

**Willow Point Nursing Home  
Agency Staff Checklist**

Agency: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Background Information**

- Current License
- CPR Certification
- Resume/Application
- 2 References
- Immunization Record
  - Rubella/Rubeola
  - PPD
  - Flu Vaccination
- CHRC Clearance
  - DOH CHRC 102
  - CHRC 103 Submission Form

**In Service Requirements**

- Job Description
- Release of Immunization Information
- Confidentiality Statement
- Computer Users
- Corporate Compliance Certification
- Residents Rights Certification
- Abuse Prevention, Reporting and Investigation Policy Certification
- Basic Policies for Temporary Staff



# Broome County Willow Point Nursing Home

Debra A. Preston, County Executive . James De Luca, Interim Administrator

Please Print Name: \_\_\_\_\_

## **Release of Immunization Information**

New York State requires that a health care employee's personal physician be notified of any immunizations the employee receives during employment. Please complete the following section so we may send any immunization history to your physician. If you do not have a physician, simply state that you do not have one.

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

I understand that this facility will release my immunization history to my physician and/or to any agency I request and I grant them permission to do so.

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Please contact the Employee Health Office if you change physicians.

3700 Old Vestal Road . Vestal, New York 13850  
Phone: (607) 763-4400 . Fax: (607) 763-4442 . [www.gobroomecounty.com](http://www.gobroomecounty.com)



**Willow Point Nursing Home**  
**Confidentiality Statement**

Willow Point Nursing Home has a legal and ethical responsibility to safeguard the privacy of all residents and to protect the confidentiality of their health information. In the course of my employment/assignment at Willow Point Nursing Home, I may come into possession of confidential resident information; even though I may not be directly involved in providing resident services.

I understand that such information must be held in the strictest confidence and that any materials pertaining to the medical, personal, or financial status of residents, employees, or Nursing Home matters is considered privileged and confidential information. The information is restricted to those who need the information to carry out specific work assignments and tasks.

I will not at any time during my employment disclose any resident information to any person whatsoever or permit any to examine or make copies of any resident reports or other documents other than is necessary in the course of my employment/assignment.

When resident information is discussed with other health care professionals, I will use discretion to ensure that others who are not involved in the resident's care cannot overhear any such conversations.

Unauthorized or inappropriate use of such information is considered a breach of confidentiality, and as such, I understand that violations of this agreement may result in corrective action, up to and including discharge/termination of services. Civil money penalties/fines may also be imposed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Broome County Willow Point Nursing Home

Debra A. Preston, County Executive . Kevin Carey, Administrator

## Willow Point Nursing Home Abuse, Neglect and Mistreatment

### Employee Certification

I certify that I have received information for Abuse, Neglect and Mistreatment. I promise to comply with the terms of the Willow point Nursing Home Policy on Abuse, Neglect and Mistreatment. I understand that violation of these terms may lead to disciplinary action, including the termination of your employment at Willow Point Nursing Home.

Facility: The Nurse Connection Staffing

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Broome County Willow Point Nursing Home

Debra A. Preston, County Executive . Kevin Carey, Administrator

## Willow Point Nursing Home

### Residents Rights

### Employee Certification

I certify that I have received information for Residents Rights. I promise to comply with the terms of the Willow Point Nursing Home Policy on Residents Rights. I understand that violation of these terms may lead to disciplinary action, including the termination of your employment at Willow Point Nursing Home.

Facility: The Nurse Connection Staffing

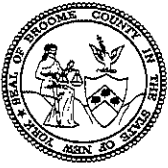
Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

3700 Old Vestal Road . Vestal, New York 13850

Phone: (607) 763-4400 . Fax: (607) 763-4442 . [www.gobroomecounty.com](http://www.gobroomecounty.com)



## EMPLOYEE COMPLIANCE CERTIFICATION

I certify that I have received the Compliance Handbook and that the Compliance Program has been explained to me. I agree to comply with the terms of the Willow Point Nursing Home Compliance Program. I understand that violation of these terms may lead to disciplinary action, up to and including the termination of my employment.

