



Individualized Service Plans

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The First Step: Community Based Assessment

Documents basic information and analysis that describes an individual's abilities and needs in:

- activities of daily living (eating, bathing, dressing, toileting, transferring, walking)
- instrumental activities of daily living (meal prep, medication management, housework, transportation ability, shopping, money management, using telephone)
- vision/hearing
- nutrition
- social participation and support
- cognitive functioning

The First Step: Community Based Assessment

Timeframes for Completion

- Within five (5) calendar days of admission
- At least semiannually; and
- Whenever a significant change has occurred in the resident's condition, which may require a change in service.

Based on the results of the Community Based Assessment, the facility develops and Individualized Service Plan (ISP).

What is an Individualized Service Plan?

The planning document which outlines:

- a resident's needs and preferences,
- services to be provided,
- the goals expected by the resident or the resident's legal representative in partnership with the facility.

Why is the ISP so Important?

19 CSR 30-86.047(28) The facility may admit or retain an individual for residency in an assisted living facility only if the individual does not require hospitalization or skilled nursing placement as defined in this rule, and only if the facility:

(A) Provides for or coordinates oversight and services to **meet the needs**, the social and recreational preferences in accordance with the individualized service plan of the resident as documented in a written contract signed by the resident, or legal representative of the resident;

It Shows the Facility is Able to Meet the Needs of Residents and Describes How They Will Do It

Primary Function of the Individualized Service Plan

Communication Tool

- Information sharing: Describes what is unique, important to the individual, and how to keep them healthy and safe
- Provides direction/organizes actions of employees
- Develops system for continuity of care- specific to the individual

“Road Map” or “Recipe for Care”

Characteristics of a Successful Individualized Service Plan

Individualized
Accurate
Comprehensive
Effective
Clear Language

System Components for Implementing an ISP that Meets Individual Needs

Education/Training of Care Givers
Knowledge of the ISP- initially and ongoing
Ongoing assessment
Access to the ISP
Sufficient Supplies and Equipment
Sufficient, motivated and empowered staff
Monitoring
Individual satisfaction and empowerment

Example #1

Facility Policy

- Gait belt use is mandatory for all resident handling with the exception of bed mobility or medical contradictions. The gait belt will be considered a part of the care provider's uniform. This would include any personnel involved in transferring of residents;
- The resident transfer status will be noted on the resident ISP/Care Plan.

ISP

- Resident needs staff to assist with putting him in the wheelchair and moving him in the chair, resident will try to stand but has poor balance (1/26/18)
- Resident placed on hospice (6/21/18)
- A history of falling out of his/her wheelchair while sitting in the chair. Resident now uses a tilt wheelchair provided by hospice.
- Total care for activities of daily living.

Example #1

Nurse Interview:

Resident no longer walks and has been placed on an Individualized Evacuation Plan

Observation:

Certified Medication Aide assisting resident from wheelchair to bed:

CMA A placed his arms under the resident's arms facing the resident up to the resident's arm pits, as if hugging the resident as the resident sat in the wheelchair and lifted the resident up out of the chair to a standing position;

Example #1

Observation, Cont.:

CMA A, while holding the resident, pivoted the resident towards the bed and sat the resident down on the bed;

CMA A did not utilize a gait belt during the transfer;

CMA A did not have a gait belt with him/her to use;

As the resident lay on the bed, CMA A then placed both of his/her arms under the resident's arms to the resident's arm pits and pulled the resident up toward the head of the bed, the resident did not participate in the repositioning. CMA A then repeated this same procedure while bending over the resident and hoisting the resident up in bed using the resident's underarms. In an interview the CMA said, the resident was getting weak and walked up until a month ago. When asked about why a gait belt was not utilized CMA A replied, "The resident will walk."

Example #1 - System Components

Education/Training of Care Givers

Knowledge of the ISP- initially and ongoing

Ongoing assessment

Accuracy

Access to the ISP

Sufficient Supplies and Equipment

Sufficient, motivated and empowered staff

Monitoring

Individual satisfaction and empowerment

Example #2

ISP

Bathing: Requires standby or physical assistance to bathe or shower two times a week. Staff to stand by or physically assist the resident with bathing to ensure safety and provide necessary assistance with bathing two times a week. Resident needs help to get into and out of the shower;

Mobility: Resident is unable to bear full weight, but bears some weight due to bilateral knee instability. Staff to assist the resident with mobility within parameters of partial weight bearing orders. Resident uses a motorized wheelchair for increased mobility;

Bathroom assistance: Resident requires standby or physical assistance for toileting including using the bathroom, to change protective undergarments, and peri care to ensure the resident is clean, dry and odor free. The resident especially needs assistance with pulling up his/her pants after toilet use due to painful, unstable knees.

Example #2

Resident Interview

Resident said she needs help to pull her pants on after she uses the bathroom. She can transfer on and off the toilet, but could not bend down to reach her pants. Staff do not always respond to her alarm in the evening and she has spent over an hour on the toilet waiting for someone to come help her. The resident said she has started calling the front desk to have the concierge page the staff for her. The concierge left at 8:00 P.M. and she tried to go to the bathroom before the concierge left because she could not get any help later in the evening especially during shift change. She knew staff would eventually respond but it hurt to sit there for a long time. At least four times in the past month, the resident had to pull herself off the toilet, put a towel over her legs and go look for help. Often there were no staff available on her floor and she would have to go to the first floor to get help. Her concern was if she fell, staff would not be there to help her. It was painful to sit on the toilet for a long time and it irritated her skin. She complained to the staff about the problem but nothing had been done. It had gotten worse in the last month.

Example #2

Concierge Interview - The concierge said the resident regularly called him/her to ask him to page staff to help her. The concierge had passed along the resident's concerns to the director of nursing (DON) and the administrator.

