

HighPointe on Michigan

Facility Assessment

Updated: 8 February 2023
Order of Information

- Introduction
 - Intent
 - Facility Assessment Process
 - Facility Assessment and QAPI
- Facility Overview
 - Facility Description
 - Resident Profile
- Resident Demographics
 - Caring for Residents with Conditions not listed above
 - Resident Population Acuity
 - Resident Level of Independence to Dependence
 - Resident Preferences
 - Resident Discharge Planning
 - Resident Care and Services Correlating to Resident Population
- Facility Resources
 - Facility Staff
 - Staffing Plan
 - Staff Education, Training and Competencies
 - Policies and Procedures for provision of care
- Resources for Resident Population Needs
 - 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 Completed	February 8, 2023
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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 as long as they are able. The facility offers comfort and compassionate care to those at 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 resident population; physical; 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, Director of the Nursing, Assistant Director of Nursing and representative from KH Security 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 residents' needs.

Information sources such as the average daily census, CMS Resident Census and Condition report, Quality Measure Facility Characteristics Report, Resident Council minutes, Resident discharge surveys, Staff engagement surveys, Labor Management discussions, Diagnosis reports, Facility equipment inventory, 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 Pattern Information

HighPointe on Michigan is a licensed skilled nursing facility. The facility is licensed for three hundred beds with an average daily census of 237 in calendar year 2022, up approximately 15 occupied beds from 2021. 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 care beds.

During the time from of January 1, 2022 through December 31, 2022, HighPointe on Michigan averaged 47 admissions and 46 discharges on a monthly.

The facility is on the same campus as Buffalo General Medical Center and Oishei Children's Hospital in Buffalo, New York. The facility is four story building with nine nursing units. The first floor nursing unit consists of a 30 bed sub-acute unit, 10 bed adult ventilator dependent unit and a 20 bed complex pediatric care unit. Our facility also provides a van for leisure transport.

Resident Profile

The facility serves individuals who often times have one or more chronic or co-morbid conditions. Our overall resident population is 61% female and 39% male. The age range of residents is 3 months old to over 100 years old. One percent of the resident population is under 21 years of age. Hospice services are typically provided for approximately 10% 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, COPD, Cancer, anxiety disorders, renal failure, PVD, Hypertension, Depression, CHF and Diabetes, hip fracture and exacerbation of COPD. The residents of the Short Term Transitional Care unit are admitted from the hospital and require skilled nursing skilled therapy services for recovery from surgery and illness. The most common RUG levels for these residents are RVA, RVB, RVC, RUB, RHA, RHB and RHC. Residents typically enter the facility with dependencies in ADL care and mobility and are discharged to the community at more independent levels of functioning. The 10 resident's on the adult ventilator dependent unit have severe respiratory assistance needs. The 20 pediatric residents have varying diagnosis that range from respiratory failure, premature births, cerebral palsy and head trauma. The pediatric unit has its own Medical Director who is a pediatrician.

Residents living in long term care units typically have a number of chronic diseases. The most common are Dementia, COPD, CHF, Diabetes, Hypertension and Multiple Sclerosis. The most common RUG levels for the long term care residents are PCI, PEI, CDI, RVC, PDI, RMB, RMC, RHC, and RHB. Most of our long term population residents require assistance with mobility and require assistance with bathing, dressing and grooming and toileting.

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

RESIDENT DEMOGRAPHICS - Diseases, conditions, physical and cognitive disabilities

Category Common Diagnoses

Short Stay Diagnoses:

Seizure disorder or epilepsy, Pneumonia, Atrial fibrillation and other dysrhythmias, Neurogenic bladder, Hyperkalemia, Anemia, Traumatic brain injury (TBI), Post-traumatic stress disorder (PTSD), Cancer, Diabetes mellitus (DM), Anxiety disorder, Cirrhosis, Deep venous thrombosis (DVT), PE, or PTE, Orthostatic hypotension, Hyperlipidemia (e.g., hypercholesterolemia), Respiratory failure, Hemiplegia or hemiparesis, Ulcerative colitis, Crohn's disease, irritable bowel disease, Obstructive uropathy, Cataracts, glaucoma, or macular degeneration, Thyroid disorder, Malnutrition (protein, calorie), risk of malnutrition, Cerebrovascular accident (CVA), TIA, or stroke, Sepsis, Hypertension, Renal insufficiency, renal failure, ESRD, Depression (other than bipolar), Gastroesophageal reflux disease (GERD) or ulcer, Heart failure, Urinary tract infection (UTI) (LAST 30 DAYS), Manic depression (bipolar disease), Coronary artery disease (CAD), Alzheimer's disease, Schizophrenia, Cerebral palsy, Other fracture, Wound infection (other than foot), Parkinson's disease, Osteoporosis, Non-Alzheimer's Dementia, Aphasia, Hip fracture, Peripheral vascular disease (PVD) or PAD, Psychotic disorder (other than schizophrenia), Hyponatremia, Asthma (COPD) or chronic lung disease, Benign prostatic hyperplasia (BPH), Multiple sclerosis, Arthritis

