Highpointe on Michigan

Facility Assessment

Updated: February 19, 2024
Order of Information

- Introduction
    1. Intent
    2. Facility Assessment Process
    3. Facility Assessment and QAPI

- Facility Overview
    1. Facility Description
    2. Resident Profile

- Resident Demographics
    1. Caring for Residents with conditions not listed above
    2. Resident Population Acuity
    3. Resident Level of Independence to Dependence
    4. Resident Preferences
    5. Resident Discharge Planning
    6. Resident Care and Services Correlating to Resident Population

- Facility Resources
    1. Facility Staff
    2. Staffing Plan
    3. Staff Education, Training and competencies
    4. Policies and procedures for provision of care

- Resources for Resident Population Needs
    1. Equipment, Supplies, Additional Services and Third Party Arrangements

- Health Information Technology

- Infection Control

- Facility and community Risk Assessment

- Summary

Highpointe on Michigan

Facility Assessment

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Assessment Completion Date	
QA/QAPI Review Completion Date	

Introduction

The Facility assessment is required by the nursing home Requirements of Participation to identify and analyze the facility's resident population and identify the personnel, physical plant, environmental and emergency response resources needed to competently care for the residents during day to day operations and emergencies.

Intent

The mission of Kaleida Health is to advance the health of our community. The vision of the organization is to provide compassionate, high value, quality care, improving health in Western New York and beyond, educating future health care leaders and discovering innovative ways to advance medicine.

Kaleida Health values provide a road map for not only Kaleida Health, but also at Highpointe on Michigan as we perform daily activities. The organization values are:

- Remain centered around the resident and their family.
- Be accountable to residents and each other.
- Show respect and Integrity.
- Provide Excellence in all we do.

Highpointe on Michigan provides person-centered, competent care that helps each person served to live their lives as they wish. The services and care provided assist people to reach their highest level of practicable potential and maintain their ability to participate in life

activities for as long as they are able. The facility offers comfort and compassionate care to those at or near the end of their lives.

The Facility Assessment serves as a resource to support decision-making regarding staffing and other resources. The Facility assessment collects information about the facility's resident population to identify the number of residents, facility capacity, the care required, staff competencies; the ethnic, cultural and religious aspects of the unique population. The Facility Assessment also collects information regarding the physical and personnel resources needed, contractual agreements, health information technology resources, environment, equipment, supplies and other services utilized; and a facility and community based risk assessment utilizing an all hazards approach.

The facility's resources are identified and evaluated to ensure that care can be provided to meet residents' needs during day to day and emergency operations. Based on the overall needs of the Kaleida Health system it is intended to be a fluid document that will change based on the needs of the resident population.

Facility Assessment Process

A representative from the Governing Body, the Assistant Administrator, the Medical Director and the Director of Nursing, collaborated to develop and conduct the facility assessment with input from staff in each department.

Each department identified the relevant information to identify the resident population and the resources available within their departments to meet the resident's needs.

Information sources such as the average daily census, CMS Resident Matrix report, Quality Measure Facility Characteristics report, Resident Council minutes, Resident Discharge Surveys, Labor-Management discussions, Diagnosis reports, Facility equipment inventories, staff orientation plan and annual training plan and others were used to develop the Facility Assessment.

The Facility Assessment will be reviewed annually and if the resident population changes, new types of care and services are provided, or new technology, equipment or other resources are introduced.

Facility Assessment and QAPI

Information from the Facility assessment is used to inform the Quality Assurance Performance Improvement (QAPI) process as indicated in the QAPI Plan. The identification of residents' needs focuses on the activities of the QAPI process. The description of care, services and resources available at the facility provides both areas for monitoring of processes and outcomes as well as information for investigation of root causes of adverse events and gaps in performance.

Monthly QAPI meetings are held with review of defined facility processes. Gaps in service or expected outcomes, when identified, are reviewed and correction plans discussed for implementation. These corrective activities are then reviewed during subsequent meetings to assure changes are sustained and there is no recurrence of the issue. The activities of the monthly QAPI meeting are then discussed at the Quarterly QAPI meeting that includes Board representation, Medical Director and Provider staff, clinical staff and other contracted staff who provide services to the resident population.

