"Feeding Assistance Training Program"

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Introduction to "Becoming a Feeding Assistant"

Job Description: "A paid feeding assistant is an individual, other than a licensed nurse or other healthcare professional or a volunteer/family member who successfully completes a State Approved Training Course before feeding residents; and is paid by or under contract with a facility to feed residents in a long-term care facility." Upon completion of this course, you must pass a written and performance-based evaluation.

Module A- Feeding Techniques for Dysphagic Residents Checklist

Note: An adult sized mannequin will be used for hands-on demonstration during this Module. There is an accompanying video to this Module as well.

A. Techniques For Positioning
   1. Upright at 60-90 degrees
   2. Flex head forward
   3. Keep head in midline
   4. Prop with pillows as necessary
   5. No positioning for bed/reclining chair

B. Techniques for amount and rate
   1. Give ½ to 2/3 tsp at a time.
   2. Encourage swallowing and chewing
   3. Feed at a slow rate
   4. Offer fluids between bites and check for oral cavity clearance

C. Techniques for Environment
   1. Minimize distractions
   2. Keep Resident focused on the task of eating

D. Techniques for Voluntary Swallowing
   1. Place food on the intact or "good" side
   2. Touch lip with something cool and or offer fluids first.
   3. Check for rise in the larynx (throat)
   4. Check for clear mouth before continuing with the meal

Make sure the following criteria are met:

Please Note **** If you are unsure about any of the following, please seek the assistance of registered/Licensed Nurse or Therapist before assistance is given.
1. The Resident is adequately alert and responsive.
2. The Resident shows the ability to protect the airway.
3. The Resident shows the ability to maintain and swallow saliva.
4. The Resident displays control of oral muscles.
5. Make sure you know how to alert licensed staff of any safety hazards during mealtime. There are call buttons in dayrooms.
6. Remember to apply techniques of position, environment, rate and amount and voluntary swallow.
Module B- Assistance with Feeding Hydration

Note: Trainees will view a Centers for Medicare and Medicaid Services (CMS) sponsored webcast / satellite broadcast entitled, "How to Enhance the Quality of Dining Assistance in Nursing Homes." This broadcast reviews feeding assistance techniques applicable to all nursing home residents, including those at varying stages of dementia, that enhance a resident's independence in eating and encourage oral food and fluid consumption. The webcast / satellite broadcast also reviews a mealtime observational tool that supervisory-level nursing home staff can use to monitor resident's oral food and fluid consumption and feeding assistance care provision as provided by staff trained as nurse aides or "feeding assistants" (running time: 1 hour, 30 minutes)

Eating and Dementia

Throughout the various stages of dementia, adequate nutrition and hydration can be a problem. Early in the disease process, persons with dementia often forget to eat, may become depressed and not want to eat, or become distracted and leave the table without taking in adequate nutrition. In the middle stages, when wandering is common, the resident may be unable to sit long enough to eat; yet at this time he/she can require up to 600 additional calories per day due to high activity level. Later on, as the process of eating becomes too complex, residents may play with their food, or forget how to use utensils. They may also have difficulty swallowing.

The following are suggested to compensate for the various difficulties the Resident may have while eating. They should be applied only after an assessment of the Resident's abilities and identification of his/her functional limitations. Many of the interventions involve structuring the environment. Proper environment is a key component of any program that attempts to maintain adequate nutrition and promote independence in eating in this population.

Meeting the Nutritional Needs of the Resident with Dementia

The Resident with dementia presents complex nutritional challenges to the health care team. These Residents are at risk for decline in nutrition and hydration. Feeding strategies and specific techniques must be flexible (if not contraindicated) and individualized for the Resident, the environment and the Feeding Assistant.

