

North Valley Extended Care 2024 Facility Assessment

August 8th, 2024

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Facility Assessment Background, Purpose, and Introduction:

Facility Assessment Team Members:

This Facility Assessment was completed in July and August 2024 with the input and participation from various stakeholders, as listed below:

Group	Participants	Date
Okanogan County Public Hospital District #4 dba North Valley Hospital and North Valley Extended Care Administrative Team Kickoff Meeting	<ul style="list-style-type: none"> • Dr. Rosie Dhillon Chief Medical Officer • John McReynolds CEO, Nursing Home Administrator • Kim Summers, Interim DNS • Jeanette Hamilton, HR Director • Chad Schmit, CIO 	7/16/2024
Safety Committee Meeting	<ul style="list-style-type: none"> • Vicki Lewis, Commissioner • Kim Jacobs, Safety Officer • Dr. Rosie Dhillon Chief Medical Officer • John McReynolds CEO, Nursing Home Administrator • Jeanette Hamilton, HR Director • Rachel H. Accounting • Cindy K. Housekeeping, • Jill C. Lab, • Darrel Massage Therapy • Kyndra, Dietary • Cassi, Dietary • Jody, ED • Selena, TFMC • Stephanie, TFMC • Sonia, ED 	7/16/2024
Extended Care Leadership and Care Team Workgroup	<ul style="list-style-type: none"> • Kim Summers. Interim DNS • Amanda Helmann, RpH • Franco Lopez, Dietitian • John McReynolds, CEO and Nursing Home Administrator • Kimberly Black, RCM • Linda Oddo, Allied Health Director • Stephanie Steinman, Commissioner 	7/17/2024

	<ul style="list-style-type: none"> • Aaron Steiner, RCM • Bernice Hailey, RCM • Dr. James Jex, Medical Director • Jerry Bradley, Commissioner • Jill Barnes-Wehmeyer, RCM 	
Work Team	<ul style="list-style-type: none"> • Kim Summers, Interim DNS • Bill Colomb, Resident Services Manager • Linda Oddo, Allied Health Director • Bernice Hailey, RCM • Aaron Steiner, RCM • Caryn McNair, RCM • Rochelle Allen, Staff Development • McKayla Malarky, CNA • Lynne Roberts, RN 	7/29/2024
Resident Council	<ul style="list-style-type: none"> • Thomas C • Roger N • Mike S & son Todd • Peggy C • Marion S • Joyce B • Bernie S • Joan M • Sona G, Bobby & wife • Peggy N • Sherry H & Friend Howard • John C • Hazel D • Lynn C • John M • Teresa D 	8/2/2024
All Resident and Family Letter	Letter soliciting feedback sent to all residents and families.	8/2/2024
Citizen Steering Committee	<ul style="list-style-type: none"> • Stephanie, Commissioners • Vicki, Commissioner • John, CEO • Phil, Public Member • Judy, Public Member 	8/7/2024
Building & Planning	<ul style="list-style-type: none"> • John McReynolds, CEO • Jerry Bradley, Commissioner • Adam Tibbs, Commissioner • Ray Davis, Plant Supervisor • Melissa Thompson, CFO 	8/8/2024

Completion and QAPI Review

Assessment Complete	8/8/2024
QAPI Review Completed	8/9/2024

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, and environmental and emergency response resources needed to competently care for the residents during day-to-day operations, including nights, weekends, and emergencies.

Intent

North Valley Extended Care provides evidence-based, person-centered, competent care that helps each person served to live their life 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. This work is done in the spirit of our organization's mission, vision, and values:



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, 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.

Facility Assessment Process

As described in the Facility Assessment Team section above, the Commissioners, Administrator, Medical Director, DNS, Direct Care Employees/Staff such as RNs, LPNs, Nurse aides, Allied Staff, Resident Service Manager, Dietician/Nutritional Services, Activity Services, Environmental Services, Residents, and Resident families collaborated to develop and conduct the facility assessment.

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

The facility assessment was developed using information sources, including quality reports located in PCC, community needs assessment number, Average daily census, Quality Measure Facility Characteristics Report, Acuity Worksheets, CMS 802 report, Facility equipment inventory, Staff Orientation plan, annual training plan, physical environment, equipment, cultural or religious factors, and others.

The Facility Assessment will be reviewed annually, and it will be modified substantially if the resident population changes, new types of care and services are provided, new technology, equipment, or other resources are introduced, or any other change occurs that would require a substantial modification.

Facility Assessment and QAPI

Information on the scope and complexity of the facility's services and available resources 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. Improvement projects will include a project that will focus on high-risk or problem-prone areas that the facility has identified through data collection. 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.

FACILITY OVERVIEW

Facility Description

North Valley Extended Care (NVEC) is a skilled nursing facility licensed for 42 beds with an average daily census of 36 residents. NVEC is a division of Okanogan County Public Hospital District #4 which also operates a hospital, outpatient clinics, and a primary care clinic.

While the Hospital's Swing Bed program provides care for short-stay residents, NVEC is focused on long term care residents without specialty programming needs.

The facility admits approximately two individuals and discharges 1.5 individuals every month with an average length of stay of 605 days.

