



The intent of the facility assessment is for the facility to evaluate its resident population and identify the resources needed to provide the necessary person-centered care and services the residents require.

FACILITY ASSESSMENT TOOL

Tuff Memorial Home

Persons (names/ titles) involved in completing assessment	Administrator: Katie Kendall Director of Nursing: Dana Huisman Governing Body Rep: Casey Westphal, Tracy Geyer, Bonnie Leenderts, Doug Boeve, Jeff Petterson Medical Director: Dr. Jennifer Thone
RN	Dana Huisman, Tara Wallenberg, Samantha Koedam Jody DeBoer, Rachel Horsman
LPN	<i>Lydia Hofer, Lora Faber</i>
Resident Council President Resident Representative	<i>Resident council President feedback, and other selected resident representative participation, resident representative feedback and review.</i> Resident Council President Interviewed; Family Representatives interviewed Joy Klingbile Judy Ripley Karen Miller
Date(s) of assessment or update	03/25/2025
Date(s) assessment reviewed with QAA/QAPI committee	3/6/2025

EVIDENCE-BASED; DATA DRIVEN METHODS

Utilizing evidence-based, data-driven methods to ascertain the care requirements of nursing home residents ensures a high standard of individualized care. Central to this approach is the comprehensive resident assessment conducted using the Minimum Data Set (MDS). The MDS systematically collects detailed information on a resident's health status, functional capabilities, and care needs. This data, in turn, activates the Care Area Assessments, which are structured around evidence-based questions designed to identify specific areas requiring attention. The synthesis of MDS data facilitates the development of a personalized plan of care for each resident. This plan is tailored to address the unique needs and preferences of the residents, ensuring a holistic and effective care approach. Through this method, our organization delivers data-driven, evidence-based interventions that enhance the overall well-being and quality of life for our residents.

The hazard and vulnerability assessment tool has identified our biggest localized risks as a facility, including naturally occurring events, technological hazards, human hazards, and hazardous materials exposure, allowing our facility to appropriately plan for the hazards we are most vulnerable to and provide alternative solutions in case of an emergency. All residents will have their picture taken upon admission to the facility for the purpose of creating emergency

tags to transfer with residents in the case of an emergency or evacuation, these photos will be reevaluated yearly for likeness or as there is a significant change in status of the resident.

Part 1: Our Resident Profile

CENSUS

Licensed beds	48
Average Daily Census	36

ADMISSIONS

	Number (enter average or range) of persons admitted	Number (enter average or range) of persons discharged
Weekday	0.25	0
Weekend	0	0

DISEASES/CONDITIONS, PHYSICAL AND COGNITIVE DISABILITIES, BEHAVIORAL HEALTH NEEDS

Category	Common diagnoses
Psychiatric/Mood Disorders	Psychosis (Hallucinations, Delusions, etc.), Impaired Cognition, Mental Disorder, Depression, Bipolar Disorder (i.e., Mania/Depression), Schizophrenia, Post-Traumatic Stress Disorder, Anxiety Disorder, Nonaggressive Behavior that Needs Interventions, Behavioral and Psychological Symptoms of Dementia (BPSD)
Heart/Circulatory System	Congestive Heart Failure, Coronary Artery Disease, Angina, Dysrhythmias, Hypertension, Orthostatic Hypotension, Peripheral Vascular Disease, Risk for Bleeding or Blood Clots, Deep Venous Thrombosis (DVT), Pulmonary Thrombo-Embolicism (PTE)
Neurological System	Parkinson’s Disease, Hemiparesis, Hemiplegia, Paraplegia, Multiple Sclerosis, Alzheimer’s Disease, Non-Alzheimer’s Dementia, Seizure Disorders, CVA, TIA, Stroke, Traumatic Brain Injuries, Neuropathy, Autism, Huntington’s Disease, Tourette’s Syndrome, Aphasia, Cerebral Palsy, ALS
Vision	Visual Loss, Cataracts, Glaucoma, Macular Degeneration
Hearing	Hearing Loss
Musculoskeletal System	Fractures, Osteoarthritis, Other Forms of Arthritis, DJD, Degenerative disk disease
Neoplasm	Prostate Cancer, Breast Cancer, Lung Cancer, Colon Cancer, Skin Cancer
Metabolic Disorders	Diabetes, Thyroid Disorders, Hyponatremia, Hyperkalemia, Hyperlipidemia, Obesity, adrenal insufficiency, pancreatitis
Respiratory System	Chronic Obstructive Pulmonary Disease (COPD), Pneumonia, Asthma, Chronic Lung Disease, Respiratory Failure, emphysema