Environment

- Reduce noise and distractions such as television and radio and perhaps substituting this with the use of soft music.
- Provide good lighting
- Maintain in small group dining assignment
- Keep the tray settings simple.
- Minimize the number of items on the table and remove salt/pepper shakers, napkin holders, decorations and condiments.
• Provide one utensil at a time (spoon or fork)
• Do not remove plate from tray. This serves as a clue that the plate belongs in a certain spot. Mealtime
• Mealtime should be consistent, and time should be allowed to prepare Resident for the meal.
• Offer food within 5-10 minutes of the seating
• Limit stimulating physical exercise immediately prior to the meal.
• Make sure the person is as comfortable as possible prior to the meal (Le. clothing, briefs)
• Seat the Resident in an upright position with the head comfortably forward, not tilted back.
• Provide personal assistive devices, dentures, hearing aides and glasses.
• Provide cues:
  o Visual Cues
    ▪ Demonstrate eating prior to giving food
    ▪ Cards with written words or pictures
  o Verbal Cues
    ▪ Tell the Resident about the food he/she will eat.
    ▪ Give brief one-step instructions during the meal ("open your mouth" or "swallow")
    ▪ Repeat instructions when necessary
    ▪ Limit conversations during the meal. This includes staff to staff conversation. (Conversation should be between feeders and residents)
    ▪ Provide encouragement during the meal. ("good, keep eating")
  o Physical Cues
    ▪ Guide the person's hand from the plate to the mouth.
    ▪ Provide a gentle touch on the arm or pat on the back.
    ▪ Touch the chin as a reminder to chew food in the mouth.
    ▪ Assist Resident with a bite of food/drink if Resident is unable to continue independently.
  o Utensils
    ▪ Avoid the use of plastic utensils
    ▪ Offer finger foods rather than requiring the use of a spoon or a fork
    ▪ Allow the person to drink soup from a cup
    ▪ Provide non-skid placemats, damp washcloths, etc. to prevent dishes from sliding.
  o Time
    ▪ Provide adequate time for the person to eat or be fed
    ▪ Allow a warm-up period for feeding (offer small amount, ½ tsp. initially, and increase to 1 tsp. per bite)
    ▪ Allow for pauses throughout the meal
• Offer small frequent snacks rather than three large meals.
• Select foods requiring less chewing. Alternate between foods that require longer time chewing and soft foods.
• Check inside the person's mouth between bites to make sure the food has been swallowed.

  o Food
  • Serve previously well-liked foods, if not contraindicated.
  • Vary the order of food presentation by alternating solids and liquids. Remember to check oral cavity for clearance.
  • Serve cold or sweet items (sherbet, popsicle) between bites of the entree to help keep resident interested in the meal.
  • Serve foods with the highest calories first (serve the entree first and the salad last)
  • Identify meals when the person is most alert to facilitate intake of maximum calories. For many residents with dementia, this will be the breakfast meal.
  • Monitor the temperature of foods (hot foods may become cold during feeding)
  • Offer water, juice, or other fluids throughout the day to avoid dehydration

  o Medications
  • Consult with the Physician to help select medications that may be crushed or select medications that are provided in liquid form.
Module C- Helpful Hints for Communication with Residents with Dementia

Note: There is an accompanying video by Coastal Training titled "Managing Behaviors in Residents with dementia" (24 minutes).

- Approach the Resident slowly and calmly
- Use the Resident's proper name
- Speak slowly, clearly and distinctly
- Use a friendly tone of voice and facial expressions
- Use short, simple sentences
- Use one-step commands
- Limit choices. They can become confusing
- Repeat statements exactly as they were originally made.
- Face the Resident when speaking with them
- Make good eye contact with the Resident
- Do not touch the Resident from behind
- Use non-verbal communication (waving, nodding, etc).
- Listen; try to grasp the meaning of what the person is saying. If you don't understand the resident, ask simple questions, such as, "Do you want another bite? Or something to drink? Have you had enough?"
- Make sure eyeglasses and hearing aides are in good working order.
Module D: Appropriate Responses to Resident Behavior

With onset and eventual progression of dementia related symptoms, a Resident may exhibit what may appear to be irrational or strange behaviors. Responses to certain situations may present a challenge to the Feeding Assistant during mealtime. In the information below, you will find interventions for eating-related behavioral problems.

1. Problem: The Resident is not chewing their food.
   Interventions:
   - Assess for any problems with oral cavity, teeth and/or gums.
   - Gently touch the underside of the chin and verbally remind them to chew. If the resident doesn't respond and continue to hold food, notify the nurse to gently remove to prevent possible choking.
   - Their diet may need to be reassessed.

2. Problem: The Resident forgets to swallow
   Interventions:
   - Assess for swallowing problems
   - Remind the resident to swallow.
   - Feel for swallowing before offering the next bite.

   Interventions:
   - Offer food items separately
   - Use smaller spoon or cup
   - Set utensils down between bites.

4. Problem: The Resident eats too slow.
   Interventions:
   - Provide verbal cues.
   - Serve the Resident first to allow more time.
   - Use insulated dishes to assure proper food temperatures.

5. Problem: The Resident eats non-edible items.
   Interventions:
   - Remove non-edible items from table (paper products and straws)
   - Provide finger foods
   - Make sure that all items that read "Keep out of reach of children" are stored properly.

