

**Welcome to Restorative Therapy!**

**Restorative coordinator: Jade Moore-Jackson COTA/L**

## What does restorative mean?

Restorative: having the ability to restore health, strength, or a feeling of well-being.

## What does Restorative Therapy do?

Restorative therapy provides goal specific programs for each resident. These programs are completed on a daily basis. Programs are completed in the therapy gym or in the resident's room, all depending on the program of type, and the resident's needs.

## Who is the restorative team?

- Specific set of CNA'S operating out of the gym
- All CNA's on the floor.

## What are the different types of Restorative programs

- Dressing/Grooming
- Transfers
- Eating/Swallowing
- Ambulation
- Amputation/Prosthetic care
- PROM/AROM
- Communication
- Bed Mobility
- Splints/Braces

## Who completes/runs these programs?

Programs are delegated to either a floor CNA or a gym CNA. In POC under the resident's tasks bar the restorative programs are labeled **RESTORATIVE NURSING**.

- Programs that state **RESTORATIVE NURSING: (CNA)** are charted by floor CNA's
- Programs that state **RESTORATIVE NURSING: (RES)** are charted by gym CNA's
- All programs need to be completed/ran for a minimum of 15mins.
- Time charted is located in POC under the specific resident.

## Splints/Braces

The splints and braces program consist of Wrist Hand Orthosis (WHO) and Ankle Foot Orthosis (AFO). WHO'S and AFO'S wear schedules are created by the therapy team and by the restorative team. All WHO'S are placed on by gym CNA'S, and 90% AFO'S are placed on by floor CNA'S.

A typical WHO



A typical AFO



## **Key Aspects to look for when completing skin checks after a splint/brace has been applied/removed**

- Boney Prominences
- Thin skin areas
- Un-blanchable redness.
- Skin breakdown
- Use 1-2 finger rule when applying straps

Report all abnormal observances of skin before and after placing on and removing a splint/brace to **Nursing**, and **Restorative coordinator**.

## Front Office

Hours: Monday- Friday 8am- 4pm

### **Phone System:**

When you need to answer the phone please answer by saying the following: "Thank you for calling Winning Wheels, this is "... How may I help you?" or "Hello this is Winning Wheels, how may I direct your call?"

To transfer the call to an extension you need, while the phone line is still open hit the Phone to Phone icon button and then hit the extension number needed and then end the call. This option will send the phone call right to the office or wing you are trying to reach.

Or you can place the phone call on park (which is a holding line that someone else can pick up from a different phone) and page. (see below)

To page overhead you dial \*208. State who the phone call is for and what park they the call is on, most times you state the message twice just incase they miss the first one.

To call out of the building you have to dial 9 first.

### **Pop:**

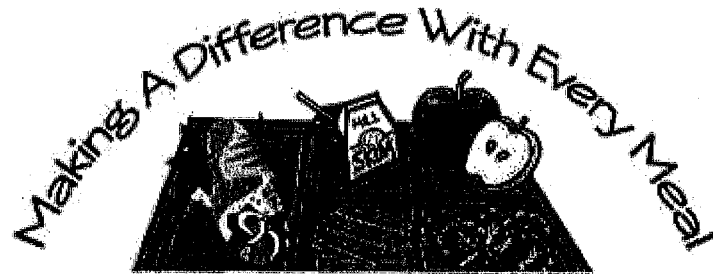
We sell pop in the front office for 75 cents. Staff and Residents are able to purchase when they would like.

Some of the residents are on a ticket program through the Restorative gym. After they do their programs they get a small pop ticket and bring it to me in return for a pop, they are still charged the 75 cents but that is taken from their trust acct that is also overseen by the Front office. Some residents also have their own pops located in the kitchen which the kitchen staff pass out for meals.

### **Friday night meals:**

Each Friday night residents have the option to order meals from a local restaurant in town. The residents are able to order Monday- Thursday with the front office, at 2pm the office will call in the meals and give a copy of the order list to the kitchen so they are aware who ordered what and they can accordingly get their meals ready when they arrive since some resident have altered diets.

## Winning Wheels – Nutrition Services



Carol O'Brien, Certified Dietary Manager

### Dining Room Experience

- Staff Responsibilities
- The Dining Experience

### Facility Diets

- Transmission of Diet Orders
- Diets Available in Facility
- Texture and Consistency Modifications

### Resident Weights

- Obtaining Accurate Weights
- How to Obtain Accurate Weights

### Watch-Report-Take Action

- Weight Loss
- Hydration
- Pressure Injury Formation
- Residents with Feeding Tubes

## Winning Wheels, Inc. - New Employee Safety Orientation

### EVALUATION OF JOB PERFORMANCE

- A certain percent of your performance is based on safety
- Safety Committee, and Staff involvement in the Safety Program
- How to voice or report a Safety Concern
- Inservice Attendance / Policy – requires signature
- Loss Control / Safety Program – your involvement in safety goals

### INJURY INSTRUCTIONS

- Notify supervisor and complete incident report for all injuries
- If injury requires treatment, drug screen and additional paperwork must be completed
- Location of First Aid Kits, and who to see for First Aid/Treatment

### REFERENCE MATERIAL

- Hazard B and Blood Spill Kits and Hazard Communication Program
- Location of SDS data, explanation of SDS – signs/symbols, symptoms, and prevention methods
- Location of employee Safety Program and Emergency Preparedness Binders

### CLOTHING & PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Proper shoes, gait belts, goggles, gloves, gowns, etc.
- Bite Sleeves, use, when to use and how to put on with return demo
- If you need any other safety equipment, or replacement PPE notify your supervisor

