

ANNOTATED MINUTES

Tuesday, May 9, 1995 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BUDGET SESSION

Chair Beverly Stein convened the meeting at 9:31 a.m., with Commissioners Gary Hansen, Tanya Collier and Dan Saltzman present, Vice-Chair Sharron Kelley arriving at 9:32 a.m.

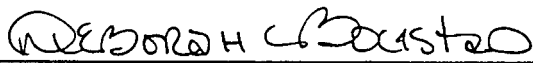
WS-1 Aging Services Division Budget Overview, Highlights and Action Plans. ASD Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1995-96 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers.

JIM McCONNELL BUDGET AND ACTION PLANS HIGHLIGHTS AND RESPONSE TO BOARD QUESTIONS. KATHY GILLETTE RESPONSE TO BOARD QUESTIONS. ROBERT SMITH PRESENTATION IN SUPPORT OF PMCoA/CBAC RECOMMENDATIONS. THELMA SKELTON PRESENTATION IN SUPPORT OF FUNDING FOR ADULT CARE HOME PROGRAM. MR. SMITH PRESENTATION IN SUPPORT OF FUNDING FOR PUBLIC GUARDIAN PROGRAM. JOE ANDERSON PRESENTATION IN SUPPORT OF FUNDING FOR EAST COUNTY ELDER SAFETY PROGRAM AND RESPONSE TO BOARD QUESTIONS. NARCISA PIMENTEL PRESENTATION IN SUPPORT OF FUNDING FOR MULTI-ETHNIC ELDER PROGRAMS. NENE AGUINALDO TESTIMONY IN SUPPORT OF FUNDING FOR MULTI-ETHNIC ELDERLY SERVICES. AVELINA SAMPSON TESTIMONY IN SUPPORT OF SENIOR HOUSING PROGRAM SERVICES. JOAN SCHNELL AND JOE MAHONEY OF OREGON FAIR SHARE TESTIMONY IN SUPPORT OF ADDITIONAL FUNDING FOR ADULT FOSTER CARE PROGRAM. JIM PAYNTER TESTIMONY REGARDING BUDGET PROCESS AND NEED FOR LOCAL FUNDING PLAN TO SUPPORT DISTRICT CENTERS. DAN GRIGORAS TESTIMONY IN OPPOSITION TO FUNDING FOR ADULT CARE HOME PROGRAM. LORENA CAMPBELL AND SUSAN EMMONS TESTIMONY IN SUPPORT OF AN EAST COUNTY FOCAL POINT SATELLITE OFFICE. JEAN DeMASTER

PRESENTATION REGARDING ADULT CARE HOME PROGRAM AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION. MR. McCONNELL AND MS. DeMASTER RESPONSE TO BOARD QUESTIONS AND DISCUSSION. HOLLY BERMAN PRESENTATION REGARDING PUBLIC GUARDIAN PROGRAM. MR. McCONNELL AND BETTY GLANTZ PRESENTATION REGARDING ADULT PROTECTIVE SERVICES PROGRAM AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION. BOARD IDENTIFIED FOLLOW UP ISSUES FOR FURTHER STAFF ELABORATION DURING BUDGET DELIBERATIONS. COMMISSIONER KELLEY PROPOSED BUDGET AMENDMENT ADDING EAST COUNTY OFFICE. COMMISSIONER SALTZMAN PROPOSED BUDGET AMENDMENT INCREASING SAME DAY EMERGENCY TRANSPORTATION. COMMISSIONER HANSEN PROPOSED BUDGET AMENDMENT FOR ADDITIONAL MULTI-ETHNIC OUTREACH FUNDS. COMMISSIONER COLLIER PROPOSED BUDGET AMENDMENTS FOR ADDITIONAL PUBLIC GUARDIAN AND ADDITIONAL ADULT PROTECTIVE SERVICES STAFF.

There being no further business, the meeting was adjourned at 11:30 a.m.

OFFICE OF THE BOARD CLERK
MULTNOMAH COUNTY, OREGON


Deborah L. Bogstad

Wednesday, May 10, 1995 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BUDGET SESSION

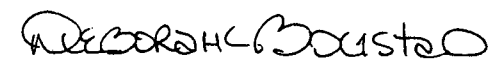
Chair Beverly Stein convened the meeting at 9:31 a.m., with Vice-Chair Sharron Kelley, Commissioners Tanya Collier and Dan Saltzman present, and Commissioner Gary Hansen arriving at 9:32 a.m.

WS-2 Department of Environmental Services Budget Overview, Highlights and Action Plans. DES Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1995-96 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers.

BETSY WILLIAMS DEPARTMENT OVERVIEW SLIDE PRESENTATION. MIKE ZOLLITSCH PRESENTATION IN SUPPORT OF CBAC RECOMMENDATIONS. KERI HARDWICK AND JIM MUNZ PRESENTATION AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION. MS. WILLIAMS AND MR. MUNZ RESPONSE TO BOARD QUESTIONS REGARDING STATUS OF DPMC AND SPIT COMMITTEES. MS. WILLIAMS PRESENTATION AND RESPONSE TO BOARD QUESTIONS REGARDING CIP PLAN. WAYNE GEORGE AND MS. WILLIAMS RESPONSE TO BOARD QUESTIONS AND DISCUSSION REGARDING SEISMIC ISSUES, STRATEGIC PLAN, CUSTODIAL ISSUES AND STATUS OF FACILITIES ADVISORY STAFF TEAM. MS. WILLIAMS PRESENTATION REGARDING PARKS AND EXPO TRANSFER TO METRO AND RESPONSE TO BOARD QUESTIONS. LARRY NICHOLAS RESPONSE TO BOARD QUESTION REGARDING BRIDGE FUNDING. MS. WILLIAMS RESPONSE TO BOARD QUESTIONS AND DISCUSSION REGARDING GIS SYSTEM AND BOARD OF EQUALIZATION. TOM GUINEY PRESENTATION AND RESPONSE TO BOARD QUESTIONS REGARDING ARCHIVIST. BOARD IDENTIFIED FOLLOW UP ISSUES FOR FURTHER STAFF ELABORATION DURING BUDGET DELIBERATIONS. COMMISSIONER HANSEN PROPOSED BUDGET AMENDMENT FOR ADDITIONAL CUSTODIAL SERVICES. COMMISSIONER COLLIER PROPOSED BUDGET AMENDMENT FOR TEMPORARY STAFF TO COORDINATE BRIDGE LIGHTING PROJECT. COMMISSIONER SALTZMAN PROPOSED BUDGET AMENDMENT TO FUND RECORDS ARCHIVIST.

There being no further business, the meeting was adjourned at 11:25 a.m.

OFFICE OF THE BOARD CLERK
MULTNOMAH COUNTY, OREGON



Deborah L. Bogstad

Thursday, May 11, 1995 - 9:30 AM
Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

REGULAR MEETING

Chair Beverly Stein convened the meeting at 9:30 a.m., with Vice-Chair Sharron Kelley, Commissioners Gary Hansen, Tanya Collier and Dan Saltzman present.

COMMISSIONER COLLIER INTRODUCED AND WELCOMED VISITING MADISON HIGH SCHOOL STUDENTS THEIR TEACHER.

CONSENT CALENDAR

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, THE CONSENT CALENDAR (ITEMS C-1 THROUGH C-2) WAS UNANIMOUSLY APPROVED.

NON-DEPARTMENTAL

C-1 In the Matter of the Appointment of Clayborn Collins to the MULTNOMAH COUNTY COMMUNITY ACTION COMMISSION

DEPARTMENT OF HEALTH

C-2 Ratification of Intergovernmental Agreement Contract 202025 Between the City of Portland and Multnomah County, Providing Monitoring and Control of Rats within the City's Wastewater Collection System, for the Period July 1, 1995 through June 30, 1996

REGULAR AGENDA

PUBLIC COMMENT

R-1 Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.

THOMAS BUCHHOLZ COMMENTED IN OPPOSITION TO ANIMAL CONTROL DISPOSITION OF AN ANIMAL ABUSE ISSUE. RICHARD KOENIG COMMENTED IN OPPOSITION TO FAMILY SERVICES MEDIATION PROCESS AND EXECUTIVE ORDER 122. AT THE REQUEST OF CHAIR STEIN, COUNTY COUNSEL LARRY KRESSEL ADVISED MR. KOENIG HAS FILED AN APPEAL OF HIS APRIL CRIMINAL TRESPASS CONVICTION WITH THE COURT SYSTEM, AND DISCUSSED THE CRITERIA USED BY SHERIFF'S OFFICE WHEN IMPLEMENTING EXECUTIVE ORDER 122.

RICHARD GRADY COMMENTED IN OPPOSITION TO EXECUTIVE ORDER 122 AND HIS EXCLUSION FROM THE COURTHOUSE. AT THE REQUEST OF CHAIR STEIN, MR. KRESSEL DESCRIBED THE CRITERIA USED IN MR. GRADY'S NOTICE OF EXCLUSION AND EXPLAINED HIS LEGAL RECOURSE.

SERVICE DISTRICTS

(Recess as the Board of County Commissioners and convene as the Budget Committee for Dunthorpe Riverdale Sanitary Service District No. 1)

- R-2 Selection of Budget Committee Chair and Secretary and PUBLIC HEARING to Consider and Approve the 1995-96 Dunthorpe Riverdale Sanitary Service District No. 1 Proposed Budget for Submittal to the Tax Supervising and Conservation Commission

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER SALTZMAN, THE APPOINTMENT OF KENNETH UNDERDAHL CHAIR AND JERRY SCOTT SECRETARY TO THE DUNTHORPE RIVERDALE SANITARY SERVICE DISTRICT WAS UNANIMOUSLY APPROVED. CHAIR UNDERDAHL EXPLANATION AND COMMENTS IN SUPPORT OF BUDGET. UPON MOTION OF CHAIR UNDERDAHL, SECONDED BY SECRETARY SCOTT, THE SERVICE DISTRICT BUDGET WAS UNANIMOUSLY APPROVED.

(Recess as the Budget Committee for Dunthorpe Riverdale Sanitary Service District No. 1 and reconvene as the Board of County Commissioners)

NON-DEPARTMENTAL

- R-8 PROCLAMATION in the Matter of Honoring Veterans of the Second World War on the Occasion of the 50th Anniversary of V-E Day

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-8. PROCLAMATION READ. COMMISSIONER SALTZMAN PRESENTATION ACKNOWLEDGING CONTRIBUTION OF VETERANS. COMMISSIONER SALTZMAN WELCOMED AND INTRODUCED WORLD WAR II VETERANS KEN TANNER, ED ZMERZLIKAR AND CHARLES ALTIG. BOARD AND AUDIENCE ACKNOWLEDGEMENT IN SUPPORT. PROCLAMATION 95-101 UNANIMOUSLY APPROVED.

VICE-CHAIR KELLEY INTRODUCED AND WELCOMED VISITING REYNOLDS SCHOOL DISTRICT THIRD GRADE STUDENTS AND THEIR TEACHERS.

SERVICE DISTRICTS

(Recess as the Board of County Commissioners and convene as the Budget Committee for Mid County Street Lighting Service District No. 14)

- R-3 Selection of Budget Committee Chair and Secretary and PUBLIC HEARING to Consider and Approve the 1995-96 Mid County Street Lighting Service District No. 14 Proposed Budget for Submittal to the Tax Supervising and Conservation Commission

UPON MOTION OF COMMISSIONER HANSEN, SECONDED BY COMMISSIONER SALTZMAN, THE APPOINTMENT OF BEVERLY STEIN AS CHAIR, AND SHARRON KELLEY AS SECRETARY OF THE MID COUNTY STREET LIGHTING SERVICE DISTRICT WAS UNANIMOUSLY APPROVED. JOHN DORST EXPLANATION. NO ONE WISHED TO TESTIFY. UPON MOTION OF COMMISSIONER COLLIER, SECONDED BY COMMISSIONER HANSEN, THE SERVICE DISTRICT BUDGET WAS UNANIMOUSLY APPROVED.

