

Assisted Living Facilities

General concerns:

- Taxing EMS service
- Calls for non-emergent conditions
- Calls for lift assist
- Attendant not available to open doors or accompanying ambulance crew to patient.
- Attendant not able to access patient information and DNRs.
- Response to a life threat when a DNR is in place.
- Unable to give patient history and information to 911 dispatcher or crew upon arrival
- Extended out of service time waiting for a nurse.
- Acquity

Statistical information

Facility:

Administrator:

Nurse:

March 1, 2014 to February 28, 2015

	Total Beds	ALS	BLS	PS	Total	% No Tx	Fall	% Fall	Calls/bed
Your Facility	68	29	29	95	153	62%	92	60%	2.25
Total	512	113	191	349	653	53%	317	49%	1.28

State Statute: 16.03.22 - Residential Care or Assisted Living Facilities in Idaho

300. REQUIREMENTS FOR NURSING SERVICES.

Nursing services must be performed in accordance with IDAPA 23.01.01, "Rules of the Idaho Board of Nursing." The facility must have on staff or under contract the nursing personnel listed in Subsections 300.01 and 300.02 of these rules to provide nursing service requirements. (3-30-06)

01. Licensed Professional Nurse (RN). A licensed professional nurse (RN) must visit the facility at least once every ninety (90) days or when there is a change in the resident's condition. The licensed professional nurse is responsible for delegation of all nursing functions, according to IDAPA 23.01.01, "Idaho Board of Nursing Rules," Section 400. (3-30-06)

02. Licensed Nurse. The facility must assure that a licensed nurse is available to address changes in the resident's health or mental status and to review and implement new orders prescribed by the resident's health care provider. (3-30-06)

Frequently asked questions:

If a resident passes away unexpectedly, who do we call?

This depends on your facility policy and the expectations of your local coroner. Each county is different. Local coroners have the authority to determine under what circumstances they want to be notified. If you are unsure, contact your local coroner for direction in writing your facility policy. Hospice cases are typically handled by the hospice agency. (10/15/08)

When a resident falls we were recently told that the nurse first had to assess them before they were helped up from the floor. Is it possible for it to be a phone assessment by the nurse or do they need to come in? Our nurse has instructed the staff to ask the resident to do various ROM tasks to determine if an unobvious fracture is present. She would be happy to do this over the phone but was unaware that she needed to come in for every fall. Please advise.

Unlicensed Caregivers can be trained to take vitals and direct the resident in ROM tasks. The nurse would need to provide face to face training for staff and document the delegation. When called, the nurse could determine, based on the resident and the information reported by staff, if 911 needed to be called. If 911 was not called, the nurse should come in and do an assessment to ensure the resident is ok. (6/11/07)

Is a person who needs a two-person assist with transfers appropriate for admission to a RALF?

They can be, but the facility would have to have a least 2 staff on around the clock to provide the assistance. (12/08/08)

Families have sometimes become angry when 911 was called. What should we do about this?

The facility should disclose to families during admission what level of nursing the facility has in the building and that when there is not a nurse in the building, 911 will be called, as facility staff cannot assess residents (9/25/06). Ultimately, the facility is responsible for ensuring the residents are provided the necessary medical care.

Email correspondence March 25, 2015 Jamie Simpson – Licensing and Certification

There is no state law that requires the facility to call 911 when a resident hits their head. The expectation is that the facility nurse evaluate the resident and then train staff on what to watch for, how often to check the resident, what to document, and the symptoms they are watching for that would warrant calling the nurse back or calling EMS .

Solution:

- We can file a complaint
- Charge a fee to the facility – We have permission from Commissioners to charge facility
- Help craft policy changes. Recommend a card to determine when to call and what to expect upon EMS arrival at scene.
- ????