Facility Overview

Facility Description – Patient Information

Highpointe on Michigan is a licensed skilled nursing facility. The facility is licensed for 300 beds with an average daily census of 256. The facility is licensed for 300 skilled nursing beds with subspecialties as follows: 240 Long Term Care beds, 30 sub-acute rehabilitation beds, 10 adult ventilator dependent beds and 20 complex pediatric beds.

During the period of January 1, 2023 and December 31, 2023 Highpointe on Michigan averaged 57 admissions and 55 discharges on a monthly basis.

The facility is on the same physical campus as Buffalo General Medical Center and Oshei Children's Hospital in Buffalo, NY. The facility is a four story building with 9 nursing units. The first floor nursing units consist of a 30 bed sub-acute rehabilitation unit, a 10 bed ventilator dependent unit and a 20 bed complex pediatric care unit. Highpointe on Michigan also provides a van for leisure time transport.

Resident Profile

The facility serves individuals who often times have one or more chronic or co-morbid conditions. Our overall resident population is historically 62% female and 38%male. The age range of residents is 1 year old to over 100 years old. 7.6% of the facility population is under the age of 21 years of age. Hospice services are provided for approximately 2% of the facility population. The resident population of the facility reflects the surrounding community with residents of various cultures and religions. The residents of the facility have both chronic illnesses and post-acute conditions.

The residents of the 30 bed sub-acute unit have some combination of post-surgical conditions and chronic diseases , such as CVA, Seizure Disorder, Pneumonia, Atrial Fibrillation, Neurogenic Bladder, Anemia, Chronic Obstructive Pulmonary Disease, Cancer, Anxiety Disorders, Renal Failure, Peripheral Vascular Disease, Hypertension, Depression, Congestive Heart Failure, Diabetes, Hip Fracture and Coronary Artery Disease. A majority of the residents on the Sub-acute Rehabilitation unit are admitted from the hospital and require skilled nursing and skilled therapy services for recovery from surgery and/or illness. The most common HIPPS codes are GAXE1, KAGE1, KAKD1, KAPD1, KAPE1, KAPF1, KAXD1, KAXE1, KAXF1 and KDKD1.

Residents will typically enter the facility with deficits in Activities of Daily Living (ADLs) and mobility and are discharged to the community, or facilities that provide lower levels of care, at more independent levels of functioning. The 10 residents on the Adult Ventilator dependent unit have severe respiratory assistance requirements. The 20 residents on the complex pediatric have varying diagnoses that range from Anoxic Brain Damage, Chronic Respiratory Failure, Cerebral Palsy, Encephalopathy, Seizure Disorders and Various Congenital Deficits. Medical direction of the pediatric unit is overseen by a Medical Director who is Board certified with the American Academy of Pediatrics.

Residents living in the long term care (LTC) units typically have multiple diagnoses associated with various chronic illnesses. The most common diagnoses seen in the LTC population are Dementia, Hypertension, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Diabetes, Multiple Sclerosis, Anxiety, Chronic Kidney Disease, Osteoporosis, Anemia and Cerebral Infarction. The most common Resource Utilization Group levels for LTC residents are RHC, RMC, RMA, RMB, CB1, RHB, RVC, PD1 AND PE1. Most of the LTC residents require assistance with mobility and activities of daily living including bathing, dressing, grooming, eating and toileting.

Residents residing at the facility are at risk for falls, pressure ulcers, infections, incontinence, increased disability, weight loss, depression, respiratory illness and other potential areas of decline.

Resident Demographics – Diseases, conditions, physical and cognitive disabilities

Common Diagnoses by Category

Short Stay Diagnoses*:

Pneumonia, Hypertension, Hyperlipidemia, Hypokalemia, Anemia, COPD, Diabetes, Chronic Kidney Disease, Metabolic Encephalopathy, Acute Kidney Failure, Alcoholic Cirrhosis, Peripheral Vascular Disease, Malignant Neoplasm, Atherosclerotic Heart Disease, Deep Venous Thrombosis, Respiratory Failure, Cerebral Vascular Infarct with Hemiplegia or Hemiparesis, Ulcerative Colitis, Transient Ischemic Attack, Multiple Sclerosis, GERD, Alzheimer's Disease, Bipolar Disorder, Schizophrenia, Anxiety Disorder, Various Fractures and Encounters for Orthopedic Aftercare, Obstructive Uropathy, Benign Prostatic Hypertrophy, Osteoporosis, Arthritis, Asthma, Parkinson's Disease, Sepsis, Malnutrition, UTI, Wound and various other infections, Thyroid Disorders, Thrombocytopenia, Dehydration, Dysphagia, Pulmonary Embolism, Fibromyalgia, Radiculopathy.

