



Adult Foster Home Caregiver Preparatory Training — A Study Guide

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Introduction

Adult foster care is a very demanding yet rewarding vocation. It provides supportive care and the comforts of "home" to Oregon's frail elderly and adults with disabilities.

This study guide will give the caregiver a basic understanding of the care issues and responsibilities involved in providing adult foster care.

Adult foster homes are private residences licensed under Oregon law to provide care for five or fewer elderly and/or adults with disabilities on a 24-hour basis. Adult foster homes are generally single-family residences in residential neighborhoods. By design and appearance they are "home-like" in nature.

Adult foster homes provide basic services and assistance such as:

- Meal preparation;
- Medication administration;
- Personal care tasks;
- Housekeeping;
- Transportation; and
- Social activities.

The goal of the Adult Foster Home Program is to promote "person-centered care" in a home-like environment. Person-centered care emphasizes resident independence through a cooperative relationship between the care provider and the resident, in a setting that protects and encourages resident dignity, choice, individuality, independence and privacy.

The training and experience of the licensee and resident manager, if the home has one, factor into whether a licensee can provide more complex care.



Licensee: The person who was issued an adult foster home license. This person is responsible for the operation of the home.

Resident manager: An employee of the licensee who lives in the adult foster home and is directly responsible for the 24-hour care of the residents. If the licensee does not live in the home, the adult foster home must have a resident manager.

Substitute caregiver: Any person other than the licensee or resident manager who provides care and services in an adult foster home.

Some of the reasons an individual may choose to live in an adult foster home include:

- Poor nutrition and weight loss, or gain, that may result in illness;
- Problems with medication management, either forgetting to take medication or taking too much;
- Frequent falls;
- Inability to independently perform activities of daily living (e.g., bathing, dressing, shopping, housecleaning, getting from place to place, doing laundry, cooking, managing financial matters);
- Chronic illness or injury;
- Depression, anxieties or fears;
- Mental impairments that interfere with living independently (e.g., wandering away, inability to recognize family members or friends, inability to locate or identify familiar things, short-term memory deficits, onset of Alzheimer's disease or other types of dementia);
- Rehabilitation following an illness or injury.

This study guide was created to help you learn your responsibilities to residents of an adult foster home if you become a substitute caregiver. The information in this study guide also will inform you about state laws governing adult foster care homes. It is extremely important that you carefully and thoroughly review this guide. Remember, as a substitute caregiver in an adult foster home, you will have a great deal of responsibility for the care and well-being of every resident in that home. Our expectations are high that you will do a great job.

Our intent, with this study guide, is to provide an overview of the care provider role in an adult foster home. You will need to become familiar with several basic topics covered in this guide. We have also provided a workbook with questions that pertain to the information in the study guide. Please answer these questions when you are finished learning the information in the study guide. You can use the study guide to help you answer the questions. When you have completed all the questions, please turn them in to the licensee or resident manager in the adult foster home.

Also, before you can begin training for your new position in the adult foster home, you and the licensee must have written verification that you have been approved to work in an adult foster home through the criminal background check process. And, before you are left in charge of residents, the licensee or resident manager must orient you to the home and residents. An orientation checklist is provided for your information in this study guide and there is also one in the workbook that you can use to check off each orientation topic as you complete it.

Promoting the social model of care

Promoting the social model of care happens when you respect each resident's:

Individuality

Care is provided according to each resident's need for care services, modified over time as those needs change. The adult foster home resident is encouraged to participate in her or his care planning.



Independence

Decision making, on the part of the resident, is encouraged. The adult foster home resident should be supported in and encouraged to do as much for herself or himself as desired.

Dignity

Interactions that foster mutual respect and courtesy between residents and care providers are encouraged. Care providers focus on residents' abilities, while accepting their disabilities. Residents are treated with the care and respect they actually desire, rather than what the caregiver assumes is wanted. This happens through conversation between resident and caregiver and through the caregiver treating the resident like a valuable member of the adult foster home.

Choice

Providing the resident(s) with options from which to choose, even when it might be more convenient to limit choices and make the decision yourself.

Privacy

Provide a personal living space for each resident and control access to that space by others, including care providers. The resident must be able to receive care, visit with others and have personal time in private, if desired. Personal information and resident records are also kept confidential. Division staff, by rule, have full access to the adult foster home premises and authority to examine and copy the facility and resident records. Otherwise, resident information can only be shared with written permission from either the resident or her or his legal representative.

Licensee responsibilities to you

The licensee is the person who is licensed to operate the adult foster home. This person, or the resident manager, must orient you, as the substitute caregiver, to both the home and the resident(s) using an orientation list that includes:

1. I know the phone number and address of this home. Yes No
2. I know the telephone numbers to reach the licensee, the back-up licensed provider or approved resident manager and other emergency contacts. Yes No
3. I know where the phone numbers for the residents' physicians are located. Yes No
4. I have been instructed in the home's emergency procedures and can readily access the emergency preparedness plan. Yes No
5. I have been shown the location of the fire extinguisher(s) and know how to operate them. Yes No
6. I know the location of the fuse box and utility shut-off. Yes No
7. I have been oriented to emergency evacuation procedures and can demonstrate the ability to evacuate all residents and any other occupants within **three minutes** to the designated point of safety that:
 - Is outside and away from the structure of the home; and
 - Has access to a public sidewalk or street. Yes No
8. I have been introduced to all the residents of the home. Yes No
9. I have been shown the location of and have access to the residents' records. Yes No
10. I have reviewed all resident care plans and understand how to meet the needs and preferences of each resident. Yes No
11. I know where the food is stored and understand menu, snack preparation and special diet requirements. Yes No
12. I have been instructed and know how to properly assist residents with all transfers (e.g., on/off toilets, chairs and repositioning). Yes No

13. If required to perform **nursing tasks**, I have received proper delegation by a registered nurse. Yes No
14. I have been instructed in standard precautions. Yes No
15. I know where to find the residents' medications and have access to the locked medication storage. Yes No
16. I have reviewed all medications for each resident. Yes No
17. I have been instructed in the potential side effects and reactions of medications that I am giving to residents. Yes No
18. I have been instructed in the proper way to record medications for each resident, including refused medications. Yes No
19. I have been instructed in the use of PRN medications, including written parameters. Yes No
20. I have been taught what to do in the event of a medical emergency and understand the procedures for calling 911 in emergencies requiring ambulance, fire protection or police. Yes No
21. I have been informed of what to do if a resident dies. Yes No
22. I have been informed of what to do if a resident goes missing. Yes No
23. I know where the first-aid supplies and manual are located. Yes No
24. I understand that I am a mandatory reporter of elder abuse and I know how to file a report. Yes No
25. I have been oriented to the home's policies and procedures related to Advance Directives. Yes No

This list is duplicated in the **Adult Foster Home Caregiver Preparatory Training — Workbook**. When you complete the learning activities in that workbook, also complete pages 33 and 34 of the workbook, sign and date the bottom, and give the completed workbook, including the signed and dated certificate sheet, to the licensee.

If you work in more than one foster home, **be sure** to complete an orientation for **each** home.

Substitute caregiver responsibilities

As the substitute caregiver, you must:

1. Completely understand the instructions provided by the licensee or resident manager. If unsure of a job duty, ask to have the job duty explained again and/or ask for a demonstration of the job duty.
2. Abide by the Residents' Bill of Rights and resident confidentiality.
3. Perform your job as a professional.
4. Respect the residents in your care and treat them with dignity, even if your personality and lifestyle differ from theirs.
5. Carry out the care plans.
6. Do **not** perform a delegated nursing task without first having the task delegated to you by a registered nurse.
7. As soon as your orientation to the home is complete, sign a document that you have been oriented to the home and residents.
8. Allow licensing staff, case managers, adult protective service workers, contract registered nurses and long-term care workers access to the adult foster home, if needed.



Remember:

Adult foster home substitute caregivers, when left in charge, are responsible for what happens in the home. You and the licensee may be held legally liable if someone files a suit and you are found to be negligent in your job duties.

Your personal responsibilities

To provide the best care to the residents, you must first take care of yourself. It is very important that you are healthy — physically, emotionally and mentally.

Your appearance is important to residents. You must always have a clean body that is free of odors and wear clean clothes that are changed daily. Your nails should be kept short and must be clean. Washing your hands often will help prevent the spread of germs. Keep in mind that adult foster homes are to provide a "home-like" environment. Be sure to wear clothing that is appropriate for the type of work you will do in this setting.

Your conduct (how you act) around the residents is also very important. Here are our expectations:

- Be courteous.
- Be friendly and understanding.
- Don't whisper to others in front of the residents.
- Be organized, so you don't feel rushed.
- Don't gossip! Ever!
- Respect the residents' beliefs, even if they are different than yours.
- If you smoke, do it only in designated smoking areas and wash your hands after you smoke.