Facility: Willow Point Nursing Home

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This certification will be filed in your personnel file in the Willow Point Nursing Home Personnel Department.




## RESIDENT RIGHTS/NEEDS OF THE ELDERLY

### Resident Rights In-service Quiz

Please circle T – True / F - False

1. The resident has a right to access his clinical records T F
2. Before telling a family member about the resident's condition, you must make sure the resident has given that person permission to have such information. T F
3. The resident does not need to be informed of a change in room assignment. T F
4. The resident does not have a right to refuse medication. T F
5. Leaving a catheter bag uncovered violates the resident's dignity. T F
6. The resident has a right to privacy. T F
7. The resident can voice a grievance to any staff member. T F
8. The resident can make their own decisions on what activities they want to attend. T F
9. The resident has access to the nursing homes latest inspection by the Department of Health and the plan to correct any deficiencies T F
10. Residents have the right to manage their money. T F
11. The resident has the right to prompt and unlimited access to immediate family or relatives, the Long Term Ombudsman, government agency representatives, and their attending physician. T F
12. Residents have the right to a home- like environment. T F

 NAME \_\_\_\_\_ DATE \_\_\_\_\_





## For Computer Users

### **Willow Point Nursing Home (to be signed in addition to the Confidentiality Statement)**

#### **Security and Nondisclosure Agreement**

Organizational information may include, but is not limited to, financial, patient identifiable, employee identifiable, intellectual property, financially nonpublic, contractual, of a competitive advantage nature, and from any source or in any form (i.e. paper, magnetic or optical media, conversations, film, etc.) may be considered confidential. The confidentiality and integrity of any information are to be preserved and the availability of such information be limited. The value and sensitivity of information is protected by law and by the strict policies of Willow Point Nursing Home. The intent of these laws and policies is to assure that confidential information will remain confidential through its use, and be used only as a necessity to accomplish the organization's mission.

As a condition to receiving a computer sign-on code and allowed access to a system, and/or being granted authorization to access any form of confidential information identified above, I, the undersigned, agree to comply with the following terms and conditions:

1. My sign-on code is equivalent to my LEGAL SIGNATURE and I will not disclose this code to anyone or allow anyone to access the system using my sign-on code.
2. I am responsible and accountable for all entries made and all retrievals accessed under my sign-on code, even if such action was made by me or by another due to my intentional or negligent act or omission. Any data available to me will be treated as confidential information.
3. I will not attempt to learn or use another's sign-on code.
4. I will not access any on-line computer system using a sign-on code other than my own.
5. I will not access or request any information I have no responsibilities for. In addition, I will not access any other confidential information, including personnel, billing, or private information.
6. If I have reason to believe that the confidentiality of my sign-on code/ password has been compromised, I will immediately change my password and notify the Broome County Information Technology Department.
7. I will not disclose any confidential information unless required to do so in the official capacity of my employment or contract. I also understand that I have no right or ownership interest in any confidential information.
8. I will not leave a secured computer application unattended while signed on.
9. I will comply with all policies and procedures and other rules of Willow Point Nursing Home relating to confidentiality of information and sign-on codes.
10. I understand that my use of the system will be periodically monitored to ensure compliance with this agreement.

11. I agree not to use the information in any way detrimental to the organization and will keep all such information confidential.
12. I will not disclose protected health information or other information that is considered proprietary, sensitive, or confidential, unless there is a need to know basis, and will not utilize the county e-mail system to relay/transmit PHI.
13. I will limit distribution of confidential information to only parties with a legitimate need in performance of the organizations mission.
14. I agree that disclosure of confidential information is prohibited indefinitely, even after termination of employment or business relationship, unless specifically waived in writing by the authorized party.
15. This agreement shall survive the termination, expiration, or cancellation of this agreement.

I further understand that if I violate any of the above terms, I may be subject to disciplinary action, including discharge, loss of privileges, termination of contract, legal action for monetary damages or injunction, or both, or any other remedy available to Willow Point Nursing Home.