Genitourinary System	Renal Insufficiency, Nephropathy, Neurogenic Bowel or Bladder, Renal Failure, End Stage Renal Disease, Benign Prostatic Hyperplasia, Obstructive Uropathy, Urinary Incontinence
Diseases of Blood	Anemia, Sickle Cell Anemia
Digestive System	Gastroenteritis, Cirrhosis, Peptic Ulcers, Gastroesophageal Reflux, Ulcerative Colitis, Crohn's Disease, Inflammatory Bowel Disease, Bowel Incontinence, constipation, diarrhea
Integumentary System	Skin Ulcers, Injuries, eczema, chronic rashes/yeast infections, arterial wounds, vascular wounds, Kennedy ulcer
Infectious Diseases	Skin and Soft Tissue Infections, Respiratory Infections, Urinary Tract Infections, Infections with Multi-Drug-Resistant Organisms, Viral Hepatitis, <i>Clostridium difficile</i> , Influenza, Scabies, Legionellosis, COVID-19

CONDITIONS NOT ACCEPTED: Ventilators, IV chemotherapy in house, peritoneal dialysis, nasogastric tubes, Active TB, residents that are dangerous to self and others, conditions or behaviors requiring 1 to 1 supervision or restraints, active illicit drug use, and IV push medications, dialysis patients and advanced behavioral conditions that could endanger our current residents.

DECISIONS REGARDING CARING FOR RESIDENTS WITH CONDITIONS NOT LISTED ABOVE

The above list and other potential admissions are evaluated to determine the facility's ability to provide care before admission. If a potential admission has a condition or diagnosis that the facility has not previously managed, and the organization believes the condition or diagnosis is something that staff could manage, the organization will utilize resources for the necessary education and supplies if the admission proceeds. For example, for complex wound management, a professional from Sanford Health could be brought on-site for training/ In house wound nurse is consulted.

The Home evaluates all documents of potential residents for admissions, multiple nurses, Administration and the DON and Social Worker designee determine if the adequate staff and equipment are available to safely care for the needs of the resident and staffing is sufficient to meet the needs of the changes.

ACUITY

SPECIAL TREATMENTS AND CONDITIONS LONG-STAY

	Special Treatments	Number/Average or Range of Residents
Cancer Treatments	Care of resident - chemotherapy	1
	Care of resident - radiation	0
	Cerebral Palsy	0
	Multiple Sclerosis	0
	Parkinson's	4
	ADL dependence	37
	Epilepsy	0
	Seizure Disorder	0
Respiratory Treatments	Oxygen therapy	8
	Chronic COPD, Asthma, Chronic Bronchitis, Emphysema	6
	Pneumonia / Respiratory Infection	2

	BIPAP/CPAP	3
	Nebulizer Treatments	4
Mental Health	Behavioral Health Needs	5
	Complex Dressing Change	1
	Surgical Wound	0
	Pressure Injury	0
	Arterial / Vascular Wounds	0
	Wound treatment	0
Nutrition	Weight loss	7
Other	IV Medications	0
	Ostomy Care	0
	Hospice Care	5
Infection Control	Enhanced Barrier Precautions	3
	Isolation or Quarantine for Active Infectious Disease	0
	Routine lab testing (e.g. coagulation tests – INR machine, blood glucose, POC antigen testing.	77

SPECIAL TREATMENTS AND CONDITIONS [SHORT-STAY]

