

How do the pieces
fit?



Winning Wheels, Inc.

Non-Profit organization governed by a board of directors

American Health Enterprises

Company employed by the board directors to provide administrative support

Winning Wheels

Rehabilitation facility for young adults with brain and spinal cord injuries

Lyndon Progress Center

Houses American Health Enterprises Offices

Day Treatment Program for S.T.R.I.V.E. Residents

Lyndon Play and Learn Center

C.N.A. Training Program

S.T.R.I.V.E.

Assisted Living facility for adults with developmental disabilities

Frontier Hollow

Independent Living Apartments for adults with disabilities

Big Meadows

Geriatric nursing facility

Pinnacle Place

Supported living apartments for seniors

Lyndon Play and Learn Center

Child care services and pre-school programs

***Making a difference everyday for our team members,
residents and communities!***

Up To-Date Employment Resources

At Your Fingertips!

www.wwihub.com



Employment Benefit Information

Payroll Information and Forms

Performance Evaluation Information and Forms

Job Descriptions

Policies, Procedures and Handbooks

.... And More!

ANNUAL PERFORMANCE EVALUATION

		Employee		Facility		Position		Date	
Area of Evaluation	Value	Meets Expectations	Does Not Meet Expectations	Date of Discipline	Type of Discipline	Concerns and Improvement Plan	Date of Follow Up Review		
Complies with Winning Wheels Code of Conduct and Customer Service Standards	1								
Entirely completes job responsibilities (review specific job description) in a safe and effective manner.	1								
Satisfactory Attendance	1								
Engages in the Department and Organization (attends meetings, participates in events, volunteers, etc.)	1								
Utilizes the timeclock to record the beginning and end of their shifts and thirty-minute meal periods.	1								
Total Value:									

1=1% 2=2% 3=3% 4=4% 5=5% increase

We value you as a team member for:

--

Goals for the upcoming year:

--

I have reviewed my performance, job description, and understand my goals and expectations for the upcoming year.

Employee Signature:	
Evaluator Signature:	
Administrator Signature:	

Thank you for your continued commitment to Winning Wheels, Inc. and our residents – you make a difference!

* Evaluator Review and Attach: Signed job description (with updates noted), Code of Conduct, Privacy Acknowledgement and Payroll Change Form.

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 no one 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.

GG Coding



Documentation is
a MUST!

EVERY SHIFT AND
EVERY DAY!!!