User's Name: \_\_\_\_\_ Date: \_\_\_\_\_

User's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept./Unit: Willow Point Nursing Home/\_\_\_\_\_

## Abuse Prevention, Reporting, and Investigation Policy

It is the policy of Willow Point Nursing Home that residents will be free from abuse, neglect, mistreatment, or misappropriation of property. Any allegations of actual or suspected resident abuse be reported and thoroughly investigated immediately.

- Our facility will not permit residents to be subjected to abuse by anyone, including, but not limited to, staff members, other residents, consultants, volunteers, staff of other agencies serving the resident, family members, legal guardians, sponsors, friends, or other individuals.
- Different forms of abuse are verbal abuse, sexual abuse, physical abuse, involuntary seclusion, mental abuse, neglect, and misappropriation of resident property
- This facility shall not employ individuals who have been found guilty of abusing, neglecting, or mistreating individuals by a court of law.
- This facility shall not employ individuals who have had a finding entered into the New York State Nurse Aide Registry concerning abuse, neglect, or mistreatment of residents or misappropriation of their property.
- This facility shall report any knowledge it has of actions by a court of law against an employee which would indicate unfitness for service as a nurse aide or other facility staff to the New York State Nurse Aide Registry or to appropriate licensing authorities.
- Supervisors will be held responsible for assuring that the above policy is upheld and will deal with deviations from this policy through the disciplinary process.
- Any employee who suspects or witnesses abuse/neglect or has "reasonable cause" to believe that abuse has occurred must immediately report to the Supervisor.
  - There will be no retaliation to employees for making a report of abuse, neglect, or mistreatment.
  - All staff are considered mandatory reporters.
- All personnel must conduct themselves in a professionally acceptable manner with all residents, employees, and guests including refraining from abusive, immoral, or other unacceptable conduct, behavior or language and demonstrating respect for each resident's dignity in full recognition of his/her individuality.

## Residents Rights Policy

It is the policy of Willow Point Nursing Home to safeguard each resident's rights. The Nursing Department shall respect the rights of each resident in regard to their feeling secure and being treated in a dignified manner.

- Each resident has the right to be treated with respect and dignity in recognition of their individuality and preferences.
- Each resident has the right to quality of care and treatment that is fair and free from discrimination.
- Relatives and legal representatives may act on a resident's behalf to exercise these rights when the resident is unable to do so.
- Residents have the right to safeguard their money and property.
- Residents have the right to privacy in communications.
- Residents have the right of accommodation of needs.
- Residents have the right to choose an attending physician.
- Residents have the right to refuse treatment.
- Residents have the right to have cardiopulmonary resuscitation (CPR)
- Residents have the right in confidentiality of medical, social, and financial records.
- Residents may voice grievances to any staff member without the fear of reprisal or discrimination.
- Residents have the right to attend Resident Council.
- Residents have the right to participate in any activity that does not infringe on the rights of other residents. They have the right to participate in social, religious, and community activities.
- Residents have the right to examine NYS survey results and correction plans.
- Residents have the right to manage their own funds.
- Residents have the right to receive Medicare and/or Medicaid benefits, if eligible.
- Residents have the right to file complaints/concerns with the Department of Health.
- Residents have the right to contact Long Term Care Ombudsman.

- Residents have the right to act as a volunteer for Willow Point Nursing Home if medically appropriate, and they wish to do so.
- Residents have the right to be free from abuse.
- Residents have the right to be free from restraints. Physical and chemical restraints are not used unless they are required to treat their medical symptoms. If they must be used they will only be used to ensure their safety, or the safety of other residents. Nursing staff will consult you, your legal representative, or your families before restraints are used. Physician must sign an order for treatment using restraints. All residents have the same right to be free from restraints.
- Residents have the right to personal possessions. They have the right to a home-like environment and to use their personal belongings.



## Willow Point Nursing Home Basic Policies for Temporary Staff

**Smoking:** Smoking is not permitted on Willow Point Nursing Home property. That also includes not in your car while on the property.

**Body piercing:** For the safety of residents and employees pierced body jewelry is prohibited. Any exposed pierced body jewelry must be removed. If the jewelry cannot be removed, a band-aid or bandage must be utilized to cover it due to a very high risk of injury to a resident or the person with the pierced body jewelry.