The facility is located in Tonasket, Washington, on a shared campus with the affiliated North Valley Hospital. The functions of the NVEC are housed in the 1985 Nursing Home Building, but allied services and ancillary functions are housed in other buildings on campus. NVEC has 27 resident rooms, lounge, dining room, beauty salon, outdoor courtyard, and family room. Currently, the facility has two transportation vans that can accommodate two wheelchair residents or four ambulatory residents each available for drives, shopping, medical appointments, and transportation to community events. There are two electric wheelchairs available for walking recreation within the community if evaluated and deemed safe by therapy.

Resident Profile

The facility serves individuals who often have one or more chronic or co-morbid conditions. Our overall resident population is 60% female. The average age of the residents is 75-85+. The facility's resident population reflects the surrounding community, with residents of various cultures and religions.

The residents of the facility typically have a number of chronic diseases. The most common are Alzheimer's/Dementias (31%), Neurocognitive & Psychotic Disorders (10%), Diabetes (13%), Cerebral Infarction/hemiplegia & hemiparesis following Cerebral Infarction (8%), Parkinson's (8%), COPD (5%) and Osteoporosis (5%). 64% of these residents require assistance with mobility, and 97% require assistance with bathing, dressing, and grooming. Most residents (54%) can eat after staff set up their meals. 62% of these residents are incontinent of bladder or bowel due to functional incontinence.

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

Resident Demographics – Diseases, conditions, physical and cognitive disabilities

NVEC accepts residents with the following common diseases, conditions, physical and cognitive disabilities, or combinations of conditions that require complex medical care and management. NVEC

recognizes that physical and cognitive change in a resident's condition is likely, and in some cases, we are able to continue care for these conditions.

The following indicates the common diagnosis/conditions, physical and cognitive disabilities or a combination of these conditions.¹

Category	Common diagnoses	% of Population
Psychiatric/Mood Disorders	Controlled psychosis (Hallucinations, Delusions, etc.), Impaired Cognition, Mental Disorder, Depression, Bipolar Disorder (i.e., Mania/Depression), Post-Traumatic Stress Disorder, Anxiety Disorder, Behavior that Needs Interventions	93%
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)	93%
Neurological System	Parkinson's Disease, Hemiparesis, Hemiplegia, Paraplegia, Quadriplegia, Multiple Sclerosis, Alzheimer's Disease, Non-Alzheimer's Dementia, Seizure Disorders, CVA, TIA, Stroke, Traumatic Brain Injuries, Neuropathy, Down's Syndrome, Autism, Aphasia, Cerebral Palsy	77%
Vision	Visual Loss, Cataracts, Glaucoma, Macular Degeneration	26%
Hearing	Hearing Loss	17%
Musculoskeletal System	Fractures, Osteoarthritis, and Other Forms of Arthritis	46%

¹ The information about the resident population was derived from, the CMS Quality Measure Facility Characteristics report, diagnosis and condition and MDS reports from the electronic health record

Neoplasm	Prostate Cancer, Breast Cancer, Lung Cancer, Colon Cancer, skin cancers	15%
Metabolic Disorders	Diabetes, Thyroid Disorders, Hyponatremia, Hyperkalemia, Hyperlipidemia, Obesity	74%
Respiratory System	Chronic Obstructive Pulmonary Disease (COPD), Pneumonia, Asthma, Chronic Lung Disease, Respiratory Failure	8%
Genitourinary System	Renal Insufficiency, Nephropathy, Neurogenic Bowel or Bladder, Renal Failure, End Stage Renal Disease not on dialysis, Benign Prostatic Hyperplasia, Obstructive Uropathy, Urinary Incontinence	49%
Diseases of Blood	Anemia, Hemochromatosis	23%
Digestive System	Gastroenteritis, Cirrhosis, Peptic Ulcers, Gastroesophageal Reflux, Ulcerative Colitis, Crohn's Disease, Inflammatory Bowel Disease, Bowel Incontinence	79%
Integumentary System	Skin Ulcers, Injuries	23%

Caring for Residents with Conditions not listed above

Although the list above depicts the top common diseases and conditions we serve, our facility has a comprehensive process to assess resident needs and determine the required care and services. The facility cares mainly for residents with chronic needs. We utilize a comprehensive admission, readmission, and required assessment process in which the interdisciplinary team identifies individualized resident care needs.

The Interdisciplinary Team (IDT) reviews records received for each prospective admission to ascertain whether NVEC can provide safe care while also safeguarding other residents and staff. A diagnosis or

condition that NVEC staff are less familiar with and have yet to support, will be researched by the IDT to determine what steps need to be taken in order to accept care. Staff training, cost and availability of supplies, equipment needs or availability, and required staff time will be evaluated prior to the decision to admit. Resources include North Valley Hospital services, online or in-person educational opportunities, and bed/room availability. Should someone who is a current resident develop a condition requiring care that NVEC staff is unfamiliar with, the IDT would examine training needs, transport needs, and, as a final plan, consider discharge to a higher-level skilled facility. For example, the closest dialysis center is 30 miles away, and winter travel may require a resident to be closer to that facility for hemodialysis.

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 evaluate to determine if the individual would be a good fit within the community and what educational needs the staff require to safely serve the individual. The education would be provided prior to the individual's arrival to the facility.