(Recess as the Budget Committee for Mid County Street Lighting Service District No. 14 and reconvene as the Board of County Commissioners)

SHERIFF'S OFFICE

- R-4 Request for Approval of a Notice of Intent to Apply for a \$90,000 Edward Byrne Memorial Formula Grant to Pay for up to 75% of the Cost of Implementing the Work-in-Lieu-of-Jail Program

AT THE REQUEST OF CHAIR STEIN AND UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER COLLIER, R-4 WAS UNANIMOUSLY POSTPONED INDEFINITELY.

DEPARTMENT OF HEALTH

- R-5 Budget Modification MCHD 12 Requesting Authorization to Increase HIV Programs within the HIV and STD Services Division Budget to Reflect Receipt of Ryan White Title 1 Supplemental Funds to Enhance Services for HIV Positive Clients

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-5. BILLI ODEGAARD AND LIZ FOSTERMAN EXPLANATION. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-6 PUBLIC HEARING and Consideration of an ORDER in the Matter of Approving Request for Transfer of Tax Foreclosed Properties to Portland Public Schools for Public Uses

COMMISSIONER KELLEY MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF R-6. RICHARD PAYNE EXPLANATION. NO ONE WISHED TO TESTIFY. ORDER 95-102 UNANIMOUSLY APPROVED.

- R-7 Ratification of Intergovernmental Agreement Contract 301885 Between the State of Oregon Department of Transportation and Multnomah County, Providing \$1,000,000 in Federal Congestion Mitigation and Air Quality Project Grant Funds to Construct Sidewalk, Bikeway, Pedestrian and Disabled Accessibility Improvements to Various Willamette River Bridges and Ramps

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF R-7. ED PICKERING EXPLANATION. AGREEMENT UNANIMOUSLY APPROVED.

NON-DEPARTMENTAL

- R-9 RESOLUTION in the Matter of Approving a Negotiating Team for the First Application Received Under the Multnomah County Strategic Investment Program Policy and Authorizing the Lead Negotiator to Add Up to Two People to the Negotiating Team

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-9. CHAIR STEIN EXPLANATION, ADVISING THE RESOLUTION APPOINTS TANYA COLLIER AS MULTNOMAH COUNTY REPRESENTATIVE, AN AS YET UNNAMED REPRESENTATIVE FROM THE CITY OF GRESHAM, AND AN AS YET UNNAMED EXPERT CONSULTANT. COMMISSIONER COLLIER ACKNOWLEDGED APPOINTMENT AND ADVISED SHE LOOKS FORWARD TO MEETING WITH EACH

BOARD MEMBER PRIOR TO BEGINNING NEGOTIATIONS. IN RESPONSE TO A QUESTION OF COMMISSIONER HANSEN, COMMISSIONER COLLIER EXPLAINED THE TIME LINE AND PROCEDURES TO OCCUR PRIOR TO A RECOMMENDATION BEING SUBMITTED TO THE BOARD. RESOLUTION 95-103 UNANIMOUSLY APPROVED.

There being no further business, the regular meeting was adjourned at 10:15 a.m., and the briefing convened at 10:20 a.m.

Thursday, May 11, 1995

(IMMEDIATELY FOLLOWING REGULAR MEETING)

Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland

BOARD BRIEFING

- B-1 Exempt Evaluation Advisory Committee Recommendations and Request for Policy Direction Regarding the Exempt Employee Evaluation and Pay Administration System. Presented by Curtis Smith and Committee Members.

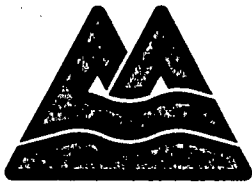
CURTIS SMITH INTRODUCED COMMITTEE MEMBERS BILLI ODEGAARD, JACKIE BABICKY, TAMARA HOLDEN, JANICE DRUIAN, MERLIN JULFS, KENNETH UPTON, JERRY WALKER, JIM ANDERSON AND ROBERT PHILLIPS. MR. SMITH PRESENTATION OF RECOMMENDATIONS AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION. BOARD CONSENSUS TO PROPOSE BUDGET AMENDMENT ADDING \$9,000 INCENTIVE AWARDS FOR EXEMPT EMPLOYEES.

There being no further business, the meeting was adjourned at 10:59 a.m.

OFFICE OF THE BOARD CLERK
MULTNOMAH COUNTY, OREGON



Deborah L. Bogstad



MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK
SUITE 1510, PORTLAND BUILDING
1120 S.W. FIFTH AVENUE
PORTLAND, OREGON 97204

BOARD OF COUNTY COMMISSIONERS		
BEVERLY STEIN •	CHAIR •	248-3308
DAN SALTZMAN •	DISTRICT 1 •	248-5220
GARY HANSEN •	DISTRICT 2 •	248-5219
TANYA COLLIER •	DISTRICT 3 •	248-5217
SHARRON KELLEY •	DISTRICT 4 •	248-5213
CLERK'S OFFICE •	248-3277 •	248-5222

AGENDA

MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS

FOR THE WEEK OF

MAY 8, 1995 - MAY 12, 1995

Tuesday, May 9, 1995 - 9:30 AM - Budget Session	Page 2
Wednesday, May 10, 1995 - 9:30 AM - Budget Session	Page 2
Thursday, May 11, 1995 - 9:30 AM - Regular Meeting	Page 2
Thursday, May 11, 1995 - Board Briefing	Page 4
<u>(IMMEDIATELY FOLLOWING REGULAR MEETING)</u>	

Thursday Meetings of the Multnomah County Board of Commissioners are
cablecast live and taped and can be seen by Cable subscribers in Multnomah County
at the following times:

Thursday, 9:30 AM, (LIVE) Channel 30
Friday, 10:00 PM, Channel 30
Sunday, 1:00 PM, Channel 30

Produced through Multnomah Community Television

**INDIVIDUALS WITH DISABILITIES MAY CALL THE OFFICE OF THE BOARD
CLERK AT 248-3277 OR 248-5222, OR MULTNOMAH COUNTY TDD PHONE 248-
5040, FOR INFORMATION ON AVAILABLE SERVICES AND ACCESSIBILITY.**

Tuesday, May 9, 1995 - 9:30 AM

*Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland*

BUDGET SESSION

- WS-1 *Aging Services Division Budget Overview, Highlights and Action Plans. ASD Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1995-96 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers. 2.5 HOURS REQUESTED.*
-

Wednesday, May 10, 1995 - 9:30 AM

*Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland*

BUDGET SESSION

- WS-2 *Department of Environmental Services Budget Overview, Highlights and Action Plans. DES Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1995-96 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers. 2.5 HOURS REQUESTED.*
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Thursday, May 11, 1995 - 9:30 AM

*Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland*

REGULAR MEETING

CONSENT CALENDAR

NON-DEPARTMENTAL

- C-1 *In the Matter of the Appointment of Clayborn Collins to the MULTNOMAH COUNTY COMMUNITY ACTION COMMISSION*

DEPARTMENT OF HEALTH

- C-2 *Ratification of Intergovernmental Agreement Contract 202025 Between the City of Portland and Multnomah County, Providing Monitoring and Control of Rats within the City's Wastewater Collection System, for the Period July 1, 1995 through June 30, 1996*

REGULAR AGENDA

PUBLIC COMMENT

- R-1 *Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.*

SERVICE DISTRICTS

(Recess as the Board of County Commissioners and convene as the Budget Committee for Dunthorpe Riverdale Sanitary Service District No. 1)

- R-2 *Selection of Budget Committee Chair and Secretary and PUBLIC HEARING to Consider and Approve the 1995-96 Dunthorpe Riverdale Sanitary Service District No. 1 Proposed Budget for Submittal to the Tax Supervising and Conservation Commission*

(Recess as the Budget Committee for Dunthorpe Riverdale Sanitary Service District No. 1 and convene as the Budget Committee for Mid County Street Lighting Service District No. 14)

- R-3 *Selection of Budget Committee Chair and Secretary and PUBLIC HEARING to Consider and Approve the 1995-96 Mid County Street Lighting Service District No. 14 Proposed Budget for Submittal to the Tax Supervising and Conservation Commission*

(Recess as the Budget Committee for Mid County Street Lighting Service District No. 14 and reconvene as the Board of County Commissioners)

SHERIFF'S OFFICE

- R-4 *Request for Approval of a Notice of Intent to Apply for a \$90,000 Edward Byrne Memorial Formula Grant to Pay for up to 75% of the Cost of Implementing the Work-in-Lieu-of-Jail Program*

DEPARTMENT OF HEALTH

- R-5 *Budget Modification MCHD 12 Requesting Authorization to Increase HIV Programs within the HIV and STD Services Division Budget to Reflect Receipt of Ryan White Title 1 Supplemental Funds to Enhance Services for HIV Positive Clients*

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-6 *PUBLIC HEARING and Consideration of an ORDER in the Matter of Approving Request for Transfer of Tax Foreclosed Properties to Portland Public Schools for Public Uses*

- R-7 *Ratification of Intergovernmental Agreement Contract 301885 Between the State of Oregon Department of Transportation and Multnomah County, Providing \$1,000,000 in Federal Congestion Mitigation and Air Quality Project Grant Funds to Construct Sidewalk, Bikeway, Pedestrian and Disabled Accessibility Improvements to Various Willamette River Bridges and Ramps*

NON-DEPARTMENTAL

- R-8 *PROCLAMATION in the Matter of Honoring Veterans of the Second World War on the Occasion of the 50th Anniversary of V-E Day*
- R-9 *RESOLUTION in the Matter of Approving a Negotiating Team for the First Application Received Under the Multnomah County Strategic Investment Program Policy and Authorizing the Lead Negotiator to Add Up to Two People to the Negotiating Team*
-

Thursday, May 11, 1995
(IMMEDIATELY FOLLOWING REGULAR MEETING)

*Multnomah County Courthouse, Room 602
1021 SW Fourth, Portland*

BOARD BRIEFING

- B-1 *Exempt Evaluation Advisory Committee Recommendations and Request for Policy Direction Regarding the Exempt Employee Evaluation and Pay Administration System. Presented by Curtis Smith and Committee Members. 15 MINUTES REQUESTED.*

#1

PLEASE PRINT LEGIBLY!

MEETING DATE 05/09/95

"NEE NEE AGUINALDO"

NAME

NENE M. AGUINALDO

ADDRESS

38 SW RIVERVIEW PL

STREET

GRESHAM OR 97080

CITY

ZIP

I WISH TO SPEAK ON AGENDA ITEM NO. ASD BUDGET

SUPPORT _____

OPPOSE _____

SUBMIT TO BOARD CLERK _____

#2

PLEASE PRINT LEGIBLY!

MEETING DATE 5-9-95

NAME

Arnelia G. Samson

ADDRESS

2112. S.E. Pine St. #4

STREET

Portland Ore 97214

CITY

ZIP

I WISH TO SPEAK ON AGENDA ITEM NO. A 510

SUPPORT _____

OPPOSE _____

SUBMIT TO BOARD CLERK

#3
PLEASE PRINT LEGIBLY!

MEETING DATE

5/9/95

"JOANNE"

NAME

~~Joan Schnell~~ ~~Joe McHenry~~

ADDRESS

Oregon Fair Share - 702 NE Schuyler

STREET

Portland OR

97217

CITY

ZIP

I WISH TO SPEAK ON AGENDA ITEM NO.

Adult
Foster

SUPPORT

✓

OPPOSE

SUBMIT TO BOARD CLERK

#4

PLEASE PRINT LEGIBLY!

MEETING DATE 5/9/95

NAME

Joe Mahoney

ADDRESS

OFS → 702 NE Schuyler

STREET

Portland OR

97217

CITY

ZIP

I WISH TO SPEAK ON AGENDA ITEM NO.

Foster

SUPPORT

OPPOSE

Care

SUBMIT TO BOARD CLERK

#5

PLEASE PRINT LEGIBLY!