	Special Treatments	Number/Average or Range of Residents
Cancer Treatments	Care of resident - chemotherapy	0
	Care of resident - radiation	0
Function	Hemiplegia	0
	Cerebral Palsy	0
	Multiple Sclerosis	0
	Parkinson's	0
	ADL dependence	0
	Epilepsy	0
	Seizure Disorder	0
	OT, PT, ST	0
Respiratory Treatments	Oxygen therapy	0
	Chronic COPD, Asthma, Chronic Bronchitis, Emphysema	0
	Pneumonia / Respiratory Infection	0
	BIPAP/CPAP	0
	Nebulizer Treatments	0
Mental Health	Behavioral Health Needs/ interventions	0
Nutrition	Weight loss	0

Other	Complex Dressing Change	0
	Ostomy Care	0
	Hospice Care	3
Infection Control	Enhanced Barrier Precautions	0
	Isolation or Quarantine for Active Infectious Disease	0
	Routine lab testing (e.g. coagulation tests – INR machine, blood glucose, POC antigen testing.	4

ETHNIC, CULTURAL, OR RELIGIOUS FACTORS

The Tuff Home is a Lutheran Based organization that recognizes other religions and supports residents in their own spiritual choices and will accommodate them within reason.

The interdisciplinary team works to ensure resident preferences and choice are observed for ethnic, cultural, or religious factors. Some work in this area is completed by direct care staff, as we are a Christian based home, some services are also provided by local Pastors and volunteer spiritual leaders. A resident who does not communicate in English as primary language, is provided interpretation services or devices procured or managed by social services, programs for interpretation may be utilized when needed on a facility designated translation device. Special diets, including culturally specific diets, are assessed for, and managed by culinary services. Religious services are coordinated by chaplain services.

Weekly Sunday church services are provided on site on Sunday mornings, and other various religious activities such as bible studies and hymn singing on a regular basis. All personal preference for clothing, food preferences and religious choices will be honored within reason by the Tuff Home.

Part 2: Services and Care We Offer Based on our Residents’ Needs

RESIDENT SUPPORT/CARE NEEDS

General Care	Specific Care or Practices
Activities of daily living	Identification and consideration of resident preferences related to ADL’s. Bathing, showers, oral/denture care, dressing, eating, support with needs related to hearing/vision/sensory impairment, supporting resident independence in doing as much of these activities by himself/herself
Mobility and fall/fall with injury prevention	Transfers, ambulation, restorative nursing, contracture prevention/care; supporting resident independence in doing as much of these activities by himself/herself; evaluation of fall interventions / IDT approach,

Bowel/bladder	Bowel/bladder toileting programs, incontinence prevention and care, intermittent or indwelling or other urinary catheter, ostomy, responding to requests for assistance to the bathroom/toilet promptly to maintain continence and promote resident dignity
Skin integrity	Pressure injury prevention and care, skin care, wound care (surgical, other skin wounds), negative pressure therapy
Mental health and behavior	Manage the medical conditions and mental health conditions r/t psychiatric symptoms and behavior, assessment for gradual dose reduction, identify and implement interventions to help support individuals with issues such as dealing with anxiety, care of someone with cognitive impairment, care of individuals with depression, trauma/PTSD, other psychiatric diagnoses, intellectual or developmental disabilities, contract with external psychological services– Trauma informed care planning
Medications	Awareness of any limitations of administering medications Administration of medications that residents need By route: oral, nasal, buccal, sublingual, topical, subcutaneous, rectal, intravenous (peripheral or central lines), intramuscular, inhaled (nebulizer), vaginal, ophthalmic, etc. Assessment/management of polypharmacy
Pain management	Assessment of pain, pharmacologic and nonpharmacological pain management
Infection prevention and control	Identification and containment of infections including isolation and use of standard infection prevention and control practices, prevention of infections
Management of medical conditions	Assessment, early identification of problems/deterioration, management of conditions as listed above.
Therapy	PT, OT, Speech/Language, Respiratory, management of braces and splints
Restorative / Nursing Management of Therapy Devices	Lymphedema wraps, restorative nursing, management of braces, splints, adaptive equipment for meals, ADLs, etc.
Recreational Therapy	Music, Art
Other special care needs	Hospice, ostomy care, palliative care, end of life care
Nutrition	Individualized dietary requirements, liberal diets, specialized diets, cultural or ethnic dietary needs, assistive devices, fluid monitoring or restrictions, hypodermoclysis