Long Stay Diagnoses:

Seizure disorder or epilepsy, Pneumonia, Atrial fibrillation and other dysrhythmias, Neurogenic bladder, Anemia, Post-traumatic stress disorder (PTSD), Cancer, Diabetes mellitus (DM), Anxiety disorder, Arthritis, Renal insufficiency, renal failure, ESRD, Hemiplegia or hemiparesis, Cataracts, glaucoma, or macular degeneration, Ulcerative colitis, Crohn's disease, irritable bowel disease, Obstructive uropathy, Quadriplegia, Thyroid disorder, Malnutrition (protein, calorie), risk of malnutrition, Cerebrovascular accident (CVA), TIA, or stroke, Sepsis, Hypertension, Hyperlipidemia (e.g., hypercholesterolemia), Depression (other than bipolar), Gastroesophageal reflux disease (GERD) or ulcer, Heart failure, Urinary tract infection (UTI) (LAST 30 DAYS), Manic depression (bipolar disease), Coronary artery disease (CAD), Alzheimer's disease, Psychotic disorder (other than schizophrenia), Schizophrenia, Cirrhosis, Other fracture, Wound infection (other than foot), Parkinson's disease, Osteoporosis, Respiratory failure, Non-Alzheimer's Dementia, Aphasia, Hip fracture, Paraplegia, Deep venous thrombosis (DVT), PE, or PTE, Asthma (COPD) or chronic lung disease, Peripheral vascular disease (PVD) or PAD, Hyperkalemia, Multiple sclerosis, Benign prostatic hyperplasia (BPH)

***Data Source** - The information about the resident population was derived from MDS submitted from January 1, 2022 to December 31, 2022, the CMS Quality Measure Facility Characteristics report, diagnosis and condition and MDS reports

from the electronic health record.

Caring for Residents with Conditions not listed above

Although the list above depicts the top common diseases and conditions that we serve, 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 needs. We utilize a comprehensive admission, readmission and required assessment process in which the interdisciplinary team identifies individualized resident care needs. Resident Assessment Process, Number LTCA.10

Should an individual require care and services based upon a diagnosis or condition not typically serviced in our resident population, our 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 the needs of the resident based on the skill set of the nursing staff, ability to provide necessary equipment for care and the acuity of the resident. Subacute Care/SNF: Admission Criteria, Philosophy, Scope of Services, Number LTCSW.

Resident Population Acuity (Patient Pattern based upon MOS)

The facility reviews acuity within our resident population. The following Table outlines the resident population acuity within the past 12 months.

RUG IV

Acuity (as of 30 January 2023)

Row Labels	Sum of CMI	Average of CMI	Number of Assessments	Percentage
BA1	0.47	0.47	1	0.2
BB1	0.66	0.66	1	0.2
CA1	7.7	0.77	10	2.1
CB1	15.48	0.86	18	3.7
CC1	4.9	0.98	5	1.0
CC2	3.36	1.12	3	0.6
IA1	1.83	0.61	3	0.6
IB1	6.24	0.78	8	1.7
PA1	2.3	0.46	5	1.0
PB1	1.74	0.58	3	0.6
PC1	1.32	0.66	2	0.4
PD1	15.12	0.72	21	4.3

PE1	12.64	0.79	16	3.3
RHB	33.02	1.27	26	5.4
RHC	109.2	1.4	78	16.1
RMA	36.27	1.17	31	6.4
RMB	35.38	1.22	29	6.0
RMC	50.8	1.27	40	8.3
RML	59.16	1.74	34	7.0
RMX	60.76	1.96	31	6.4
RUB	15.3	1.53	10	2.1
RUC	7.28	1.82	4	0.8
RUL	13.86	1.98	7	1.4
RUX	14.28	2.38	6	1.2
RVB	11.12	1.39	8	1.7
RVC	29.07	1.53	19	3.9
SE1	2.3	1.15	2	0.4
SE2	45.21	1.37	33	6.8
SE3	5.1	1.7	3	0.6
SSA	6.18	1.03	6	1.2
SSB	5.3	1.06	5	1.0
SSC	17.92	1.12	16	3.3
Grand Total	631.27	37.55	484	100%

