

Adult Foster Home Provider Alert

Policy updates, rule clarifications and announcements

Date: June 7, 2023
To: APD Adult Foster Home Providers
From: Safety, Oversight and Quality Unit
Topic: **Frequently Cited Violations Report – First Quarter 2023**

The Safety, Oversight and Quality Unit will be running quarterly reports of the most frequently cited violations in adult foster homes (AFH) licensed with Aging and People with Disabilities (APD) to strengthen education and training for Licensees.

This report is intended to be a guideline for licensees so they are aware of current violation patterns and can conduct audits in the adult foster homes they operate. Questions about violations specific to your license should be sent to your licenser at the local licensing office. This quarter, only two violations repeat from the previous quarter in 2022, with eight new additions to this report for 2023.

Report dates: January 1, 2023 to March 31, 2023

HOME AND RECORDS VIOLATIONS

Violation: Background Check 411-049-0120(1)(a)

(1) All subject individuals (SI) must have an approved background check, which for non-licensees or non-licensee applicants, may include an approved preliminary fitness determination, prior to operating, working in, training in, or living in an AFH.

(a) Licensees must maintain documentation of preliminary and final fitness determinations with the home's facility records in accordance with these rules and the background check rules.

APD means Aging and People with Physical Disabilities. APD adult foster homes are licensed to care for adults who are older and adults with physical disabilities.

Corrective Action: Licensee must ensure all subject individuals have approved background checks and the approval records should be kept with the facility caregiver records.

Violation: Resident Records: Narratives 411-050-0750(2) (repeat from last quarter)

(2) The record must contain the following information:

(k) NARRATIVE OF RESIDENT'S PROGRESS. Narrative entries describing each resident's progress must be documented at least weekly and maintained in each resident's individual record. All entries must be signed and dated by the person writing them.

Corrective Action: There must be written updates related to resident progress that are maintained at least weekly. These notes help to give insight into the resident's adjustment in the home and can be useful in determining changes of condition or overall resident wellness.

Violation: Sub CG Req: CPR & First Aid 411-049-0125(9)(g) (repeat from last quarter)

(9) SUBSTITUTE CAREGIVER REQUIREMENTS. A substitute caregiver left in charge of the residents for any period of time, may not be a resident, and must at a minimum, meet all the following qualifications prior to working alone in the home.

(g) Substitute caregivers must complete CPR and First Aid training and certification within 30 calendar days of the start of employment.

Certification must be maintained according to the standards established in (2)(b)(D) of this rule.

Corrective Action: Substitute caregivers must complete both approved CPR and First Aid training within 30 days of having been hired. These records must be kept on file in the AFH and be made available to licensing upon request.

Violation: License 411-049-0105(12)

(12) CLASSIFICATION VARIANCE. A licensee or administrator must request, in writing, a variance from the LLA if:

(a) A new resident wishes to be admitted whose impairment level exceeds the license classification.

(b) A current resident becomes more impaired, exceeding the license classification.

(c) There is more than one resident in the home who requires full bed-care or full assistance with all activities of daily living, not including cognition or behavior.

Corrective Action: If a licensee wishes to admit or provide care to a resident whose care needs exceed the license classification, a variance from the local office must be obtained. For example, a licensee has a level 2 license and a resident's condition has changed increasing their care needs to level 3 services and supports. The resident does not wish to move to a level 3 AFH, and the licensee is able to care for the resident's increased needs. A variance is required for the licensee to continue to provide care to this resident.

Violation: Primary Caregiver Coverage 411-049-0125(1)(a)(B-C)-(b)

(1) LICENSEE QUALIFICATIONS. An AFH licensee must:

(a) Live in the home that is to be licensed at least five 24-hour days per week and function as the primary caregiver as defined in OAR 411-049-0102 unless:

(B) There is, or shall be upon licensure, two approved primary caregivers who live in the home and work three and four days and nights per week respectively; or

(C) The home is staffed 24-hours a day at least five days a week with a combination of approved shift caregivers. (See OAR 411-049-0125(6)).

(b) Subsections (a)(A), through (a)(C) of this section are not intended to prohibit the occasional and temporary absence of the primary caregivers from the AFH.

Corrective Action: Licensee must staff the AFH according to OAR and ensure qualified caregivers are always available to meet resident needs.

Violation: Residency Agreement 411-050-0705(1)

(1) A licensee or administrator must enter into a written Agreement with all residents or the residents' representatives, which details the care and services to be provided, and the rate to be charged. The written Agreement must be signed by all parties before the admission of the resident. A copy of the Agreement is subject to review for compliance with these rules by the LLA before licensure and before the implementation of any changes to the Agreement.

Corrective Action: A residency agreement must detail rates, care and services to be provided in the AFH, and be reviewed by the local licensing

authority before being used. The written agreement must be signed by all parties before resident admission can take place.

Violation: Substitute Caregiver Requirements: Workbook 411-049-0125(9)(k)(A-B)

(9) SUBSTITUTE CAREGIVER REQUIREMENTS.