6. Problem: The Resident is combative and throws food.
   Interventions:
   - Identify cause
   - Feeding Assistant may sit on Resident's non-dominant side
   - Provide non-breakable dishes with suction holder
• Give one food at a time

7. Problem: The Resident paces during mealtime
Interventions:
• Sit beside the Resident at the table when the tray is ready to be served.
• Give finger foods while pacing.
• Use rituals such as the same piece of music, saying grace or singing to remind the Resident to stay seated until food is served.
• Give the Resident something to drink immediately after the Resident sits down at the table.

8. Problem: The Resident seems paranoid
Intervention:
• Serve food in closed containers.
• Do not mix foods together.

9. Problem: The Resident refuses to open mouth
Interventions:
• Offer fluids of something sweet.
• Notify Supervisor. Resident may need to have chewing/swallowing evaluated.
• Never force feed or pry open a Resident's mouth when it is clamped shut.
• Attempt to verbally cue the Resident.
• Offer alternate foods/fluids.
• Have another staff member attempt to feed the Resident.

10. Problem: the Resident forgets that he/she has eaten.
Interventions:
• Give resident high calorie snack (i.e. banana, ice cream, peanut butter sandwich) then report to charge nurse.

Safety Tips
• Make sure the resident's body is positioned correctly by nursing/therapy or other licensed or certified staff!!!
• If the Resident has problems swallowing while you, the Feeding Assistant, helps serve the meal, alert a supervisor immediately!!!
• Make sure food is not too hot
• Make sure dentures are in properly
• Make sure the Resident consumes plenty of fluids during the meal, as not contraindicated
• If the Resident is not eating enough, report this to your direct supervisor
Module E- Safety and Emergency Procedures

Including the Heimlich Maneuver

**Note:** There is a 45 minute class that will be presented with this segment on the Heimlich maneuver. Mannequins are used for return demonstration. There is a separate examination upon completion. See post-test.

Our facility is equipped with an emergency bell in each dayroom. The Feeding Assistant will be In-Serviced on the use and under what circumstances it is to be used. The main dining room has Licensed/Certified staff that is to remain with Residents until residents have completed their meal. The Feeding Assistant will be individually In-Serviced on the use of call lights/emergency lights in each Resident's room in the case of an emergency.

**Choking**

**Definition:**
- Blockage of the upper airway by food or other objects, preventing a person from breathing effectively.
- Can be a simple coughing fit or complete blockage of the airway and lead to death.
- Requires fast, appropriate action by anyone who is available.

**Anatomy**
- In the back of the mouth there are two openings, the esophagus, which leads to the stomach. Food and fluids go down this pathway. The trachea is the opening that air must pass through to get to the lungs.
- When swallowing occurs, the trachea is covered by a flap which prevents the food from entering the lungs. Any object that winds up in the airway will become stuck as the airway narrows.

**Risk**
- Not chewing food properly
- Talking or laughing while eating may cause a piece of food to "go down the wrong pipe".
- Drinking alcohol, taking drugs
- Advanced age, poorly fitting dental work, certain illnesses such as Parkinson diseases.

**Symptoms**
- Sudden inability to talk
- Clutching the throat
- Hand signals and panic
- Wheezing
- Coughing
- Passing out
— Turning Blue (blue coloring can be seen earliest around the face, lips and fingernail beds; other critical signs will come first)

What to do
— If the person is coughing forcefully and not turning a bluish color, ask "are you choking?" If the person is able to answer by speaking, stay with the person and encourage him/her to cough until the obstruction is cleared. Do not attempt to hit the person on the back. (This may only hamper the person's ability to cough up the object or caused it to get lodged in the throat). Do not give the person anything to drink because fluids may take up space needed for the passage of air.
— If the person cannot answer by speaking, the person has a complete airway obstruction and needs emergency help.

How to perform the Heimlich maneuver: CALL FOR HELP!
— Lean the person forward slightly and stand behind him/her
— Make a fist with one hand
— Put your arms around the person and grasp your fist with your other hand in the midline, just below the ribs/sternum.
— Make a quick, hard movement inward and upward in an attempt to assist the person in coughing up the object.
— Do not squeeze the ribcage: confine the force of the thrust to your hands.
— Repeat the maneuver until the person is able to breathe or loses consciousness.
— If the person loses consciousness, gently lay him/her on their back on the floor. To clear the airway, kneel next to the person and put the heel of you hand against the middle of the abdomen, just below the ribs. Place your other hand on top and press inward and upward 5 times with both hands. If the airway clears and the person is still unresponsive, begin CPR.
— If the victim is seated, the back of the chair acts as a support for the victim. The rescuer still wraps his/her arms around the victim and proceeds as described above. The rescuer will often have to kneel down. If the back of the chair that the victim is sitting in is too high, turn the resident so that the back of the chair is now to one side of the victim or stand the victim up.
In-Service Education Record: Choking Hazard/ Precautions

1. If a person is coughing forcefully, and not turning a bluish color, what is the next step?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. True or False? We should always give a choking victim fluids to drink to help wash down the foreign object? Circle your answer.
   