Resident Level of Independence to Dependence

ADLs	Independent	Assist of one or Two Staff	Dependent
Bathing	6	215	56
Dressing	15	221	41
Transferring	12	128	122
Toilet Use	7	238	32
Eating	94	144	39

Activities of Daily Living

	Bedfast all or most of the time	In chair all or most of the time	Independent	Ambulation with assistance or assistive devices	Physically restrained
Mobility	0	252	10	69	0

***Data Source** - The information about the resident population was derived from the MDS submitted from January 1, 2022 to December 31, 2022, the CMS Quality Measure Facility characteristics report, diagnosis and condition and MDS reports from the electronic health record.

Skilled Rehabilitative services is offered with therapy and available six days per week.

Oxygen and respiratory treatments are provided. The licensed nursing staff provides IV therapy, medication by injection and inhalation and specialty wound care. The facility has agreement with Niagara Hospice agency to provide services in the facility.

The staff is capable to provide support, assistance and direct care as needed for activities of daily living, mobility and eating. Bathing is offered in showers rooms; showers and tub baths are available. Residents are encouraged to establish their own daily routines and schedules. The facility offers on-site dental, podiatry and optometry services to meet residents' needs. Services may be requested by residents and their representatives or recommended by the staff.

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 recommendation by the staff. Medication management is provided by the Pharmacy. A consulting 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 dietary needs, based on assessment by the registered dietician. Staff serves meals in the two dining areas and can provide meals in residents' rooms. Nutrition services staff make every effort to provide for each resident's food preferences. Special meals are provided for religious holidays celebrated by the residents. The Activities department provides a variety of activities based on the expressed preferences of the residents. Residents are supplied with reading materials, hand crafts and other hobby or activity supplies for their use. The facility has routine clergy visits and religious services available in the facility from the Catholic churches in the community.

Resident Preferences

The facility supports a culture of person centered care with respect to personal preferences. Our facility support this by our admission process as well as our day to day operations supporting resident preferences in leisure time activities, nutritional selections and providing privacy within their room or space within the facility as requested by resident or representative. The facility offers language assistance services for those that do not speak dominant English language. The facility honors resident preferences taking into account residents ethnical, 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 nursing facility, whether short or long term, can be an overwhelming experience. The psychosocial needs of the resident are addressed within 48 hours of the resident admission and also are generally determined prior to 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. This is done via evaluation of needs, collaboration with the resident, interdisciplinary team, medical director and family or representative for the resident. We recognize as a facility that each resident is unique and has their own set of psychosocial circumstances that either prevent or encourage their ability to return to a place where they call home. It continues to be the goal of the Social Work department to help recognize the barriers that prevent them from being at their most independent level and working with the residents to help them meet their discharge goals or potential life transition into 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 based upon 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
- Psycho social support
- Clinical System - Pain, Wound Care, Pain Management
- Infection Control
- Rehabilitation
- Respiratory Treatments
- Therapeutic Recreation
- Nutrition

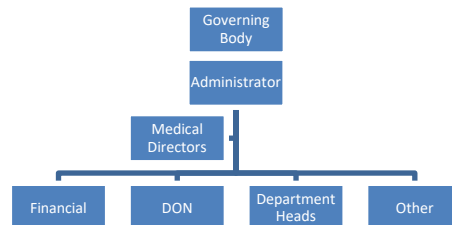
FACILITY RESOURCES

Facility Staff

The facility is managed by governing body and Vice President of Long Term Care. The Medical Directors oversees medical practice and the clinical policies and programs

of the facility. Each resident is supported to choose their own physician. There are dedicated physicians and nurse practitioners 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 facility resident population.