Residents' Bill of Rights

Each resident has the right to:

- Be treated as an adult with respect and dignity;
- Be informed of all resident rights and all house policies;
- Be encouraged and assisted to exercise constitutional and legal rights including the right to vote;
- Be informed of her or his medical condition and the right to consent to or refuse treatment;
- Receive appropriate care and services and prompt medical care as needed;
- Be free from mental and physical abuse;
- Have complete privacy when receiving treatment or personal care;
- Associate and communicate privately with any person of choice and send and receive personal mail unopened;
- Have access to and participate in activities of social, religious and community groups;
- Have medical and personal information kept confidential;
- Keep and use a reasonable amount of personal clothing and belongings, and have a reasonable amount of private, secure storage space;
- Be free from chemical and physical restraints except as ordered by a physician or other qualified practitioner. Restraints are used only for medical reasons, to maximize a resident's physical functioning, and after other alternatives have been tried. Restraints are not to be used for discipline or convenience;
- Manage their own financial affairs unless legally restricted;
- Be free from financial exploitation. The provider must not charge or ask for application fees or non-refundable deposits or solicit, accept or receive money or property from a resident other than the amount agreed to for services;
- A written agreement regarding services to be provided and the rates to be charged (the provider must give a 30-day written notice before any change in the rates or the ownership of the home);



- Not to be transferred or moved out of the adult foster home without 30 days written notice and an opportunity for a hearing. A provider may transfer a resident only for medical reasons, or for the welfare of the resident or other residents, or for nonpayment;
- A safe and secure environment;
- Be free of discrimination in regard to race, color, national origin, gender, sexual orientation or religion;
- Make suggestions or complaints without fear of retaliation; and
- Be free of discrimination in regard to the execution of an Advance Directive, Physician's Order for Life-Sustaining Treatment (POLST), or Do Not Resuscitate (DNR) orders.

Abuse

As a care provider for older frail adults or adults with disabilities, you should be aware of the following circumstances and/or incidents that may be considered abuse:



1. Any **physical injury** to a resident that has not been accidental. This includes injuries that a reasonable and responsible person would have prevented, such as those resulting from hitting, pinching, striking with or without an object, beating, punching, shoving, shaking, kicking, choking, burning or force-feeding. These actions are presumed to cause physical injury, including pain, to any resident, including those in a coma or those otherwise unable to tell you that they have been harmed.
2. **Neglect to provide basic care, supervision or services** necessary for the physical and emotional well-being of a resident when it results in physical injury, unreasonable discomfort, significant emotional harm or a serious loss of personal dignity. Abuse under this definition includes failure to provide care, supervision or services necessary to maintain the physical health and emotional well-being of a resident when that failure creates a risk of serious harm or results in serious harm.
3. **Abandonment** is when a caregiver leaves a resident or gives up responsibility to provide care for any period of time when it results in harm or places the resident at risk of serious harm.
4. **Sexual abuse includes:**
 - Sexual contact with a non-consenting resident or one who is incapable of consenting to a sexual act;
 - Sexual harassment or sexual exploitation of a resident, which may include inappropriately exposing a resident to, or making the resident the subject of, sexually explicit material or language;
 - Sexual contact between an adult foster home provider, caregiver or volunteer and a resident (unless they have a pre-existing relationship);
 - Any sexual contact achieved through force, trickery, threat or coercion;
 - Any act that is considered a crime.
5. **Financial exploitation** means the theft or diversion of a resident's property including money, personal property and medications; illegal or improper use of a resident's resources for the personal profit or gain of another person; borrowing

resident funds; spending resident funds without the resident's consent, if the resident is not capable of consenting; spending resident funds for items or services from which the resident cannot benefit or appreciate; spending resident funds to acquire items for use in common areas of the adult foster home when such a purchase is not set up by the resident; or threatening to wrongfully take the resident's money or property.

6. **Verbal or emotional abuse** includes in extreme forms: the use of spoken, written or gestured communication that includes (on purpose) negative and rude words directly to the resident, or within her or his hearing distance, regardless of the resident's age, ability to understand or her or his disability. This type of abuse also includes humiliation, intimidation, harassment, threats of punishment or deprivation. Also included are unwanted or inappropriate crude or sexual language, questions, comments and other communication. Examples of verbal and emotional abuse include, but are not limited to: threats of harm; saying things to frighten a resident, such as telling a resident that he or she will never be able to see his or her family again; and making unwanted sexual comments about a resident's body. Verbal or emotional abuse is different from a resident rights violation by the extreme or offensive nature of the communication.
7. **Involuntary seclusion** of the resident, carried out to make things easier for the caregivers or to express a disciplinary action, is also considered abuse. Involuntary seclusion may include confining a resident to his or her room (with or without roommate) against the resident's will or restricting the resident's ability to associate or communicate with others.

Adult foster home licensed providers and AFH employees are mandatory reporters according to Oregon Administrative Rule 411-050-0455 and Oregon Revised Statute 124.050. If while acting in your official capacity as an adult foster home licensee or employee you are in contact with an older adult and have reasonable cause to believe that person was abused, you must **immediately** report this to the Department of Human Services office in your area or your local law enforcement.

8. Wrongful use of physical or chemical restraints. Any type of restraint requires a medical professional assessment, consideration of alternatives to the use of restraints, written orders from the resident's physician or nurse practitioner and written authorization from the resident or the resident's legal representative. Restraints must not be used for the convenience of the adult foster home.

- a. **Physical restraints** are devices or actions that restrict a resident's ability to move independently or prevent access to their own body. These types of restraints include, but are not limited to tray tables, seat belts, restraint mittens, soft wrist and ankle restraining and strap fastening vest (posey jacket). If the resident using such a device is able to remove it without assistance, it is not considered a restraint.

If a resident is seated in a recliner with his or her feet in the upright position, the recliner may be considered a restraint. For example, **it would be a wrongful use of restraint if the resident is able to get in and out of a recliner independently, but is unable to do so when the care provider elevates his or her foot rest and the care provider fails to provide assistance to the resident when needed.**

- b. **Chemical restraints** are when drugs are used to alter behavior or to restrict the movement of a resident. There are many drugs that may be used as chemical restraints, but examples include prescribed medications such as Valium or Ativan and over-the-counter medications such as Benadryl.

An example of the wrongful use of a chemical restraint is when a resident displays challenging behaviors, such as repeatedly going into other residents' rooms uninvited. The care provider gives the resident Benadryl so that he or she would relax and perhaps fall asleep. **This illustrates the wrongful use of a chemical restraint if:**

- **There are no doctor's orders for the use of Benadryl to treat that behavior;**
- **There was no assessment and consideration of alternatives by a medical professional prior to its use; or**
- **If the medication was given for the convenience of the care providers.**

Understanding the resident

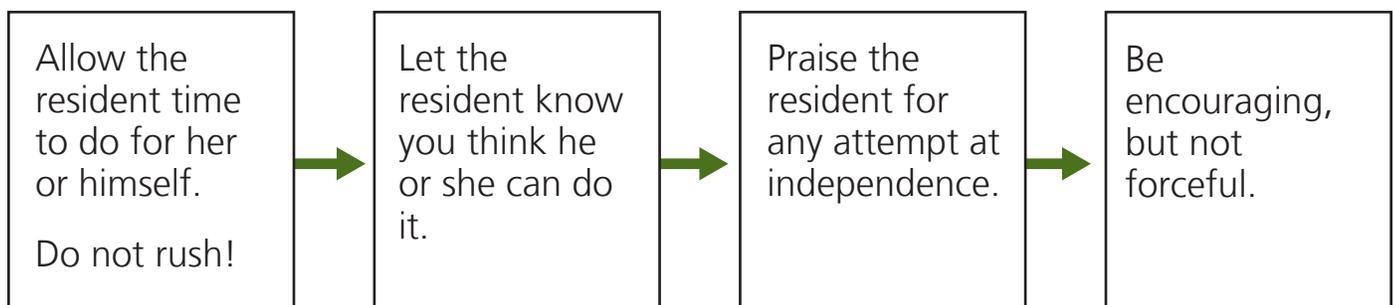
Adult foster home residents have had many experiences in their lives. Many residents have been independent, made their own decisions and taken care of themselves and others. Relying on someone else to take care of them, including accepting help with their very private needs, is often a new and unsettling experience.



The adult foster home resident has been many things to many people over her or his lifetime. It is important to remember that you are providing care to people who may not only have been parents and grandparents to others, but who may also have been scientists, business people, nurses, teachers and others who have made many important contributions to our society.

Helping the resident to be independent is one of the most important things you will do. Most residents are capable of doing some things for themselves. The resident might be able to comb her or his own hair, hold the bread at a meal, shave with an electric razor or participate in various activities. It is important that you find out what each resident can do for herself or himself by checking each resident's care plan and by talking with the residents. The opportunity to do something independently will make the resident feel better about herself or himself.

Here are the steps to independence you should follow while working with residents:



The resident file

Each resident of the adult foster home must have a file that contains information specific to that individual. You will be instructed, by the licensee, on how to use the file, based on how he or she has chosen to set up the file. Most licensees use a binder to keep the resident's information safe and in one location for easy access. This study guide provides only a brief overview of three areas of the resident file that need special consideration: the **care plan**, the **medication administration record** and the **narrative**.



Specific instructions for the care of each resident are found in the **care plan** stored in the resident's file. The care plan is a document that is created by the licensee within two weeks of the time that the resident comes to live in the licensee's adult foster home and it is updated every six months, or as the resident's health condition changes.

Each resident's care plan will tell you what the resident can do for himself or herself and what assistance each resident needs to perform the "activities of daily living," or "ADLs," including eating, dressing and grooming, bathing and personal hygiene, mobility (ambulation and transfer), elimination (toileting, bowel and bladder management), and cognition and behavior management. The care plan will also include information on the person's social, dietary and activity needs. Be sure to have the licensee or resident manager review the specific resident's care plan with you **before** you provide any care to that resident.

The **medication administration record**, or "**MAR**," identifies all of the treatments, therapies and medications administered by the care providers to the resident, including over-the-counter medications and prescribed dietary supplements. The MAR states each of the resident's medications by name, the dosage of each medication, the route (if other than oral) that is used to administer the medication (in other words, by shot, by patch, etc.), and the date and time that each medication is given. The person administering the treatment, therapies and/or medications must **immediately** initial the MAR every time a treatment, therapy or medication is administered (*you can find more information about MARs on pages 45–52 of this study guide*).