<p>Provide person-centered/directed care: Psych /spiritual support:</p>	<p>Build relationship with resident/get to know him/her; engage resident in conversation Find out what resident’s preferences and routines are; what makes a good day for the resident; what upsets him/her and incorporate this information into the care planning process. Make sure staff caring for the resident have this information Record and discuss treatment and care preferences Support emotional and mental well-being; support helpful coping mechanisms Support resident having familiar belongings Provide culturally competent care: learn about resident preferences and practices with regard to culture and religion; stay open to requests and preferences and work to support those as appropriate Provide family/representative support</p>
<p>Provide person-centered social support:</p>	<p>Provide or support access to religious preferences, use or encourage prayer as appropriate/desired by the resident Provide opportunities for social activities/life enrichment (individual, small group, community) Support community integration if resident desires Prevent abuse and neglect Identify hazards and risks for residents Offer and assist resident and family caregivers (or other proxy as appropriate) to be involved in person-centered care planning and advance care planning</p>

STAFF TYPE

- Administration, Administrator, Executive Director, Staff Development, QAPI, Infection Control and Prevention, Environmental Services, Social Services, Discharge Planning, Business Office, Finance, Human Resources, Compliance and Ethics
- Nursing Services DON, RN, LPN or LVN, CNA or NAR, medication aide technician, MDS nurse
- Food and Nutrition Services (Dietary Supervisor, prep staff, support staff, registered dietician
- Therapy Services (OT, PT, PTA, RT, RT tech, speech language pathology, audiologist, activities professionals, other activities staff, social worker.
- Medical/Physician Services, Medical Director, Attending Physician, Physician Assistant, Nurse Practitioner.
- Therapeutic recreation
- Pharmacist
- Support Staff/ operations, housekeeping, maintenance staff, groundskeepers, laundry services
- Chaplain/Religious services
- Volunteers, students

- Outsourced services: optometrist, dental, vision, hearing, podiatrist, ophthalmologist, Lab, Xray services, Sanford Health, Luverne Eye Clinic, Telehealth Services, Avera Hospice. Speech Therapy, Physical therapists and OT, beautician.