Long Stay Diagnoses*:

Seizure Disorder, Pneumonia, Neurogenic Bladder, Atrial Fibrillation and other dysrhythmias,

Anemia, PTSD, Cancer, Diabetes, Dementia, Anxiety Disorder, Depression, Schizophrenia, Arthritis, Renal Insufficiencies, Renal Failure, End Stage renal Disease, CVA with hemiplegia or Hemiparesis, Cataracts, Glaucoma, Macular Degeneration, Ulcerative Colitis, Crohn's Disease, Irritable Bowel Syndrome, Obstructive Uropathy, Quadriplegia, Malnutrition, TIA, Thyroid Disorder, Sepsis, Hypertension, Hyperlipidemia, GERD, Congestive Heart Failure, UTI, Bipolar Disorder, Coronary Artery Disease, Alzheimer's Disease, Cirrhosis, Parkinson's Disease, Huntington's Disease, Respiratory Failure, Aphasia, Dysphagia, Peripheral Vascular Disease, BPH, Deep Vein Thrombosis, COPD, Sickle Cell Disease, Polyneuropathy, Adult Failure to Thrive, Anorexia, Chronic Pancreatitis, Constipation, Thrombocytopenia, Tachycardia, Syncope

***Data Source:** *All information related to the resident population was obtained from MDS submissions from January 1, 2023 through January 31, 2024, the CMS Quality Measure Facility Characteristics report and Diagnoses reports from the electronic medical record.*

Caring for Residents with Conditions not listed above

Although the list above reflects the most common diseases and conditions that the facility serves, our facility has a comprehensive process in place to assess resident needs and determine the care and services required. The facility cares for residents with skilled and custodial needs. We utilize a comprehensive admission, readmission and required assessment process in which the interdisciplinary team identifies individualized resident care needs. Please refer to Resident Assessment Process, LTCA.10.

Should an individual require care and services based upon a diagnosis or condition not typically serviced in our resident population, our interdisciplinary team, in conjunction with our Medical Director and Director of Nursing will review the care needs of the resident and determine if the facility can meet those care needs based on the skill set of the nursing staff, ability to provide necessary equipment for care and the acuity of the resident. See Subacute Care/SNF: Admission Criteria, Philosophy, Scope of Services, Number LTCSW.05

Resident Population Acuity (Patient Pattern based upon MDS)

The facility regularly reviews acuity within our resident population. The following table outlines the resident population acuity during the period of April 1, 2023 through September 30, 2023.

RUGs II Acuity (as of 9/30/23)

RUG	CMI Average	Number of Assessments	Sum of CMI	Percentage
PA1	0.46	13	5.98	2.4%
PB1	0.58	4	2.32	0.7%
IA1	0.61	6	3.66	1.1%
PC1	0.66	6	3.96	1.1%
PD1	0.72	18	12.96	3.4%
CA1	0.77	10	7.70	18.6%
IB1	0.78	3	2.34	0.56%
PE1	0.79	17	13.43	3.2%
CA2	0.84	1	0.84	0.19%
CB1	0.86	24	20.64	4.5%
CC1	0.98	8	7.84	1.5%
SSA	1.03	2	2.06	0.37%
SSB	1.06	3	3.18	0.56%
CC2	1.12	1	1.12	0.19%
SSC	1.12	13	14.56	2.4%
RMA	1.17	68	79.56	12.7%
RMB	1.22	52	63.44	9.7%
RHB	1.27	22	27.94	4.1%
RMC	1.27	97	123.19	18.1%
SE2	1.37	5	6.85	0.93%
RVB	1.39	13	18.07	2.4%
RHC	1.40	101	141.40	18.8%
RUB	1.53	4	6.12	0.7%
RVC	1.53	21	32.13	3.9%
SE3	1.70	4	6.80	0.7%
RML	1.74	4	6.96	0.7%
RMX	1.96	14	27.44	2.6%
RUL	1.98	2	3.96	0.37%
RUX	2.38	1	2.38	0.19%
Totals	n/a	537	648.83	100%