Resident Population Acuity

The facility reviews acuity within our resident population. The below outlines the resident population acuity:²

PDPM Nursing Case Mix Indexes	% of Population
Reduced Physical Function	57%
Behavioral Symptoms and Cognitive Performance	6%
Clinically Complex	20%
Special Care Low	16%
Special Care High	0%
Extensive Services	0%

² Data captured from January to July of 2024 through PDPM and Electronic Medical Record

Resident Level of Independence to Dependence³

ADL Assistance	Independent %	Assist of 1-2 %	Dependent %
Dressing	5%	69%	26%
Bathing	2.5%	56%	41%
Transfer	17%	23%	33%
Eating	54%	28%	18%
Bed Mobility	44%	21%	30%
Mobility	36%	36%	28%
Toileting	8%	59%	33%

Resident Preferences

The facility supports a culture of person-centered care with respect to personal preferences through its admission process and day-to-day operations.

The current resident population is generally from our rural farming/ranching agricultural community and as much the typical resident might have a preference is for “old fashioned meat and potato type meals.” Residents have several daily meal options and are provided with menus to make those choices. All residents are English speakers, although we have had Spanish-speaking residents and do have NACs with Spanish as a first language. Our residents have a variety of religious or spiritual backgrounds and NVEC provides faith-based activities to accommodate the spiritual choices of our residents.

³ The information about the resident population was derived from the Washington State – Aging and Long-Term Support Administration Facility PDPM/HIPPS Report, diagnosis and condition and MDS reports from the electronic health record.

During the admission process resident preferences are captured to ensure we deliver person centered care. Additionally the Resident Council provides an opportunity and avenue for residents to share preferences to further guide the care provided.

Resident Care and Services Correlating to Resident Population

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

Category	Example Focus Areas
Activities of daily living	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 as possible.
Mobility and fall/fall with injury prevention	Utilization of various safety devices. Transfers, ambulation, restorative nursing, contracture prevention/care; supporting resident independence in doing as much of these activities by himself/herself as possible.
Incontinence prevention and care	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 in order to maintain continence and promote resident dignity.
Skin integrity	Pressure injury prevention and care, skin care, wound care (surgical, other skin wounds).

Mental health and behavior	<p>Manage the medical conditions and medication-related issues causing psychiatric symptoms and behavior, identify and implement interventions to help support individuals with issues such as dealing with anxiety, care of someone with cognitive impairment/dementia, care of individuals with depression, trauma/PTSD, other psychiatric diagnoses, intellectual or developmental disabilities. Trauma Informed Care Resource Interventions will be careplanned as identified.</p>
Medications and Medication Management	<p>Awareness of any limitations of administering medications</p> <p>Administration of medications that residents need</p> <p>By route: oral, nasal, buccal, sublingual, topical, subcutaneous, rectal,) intramuscular, inhaled (nebulizer), vaginal, ophthalmic, etc.</p> <p>Assessment/management of polypharmacy</p>
Pain management	<p>Assessment of pain, pharmacologic and nonpharmacological pain management</p>
Infection prevention and control	<p>Identification and containment of infections, prevention of infections</p>
Management of medical conditions	<p>Assessment, early identification of problems/deterioration, management of medical and psychiatric symptoms and conditions such as heart failure, diabetes, chronic obstructive pulmonary disease (COPD), gastroenteritis, infections such as UTI and gastroenteritis, pneumonia, hypothyroidism</p>
Therapy	<p>PT, OT, SLP, Respiratory</p>
Other special care needs	<p>Ostomy care, tracheostomy care (Training would be required), palliative care, and end-of-life care.</p>