   TRUE  FALSE

3. If a person loses consciousness while choking, gently lay the person ____________________.

4. The definition of choking is,
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

5. Circle all that apply- Risks for choking include:
   
   Not chewing food properly
   Talking or laughing while eating may cause a piece of food to go down the wrong way.
   Drinking alcohol, taking drugs
   Illness such as Parkinson's Disease

6. The universal sign for choking is ____________________________.

7. List two other signs of symptoms of choking
   ____________________________________________________________
   ____________________________________________________________

8. True or False? We should always hit the person on the back while choking in an attempt to release foreign airway obstruction. Circle your answer.
9. If a person is able to answer your question to them while forcefully coughing you should,

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

10. To clear the airway, kneel next to the victim and put the __________________ of your hand against the middle of the abdomen, just below the ____________________.
Module F - Infection Control

There is an accompanying video by Coastal Training titled "Infection Control in the Healthcare Environment" that would be presented during this Module. (Length 21 minutes.) The Feeding Assistant would perform a skill check-off on handwashing and best practices during mealtime.

**Hand Washing**

**Protective Barriers**

**Purpose:** To provide guidelines to employees for proper and appropriate handwashing techniques that will aid in the prevention of the transmission of infections.

**Objective:** To prevent the spread of infectious diseases.

**Equipment and Supplies:**
1. Running water;
2. Soap (liquid or bar)
3. Paper towels
4. Trash Can
5. Lotion, and
6. Waterless antiseptic solution (as indicated)

**Miscellaneous**
1. If bar soap is used for handwashing, it must be kept on a strainer that allows for drainage to insure that the soap does not remain in a puddle of water. If liquid soap is used, reservoirs must be discarded when empty. If refillable, they must be emptied and cleaned, rinsed and dried, and never topped off with additional soap.
2. The use of gloves does not replace handwashing.
3. A waterless antiseptic solution may be used as an adjunct to routine handwashing.

Appropriate ten (10)-to fifteen (15)-second handwashing must be performed under the following conditions:
   a) Upon reporting for work;
   b) Whenever hands are obviously soiled;
   c) Before performing invasive procedures;
   d) Before preparing or handling medications;
   e) After having a prolonged contact with a resident;
   f) After handling used dressings, specimen containers, contaminated tissues, linen, etc.;
   g) After contact with blood, body fluids, secretion, excretions, mucous membranes, or broken skin;
   h) After handling items potentially contaminated with resident's blood, body fluids, excretions or secretions;
After removing gloves;
After using the toilet, blowing or wiping the nose, smoking, combing the hair, etc
Before and after eating
Between each resident
Whenever in doubt; and
Upon completion of duty

Procedure Guidelines
1. Vigorously lather hands with soap and run them together, creating friction to all surfaces, for ten (10) to fifteen (15) seconds under a moderate stream of running water, at a comfortable temperature. Hot water is unnecessarily rough on hands.
2. Rinse hands thoroughly under running water. Hold hands lower than wrists. Do not touch fingertips to inside of sink.
3. Dry hands thoroughly with paper towels and then turn off faucets with a clean, dry paper towel.
4. Discard towels into trash.
5. As an adjunct to routine handwashing, an antiseptic solution may be applied to the hands after proper handwashing. Only 3-5 times between washing.
6. In areas/rooms where sinks are not readily available, a waterless antiseptic hand preparation may be used between tasks that would normally require handwashing unless the hands are visibly soiled. (Note: Hands should be washed with soap and water at the first opportunity.)
7. Lotions should be used throughout the day to protect the integrity of the skin.

References
2. Policies governing handwashing protocols are outlined in the chapter entitled Infection Control Administrative Policies.

Transmission-based Guidelines
A. POLICY STATEMENT: The Center for Disease Control's "Transmission Based" precautions will be utilized in addition to "Standard Precaution" in the care and treatment of residents.

B. DEFINITIONS:

Standard Precautions (previously known as Universal Precautions). A single set of precautions to be used for the care of all residents, regardless of their presumed infection status. These precautions are designed to reduce the transmission of blood-borne and other pathogens in the health care setting.

