amended.</p>
<p>Re: Flu/Pneumonia Vaccine Program: I notice that in the new rules & regs it is not mentioned that the ACLF staff cannot do any invasive procedures. So can a LPN that is an ALF staff member inject the flu/pneumonia vaccine if needed or indicated?</p>	<p>1200-08-25-.07(1) indicates medical services may be provided which includes intermittent nursing care per MD orders by a listing of appropriate individuals found at 1200-08-25-.07(2)(a)-(e). 1200-08-25-.08(i) & (j) which speaks to influenza and pneumonia vaccination indicates residents receive an influenza vaccination by 11/30 of the year and the pneumonia vaccination shall be provided by the facility or arranged by the facility for the resident to receive.</p>