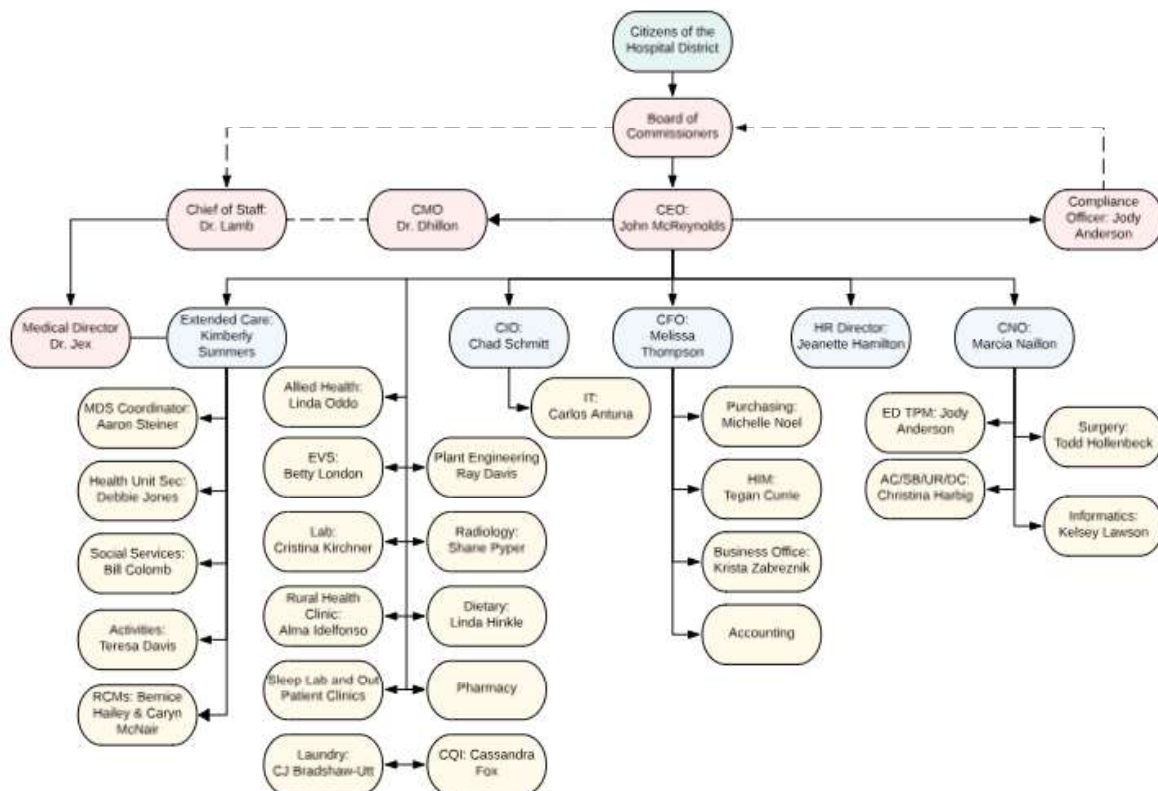
Nutrition	Individualized dietary requirements, liberal diets, specialized diets, tube feeding, cultural or ethnic dietary needs, assistive devices, fluid monitoring, or restrictions.
Provide person-centered care:	<p>Build relationships with residents/get to know them; engage residents in conversation. Build relationships with residents' families. Identify any known traumatic events, triggers and resources that have been successfully utilized prior to admission.</p> <p>Find out what a 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.</p> <p>Record and discuss treatment and care preferences.</p> <p>Support emotional and mental well-being; support helpful coping mechanisms.</p> <p>Support residents having familiar belongings.</p> <p>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.</p>
Psycho/social/spiritual support:	<p>Provide or support access to religious preferences, use or encourage prayer as appropriate/desired by the resident.</p> <p>Provide opportunities for social activities/life enrichment (individual, small group, community) such as music, arts, crafts, social outings, etc.</p> <p>Support community integration if residents desire.</p> <p>Prevent abuse and neglect.</p> <p>Identify hazards and risks for residents.</p>

	<p>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> <p>Provide family/representative support.</p>
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Facility Resources

Facility Staff

The facility is managed by a publicly elected Board of Commissioners who in turn, hire a CEO to manage Okanogan County Public Hospital District #4. The current CEO, John McReynolds, also serves as the LNHA. Dr. Jex, the Medical Director, oversees medical practice and the clinical policies and programs of the facility. Each resident is supported to choose their physician. There are four physicians and one nurse practitioner who visit the facility regularly to see residents. The facility collaborates with medical practitioners regarding the care and service needs of the facility's resident population.



Okanogan County Public Hospital District #4 functions as two divisions; North Valley Hospital and North Valley Extended Care. The following FTE counts describe the staffing in NVEC unless otherwise noted. Select staff and services are shared between divisions.

The facility personnel consist of:

Nursing Services include:

- DNS 1 FTE
- Infection Prevention Control Officer .3 FTE
- RCM RN/ Restorative Director 1.2 FTE
- MDS Coordinator .8 FTE
- Licensed staff 6 FTE
- CNAs 16.2 FTE
- Staff Development Coordinator 1 FTE
- Wound/Nail Nurse .4 FTE
- Restorative CNA 1.2 FTE

Other Services

- Social Services 1 FTE
- Administrative Assistant 1 FTE
- Activities 3.4 FTE
- Registered Dietician .4 FTE

Staffing Plan

NVEC staffs according to all applicable minimum staffing requirements and to meet the needs of our residents. Based on our goal to maintain a resident population of 40 and their needs for care and support, the following table is indicative of staffing levels that ensure sufficient staff is available to meet the needs of our residents at any given time. NVEC has an HRPD average goal of 3.75 direct care staff which includes CNAs, Restorative Aids, and Licensed Nurses. This is calculated monthly with data through the CMS Payroll Based Journal. Hourly data for other shared positions is calculated annually for the Annual survey process. Therapist hours are per Provider order and tracked in the Payroll Based Journal.

The table below describes the staff available to meet residents' needs. Nursing, nutrition services, and housekeeping staffing are evaluated at the beginning of each shift and adjusted as needed to meet the care needs and acuity of the resident population. Please see the posted nursing staffing hours for details.