**Acrylic nails:** Acrylic nails are a source of infection, and are not acceptable. Resident care may not be provided by someone with acrylic nails. The "acrylic nails" category also includes tips, overlays and gels. That includes all nursing staff.

**Cell phone usage:** All staff-Personal cell phones can only be used at break or lunch time in nonpublic areas; that includes the lobby and front porch. Cell phones should be programmed to vibrate while inside the facility. Cell phones can be used only in break rooms and not in resident care areas. "Texting" or "messaging" is cell phone use, and must be done on break time or during an employee's lunch time.

**Dress Code:** Scrub uniforms, white duty shoes or sneakers; only nurses may wear all white. Fridays are casual dress days.

**Breaks:** A ½ hour lunch after 6 hours of work is allowed. Two 15-minute breaks per 8-hour shift are also allowed as workload permits.

**Confidentiality:** Staff is not to discuss residents and/or their care with anyone except their unit staff nurse. If families inquire about a family member or some other resident, ask the resident for permission to discuss care issues with the person inquiring, or politely refer the person to the charge nurse or unit social worker. The medical chart and all its contents are legal documents. As such, HIPAA (Health Insurance Portability and Accountability Act of 1996) governs all documentation.

**Zero Tolerance for Violence in the Workplace:** Willow Point Nursing Home and Broome County have a Zero Tolerance for Violence in the Workplace Policy and Plan. If you have an Order of Protection, please alert Nursing Administration and/or Administration to assure your safety. Broome County Security is called if a situation occurs.

**Mantoux:** All health care workers are required to have an annual Mantoux to test for TB. A positive TB test doesn't mean you have active TB; it does mean that you have been exposed at some point in time.

**Accident/Incident Reports:** An Incident Report must be completed for any employee, family member, student, visitor, or resident injury. Different reports specific to the aforementioned groups are available and utilized. Report any injury/incident to the supervisor as soon as possible. If a situation involves a resident, please remember that *a resident is not to be moved after a fall until an RN supervisor evaluates the resident and directs staff to do so. Statements need to be written by all involved parties as soon as possible and before the end of the shift.*

**Alarmed stairwell doors:** There are bypass buttons for the door alarms next to the door. Elevators also have bypass keypads for entry. The code is as instructed.

**WW unit:** The WW unit is the Secured Alzheimer's Unit. When exiting the unit, you must utilize the keypad on the wall. Then press the small white button above the keypad to the right of the doors to bypass the alarm system. The code is the year followed by a star. Make certain that a resident does not follow out the door.

**Body fluid exposure:** Contact the supervisor immediately once the affected area is cleaned. Complete an Incident Report; if possible, bring a current immunization record with you and report to an Occupational Health Office or area Emergency Room.

**Standard Precautions:** Treat all residents as a port for possible blood and bodily fluids contamination. Each unit has Personal Protective Equipment available for use.

**Infection Control:** A red and white magnet on the outside door jam of a resident's room that says "Isolation" is to indicate an isolation room. A large yellow isolation cart is placed outside the isolation room. Informational cards for are placed in top drawer of isolation cart.

Isolation bagging procedures:

Bates Troy- 1- water soluble bag, 1 garbage bag to double bag with 1-red isolation sticker placed on outside of bag.

Personal Laundry- 1- water soluble bag, 1 garbage bag to double bag, 1- red isolation sticker placed on outside of bag.

Plastic bags are changed at the end of each shift. Wash hands for 20 seconds or longer or use an alcohol wash as necessary i.e. whenever there is a change of gloves.

**SDS:** Safety Data Sheets are located in any area that chemicals are used. A complete file of all areas is located in Administration.