STAFFING PLAN

DON Dana Huisman/RN

Laura Faber, Infection Control Nurse LPN, Lydia Hofer, QAPI Nurse LPN

Jody DeBoer, MDS RN

Position	Total Number Needed or Average or Range												
Administrator/ Asst.	1												
Administrator/Marketing	1												
Compliance	1												
Licensed nurses providing direct care	Ave days <u> 2 </u> , PM <u> 1 </u> ; Noc <u> 1 </u> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Weekday - Days</th> <th>Weekday - Eves</th> <th>Weekday - NOC</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>1</td> <td>1</td> </tr> <tr> <th>Weekend - Days</th> <th>Weekend - Eves</th> <th>Weekend - NOC</th> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> </tr> </tbody> </table>	Weekday - Days	Weekday - Eves	Weekday - NOC	2	1	1	Weekend - Days	Weekend - Eves	Weekend - NOC	1	1	1
Weekday - Days	Weekday - Eves	Weekday - NOC											
2	1	1											
Weekend - Days	Weekend - Eves	Weekend - NOC											
1	1	1											
Nurse aides -TMA	Days <u> 5 </u> NA/R, <u> 1 </u> TMA PM <u> 5 </u> NA/R, <u> 1 </u> TMA, Noc <u> 3 </u> NA/R 2 Restorative NA/R FT Mon-Fri <u> 1 </u> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Weekday – Days (NAR/TMA)</th> <th>Weekday – Eves (NAR/TMA)</th> <th>Weekday – NOCs (NAR/TMA)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <th>Weekend – Days (NAR-TMA)</th> <th>Weekend – Eves (NAR-TMA)</th> <th>Weekend – NOCs (NAR/TMA)</th> </tr> <tr> <td>1</td> <td>1</td> <td>0</td> </tr> </tbody> </table>	Weekday – Days (NAR/TMA)	Weekday – Eves (NAR/TMA)	Weekday – NOCs (NAR/TMA)	1	1	0	Weekend – Days (NAR-TMA)	Weekend – Eves (NAR-TMA)	Weekend – NOCs (NAR/TMA)	1	1	0
Weekday – Days (NAR/TMA)	Weekday – Eves (NAR/TMA)	Weekday – NOCs (NAR/TMA)											
1	1	0											
Weekend – Days (NAR-TMA)	Weekend – Eves (NAR-TMA)	Weekend – NOCs (NAR/TMA)											
1	1	0											
Other nursing personnel (e.g., those with administrative duties)	DON Dana Huisman Assist DON Jody DeBoer Nurses (LPN, MDS, QAPI, Education) Lydia Hofer LPN, QAPI Nurse Ancillary HUC, Medical Records Jody DeBoer, Samantha Koedam												
In addition to nursing staff, other staff needed for behavioral healthcare and services (list other staff positions/roles):	Social Services Designee Emily Baatz Telehealth Providers Activities Professionals, non-pharmacological interventions. (Morgan Kracht, Rebecca Strand, Glenda McGaffee) Emily Baatz- QAPI Administrator/ Regular QAPI review												
Dietician or other clinically qualified nutrition professionals to serve as the director of food and nutrition services	CDM Kelli Hellerud RDN/ Dietitian Ann Marie Buskers												

Food and nutrition services staff All positions= 1 FTE unless otherwise indicated Staffing for food industry for SNF is 5.0 meals/hour labor Our ration is 5.3 (above the standard)		Weekday - Days	Weekday - Eves	Weekday - NOC								
	Supervisor	1	0	0								
	Cook	1	1	0								
	Dietary Aide	2	2	0								
		Weekend - Days	Weekend - Eves	Weekend - NOC								
	Supervisor	1	1	0								
	Cook	1	1	0								
	Dietary Aide	2	1	0								
Therapeutic recreation care services staff	Activities Director, Jocelyn Jacoby <table border="1"> <tr> <td>Weekday - Days</td> <td>Weekday - Eves</td> </tr> <tr> <td>3</td> <td>1</td> </tr> <tr> <td>Weekend - Days</td> <td>Weekend - Eves</td> </tr> <tr> <td>1</td> <td>0</td> </tr> </table>				Weekday - Days	Weekday - Eves	3	1	Weekend - Days	Weekend - Eves	1	0
Weekday - Days	Weekday - Eves											
3	1											
Weekend - Days	Weekend - Eves											
1	0											
Environmental Services	Director Judy De Noble <table border="1"> <tr> <td>Weekday - Days</td> <td>Weekday - Eves</td> </tr> <tr> <td>8</td> <td>0</td> </tr> <tr> <td>Weekend - Days</td> <td>Weekend - Eves</td> </tr> <tr> <td>2</td> <td>0</td> </tr> </table>				Weekday - Days	Weekday - Eves	8	0	Weekend - Days	Weekend - Eves	2	0
Weekday - Days	Weekday - Eves											
8	0											
Weekend - Days	Weekend - Eves											
2	0											
Human resources/ staffing/employee engagement	2 Days a week, more if needed Jackie Gyberg, HR professional											
Business office	Katie Kendall, Administrator Jane Blank, Executive Director											
Maintenance	Weekdays	Weekends	On call									
	2	0	1									
Spiritual Care	Weekdays	Weekends	On call									
	1	1	1									
Volunteers- Offer various support to the facility	1											

STAFF TRAINING/EDUCATION, COMPETENCIES, AND SKILL SETS

All staff will receive at least 12 hours of Training per year- including all the mandatory along with basic ADL cares, Dementia training, and areas of weakness as defined by annual performance reviews and as needed. Upon Hiring all staff attend orientation, including background check, TB test, HIPAA education, Environmental Services and vulnerable adult, resident rights, infection control and other required training before going on the floor. New staff will shadow other staff until they feel confident in their position and the supervisor will regularly check in.