Position	Typical Shifts	Total Number
Licensed nurses providing direct care	<ul style="list-style-type: none"> • Day Shift: 2 with one being an RN and charge nurse • Evening Shift: 2 with one being an RN and charge nurse • NOC Shift: 1 LPN allowed- due to our size, waiver is not required • 1 day per week: Skin/nail specialist RN • 1 day per week: Wound Nurse 	6.4 FTE
Nurse aides providing direct care	<ul style="list-style-type: none"> • Day Shift: 1 aid for every 7-10 residents • Evening Shift: 1 aid for every 7-10 residents • NOC Shift: 1 aid for 13-20 residents • Restorative Aid: 1 aid seven days a week 	17.4 FTE
Administrative Nurses include DNS, RCMs, Infection Prevention Control Officers (may act as charge on weekdays allowing 2 LPNs on day shift)	<ul style="list-style-type: none"> • Varies 	3.5 FTE
Staff Development Coordinator	<ul style="list-style-type: none"> • Days 	1 FTE
Registered Dietician	<ul style="list-style-type: none"> • Days • Shared with Hospital Division 	.4 FTE
Food and Nutrition Services Staff	<ul style="list-style-type: none"> • Days/Evenings • Shared with Hospital Division 	19 FTE ⁴
Physical, Occupational, Speech Therapists	<ul style="list-style-type: none"> • Days 	9 FTE ⁵

⁴ Denotes total employed by Okanogan County Public Hospital District #4

⁵ Denotes total employed by Okanogan County Public Hospital District #4

	<ul style="list-style-type: none"> • Shared with NVH based on needs and census 	
Laundry Staff	<ul style="list-style-type: none"> • Days/Evenings 	7 FTE
Housekeeping Staff	<ul style="list-style-type: none"> • Days/Evenings 	2.4 FTE
Maintenance Staff	<ul style="list-style-type: none"> • Days and on-call 	4.5 FTE ⁶
Activity Department	<ul style="list-style-type: none"> • Days 	3.4 FTE
Social Services	<ul style="list-style-type: none"> • Days 	1 FTE

Ancillary and Allied Staff

As described above, NVEC is an Okanogan County Public Hospital District #4 division and is physically attached to North Valley Hospital. It shares departments such as the lab, radiology, dietary, therapy, and administration services. Data sources for these departments are gathered annually for RCS Surveyors.

Clinical Services (based on Provider Order)	<ul style="list-style-type: none"> • Laboratory • Radiology • Therapy (PT, OT, SLP, RT) • Registered Dietitian • Wound Specialist
Support Services	<ul style="list-style-type: none"> • Dietary • Maintenance • IT • Laundry • Environmental Services
Administrative Services	<ul style="list-style-type: none"> • Admin Team including: CEO, CIO, CFO, HR, LTCA • Safety Officer and Security

⁶ Denotes total employed by Okanogan County Public Hospital District #4

	<ul style="list-style-type: none"> • Business Office/Payroll • Compliance Officer
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External Services

In order to provide support and care for residents NVEC requires the following outside services and staff/volunteers:

- Medical/Physician Services including Medical Director
 - Tonasket Family Medical Clinic
 - Confluence Health Clinic
 - Family Health Center Clinic
- Pharmacist
 - Omnicare Consultant and on-call staff
 - NVH pharmacist
- Behavioral and mental health providers
 - Okanogan Behavioral Health
- Chaplain/Religious service
- Volunteers, students
- Mortician
- Dental Service-individual arrangements as needed; local dentist provides annual charity care totaling \$1,500 used for emergency dental needs.

Staff Education, Training, and Competencies

Staff Education and Orientation:

Each job description identifies the required education and credentials for the job. Staff education and credentials are verified before hire.

NVHD has an organizational orientation program for every new hire. During this orientation, the following educational areas are discussed in person or reviewed through online learning:

- Abuse and Neglect/mandated reporting
- Safe Patient Handling
- CPR
- Emergency Preparedness/Fire Safety
- Compliance/HIPAA
- Customer Service
- Infection Control/Employee health

- Payroll policies/insurance
- Harassment
- Union/Workplace safety
- Diversity, Equity, and Inclusion

Training:

The facility provides education and training in person through monthly in-services, PRN 1:1 training, peer mentoring, classroom sessions, and online through the Relias computerized training platform. The staff training and education program is designed to ensure knowledge competency for all staff. The training program is reviewed and revised each time the Facility Assessment is reviewed and/or revised.

Training Topics that NVEC will attempt to review on an annual basis include:

- Communication – effective communications for direct care staff
- Resident’s rights and NVEC responsibilities – ensure that staff members are educated on the rights of the resident and the responsibilities of NVEC to properly care for its residents
- Abuse, neglect, and exploitation –mandatory training that at a minimum educates staff on—(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property; (2) Procedures for reporting incidents, of abuse, neglect, exploitation, or the misappropriation of resident property; and (3) Care/management for persons with dementia and resident abuse prevention.
- Infection control – NVEC has a dynamic infection prevention and control program with mandatory training that includes the written standards, policies, and procedures including Antibiotic Stewardship.
- Culture change (that is, Trauma Informed Care, person-centered, person-directed care)
- Required in-service training for nurse aides. In-service training must:
 - Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year.
 - Include dementia management training and resident abuse prevention training.
 - Address areas of weakness as determined in nurse aides’ performance reviews and facility assessment and may address the special needs of residents as determined by NVEC staff.
 - For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.
- Required training of feeding assistants – through a State-approved training program for feeding assistants
- Identification of resident changes in condition, including how to identify medical issues appropriately, how to determine if symptoms represent problems in need

of intervention, how to identify when medical interventions are causing rather than helping relieve suffering and improve quality of life.