***Data Source:** All information related to the resident population was obtained from MDS submissions from January 1, 2023 through January 31, 2024, the CMS Quality Measure Facility Characteristics report and Diagnoses reports from the electronic medical record.*

Skilled Rehabilitative services are offered with therapy and are available six days per week. Oxygen and respiratory treatments are also provided. The licensed nursing staff provide intravenous therapies, medication by injection and inhalation, and specialized wound care. The facility has an agreement with Hospice Buffalo agency to provide Palliative care services in the facility.

The staff is able to provide support, assistance and direct care as needed for activities of daily living, mobility and eating. Bathing is offered in shower rooms, with both showers and bathtubs

available depending on resident's ability and preference. Residents are encouraged to establish their own daily routines and schedules. The facility offers on-site dental, podiatry and optometry services to meet resident needs. Services may be requested by residents and their representatives or by staff recommendation. Residents also have the option of receiving these services in the community if services needed can't be provided or if by resident preference.

Medication administration is offered by the nursing staff. Residents will be assessed for safe self-administration of medications upon request by residents and their representatives or by recommendation of staff. Medication management is provided by the pharmacy. A consultant pharmacist reviews each resident's medication regimen monthly and collaborates with the nursing staff and medical providers for optimal medication therapies.

The nutrition services department provides nutritious and appetizing meals to meet each resident's individual dietary needs based on the assessment of a registered dietician. Staff serves meals in the four dining areas and also provides meals in resident rooms. Nutrition services staff make every possible effort to provide for each resident's food preferences. Special meals are provided for religious restrictions and holidays celebrated by the resident as well. The Activities department provides a variety of activities based on the expressed preferences of the residents. Resident are supplied with reading materials, hand crafts and other hobby and activity supplies for their use. The facility has routine clergy visits and religious services available in the facility from Catholic churches in the community.

Resident Preferences

The facility supports a culture of person centered care with respect to personal preferences. Our facility supports this through our admission process as well as our day to day operations. The facility fosters a culture that supports preferences in leisure time activities, nutritional selections and providing privacy within room or space within the facility when requested by the resident or their representative. The facility offers language assistance services for those who do not speak English as their dominant language. The facility honors resident preferences taking into account their ethnicity as well as cultural and religious beliefs. Pastoral care is able to provide religious services according to religious preferences.

Resident Discharge Planning

The facility recognizes admission to a skilled nursing facility, whether short or long term, can be an overwhelming experience. The psychosocial needs of the resident are anticipated prior to admission and are addressed within 48 hours after admission**.** The social Work department and interdisciplinary team strive to address the resident's needs and desires as soon as possible to make for a smooth transition into the facility. This accomplished by evaluating their needs, collaborating with the resident and families/representative, interdisciplinary team and medical director. We recognize as a facility that each resident is unique and has their own set of psychosocial circumstances that can either inhibit or promote their likelihood of a successful return to the place they call home. It continues to be the goal of the Social Work department to help recognize and mitigate the barriers that may prevent a resident from attaining their most

independent level and to continue to aid residents in achieving their discharge goals. In instances where discharge is not a viable option, the Social Work department will guide the resident through the transition to long term care.

Resident care and Services Correlating to Resident Population

The facility provides care and services based upon the needs of our resident population. Our facility embraces a person-centered care culture in which we provide care and services that are tailored to our resident population, including the following:

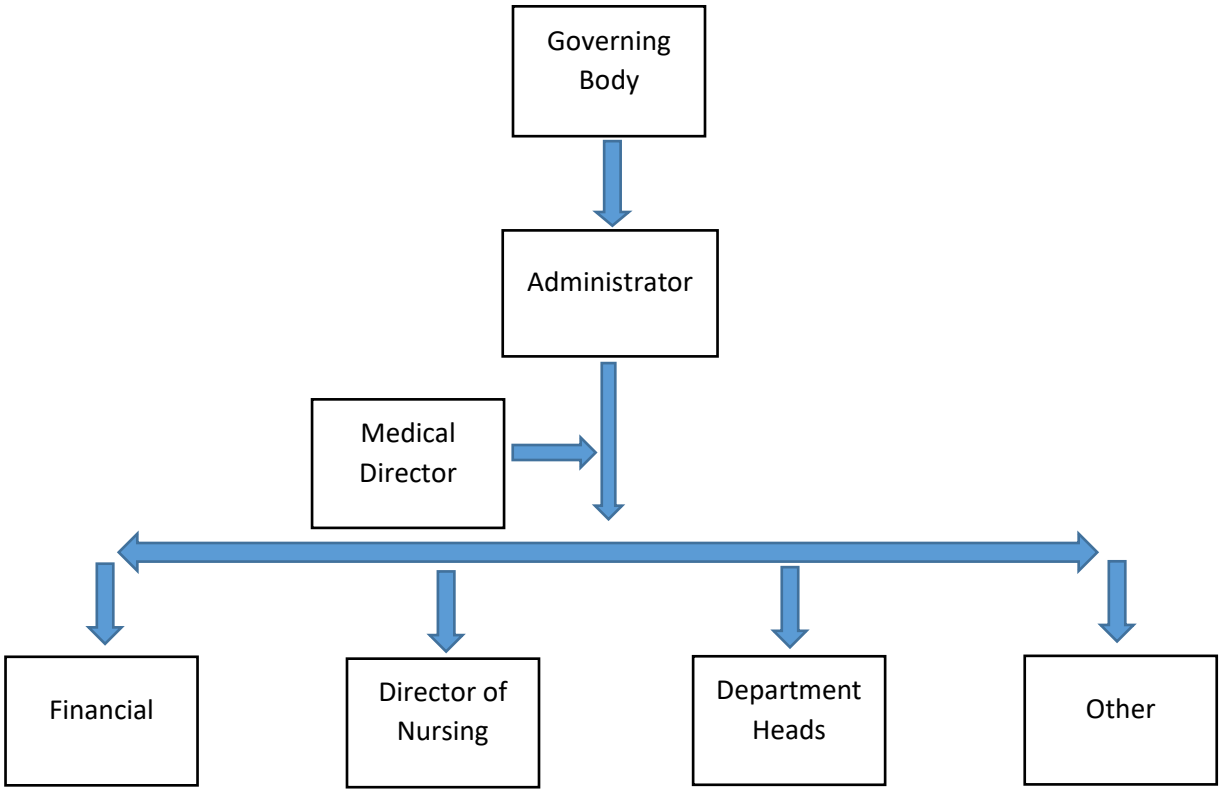
- Assistance with activities of daily living
- Mobility Assistance
- Incontinence prevention and care
- Medications and medication management
- Intravenous therapy
- Behavioral Health
- Psychosocial support
- Pain and Wound Management
- Infection Control
- Rehabilitative Therapies
- Respiratory Therapy
- Therapeutic Recreation
- Nutritional Support Services

Facility Resources

Facility Staff

The facility is managed by a governing body and the Vice President of Long Term Care. The medical Directors oversee medical practice and the clinical policies and programs of the facility. Each resident is supported in their decision to choose their own physician. There are dedicated physicians, nurse practitioners and physician assistants that visit the facility regularly to see residents. The facility collaborates with medical practitioners as it relates to the care and service needs of the resident population.

Organizational Chart



The facility personnel consists of:

- Vice President of Long Term Care, Assistant Administrator and Administrative Assistant
- Director of Nursing, Licensed RN's and LPN's, Certified Nursing Assistants
- Medical/Physician services (e.g. medical directors, attending physicians, physician assistants, nurse practitioners, dentist, podiatrist, opthalmologist)
- Health Information staff
- Social Workers
- Registered Dieticians, Diet Technician, Nutritional Services staff
- Activities staff
- Plant Operations staff, Environmental Services staff, Laundry and SPD staff
- Business Office staff
- Each department is led by a department Director/Manager/Supervisor
- Licensed Physical and Occupational Therapists, Licensed Speech Language Pathologists
- Pharmacist
- Volunteers

The facility personnel consists of (cont.):

- Chaplain/Religious Services
- Laboratory services
- Behavioral Health support services
- Diagnostic services
- Other

Staffing Plan*

The table below describes the number of staff available to meet resident needs. Nursing, Nutritional services and housekeeping staffing is evaluated at the beginning of each shift and adjusted as needed to meet the needs and acuity of the resident population. Please see the posted Nursing staffing hours for details.