MEETING DATE 5-9-95

NAME

JIM PAYNTER

ADDRESS

1820 NE 40TH

STREET

PORTLAND

97212

CITY

ZIP

I WISH TO SPEAK ON AGENDA ITEM NO.

ADD BUDGET

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

#6

PLEASE PRINT LEGIBLY!

MEETING DATE 05 09 1995

"GREGGORUS"

NAME

Dan L. GRIGORAS

ADDRESS

15222 SE POWELL Blvd

STREET

Portland OR 97236

CITY

ZIP

I WISH TO SPEAK ON AGENDA ITEM NO. _____

SUPPORT _____

OPPOSE _____

☒

SUBMIT TO BOARD CLERK

#7

PLEASE PRINT LEGIBLY!

MEETING DATE 5/9/95

NAME

Lorena Campbell

ADDRESS

18135 SE Brooklyn

STREET

Portland OR 97236

CITY

ZIP

I WISH TO SPEAK ON AGENDA ITEM NO. _____

SUPPORT _____

X

OPPOSE _____

SUBMIT TO BOARD CLERK

#8

PLEASE PRINT LEGIBLY!

MEETING DATE May 9, 1995

NAME

Susan Emmons

ADDRESS

Northwest Pilot Project

STREET 1137 S.W. Broadway

CITY Portland **ZIP** 97205

I WISH TO SPEAK ON AGENDA ITEM NO. East County
Focal

SUPPORT

OPPOSE

Point

SUBMIT TO BOARD CLERK

MEETING DATE MAY - 9 1995

AGENDA NUMBER WS-1

AGENDA PLACEMENT FORM

SUBJECT: 1995-96 Budget - Work Session - Aging Services

BOARD BRIEFING: Date Requested May 9, 1995
9:30

Amount of Time Needed: 2 and 1/2 hours

REGULAR MEETING: Date Requested

Amount of Time Needed:

DEPARTMENT: Nondepartmental DIVISION Budget & Quality

CONTACT: Dave Warren TELEPHONE : 248-3822
BLDG/ROOM: 106/1400

PERSON(S) MAKING PRESENTATION: Department staff and budget staff

ACTION REQUESTED

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Presentation of the 1995-96 budget for the Aging Services Division, CBAC report, issue review and discussion.

1995 APR 26 PM 4:20
CLERK OF
MULTIOMAH COUNTY
OREGON

SIGNATURES REQUIRED:

ELECTED OFFICIAL: Beverly Stein

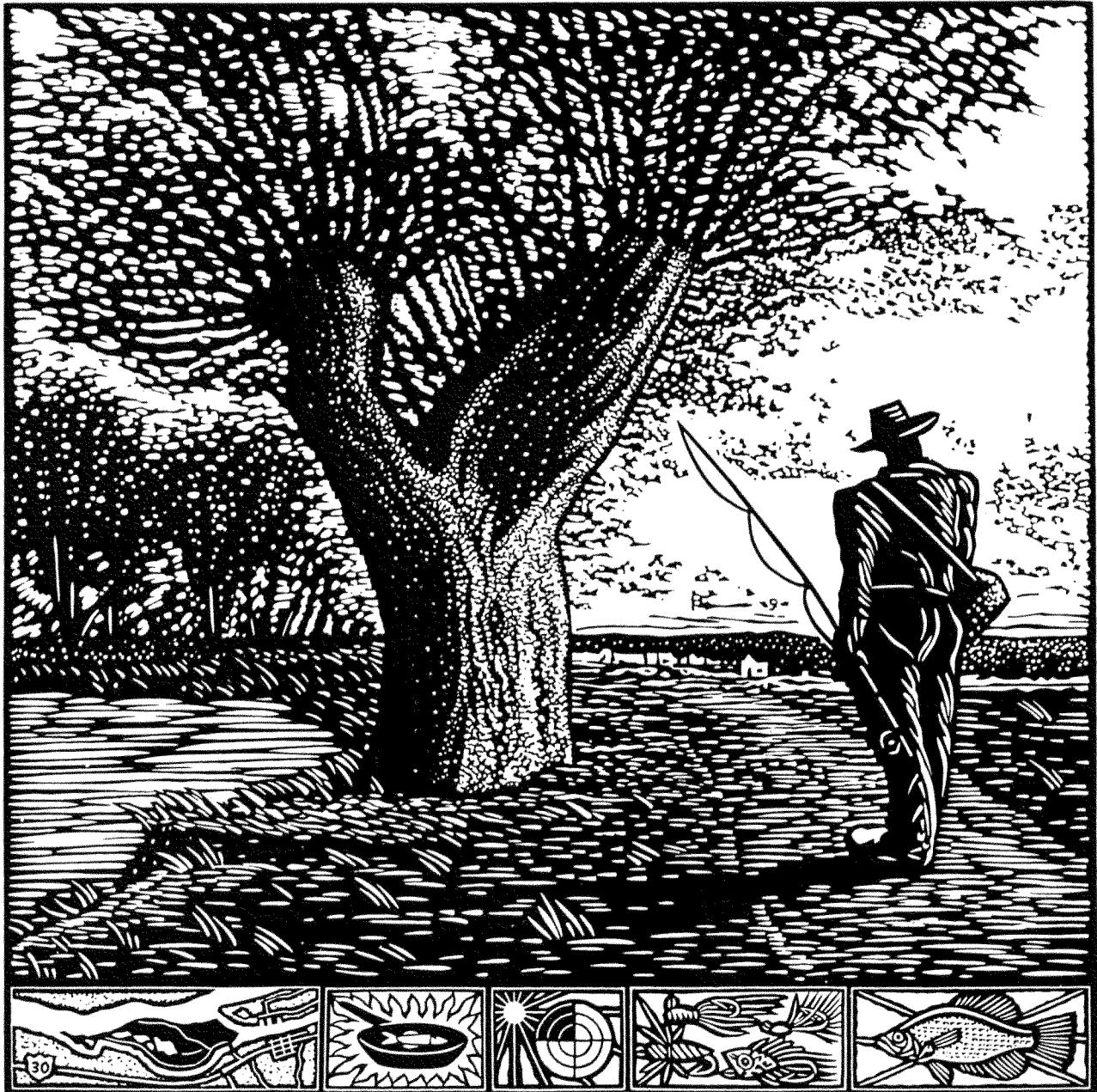
OR

DEPARTMENT MANAGER:

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

Multnomah County



PACKET #3

Aging Services Division
Budget Hearing

May 9, 1995

(distribution May 9, 1995)

1995-96



MULTNOMAH COUNTY OREGON

DEPARTMENT OF SOCIAL SERVICES
AGING SERVICES DIVISION
AREA AGENCY ON AGING
421 S.W. 5TH, 3RD FLOOR
PORTLAND, OREGON 97204
SENIOR HELPLINE: (503) 248-3646 ADMINISTRATION: 248-3620
TDD: 248-3683 FAX: 248-3656

BOARD OF COUNTY COMMISSIONERS
BEVERLY STEIN • CHAIR OF THE BOARD
DAN SALTZMAN • DISTRICT 1 COMMISSIONER
GARY HANSEN • DISTRICT 2 COMMISSIONER
TANYA COLLIER • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

AGING SERVICES DIVISION FY1996 BUDGET HEARING

TUESDAY, MAY 9TH
9:30 A.M. - NOON

AGENDA

- | | | |
|--|-------|--|
| 1. DEPARTMENT OVERVIEW | 9:30 | Jim McConnell |
| A. Budget Highlights | | |
| B. Selected Action Plans | | |
| 2. CBAC PRESENTATION FROM PORTLAND/
MULTNOMAH COMMISSION ON AGING | 9:45 | Robert Smith
Thelma Skelton
Joe Anderson |
| 3. PUBLIC TESTIMONY | 10:00 | |
| 4. ISSUES AND OPPORTUNITIES | 10:45 | |
| A. Adult Care Home Program | | Jean DeMaster |
| B. Public Guardian | | Holly Berman |
| C. Protective Services | | Betty Glantz |
| 5. QUESTIONS AND ANSWERS WITH
THE BOARD | 11:15 | |
| 6. ADDITIONAL PUBLIC TESTIMONY | 11:45 | |

Aging Services Division Staff in Attendance:

Jim McConnell
Holly Berman
Betty Glantz
Bill Grossie

Carol Rex
Jean DeMaster
Kathy Gillette
Alice Scannell



MULTNOMAH COUNTY

FUNDING SOURCES

Aging Services Division

FY 1995-1996

FEDERAL FUNDS

Older Americans Act (OAA) For Persons 60+

Title III

Social Services, transportation, information and assistance, legal assistance

Title III C-1

Congregate meals

Title III C-2

Home Delivered Meals

Title III D

In-Home services

Title III F

Health Promotion services

Title VII

Prevention of elder abuse, neglect, and exploitation

\$ 1,821,061

USDA

Federal subsidy for
elder nutrition programs

\$ 433,975

Social Security Act Title XIX - Medicaid For Eligible Persons 65+

Case Management, arrange
for In-Home services,
Nursing Home, and
Adult Foster Care Services

\$ 8,430,083

STATE FUNDS

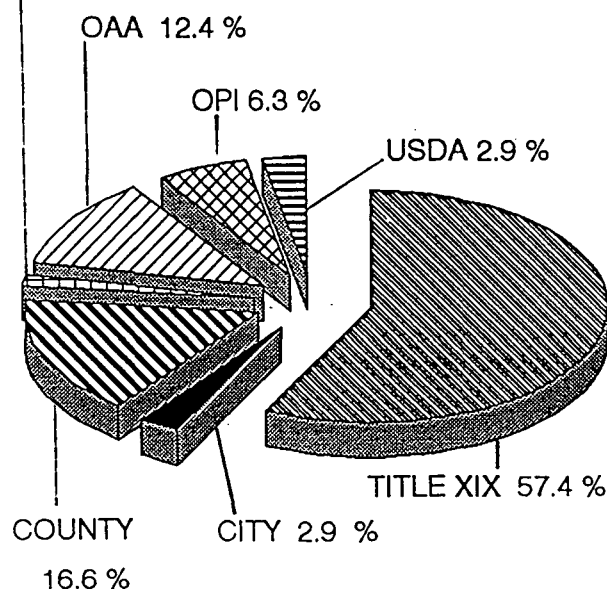
Oregon Project Independence (OPI)

- In-Home Services
- Case Management
- Respite Care
- Day Care

\$ 930,768

PROJECTED REVENUE

PROGRAM INCOME 1.5 %



TOTAL: \$14,681,843 (ESTIMATED)

(Note: Medicaid services are paid directly by Senior and Disabled Services and are not included here.)

LOCAL FUNDS

Multnomah County General Fund

- Adult Care Home Licensing Program licensing/monitoring
- Public Guardian Program
- Community Services
- Senior Centers
- Focal Point
- Match
- Indirect

\$ 2,431,842

City of Portland General Fund

- Senior Centers
- Gatekeeper

\$ 420,114

Program Income: ASD and Contractors

- Client Contributions
- Program fees
 - Adult Housing
 - Public Guardian Clients

\$ 214,000

AGING SERVICES DIVISION
Action Plans - FY 1995-96

1. Complete ASD's plans to co-locate ASD staff and a Senior Meal Site in the Brentwood-Darlington Community Center, to improve service delivery to residents of the Brentwood-Darlington neighborhood. The move will be completed by January 1996.

Existing staff will be out-stationed at the Brentwood-Darlington Community Center. No new resources will be needed.

No potential controversy regarding this objective.

2. Determine the feasibility of transferring the State Disability Services Offices to Multnomah County Aging Services Division by January 1996 to increase service integration and efficiency. This study will also include the County's Developmental Disability program.

The transfer of State Disability Services Offices to Multnomah County Aging Services Division will require a significant planning and implementation effort. At minimum, one staff position (.5 FTE) will be required in addition to assistance from other County offices.