NOTE: If a resident refuses or misses a medication, the MAR must be initialed, and the initials must be circled. Use the back of the MAR to write the reason that the medication was missed. If the resident refuses to take a medication, use the person's own words, in quotations, to describe the refusal. Report the refusal of any

medication to the licensee or resident manager and document that you reported this information on the back of the MAR.

The **narrative** describes the resident's progress and must be completed at least once a week (or more often if a resident's health condition is changing). Each narrative entry must be dated and signed by the person who wrote it.

Here are some general guidelines to use for writing a narrative in a residents' record:

1. Make **sure** you have the correct resident's record before you begin writing.
2. Write clearly. Print if your handwriting is hard to read.
3. **DO NOT use pencil.** Your narratives are considered to be permanent records, and narratives written in pencil can be changed. Use a permanent black or blue ink pen.
4. When spelling words in the narrative that you are unsure of, use a dictionary to check the word and ensure you are using the correct spelling.
5. Avoid writing, "oops," "oh no," "sorry," or drawing happy and/or sad faces in the narrative. Provide only complete, to the point, accurate information in your narrative.
6. Write short, clear sentences, e.g., "Mrs. Smith did not eat breakfast or lunch. She drank ½ cup of orange juice for breakfast," or, "Mrs. Smith described "mild" pain in her stomach, lasting from shortly after breakfast, until about 5:00 pm. This is the third day that Mrs. Smith has had no bowel movement."
7. Do not write sentences that contain your emotions about the situation. Writing a narrative may feel similar to writing a note, but actually the narrative is a technical document and should be written like one. Narratives, such as, "I am worried about Mrs. Smith because she is feeling yucky in her stomach," are not helpful to medical professionals who may be reading your narratives for clues on how to treat Mrs. Smith for her stomach pain.
8. Use simple, precise words. We want you to write your narratives in such a way that someone else can pick up the resident's record after your narrative is written and be able to understand immediately and exactly what is happening with Mrs. Smith on any given day. For example, asking Mrs. Smith to describe the intensity of her pain, allows a medical professional to better assess what might be going on medically with Mrs. Smith. And, noting the time frame within which Mrs. Smith was feeling the pain in her stomach provides the doctor with some added information. Since the medical professional is seldom in the adult foster home with you, you are that professional's eyes and ears in the home.

9. However, don't be afraid to use "I" in your narratives. For example, you might write, "I called the nurse at 3:00 pm to report that Mrs. Smith had not eaten breakfast or lunch, has had no bowel movements for three days, and was complaining of mild stomach pain from just after breakfast through the time I called."
10. If you remember an important point after you've completed your narrative, write the information with a note beside it stating that the new information is a "late entry." Include the date and time of the late entry. For example, "Late entry, 7:00 pm: Mrs. Smith said, when asked just now, that her stomach pain lasted until about 5:00 this afternoon. She did have about 1/2 cup of stewed prunes about 4:00 pm today."
11. Never use correction fluid or correction tape and never erase an entry in the narrative. If you make a mistake, draw a single line through the entry and write, "mistaken entry." Write in the correct entry as close to the mistaken entry as possible and sign your name.
12. Record each telephone call to or from a health care professional. Include the date, time and the health care professional's name.
13. Document information from appointments with care providers such as doctors, home health nurses, therapists, etc.
14. Do not use shorthand or abbreviations that are not widely accepted or understood. If you need to, write out everything you know about the situation in order to provide a clear picture. For example, do not use ditto marks ("") for day two if what you would narrate for a resident for day two is similar to what you would narrate for day one. Write out day two in its entirety, even if the wording in the narrative ends up being the same for both day one and day two.
15. Do not alter a person's record. This is fraud. For example, don't add information at a later date without indicating the correct date of the added information; don't date the entry so that it appears to have been written at an earlier time; don't add inaccurate information; and never destroy records.
16. Don't write entries in advance. Something may happen and you may be unable to actually give the care that you have written about. Write your narrative of the day, either just after the events have happened or later in the day when you have the time to thoroughly fill out your paperwork.

Communication skills

Some of the most important skills to develop, when working with older adults, are effective communication skills. Good communication between the residents and you will be critical to your success in the adult foster home. You will also communicate with the residents' families, friends, medical professionals, pharmacists, licenser, case managers and others who have a part in the residents' care and overall life.



Use good listening skills. They are an important part of communication. Listen carefully to what is being said and watch the resident's hands and body language. Give the resident your full attention; turn toward that person, look at him or her, and listen closely; otherwise you may miss important information that the resident is trying to share with you. By turning to face the resident and listening intently, your body language tells the resident that what he or she is saying is important enough to you that you are willing to stop what you are doing to give him or her your full attention.

Be courteous, polite and considerate at all times. Never be impolite or critical when you work with the resident or other staff. There will be times when you are tired or frustrated, but do not take that out on the residents or other staff.

Be sensitive and respect each resident's moods. For example, a resident does not have to participate in activities, although the AFH is required to offer them. Respect the resident's right to choose. If the resident is cranky with you, be patient and do not get hooked into the resident's negative behavior. Do not respond back with your own anger or negative comments. Talk with the licensee or resident manager if the problem persists.

Be tactful. Try to do and say the right thing at the right time. Think before you speak. Neither talk about the residents in front of them, nor behind their backs. Even if you think the resident(s) can't hear you — remember, the spoken language is only a piece of the communication process.

Speak clearly and slowly when you talk with a resident. By speaking clearly and making eye contact with the resident while you are talking with him or her, you will find that communication with that person is often successful. You may have to speak a bit louder for residents with hearing challenges, but simply being elderly does not mean that he or she needs to be spoken to with a loud voice. Learn about any communication challenges or needs the resident may have and respond appropriately.

Speak in the English language. Be courteous and respectful by not speaking in another language when you are in the presence of residents or others who may not understand.

Do not mumble, talk with food in your mouth or use slang language during communication. When you mumble or talk with food in your mouth, it is often hard for residents to hear or understand you. If you use slang language, your residents may not understand what you mean and may misinterpret your words, or just be unable to respond.

You can use **non-verbal communication** (e.g., body language, gestures, facial expressions) to communicate many things. For example, you can point to what you are talking about, or you can express your emotions through your facial expressions, along with your words.

Here are some other suggestions you can use to help others understand what you are saying:

- Don't get too close when communicating with others; people often feel most comfortable when you stand about a handshake's distance away from them.
- Keep confusion, distraction and noise to a minimum when having a conversation with a resident. If you are trying to be heard over the noise of a loud television or someone else talking in a very loud voice, you will often not be heard.
- Make sure you get the resident's attention before you start talking with him or her. Use the resident's name to get his or her attention. People with hearing and vision loss tend to tune out if left to just sit, and they may not even realize that you are talking to them.
- Speak a bit slower than normal and speak clearly. Use simple words that are familiar to the resident.
- Pay attention to your tone of voice and how your emotions might influence how you are talking. When we are excited or anxious, we often talk faster. Use a positive, nurturing tone of voice to convey a sense of calm.
- Explain directions in clear, simple steps, giving one step at a time. Don't rush the steps. Processing time often slows down in people who are ill or who are using various types of medication.
- Ask one question at a time and give the resident time to answer. Rushing him or her will only create confusion and frustration.
- Always treat residents with dignity and respect. Remember, the residents in the foster home are adults and have lived independent lives as capable adults. Don't

talk down to them or use pet names, such as "honey" or "sweetheart," unless the resident has given you permission to do so.

- Frame directions to residents in a positive light. For example, instead of saying, "Don't do that," say, "Here is what I would like you to do."
- Be specific about what you say. For example, instead of saying, "Here it is," say, "Here is the magazine." Don't say, "Your friend is here." Do say, "Frank is here to see you."

Good communication between the residents and you will be critical to your success in the adult foster home. You also will communicate with the residents' families, friends, medical professionals, pharmacists, licenser, case managers and others who have a part in the residents' care and overall life.

Problem solving when behaviors change

Some of the residents you will provide care to may be confused and have outbursts of emotions or aggression. This can be due to the fact that their lives are changing, often involving loss after loss, or they may be losing the ability to communicate effectively. Listed below are some additional factors that can affect a resident's behavior:

- Unmet needs. When the resident's physical, emotional or social needs are not met, the resident may respond by being angry, depressed or withdrawn. Keep in mind that the resident is in the care of the adult foster home staff and much of the resident's independence is now gone. It is difficult for a resident to feel positive, safe and secure if he or she is being neglected in some way.
- Frustrations and fears. As the resident experiences the loss of loved ones, independence, possessions and physical abilities, to name a few, she or he may react to these losses with anger, depression or withdrawal. If he or she was not part of the decision to move to the AFH, it may take longer to adjust to his or her new life in the adult foster home.
- Other factors leading to changes in behavior:
 - Physical illness
 - Inability to communicate
 - Progressive memory loss
 - Reaction to medication
 - Pain
 - Change in routine
 - Depression
 - Poor nutrition

Some of the "behaviors" you see may be due to medical reasons and be beyond the resident's ability to change. Never criticize or shame a resident for these or any behaviors.