### SAFETY RULES & EMERGENCY PLAN (Job Specific)

- Lockout/Tag out – Who is authorized to use
- Fire Training, including use of fire extinguishers
- Fire and Evacuation procedures
- Tornado and Severe Weather Emergencies
- TELS - Importance of submitting maintenance requisitions for repairs, and how to do so.
- Door Alarms, Code Alerts monitoring, and Resident Safety Alarms
- Missing resident protocol
- Residents with Off Grounds Privileges and Protocol
- Use proper transfer techniques, mechanical lifts/save your back
- Information given on eyewash stations and use with return demo
- Wound Care Device Protocol - Air Mattresses, and how to ensure they are working properly (For Nursing Staff)
- Clean Up - Procedure and Location of Mop Bucket, Wet Floor Signs, and Cleaning Supplies
- Violent Situation - Bomb Threat, Intruders, Nuclear/Military Attack, Disgruntled Staff, Resident Behaviors, etc.
- Concealed Carry, Active Shooter Protocol, and what to do if you do not feel safe.
- Communication Plan and Alternate Means of Communication during an emergency.
- When applicable; How to operate/drive power chairs and mobility equipment.

### STANDARD PRECAUTIONS

- Blood Borne Pathogens
- Tuberculosis
- Hepatitis B (informed consent and acceptance / declination of Hepatitis B vaccine)
- Use of gloves and proper hand washing techniques
- Indications for PPE
- Sharps disposal and disposal of blood-contaminated items
- Procedures for cleaning leg bags and bed bags
- Procedures for removal of dirty linens and clothes from resident rooms

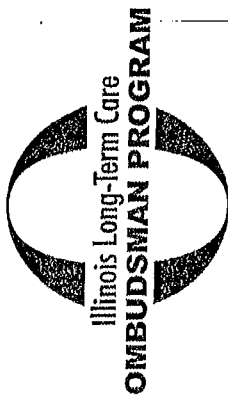
*I have received information and training on all of the above items, and have demonstrated competency in same.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainer Signature

\_\_\_\_\_  
Date



# RESIDENTS' RIGHTS

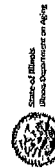
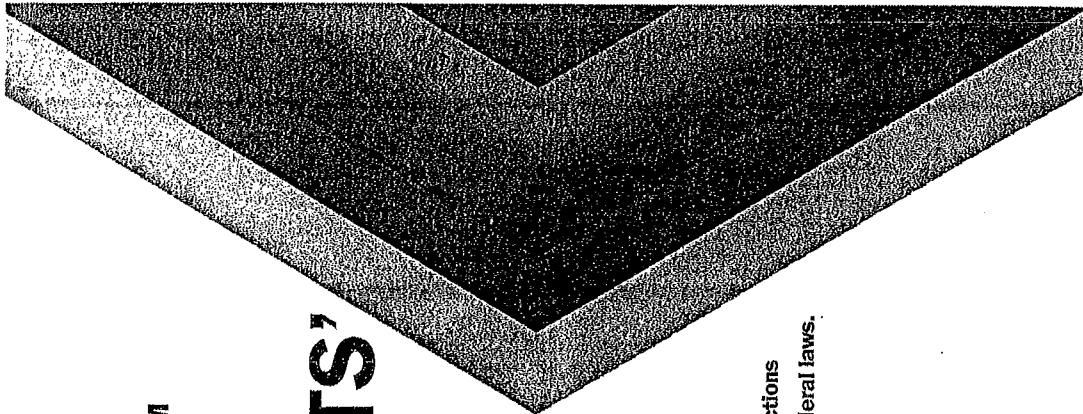
for People in  
Long-Term Care  
Facilities

As a long-term care resident in Illinois,  
you are guaranteed certain rights, protections  
and privileges according to state and federal laws.

As an individual living in a long-term care facility, you retain the same rights as every citizen of Illinois and of the United States. The following regulations provide clarity on specific rights granted to residents living in long-term care facilities.

Federal Regulations supporting resident rights can be found at 42 CFR 483  
[https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title42/42\\_cfr\\_483\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title42/42_cfr_483_main_02.tpl)

State regulations supporting resident rights can be found at 77 IL Admin Code 300  
<http://www.dpb.illinois.gov/topics-services/health-care-regulation/nursing-homes/admCodes>





**Your rights to dignity and respect**

- You have a right to make your own choices.
- Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life.
- Your facility must provide equal access to quality care regardless of diagnosis, condition, or payment source.

**Your rights to safety**

- You must not be abused, neglected, or exploited by anyone – financially, physically, verbally, mentally or sexually.
- The facility must ensure that you are free from retaliation and discrimination, in exercising your rights.
- Your facility must provide services to keep your physical and mental health, at their highest practical levels.
- Your facility must be safe, clean, comfortable and homelike.
- You have a right to be free from physical or chemical restraints
- You may be given medicine intended to change your mood or how you think only with your permission
- You have a right to purchase and use an electronic monitoring device after providing notice to the facility using the Electronic Monitoring Notification and Consent Form available at <http://www.dph.illinois.gov/forms-publications>

**Your rights to participate in your own care**

- You may participate in developing a person-centered care plan which states all the services your facility will provide to you and everything you are expected to do. This plan must include your personal and cultural choices. Your facility must make reasonable arrangements to meet your needs and choices.
- You may attend the care plan conference at a time and location convenient to you.
- You may choose to have family, friends or a representative join in the care plan conference.
- You may request care plan meetings and revisions to the plan of care.
- You may be informed, in advance, of changes to the plan of care.
- You should receive the services and/or items included in the plan of care.
- You may see the care plan, including the right to sign after significant changes to the plan of care.
- You have the right to choose your own doctor.
- Your facility must tell you the name and specialty of each doctor responsible for your care, and how to contact that doctor.
- You have the right to be in charge of taking your own medicine if your care plan team and your doctor say that you are able to do so.
- You have the right to request, refuse, and/or discontinue any treatment. If you refuse treatment, your facility must tell you what may happen because of your refusal and tell you of other possible treatments.
- You have the right to complete information about your medical condition and treatment in a language that you can understand.
- You have the right to choose activities and schedules (including sleeping and waking times).
- You have the right to make a Living Will or a Durable Power of Attorney for Health Care, Declaration for Mental Health Treatment and POLST/Do Not Resuscitate Order so that the facility will know your wishes if you can no longer speak for yourself.
- You may refuse to participate in any experimental treatment on you or allow anyone to use information about you for research without your permission.