ORGANIZATIONAL CHART



The facility personnel consist of:

- Vice President of Long Term Care, Assistant Administrator and administrative assistant
- Director of Nursing, licensed nurses, RN and LPN, certified nursing assistants
- Medical/physician services (e.g., medical directors, attending physicians, physician assistants, nurse practitioners, dentist, podiatrist, ophthalmologist)
- Medical records staff
- Social workers
- Registered dietician, diet technician, Nutritional services staff
- Activities staff
- Maintenance, housekeeping and laundry staff
- Business office staff
- Each department is led by a department director/ supervisor.
- Therapy services are provided by licensed physical and occupational therapists and speech language pathologists.
- Volunteers
- Chaplain/ religious services
- Pharmacist
- Behavioral Health providers Support services
- Laboratory
- Diagnostic Services
- Other

Staffing Plan

The table below describes the number of facility staff available to meet residents' needs. Facility staff is also supplemented by agency LPN staff to work as C.N.A.s. Nursing, nutrition services and housekeeping staffing is evaluated at the beginning of each shift and adjusted as needed to meet the care needs and acuity of the resident population. The

clinical team, especially C.N.A.s are supplemented through agency staff. This is reflected in the below table. Please see the posted nursing staffing hours for details.

Position	FTEs
Licensed nurses	63.61
Certified nursing assistants	85.48
Agency Staff	59
Social worker	5
Dietician	1.8
Diet Tech	1
Activity Therapy	8
Other Services	135.2

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 job. 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 condition change; and resident preferences. Additional knowledge competencies for all staff include dementia management, infection transmission and prevention, immunization, QAPI, and OSHA hazard communication. Hand hygiene returns demonstration competencies and observed knowledge competencies for emergency response are also required.

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

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 a test, 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 orientation, at least annually and as needed.

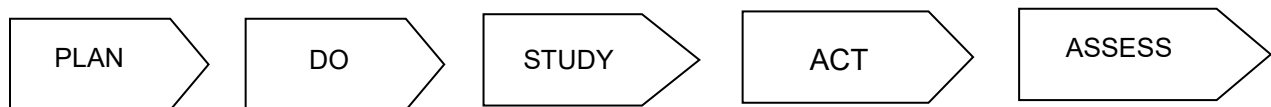
The facility provides education and training in person, self-directed and on line through Talent Management System. The staff training and education program is designed to ensure knowledge competency for all staff. Education is provided through the on-line learning system, peer mentoring and classroom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

Policies and Procedures for Provision of Care

The care needs of the residents and the requirements of regulations rules 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 environmental hazards.

RESOURCES FOR RESIDENT POPULATION NEEDS

Via a prescribed process, the facility evaluates the day to day and 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 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 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:

One Activities van

Physical equipment:

Bath benches, shower chairs, bathroom safety bars, bathing tubs, sinks for residents and for staff, scales, bed scales, wheelchairs and associated positioning 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 table, oxygen tanks and tubing .

Services:

Waste management, hazardous waste management, telephone, HVAC, dental, barber/beauty shop, pharmacy, laboratory, radiology, occupational, physical, respiratory, and speech therapy, gift shop, 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 machine with oxygen saturation, Bi-PAP, CPAP,

glucometers, Feeding pumps, Nebulizer, 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 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 in 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 coordinator. Unit manager and designee will assess resident population for equipment needs not supplied by HighPointe's central supply store room and the materials management team will obtain needed equipment from third party vendors or BGMC.

The BGMC 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 or as needed.

Third Party Agreements, Contracts, Memoranda of Understanding:

Under the direction of the Vice President of Long Term Care, the facility reviews all third-party agreements, contracts, and memoranda of understandings via a prescribed process which reviews the vendor arrangement, terms of contract and the provision of services on a daily or 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, NetHealth (rehab documentation) and e-prescribe to electronically manage resident records and medication management. The facility also has access to our resident information through the Buffalo Ultrasound Portal and Health e-Link. Additionally, the facility can retrieve our resident information within Kaleida Health through Power Chart and Info Click.

- a. The facility securely transfers health information to other providers for residents who are transferred or discharged from the facility following the Release of Patient Information to Facilities and Agencies for Post-Hospital Care Decisions Policy, Number PM.8 as well as Release of Patient Protected Health Information Policy, Number MR.14.
- b. Downtime procedures have been developed and implemented for printing Medication Administration and Treatment Administration records following the PCC Backup Procedure and eMAR Backup Manual.
- c. The facility ensures that our residents and their representatives can access their records upon request and obtain copies within the required timeframes in compliance with the Release of Patient Protected Health Information Policy, Number MR.14 and HIPAA Privacy and Security Sanctions Policy, Number IAC.14.

INFECTION CONTROL

The facility has conducted an infection control risk assessment which evaluated and determined the risk or potential vulnerabilities within the resident population and the surrounding community. This process is integrated with the facility Infection 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 whenever 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 utilizing an all hazards approach. In addition, the risk assessment evaluates 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 occur and will seek input from those individuals who have a vested interest in properly caring for the residents.