With a bit of detective work, understanding and planning, you can avoid or eliminate most difficult behaviors. Here's how:

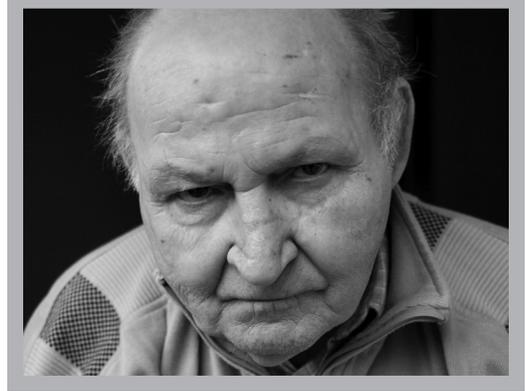
- Listen sincerely to what the resident is trying to communicate to you and try to correct whatever is bothering the resident, within reason. If you cannot make the desired change for the resident, explain why and offer a compromise. If the resident is unable to communicate what is bothering him or her, you can try to get help from family or friends or other staff who have known the resident longer.
- Keep the home calm and positive. If the TV is loud, the dishwasher is noisy and the dog is constantly barking, a resident's coping skills may decrease and his or her confusion may increase.
- Make sure the licensee or resident manager has given you complete information about each resident, including resident likes, dislikes and habits (e.g., food preferences, sleep habits, activities, TV programs).
- Note whether or not the resident's normal food consumption or sleeping and activity patterns have changed since the change in behavior. If so, this is something to discuss with the licensee or resident manager.
- Note whether or not there has been a recent change in the resident's life. Has a family member stopped visiting? Has a friend died? Is the resident finding it hard to adjust to a new care provider?
- Check to see if the resident has just begun a new medication and, if so, bring this information and the behavior change to the licensee's or resident manager's attention.
- Make sure you and other staff members are providing for the residents' needs and preferences (as documented in the care plans of each resident by the licensee or resident manager), including:
 - Privacy and a sense of security with time in the bathroom and personal hygiene;
 - Three nutritious meals per day;
 - Daily snacks and extra fluid;
 - Activity times;
 - Medication as prescribed.
- Make sure the licensee or resident manager has reviewed with you any special habits the residents might have and how you should respond.

If the licensee or resident manager does not give you information on each resident's needs, plus a complete daily schedule — ASK! As the substitute caregiver, you also have a responsibility to know what each resident's needs are. You must have this information in order to do a good job.

Behavior challenges

Sometimes challenges with various behaviors will occur and these behaviors and care instructions should be available in the resident's care plan. When you observe a behavior challenge, do the following:

1. Stay calm and use simple communication skills to understand what is bothering the resident. This does not mean to treat the resident like a child. It means that you ask short questions (for less confusion) and listen carefully.
2. Acknowledge the person's feelings and/or problem even if you don't agree with it.
3. Relieve the problem if possible.
4. Distract the resident by turning her or his attention to something else such as a snack, an activity or reminiscing about something that or someone who has brought the resident pleasure in the past.



The resident may act out aggressively because of illness, confusion or the effects of medication. This aggressive behavior can be physical, sexual or verbal. If the resident becomes aggressive, stay calm and then move the other residents out of the way of the resident who is acting aggressively. Check to see if something startled, scared or made the resident angry, such as:

- » A noisy, confusing or strange environment;
- » Care provider attitudes, including frustration, irritation or impatience;
- » Fatigue on the part of the resident;
- » Personal care activities like bathing and toileting; or
- » Feeling rushed while eating, going to the bathroom or any other situation in which the resident feels as though he or she needs to be left alone.

If a resident tries to strike out at you, remain calm, and if possible, walk away from the situation. Do not force the resident to do something against his or her will unless the situation absolutely requires it for the resident's safety. Return in a few minutes, use good communication skills and reassure the resident. Often the crisis will end there but, if not, notify the licensee.

Residents with Alzheimer's disease, or other forms of dementia, can exhibit behavior such as repetitive chanting or motions, wandering, inappropriate sexual behavior and/or taking other people's things. Coping with these behaviors takes patience, good communication and, occasionally, a sense of humor.

Repetitive chanting

Residents with certain dementias may repeat questions or sounds over and over. This behavior will not harm the resident, but it can wear on the caregivers and the other residents.

Try the following:

- Talk soothingly to the resident and touch the resident on the arm or hand in a reassuring way.
- Involve the resident in an activity that he or she usually enjoys, or provide a snack for distraction.

Do not:

- Scold the person or tell him or her to stop what he or she is doing. This will only upset the resident and will not stop the behavior.

Wandering

Any resident with dementia who can walk without assistance is at risk for wandering out the door.

Because of this, you should:

- Keep the door alarms set.
- Keep an eye on the resident.
- Be aware of anything that could start the wandering behavior, such as stress, anxiety or moodiness.
- Distract the resident if she or he starts toward the door.
- Provide exercise for the resident — take him or her for an inside walk around the house.

If the resident leaves the house or property:

Do:

- See which way the resident went.
- Call a back-up person who can stay with the other residents while you go and look for the resident who has wandered off. If a back-up care provider is not available, you may need to call the police.
- Notify responsible parties (e.g., licensee, family representative, case manager) and complete a written report of the incident in the resident's progress notes.
- You may need to call the police. Be prepared to describe the resident (e.g., height, weight, hair color, clothes) and describe the direction in which the resident was going.

Do not:

- Follow the resident if you have other residents in the house and there is no back-up person to stay with them.

Inappropriate sexual behavior

One of the most upsetting experiences for a caregiver is when a resident makes an inappropriate sexual advance.

Do:

- Stay calm and collected.
- Realize that the resident may think that you are someone who he or she was romantically involved with at some point in the past.
- Try to figure out whether or not the resident is trying to respond to some other situation. For example, if the resident begins to unzip his pants, he may have to go to the bathroom. Not all situations may be sexual.

Do not:

- Become angry or outraged by the action. The resident is not a bad person; he or she is probably having confusion over an identity, which is not uncommon among people with dementia. Or the resident may simply be trying to communicate some other need.

Taking other people's things

Sometimes a resident with Alzheimer's disease will take things that belong to other residents. This happens because the resident with Alzheimer's disease thinks the item belongs to him or her.

Do:

- Thank the resident for finding the "lost item." Perhaps that will be the end of it (for that day).
- Return the item when the resident who took it is not looking.

Do not:

- Scold the resident for taking the item. This will not be understood.

Preventing the spread of disease

The very best way to prevent the spread of disease is to **WASH YOUR HANDS!** You must wash your hands before and after you work with **each** resident, handle the residents' dirty clothing and linen, or when you are exposed to a resident's body fluids (urine, saliva, feces, blood).

You are also required to follow standard precautions. According to the Centers for Disease Control and Prevention, standard precautions apply to:

1. Blood;
2. All body fluids, secretions and excretions (except sweat), regardless of whether or not these fluids contain visible blood;
3. Non-intact skin such as a skin tear or an open sore; and
4. Mucous membranes.

Following standard precautions not only prevents the spread of disease to others, but protects you from disease as well.

Guidelines for standard precautions include:

- Wearing gloves whenever you may come into contact with blood or body fluids (urine, feces, saliva);
- Wearing a mask and eye protectors if you are doing something where droplets of blood or body fluids might be spread to you in the air (sneezing, coughing);
- Always washing your hands before and after coming in contact with blood or body fluids (even if you wore gloves);
- Thoroughly washing clothing, bed linens and any other objects that have come in contact with blood or body fluids immediately after exposure to the blood or body fluids;
- Disposing of infectious materials in special containers such as a sharps container. Be sure to have the licensee or resident manager show you the location of these containers.



Safety in the home

A large number of accidents that happen in adult foster homes can be prevented. By knowing how to be safe and where to look for dangers and problems before they cause an accident, you can provide the very best and safest care to the residents in the adult foster home.

Accident prevention

To prevent accidents you should:

- Keep floors clear of objects that residents could trip over or run into;
- Wipe up any spills immediately;
- Turn on lights in halls, rooms and passageways when dark;
- If door alarms are required, keep door alarms set at all times;
- Be sure all stovetop burners are turned off when not in use; and
- Report any safety concerns immediately to the licensee (such as a loose grab bar or a tear in the carpet).



Fire prevention

Rules for preventing fires:

- Smoking in bedrooms is not permitted.
- Do not leave unattended items on the stovetop or baking in the oven.
- Never store gasoline or kerosene in the house.
- When using a heating pad or electric blanket, don't turn it on high. If the cords are crimped or broken, don't plug the pad or blanket into the electrical socket.

How to put out small fires:

- If clothes catch on fire, **DON'T RUN**. Lie down on the floor and roll to put flames out [**STOP, DROP AND ROLL**].
- Wrap the fire victim's body in a nonflammable blanket, rug or coat.

- Wrap from head down to keep the flames from reaching the face, chest, hands and head.
- **Call 911.**

For medium or large fires:

- Evacuate the residents **immediately.**
- **Call 911.**
- Every second counts!

Fires from grease:

- Smother flames with baking soda or flour.
- Cover pan with lid.
- If fire is in the oven, close the oven door and turn the oven off.
- **Call 911.**
- Use fire extinguishers.

Fires from electricity:

- Do not use water to put out electrical fires.
- **Call 911.**
- Use fire extinguishers.

Fires from wood:

- Cover with water.
- **Call 911.**
- Use fire extinguishers.

Note: You must be able to demonstrate the ability to **evacuate** all occupants of the adult foster home to:

- » The **initial point of safety** (at least 25 feet away from the structure with direct access to a public sidewalk or street) **within three minutes** or less; and
 - » The **final point of safety** (at least 50 feet away from the structure and located on a public sidewalk or street) **within two minutes** or less.
- You must know the fire evacuation plan and the assistance each resident requires. Make sure the licensee or resident manager goes over the evacuation plan with you during orientation. You should also participate in fire drills before you are left in charge of the home. You must be able to evacuate all occupants in the home to the designated point of safety that is outside and away from the structure of the home and away from the structure of the home as indicated above.
 - You must know where all smoke alarms and carbon monoxide alarms are located and how to test them.