**Dietary instructions:** Wash hands before passing trays. Serve all people at a table at one time. Remove everything off of the tray, offer a clothing protector, offer all condiments, cut up food into manageable pieces and pour all liquids into serving glasses. Assess the intake and output on all residents. There are nourishment rounds at 10 AM, 3 PM and 8 PM daily. Do not serve trays to residents that require total assistance at meals until someone is ready to assist the resident. Staff is not allowed to eat the food or drinks that are for the residents. All personal drinks or food need to be kept outside of the nursing areas. All personal Meals should take place in break rooms

## Codes

Codes for various emergencies are in place to notify people of emergencies. Codes used at Willow Point Nursing Home are as follows:

**Code Red:** Code Red is paged to indicate fire and the area it is occurring. The affected fire area is also shown on monitors mounted at each nursing station, which will be paged overhead 3 times.

## **“RACE”**

**R**emove  
**A**larm  
**C**ontain  
**E**vacuate

Fire alarm boxes are located at the ends of hallways; at nursing stations; next to elevators.

If an employee is off the assigned unit when the alarm sounds they must return to the assigned unit to await further direction.

If the fire is on your unit remove residents in the immediate area to either: 1) an area behind the first set of fire doors; or 2) the resident's room. After a room is evacuated, mark the door with an X by using chalk provided in the fire extinguisher case. A red tag with an “F” is placed on the outside doorknob of the fire room for easy and swift identification. Lines of 2 staff members form to rotate entering rooms to evacuate residents if the Director of the drill calls for an evacuation.

- The Vestal Fire Department is in charge once they arrive on the scene.
- The charge nurse on the unit will direct evacuation, if necessary.
- Staff on West Wing is to remain on that unit.
- Nursing Instructors take students to the “Personnel Pool” area located in the North 1 dining room and await any further instructions.

**Code Pink:** An inhouse system allows us to account for residents that may wander to unsafe areas. Residents that are unable (due to cognitive issues and/or dementia) to ambulate safely wear a “watch” that allows us to assure their safety. If the door lock system is off-line the inhouse safety system does not function. When this situation occurs, a “Code Pink” is called. Once the system is again activated, “Code Pink all clear” is announced.

**Code Green:** An announcement of “Code Green” on the paging system signifies an EVACUATION. Code Green is put into use when it is necessary to remove residents and staff from the facility.

**Code Gray:** Missing resident. Search the assigned area for the missing resident. Red Emergency Manuals are located at each nursing station. The plan explains in detail, exact locations to be searched. ALL staff is responsible to help search until the resident is found.

**Code Blue- Medical Emergency:** a resident is in need of CPR. Residents wear a blue wristband to designate the choice of receiving CPR

**Code Yellow:** Disaster. Wait for further instructions.

### **ID Band Coding:**

**Blue:** CPR (Medical Emergency)

**White-** DNR

**Orange –** Fall

**Green-**Swallowing

**Pink-** Wandering



**AED-** Automated External Defibrillator is located in the Main Lobby and South 2 on the B-side

**Doctor Strong:** Doctor Strong is paged to alert employees of any imminent danger to themselves or to the residents who reside here. When "Dr. Strong" is announced the objective is to secure the immediate workplace; the affected area will be announced with the code-i.e. "Dr. Strong-S3; Dr. Strong-S3." Residents are moved into rooms behind closed doors. No staff should enter an area where the "incident" is occurring. The supervisor will call "9-911" to report the "event" location. The supervisor remains in a secure area to direct the police when they arrive. All staff in nonincident areas stays with the residents behind closed doors until an "All Clear" is announced. A cell phone may be used to dial 911 if necessary to alert the police.

**Blue wristband:** CPR

**White wristband:** DNR (Do Not Resuscitate).

**Lt Green wristband:** signifies a resident with swallowing issues.

**Hospice** is a concept that assists residents and families to deal with end-of-life issues. We are contracted for Hospice through Our Lady of Lourdes hospital.

**Reality Orientation** is used if a resident is alert and just a little confused. The resident must be able to comprehend the message/communication. Residents that are confused most of the time may not respond well to reality orientation; caution should be used.

Ex. A resident carries a baby doll and relates her baby is sick and needs to see a doctor. Do not attempt to tell the resident that "it doesn't matter; it's just a doll." The resident will not believe you and will become very upset.

**Elder Abuse** is not tolerated. If possible resident abuse is witnessed, report it to the supervisor immediately or call the NYS Hotline: 888-201-4563.