- **Your facility must allow you to see your records** within 24 hours of your request (excluding weekends and holidays). You may purchase a copy of part or all of your records at a reasonable copy fee within two working days of your request.
- **You have the right to move out of your facility** after you give the administrator, nurse, or doctor written notice that you plan to move.
- **Your discharge plan and steps to achieve the goal should be included in your care plan.**

**Your rights to privacy and confidentiality**

- **You have a right to privacy and confidentiality of your personal and medical records. Your medical and personal care are private.** Facility staff must respect your privacy when you are being examined or given care.
- **Facility staff must knock** before entering your room.
- **Your facility may not give information** about you or your care to unauthorized persons without your permission, unless you are being transferred to a hospital or to another health care facility.
- **You have the right to have private visits** at the hour of your choosing if it does not impose on the rights of other residents.
- **You may ask any visitor to leave** your personal living area at any time.
- **You have the right to make and receive phone calls** in private and to have access to the use of a telephone where calls can be made without being overheard.
- **Your facility must deliver and send your mail promptly.** Your facility may not open your mail without your permission.
- **If you are married,** you and your spouse have the right to share a room if both spouses agree to the arrangement.

**Your rights regarding your money**

- **You have the right to manage your own money.** The facility must not require you to let them manage your money or be your Social Security representative payee.
- **If you ask the facility to manage your money** it may only spend your money with your permission. **It must give you a current, itemized written statement** at least once every three months, and **it must put your money in a bank account** that earns interest for you if:
  - Medicaid helps pay for your care at the facility and have over \$50 or
  - you do not receive Medicaid and have over \$100.
- **If your facility manages your money and you get Medicaid,** your facility must tell you if your savings come within \$200 of the amount Medicaid allows you to keep.
- **You may see your financial record** at any time.

**Your personal property rights**

- **You have the right to keep and wear your own clothing.**
- **You may keep and use your own property.**
- **You have the right to expect your facility to have a safe place** where you can keep small valuables which you can get to daily.
- **Your facility must try to keep your property from being lost or stolen.** If your property is missing, the facility must try to find it.

**Your rights in paying for your care and getting Medicare and Medicaid**

- **If you are paying for some or all of your care at your facility,** you must be given a contract that states what services are provided by the facility and how much they cost. The contract must say what expenses are not part of the regular rate.
- **Your facility must not require anyone else** to sign an agreement saying that they will pay your bill if you cannot pay it yourself. The only one who can be required to pay your bill for you is a court appointed guardian or someone else who is handling your money for you.
- **Your facility must give you information** about how to apply for Medicaid and Medicare and rules about "prevention of spousal impoverishment." Prevention of spousal impoverishment rules allow you to give money and property to your spouse and still be eligible for Medicaid.

- **You have a right to apply for Medicaid or Medicare to help pay for your care.**
- **If you get Medicaid,** the facility may not make you pay for anything that Medicaid pays for. The facility must give you a written list of what items and services Medicaid pays for, and for items and services for which you could be charged.

**Your rights to stay in your facility**

- **You have the right to keep living in your facility.**
- **You must be given written notice if your facility wants you to move from the facility. The reasons for asking you to leave must only be for the following reasons:**
  - you are a danger to yourself or others;
  - your needs cannot be met by the facility;
  - your health has improved and you no longer need the services of a long-term care facility
  - You have not paid your bill after reasonable notice;
  - your facility closes
- **The notice must:**
  - tell you why your facility wants you to move;
  - tell you how to appeal the decision to the Illinois Department of Public Health;
  - provide a stamped and addressed envelope for you to mail your appeal in; and
  - be received 30 days prior to the day they want you to move from a Medicare or Medicaid certified facility
  - be received 21 days prior to the day they want you to move from a State licensed facility.

- **You have the right to appeal to the Illinois Department of Public Health and if you choose to appeal:**
  - a Department of Public Health hearing officer will travel to your facility to hear why you believe you should stay in the facility and why the facility believes you should move, and
  - usually your facility cannot make you leave until the appeal is decided by the Department of Public Health.
  - if you do not appeal the decision, you are agreeing to the transfer or discharge.

- **Before your facility can transfer or discharge you,** it must prepare you to be sure that your discharge is safe and appropriate.
- **You cannot be forced to leave your facility** because you are applying for Medicaid or you are on Medicaid and a Medicaid bed is available. It is important to ask the facility how many Medicaid beds it has available.
- **You have the right to ask the Long-Term Care Ombudsman** for help in appealing the transfer or discharge. Call 1-800-252-8966 (Voice and TTY).
- **if you have a developmental disability or mental illness,** you may ask **Equip for Equality, Inc.** for help in appealing your facility's forcing you to move. Call 1-800-537-2632 (voice and TTY).
- **You must be allowed to return to your facility** after you are hospitalized as long as you still need that level of care. **if you get Medicaid and are hospitalized for ten or fewer days,** your facility must let you return when you leave the hospital even if the facility has given you a written discharge notice. **If you are hospitalized for more than ten days,** your facility must let you return if it has a bed available and you still need that level of care. If your facility is full, you must be allowed to have the first available bed, if you still need that level of care.
- **You have the right to be told in advance and in writing if your room is being changed.** (Medicare or Medicaid certified facilities only)
- **You have the right to choose your roommate** when practicable.
- **You have the right to receive notice,** including the reason for the change before your room or roommate in the facility is changed.