- You must know where the exits are in the home.
- You must know where to find the fire extinguishers in the adult foster home, as well as how to operate them.
- You must know where the plug-in rechargeable flashlights are located.

Be aware if your area does not have 911 services. Know where the numbers for police, fire and ambulance are posted. Know where all the telephones are located.

Remember: Evacuate all occupants to the **initial point of safety within three minutes** or less and evacuate all occupants to the **final point of safety within two minutes or less. Then call 911.**

If the emergency requires it, you should

Call 911 immediately;

Stay calm and speak clearly;

Briefly describe the problem;

Give information as requested (identification as an AFH,
address of the AFH and your name) and

follow the directions given by the 911 operator.

Emergencies

Emergencies do happen in adult foster homes and an emergency may happen when you are alone with the residents. For that reason, it is important for you to know what to do.

When an emergency happens, **do not panic**. The residents depend on you for help. Take a deep breath, think quickly and act calmly. If you are not sure whether a situation is an emergency, **don't wait — call 911**.

If a resident suddenly becomes unresponsive, **call 911**. It is recommended that you know **first aid and are certified in cardiopulmonary resuscitation (CPR)**. Your actions in the event of an emergency may make the difference between life and death for a resident. To prepare for resident emergencies, you need to review the care plan of each resident with the licensee or resident manager.



When emergency responders arrive, have the information they will need available. You may make copies of the resident's records to provide to the emergency personnel, but do not give away original records (such as the resident's medication administration record, care plan or narratives) that belong to the adult foster home.

- Resident's name, age and medical diagnosis;
- Names of resident's physician(s) or nurse practitioner(s);
- Medications that the resident is taking, including over-the-counter medications and any herbal supplements;
- Allergies of the resident;
- Advanced Directive, Physician's Orders for Life-Sustaining Treatment (POLST) Form, Do Not Resuscitate (DNR) Order, and/or Power of Attorney for Health Care (if available); and
- Name(s) and telephone number(s) of family emergency contact person(s).

Stay calm and reassure the other residents if they have any fears about the incident. Notify the family or responsible party.

Note: You **may not** transport a resident who is involved in an emergency situation. **You must call 911** (emergency service personnel) for assessment and transportation.

If you need to accompany the resident, you must have arranged for a back-up staff person. You must not, at any time, leave the residents unattended at the adult foster home.

When an emergency happens,

DO NOT PANIC.

The residents depend on
you for help.

Nutrition and meal preparation

Providing a nutritionally balanced diet for the residents in your adult foster home is very important. Food for the body is like gasoline for a car; it keeps it running. It is important for everyone to eat a well-balanced diet. The right kinds of food are necessary to keep the body and mind healthy.

Nutrition is how the body uses food to maintain its health. The key to good nutrition is for the residents (and the caregivers) to eat a variety of foods. By "variety" we mean the selection and preparation of a wide assortment of vegetables, fruits, dairy products, breads, rice, cereal, pasta and meat, eggs, beans and nuts each week. Sweets and other foods with high fat content or oils should be eaten only occasionally because the calories that come from these foods typically do not help the body maintain its health.

ChooseMyPlate.gov is an online resource provided by the United States Department of Agriculture (USDA). This site can help you to plan nutritious meals in your adult foster home. To provide a well-balanced diet:

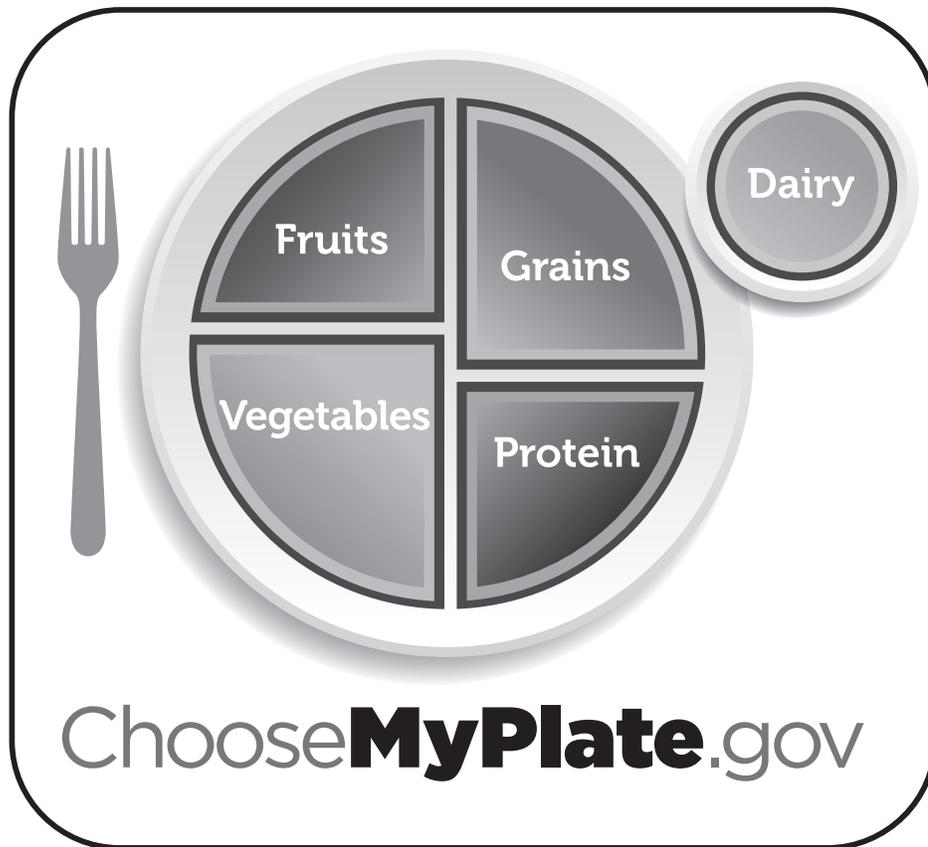
- Serve three nutritious meals per day, with snacks in between following the recommended guidelines at ChooseMyPlate.gov (fruits and vegetables, breads and cereals, milk and milk products, meat and meat substitutes).
- Use mainly fresh foods. Typically, food that is made from scratch using fresh food items has better nutrition than canned or packaged foods. Canned or packaged foods are generally higher in salt, sugar and/or fat and have decreased amounts of vitamins and minerals.
- Read about the nutrition and ingredients on the package or label. Knowing what you are buying will assist you in preparing nutritious meals and following any dietary restrictions.
- Be sure to check each resident's care plan to learn if special dietary requirements have been ordered by his or her physician and check for any food allergies.
- Follow the menu that should be posted in the adult foster home.

The importance of liquids

We must have water and other liquids to live. Liquid:

- Regulates body processes;
- Aids in regulating body temperature;
- Carries food and medication to body;
- Carries waste from body cells;
- Helps to lubricate joints; and
- Helps to prevent confusion.





www.choosemyplate.gov/food-groups/

Encouraging mealtime interest:

- Know each resident's food likes and dislikes.
- Allow residents to help if they wish to take part in meal preparations, setting the table, etc.
- Serve hot foods hot, but not so hot that they burn the residents' mouths.
- Serve cold foods cold.
- Serve meals in appropriate amounts for the residents' appetites.
- Make sure the food smells good and looks good.
- Keep the noise level low during meal times.
- Keep the room temperature comfortable.

Follow a mealtime and snack schedule. Residents must be able to depend on the time they will eat.

Food safety

How times have changed

A lot has changed over the years — including the way food is produced and distributed. Food used to be grown close to where people lived. Today, foods in local grocery stores come from all over the world, and eating food prepared by others is a common occurrence.



Another change is our increasing knowledge about illnesses that can develop from harmful bacteria in food. These illnesses are known as "foodborne illnesses" and they are preventable, but very dangerous to people over age 65 with chronic illnesses and weakened immune systems.

Immune systems weaken with age and stomach acid decreases. Since stomach acid plays an important role in reducing the number of bacteria in our intestinal tracts, our risk for acquiring a foodborne illness increases as we age. Additionally, underlying illnesses such as diabetes and kidney disease, along with some cancer treatments, may increase a person's risk of foodborne illness.

Preparing food

During food preparation, bacteria can be spread throughout the kitchen by hands, cutting boards, utensils, counter tops and food itself. **Always:**

- Wash your hands with soap and warm water for at least 20 seconds before and after handling food, using the bathroom, changing incontinence garments and/or handling pets.
- Wash all cutting boards, dishes, utensils and counter tops with hot soapy water after preparing each food item and before you go on to the next food.
- Wash kitchen towels in hot water and wash them often if you use the towels to wipe up food juices. Consider using disposable disinfectant wipes to clean up kitchen surfaces.
- All fruits and vegetables, whether to be eaten raw or cooked, should be rubbed under running tap water or scrubbed with a clean produce brush while rinsing with running tap water.