#### **Resident Abuse Definitions:**

**Abuse** is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment resulting in physical harm, pain, mental anguish, or deprivation by an individual, including a caretaker of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. This includes instances of abuse of all residents (even those in a coma) that causes physical harm, pain, or mental anguish.

**Verbal abuse** is defined as any use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or families, or within hearing distance regardless of age, ability to comprehend, or disability.

**Sexual abuse** includes but is not limited to sexual harassment, sexual coercion, or sexual assault.

**Physical abuse** includes hitting, slapping, pinching, and kicking. It also includes controlling behavior through corporal punishment.

**Mental abuse** includes but is not limited to humiliation, harassment, threats of punishment, or deprivation.

**Involuntary seclusion** is defined as separation of a resident from other residents or from his/her room or confinement to his or her room (with or without roommates) against the resident's will, or the will of the resident's legal representative. Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs.

**Neglect** is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. (See Older Americans Act, §392 (a)(19). Neglect occurs on an individual basis when a resident does not receive care in one or more areas.

**REMEMBER:**

Willow Point Nursing Home residents live here; it is "home." When you look down a hallway at all the doors, think of being on a street looking at a row of houses.

Respect is shown by knocking on doors before entering.

If a resident is able to respond, ask what name is preferred; do not use "honey" or "sweetie."

**EVERYONE** is treated with the respect and dignity that we all deserve.

**Golden Rule of Thumb:**

Treat residents the way you would treat your own family members. You will treat them with the love and respect that they rightly deserve.

Thank-you for being a part of our "Willow Point Nursing Home family."

# Willow Point Nursing Home Corporate Compliance

## Policy Statement:

Preventing and detecting health care fraud and abuse activities is an important fiduciary responsibility of management and all staff. This facility affirms to always deliver medically necessary services in the most efficient and prudent manner while providing professional quality care for each resident to attain and maintain the highest practicable physical, mental, and psychosocial well-being.

As such, Willow Point Nursing Home has adopted a Corporate Compliance Program, effective November 2000, to help ensure that the organization maintains the high level of honesty, professional, and ethical behavior in all aspects of its delivery of services and relations with residents, third party payers, employees, agents, and independent contractors. Our intent is to reasonably design, implement, and enforce a Corporate Compliance Program that will disclose, prevent, and detect misconduct. All staff, agents, and independent contractors are expected to understand and adhere to this compliance program.

## Code of Conduct:

Assets	Financing/ Loan Agreements	Cash and Bank Accounts	Conflict of Interest
Billing	Medicare/Medicaid Anti Kick back	Bribes Gifts and Gratuities	Contributions
Non-Discrimination	Resident Rights	Competition (Anti-Trust)	Financial Reports
Research Grants	Confidential Information	Quality of Care	Tax Exemption

## Protection Under the Law:

As Per the Federal False Claims Act (31 U.S.C. §3730(h)) , New York State False Claims Act (State Finance Law §191) and New York State Labor Law Sections 740 and 741 Willow Point Nursing Home will not take any retaliatory personnel action (discharge, suspension, demotion, or other adverse employment action) against an employee because the employee:

- Discloses or threatens to disclose to a supervisor or to a public body an activity of the employer that is illegal and that presents a substantial and specific danger to public health or safety;
- Provides information to or testifies before a public body that is conducting an investigation or hearing into the employer's violation of law;
- Objects to or refuses to participate in the illegal activity of the employer;
- Discloses to a supervisor or public body that he or she reasonably believes, in good faith, that the employer is providing improper quality of resident care;
- Objects to or refuses to participate in any practice of providing "improper quality of resident care.