**Your rights as a citizen and a facility resident**

- **You do not lose your rights as a citizen** of Illinois and the United States because you live in a long-term care facility.
- **If a court of law has appointed a legal guardian for you,** your guardian may exercise your rights for you.
- **If you have named an agent** under a Power of Attorney for Health Care, your agent may exercise your rights for you.
- **You have freedom of religion.** At your request, the facility must make arrangements for you to attend religious services of your choice as long as you agree to pay any cost. The facility may not force you to follow any religious beliefs or practices and cannot require you to attend any religious services.

- **You have the right to vote** for the candidate of your choice.
- **You have the right to participate in social and community activities.**
- **You have the right to participate in the resident council.**
- **You have the right to see reports of all inspections** by the Illinois Department of Public Health from the last five years and the most recent review of your facility along with any plan that your facility gave to the surveyors saying how your facility plans to correct the problem.
- **You have the right to meet** with the Long-Term Care Ombudsman, community organizations, social service groups, legal advocates, and members of the general public who come to your facility.
- **You have the right to complain to your facility** and to get a prompt response. Your facility may not threaten or punish you in any way for asserting your rights or contacting outside organizations and advocates including the following agencies:
  - **Long-Term Care Ombudsman, 1-800-252-8966** (Voice & TTY).
  - **Equip for Equality, Inc.,** for persons with mental illness or developmental disabilities, **1-800-537-2632** (Voice & TTY).
  - **Illinois Department of Public Health, 1-800-252-4343 or 1-800-547-0466** (TTY).

**If the rights presented in the booklet** are not uniformly and consistently applied within your long-term care facility, the following actions are suggested:

- Define the problem. Writing it down may help make clear exactly what has happened and why it is wrong. When did it happen? (give times and dates, if possible.) Who was involved or saw the incident? Ask questions of others who may be involved or know about the problem.
- If it seems appropriate, talk the problem over with the staff responsible for taking care of you. Find out the facility procedures for resolving problems or concerns. If this does not seem like a good idea, or if you are not satisfied after you do, choose someone with more authority in the facility to talk to. Consider the Administrator, Director of Nursing, the social worker, your physician or floor nurse.
- Ask for assistance from the resident council. The council may complain on behalf of a resident to any person it considers appropriate.
- If you or the resident council need help solving the problem, you may wish to contact the Long-Term Care Ombudsman Program for assistance. The Long-Term Care Ombudsman Program offers confidential help to residents who have questions, concerns and/or complaints regarding the care they are receiving in their long-term care facility.

**Long-Term Care Ombudsman Program 1-800-252-8966** (Voice & TTY)

- **Equip for Equality, Inc.** is the agency named by the Governor to provide protection and advocacy for persons with developmental disabilities or mental illness. You can call them at:
  - **Equip for Equality, Inc. 1-800-537-2632** (Voice & TTY)
- Illinois has a formal Central Complaint Registry in the Department of Public Health. If you think your facility is violating your rights or those of your fellow residents, you can make a complaint against them. The Department of Public Health will investigate your complaint and if a violation has been found, the long-term care facility will be cited and corrective action will be taken.

**IDPH Central Complaint Registry 1-800-252-4343** (Voice)  
**1-800-547-0466** (TTY) or [dph.scr@illinois.gov](mailto:dph.scr@illinois.gov)

SUBJECT: STAFF SOCIALIZATION WITH RESIDENTS, INCLUDING SOCIAL NETWORK SITES/HIPAA

NO. 432

**Policy:**

It is the policy of this facility that the relationship between residents and staff is professional in nature and is focused on meeting the resident's needs for a therapeutic environment and for interpersonal relationships directed toward the resident achieving an optimal level of health and rehabilitation. It is the caregivers' responsibility to ensure the privacy of the residents and to ensure that a professional relationship is maintained at all times with the residents and their families. To ensure this happens, Winning Wheels has this Staff Socialization with Residents, Including Social Network Sites/HIPAA policy as well as other privacy and HIPAA policies.

**Procedure:**

Staff is required to consult with their supervisor when they have any questions about the appropriateness of their relationship with residents or their families. Staff must notify their supervisor if they have ever had a relationship with an admitted resident prior to the resident being admitted to our facility. This is especially true if the staff member is related, either by blood or by marriage, to the resident. This information will be used in determining the appropriate boundaries of relationship during the resident's stay.

1. Socializing while off-duty with residents or their family/guardian while the resident is actively participating in the facility's programs is prohibited. This socialization crosses the professional boundaries between caregiver and resident. Socialization would include, but is not limited to, the following:
  - a. Dating a resident;
  - b. Engaging in sexual activity with resident;
  - c. Meeting a resident at a bar or any other establishment;
  - d. Buying or accepting alcoholic drinks for or from a resident;
  - e. Taking a resident outside of the facility on any type of outing that is not approved by Administration, the resident's family and/or guardian. There must be a completed Off Grounds Acknowledgement form on file prior to leaving the facility.
  - f. Communicating with residents and/or their families, guardians, etc. on social networking sites such as, but not limited to, Facebook, Instagram, Twitter, etc.
  - g. Any contact with a resident and/or their families, guardians, etc. by telephone, texting, meetings, in writing or through the Internet.
  - h. Do not friend them on Facebook, etc.*

Example of acceptable off duty interaction with a resident, their families and/or guardians would include:

- a. Saying "Hello" or briefly visiting with the resident or their family/guardian when seeing them in public; at no time should the staff member discuss any resident care issues or HIPAA protected information with the family or guardian and should always direct them back to the facility administration.