Position	Hours/Day	HPRD
Licensed Nurses	469.3	1.8
Certified Nursing Assistants	742.13	2.85
Total Nursing	1211.43	4.66
Social Worker	21.55	n/a
Dietician	15.6	n/a
Activities	43.3	n/a
Others	599.14	

***Data Source:** *All information related to the staffing hours was obtained from Payroll Based Journal submissions 2024 Q1, from October 1, 2023 through December 31, 2023.*

Nursing staff is primarily assigned to care for the same residents. Resident assignments are assigned daily by the nurse to promote continuity of care. Floating of staff between nursing units is minimized to maintain continuity of care.

Staff Education, Training and Competencies

Each job description identifies the required education and credentials for the position. Staff education and credentials are verified prior to hire.

Every staff member has knowledge competency in: abuse, neglect, exploitation and misappropriation; resident rights; identification of change in condition and resident preferences. Additional knowledge competencies for all staff include Dementia management, infection transmission and prevention, immunization, QAPI and OSHA hazard communication.

Hand hygiene demonstration competencies and 0observed knowledge competencies for emergency response are also required.

Additional competencies are determined according to the amount of resident interaction is required by the job role, job specific knowledge, skills/abilities and those needed to care for the resident population as identified through such sources as Quality measures, the facility assessment and resident council.

Certified Nursing assistants have additional required competencies for:

- Person Centered Care
- Communication
- Basic Nursing Skills
- Basic Restorative Services
- Skin and Wound care
- Medication Management
- Pain Management
- Additional Infection Control topics
- Identification of changes in condition
- Cultural Competency
- Pediatric focus of care

Competencies are based on current standards of practice and may include knowledge and testing, knowledge and return demonstration, knowledge and observed ability, knowledge and observed behavior and annual performance evaluation. Competencies are based on the care and services needed by the resident population. Competencies are verified upon initial orientation, annually and as needed.

The facility provides education and training in person, self-directed and online through the Talent Management system. The staff training and education program is designed to ensure knowledge competency for all staff. Education is provided through the online learning system, peer mentoring and classroom sessions. The training program is reviewed and revised each time the Facility Assessment is reviewed and/or revised.

Policies and Procedures for the Provision of Care

The care needs of the residents and the requirements of regulations and laws govern the needed policies and procedures. Policies and procedures for care are reviewed and updated regularly and as needed with the introduction of new resident care needs, new technology or equipment, or a change in the physical plant or a newly identified environmental hazard.

Resources for Resident Population Needs

Via a prescribed process, the facility evaluates the day to day emergency provision of equipment (medical and non-medical), supplies, as well as additional services by providers via a contractual arrangement which is based upon the resident population care needs, annually or as needed. The following steps are utilized throughout the evaluation process:

This process is conducted in conjunction with the facility assessment evaluation, per requirement, and the facility QAPI process.

Upon the evaluation process, it has been determined that the type and number of resources (i.e. equipment, supplies, and other services) is adequate to meet the resident population care needs and services daily. The facility has reviewed the provision of resources in an emergency and determined that the type and number of resources, services and supplies are planned and applicable to the resident population. See the Emergency Preparedness Plan.

Equipment and Supplies, Physical Environment and Building/Plant Needs

The facility utilizes the Preventative Maintenance Program(PMP) to inventory equipment, physical plant and clinical engineering needs and conduct maintenance prevention based on the PMP plan.

The facility evaluates the physical environment, equipment (medical and non-medical), supplies and additional services by providers via contractual arrangement based upon the resident population needs for the provision of care, annually or as needed.

Buildings and/or other structures:
Five story brick building located on the Buffalo General Medical Campus (BGMC). The facility is equipped with the Wanderguard system.

Vehicles:
Activities van is a 2013 Ford E450.

Physical Equipment:
Bath benches, shower chairs, bathroom safety bars, bathtubs, sinks for residents and staff, scales, bed scales, wheelchairs and associated assistive devices, bariatric beds, bariatric wheelchairs, lifts, lift slings electric bed frames, mattresses, room and common space furniture, exercise equipment, therapy tables/equipment, walkers, canes, nightlights, steam tables, oxygen tanks and tubing.