## Consequences of Not Reporting:

- Disciplinary Action as per Civil Service Law and Bargaining Unit Contract
- Fines, Restitution, and/or criminal prosecution

## To Make a Report:

Direct Supervisor

Kevin Carey, Nursing Home Administrator

607-763-4201

Edith Howland, Corporate Compliance Officer

607-763-1742

Corporate Compliance Hotline

800-836-0872

E-mail

[WPNHcorporatecompliance@co.broome.ny.us](mailto:WPNHcorporatecompliance@co.broome.ny.us)

Suggestion Box

Located in the main lobby

**Corporate Compliance is Everyone's Responsibility!**



# Willow Point Nursing Home



## AGENCY NURSING STAFF WORK SHEET

Nurse: \_\_\_\_\_

Date: \_\_\_\_\_

Today you will be assigned to unit: \_\_\_\_\_

Unit Phone Number: \_\_\_\_\_

Your supervisor today is: \_\_\_\_\_

Supervisor phone number: 9-242-9607

*\*ALL OUTSIDE CALLS REQUIRE 9 BE DIALED FIRST TO USE PAGING SYSTEM, DIAL 4444 AND SPEAK INTO RECEIVER*

The supervisor will provide you with the location of the Willow Point Nursing Home policy and procedure book and Disaster Manual.

### IF A RESIDENT FALLS OR HAS ANY TYPE OF INCIDENT:

- CALL SUPERVISOR (USE CEL PHONE NUMBER)
- DO NOT MOVE RESIDENT UNTIL ASSESSMENT IS DONE BY RN
- COMPLETE A/I FORM, OBTAIN STATEMENTS FROM STAFF, RESIDENT, VISITORS
- NOTIFY RESIDENTS FAMILY AND PHYSICIAN
- CHART IN NURSES NOTES RE: A/I, FAMILY AND PHYSICIAN NOTIFICATIONS

### IF A RESIDENT NEEDS TO BE TRANSFERRED TO ER:

- CALL SUPERVISOR (USE CEL PHONE NUMBER), CALL PHYSICIAN AND GET ORDER
- COMPLETE TRANSFER FORMS IN FRONT POCKET OF CHART
- CALL 9-911 FOR TRANSPORT
- NOTIFY RESIDENTS FAMILY

### IN THE EVENT OF A FIRE (CODE RED)

R- RESCUE RESIDENTS OR OTHERS IN IMMEDIATE FIRE AREA

A-ALARM, PULL FIRE ALARM, YELL CODE RED LOUDLY, CALL 9-911, ANNOUNCE FIRE LOCATION OVER PAGING SYSTEM

C-CONFINE- KEEP FIRE BEHIND CLOSED FIRE DOORS AND OTHERS BEHIND FIRE DOORS, CLEAR HALLWAYS OF EQUIPMENT, RESIDENTS

E-EXTINGUISH- FIRE EXTINGUISHERS AT EVERY NURSES STATION AND THE END OF EVERY HALL

ORANGE TAG WITH F IDENTIFIES THE FIRE ROOM, AN X ON A DOOR MEANS THE ROOM HAS BEEN EVACUATED. CHALK AND ORANGE TAGS ARE IN WITH THE FIRE EXTINGUISHERS

### CODES/ID BANDS

- RED=FIRE
- BLUE=FULL CODE/CPR NEEDED/ CPR IN PROGRESS (IF A RESIDENT IS A FULL CODE, THERE ID BAND WILL BE BLUE) AED'S ARE LOCATED IN THE MAIN LOBBY AND SOUTH 2 LOBBY
- PINK=WANDER SYSTEM DOWN/DOORS UNSECURED, NEED TO MONITOR WHEREABOUTS OF RESIDENTS WHO HAVE POTENTIAL TO WANDER (PINK BAND OR WANDER ALERT BRACLET IDENTIFY RESIDENTS AT RISK FOR WANDERING)
- GREEN=DYSPHAGIA, ALTERED LIQUIDS (NECTAR, HONEY OR PUDDING THICK) THE RESIDENT ID BAND WILL HAVE A GREEN MARKING
- YELLOW=DIASTER
- GREY=MISSING RESIDENT
- ALL EXIT DOORS, ELEVATORS CODE IS 2015\*, ALL PANTRY DOORS, UTILITY ROOM DOORS, OXYGEN STORAGE ROOM DOOR CODE IS 2015\*
- TO RESET WANDER ALERT SYSTEM CODE IS 215\*

**PLEASE CALL SUPERVISOR WITH ANY QUESTIONS,ISSUES!!**

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Agency Nurse Signature