Communicating with or sharing resident or facility specific information via social networking websites or other modes of contact would warrant disciplinary action up to and including immediate termination of employment.

Approved:

Effective Date:

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2/2012; 2/2014

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SUBJECT: STAFF SOCIALIZATION WITH RESIDENTS, INCLUDING  
SOCIAL NETWORK SITES/HIPAA

NO. 432

1. Accepting loans, money, or gifts from residents, the resident's family or guardian or giving loans, money, or gifts to residents, the resident's family or guardian without supervisor approval is prohibited. Purchasing items from a resident or selling items to a resident is prohibited without Administrative approval. Small gifts or tokens of appreciation from residents or their families/guardian may be acceptable but would require supervisor approval.
2. Any attempts by residents or their families/guardian, while under treatment, to set up any type of socialization with a staff member, on or off duty, must be reported to the employee's supervisor immediately.
3. It is the employee's responsibility to keep their supervisor fully informed on any contacts and related communication (i.e., telephone, meetings, writing, Internet, etc.) with residents and/or their families/guardian which may be, or have the potential to be, therapeutically inappropriate.

ANY DEPARTURE FROM, OR VIOLATION OF, THESE GUIDELINES WILL RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.

I have read, understand, and agree to follow the Staff Socialization with Residents, Including Social Networking Sites policy stated above. I understand that I am not to communicate with the residents, their family members or guardians in any way that would violate tenants of this policy.

I also understand and agree to not disclose any facility or HIPAA protected information on any social networking websites and to report any contact made by residents or their families/guardian that would violate this policy. The facility or HIPAA protected information includes, but is not limited to, any resident or facility specific information and is especially true of that information that would be considered abusive, libelous or pornographic in any nature.

Employee Name Printed

Signature

Date

Approved:

Effective Date:

Revision Date:

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2/2012; 2/2014

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**POLICY:**

It is the policy of Winning Wheels that the organization strictly prohibits the abuse, neglect, mistreatment, involuntary seclusion of residents and/or deliberate misappropriation of resident property. It is the objective of Winning Wheels to provide training and ongoing supervision for employees and individuals who provide services, whether direct caregivers or in ancillary departments. Winning Wheels is committed to maintaining a living environment that fosters reporting of concerns and problems and protects the residents.

The purpose of this policy is to assure that the organization is preventing occurrences of resident abuse or neglect, and/or to prevent misappropriation of resident property. It is the position of Winning Wheels to take an aggressive stance on preventing neglect and abuse through the development and implementation of a systemic, comprehensive abuse prevention program.

**DEFINITIONS:**

"Abuse" means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.

"Verbal abuse" is defined as the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents, within their hearing distance, regardless of their age, ability to comprehend, or disability.

"Mental abuse" includes, but is not limited to, humiliation, harassment, threats of punishment, or deprivation.

"Sexual abuse" includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.

"Physical abuse" includes hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment.

"Neglect" means the failure to provide the goods and services necessary to avoid physical harm, mental anguish or mental illness.

"Involuntary Seclusion" is defined as separation of a resident from other residents or from his/her room or confinement to her/his room (with or without roommates) against the resident's will, or the will of the resident's legal representative. Emergency or short term monitored separation from other Residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs.

"Misappropriation of resident property" means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.

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PROCEDURES:

**1. Screening:** Winning Wheels screens prospective employees to determine if they have records of abuse. Prior to hire, potential employees are screened for history of abuse, neglect or mistreatment. Reference checks are conducted routinely on employees. Checks with licensing boards and/or agencies will occur when applicable, and criminal background checks are conducted in accordance with the Illinois Healthcare Worker Background Check Act.

**2. Training:** Winning Wheels provides orientation and ongoing training to employees on abuse and related reporting requirements, including prevention, intervention and detection. Abuse prevention is an active part of Winning Wheels' daily routine. Continuous, ongoing staff training is provided to place emphasis on a "proactive" versus "reactive" approach. Staff will receive in-depth training at orientation addressing the identification of risk factors (including residents at risk for abuse and staff at risk for perpetrators), recognition of signs/symptoms of abuse and neglect, reporting mechanisms and expectations/timelines for reporting suspected abuse/neglect and feedback mechanisms. Staff shall report their knowledge of abuse allegations and are assured that they may do so without fear of reprisal. Following orientation, training will occur at ongoing, routine intervals, and will encompass various elements of abuse prevention, including MANDT training, Safety/Incident Reporting and Follow-up, and random return demonstrations of direct care staff to assure that interventions with residents are appropriate. An in-service specific to preventing/identifying abuse/neglect will be held at least annually. Ongoing educational in-services will occur throughout the year, addressing topics such as behavior management techniques, crisis intervention, and other diagnostic issues. Daily Quality Assurance activities are designed to target residents at risk for abuse.

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3. **Prevention:** Winning Wheels is committed to preventing the occurrence of abuse whenever possible by identifying, intervening, and correcting situations which may predispose by heightening staff awareness of employee, facility, and resident risk factors for abuse and forming a feedback loop for policy changes. Staff receives ongoing training through behavior modification training and individual resident behavior management programs (developed in conjunction with the consultant neuropsychologist), empathy training exercises, role play and other medlums to help them fully understand the need to identify and intervene in risk situations to ultimately prevent abuse. The Resident Council is also in-serviced annually on the prevention and reporting of abuse and/or neglect. Staff training emphasizes that low risk in one or two factors (see below) can reduce the chance of abuse even when the risk factors in a third column are high.