Transmission-Based Precautions
Three sets of precautions based on routes of transmission for a smaller number of specified residents known or suspected of being infected or colonized with highly transmissible or epidemiologically important pathogens. These transmission based precautions are designed to reduce the risk of a) airborne, b) droplet c) contact
Airborne Precautions

In addition to Standard Precautions, use Airborne Precautions for residents known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei. Airborne droplet nuclei are 5 microns or smaller, and contain microorganisms that remain suspended in the air and can be widely dispersed by air currents over long distances.

Examples of such illnesses include:
   a. measles
   b. Varicella (including zoster only when disseminated)
   c. Tuberculosis (see CDC Guidelines for Preventing the transmission of TB in Health Care Facilities)

Droplet Precautions

In addition to Standard Precautions, use Droplet Precautions for a resident known or suspected to be infected with microorganisms transmitted by droplets larger than 5 microns in size that can be transmitted by coughing, sneezing, etc.: Examples of such illnesses include:
   1. Invasive Haemophilus influenza type b disease, including meningitis, pneumonia, epiglottis, and sepsis.
   2. Invasive Neisseria meningitidis disease, including meningitis, pneumonia, and sepsis.
   3. Invasive multidrug-resistant Streptococcus pneumonia disease, including meningitis, pneumonia, sinusitis, and otitis media.
   4. Other serious bacterial respiratory infections spread by droplet transmission, including:
      a. Diphtheria (pharyngeal)
      b. Mycoplasma pneumonia
      c. Pertussis
      d. Pneumonic plague
      e. Streptococcal pharyngitis, pneumonia, or scarlet fever in infants and young children.
   5. Serious viral infections spread by droplet transmission, including:
      a. Adenovirus
      b. Influenza
      c. Mumps
      d. Parvovirus B19
      e. Rubella

Contact Precautions

In addition to Standard Precautions, use Contact Precautions for resident known or suspected to be infected or colonized with epidemiological significant microorganisms that can be transmitted by direct contact with the resident or indirect contact with the environmental surfaces or resident care equipment.
C. IMPLEMENTATION
The infection control program utilizes a two-tiered approach to prevent and control the spread of infections.

The First Tier
Standard Precautions synthesizes the major features of Universal Precautions and body substance isolation and applies them to all residents receiving care, regardless of diagnoses or presumed infection status. Standard Precautions apply to:
1. Blood
2. All body fluids, secretions and excretions, regardless of whether or not they contain visible blood.
3. Non-intact skin and mucus membranes.
Standard Precautions are designed to reduce the risk of transmission of microorganism from both recognized and unrecognized sources of infection in the health care setting.

The Second Tier
Transmission-based Precautions are precautions designed only for the care of a specific resident. Transmission-based Precautions are designed for residents documented or suspected to have been infected with highly transmissible or epidemiologically important pathogens for which additional precautions beyond standard precautions are needed to interrupt transmission in a health care setting.

There are three types of Transmission-based Precautions: Airborne precautions, Droplet precautions and Contact precautions. They may be combined together for diseases that have multiple routes of transmission. When used singularly or in combination, they are to be used in addition to Standard precautions.

   1. RESIDENT PLACEMENT
   2. RESIDENT TRANSPORT

Pre-transport Notification
Ambulance and/or transport services will receive timely information specific to the type of infection being treated. Mode of transmission and necessary precautions.

Receiving institution will be notified of impending arrival of the resident and of the precautions to be taken to reduce the risk of transmission of infectious microorganisms.

Residents are informed of ways by which they can assist in prevention of transmission of their infectious microorganisms to others.

D. CDC TABLE OF INFECTIONS REQUIRING PRECAUTIONS

The following table is a complete listing of infections requiring precautions. Certain infections require more than one type of precautions. Table 111-5 will be utilized when making determinations as to the type and duration of precaution to be applied to specific infection/condition.
Module G- Resident’s Rights

Please see attached copy of the Facility Policy. Each participant in the program will also be given a copy of the HIPPA booklet. Signatures will remain on file verifying 1) receipt pf HIPPA compliance guidelines, policy and procedure and 2) Understanding of HIPPA guidelines. This will remain on file at least three years post date of hire/training according to State/Federal guidelines.

Feeding Assistants will also undergo training on Abuse/Neglect. Upon completion of this module, the Feeding Assistant shall sign Abuse Prevention Policy. There is an accompanying video by Coastal Training titled "Elderly Abuse and Neglect" (30 minutes).