Orientation

Orientation Topics Required by all staff

Maltreatment/ Dementia Management

Identification of maltreatment/ Abuse prevention and resident rights/ vulnerable adult

Maltreatment prohibited/Maltreatment reporting: what / how / who OHFC MAARC/NHIR/ Vulnerable adult

Bill of Rights/Resident Rights, Staff responsibilities to ensure exercise and protection of resident rights

Emergency/Disaster Plan, Emergency preparedness overview, Procedures for handling emergencies, use of emergency services.

Emergency/Disaster preparedness plans and locations. Hazardous substances /safety, HIPAA education, Medicaid/Medicare Fraud awareness and abuse, Waste & Abuse, Facility Policies & Procedures, Facility specific as identified by the emergency hazards and vulnerability assessment.

Job description, upon hire and when roles change

Infection Control:

Bloodborne pathogen· Handwashing· PPE

· Transmission based precautions

· Disposal of contaminated materials / sharps/ Biohazards

· Disinfecting reusable equipment· Disinfecting environmental surfaces

· Reporting communicable diseases· TB program / Prevention

QAPI – elements and goals Principles of person-centered care and service delivery

Infection prevention and control / infectious diseases and awareness

Infection control surveillance and audit System· Antibiotic Stewardship

Compliance and Ethics: Communicating program standards, policies and procedures

Behavioral Health, Elder Justice Act

CMS – protecting resident privacy and prohibiting mental abuse, photographs and audio/video recordings by nursing home staff

Trauma-Informed Care

Communication and Conflict Resolution, Cultural Competency, Safe Patient Handling

Explanation Alzheimer's Disease and other Dementias, Assistance with ADL's

Problem solving with challenging behavior, Communication skills

Person-centered planning and service delivery, Documentation requirements for services provided

Explanation Alzheimer's Disease and other Dementias

Assistance with ADL's, Problem solving with challenging behavior, Communication skills

Ethical, person-centered planning and services delivery

QUAPI awareness and education

Housekeeping, laundry and bedmaking

OSHA and workplace safety habits

Other training courses are added and completed as deemed necessary by our QAA and QUAPI committee meetings and evaluation of policies and procedures are addressed to ensure those meet current professional, safety and ethical standards of practice.

ANNUAL TRAINING

Safe Patient Handling
Explanation Alzheimer's Disease and other Dementias

Assistance with ADL's
Problem solving with challenging behavior
Communication skills
Emergency and Disaster Preparedness Plan ** required 2x/year
Infection Control: <ul style="list-style-type: none"> • Bloodborne pathogen • Handwashing • PPE • Transmission based precautions • Disposal of contaminated materials / sharps • Disinfecting reusable equipment • Disinfecting environmental surfaces • Reporting communicable diseases TB program / Prevention / Oxygen administration and safety
Bill of Rights
Maltreatment / Vulnerable Adult
Organization Policies and Procedures
Resident rights
Compliance and Ethics – Annual training cont.
HIPAA
Medicare Fraud, Waste, and Abuse
Elder Justice Act
Trauma Informed Care
Cultural Competency
QAPI, Compliance and Ethics
Safety Program
Safe Patient Handling
Communication
Behavioral Health
Cognitive Impairment – for aides providing care to individuals with cognitive impairments.
Training Program in Rehabilitation for nursing personnel To promote ambulation, aid in activities of daily living, assist in activities, self-help, maintenance of range of motion, and proper chair and bed positioning; prevention and reduction of incontinence, Personal cares, client mobility, exercise and ambulation, lifting and safe transfers, positioning, range of motion, Hospice and end of life care, Orientation to the residents, Advanced Directives education, System to record IPCP incidents and corrective action taken