- Cross-contamination of foods is often how bacteria are spread. Raw meat, raw poultry, raw seafood and raw eggs can spread bacteria in your kitchen. Keep these foods and their juices away from other foods. If you use cutting boards, it's best to set one aside that you only use for raw meat, poultry, fish and eggs. For extra protection, clean the board with a kitchen sanitizer, such as a solution of one teaspoon chlorine bleach to one quart water. When the cutting board becomes worn or hard to clean, throw it out and get a new one.
- Always marinate food in the refrigerator. Leaving it on the counter while marinating will allow harmful bacteria to grow.
- Never defrost food at room temperature. Food must be kept at a safe temperature during thawing. There are three safe ways to defrost food: in the refrigerator, in cold water and in the microwave. Food thawed in cold water or in the microwave should be cooked immediately after thawing is complete.
- In the microwave use the "defrost" setting. Then cook the food right away.
- Meat, poultry and seafood need to stay cold while they thaw, so thaw these foods in the refrigerator. Begin thawing one or two days before you plan to cook the food.

Keeping your food safe

Put leftovers into the refrigerator or freezer as soon as you finish eating because the cold temperatures will slow the growth of harmful bacteria. Divide large amounts of leftovers into shallow containers for quicker cooling in the refrigerator, and then eat them within the next few days.

Do not over-stuff the refrigerator. Cold air must be able to circulate around the items in the refrigerator in order to keep them at their coolest.

Never let raw meat, poultry, eggs, cooked food, or fresh cut fruits or vegetables sit at room temperature for more than two hours before putting them in the refrigerator or freezer (one hour when the temperature is above 90F). If the food is left out for two or more hours, germs can grow.

It can be hard to tell if a food is safe. Foods that go bad may look, smell and taste like safe foods. So be safe. If you think a food might be bad, do not taste it. Throw it away.

Providing personal care

High-quality personal care is fundamental to the residents' overall well-being. Personal care includes bathing, grooming, mouth care, foot care, skin care and toileting.

While making sure that each resident is well cared for in terms of personal care, it is also important to encourage independence and promote self-esteem in the residents.

Typically, the older residents in your care have independently (and privately) performed their activities of daily living for 60, 70, 80 or more years. While it may be easier for you to provide hands-on assistance (e.g., dressing a resident who can dress herself or himself given enough time), you should encourage the self-care efforts of residents as much as possible.

The reason for this encouragement is to avoid what is known as "learned helplessness." Learned helplessness occurs when caregivers assume a task that the resident is still capable of doing for himself or herself. Before long we see a change in the resident's behavior in that he or she begins to lose confidence in his or her ability to do the task. Learned helplessness can then cause a decline in the resident's health or mental attitude, cause a further loss of function, and increase attention-seeking behavior problems. Information about the residents' level of independence should be included in the care plan.

The following pages contain information about providing personal care. Along with these guidelines, be aware that individual residents have individual needs and feelings about your participation in each of these tasks. While performing these tasks, be sure to guarantee the safety and comfort of the residents, maintain the residents' dignity, respect their privacy and use age-appropriate behavior.



Bathing

Bathing cleanses and removes wastes from the skin, stimulates circulation and provides passive and active exercise. Some residents may be able to bathe without help, while others may need assistance, either once in awhile or all of the time. Check each resident's care plan. Encourage independence as you follow these steps:

Provide for safety and comfort:

- Keep the room warm and draft free.
- Use moderately warm water (not over 105° F) for the bath.
- Test the bath/shower water temperature by running the warm water on the underside of your wrist before the resident comes in contact with it.
- Close the toilet seat and cover it with a towel to serve as a chair.
- Make sure that there is a rug with a non-slip back in the bathroom near the edge of the tub or shower.
- Be aware of the potentials for slipping, scalding and drowning.

Be ready to provide assistance with:

- Getting into, and out of, the tub or shower;
- Washing the resident's hair;
- Washing private areas;
- Toweling dry;
- Rubbing on lotion after bathing.

Provide privacy:

- Be in the bathroom only when a resident needs assistance or supervision.
- When washing a resident, give the resident a towel to hold over his or her body as soon as his or her clothes have been removed, allowing for privacy. Then, when it is time to wash the individual's private areas, reach under the towel and quickly wash them. The towel offers privacy and helps the resident remain warm.

Notice resident's body for signs of skin problems:

- Shoulder blades, elbows, tailbone and heels are prone to pressure sores.
- Look for reddened areas, rashes or breaks in skin. Record your observations and notify the licensee or resident manager if you find skin problems.

Grooming

Good grooming helps residents feel good about themselves. Hair care and shaving are two areas in which you may be asked to provide assistance to residents.

Hair care

Hair care involves washing, combing, drying and styling. Combing and brushing the hair should be done daily. This helps keep the scalp and hair healthy and makes the resident feel and look better.

Caution: If the resident has an eye disorder or has had recent eye surgery, consult the care plan or ask the licensee or resident manager before proceeding with a shampoo.

Shaving

For most men, shaving is a lifelong ritual, which they are able to perform in later life despite impairments. Female residents may desire to have their legs, underarms or facial hair shaved. The act of shaving, as well as the result, usually boosts morale. Residents should be allowed to shave themselves unless it is unsafe or they are unable to do so.

An electric razor is the easiest and safest to use. Residents who have diabetes or who take medications that thin the blood should always use an electric razor. Each resident should use his or her own razor.

Mouth care

Good mouth care, or oral hygiene, helps prevent sores and bad breath and keeps mucous membranes from becoming dry and cracked. Poor mouth care can contribute to poor appetite. Encourage residents to brush their teeth, gums and tongue, at least daily. Electric toothbrushes or brushes with larger or longer handles promote self-care. Each resident must have his or her own toothbrush.

If you assist a resident with oral hygiene, examine his or her mouth for signs of redness, swelling or bleeding. A dentist should check any red or white spots, sores that bleed or any complaints of pain.

Denture care

Dentures need to be cleaned at least once a day to prevent staining, bad breath and gum irritation. If the resident cannot do this for herself or himself, do the following:

- Ask the resident to remove his or her dentures, or ask the licensee or resident manager to show you how to remove them.
- Place the dentures in a container filled with water (if you use the sink, line the sink with a clean washcloth to prevent breaking the dentures).
- Clean the dentures with a toothbrush. Cup them in your hand, apply toothpaste to the inside of each denture. Brush the inside first, then the tooth and palate areas.
- Rinse each denture thoroughly.
- Apply denture cream or adhesive, as directed.
- Have the resident rinse his or her mouth before replacing the dentures.
- Store the dentures in water when not in the resident's mouth. This keeps them from warping. Dentures should soak in water for six to eight hours each day (usually overnight).

Partial dentures require the same care as full dentures. When dentures need relining or replacement, a professional should repair them. Home repair or non-repair of dentures can lead to injury of the resident's gums.

Foot care

Painful feet are a common problem among older adults and can lead to a number of negative consequences. Sore feet may prevent the resident from walking for exercise. Less exercise reduces fitness and stamina, which in turn affects the resident's sense of well-being and ability to be independent.

Residents' risk of falling increases when they have sensitive feet and wear loose-fitting shoes, bedroom slippers or no shoes at all. A resident with failing vision and a shuffling gait who goes barefoot is at risk of injuring his or her feet. If the resident is less sensitive to pain, an injury to the foot such as a burn, cut, bruise or fracture may go unnoticed and untreated.

Some foot problems may require the attention of a health care professional. Consult the care plan or licensee/resident manager before providing foot care. For example, **caregivers must not clip a resident's toenails if he or she has diabetes.** The clipping of a diabetic's toenails should **only** be done by a medical professional.

Skin care

Skin care involves good hygiene, good nutrition, exercise and preventive measures. Care of older skin also involves regular inspection for signs of trauma, infection or breakdown. Early discovery and treatment of skin problems can prevent serious complications.

Skin breakdown

Older adults have a higher risk for developing pressure sores (or decubitus ulcers) because their circulation is less effective than that of a younger person, their skin is thin and often dry, and there is less fatty tissue under the skin to provide a cushion if needed. Older skin is easily injured and slower to heal. If a pressure site or injury is not properly treated, the death of skin cells can lead to a larger area of skin breakdown. Someone who sits, lies or is in one position for a long period of time is at very high risk for skin breakdown.

Warning signs of skin breakdown:

- Reddened area remains red for over an hour. Do not massage. Rubbing increases tissue damage.
- Skin is pinker, redder or warmer. For dark skin, appearance is mahogany or blue-brown in color and shiny.

What causes pressure sores?

- **Pressure** caused by sitting or lying in one position for more than one or two hours, lying on wrinkled sheets or wearing a cast or splint.
- **Friction** caused by anything that rubs against the skin.
- **Shearing** caused by sliding down in bed or being pulled across the bed linens.
- **Other factors:**
 - » **Moisture** — Sweating and incontinence change the protective nature of the skin and increase the risk of infection.
 - » **Dehydration and poor nutrition** — Adequate fluid intake is essential to maintain healthy skin. Water and foods rich in protein and vitamins (especially vitamin C) help the body resist trauma, fight infection and promote healing.
 - » **Body weight** — Both overweight and underweight conditions increase the risk of skin problems.
 - » **Illness** — Diabetes, heart disease and poor circulation increase the risk of pressure sores.
 - » **Limited mobility and awareness** — A resident's willingness and ability to move around may be reduced by pain, sedation, low energy, or motor and mental deficits.

- » **Irritants** — Chemicals (including urine) and other substances (some soaps) can irritate and inflame the skin.
- » **Injury** — The risk of skin breakdown increases at the site of an injury.

If you notice that a resident's skin is in the process of breaking down or has an unusual appearance, immediately notify the licensee or resident manager. If the licensee or resident manager is not available, contact the resident's health care professional.