Resident Rights Agreement
Pursuant to the policies of the Facility and certain provision of federal and state law, the Resident has the right to:

1. Private and unrestricted communications with family, physician, attorney, and any other person, unless the resident's physician indicates that such communications are not recommended due to medical reasons set forth in the Resident's clinical records; provided, however, that in no event shall communications with public officials or with any attorney be restricted. The right to private and/or unrestricted communication shall include, but not limited to, the right to:
   A. Receive and send mail, with no incoming or outgoing correspondence being delayed, held, censored, or opened (without the consent of the resident).
   B. Access to stationary, postage, and writing implements, at the expense of the resident.
   C. Ready access to a telephone or private communications (at least one telephone at the facility shall be equipped with sound amplification and shall be accessible to the residents confined to wheel chairs).
   D. The opportunity for private visits.

Furthermore, the Resident has the right to receive immediate family members or other relatives as visitors at any hour, as well as the resident's physician, representatives of the state or federal government and certain other agencies and entities. (As required by law) any other visitors at reasonable hours as set by the facility.

2. Present grievances on behalf of himself/herself or others concerning resident abuse, neglect, behavior of the other residents, and/or misappropriation of resident property in the facility, or other matters, to the facility staff or administrator, to public officials, to the state survey, and certification agency, or to any other person of the residents choice without justifiable fear of punishment, to join with other residents or individuals within or outside of the facility to resolve such grievances. The resident shall also have the right to be free from discrimination because of the right to speak and voice complaints.
3. Manage his/her own financial affairs, including any personal allowance under federal or state programs, unless the resident delegates in writing such responsibility to the facility and the facility accepts the responsibility or unless the resident delegates it to someone else and that person accepts the responsibility. The resident shall receive, upon written request by the resident or authorized representative, a written monthly account of any financial transactions made by the facility under such a delegation of responsibility. The facility shall maintain the resident's account separate from the facility's funds and in accordance with general accepted accounting principles. The resident's accounts shall not be use by the facility. The facility shall maintain and allow the resident access to a written record of all financial arrangements and transactions involving his/her individual funds.

A. In the event of the resident's death, the facility shall within 30 days, provide an accounting of the resident's funds held by the facility and an inventory of the resident's personal property held by the facility to residents' executor, administrator, authorized rep. or other person authorized by law to receive the resident's property. The facility shall obtain a signed receipt from the person to whom the resident's property is transferred.

B. In the event of sale of the facility, the facility shall provide the resident with written verification that all resident funds and property have been transferred to and shall obtain a signed receipt from the new owner. Upon receipt, the new owner shall provide to the resident and accounting of the funds and the property held.

4. Be fully informed in writing, prior to or at the time of admission, of all services included in the per diem rate, other services available, and charges for such services, and any changes in services or charges during his/her stay.

5. Be treated with courtesy, respect and full recognition of the dignity of the individual by all employees of the facility, licensed, certified and registered providers of health care, pharmacists, or any outside supplier making contact with the resident.

6. Physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including but not limited to the following:

A. Privacy for visits for his/her spouse.

B. If both spouses are residents of the same facility and both consent, they can share the same room, unless their physician(s) indicates that such is not recommended due to medical reasons set forth in the residents clinical records.

C. Privacy concerning health care. Case discussion, consultation, examination and treatment are confidential and shall be conducted discreetly. The resident's permission to authorize the presence of persons not directly involved in the residents care shall be required.

D. Confidentiality of the health and personal records, and the right to approve or refuse the release of the resident's clinical and personal records to any individual outside the facility, except to any other health care facility to which
the resident may be transferred or as many otherwise be required or authorized by law. Written consent must be obtained before such information can be released. If the resident is incompetent, his/her authorized rep. must consent in writing.

E. Notice before a change in room or roommate.

7. Not to be required to perform services for the facility that is not included for therapeutic purposes in the residents care plan. The details of the services to be performed and the compensation therefore must be specified in the care plan. The resident shall be afforded the opportunity to perform services for the facility, if he/she so chooses, when the facility has specified the needs or desire for such work in the care plan.

8. Participate in the family, resident, social, commercial, religious and community group activities as desired that do not interfere with the rights of other residents clinical records. The administrator of the facility may refuse access to any person if that person's presence would be injurious to the health and safety of the resident's staff, or would threaten the security of the property of the residents, staff or facility.

9. Retain and use personal clothing and other personal possessions in a reasonably secure manner, as space permits, provided such personal possessions do not infringe upon the rights and safety of other residents. The facility shall prepare a written inventory on the day of resident's admission and shall update as needed. A copy of said inventory shall be given to the resident. The facility shall promptly investigate complaints of losses.