CONTINGENCY PLANNING

The organization implements a proactive and systematic approach involving regular review of staffing and other potential disruptions. The organization cross-trains staff members for work within the organization including behavior and mental health care needs, on-call staff are available, and the

organization has established partnerships with staffing agencies to mitigate the impact of sudden staffing shortages. Please see the emergency preparedness and disaster plan for process on maintenance of a critical supply inventory and relationships with multiple vendors to ensure resource availability. Also see emergency preparedness process for conducting drills and pro-active training. The facility is most vulnerable to naturally occurring events including tornado, blizzard, ice storms and severe weather. The facility has participated in monthly practice drills, annual tabletop exercises and community wide disaster drills to maintain a plan for contingency in times of emergency. The coalition can provide assistance with extra food, water, medical supplies and assistance with calling in the National guard in times of extreme weather or other hazards.

POLICIES AND PROCEDURES FOR PROVISION OF CARE

Regular quarterly QUAPI review allows for the regular evaluation of policies and procedures as required by state regulations and facility-based needs. Administration regularly and annually reviews all policies and procedures for needed updates and additions to policies. The facility regularly reviews CMS guidelines and follows regulations as required, all policies should be signed off on after annual or needed review.

WORKING WITH MEDICAL PRACTITIONERS

Medical Practitioner Staff Contracts: Sanford Health Luverne MN

Physicians: Dr. Thone

We also have another physician that helps and does regular rounds bimonthly, sharing responsibilities with our Medical Director. Residents may keep their PCP if they choose along with these regular visits. Our Medical Director and Pharmacist attends our quarterly QUAPI meetings and gives different insight to issues, policies and collaborates resident needs.

The Rounding MD’s meet regulatory regulations for visits. Communication is on a regular basis either in person or by written communication. The Medical Director may provide training on specific items as need arises. The organization maintains documentation on continuing education and licensure requirements.

PHYSICAL ENVIRONMENT AND BUILDING/PLANT NEEDS

Physical Resource Category	Resources	If applicable, process to ensure adequate supply, appropriate maintenance, replacement
Buildings and/or other structures	Building description, garage, storage shed	Preventative maintenance, regularly schedule for structures, utilization of TELS system for maintenance and routine scheduled tasks
Vehicles	Transportation van, Maintenance Truck, Bus	Maintained according to manufacturer’s recommendations
Physical equipment	Bath benches, shower chairs, bathroom safety bars, bathing tubs, sinks for residents and for staff, scales, bed scales, wheelchairs and associated positioning	Maintained according to manufacturer’s recommendations

	devices, bariatric beds, bariatric wheelchairs, lifts, lift slings, bed frames, mattresses, room and common space furniture, exercise equipment, therapy tables/equipment, walkers, canes, nightlights, oxygen tanks and tubing.	
Services	Waste management, hazardous waste management, telephone, HVAC, dental, barber/beauty, pharmacy, laboratory, radiology, occupational, physical, respiratory, and speech therapy, country store, religious, exercise, recreational music, art therapy.	<i>Waste Management for trash disposal services, Stericycle for Hazardous waste, Bobbi Kracht, Hairstylist Goodcare, Physical and Occupational health services Sanford Health, Lab Services Regular church services on campus Daily snack carts and supplements Daily recreational activities provided onsite, a monthly calendar is available to all residents.</i>
Other physical plant needs	Sliding doors, ADA compliant entry/exit ways, nourishment accessibility, nurse call system, emergency power	Maintained according to manufacturer's recommendations Regularly scheduled snack trays, snacks also available on demand.
Medical supplies (if applicable)	Blood pressure monitors, compression garments, gloves, gowns, hand sanitizer, gait belts, infection control products, heel and elbow suspension products, suction equipment, thermometers, urinary catheter supplies, oxygen, oxygen saturation machine, Bi-PAP, bladder scanner, PPE (face shields, goggles, Isolation gowns, shoe covers)	Maintained according to manufacturer's recommendations, medical supplies are on automatic reorder status and are inventoried every month by MDS nurse, Maintenance and Housekeeping supervisor.
Non-medical supplies (if applicable)	Soaps, body cleansing products, incontinence supplies, waste baskets, bed and bath linens, individual communication devices, computers	On automatic order policy, extras ordered for backup as needed, regularly inventoried by MDS nurse, maintenance department and housekeeping supervisor