Potential controversy regards how desirable this move is for the two client groups (the elderly and the disabled) and their advocates. This task will require involvement by elderly advocates and advocates for persons with disabilities.

3. Continue to improve customer service in the Adult Care Home Regulation Program, and improve the quality of care in Adult Foster Care Homes.

The Adult Care Home program has made many changes this year based on the recommendations in the County Audit. Staff are still developing other systems changes that will be implemented in FY1996. These will include

- * improved screening of initial applicants
- * improved monitoring of homes
- * improved tracking and elimination of deficiencies in homes
- * improved public access to information on homes.

Additional resources will be needed for this objective.

No potential controversy regarding this objective.

4. Complete development of and move into a new East County Branch Satellite Center by January 1996 to improve service delivery to East County residents.

An estimated additional \$55,000 will be needed to open a satellite operation. These funds will be for facilities charges, such as rent, telephones, etc.

No potential controversy regarding this objective.

5. Complete development of the Mid-County Facility Plan for the new Mid-County Senior Center by January 1996 to improve service delivery to Mid-County residents.

No additional resources needed for this objective.

Issues regarding land purchase, ownership, property development, and other jurisdictional considerations require resolution. There are many public and private partners involved in the development.

6. Develop a system for tracking abuse of the elderly, in conjunction with the Portland Police Bureau (January 1996), the Multnomah County Sheriff's office (January, 1997), and the Gresham Police department (January, 1997).

Resources needed for this objective will include staff programming time, hardware and software.

No potential controversy regarding this objective.

This addresses an urgent County Benchmark.

7. Implement a Division-wide computer network with computer access for every direct service staff by December 1995 to increase employee effectiveness and ease the effect of increased caseload.

Additional resources of \$468,150 will be required to fully implement a division-wide network. Any unspent Medicaid funds in FY1994-1995 will be diverted to begin this project. We anticipate that most of the remaining funds will have to come from the Medicaid 1995-1997 biennial budget.

Controversy regarding this objective will be around the issue of funding hardware over case managers.



MULTNOMAH COUNTY AGING SERVICES DIVISION

Mission Statement

Multnomah County Aging Services Division (ASD) is a public agency responsible for planning and delivering social and health services to older people in order to help them live as independently as they can.

The agency's mission is to ensure that persons age 60+ are offered a range of quality services that:

- *Promote their well-being and independence.*
- *Provide for a safe living environment.*
- *Protect the individual's right of self-determination.*
- *Target resources to frail and vulnerable persons.*
- *Protect adults who are abused, neglected, or exploited.*

To accomplish its mission, the division works closely with service agencies in the community, using federal, state and local funds to provide services to people who have few other resources.

GENERAL POPULATION CHARACTERISTICS
of Persons 60+ in Multnomah County, Oregon
from the 1990 CENSUS DATA

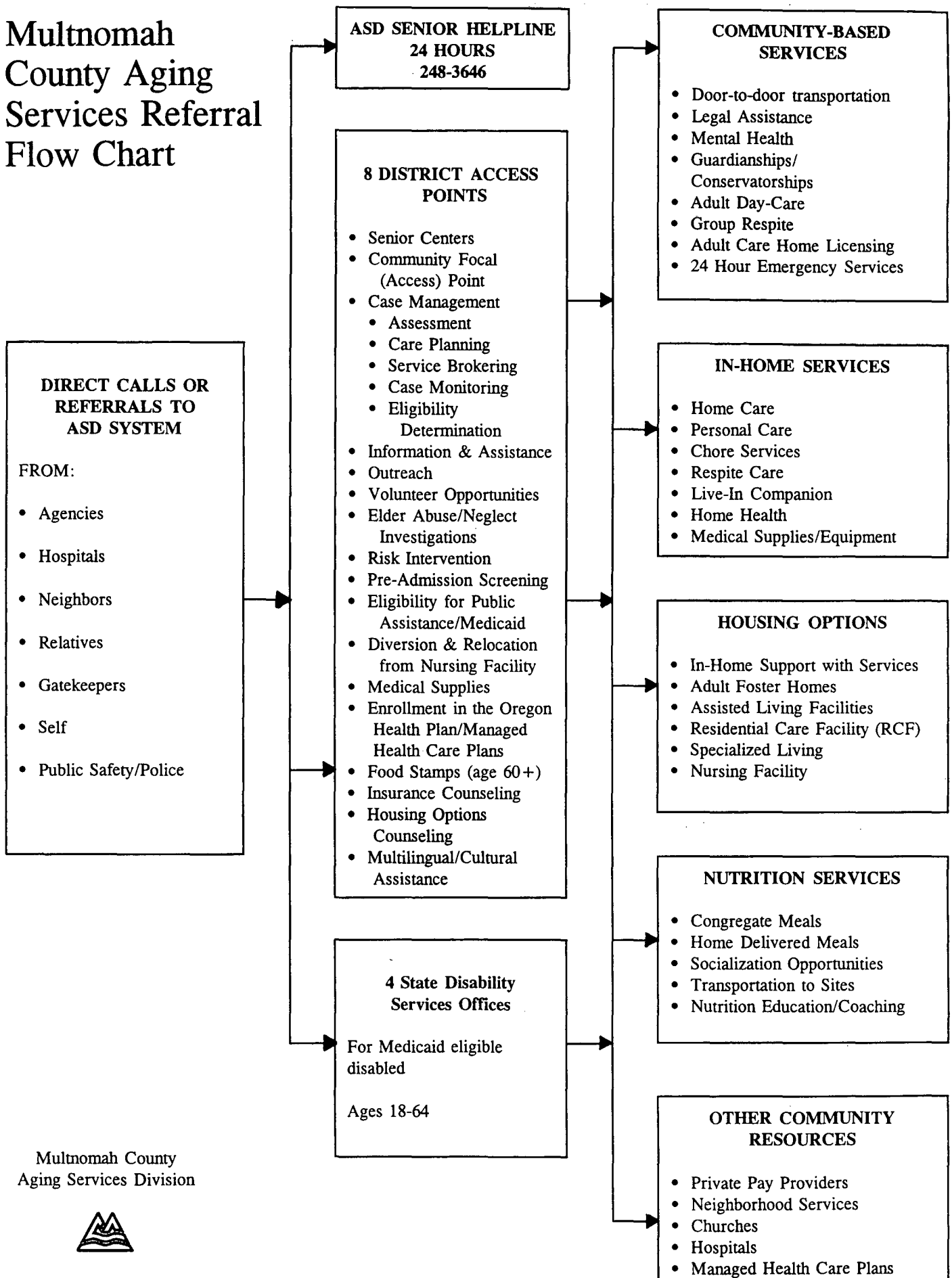
102,248 seniors 60+ live in Multnomah County
 21,501 live in Southeast
 34,643 live in East
 28,671 live in North/Northeast
 17,429 live in West
79,393 seniors 65+ live in Multnomah County
36,039 seniors are age 75+
13,921 seniors are age 85+
8,457 seniors 60+ belong to ethnic minority groups
27,811 seniors 60+ are economically disadvantaged
29,652 seniors 60+ live alone

◆ The older population itself is getting older. The oldest group--those age 75+--increased almost 20% in the last decade and will continue to increase rapidly for the next 10 years.

◆ There were changes in the 60+ population in most of the geographic areas of the county between 1980 and 1990.

 East County increased by 8,435 people 60+
 West increased by fifty people 60+
 Southeast decreased by 2,401 people 60+
 North/Northeast decreased by 5,485 people 60+

Multnomah County Aging Services Referral Flow Chart



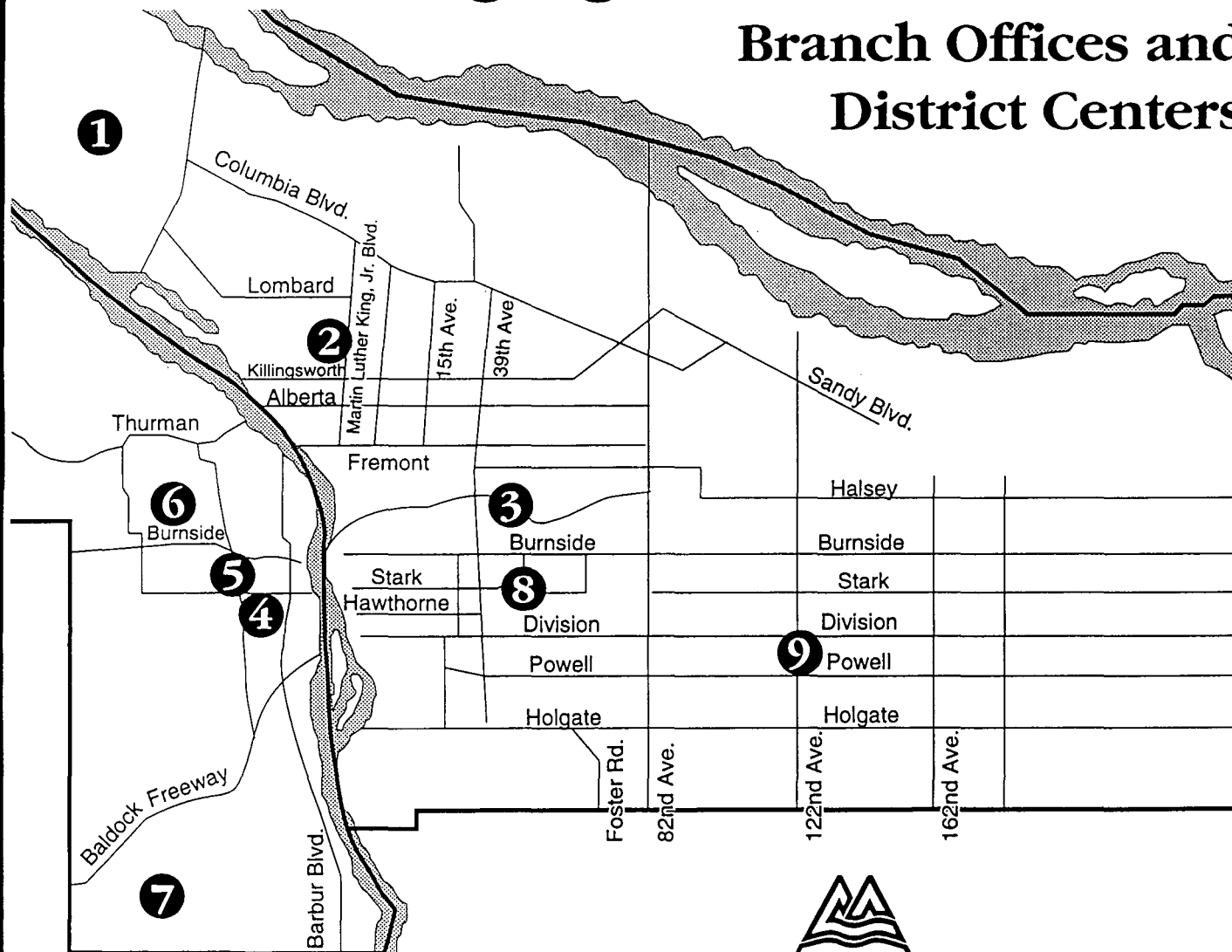
Multnomah County
Aging Services Division



Equal Opportunity in
Employment and Services

Aging Services Division

Branch Offices and District Centers



MULTNOMAH COUNTY

Aging Services Division
Equal Opportunity in Employment and Services
6/94

NORTH

- 1** YWCA - St. Johns Branch
8010 N Charleston, 97203
223-6281

NORTHEAST

- 2** Northeast Branch
5329 NE M.L. King Jr. Blvd.,
97211 248-5470
(Co-located)
Urban League of Portland
5325 M.L. King Blvd.
280-5470
3 Hollywood Senior Center
1820 NE 40th Avenue, 97212
288-8303

DOWNTOWN

- 4** West Branch
1430 SW Broadway, 97207
248-5460
5 Northwest Pilot Project
1137 SW Broadway, 97205
227-5605

NORTHWEST

- 6** Friendly House Center
1808 NW Irving, 97209
224-2640

SOUTHWEST

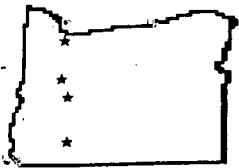
- 7** Neighborhood House
7780 SW Capitol Hwy, 97219
246-1663

SOUTHEAST

- 8** Southeast Branch
4610 SE Belmont, 97215
248-3660
(Co-located)
Portland Impact Senior
Center
233-5000

EAST COUNTY

- 9** East Branch
And Nursing Facility
2900 SE 122nd Avenue, 97236
248-5480
(Co-located)
East County District Center
248-5480



Oregon Fair Share

702 NE Schuyler, Portland, OR 97212 (503) 280-1762

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★ **Lane County**

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★ **Rogue Valley**

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TESTIMONY OF

JOAN SCHNELL

AND JOE MAHONEY

FOR

OREGON FAIR SHARE

Good afternoon. My name is Joan Schnell and along with Joe Mahoney I am testifying for Oregon Fair Share. I am a retired OHSU employee and Joe is Chairman of the Fair Share Health Care Committee. Oregon Fair Share has over 30,000 dues-paying members that contribute through our statewide, door-to-door outreach and education effort.

