

Memory Care

Risk Management Self-Assessment

The following tool is designed as a self-assessment for memory care services offered by senior care communities. This tool is not designed to evaluate all potential risks.

Written Program Plan

- A written Memory Care Program is in place that describes the scope of services provided, resident admission criteria, person-centered care planning, primary care provider and mental health provider (as appropriate) care requirements, medication review and management, staff competency and training, unit staffing, therapeutic activities, resident discharge and transfer criteria and quality assurance and performance improvement monitoring
- The facility has contracted mental health clinical providers

Memory Care Policies and Procedures

The following policies and procedures are in place:

- A memory care management policy is in place that includes assessment, interventions, monitoring, resident-centered care planning including behavioral support as needed, and documentation
- Management of aggressive behavior
- Management of a behavioral emergency
- Management of a medical emergency
- Managing elopement risk and elopement response
- A written psychotropic medication policy is in place
 - The policy includes the frequency of medication review and provider follow-up
 - A process is in place for Gradual Dose Reduction (GDR) medication review of psychotropic medications
 - The policy addresses care planning requirements for medication “black box” warnings
- A written restraint policy or restraint-free policy is in place
 - The restraint policy addresses
 - Use of restraints – least restrictive
 - Provider orders
 - Resident monitoring
 - Resident consent
 - Quality review
 - Documentation
 - The restraint-free policy addresses least restrictive interventions
- A written abuse, neglect and exploitation policy and procedure includes definitions, screening, training, prevention, identification, investigation, protection, and reporting/response

Pre-Admission

- Written admission criteria are in place
- Pre-Admission screening includes:
 - Medical history
 - Current medications, including herbal supplements and over-the-counter medications
 - Wandering and elopement history
 - History of falling
 - Behavioral health history
 - History of physical aggression
 - History of sexual aggression
 - History of abuse and neglect
 - Suicide risk and past history
 - Current behaviors
- Residents with a primary, unmanaged mental health diagnosis are not admitted
- A national sex offender screening is completed on all potential admissions
- A mental health professional and/or the resident's primary care physician is consulted prior to admission if the facility is uncertain about their ability to care for the resident

Admission

- Admission screening includes (unless previously obtained):
 - Current medical history
 - Current medications, including new medications within the past 30 days
 - Assessments (not limited to)
 - Fall risk assessment
 - Elopement risk assessment
 - Skin risk assessment (head to toe)
 - Cognitive assessment
 - Pain assessment
 - Social history (including prior work history)
 - Behavioral health history
 - History of physical aggression
 - History of sexual aggression
 - History of abuse and neglect
 - Suicide risk and past history
 - Current behaviors

Resident-Centered Care Plan

- A resident-centered care plan is started on admission. The multi-disciplinary team is involved. The resident care plan is updated with changes in condition and care needs and reviewed for effectiveness on a scheduled basis
- Based on provider orders/recommendations and current history, a resident-centered behavioral support plan is developed on admission including behavior triggers/ antecedent events and interventions
- A behavior log is initiated per facility policy and procedures (as applicable)

Therapeutic Programming and Activities

- Therapeutic programming and activities are designed to promote mental and physical engagement and well-being, minimize boredom, and align with resident-centered care plans
- Therapeutic activities are provided on a scheduled basis and are individualized

Discharge/Transfer

- A written discharge/transfer policy is in place that includes resident care and safety prior to discharge or transfer, discharge communication with resident, family, provider and receiving facility and components of the resident-centered discharge plan

Environmental Safety

- Regularly scheduled environmental safety rounds are scheduled that include:
 - Resident rooms
 - Courtyards
 - Designated smoking areas
 - Common areas
 - Secured areas
 - Exits
- Window restrictors are in place to secure windows to a six-inch opening to allow for adequate ventilation but prevent resident exit
- Regularly scheduled preventative maintenance and functioning checks on exit door alarms and electronic monitoring systems is completed and documented
- Electronic monitoring bracelets are checked every shift for placement and daily for functioning

Staff Training and Competency Validation

Staff training and competency validation includes, but is not limited to:

- Caring for residents with Alzheimer's disease and dementia
- Dementia care – understanding behavior
- Working with non-compliant and aggressive residents
- Least restrictive interventions
- Signs of escalating behavior and de-escalation techniques
- Recognition of depression and suicide risk
- Psychotropic medications and common side-effects
- Resident rights
- Abuse, neglect, and exploitation
- Resident behavioral emergency response
- Recognition and response for inappropriate sexual behavior

Risk and Quality Management

- Resident behavior events that result in injury to self or others are reported on an incident report
- The incident investigation addresses causal and contributing factors
- Resident behaviors are reviewed at morning meeting (e.g., new admissions, behavior incidents and residents with change in behavior).
 - The medical record is reviewed for complete documentation and the Care Plan is reviewed for updated interventions
- Weekly At-Risk Meetings address the effectiveness of interventions
- The Monthly (preferred) or Quarterly Quality Assurance and Performance Improvement (QAPI) Committee reviews patterns and trends related to behavior incidents and emergency transfers

Notes

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