(k) A substitute caregiver must complete the Department's Caregiver Preparatory Training Study Guide (DHS 9030) and Workbook (DHS 9030-W) and receive instruction in specific care responsibilities from the licensee or administrator prior to working or training in the home. The Workbook must be completed by the substitute caregiver without the help of any others. The Workbook is considered part of the required orientation to the home and residents.

(A) The LLA may grant a variance to the Caregiver Preparatory Training Study Guide and Workbook requirement for a substitute caregiver who:

- (i) Holds a current Oregon license as a health care professional, such as a physician, nurse practitioner, physician assistant, registered nurse, or licensed practical nurse; and
- (ii) Demonstrates the ability to provide adequate care to residents based on similar training or at least one year of experience providing direct care to adults who are older or adults with physical disabilities.

(B) A certified nursing assistant (CNA) or certified medical assistant (CMA) must complete the Caregiver Preparatory Training Study Guide and Workbook and have a certificate of completion signed by the licensee or administrator.

Corrective Action: Caregivers are required to review the caregiver workbook and have a certificate of completion on file that is signed by the licensee or administrator. This workbook is a critical part of caregiver training and certificates of completion must be retained in the facility records.

Violation: Safety: Evacuation Drill 411-050-0725(3)(a)

(3) EVACUATION DRILL. An evacuation drill must be held at least once every 90 calendar days, with at least one evacuation drill per year conducted during sleeping hours.

(a) The evacuation drill must be clearly documented, signed by the caregiver conducting the drill, and maintained according to OAR 411-050-0745(1)(g).

Corrective Action: Evacuations drills are required to be held at least every 90 calendar days and at least one drill must be conducted during sleeping hours. A form indicating completion of this requirement must be kept in the facility records.

Violation: Training: Dementia Requirement Caregiver 411-049-0125(2)(c)(A-D)(i-iv)

(c) All caregivers must complete dementia training approved by the Department before providing direct care as mandated by ORS 443.743. The training shall be based on current standards in dementia care and shall include:

(A) Education on the dementia disease process, including the progression of the disease, memory loss, and psychiatric and behavioral symptoms.

(B) Techniques for understanding and managing behavioral symptoms, including, but not limited to reducing the use of psychotropic medications for nonstandard uses.

(C) Strategies for addressing the social needs of persons with dementia and providing them with meaningful activities.

(D) Specific aspects of dementia care and ensuring the safety of residents with dementia, including, but not limited to, how to:

(i) Address pain.

(ii) Provide food and fluids.

(iii) Prevent wandering and elopement.

(iv) Use a person-centered approach.

Corrective Action: Before providing direct care to residents, caregivers must have proof of completing the mandatory dementia training on record. The certificate of completion must be kept in the facility records.

MEDICATION ADMINISTRATION RECORDS (MAR) VIOLATIONS

*All violations noted in this section are covered in the required training, Six Rights to Safe Medication Administration. Classes fill up quickly. Information on this training can be found here: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/PROVIDERS-PARTNERS/Documents/training-calendar.pdf>

Violation: MARs: Missed or Refused 411-051-0130(6)(e)

(6) MEDICATION ADMINISTRATION RECORD. A current, written MAR, or electronic MAR (see OAR 411-050-0755(4)), must be kept for each resident and must:

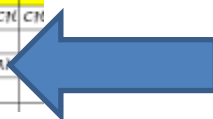
(e) Document missed or refused medications, treatments, or therapies. If a medication, treatment, or therapy is missed or refused by the resident, the initials of the caregiver administering the medication, treatment, or therapy must be circled, and a brief, but complete, explanation must be recorded on the back of the MAR.

Corrective Action: When a resident misses or refuses a medication, the MAR must be documented accordingly. This critical detail helps caregivers to be aware of patterns of refusal and report missed doses to the medical provider, if necessary.

Proper documentation includes the following:


- Initial for the dose on the front of the MAR as usual and then circle the initials. Circling the initials helps to draw attention to the additional details noted on back of the MAR.

Medication	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Drug Name, Dosage, Route Depakote 500mg tablet, give one tablet by mouth each morning for 7 days 11/4/19 – 11/10/19 Prescribed By: J. Johnson MD 11/3/19	7am			CH	CH	CH	CH	CH	MP	MP							
Drug Name, Dosage, Route Depakote 500mg tablet, give one tablet by mouth twice daily. Start 11/11/19 Prescribed By: J. Johnson MD 11/3/19	7am											MP	MP	MP	CH	CH	CH
	7pm											AM	AM	AM	AM	AM	AM



- After initialing, flip the MAR page over and give a brief description of what happened with that dose of medication.

COMMENTS – Reason medication not given, Reason PRN given, Response to PRN			
DATE/TIME	MEDICATION	COMMENT	INITIAL
11/4/19 7:30 am	Depakote	New medication, observed for 20 minutes, no changes	CH
11/5/19 7:30 am	Depakote	New medication, 2 nd dose, observed 20 minutes, no changes	CH
11/6/19 7:30 am	Depakote	New medication, 3 rd dose, observed 20 minutes, no changes	CH
11/14/19 8 pm	Depakote	Client refused medication, tried many times to give "I don't want it"	



If you have any questions, email APD.AFHTeam@odhsoha.oregon.gov