- Cultural competency (ability of organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of residents)
- Emergency Preparedness and Evacuation Plan
- Quality Assurance and Performance Improvement

Competencies:

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. Please see the Resident Needs and Competencies worksheet for more details.

Competencies are verified upon orientation, at least annually and as needed.

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, diversity, equity and inclusion, behavioral health needs, infection transmission and prevention, immunization, QAPI, and OSHA hazard communication. Hand hygiene return 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.

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

Competency evaluations for Licensed Nurses and NACs will be completed on the following topics:

- Person-centered care - This should include but not be limited to person-centered care planning, education of resident and family /resident representative about treatments and medications, documentation of resident treatment preferences, end-of-life care, and advance care planning
- Activities of daily living - bathing (e.g., tub, shower, sitz, bed), bed-making (occupied and unoccupied), bedpan, dressing, feeding, nail and hair care, perineal care (female and male), mouth care (brushing teeth or dentures), providing resident privacy, range of motion (upper or lower extremity), transfers, using gait belt, using mechanic lifts
- Disaster planning and procedures - active shooter, elopement, fire, flood, power outage, tornado
- Infection control- hand hygiene, isolation, standard universal precautions including use of personal protective equipment, MRSA/VRE/CDI precautions, environmental cleaning
- Medication administration – injectable, oral, crushed meds, subcutaneous, topical
- Measurements: blood pressure, orthostatic blood pressure, body temperature, urinary output including urinary drainage bags, height and weight, radial and apical pulse, respirations, recording intake and output, urine test for glucose/acetone
- Resident assessment and examinations - admission assessment, skin assessment, pressure injury assessment, neurological check, lung sounds, hyper/hypo glycemia, observations of response to treatment, pain assessment
- Caring for persons with dementia or dementia-related disease processes
- Specialized care - catheterization insertion/care, colostomy care, diabetic blood glucose testing, diabetic nail care, oxygen administration, suctioning, pre-op and post-op care, trach care/suctioning, tube feedings, wound care/dressings pending training and competency evaluation.
- Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, and implementing nonpharmacological interventions

NVEC uses the Relias Learning Program for review/education/training Nursing Staff. All nurses and nurse aides have been given access to Relias.

Skills Lab:

A planned skills lab will be provided in 2024 to ensure competency for nurses, including review of procedures on PolicyStat. Skills include:

- Ear Irrigation
- Diabetic Nail care
- Head to toe physical assessment
- Urinary Catheter insertion
- Suprapubic catheter insertion
- Wound care
- Suctioning
- Glucometer use

- IM injections/SQ injections
- Oxygen administration/bipap/c-pap
- Nebulizer
- Compression stocking measurements
- Medication administration
- Colostomy/ostomy care

Policies and Procedures for Provision of Care

The care needs of the residents and the requirements of the regulations rules and laws govern the needed policies and procedures.

NVEC Leadership Team relies on the CMS State Operations Manual⁷ to give guidance on which policies and procedures are necessary to optimize safe, comprehensive care for residents. Other policy resources include Qualis Health and recommendations received from AHCA and WHCA. Policies and procedures are created in PolicyStat online and reviewed annually. The system automatically sends reminders as to when these are due. The Administrative Assistant sends each policy to the DNS for editing or approval. New policies are taken to the quarterly QAPI meeting for review by the Medical Director.

Policies and procedures for care are reviewed and updated at least annually 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. Policies are stored in electronic form in PolicyStat⁸. The organization has over 1300 policies with 100 specific to Extended Care.

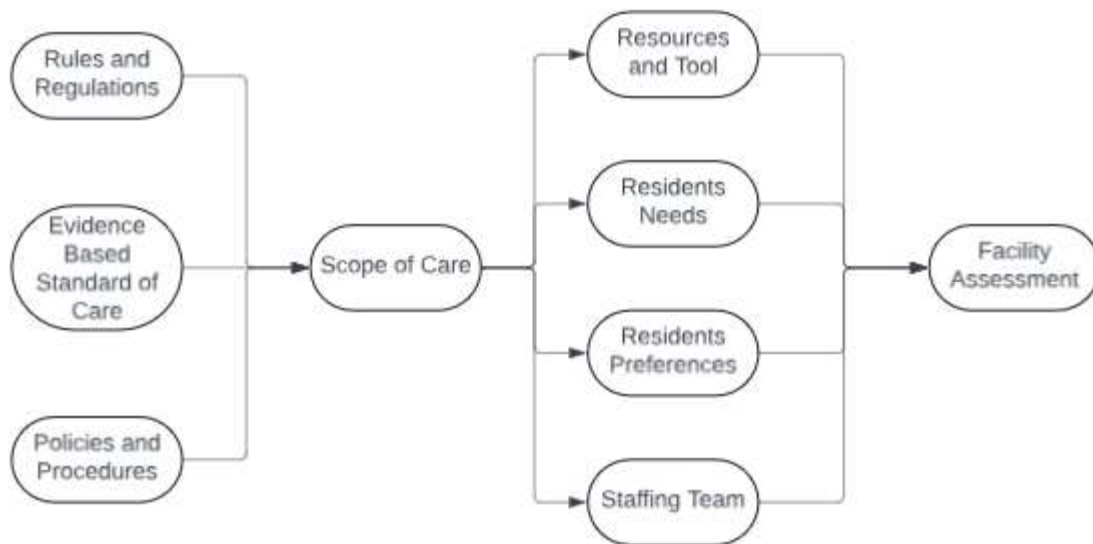
Resources for Resident Population Needs

Provision of Equipment for Day-to-Day and Emergency Needs:

NVEC 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 that is based upon the resident population's care needs, annually or as needed. The following steps are utilized throughout the evaluation process:

⁷www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf

⁸ <https://nvhospital.policystat.com/>



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, other services) is adequate to meet the resident population's 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

NVEC partners with the Central Supply and Maintenance Team which oversees the procurement and maintenance of par levels for resident equipment and supplies based on resident population needs.