Services:
Waste management, hazardous materials management, telephone, HVAC, dental, barber/beauty shop, pharmacy, laboratory, radiology, occupational, physical, respiratory and speech therapy, religious, therapeutic exercise, security.

Other Physical Plant needs:
ADA compliant entry/exit ways, nourishment accessibility, nurse call system, emergency power.

Medical Supplies:
Blood pressure monitors, compression garments, gloves, gowns, hand sanitizer, gait belts, infection control products, heel protectors, suction equipment, thermometers, urinary catheter supplies, oxygen, vital sign machines with pulse oximetry, B-PAP, CPAP, glucometers, feeding pumps, nebulizers, wound suction, IV pumps.

Non-Medical Supplies:
Soaps, body cleansing products, incontinence supplies, waste baskets, bed and bath linens, individual communication devices, computers.

The facility maintains its own current central supply room and oversees the procurement and maintenance of baseline levels for resident equipment and supplies based upon resident population needs. Linens are processed in house.

The Unit manager or designee monitors resident population and needs for adjustments to PAR levels to ensure adequate supplies and equipment for resident care; and communicates any needed changes in supplies or equipment PAR levels to Highpointe's central supply room manager. Unit manager and designee will assess resident population for equipment needs not supplied by Highpointe's central supply department and will utilize the Materials Management team to obtain the needed supplies or equipment from a third party vendor or Buffalo General Hospital (BGH).

The BGH Plant Operations and Clinical Engineering utilizes the Preventative Maintenance Program to inventory equipment, physical plant and other physical plant needs and conduct maintenance prevention based upon the PMP plan.

The facility evaluates the physical environment, equipment (medical and non-medical), supplies and additional services by providers via a contractual arrangement based upon the resident population needs for provision of care, annually and as needed.

Third Part Agreements, Contracts, Memoranda of Understanding

Under the direction of the Vice President of Long Term Care, the facility reviews all third-party agreemen6ts, contracts and memoranda of understanding via a prescribed process which reviews the vendor arrangement, terms of contract and the provision of services on a daily or an emergency need. These arrangements are for the provision of services, equipment and supplies to provide the level and types of care needed for the resident population.

Health Information Technology

The facility utilizes Point Click Care and NetHealth to electronically manage resident medical records. The facility also has access to resident information through the Buffalo Ultrasound Patient Portal and Health e-link. Additionally, the facility is able to access resident information within Kaleida Health through Infoclique and Powerchart.

- The facility securely transfers health information to other providers for residents who are transferred or discharged from the facility according to the Release of Patient Information to Facilities and Agencies for Post-Hospital Care Decisions policy, see policy #PM.8, and the Release of Patient Protected Health Information policy, see policy #MR.14.
- Downtime procedures have been developed and implemented for printing Medication and Treatment Administration records following the Point Click Care Backup procedure and eMAR Backup manual.
- The facility ensures that our residents and their representatives can access their records upon request and obtain copies within the required timeframes as outlined in and compliant with the Release of Patient Protected Health Information policy, see policy #MR.14, and HIPAA Privacy and Security Sanctions policy, see policy #IAC.14.

Infection Control

The facility has conducted an infection control risk assessment which evaluated and determined our risk for potential vulnerabilities within the resident population and the surrounding community. This process is integrated with the facility Infectipon Prevention and Control Program (IPCP). The IPCP is designed to meet current standards of practice and the needs of the facility population, staff and community. The IPCP is reviewed at least annually and each time the Facility assessment is reviewed.

Facility and Community Risk Assessment

The facility has conducted a facility and community based risk assessment which documents potential hazards within the geographic area of the facility, the facility physical plant and the vulnerabilities and challenges that may impact the facility's ability to maintain continuity of operations, its ability to provide care and services, and its ability to secure required supplies and resources during an emergency or natural disaster. This risk assessment has been incorporated in the Emergency Preparedness Plan.

Summary

In summary, the facility assessment will be reviewed and revised on an annual basis or as changes warrant and will seek input from those individuals and stakeholders who have a vested interest in ensuring that the facility is properly caring for the residents.