OTHER

Comprehensive Listing: List contracts, memoranda of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies. Sanford Health, Emergency services, Laboratory services. Goodcare, Physical and Occupational therapy services. Avera Hospice. The Rock County volunteer Fire Department is ready and willing to be called in for emergencies.

Regular Updates: This list is reviewed and updated quarterly to ensure all agreements are current and relevant to both normal operations and emergency situations.

Background Checks: Background checks and references are reviewed to ensure vendors have a strong track record.

Regular Audits: Conduct regular audits of services provided by third parties to ensure they meet contractual obligations and performance standards. Wipffli is our contracted auditor.

SYSTEMS FOR MANAGING PATIENT RECORDS

Electronic Health Record (EHR) System

- **Description:** A comprehensive EHR system that manages patient records electronically, ensuring accurate and up-to-date information is readily available.
- **Features:** Includes functionalities for medical history, treatment plans, medication management, and clinical notes.

Secure Transfer of Health Information

Downtime Procedures – please see ER / Disaster Preparedness Plan/ Files backed up in real time with A&B business

Resident Access to Records – Can typically be provided to resident within 24 hours or within reasonable time frame

Implementation and Monitoring

- **Regular Reviews:** Conduct regular reviews and audits of health information technology resources and procedures to ensure compliance with regulations and effectiveness in meeting resident needs. Current contract with A&B Business to ensure continued compliance
- **Continuous Improvement:** Incorporate feedback from residents, staff, and other stakeholders to continuously improve health information management practices.

This approach ensures that health information is managed securely and efficiently, facilitating continuity of care for residents and compliance with regulatory requirements.

INFECTION CONTROL PROGRAM EVALUATION: (INFECTION RISK ASSESSMENT)

All staff are trained in Basic infection control on hire and annually, our infection control nurse monitors our infection control plan quarterly and gives recommendations for the facility Staff conduct random skill audits such as hand hygiene, glove use, peri cares, wound cares. Ongoing monitoring identifies staff, volunteer, and visitors may have a contagious condition. Infection Control Risk Assessment done yearly to determine any needs.

Areas Facility Assessment Informed	Action To Be Taken/Already Taken This Year
Staffing	Increase full time, non-contract staff, recruit locally with Minnesota West
Infection Prevention/Control	LPN Lora Faber, weekly facility monitoring, reporting and quarterly updates, audits
Training, Competencies	Emily Baatz, monitors and assigns required annual and initial staff training on Educare
QAPI Initiatives/Performance Improvement Projects	RT is current focus

Facility-Based and Community-Based Risk Assessment:

Our facility-based and community-based risk assessments utilize an all-hazards approach focusing on capacities and capabilities critical to preparedness for a full spectrum of emergencies and natural disasters. These assessments are kept with our emergency preparedness program documents. The results of those assessments were used to inform decisions regarding the type of care and services we are able to provide in emergencies, the equipment and contract services we will need during emergencies, and other resources we will need in the case of an emergency.

Reassessment:

This assessment will be reviewed and updated, as necessary, and at least annually. Whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment, or staffing needs, the Administrator will ensure that all relevant elements of the assessment is reviewed and updated. Additionally, the facility will consider specific staffing needs for each shift (e.g., day, evening, night, weekend shifts) and for each resident unit in the facility based on changes to the resident population. Any changes to the assessment will be documented, along with a revision history.