We support the mission of the foster care industry: to provide a less expensive and more homelike environment for seniors who can not remain totally independent. We believe that being a foster caregiver is a hard job and that the majority of people who are caregivers do a good job.

However, we have also spoken with thousands of Oregonians about the crisis in adult foster homes. We have heard countless stories about how Oregon's senior citizens have been neglected, abused, and even killed in long-term care facilities.

We are here today to urge you to support full funding for the five additional staff people that the Adult Care Home Program has requested. We also are here to call for a crackdown on problem homes that need to have their licenses removed.

This morning, we held a press conference calling for closure of twelve homes that have a history of violating laws that are designed to protect seniors living in these homes.

Here are just a few of the substantiated tragedies that have occurred in these homes:

- o a resident died after the caregiver failed to call 911 when the resident went into diabetic shock
- o a resident was told, "If you can't finish breakfast, you will get it for lunch.

For \$1000 a month you can't expect anything more."

- o a caregiver forced a resident to stay up all night and write "lines" as punishment.

Sadly, many seniors are being forced to end their lives in quiet desperation in homes like these. The twelve homes we have publicly identified are, in our view, only the tip of the iceberg. Oregon Fair Share has read every complaint made in the past decade in the roughly 640 currently licensed homes in Multnomah County. We have identified 42 caregivers that operate 67 homes in which substantiated violations of laws occurred on at least three separate investigations. Jean DeMaster has stated that there are approximately 50 "problem-plagued" homes.

Of the 42 caregivers Fair Share identified, three have already been closed, 9 are being monitored closely to close the home, 2 have conditional licenses, and 14 are being monitored on a weekly or monthly basis. What does this mean? It means that regulators are spending a lot of time and money dealing with homes that have chronic complaints that certainly should have been shut down sooner.

The main reason we urge full funding for the five staff positions Jean is requesting is that we think it is long past time to clean up the abuses in our foster care system. Because it is difficult to close down homes, we believe Jean when she says she needs more staff to do it. Clearly, having one staff alone work on sanctions was simply not sufficient. It was a penny-wise, pound-foolish policy that allowed the current crisis to develop.

However, we would also like to express a concern we have in making this request to you. We do not think it makes sense to spend taxpayer money to babysit the operators of foster care homes. Currently, we have heard there is a 20 to 25 percent vacancy rate in

foster homes in this County. We have toured wonderful foster homes that have empty bedrooms, and we have toured appalling homes where no senior should be forced to live. Why spend money to frequently babysit a minority of homes when the residents in those homes would be better off filling one of those empty beds in the majority of high quality homes?

We have met with a number of foster home operators on our "Dirty Dozen" list. They are not bad people. However, they have not been able to meet the minimal standards set by regulations. Simply put, there are many people who just should not be running foster homes. It is not a right, it is a privilege. By supporting this request for additional staffing, you will be sending a clear message that senior citizens in Multnomah County deserve quality care.

We will be monitoring the actions of the Adult Care Home Program closely for the rest of this year to ensure that the additional staff we are requesting are used to close down foster homes that do not deserve a license, not just babysit them. We believe a crackdown policy will benefit the vast majority of foster home operators that do a high quality job because it will restore the reputation of the industry, and it will help fill their empty beds.

We will also be back later this year to ask your support in toughening County sanctions policies so that this kind of widespread abuse will never be allowed to develop again. We were appalled to find out that many homes that have long histories of abuse, neglect, and poor care can not be closed by the County until more problems occur. Literally, the County has to wait for somebody else to die or get hurt before they can act to close these homes. This policy is wrong. Jean DeMaster has agreed to work with us to develop a policy

to close homes based on a pattern of poor care. Once this policy is developed, we will be coming back to you to ask for your support.

We recognize that there are many pressing needs being presented to you during these hearings. Thank you for this opportunity to speak before you today. We appreciate the attention the County leadership, especially Jim McConnell, is now giving to this problem, starting with last year's audit of the Adult Care Home Program.



Oregon Fair Share

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DIRTY DOZEN FOSTER CARE OPERATORS

Ruth Collier

Brenda Collins

Jeanne Duvall

Trinfinia Fernandez

Pat Labenske

Daniel Mal

Lonna Marshall

Darlene Matthews

Constantin Moisescu

Adriana Papugian

Leslie Parra

Anna Turc

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DIRTY DOZEN FOSTER HOME OPERATORS

Statement of Principles:

Oregon Fair Share strongly supports the adult foster home industry. We have met with many operators of high quality adult foster homes. Based on our work with these operators, and on our technical research, we believe that the majority of foster home operators provide a quality service at a reasonable cost.

Oregon Fair Share has also spoken to hundreds of victims of adult foster care home abuse. We are convinced that the abuse, neglect, financial exploitation, and deaths we have heard about are the product of weak regulations that govern the industry, and weak enforcement of existing regulations.

Objectives of Oregon Fair Share:

The primary purpose of this document is to report 12 foster homes that have a history of abuse, neglect, or other significant violations of existing foster care regulations. We are reporting these homes based on two criteria. In the first eleven homes, serious substantiated violations of law have been found during three or more separate investigations. In one home, a resident died and regulators substantiated a finding of neglect against the caregiver. There is a strong public interest in protecting senior citizens from the types of violations outlined in this report. We believe it is in the public interest for the 12 homes identified in this report to be closed by Multnomah County.

In total, Oregon Fair Share has documented 119 homes in Multnomah, Washington, and Lane Counties in which substantiated violations of law occurred on three or more separate occasions. In Multnomah County, we have documented there are 42 caregivers that operate 67 homes that have repeated violations. We have shared this list with Multnomah County regulators, who have also developed a list of about 50 problem homes.

The other major purpose of Oregon Fair Share's organizing efforts is to change legislation and regulations to prevent operators like those we have reported from obtaining or renewing foster home licenses. We believe the serious problems outlined in this report have occurred because of inadequate regulations that leave senior citizens in foster homes vulnerable and unprotected. In particular, stronger mechanisms must be developed so that homes with histories of repeated violations are not able to keep their license. Oregon Fair Share strongly supports the Adult Foster Care Protection Act (SB 679) and believes that enactment of this law is the best way to prevent the types of violations reported in this document.

These are the major prevention-oriented changes in regulations we will advocate for:

- o national criminal background checks
- o 50 hours of training for care givers
- o testing prior to licensing
- o authority to automatically deny or immediately revoke a license based on certain categories of documented offense such as abuse or neglect;
- o improved and expanded public information to let consumers decide.

Organization of this Research:

Oregon Fair Share researched every complaint investigation report for every licensed home in Multnomah, Washington, and Lane Counties. We found public information systems on these homes to be somewhat overwhelming and difficult to understand. Formats for investigations reports varied, and in many instances it was difficult to tell whether or not specific allegations were substantiated or not. The information in these investigation reports is vitally important to citizens concerned about these homes. It should be organized in a better manner and summary information should be available that clearly identifies histories of substantiated violations in certain homes.

In order to ensure accuracy, Oregon Fair Share reported our findings back to regulatory agencies and asked them to tell us whether the information is correct, and what their plans for each home is. In Multnomah County, regulators have been very cooperative with our effort. We have not obtained feedback from Lane County regulators yet, and we have not had the opportunity to meet with Washington County regulators. We will not publicly identify any homes in these counties, or other counties, for closure until we have first discussed our findings with the local regulators that reported them. In addition, we have spoken to and will speak to foster home referral agencies to get their reactions to our findings.

Finally, Oregon Fair Share has addressed the question of whether to negotiate with home operators directly. We believe this would be a mistake. Our goal is to strengthen government regulation of these homes, not attempt to usurp it. While we believe there is a place for referral services that make subjective evaluations of homes, we do not want to become one. Our goal is to bring the information on substantiated violations compiled by government regulators into the public light, and to ensure closure of homes that repeatedly violate regulations designed to safeguard decent care and safety of our seniors.

Representatives of Oregon Fair Share have visited a number of the homes listed in this report, as well as many other foster homes of varying levels of quality. In most cases, we found the people whose homes we are requesting be closed to be pleasant and caring people. We have intentionally refrained from using the term "bad caregiver" in this report. Simply put, we believe there are many good people who should not be operating foster homes, because they have simply not been able to meet the standards the law requires.

RUTH COLLIER

Operator Ruth Collier Number of Homes: 1

Address 4643 N Gantenbein
 Portland

Investigations: 6
with Substantiated Violations 5

- 1 2-5-95 **SUBSTANTIATED VIOLATION - Second violation of medical orders. \$500 fine.**
- 2 6-22-94 **SUBSTANTIATED NEGLECT - Resident manager left residents unattended. Operator left for several weeks without notification.**
- 3 1-26-90 **SUBSTANTIATED VIOLATION - Admitted wheelchair-bound resident that operator was not equipped to care for.**
- 4 8-24-88 **SUBSTANTIATED ABUSE - Operator's husband stabbed resident twice after confrontation over room and board. Resident died several days later. Husband acquitted of criminal wrongdoing.**
- 5 4-1-88 **SUBSTANTIATED VIOLATION - Operating unlicensed home.**
- 6 10-21-87 **Unsubstantiated violations of verbal abuse.**

BRENDA COLLINS

Operator Brenda Collins Number of Homes: 3

Address 1520-1530 SE 5th 2088 SE Kane
 Gresham Gresham

2076 SE Kane
Gresham

Investigations: 8
with Substantiated Violations 5

- 1 12-16-94 **SUBSTANTIATED VIOLATION: Caregiver (not operator) quit and walked out in the middle of the night.**
- 2 11-2-94 **SUBSTANTIATED VIOLATION: Improper medical logging and administration of physician orders. Written warning given.**
- 3 11-22-93 Unsubstantiated allegations of medical violations.
- 4 10-12-93 Resident fractured hip after falling in tub with caregiver present. Verbal reprimand given. Not a substantiated violation.
- 5 10-31-93 Unsubstantiated allegation of physical abuse.
- 6 7-14-93 **SUBSTANTIATED VIOLATION: Gave medications prescribed to one resident to another who it was not ordered for. Withheld medications without physician orders.**
- 7 5-2-90 **SUBSTANTIATED VIOLATION: Electricity to be turned off, 3 months behind on bill.**
- 8 11-20-89 **SUBSTANTIATED VIOLATION: House dirty during several visits of investigator. Operator admitted residents weren't getting adequate care because caregiver had full-time job.**