<u>Employee Risk Factors</u>	<u>Facility Risk Factors</u>	<u>Resident Risk Factors</u>
Mental illness	Crowding/concentration of vulnerable adults	Non-verbal/Mute
Alcohol/drug abuse	Inadequate staffing levels	Incontinent
Multi-disciplinary actions	Staff shortages	History of multiple incidents
Poor training	Inadequate managerial response to abuse	History of substance abuse
Insubordination/power conflicts/rivalry	Poorly paid staff	Assaultive (i.e. spitters and hitters)
Chronic physical illness	Poor role definition; obscure organizational chain	Verbally abusive, racist
Financial problems	Use of facility for detention of anti-social persons	Intrusive (resident has figured out what "buttons" to push)
Role reversal (i.e., looking to residents to fulfill their own needs)	High employee absenteeism	Hostile, passive-aggressive
Family problems or history of family violence	High staff turnover	Argumentative
Pattern of excessive absenteeism	Poor building maintenance (ventilation, noise, lighting)	Demanding
Tardiness or disappearance from job site	Inconsistently applied standards	Passive
Social isolation	Lack of staff training	

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**4. Identification:** Winning Wheels distinguishes occurrences that may trigger, constitute or contribute to abuse. Staff, residents and/or their representatives are mandated to identify possible signs of abuse and/or neglect that must be reported immediately to administration for further investigation. Staff are instructed to report the following signs of possible physical abuse:

- Marks and/or welts
- Bumps
- Cuts, punctures, scratches
- Broken bones
- Human bite marks
- Internal injuries/bruises
- Suspicious scars

Possible signs of sexual abuse:

- Injury to resident's genitals, anus, breast or mouth
- Observation of sexual remarks or sexual activity
- Exposure of genitalia to residents
- Taking nude photographs of residents
- Gestures of affection that are too lingering/seductive and/or involve inappropriate parts of the body

Neglect occurs when resident needs are ignored, when they are left with staff who fails to care for them with good judgment, or place them in dangerous circumstances. Staff and residents are trained to report such circumstances to their supervisor or administration immediately.

**5. Protecting Individuals During Investigation:** Winning Wheels shields individuals from abuse or other retaliation during investigations of allegations of abuse. Information received as a result of a report of abuse, neglect or exploitation involving a reporter's identity is maintained as confidential to the full extent allowed by law (including regulatory agency guidelines). Person(s) participating in good faith in the making of a report, or in the investigation of such a report or in the taking of photographs or x-rays shall have assistance and accommodation.

**6. Investigate:** Winning Wheels is committed to timely and thorough investigation of allegations of abuse, neglect or mistreatment. The administrator is designated as the staff member responsible for making the determination as to whether or not there is reasonable cause and/or credible evidence to file a report, and is responsible for reporting the information as required to the proper authorities, including the Illinois Department of Public Health, and for conducting a full investigation.

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Employees suspected of abuse will be immediately suspended pending the outcome of the administrative investigation. Employees suspended for such a reason will be denied access to facility premises and barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee.

Residents as perpetrator of abuse: When an investigation of a report of suspected abuse of a resident indicates, based upon evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident, as well as the safety of other residents and employees of the facility. Employees witnessing such conduct/treatment are required to IMMEDIATELY notify their supervisor and the Administrator, to ensure prompt handling of the situation.

*Abuse Coordinator*

**7. Reporting / Response:** Employees, agents or residents who become aware of an allegation of mistreatment, neglect, abuse, including injuries of unknown source to a resident, or misappropriation of a resident's property must report the matter immediately to their supervisor or the facility administration. Employees or agents failing to do so are subject to disciplinary action. Should the facility administrator and/or agent become aware of an allegation of mistreatment, neglect, abuse, including injuries of unknown source, of a resident, or have reasonable cause to believe there has been misappropriation of a resident's property, he/she must report the allegation of abuse or neglect immediately, but no later than 24 hours after the allegation, to the resident's representative and to the Illinois Department of Public Health.

If the reporter of abuse is an employee and feels uncomfortable working in current conditions, they may have options up to, but not limited to, request moving to a different shift or area of the facility, taking the shift off to recompose, going back to the regular shift, or a combination of options. The supervisor and/or administrator shall accommodate to help the reporter of abuse feel safe to work in their respective environment(s).

The nature and scope of each incident/infraction will be investigated thoroughly by facility administration. If circumstances warrant, an incident/infraction may be grounds for immediate termination.

The administrator is responsible for analyzing each occurrence to determine if changes to policies/procedures are needed and will implement same as indicated.

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SUBJECT: ABUSE PROGRAM: INVESTIGATION/ REPORTING/ RESPONSE

NO.

SUSPECTED/ACTUAL RESIDENT ABUSE, NEGLECT OR MISTREATMENT

1. Complete an Incident/Accident form-forward to Risk Management.
2. Obtain narrative statements from employees, residents, and other witnesses and include the date, time, identification of employee implicated, and the account of the incident as witnessed by the individual being interviewed. Narrative statements shall be taken as soon as possible after the incident is reported.
3. The charge nurse is to notify the Shift Supervisor, Administrator, and DON of the allegation immediately; the supervisor begins the investigation process immediately.
4. Staff on the unit at the time the incident occurred must be interviewed. Written statements are to be obtained. If the allegation is made of suspected abuse during the current shift, staff is not to leave the facility until interviewed.
5. The Administrator or other appropriate department head reviews the written statements to determine if they are consistent (in content and timeframe).
6. The resident involved is interviewed at least three times (by the supervisor on duty at the time the initial report is made, by the Director of Nursing and by the Social Worker or Administrator). Each is to complete the "Resident Investigation Report". The purpose of three separate interviews is to determine if the story is consistent. Do not automatically discount a resident with dementia or other cognitive impairment.
7. The Social Worker is to interview other potential victims within 24-48 hours of the alleged incident.
8. The Administrator must review the file of the suspected employee.
9. The Social Worker notifies the Care Plan Coordinator of care planning needs.
10. The Administrator notifies the Regional Senior Administrator.
11. The DON notifies the Director of Clinical Services.
12. The Administrator, DON or their designee is to assemble the file of investigation.
13. The Administrator, or designee, is to complete a summary report of the investigation and actions taken and forward to the Director of Clinical Services and Regional Administrator.