Physical Resource Category	Resources	If applicable, process to ensure adequate supply, appropriate maintenance, replacement
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Buildings	<p>Primary Building is a 21,000 square foot building constructed in 1985. There is a 1,584 square foot laundry attached to the East Hall. The West hall end leads to the Hospital. There is a connecting hall between East and West which has two dining areas branching from the middle.</p>	<p>The maintenance department routinely schedules preventative maintenance. Quarterly Environment of Care rounds are completed, and any identified concerns are conveyed to a specific department for ratification. Any staff member may call for immediate or requested needs.</p>
Vehicles	<p>2018 Toyota Sienna Transport Van which can transport 2 wheelchairs or 4 ambulatory residents plus driver.</p> <p>2007 Buick Terraza Transport Van which can transport 2 wheelchairs or 4 ambulatory residents plus driver.</p>	<p>The maintenance routine will be every 3,000 miles or as needed and annual winterizing.</p>
Physical equipment	<ul style="list-style-type: none"> ● 4 shower chairs ● bathroom safety bars every room ● Master Care Tub ● sinks for residents and for staff ● 2 wheelchair scales ● Multiple wheelchairs and footrests ● 3 bariatric beds ● 4 EZ lifts with 2 slings for each ● 3 Vander lifts ● bed frames ● mattresses ● 3 couches and 9 recliners ● exercise equipment through therapy department ● multiple walkers ● 2 Blood pressure monitors ● 2 thermometers ● 2 Otoscopes ● 2 oximeters ● 2 Glucometers ● oxygen tanks and tubing, concentrators, nebulizers ● 2 medication carts ● 2 treatment carts ● Multiple computers 	<p>Minor equipment budget has been set at \$830/month. Items are taken to the Maintenance department for repair or replaced as needed. DNS will assess actual need and orders will be placed through the District Purchasing Office.</p> <p>Capital equipment is over \$5,000. Capital items such as lifts, are kept in the budget in the event one needs replacement during the year.</p> <p>Oxygen and equipment and O2 supplies are provided by Lincare for all residents.</p>

	<ul style="list-style-type: none"> ● Pressure relieving cushions 	
Services	<ul style="list-style-type: none"> ● Waste management ● hazardous waste management ● Telephone-primarily in house IT ● Pharmacy services ● Laboratory, Radiology ● Occupational, Physical, and Speech therapy ● Activities: religious, exercise, recreational music, art therapy, excursions, movies, parties ● Café ● Lincare ● Emergency Services 	<ul style="list-style-type: none"> ● Dumpster emptied weekly ● Stericycle pick up monthly ● Residents privately ● Omnicare-fax/phone/E HR ● Physician orders; LN follow through ● Physician orders; LN follow through ● Coordinated through Activity department; monthly calendar ● Available in NVH; Resident may request visit ● Provides oxygen services ● Available through NVH
Medical supplies	<ul style="list-style-type: none"> ● compression garments-TED hose ● PPE- gloves, gowns, masks ● hand sanitizer, bandages, tongue blades, ● gait belts, suction equipment, ● infection control cleaning products, ● heel and elbow protection products, ● Urinary catheter supplies, cotton swabs, OTC medications, thermometer probes, glucometer strips, emesis basins, Stethoscopes, pressure relieving equipment, syringes, tape, etc. 	<p>Nursing will communicate needs to the Administrative Assistant who also visually checks the supply closets for need. All medical supplies needed are submitted to the Central Supply to place an order with appropriate vendors.</p>

Non-medical supplies	<ul style="list-style-type: none"> • Soap, body cleansing products, attends, briefs, toothbrush and paste, toiletries • Bed and bath linens, resident personal clothing, room curtains, incontinent pads, dining clothing protectors • Computers • Chairs, tables, desks, furniture 	<p>Administrative Assistant submits an order to Central Supply as noted above.</p> <p>All items are picked up by laundry 3 times daily. Supply carts are rotated and kept full; clothes are distributed to residents. The Laundry Director orders supplies as needed.</p> <p>Computers are part of the budget process and are replaced or purchased through IT as needed or according to a routine replacement plan.</p> <p>These are part of the budgeting process. The Hospital Foundation has supplied some items for resident needs and other items for staff may be purchased or obtained from other departments.</p>
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The facility utilizes the Preventative Maintenance Program to inventory equipment, physical plant, and other physical plant needs and conduct maintenance prevention based on the PMP plan as described in the Preventative Maintenance Policy⁹.