Preventing pressure sores:

- Keep the resident's skin clean and dry.
- Change the resident's position in the bed or chair at least every one to two hours.
- When helping the resident to change position, use care to prevent shearing of the skin against the bed linens.
- Apply lotion to dry and bony areas with gentle massage.
- Keep bed and chair linens dry and free of wrinkles and objects that could hurt the skin.
- Clean urine and feces from the resident's skin immediately.
- Make sure shoes and clothing fit properly.
- Pat skin dry instead of rubbing it.
- Make sure the resident gets good food and enough fluids.
- Observe the skin for reddened areas or other changes.
- Check incontinent residents every two hours; change any soiled linens and clothing and clean their skin.
- Encourage mild exercise and activities that do not involve sitting for long periods of time.
- Protect the skin with pressure sore prevention devices, such as heel and elbow protectors and egg crate mattresses.

Managing pressure sores:

Sometimes pressure sores develop despite your best efforts to prevent them. Assure the resident that health care professionals will provide proper treatment in a sensitive manner. Your duties regarding pressure sores (decubitus care) must be assessed and delegated or taught by a registered nurse.

Your part in treatment will include:

- Eliminating pressure — A pressure sore cannot heal if it continues to be exposed to pressure. Move the resident frequently so he or she does not continue to put pressure on the sore area.
- Protecting the area from further damage — Reduce exposure to friction, irritation and moisture.
- Changing the dressing as needed — Follow the procedure for changing the dressing, only as delegated directly to you or taught by the registered nurse.
- Documenting your observations — Keep an accurate account from the time the pressure sore is discovered. Documentation should include:
 - » Date;
 - » Location of the pressure sore;
 - » Size of the pressure sore; and
 - » Presence of an odor or drainage.

Follow up with the resident's doctor if the breakdown worsens or if there is no improvement. For doctor appointments, include a note on the medical visit report form asking the doctor to check the resident's skin.

Toileting

Your responsibility is to help residents maintain normal bowel and bladder function and deal with any changes in bowel and/or bladder function in a professional manner that preserves the resident's dignity. Residents may experience bowel/bladder problems that happen due to many reasons beyond their control. Never embarrass or criticize a resident for these or other incidents.

Constipation

Constipation is the difficult passage of dry, hard stool. Individual patterns of bowel elimination vary from daily to twice weekly. Knowing each resident's normal bowel habits can help you recognize problems in bowel elimination.

Factors that contribute to constipation are:

- Lack of water and fluids;
- Not enough fiber in diet;
- Not enough movement and exercise because of painful arthritis, illness or injuries;
- Various medications like antacids and pain medications; and
- Lack of regular exercise.

Be alert to the following:

- Passing a hard-formed stool;
- Straining while trying to pass a stool;
- Inability to pass a stool;
- A change from the resident's normal bowel movement pattern;
- Complaints about pressure and fullness in rectum; and
- Abdominal and/or back pain.

The signs of constipation are often like common signs of illness:

- Headache;
- Listlessness;
- Mental confusion;
- Indigestion and gas;
- Poor appetite; and
- Diarrhea (due to fecal impaction).

Use of laxatives

Concern about the possibility of constipation often leads people to seek the aid of laxatives. Such products are costly, potentially harmful and may be unnecessary. Laxatives cause the body to lose important vitamins and minerals. Dependence on laxatives or enemas can damage the lining and function of the bowel and deplete the body of fluids and salts.

The administration of laxatives and enemas to the residents of the adult foster home can only be done if approved by the resident's health care professional and at the direction of the licensee or resident manager. Enemas should only be administered with RN teaching or delegation.

Diarrhea

Diarrhea causes serious health problems in the frail elderly, including dehydration and skin breakdown. Diarrhea may be a sign of serious illness, drug side effects or fecal impaction.

Never give the resident a drug that is used to relieve diarrhea or constipation, unless you are instructed to administer it by the resident's doctor or other health care professional. Offer the resident extra fluids to prevent dehydration.

Moving and lifting

The physical demands of care include helping residents who may not be able to move or walk without assistance. Have the licensee or resident manager demonstrate for you the proper transfer techniques for each resident.

Never attempt to transfer or lift a resident alone if the care plan states two caregivers are needed for transfers or lifting. This is for the safety of the resident as well as for the safety of the caregivers. The caregiver who has had a back injury, or is overweight, is at a higher risk for back injury while lifting or moving a resident. Always be sure to use proper moving and lifting techniques and get help from another trained care provider, if needed.



The rules of good body mechanics are:

- Posture — Stand straight, feet on the floor, arms at sides and keep abdominal muscles tight.
- Don't lift unless you have to — Push, pull or roll an object instead of lifting it.
- Keep your back straight — Bend from the hips and knees, not at the waist.
- Be balanced — Keep your feet apart about the width of your shoulders. This provides a foundation for lifting your base of support.
- Be careful not to twist your body — Turn your whole body at the same time.
- Hold heavy objects close to you — When you lift the resident, lean into her/him.
- Lift smoothly — Don't jerk; use smooth movements.
- Ask for help if the resident or object is too heavy — If you do this, it will be safer for both you and the resident.
- Plan and think before you lift — Think about what you are going to do and how you are going to do it.

Before movement

It is important to know how much assistance the resident needs. Check the resident's care plan. If the resident is able to help, encourage the resident to exercise hip and leg muscles before getting out of bed in the morning. This warms up the muscles, reduces stiffness, makes moving easier and decreases the risk of falling.

Before you transfer the resident from his or her bed to a chair, you must first have the resident sit on the side of the bed. This is necessary because a sudden change from lying to sitting or standing can cause the blood pressure to drop. This might make the resident feel lightheaded or dizzy and could cause him or her to fall.

Transferring a resident from bed to chair

If a resident needs help transferring, be sure you understand the care plan completely and have the licensee or resident manager demonstrate the proper technique.

Ask the resident to let you know if he or she feels discomfort at any point during the lift procedure. If so, stop what you are doing immediately, reassess the position of the resident, make changes if necessary, and begin again.

Medications

One of the primary reasons for a frail older adult to seek adult foster care is the need for assistance with his or her medications. It is not uncommon for older adults to take seven to 10 medications or more a day, and managing this number of medications can be quite a task. Multiply this task times five and you can see that the management and administration of medications must be done carefully. Anyone managing medications or administering medications to a resident must:



- Know what each medication is used for;
- Know what side effects are common for each medication;
- Follow the medication schedule ordered by the doctor;
- Know how to give each medication;
- Record all medications (including over-the-counter medications) on the resident's medication administration record (MAR) by initialing the MAR immediately following the administration of the medication to the resident;
- Record on the MAR any medication doses refused or missed by the resident;
- Record on the MAR any medication given as needed (PRN), including reason for dose, date and time given and outcome of use; and
- Record any adverse reactions, experienced by the resident, in the resident's progress report, then date and sign the entry.

Methods used to give medications (routes)

Medications can be given to residents through different methods, or **routes**. The physician or nurse practitioner will determine the best route for the resident. The two most common routes are oral (by mouth) and injection.

Side effects and adverse reactions

The effect of a medication refers to what happens in the body because of the medication's action. Sometimes a medication will produce unexpected effects on the body. These are called side effects or adverse effects. An adverse or side effect can result from an unsuitable or incorrect dosage of a medication. Some side effects are known to occur when beginning, increasing or discontinuing a medication.

If negative changes in a resident's physical or mental condition are observed after a medication is given, notify the resident's physician or nurse practitioner and the

licensee or resident manager. Record the following information in the resident's progress report and/or MAR:

- Name of medication dispensed and ingested by the resident;
- Dose taken;
- Route (how medication was taken);
- Time and date taken;
- Changes in resident after taking medication;
- Time from ingestion of medication until changes began to occur in the resident;
- Efforts you made to contact physician or nurse practitioner (include who called, when, why and what happened);
- What the physician or nurse practitioner said to do about the change in condition (record if instructions were given in person or over the telephone, the time and date of the instructions and who took the information); and
- Outcome (what happened).

If reaction is severe — such as severe itching, vomiting, chest pain or difficulty breathing — immediately seek emergency medical assistance (call 911).

Medication interactions

A medication interaction occurs when one or more medications combine with other medications and/or certain foods or liquids, and the interaction of the two substances prevents the medication(s) from performing as expected. Herbs (such as Echinacea, St. John's Wort, Ginseng and Ginkgo biloba) and over-the-counter items (such as aspirin) can also interact with medications to change the effect of a medication on the body.

Knowledge of medication interactions, as well as potential adverse reactions for each medication taken by a resident, can help prevent problems. You can learn about these occurrences by reading the information specific to each medication that comes from the pharmacy at the time that a prescription is filled. Or you can ask the pharmacist directly if you have concerns or questions about any medication-related issue.

Food/medication interactions

Some medications deplete the body of important nutrients that can complicate health problems for older adults. For example, some diuretics actually decrease the levels of potassium in the body, causing muscle fatigue. Other medications increase the amount of potassium, which can be equally as unhealthy for older adults.

Certain foods, beverages, alcohol and caffeine can interact with medicines. This type of interaction can cause the medication to be less effective. An example is that some

foods, when eaten with certain medications, can decrease the ability of the body to absorb the medication, so the medication becomes less effective if eaten with that particular food. Food/medication interactions also can cause negative side effects.

Medication/medication interactions

A medication may interact with another medication taken during the same time period. Medication interactions of this sort usually involve prescription medications, but can just as easily involve nonprescription over-the-counter (OTC) medications or herbal supplements.

Some medications are intentionally given together because the side effect that is caused from the interaction of the two medications is actually helpful. Not all medication interactions are helpful and interactions of some sort should be considered if a resident's condition changes in some unexpected way.