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SUBJECT: ABUSE PROGRAM: INVESTIGATION/ REPORTING/ RESPONSE

NO.

SUSPECTED/ACTUAL RESIDENT ABUSE, NEGLECT OR MISTREATMENT

Administrative Tips on Conducting the Investigation

1. Suspend employee(s) suspected of abuse, neglect, mistreatment, immediately after taking their written statement. Maintain the employee on suspension until the investigation is concluded and is either substantiated or unsubstantiated.
2. Have statements taken immediately – do not allow employees to leave the facility until their statements are obtained.
3. Train staff on the abuse policy during orientation and then at a minimum of annually. This in-service should be offered every quarter.
4. Train department heads and supervisors on how to complete an incident report and how to conduct an investigation.
5. If an employee refuses to write a statement, write what they said and make a note that they refused to write their own statement.
6. If the employee, who has been suspended, does not contact the facility and the facility is unable to reach them by telephone, a certified letter with a return receipt shall be sent which outlines the outcome of the investigation.
7. Take statements from staff that was working on that unit even if they say they do not have any information.
8. Nurse's notes must include notification of physician, family, and description of incident. The notes should not include State, police, Ombudsman notification – that would be documented on the Incident Report.
9. Family and residents shall not be shown statements that were taken during the investigation. Those are confidential.
10. Explain the general outcome of the investigation to the family and resident.

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NO.

SUSPECTED/ACTUAL RESIDENT ABUSE, NEGLECT, OR MISTREATMENT

"Resident Interview-Sample Questions"

1. Begin with general questioning and then continue probing the specific questions. "Please tell me what happened to you yesterday? I understand there was some difficulty, can you tell me about it?"
2. Has any staff member, (resident, family member) ever physically harmed you? If yes, can you tell me what happened?
3. Has a staff member ever yelled at you, swore at you? Can you describe what they said?
4. Can you tell me who did this? Did you report this to someone? If yes, what was their response? If not, Why?
5. Are you aware of an incidence when a resident was injured or did not receive appropriate care? If yes, can you please describe the incident?
6. Do you feel you get help when you need it?
7. Have you ever refused care or treatment such as a bath or medicine? If yes, what happened then?
8. Is there enough staff to take care of everyone? If no, can you tell me more about that?
9. Do you feel staff members listen to your requests and respond appropriately?
10. If the staff members have been unable to accommodate your request, do they provide a reasonable explanation of why not

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SUBJECT: ABUSE PROGRAM: INVESTIGATION/ REPORTING/ RESPONSE

NO.

SUSPECTED/ACTUAL RESIDENT ABUSE, NEGLECT OR MISTREATMENT

### Summary of Investigation

The summary of the incident, investigation and actions taken is to be completed by the Administrator or their designee. Assemble the results of the internal investigation and the investigation completed by IDPH. The summary should include but is not limited to:

1. Brief summary of the incident (do not use inflammatory quotes) and the assessment of what did or did not happen, i.e. allegation validated or invalidated based on the facility investigation.
2. When was the administrator notified of the incident?
3. Did investigations begin as the incident was reported?
4. Include witness statements and resident interviews that were conducted.
5. Was relevant documentation reviewed and preserved (e.g. dressing that was not changed when treatment record recorded the change)?
6. Was the alleged victim examined properly (if injury suspected) and the finding documented in the report?
7. What steps were taken to protect the alleged victim and other residents from further abuse while the investigation was conducted? (i.e., when no suspect was identified-two people to provide care).
8. What actions were taken as a result of the investigation?
9. What corrective action was taken, including informing the attending physician, responsible party, psychosocial counseling, and notification of appropriate authorities?
10. Personnel file review of suspect.
11. Family and resident notified of outcome of investigation.
12. The summary report will be submitted along with other investigatory materials to the Q.A. committee

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SUBJECT: ABUSE PROGRAM: INVESTIGATION/ REPORTING/ RESPONSE

NO.

SUSPECTED/ACTUAL RESIDENT ABUSE, NEGLECT OR MISTREATMENT

Investigation File

*The Administrator is responsible for ascertaining that an investigation file is completed.*

The completed File of Investigation should contain:

1. Copy of the incident/accident report.
2. Resident statement.
3. Witness statements.
4. Investigation statements from Shift Supervisor, DON, Social Worker and Administrator.
5. Staffing assignment for the 24 – hour period leading up to the time of the incident.
6. Copy of the nurse's notes and social services notes relative to the incident.
7. Copy of the updated resident care plan.
8. Copy of any disciplinary action taken.
9. Copy of monitoring program (if appropriate).
10. Copy of police report (if they were notified, per guidelines).
11. Copy of the report sent to the IDPH.
12. Summary of Investigation.
13. A photograph with copy of consent for photographs from admission packet.

\*Decision to obtain photographs is to be made by the DON or Administrator only.