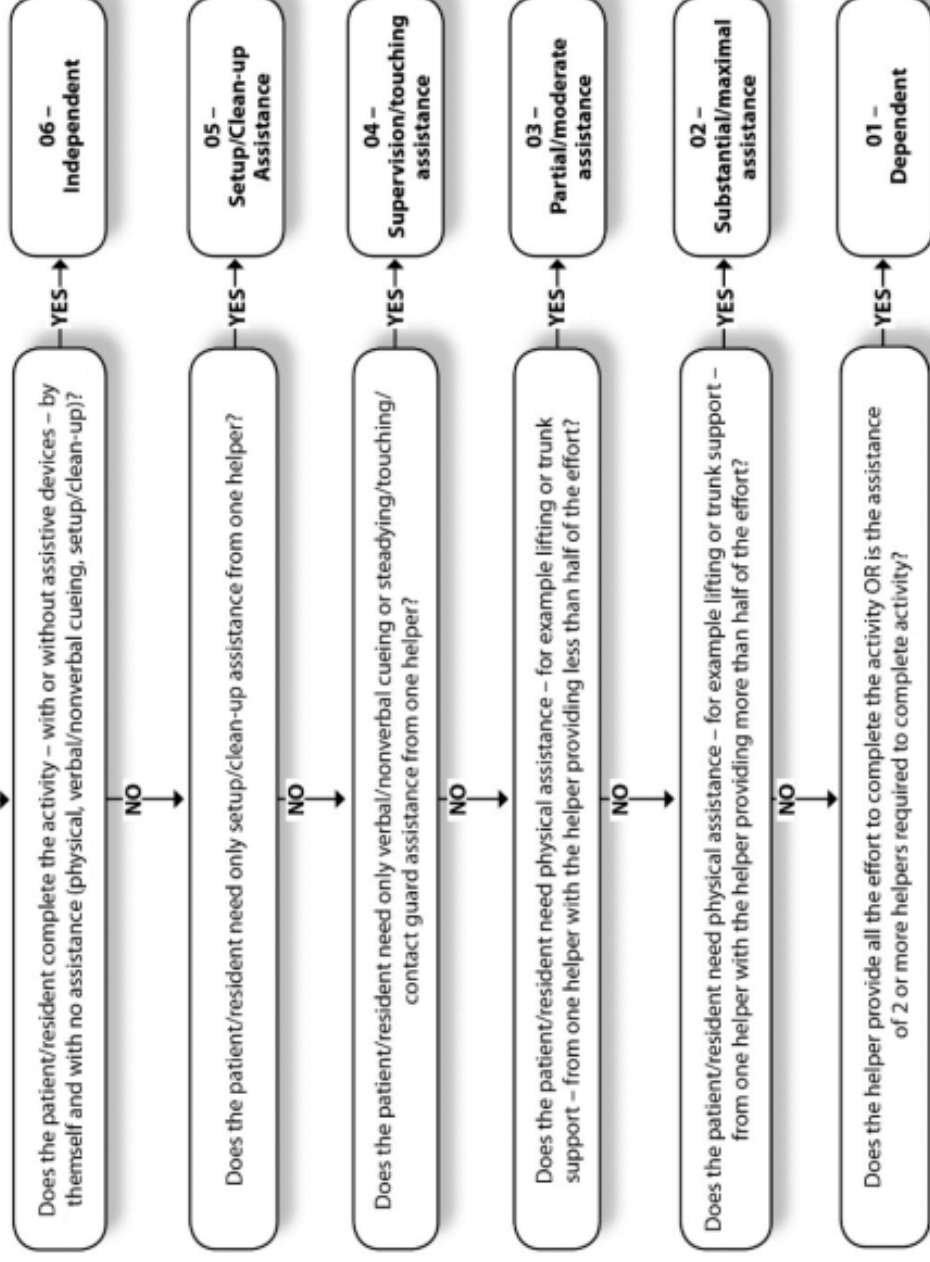


CODING:

Score according to amount of assistance provided

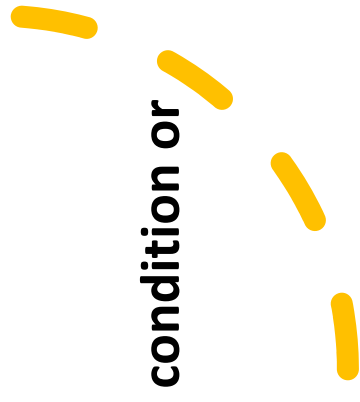
- **6. Independent:** Resident completes the activity by themselves with no assistance from a helper.
- **5. Setup or clean-up assistance:** Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
- **4. Supervision or touching assistance:** Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
- **3. Partial/moderate assistance:** Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- **2. Substantial/maximal assistance:** Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- **1. Dependent:** Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

START DECISION TREE HERE



If activity
was not
attempted,
code reason:

- **7. Resident Refused.**
- **9. Not applicable:** Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- **10. Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints).
- **88. Not attempted due to medical condition or safety concerns**



What are we coding?

- **A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.
- **B. Oral hygiene:** The ability to use suitable items to clean teeth.
 - *Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
- **C. Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement.
 - *If managing an ostomy, include wiping the opening but not managing equipment.
- **E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self
 - *Does **NOT** include - (a) washing of back and hair (b) transferring in/out of tub/shower.



- **F. Upper body dressing:** The ability to dress and undress above the waist.
*Including fasteners (if applicable).

- **G. Lower body dressing:** The ability to dress and undress below the waist,
*Including fasteners. Does **NOT** include footwear.

- **H. Putting on/taking off footwear:** The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility
*Including fasteners (if applicable).

- **I. Personal hygiene:** The ability to maintain personal hygiene.
*Including combing hair, shaving, applying makeup, washing/drying face and hands
*Does **NOT** include baths, showers, and oral hygiene.



- **A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
- **B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
- **C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed and with no back support.
- **D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
- **E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
- **F. Toilet transfer:** The ability to get on and off a toilet or commode.
- **FF. Tub/shower transfer:** The ability to get in and out of a tub/shower.
- **G. Car transfer:** The ability to transfer in and out of a car or van on the passenger side.

*Does NOT include the ability to open/close door or fasten seat belt.





- **I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space.
- **J. Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns.
- **K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
- **L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
- **M. 1 step (curb):** The ability to go up and down a curb and/or up and down one step.
- **N. 4 steps:** The ability to go up and down four steps with or without a rail.
- **O. 12 steps:** The ability to go up and down 12 steps with or without a rail.
- **P. Picking up object:** The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
- **Q. Does the resident use a wheelchair and/or scooter?**
- **R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
- **RR. Indicate the type of wheelchair or scooter used.**
- **S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
- **SS. Indicate the type of wheelchair or scooter used.**

TIPS:

- Do not record the resident's best performance and do not record the resident's worst performance, but rather record the resident's **usual performance**.
- If coding an item that is NOT APPLICABLE to that specific resident on that shift (examples may be: car transfer, walking up and down steps): Code Not applicable or Not attempted (9, 10, or 88) per specific reasoning.
- If unsure of proper coding – **ASK your MDS coordinator!**





PLEASE PAY ATTENTION

**to what you are doing when
charting so we can have
accurate documentation!**

THANK YOU!!