10. Be transferred or discharged and be given a reasonable advance notice explaining the need, including alternatives, except in a medical emergency. The facility to which the resident is to be transferred must have accepted the resident for transfer, except in a medical emergency. The resident shall not be involuntarily transferred or discharged except for the following reasons:

   A. Medical reasons

   B. Resident's welfare or that of the other residents

   C. Nonpayment, except as prohibited by the Medicaid Program.

11. To be free from mental, physical, verbal and sexual abuses, and from corporal punishment, involuntary seclusion, chemical and physical restraints, or psychoactive drugs except as authorized in writing by a physician for a specified and limited period of time and documents in the resident's clinical records. Physical restraints may be used in an emergency when necessary to protect the resident or others from injury or to protect property. In such cases, the nurse in charge shall use her judgment to use physical restraints if a physician's orders for restraints and locked restraints and seclusion rooms are prohibited under any circumstance. Any use of physical restraints shall be noted in the resident's clinical records.

12. Physical Restraints: shall include any article, device, or garment which interferes with the free movement of the resident, in which the resident is unable to move easily, and confinement in a locked room.
Mechanical Restraints: is the application of a mechanical device to a person to limit movement for therapeutic or protective reasons. Such restraints shall include, but not limited to, anklets, wristlets, mitten, Geri-chairs, restraining belts, and restraining sheets. Side rails are not to be considered restraints.

Chemical Restraints: are medications, such as tranquilizers or sedatives, which are primarily to modify the resident's behavior or make the resident more manageable. Restraints shall be checked every thirty (30) minutes and released momentarily every two (2) hours. The resident shall have his/her position changed every two (2) hour intervals. In addition, the resident must be exercised and offered toilet privileges at least every two (2) hours or more frequently when requested. When chemical restraints and if found the drug shall be discontinued immediately and the physician notified promptly.

13. Receive adequate and appropriate care within the capacity of the facility.

14. Choose his/her licensed, certified, or registered pharmacist and attending physician; provided; however, that in the event of an emergency, the facility may call a competent physician if the resident's personal physician is not available.

15. Be fully informed of his/her total health status, including medical condition, and be fully informed in advance about treatment and care, and of any changes in that treatment of care that may affect his/her well-being, and participate in the planning of his/her treatment and care, including any changes.

16. Inspect and photocopy (at a reasonable cost) his/her clinical records within forty-eight (48) hours of written request to the facility.

17. Refuse treatment and to refuse to participate in experimental research. The resident must be informed of the possible consequences of his/her refusal. The refusal and its reason must be documented in the resident's medical records and reported to the physician. The resident's right to refuse treatment may not be abridged, restricted, limited or amended by medical contraindication. If the resident consents to experimental treatment or drugs, such consent must be in writing and retained in his/her records.

18. Except in a medical emergency, be consulted with the event of any accident involving the resident which results in injury, any significant change in his/her physical, mental, or psycho-social status, any need to alter treatment significantly, or any decision to transfer or discharge the resident from the facility.

19. Be notified of any changes in room or roommate assignment.

20. Be notified of any change in his/her rights under federal or state law regulations.

21. Self-administer drugs, unless the facility has determined that such practice is unsafe for the resident.

22. Be addressed with the title of Mr., Mrs., Ms., Miss or other reasonable title as the title
may request.

23. Choose activities, schedules and health care consistent with his/her interests, assessments and care plans, and interact with members of the community both inside and outside the facility and otherwise make choices about aspects of his/her life in the facility that are significant to him/her.

24. Organize and participate in resident groups in the facility, and/or have his/her family meet in the facility, with a staff person designate by the facility responsible for providing assistance and responding to written requests which result from such group meetings, and have the facility. Review and act upon the grievances and recommendations of resident and family members concerning proposed policy and operational decisions affecting resident care and life in the facility.

25. Examine the result of the most recent survey of the facility conducted by a federal or state surveyor and any plan of correction in effect with respect to the facility, receive information from agencies acting as client advocates, and be afforded the opportunity to contact such agencies.

26. Be informed of the items and services provided by the facility which are covered by Medicaid, when a Medicaid resident, and for which the resident, and for which the resident may not be charged, as well as those items and services for which the resident may be charged, along with the amount of charges for such items and services.

27. Receive a copy of the resident’s rights prior to admission to the facility.

28. To be different in order to promote social, religious, and psychological well being.

29. To exercise his/her own independent judgment by executing any documents, including admission forms.

30. Any reduction or limitation of the resident's rights based upon medical consideration or the rights of other residents shall be explicit, reasonable, appropriate and the least restrictive response feasible. Such reduction may be time-limited, and shall be documented in the resident's record including the limitations justification and cope. Medical contradictions shall be supported by a physician's order. At least once a month, the administrator and the director of nursing of the facility shall review the limitation's justification and scope before removing, amending, or renewing it.

31. If the resident is judged to be incompetent by law and not restored to legal capacity, the rights and responsibilities which the resident is not competent to exercise shall be the rights of the resident's authorized representative.