The complete investigation file, including statements, will be forwarded to Quality Assurance. These reports are completed for purposes of corporate compliance, facility quality assurance and in anticipation of litigation.

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## **ORIENTATION: All Staff**

- **Infection control: Introduce self**
- **HANDWASHING: Follow guidelines.**  
To be done pre and post direct resident care  
Before and after use of restroom.  
I do random return demos. Be prepared!
- **PPE: When Isolation signs are posted on resident door**  
Appropriate PPE must be worn. If unsure ask the Nurse.  
If you use the last of something or it has not been Restocked let a nurse or housekeeping or myself know so we can restock. I do random return demos for donning and doffing PPE
- **COVID: Guidelines are constantly changing. Group alerts are sent out when changes or reminders are needed.**  
Masking is a requirement during facility outbreak  
Masking is required when community level is above Substantial. (This will be posted on service Entrance door.)  
During outbreak ALL staff is required to test weekly Between Sunday morning and Saturday midnight.  
Reminders are posted end of day Weds and Sat.
- **If you are ill stay home but let your supervisor know and the facility.**
- **Please come see me at the end of the day to arrange for a TB test.**
- **WOUNDS: if you notice a wound that you do not remember seeing before on a resident let the nurse know.**  
If you notice something that may create a wound or Are concerned a resident is at risk for getting a

A wound, make sure they are safe then contact a supervisor.

#### **NURSING STAFF:**

- **CNAs:** shower sheets are to be filled out with each shower and given to the nurse. All irregularities in skin are to be marked whether previously addressed or not.

CNA/NURSE communication sheets are to be filled out when there is a new skin issue and it is not their shower day.

Check skin for any redness or abnormalities during each check and change.

Nutrition, hydration mobility and hygiene play an important role in their skin and infections. Any changes from norm need to be reported.

If a resident is not looking or acting themselves and you feel they may be ill or there is something "off" Immediately let your nurse know and get vitals.

Remember you are the eyes on the floor. You spend the most time caring for the residents and I nor anyone else can do our job without you.

- **LICENSED NURSES:**  
Communication is important. I can not treat what I do not know.  
All COC must be documented in nurse notes.

**RISK MANAGEMENT:** Are a major role in communicating COC and are to be done for all wounds and discussed in morning meeting.

This also includes doing a skin assessment, notifying myself, NP, family and wing nurses, Elizabeth Woods (MDS), DON and

**ADMIN through MEDIPROCITY and placing in PN. Writing an order for treatment. If you have questions I am available by Mediprocity to assist in right treatments. There is also a STANDARD OF CARE posted in each med room for treatment orders.**

**Part of our POC is the Licensed Nurse Skin Assessment; to be filled out daily for all high risk residents, and low to moderate resident weekly. These are generated off the Braden scale and populate on your TAR. In addition to this when you click off the skin check on your TAR you MUST click the PN tab and place a note i.e. skin check completed and found..... or skin check completed and no new skin issues.**

**Anyone wishing for 1 on 1 training for treatments please let me know and I would love to assist with this.**

**When wound vacs are in use these are to be charged at night . Nurses are responsible for ensuring they are plugged in and charging.**

**If you would like training on placing a wound vac please come see me.**

- **INFECTION CONTROL: Early detection and documentation is key importance.**

**If a resident shows signs of Respiratory, a covid test MUST be done and results charted in nurses notes. Notify NPs and Kathleen Rose, IP and place a note in PN**

**If a UTI is suspected symptoms must be documented in nurses notes and NP and Infection Prevention notified. Obtain and do a Urine Dip. Mediprocity the results to NP and Kathleen Rose, IP and place a note in PN with reasons why suspected/obtained.**

**Wound cultures must have documentation in PN as to why obtained and from where and NPs and Kathleen Rose IP/Wound Nurse must be notified.**

**All suspected infection and COC must be placed on HOT RACK and PN made and NPs and myself and DON notified.**

## Winning Wheels Mandt Overview

Welcome to Winning Wheels, Inc., and thank you for joining our team!

As part of your training, you will be introduced to and learn about the Mandt System, a holistic approach to reducing workplace violence. Instead of focusing on restraining and holding individuals who are experiencing crises, the Mandt System focuses on observing an individual's environment and determining what needs are not met for them, and instead sees holds as a necessity to keep yourself safe as a last resort.

Before your full Mandt training, there are some things to help guide you when you are experiencing an individual who may be having a crisis.

1. Affirm what feelings you feel during the crisis, and make decisions based upon these feelings.
2. Make sure you are safe and are able to get to a safe and secure place if you need to.
3. Treat all parties involved with dignity and respect.
4. Avoid language that minimizes the individual ("brat," "selfish," "entitled," "lazy," "throwing a tantrum" as examples).
5. Affirm the feelings of the individual.
6. Give individual two or three options to help them get back to baseline.
7. If you require assistance, ask for one person to assist. The more people involved, the more stimulating it becomes and can increase the crisis in the individual.

This is an environment where almost anything can happen and it will most likely happen when you least expect it. You may not remember all the points in the moment, and you may have stumbling moments. It is okay. The most important thing is to make sure you are safe and secure and the individual experiencing a crisis is also in a safe environment to express themselves.

Welcome again to Winning Wheels!

## Team Member Orientation Evaluation

**We truly value open and honest communication! We constantly strive to be a great place to work. As a new team member, you have a valuable perspective and we would appreciate your input.**

Area to Review	Yes	No	Comments
I felt my interview and orientation process adequately prepared me for my position.			
I felt supported during the orientation process.			
I understand the employment benefits available with the organization.			
I know how to access information I need or where to go if I have questions.			
I am proud to work for Winning Wheels, Inc.			
<b>Please list any suggestions, ideas or input you have!</b>			