JEANNE DUVALL

Operator Jeanne Duval Number of Homes: 1

Address 9525 SE Salmon
 Portland

Investigations: 12
with Substantiated Violations 5

- 1 2-4-94 **SUBSTANTIATED NEGLECT - Medical attention not sought for resident after two falls. Corrective measures not taken by caregiver after first fall to prevent second fall.**
- 2 11-16-92 Unsubstantiated allegation of physical abuse.
- 3 8-27-92 Unsubstantiated allegation of neglect.
- 4 6-15-92 Unsubstantiated allegation of abuse.
- 5 11-25-91 **SUBSTANTIATED PHYSICAL ABUSE - Resident visited spouse and was abused. Home operator noticed bruises and decline in residents ability to stand but did not take immediate action.**
- 6 3-26-90 Unsubstantiated allegation of verbal abuse.
- 7 11-13-89 **SUBSTANTIATED VIOLATION - Food with no protein.**
- 8 11-8-89 **SUBSTANTIATED NEGLECT - Did not use physician order or nurse delegation for restraints.**
- 9 4-25-89 Unsubstantiated allegation of physical abuse.
- 10 9-15-88 Unsubstantiated allegation of medical violations.
- 11 5-5-88 **SUBSTANTIATED VERBAL ABUSE - Operators yells at resident, said that "it is just because she is having a bad day, just like we all have bad days." Operator became very angry when investigator spoke with resident in private.**
- 12 5-21-85 **SUBSTANTIATED VIOLATION - Lack of supervision. Resident of home took 10 minutes to get door unlocked when investigators visited. Resident unable to tell investigator where operator was or how long she had been gone.**

TRINFINIA FERNANDEZ

Operator Trinfina Fernandez Number of Homes: 1

Address 5122 NE 55th
 Portland

Investigations: 11
with Substantiated Violations 6

- | | | |
|----|----------|--|
| 1 | 11-22-94 | SUBSTANTIATED VIOLATION - Absence of medical logging. |
| 2 | 5-10-93 | Unsubstantiated allegation of neglect. |
| 3 | 10-13-92 | Unsubstantiated allegation of financial exploitation. |
| 4 | 10-18-91 | Unsubstantiated allegation of resident not receiving Social Security check. |
| 5 | 5-1-90 | Allegation of neglect. Not clear from investigation report whether it was substantiated. |
| 6 | 5-2-90 | Unsubstantiated allegation of verbal abuse. |
| 7 | 3-13-90 | SUBSTANTIATED VIOLATION: Hospital could not reach English-speaking person to discuss unexplained ankle injury of home resident. |
| 8 | 1-10-90 | SUBSTANTIATED NEGLECT - Caregiver did not seek aggressive care for a sore that was almost to the bone. Too many heavy care residents. |
| 9 | 1-9-90 | SUBSTANTIATED VIOLATION: CNA claimed to be RN. |
| 10 | 12-6-88 | SUBSTANTIATED VIOLATION: Caregivers don't speak clear English. |
| 11 | 2-24-88 | SUBSTANTIATED NEGLECT - Unsanitary conditions. Residents must put used toilet paper in paper sack. |

PAT LABENSKE

Operator Pat Labenske Number of Homes: 2

Address 5323 N Syracuse 7227 N Portsmouth
 Portland Portland

Investigations: 21
with Substantiated Violations 14

- 1 9-1-94 **SUBSTANTIATED VIOLATION - Inadequate financial resources. Utility company came out to home to turn off power. Severe cash flow problems.**
- 2 1-19-94 **Allegations of financial exploitation not substantiated.**
- 3 11-2-93 **SUBSTANTIATED VIOLATION - 546 prescription pain killers purchased over 15 week period probably not given to resident, prompting Justice Department investigation of criminal activity by operator's daughter. Daughter is now barred from home.**
- 4 4-6-93 **SUBSTANTIATED NEGLECT - Ants crawling all over kitchen counter and resident.**
- 5 4-7-93 **SUBSTANTIATED NEGLECT - Ants on counter. Most allegations unable to substantiate.**
- 6 1-11-92 **SUBSTANTIATED VERBAL ABUSE - Caregiver told resident to "sit down and shut up, or he would tie him down because they already lost two residents because of you."**
- 7 1-6-92 **SUBSTANTIATED VIOLATIONS - Employee not paid wages until after five requests. Heat turned off for several days in December and January.**
- 8 8-9-91 **SUBSTANTIATED NEGLECT - Caregiver frequently ignores residents nocturnal calls for help.**

SUBSTANTIATED VIOLATION - Operator and husband had violent domestic dispute. She said home "is supposed to have a natural home environment and all married couples have disputes." Husband subsequently barred from entering home.

Labenske

continued

- 9 5-16-91 **SUBSTANTIATED VIOLATION - Operator asked for \$6000 prepayment for care because they needed cash.**
- 10 5-7-91 **SUBSTANTIATED NEGLECT - Inadequate food. Resident not kept on physician-ordered low-salt diet. Verbal abuse of residents when no one else is around.**
- SUBSTANTIATED VIOLATION - Resident asked to trade home for care. After refusing to do so was asked for \$7200 prepayment.**
- 11 4-2-91 **SUBSTANTIATED VIOLATION - Resident voluntarily traded home in return for one year's care.**
- 12 3-27-91 Unsubstantiated allegations of neglect.
- 13 2-27-91 Unsubstantiated allegations of neglect.
- 14 3-27-91 Unsubstantiated allegations of neglect.
- 15 3-27-91 Unsubstantiated allegations of neglect.
- 16 3-26-91 **SUBSTANTIATED VIOLATION - "Abominable" food. Canned ravioli served three days in a row. Medication given without physician's orders.**
- 17 12-28-90 **SUBSTANTIATED FINANCIAL EXPLOITATION - Operator accepted \$100 monthly payment in excess of negotiated Medicaid rate.**
- 18 9-21-90 **SUBSTANTIATED VIOLATION - Operator and husband admit to loud yelling domestic disputes, but felt that they occurred "no more than the average married couple."**
- 19 8-16-90 Unsubstantiated allegations of verbal abuse.
- 20 6-12-90 **SUBSTANTIATED NEGLECT. Food cold and not nutritious. Operator admits that food is not important to her so she does not place importance on it for others.**
- 21 10-4-89 Unsubstantiated allegations of financial exploitation.

DANIEL MAL

Operator Daniel Mal Number of Homes: 1

Address 2425 - 2435 NE Division
Gresham

Investigations: 6
with Substantiated Violations 5

- 1 7-26-94 **SUBSTANTIATED NEGLECT - Resident died in home after being allowed to repeatedly drink in home in explicit violation of the care plan. Resident allowed to come to meal table with feces on body and clothing. Meals not adequate. Caregiver verbally abusive.**
- 2 12-11-92 **SUBSTANTIATED NEGLECT - Caregiver could not be found while two residents got in fight, called 911, and were taken to hospital for injuries.**
- 3 10-31-91 **SUBSTANTIATED VIOLATION - Residents left alone.**
- 4 10-31-91 **SUBSTANTIATED ABUSE - Caregiver willfully inflicted harm on resident by grabbing wrists. Resident found bruised and bleeding. Caregiver told investigator, "I can not always control the way I am."**
- 5 7-17-91 **SUBSTANTIATED FINANCIAL EXPLOITATION - Operator charged resident \$900 a month to "rent" unlicensed home next door.**
- 6 12-27-90 **Unsubstantiated allegation of neglect.**

LONNA MARSHALL

Operator Lonna Marshall Number of Homes: 1

Address 5629 SE Steele
 Portland

Investigations: 12
with Substantiated Violations 5

1 9-12-94 **SUBSTANTIATED ABUSE - Caregiver struck resident on neck, leaving bruises. Operator had gone on vacation and left substitute caregiver in charge, who was subsequently fired.**

SUBSTANTIATED VIOLATION OF RESIDENTS RIGHTS - Resident given a list because of who she could not call.

2 4-27-93 Unsubstantiated allegations of dirty bathroom.

3 4-28-92 Unsubstantiated allegations of misused medications.

4 8-28-92 Unsubstantiated allegation of residents being left alone.

5 2-28-91 Unsubstantiated allegations of physical abuse.

6 2-26-91 **SUBSTANTIATED VIOLATIONS: No regular meals served, lunch frequently not served. Caregiver threatens and intimidates residents. Made one resident stay up all night and write "lines" as punishment.**

Investigator writes: "Frankly, there were more complaints and allegations, but time does not permit me to list them all. Mental, emotional, verbal and physical abuse has been substantiated in this report.

Regulators closed home in April 1991. Operator appealed and hearings officer reopened home with conditions.

7 12-10-90 **SUBSTANTIATED ABUSE: Resident forced to walk by caregiver for long periods of time without regard to weather or time of day. Resident forced to walk in rain as punishment had urinary accident.**

8 3-1-90 Unsubstantiated allegations of physical abuse.

Marshall**continued**

- | | | |
|----|----------|---|
| 9 | 12-7-89 | Unsubstantiated allegations of physical abuse. |
| 10 | 11-19-87 | Residents check was altered from \$400 to \$800 and cashed. Unable to substantiate allegation that operator altered check. |
| 11 | 9-10-86 | SUBSTANTIATED VIOLATION - Inadequate fire safety precautions. |
| 12 | 9-19-86 | SUBSTANTIATED VIOLATION - Telephone disconnected after operator's son charged long distance calls on stolen credit card. |

Note: Operator's husband is a convicted sex offender who confessed to sexually abusing his daughter and will be on probation until the year 2003.

Current investigations by DSO Protective Services:

- 1 Allegation of financial exploitation against a mentally ill woman.
- 2 Allegation of financial exploitation against deceased home resident. Operator alleged to have made \$15,000 withdrawal from inactive bank account, be checking account co-signer, have pre-approved credit card application with operator as co-card holder.
- 3 Convicted sex offender husband has been in home when investigator visited and called. Allegation that he spends much of his time there.
- 4 Allegation that couple that stayed at operator's home in late 1994 had both been convicted of child abuse.

(See attached investigation report).

Three Complaints -

RECEIVED

DEC 16 1994

ADULT CARE HOME PROGRAM

12/16/94

TO: Eileen Brooks

FROM: Georgia Wetteland, DSO Protective Services

RE: Foster Home investigation alert

I now have three investigations going at once on Lonna Marshall.

#1. The abuse allegations re: A/V #1

#2. Allegations of financial abuse by Lonna Marshall against a mentally ill woman, A/V #2. This is a community complaint, referred by SE Mental Health. A/V #2 has never been a resident of Lonna's AFH, but A/V #2's father, A/V #3, was a private pay resident until his death in fall of 1993.

#3. Which brings us to complaint #3...while investigating the financial issues in the A/V #2 case, I came upon evidence of financial abuse by Lonna against A/V #3 while he was a resident in the AFH.

I have in my possession:

1. Checking account statements showing Lonna became a co-signer on A/V #3's account and signed his personal checks.
2. A power of attorney for health care, signed by A/V #3 favor of Lonna Marshall.
3. A pre-approved credit card app. for A/V #3, made out with Lonna Marshall as a co-card holder and marked "mailed 10/27/93."

Also, Lonna Marshall's husband, ~~is a confessed and convicted sex offender.~~ He confessed to sexually abusing his daughter, and will be on probation until the year 2003. His probation officer is sending me documentation on this.

He has been present in the home when we visited and when I called, and I have testimony that he is there much of the time, despite Lonna's contention that he lives in apartment they have rented for him on SE. Belmont.

There is also a report that ~~and~~, who stayed at Lonna's AFH briefly a couple of months ago, have both been convicted of child abuse. I don't have details on this yet.

Although A/V #3 was over 65, I'll go ahead and do the report. I have all the info because I'm working with A/V #2 and the two case are sort of tangled up together.

Randy Morrison is working on another financial abuse case against Lonna Marshall, where the alleged victim is currently one of Lonna's residents. I'll let Randy know about these other things.