This Resident’s Rights Agreement sets forth the minimum rights that the resident is granted upon admission to the facility. Additional rights may be granted.
Module H- Diets

Diets, including but not limited to; type and amount of food intake, meal observation and actual feeding assistance to a Resident. There is an accompanying video by Coastal Training titled “Feeding Techniques” that is also used with Module I. Also see attached documentation graphs.

1. Pureed Diets

   A. Purpose of the diet: to provide foods that have been processed in a blender that need a minimal amount of chewing and are easily swallowed. Provide adequate nutrition for residents who have compromised chewing/swallowing ability.

   B. Description of the diet: the foods on this diet are processed or strained. Liquids are sometimes added by dietary to get the correct consistency. Food appears in baby food consistency, if too thin or too thick, report to charge nurse or supervisor.

   C. Guidelines: The consistency once blended should be like applesauce or mashed potatoes without lumps. Baby foods are sometimes used, as long as there are no chunks. Pureed foods should not be mixed together. This may not cause a good taste. A divided plate is used for separation of each food item. Make sure adequate food is provided since food if altered/diluted.

   D. Food List: Examples-

      i. Fruits that are pureed canned or cooked fruit, applesauce, mashed bananas.

      ii. Vegetables: most all vegetables may be pureed

      iii. Breads and cereals: refined cooked cereals such as Cream of Wheat, Rice or Grits. Pancakes may also be pureed.

      iv. Starchy vegetables: mashed white or sweet potatoes.

      v. Meats and meat substitute: pureed meat or poultry, flaked fish, soft cooked scrambled eggs and cottage cheese.

      vi. Milk and milk products: Note: it is important to understand the liquid consistency that is allowed on each Resident’s INDIVIDUAL diet order. (Classroom Discussion)
2. **Mechanical Soft Diet**

   A. This diet consists of the same food as a regular diet with the exception of hard, crunchy food items. All meats must be soft with gravy added and chopped into small pieces. It is intended for people with oral manipulation difficulties which hamper the ability to eat hard crunchy or excessively chewy foods. Vegetables must be tender and able to be mashed between two fingers.

3. **Thickened Liquids**

   A. People who have difficulty swallowing thin liquids often must drink thickened liquids. Drinking thickened liquids may help prevent choking and stop fluid from entering the lungs. The three common consistencies of thickened liquids are nectar-thick, honey-thick, and pudding-thick.

   B. **Nectar-thick liquids** are easily pourable and are comparable to apricot nectar or thicker cream soups.

   C. **Honey-thick liquids** are slightly thicker, are less pourable and drizzle from a cup or bowl.

   D. **Pudding-thick liquids** hold their own shape. They are not pourable and usually eaten with a spoon.

   E. **Basic Guidelines for Residents on Thickened Liquids:**
      
      i. All liquids must come thickened for this resident. Our facility has pre-thickened liquids available, Coffee, tea and milk come in pre-thickened packets that do not require measuring. However, these packets do require mixing.

      ii. Do not serve the Resident anything that melts, such as ice cream or ice cubes. When Ice melts, the liquid may become too thin.

      iii. These altered liquids are kept on each floor in resident refrigerators.

      iv. **DO NOT USE A STRAW!** It may cause the resident to choke or have trouble swallowing.

4. **Our facility uses a mint-green colored system of 10 for Residents who are on Swallowing Precautions.** This includes;

   A. Green colored wrist band that reads" ... diet, nectar-thick liquids, NO straws, Jell-o, ice-cream". It will also specify if they use an adaptive device such as an adaptive straw.
B. The water pitcher that is placed at the resident's bedside is white/white-black speckled as opposed to pink. It has a mint-green colored label affixed to it that reads "Do not fill water pitcher, Please give Resident pre-thickened liquids from the refrigerator."

C. There is a Swallow Guide on the back of the Resident's closet door that is also mint-green in color. See attached.

D. Residents requiring altered liquids are evaluated by a speech pathologist. If further testing is needed, residents are sent out of hospital for swallowing studies to be done for a more extensive overview.
Module I: Recognizing Changes

Recognizing changes in Resident's that are not consistent with their normal behavior and the importance of reporting those changes to the Supervisors and/or Charge Nurses.

Classroom Discussion. Facility policies reportable conditions will be addressed.

- Calculating meal percentages-Reporting poor appetite immediately.
- Feeding Assistant must speak & understand English.
- Nurse must be in the day/dining rooms.
- Feeding Assistant cannot feed in the resident rooms.
- Feeding Assistant must have licensed nurse supervision.