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's needs for the provision of care, annually or as needed. This is accomplished by quarterly Environment of Care Walks and Annual Contract review conducted by the LNHA.

⁹ <https://nvhospital.policystat.com/policy/10852439/latest>

Third-Party Agreements, Contracts, Memoranda of Understanding

Under the direction of the LHNA, the facility reviews all third-party agreements, contracts, and memoranda of understanding annually utilizing our policy tool, PolicyStat. The annual review evaluates the vendor's performance, contract term, access to the facility, and compliance issues. These arrangements provide services, equipment, and supplies to provide the level and types of care needed for the resident population.

The following contracts for business operations include:

- Steri cycle
- Okanogan PUD
- City of Tonasket
- Robert Pelligrini (trash disposal)
- Local Tel
- Kelley Imaging
- Leading Age
- Lincare
- Omnicare Pharmacy
- Point Click Care
- Medline
- Washington Health Care Association

MOUs for Emergency Preparedness include:

- Water supply-Culligan and Clearwater in Omak
- Water Supply- Grants Market, Tonasket
- Transportation -Regency Omak and Brewster
- Housing- Tonasket School
- Housing- Community Cultural Center, Tonasket
- Regency Health Services – Omak & Harmony House in Brewster

Health Information Technology

The facility uses a shared IT department with North Valley Hospital, including a CIO, IT Manager, and IT Tech. In partnership with this team, NVEC oversees health information technology resources, including electronic health records and electronic sharing of resident information.

The facility used Point Click Care as the EMR. Data transmission to CMS is accomplished through this resource. NVEC is able to share information electronically with other facilities through this system to promote continuity of care. The facility securely transfers health information to hospitals, or other providers for any resident transferred or discharged via fax, mailed certified with USPS, or

hand-delivered. Downtime procedures are in place. Currently, residents or their representatives can request copies of their records and those are made available within 14 days per our policy.

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's 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. It is part of the QAPI program. The IPCP is reviewed at least annually and whenever the Facility Assessment is materially revised.

All signs and symptoms of infection, GI, LRI, URI in staff and residents, as well as UTIs and Skin Infections in residents are entered into a tracking form kept by the IDT. The data is analyzed and submitted quarterly to the CQI and QAPI committees. The Antibiotic Stewardship program is currently monitoring Antibiotic usage on a monthly basis, and communication with providers is accomplished with the use of SBAR forms. Flu and pneumonia vaccination is tracked on admission and yearly. The IP participates in the National Health and Safety Network for monitoring COVID data as required. Communication with Okanogan Public Health for disease surveillance is ongoing at least weekly during flu season.

Currently all residents pneumococcal vaccinations are being reviewed, obtained and given if needed. Our visitation policy allows NVEC to restrict visitation during infectious disease outbreaks or when someone appears to be ill during such an outbreak.

Masks and hand sanitizers are available at the front entrance and all staff, visitors, volunteers, and contractors are shown and encouraged to use the sanitizer on entering and mask if there is a questionable URI. During community outbreaks, Alert Signage is posted on the front doors requesting family or other visitors not to enter the facility if they have been exposed to illnesses. At the first sign of illness in a resident, isolation carts are put in place, and residents are kept isolated to the greatest extent possible. Staff members are sent home immediately when ill, and in the case of possible Noro, staff are told not to return until 48 hours after the last symptom of disease. The DNS is reviewing Infection Preventionist guidance through the CDC.

Facility and Community Risk Assessment

NVEC has completed a facility-based and community-based risk assessment, utilizing an all-hazards approach. This process is included in our Extended Care Emergency/Disaster Management Plan.¹⁰ We have identified Natural Hazards, Technological Hazards, and Infectious Diseases as our top hazards. The Disaster Management Team consists of: the CEO/ LNHA, DNS, RCM's, Safety Officer, Social Services, Activities Coordinator, HUS clerk, Plant Engineer, and ER Manager. This team is responsible for the development of Emergency Preparedness Plans, identifying training needs, coordinating drills and

¹⁰ <https://nvhospital.policystat.com/policy/15329621/latest>

after-action responses within the facility, and including other community healthcare and County/Regional preparedness partners.

Summary

The North Valley Extended Care 2024 Facility Assessment provides a comprehensive evaluation of the facility's capabilities and resources necessary to meet the needs of its residents. Conducted in July and August 2024 with input from various stakeholders, the assessment identifies the resident population profile, which includes chronic conditions such as Alzheimer's and diabetes. It outlines the personnel, equipment, and environmental resources required to provide competent care.

The facility, licensed for 42 beds and with an average daily census of 36 residents, emphasizes person-centered care and maintains a staffing plan to ensure adequate care coverage. The assessment includes a detailed review of staff education, training, and competencies, ensuring all personnel are equipped to handle the diverse needs of the residents. Additionally, the assessment outlines the integration of the Quality Assurance Performance Improvement (QAPI) process to improve care delivery continuously. The facility leverages both internal and external resources, including shared services with North Valley Hospital, to support resident care. It also highlights the facility's infection control measures and emergency preparedness strategies, emphasizing the importance of maintaining a safe environment for both residents and staff. The assessment serves as a foundational tool for ongoing evaluation and enhancement of the facility's operations to ensure residents' highest quality of care.