Day Shift CMA Interview - The resident complained to her about staff not responding to her call light in the evenings.

Nurse Interview - The concierge alerted her to the resident's concerns. The resident complained about staff not responding to her call light but could not narrow it down to a specific staff member. The DON reviewed the pendant response paperwork and narrowed it down to a staff member who was on vacation so had not discussed with her yet. It was her understanding the staff member did not like cats and did not want to go into the resident's room because she had a cat.

Example #2

Call Light Data:

Friday, 12/7/18 - 8:57 P.M. - It took staff 56 minutes to respond.

- 10:34 P.M. - It took staff 31 minutes and 26 seconds to respond.

Saturday, 12/8/18 - 9:15 A.M. - It took staff 64 minutes and 38 seconds to respond.

- 11:30 A.M. - It took staff 38 minutes and 37 seconds to respond.

Monday, 12/10/18 - 8:53 A.M. - It took staff 24 minutes and 38 seconds to respond.

- 5:42 P.M. - It took staff 24 minutes and 58 seconds to respond.

- 10:23 P.M. - It took staff 35 minutes and 47 seconds to respond.

Example #2 - System Components

Education/Training of Care Givers
Knowledge of the ISP- initially and ongoing
Ongoing assessment
Accuracy
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Monitoring
Individual satisfaction and empowerment

Example #3

ISP

- Needs total staff assistance for care;
- One staff assistance needed for incontinence care. Staff provide cleaning and toileting assistance.
- Did not address wounds or skin issues.
- Did not address resident's needs related to transfers.

Example #3

Observation and interview showed care aides A and B entered the resident's room and applied gloves. Aide B greeted the resident and removed the covers from the resident. Aide B pointed to the resident's left bandaged foot and said he had been told the resident had been admitted to the facility on 11/28/18 and one of the toes on the resident's left foot may fall off and he needed to be careful during care. He did not know what caused the injury and did not know details on how to care for the resident except she was incontinent and had a wound to the foot and hip. The resident's left foot had been wrapped in gauze and taped into place. Aide A placed a clean brief under the resident and assisted to lie onto the brief. He pulled the brief between the resident's legs and fastened into place. Aides A and B did not provide cleansing to the residents buttocks. Aide A and B applied pants to the resident and assisted the resident to sit on the side of her bed. Aide A asked aide B, "do you know how she stands or bears any weight?". Aide B shook her head in a no manner and shrugged her shoulders. Aides A and B each placed an arm under the resident's arms and grabbed the back of the resident's pants and transferred the resident into her wheel chair. Aides A and B said they had not been told much information about the resident and she had been admitted to the facility the day before. They did not know how the resident needed to be transferred or any information about the wounds.

Example #3 - System Components

Education/Training of Care Givers

Knowledge of the ISP- initially and ongoing

Ongoing assessment

Accuracy

Access to the ISP

Sufficient Supplies and Equipment

Sufficient, motivated and empowered staff

Monitoring

Individual satisfaction and empowerment

Additional Areas for Consideration

- Safety risk
- Elopement risk
- Behavior monitoring
- Modified Diets
- Hospice services
- Private care aides
- Self-administration of medication

Individualized Evacuation Plan

Individualized evacuation plan -

A plan to remove the resident from the facility, to an area of refuge within the facility or from one (1) smoke section to another within the facility.

The plan is specific to the resident's needs and abilities based on the current community based assessment;

Minimal Assistance

Minimal assistance -

1. Is the criterion which determines whether or not staff must develop and include an individualized evacuation plan as part of the resident's service plan;
2. Minimal assistance may be the verbal intervention that staff must provide for a resident to initiate evacuating the facility;
3. Minimal assistance may be the physical intervention that staff must provide, such as turning a resident in the correct direction, for a resident to initiate evacuating the facility;
4. A resident needing minimal assistance is one who is able to prepare to leave and then evacuate the facility within five (5) minutes of being alerted of the need to evacuate and requires no more than one (1) physical intervention and no more than three (3) verbal interventions of staff to complete evacuation from the facility;

More than Minimal Assistance

The following actions required of staff are considered to be more than minimal assistance:

- A. Assistance to traverse down stairways;
- B. Assistance to open a door; and
- C. Assistance to propel a wheelchair.

Individualized Evacuation Plan

At a minimum the evacuation plan shall include the following components:

- A. The responsibilities of specific staff positions in an emergency specific to the individual;
- B. The fire protection interventions needed to ensure the safety of the resident; and
- C. The plan shall evaluate the resident for his or her location within the facility and the proximity to exits and areas of refuge.
- D. The plan shall evaluate the resident, for his or her risk of resistance, mobility, the need for additional staff support, consciousness, response to instructions, response to alarms, and fire drills;

Amended or revised based on the ongoing assessment of the needs of the resident.

Individualized Evacuation Plan

Employees with specific responsibilities shall be instructed and informed regarding their duties and responsibilities under the resident's evacuation plan at least every six (6) months and upon any significant change in the plan;

A copy of the resident's evacuation plan shall be readily available to all staff.

Facility Evacuation Plans

The facility may admit or retain an individual for residency in an assisted living facility only if the individual does not require hospitalization or skilled nursing placement, and only if the facility:

(C) Has a written plan for the protection of all residents in the event of a disaster such as tornado, fire, bomb threat or severe weather, including:

1. Keeping residents in place;
2. Evacuating residents to areas of refuge;
3. Evacuating residents from the building if necessary; or
4. Other methods of protection based on the disaster and the individual building design;

19 CSR 30-86.022(5) contains additional fire drill and emergency preparedness requirements

Thank you!

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