C: to B. Lemery

DARLENE MATTHEWS

Operator Darlene Matthews Number of Homes: 1

Address 6103 N Albina
 Portland

Investigations: 7
with Substantiated Violations 4

- 1 2-24-95 **SUBSTANTIATED VIOLATION - Medical procedures do not match physician orders. Accepted double amputee requiring care beyond licensed ability. Cockroaches. Substandard storage of food. Operator lied to investigators.**
- 2 10-1-93 Unsubstantiated allegation of improper medical administration.
- 3 6-11-91 **SUBSTANTIATED NEGLECT - Caregiver allowed resident to run out of medication. He had seizure and was rushed to hospital.**
- 4 12-16-86 Unsubstantiated allegation of seven residents in home.
- 5 11-16-87 **SUBSTANTIATED VIOLATION - Caregiver charged residents for storage.**
- 6 11-23-88 **SUBSTANTIATED NEGLECT - Kitchen area was filthy with dirty dishes and rotten food. Smell of rotten food. Residents bedding was soiled.**
- 7 12-16-86 Unsubstantiated allegation that home is filthy.

Current investigations:

- 1 Allegation that residents face was scratched, bottom tooth knocked out.
- 2 Allegation that relief caregiver not approved or reported by operator.
- 3 Allegation that nuisance call visit in September 94 found rats, debris, damaged canned goods, and "perishable food not fit for human consumption" at the home. All allegations except rats substantiated to date.

CONSTANTIN MOISESCU

Operator **Constantin Moisescu** **Number of Homes:** 1

Address 213 NE 172nd
Portland

Investigations:	4
with Substantiated Violations	4

- | | | |
|---|---------|--|
| 1 | 7-25-94 | SUBSTANTIATED NEGLECT - Operator left country and left residents with non-English speaking substitute caregiver and 12 year old interpreter. |
| 2 | 5-24-94 | SUBSTANTIATED ABUSE - Caregiver threatened to chain resident up if they did not quiet down. |
| 3 | 5-17-94 | SUBSTANTIATED NEGLECT - Caregiver left residents alone. |
| 4 | 7-18-91 | SUBSTANTIATED ABUSE - Resident told, "If you don't finish breakfast you will get it for lunch. \$1000 a month you can't expect anything more." Resident that complained given 30 days notice and called a "bitch" by operator for filing complaint. |

ADRIANA PAPUGIAN

Operator Adriana Papugian Number of Homes: 1

Address 1206 NE 74th
Portland, OR

Investigations :	10
with Substantiated Violations:	7

- | | | |
|----|----------|---|
| 1 | 8-22-94 | SUBSTANTIATED VIOLATION: Resident was urged to cash in a burial policy and turn proceeds of \$700 over to operator. No contract between private pay resident and caregiver exists. |
| 2 | 4-5-94 | One mentally ill resident slapped another after hearing voices. Resident masturbates publicly. Not substantiated violation by caregiver. |
| 3 | 12-30-92 | SUBSTANTIATED VIOLATION: Resident on continuous oxygen supply was allowed to smoke in room. (Complaint received 12-28-92. Report filed 4-13-94.) |
| 4 | 1-5-91 | Unsubstantiated allegations of neglect and verbal abuse. |
| 5 | 1-15-91 | SUBSTANTIATED VIOLATIONS: Operator disconnected smoke detector in her own room because she states it goes off when she smokes. Improper medical administration.

Unsubstantiated allegations of filth and financial exploitation. Operator admitted she has had to borrow money to operate business and may have joked to residents about illegal activities to keep business going. |
| 6 | 6-20-89 | SUBSTANTIATED VIOLATION: Operator did not fill prescription. Resident hospitalized. Family was not informed, operator said family refused to pay for prescription. Resident records inadequate. No applications or clearance for substitute caregivers. |
| 7 | 9-25-89 | SUBSTANTIATED VIOLATION: Operator admits she unplugged phone so it will not interrupt her since she is often tired. Complaint filed that resident can't be reached. |
| 8 | 3-9-88 | SUBSTANTIATED VIOLATION: House was not clean. Operator states she is momentarily distracted by having to get her taxes together and will be cleaning more after this week. Operator does not fill out medication sheets. Operator still has not received license. |
| 9 | 12-9-86 | SUBSTANTIATED VIOLATION: Operator left home, leaving resident recovering from hip fracture to do the job. |
| 10 | 9-3-86 | Unsubstantiated allegations that house was filthy. |

Papugian**continued****Current allegations:**

- 1 Improper administration of drugs. Librium given to residents on a routine basis. No med sheets.
- 2 Residents smoke in rooms.

LESLIE PARRA

Operator Leslie Parra Number of Homes: 1

Address 3631 SE 23rd
 Portland

Investigations: 7
with Substantiated Violations 5

- 1 3-9-95 **SUBSTANTIATED VIOLATIONS: No medication records. Medication sheet does not match physician orders. Medications given do not match medication sheet.**
- 2 7-6-93 Unsubstantiated allegation of verbal abuse.
- 3 6-4-93 Unsubstantiated allegation of neglect.
- 4 5-24-93 **SUBSTANTIATED VIOLATION - Caregiver did not get physician order for use of restraints.**
- 5 5-24-93 **SUBSTANTIATED VIOLATION - No regular fire drills. Too many heavy care residents to provide adequate care. High turnover - nine caregivers in one month.**
- 6 2-10-93 **SUBSTANTIATED VIOLATION - Restraint used without physician orders. No medication records.**
- 7 10-16-92 **SUBSTANTIATED VIOLATION - Smoke detector not working. Lack of posted house rules. No written contracts with residents.**

ANNA TURC

Operator Anna Turc Number of Homes: 1

Address 17211 NE Multnomah Dr.
 Portland

Investigations: 1
with Substantiated Violations 1

1 7-28-94 **SUBSTANTIATED NEGLECT - Caregivers neglected to call 911 when resident was in need of medical care despite past diabetic shock experience. Resident was unable to walk and extremely drowsy. Resident did not want caregivers to call 911. Resident found dead the next morning. Investigator found that caregivers "should have been aware that victim's condition was life threatening" and called 911. Lisenced operator of the home at this time was Maria, Anna Turc's mother. Maria received a written warning and a fine. Anna Turc was alleged to be 20 years old at the time and was prohibited from staying alone with residents for more than two hours.**

SUBSTANTIATED VIOLATION - Caregiver (Anna) was under 21 years old and had primary responsibility for care over two hours. Operator (Maria) said regulators had given special approval for Anna to provide extended care, but no special approval was found by investigators.

Less than one year after neglect resulting in death, Anna is believed to be 21 years old and is now lisenced to run the home.

(See attached investigation report).

My name is Dan L. GRIGORAS and together with my wife Ioana GRIGORAS we are the proud owners of an Adult Foster Care Home in Multnomah County.

Although we have capacity for only 3 residents we are equally affected, if not more than the homes with 5 residents, about the overwhelming campaign of bills pushed in the House and Senat.

I am only one voice from the unheard ones of the Providers of the AFCHomes and that is because most of us we're in charge 24 hours per day with the job we are doing.

The time does not allow us to fight this bills and the low paid job does not bring us enough money to spend in fighting against adverse groups of interest with a lot of funds.

However I, allong with some others independent AFCH Providers and Owners, we hope that through letters and based on your fair and unbiased decisions, will succide in bringing out the truth about this Industry. We are hopping the parties responsible about implementing, changing and rejecting this bills, will be willing to get in touch much closely with the Providers wich are the ONLY ones to work in this Industry. All the others are trying to control, regulate, impose rules, give warnings and fines etc...etc....

Since the AFCH was implemented, nobody, again, NOBODY came up with one idea to make the job for the Providers easier. Please check the records begining with 1983.

As a result of the State Audit in Multnomah County and the negative publicity in the Oregonian newspaper, for a few AFCHomes with problems all the rest of us were put in the same bucket. As it states, the State Audit Report, the homes audited were choosen from homes wich got their Licence "six to eight monts prior to the inspection" (see page 8 of the Report).

Each time something goes wrong somebody has to be blame about it. Guess who can make mistakes and is to be blame about it? ONLY THE ONES WHO WORK !!!

Compared with the results the AFCH Industry came up with, the problems found in the homes audited are the risk any business will encounter at the begining starting it.

But nobody is seeing the good things: saving millions of \$ for the State, offering a better enviroment for the elderly, relif and confort for their families

I am not trying to find excuses for the bad homes because they are making us a bad reputation but the reaction to the State Audit is incredible.

Keep in mind the fact that most Care Providers have no benefits, that is no medical insurance, retirement program, vacation, neither weekends or holidays to relax.

Also, being a Care Provider is a job which the people who are pushing this bills would not be willing to do under any circumstances.

Looks like everybody is set on managing, controling, chaching mistakes, imposing regulations, giving fines, warnings etc... etc...

What about some respect or even reward for the low paid job we are doing?

But, no! Instead of rewarding our good results, we are faced with increased operation costs and now, in the Extreme State of Panic created by the State Audit, everybody at the City, County and State level is on a scavenger hunt for funds, seeing in the AFCH industry the Goose's Golden Egg (see page 2 line 7-11 of State Audit Report).

While everything in this world is going up, we, the Care Providers (whether Owners or Workers) we're faced with more work, less pay. Everybody outside of the AFCH Industry is looking at the max. Gross wich works on the paper only (same page 2 line 7-11 Report).

Nobody really cares about the effort we are doing about our expenses, costs, recession, inflation, cost of living etc. The real figure, the Net is a lot lower than the big pink picture given by the ones who are pushing these Bills. I am talking about the Bills 543 , 679 , , , 3173 , 5553 which are making us a huge deservice if passed in the present form, most of them being supported by adverse groups of interest which are seeing the AFCH industry a competitor.

AFCHomes is the only answer to the growing problem the elderly and the needy are facing today in our society busy racing for money. Once the old people are not productive anymore not even they're families want or are not able to care about them. Most of the old folks paid already they're debts to this Society and they are entitled to a good care. WE, the AFCHomes Providers are the ones to give them the good care they need.

There are problems, ofcourse, like everywhere, but a stronger regulation along with increasing the number of employees at State and County level, definitively is not the answer.

While we have to work more for less, SDSD is getting a big piece from the pie (see SB5553) for merit salary increases. WHAT MERIT ? The merit is OURS the ones who work and we're keeping them in business (with good benefits).

This letter is far from exposing all the unknown aspects in the complex equation of the AFCH program but I hope, like I mentioned before, people who are involved in the process of Legislature will pay more attention to our concerns before making a decision.

I would like to mention here the testimony on SB 5553 from Mr. Grover SIMMONS presented on Tuesday, February 28, 1995 in front of the WAYS and MEANS SUBCOMMITTEE on HUMAN RESOURCES. We really like the eight recommendations (ideas).

As a matter of fact I think this eight points should be the subject of a new Bill. What about it ? At least will make a good begining in lessening the concerns of the people who are holding up this Industry .

And remember, We are also good managers in managing our continually decreasing budgets. Let's promote the GOOD against the poor management practices , let's give credit to the people who could really make a change (most of the time without merit increases).

Hopping You will read and follow up on the above I :

THANK YOU IN ADVANCE for the good
job YOU are doing in serving us (after all we are also taxpayers)

03-22-1995

Dan L. GRIGORAS
15222 SE Powell Blvd.
Portland OR 97236

H (503) 760-4538
Fax (503) 760-4748



NORTHWEST PILOT PROJECT, INC.

1137 SW Broadway ■ Portland, OR 97205 ■ PH. 227-5605 ■ FAX 274-8559

5/9/95 Susan Emmons
Submission

ROY NASH

Roy Nash's story is so compelling because it involves facing uncertainty in order to achieve greater independence. Roy lived at a retirement center for three and a half years before the cost of such assisted living rose beyond the range of his monthly Social Security check, destabilizing a once stable living situation at the age of sixty-nine. This change was one filled with fear and doubt. Northwest Pilot Project's involvement began with a referral from East County's Aging Services Program. Based on recommendations of Roy's doctor and his Aging Services worker, Northwest Pilot Project decided to pursue an independent apartment for Roy, with supportive services in place to ease this transition from assisted to independent living. Roy had been paying his entire Social Security check towards rent at the retirement center, and still relied on family contributions to pay the balance of the \$845 per month rent.