Medical abbreviations and time schedules

To understand how and what time the medication should be given, as well as any other instructions, you need to know certain medical abbreviations. If you have any questions about how to administer a medication, contact the health care professional who wrote the prescription for the resident.

Abbreviation	Meaning	Abbreviation	Meaning	Times given
a	before	ac	before meals	1/2 hour before meal
—		BID; bid	twice a day	10 a.m. and 4 p.m.
c	with	h	hourly	on each hour
NPO	nothing by mouth	hs	hour of sleep	at bedtime
		noc	night	in the night

Abbreviation	Meaning	Abbreviation	Meaning	Times given
		pc	after meals	1/2 hour after meal
per	by	PRN; prn	as needed	According to written parameters
\bar{p}	after	qd; QD	every day	10 a.m., or as ordered
po	by mouth	qh	every hour	on each hour
\bar{q}	every	q2h	every 2 hours	6 a.m. and on even hours
Rx	take	q3h	every 3 hours	6, 9, 12, 3, day and night
s	without	q4h	every 4 hours	8, 12, 4, day and night
		QID; qid	4 times per day	8 a.m., 12 noon, 4 p.m., 8 p.m.
		TID; tid	3 times per day	8 a.m., 12 noon, 5 p.m., or as ordered

NOTE: The prescription label on the medication package should clearly state the directions for use of the medication. Read the label carefully. The medication administration record (MAR) line entry must match medication's label.

Administering medications

The rules for administering medications are always the same, **no matter who is giving them**. These rules are:

- » Give the medication to the **right resident**;
- » Give the **right medication**;
- » Give the **right dose** (amount);
- » Give the medication by the **right route**;
- » Give the medication at the **right time**; and
- » Document the medication administration in the **right resident's record**.



The right resident

Make **absolutely** sure you know each resident's name. The resident's name must be on the medication container (including both OTC and prescribed medications) and on containers used for the advance set-up of medications.

The right medication

You must only give medications from labeled containers. Read the label three times as you get the medication ready for the resident:

- » When you take the medication from the storage unit;
- » As you pour the medication or measure it; and
- » When you put the medication back into the storage unit.

Check the medication record. Is this the medication that was ordered? (Remember you cannot start or stop a prescription without a doctor's order.)

The right dose (amount)

Make sure that the amount of **each** medication that the resident receives is the same amount written on the medication administration record (MAR).

The right route

Know how you are to give the medication. It is important to understand and be able to read the route abbreviations on the medication containers.

The right time

Know what time(s) the medication(s) should be given. Understand the time abbreviations.

Safety policies and medication administration

To safely administer medication, follow the same instructions that the licensee or resident manager(s) follow including:

- Wash hands with soap and warm running water.
- Make sure the information on the label of the medication's container and the medication administration record (MAR) are the same.
- Check the label on the medication's container three times while preparing the medication.
- Don't touch the medicine without wearing gloves.
- Follow both the medication order and instructions for dispensing the medications, written on each resident's medication administration record.
- Take the medication to the resident for whom the medication was ordered and only that person. Make sure you know, without question, which resident is to receive which medication.
- Stay with the resident until he or she takes the medication. Do not leave medications unattended at any time — not even for a moment.
- Document in the medication administration record (MAR) that you gave the medication to the correct resident and the resident swallowed it (if applicable).
- Administer medication to one resident at a time.

If you forget to administer a medication, the resident refuses to take the medication, or the resident is unable to take the medication, call the resident's health care professional to inform him or her about the situation so the proper steps can be taken. Document on the MAR and in the resident's progress notes why the medication was not taken. Also document the call to the health professional and what resulted from the call.

Resident self-administration of medication

Under certain circumstances, residents are allowed to store and give themselves their own medications. This requires written authorization from the resident's physician and documentation in the care plan.

The medication administration record (MAR)

It is essential that you keep accurate records. Review the medication administration record developed for each resident. It should show the name and dose of each prescribed medication, what route is used to administer the medication and the time the medication should be administered. You must have your signature on the MAR indicating which initials are yours.

The MAR must be initialed immediately, at the time each medication is administered, by the person administering the medication. If the resident misses a medication, a brief but complete explanation should be recorded on the resident's MAR. **Never** initial the MAR, indicating that the medication has been administered, prior to the medication actually being administered.

PRN (as needed) medications

If a PRN medication is ordered by a resident's physician or nurse practitioner, there must be accompanying information, known as PRN parameters, that indicates what PRN means specific to that medication for that resident. Do not administer a PRN medication without PRN parameters from a physician, nurse practitioner, registered nurse or pharmacist to guide you. The written PRN parameters must include:

- What the medication is ordered for;
- How much medication is to be given (such as 1-1/2, 100 mg. tabs);
- When the medication can be given (e.g, it must state what kind of pain is being treated and where the pain is located instead of "give one tablet for pain;")
- How often the medication can be given within a 24-hour period.

Written PRN parameters must stay with the medication administration record.

If you notice that a resident is receiving a full dose of a PRN medication on a regular basis, notify the licensee or resident manager. The resident's health care professional should also be notified if the PRN medication is being used continually. He or she may decide to change the medication from a PRN to a standard order.

Over-the-counter (OTC) medications

Over-the-counter medications, and any home remedies requested by the resident, must be reviewed by the resident's physician, nurse practitioner or pharmacist before being administered to a resident.

Procedure: The resident complains of a headache. You have a medication order from the resident's health care professional with written instructions that say, "Give two tablets if the resident complains of a headache." You give the resident the two tablets that have been ordered. After you give the medication, you must document that the resident complained of a headache; you gave the medication as directed; and what the results were (such as "no complaint of headache one hour after taking medication").

Your documentation on the MAR must include the time, dose, reason the medication was given and the outcome.

Remember, if you have questions about any medication, please talk with the resident's health care professional. Medications are drugs and drugs affect the body in various ways. Proper medication administration is very important to the resident's overall health and well-being.

Storage of medications

Each resident's medication must be clearly labeled with the pharmacist's label, be in an original container or bubble pack and be stored with other medications for that specific resident. Adult foster homes may prepare a resident's medications in advance by placing up to seven days' worth of prescribed medications in a closed container that was made for that purpose. If advanced set-up containers (sometimes referred to as medi-sets) are used in your adult foster home, be sure to comply with the following requirements:

- Label advance set-up container with the resident's name;
- Include the name of each medication, the dosage, the time it is to be given;
- For any medication that is not an oral pill (to be swallowed), you must identify the route of administration (subcutaneous injection, skin patch, under tongue, etc.);
- Include a written description of each medication;
- Do not include any PRN medication in advanced set-up containers.
- Store advanced set-up containers in a locked area where you store the resident's other medications.

All medications must be stored in a locked drawer or storage cabinet separate from medications belonging to the care providers or their family members.

If a medication needs to be kept refrigerated, it must be clearly labeled with the pharmacist's label, be in the original package and stored within a locked container inside the refrigerator. Never leave unlocked medications unattended.

Delegation of nursing care tasks

As a care provider in an adult foster home, you will help the residents with their basic care needs. These basic care needs are called "activities of daily living" (ADLs). Activities of daily living include eating, dressing and grooming, bathing and personal hygiene, mobility (ambulation and transfer), elimination (bowel and bladder management) and cognition and behavior management.



If the resident needs special nursing care (e.g., blood sugar testing, insulin injections, suctioning, wound care), care providers may be delegated or taught by a registered nurse (RN) so that they can perform specific nursing care tasks. If the registered nurse determines that a nursing task must be delegated, you **MUST** be delegated BEFORE you can perform the task. Each caregiver must be delegated for each resident. In other words, if you are delegated to check blood sugars on one resident, you cannot perform that task on any other resident unless also delegated for that person.

The RN will teach you the task, watch you do the task, assess the resident's health condition and leave written instructions for you at the foster home.

Restraints

According to the Oregon Administrative Rules (OARs) for Adult Foster Homes, physical or chemical restraints **must not** be on the resident unless:

1. An assessment has been done in which a restraint has been determined to be necessary by the resident's physician, nurse practitioner, RN or mental health professional. (Even with this assessment, the restraint used must be the least restrictive design and it must be used as infrequently as possible);
2. A written order from the resident's physician or nurse practitioner has been provided with specific information including the type of restraint to be used, circumstances for use, length of time it may be used. This information must also be documented on the resident's care plan; and
3. Written consent from the resident or the resident's legal representative has been obtained by the licensee.

Residents physically restrained during waking hours must have the restraints released at least every two hours for a minimum of 10 minutes. The resident must then be offered toileting, be exercised or provided range-of-motion exercises during this period, and the restraints must be repositioned.

The use of physical restraints at night is discouraged and must be limited to unusual circumstances. If used, the restraint shall be of the design to allow freedom of movement with safety. The frequency of night monitoring to address resident safety and care needs must be determined in the assessment. Tie-restraints of any kind must **not** be used to keep a resident in bed.

If any physical restraints are used, they must allow for quick release at all times. Use of restraints must not impede the three-minute evacuation of all household members and may not be used to discipline a resident or for the convenience of the adult foster care home.

Restraints should be used as a last resort and residents **can refuse** them.

Final note

This study guide was developed to help you provide quality care to residents of adult foster homes in Oregon. In addition to this study guide, information on providing care to older adults in adult foster care can be found in the Oregon Administrative Rules (OARs) for adult foster homes (OAR 411-050-050-0600 to OAR 411-050-0690), the Ensuring Quality Care basic training materials and the Department's Safe Medication Administration web page. These resources are all available online on the Adult Foster Home Provider Tools Web page: www.oregon.gov/dhs/spd/pages/provtools/afh-apd/index.aspx.



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