Roy came into Northwest Pilot Project for a housing appointment, where he filled out an application for subsidized housing through the Housing Authority of Portland. Through a special agreement between the Housing Authority and certain agencies that agree to follow up with their clients after they are placed in permanent housing, Roy's application moved near the top of the waiting list for subsidized housing. Within six weeks, Roy was offered an apartment at Hollywood East in Northeast Portland. His rent fell from \$845 per month at the retirement center to \$192/month at Hollywood East. He no longer had the financial dependence on family or friends. Now, says Roy, "when I get my bills paid, I still have money left over...I put money away each month. I couldn't do that before." The affordable rent also has allowed him to repair his car, which allows him to access the entire city.

Roy Nash
pictured with
NWPP worker,
Bob Hickey



ROY NASH (continued)

In addition to more affordable rent, Roy's apartment has given him greater independence, while still providing the supportive services that he needs. Northwest Pilot Project follows up with Roy periodically, and a staff member has been to his apartment for a home visit. The East County Aging Services worker who initially referred Roy to Northwest Pilot Project continues to check in with him as well.

As soon as Roy moved into Hollywood East, he was linked up with the Hollywood Senior Center. On Wednesdays, Roy talks with Jennifer Kearns, a Senior Center worker who has office hours at Hollywood East. He says she is easy to talk with and addresses any concerns about the adjustment to his new apartment. Roy is also closer to his church, and has been involved with a Men's Bible Group and various church functions. He plans to start taking walks again as the weather improves. According to Roy, "I do what I want, go when I want, eat when I want...I have a lot of freedom." Roy has been at the Hollywood East since the end of February, and his apartment is full of the antiques his parents once owned. Roy admits that with this freedom comes a long period of adjustment, but the support systems already in place have eased this difficult but empowering transition.

Roy's transition from assisted to independent living is an important one to discuss because it exemplifies our Aging Services System goal of helping elderly people to maintain their independence, with the proper supports, for as long as possible. Roy's own words speak most succinctly to the feeling of self-satisfaction that comes with increased independence. When asked what he likes best about his new apartment, Roy says, "I like the view---it's great. Every morning you can see Mount Hood" and "see the sun shine brightly in the morning...I'm exceptionally proud of that room."

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MONDAY, APRIL 17, 1995

Helping hands

*Volunteers make a difference
for people living independently instead of in institutions*

Twenty-five years ago, elderly people were put in nursing homes, not because they couldn't live independently, but because there was so little support for their remaining out of them. That has changed for many senior and disabled Portlanders now, to a great extent owing to the private, nonprofit Northwest Pilot Project Inc.

In 1969, there were welfare, Social Security and bus systems, but no state and county Aging Services system, no buses with lifts or door-to-door transit for the elderly and disabled, and no programs like Oregon Project Independence, which provides in-home services to the elderly. Volunteers working through the Pilot Project pushed and prodded for all of those, leading by example.

Northwest Pilot Project never in-

tended to become the major provider of support services, but wanted to inspire, initiate and institutionalize programs to serve this community's senior and disabled citizens. Numerous services today sprouted from seeds planted by the project's founder, Peter Paulson, and nourished by the many volunteers he recruited and encouraged.

Susan Emmons, the current director, put faces on the project's contributions at a volunteer-recognition luncheon this month. She told, for example, of volunteers who visit elderly people regularly, read to them, take them shopping, to the bank, the doctor, for haircuts, remind them that they're special and still loved.

Don't just applaud these and other volunteers. Join them.

MULTNOMAH COUNTY
SUBSTITUTE CAREGIVER PREPARATORY TRAINING
STUDY GUIDE

April 1995

For questions about this study guide, please contact:
Adult Care Home Program
Multnomah County Aging Services Division
421 SW 5TH - Room 405
Portland, Oregon 97204-2221
(503) 248-3000

This guide was originally developed and prepared by the Senior and Disabled Services Division (SDSD) of the Oregon State Department of Human Resources. With SDSD's permission, it is being reprinted and distributed in Multnomah County. The Adult Care Home Program (ACHP) of the Multnomah County Aging Services Division wishes to thank SDSD for allowing the material to be edited and changed to better meet the needs of Adult Care Home Providers and **substitute caregivers** in Multnomah County who must operate under the Multnomah County Administrative Rules (MCAR) for Licensure of Adult Care Homes. The rules are located in MCAR 890-005-100 through MCAR 890-150-100. All Providers in Multnomah County receive a copy of these rules at the Orientation Meeting. Copies of the Rules may also be purchased from the ACHP for \$5.00 if picked up at the ACHP, and for \$8.00 if mailed. The funds must be received before the rules will be mailed.

For questions about this study guide in Multnomah County, please contact the Adult Care Home Program at 248-3000, extension 2699. The Adult Care Home Program will provide one copy of the study guide and two copies of workbook/learning activities to each Provider/Operator in Multnomah County. It is the responsibility of the Provider/Operator to provide additional copies of the workbook/learning activities for each **substitute caregiver** employed in their Adult Care Home in Multnomah County. A copy of the study guide and the workbook will also be provided to the Multnomah County Central Library and Branch Libraries for placement in the reference section.

Standards for Adult Care Home Operators, Resident Managers, and Substitute Caregivers:

In order to qualify for and to maintain a license, an Adult Care Home operator, resident manager, or **substitute caregiver** shall meet the following requirements:

- Substitute caregivers must be at least 18 years of age. A caregiver who is 18, but under 21 years of age, shall not have sole responsibility for resident services, care, and/or supervision for a period of longer than two hours.
- Operators and resident managers shall provide evidence satisfactory to the Adult Care Home Program of the Multnomah County Aging Services Division regarding **education, experience, training, or knowledge related to the population to be served**, as required for the classification level of the home, and regarding interest and concern in operating, managing, or providing care in a home for the elderly, for physically, mentally or emotionally handicapped adults, or for alcohol or drug dependent or other dependent adults. Such evidence may include, but not be limited to, one or more of the following:
 - certified nurse's aide training;
 - Adult Care Home, group home, nursing home, hospital or institutional work experience;
 - Licensed practical Nurse or Registered Nurse training and experience;
 - **satisfactory completion of approved Adult Care home training programs;**
 - experience in caring for frail elderly, handicapped or dependent at home; and
 - home management skills.

Source: Multnomah County Administrative Rules (MCAR) for Licensure of Adult Care Homes; MCAR 890-020-200, 890-020-210 (b), 890-020-220, effective August 1, 1992.



MULTNOMAH COUNTY OREGON

AGING SERVICES DIVISION (503) 248-3646
ADULT CARE HOME PROGRAM (503) 248-3000
421 SW 5TH, ROOM 405
PORTLAND, OR 97204-2221

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April, 1995

Dear Substitute Caregiver:

Welcome to caregiving! You are a very important person to the elderly or disabled person who needs care, to the Provider who employs you, and to the Adult Care Home Program of the Multnomah County Aging Services Division. We all depend upon you to do your best job.

Former First Lady Rosalynn Carter in writing in her book, **Helping Yourself Help Others: A Book For Caregivers**, quotes a colleague in the field of caregiving as saying:

"There are only four kinds of people in this world:

- Those who have been caregivers.
- Those who currently are caregivers.
- Those who will be caregivers.
- Those who will need caregivers."¹

This Substitute Caregiver Preparatory Training Study Guide will give you a basic introduction to caregiving. While Mrs. Carter's book focuses primarily on the family caregiver, you will find it and other resources helpful to you as you undertake this very important work. Please feel free to ask the Provider who employs you any questions you may have about the information in this study guide, or contact the Adult Care Home Program at 421 SW 5th Avenue, Portland, Oregon 97204.

¹ Quote from Rosalynn Carter with Susan K. Golant, **Helping Yourself Help Others: A Book for Caregivers** (New York: Times Books, Random House, Inc., 1994).

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INTRODUCTION

Adult foster care is a very demanding yet rewarding vocation that can provide the frail elderly and disabled citizens of Multnomah County the comforts of "home" and the supportive care they need to prevent unnecessary institutionalization.

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

Adult Care Homes (ACH) are private residences licensed under a Multnomah County Ordinance to provide care for five or fewer elderly and/or disabled persons on a 24-hour basis. Adult Care Homes are generally single family residences in residentially zoned neighborhoods. They are "home-like" in nature both by design and appearance.

Many Adult Care Homes care for individuals who fit the traditional profile of someone needing nursing facility care. The Adult Care Home program has proven to be so popular with the public because of the homelike setting and family atmosphere. Today, more private paying individuals live in Adult Care Homes now than do Medicaid-eligible clients receiving state payments.

The idea of adult foster care is certainly not new. It has been a part of our culture for generations. The practice of a family taking into their own homes an elderly or disabled neighbor or friend, with or without payment, has long been the care system for those who did not own homes or could not remain in their own homes.

For over two decades, Oregon has actively developed adult foster care as one statewide option to nursing facility care. Since the 1970's, the state Department of Human Resources has promoted the concept for clients of the Department. By the early 1980's, adult foster care became one choice of many options for elderly and disabled Oregonians. In Multnomah County, licensing of Adult Care Homes began in the mid-1980's. The growth of Adult Care Homes has continued ; in 1995 over 650 Adult Care Homes are licensed in the County.

The goal of the Adult Care Home Program in Multnomah County is to promote as much independence and quality of life as possible in a home-like environment. Adult Care Homes provide elderly and disabled adults with basic services and assistance such as:

- meal preparation
- housekeeping
- personal hygiene tasks
- medication administration
- transportation
- social activities

Adult Care Homes provide varying levels of care in Multnomah County. Some adult foster care homes are able to provide more complex care because of the training and background of the individual Providers. Some ACHs are able to provide nursing procedures and complete care for dependent residents, but only with the involvement of a registered nurse. Reasons that an individual may choose to live in an Adult Care Home in Multnomah County include:

- For assistance in performing tasks, such as bathing, dressing, shopping, house cleaning, transportation, managing medications, laundry, cooking, and coping with financial matters;
- For companionship;
- For safety if experiencing physical or mental impairments which interfere with living independently, such as frequent falls, wandering away, inability to recognize family members or friends, inability to locate or identify familiar things, short term memory deficits, Alzheimer's Disease or other type of dementia;
- For rehabilitation following an illness or injury.

This study guide was created to assist you in understanding your responsibilities to residents as a *substitute caregiver* and to enable you to comply with Multnomah County Administrative Rules for Licensure of Adult Care Homes. It is, therefore, extremely important that you review this guide carefully and thoroughly. Remember, that as a *substitute caregiver*, you, along with the primary Provider are liable for the care provided to residents in Multnomah County.

This study guide will cover several basic topics. These topics are:

- **Provider Responsibilities**
- **Personal Responsibilities**
- **Understanding the Resident**
- **Behavior Management**
- **Safety in the Home**
- **Personal Care**
- **Medications**
- **Substitute Caregiver Responsibilities**
- **Resident Bill of Rights**
- **Communication Skills**
- **Preventing the Spread of Disease**
- **Nutrition and Meal Preparation**
- **Moving and Lifting**
- **Delegation of Nursing Care Tasks**

At the end of each chapter please complete the learning activities that will be given to you and then return them to the Provider; the Provider is responsible for correcting any mistakes you make and ensuring that you know the material.

Adult Foster Care Providers Strive to Promote The Resident's:

- **Individuality**

The flexibility to organize services according to individual resident needs and to modify services over time as those needs change. The adult foster home resident *shall be encouraged to participate in her/his care planning.*

- **Independence**

Encouraging decision making on the part of the resident. The adult foster home resident *should be allowed to do as much for her/himself as desired.*

- **Dignity**

Fostering interactions which encourage mutual respect and courtesy. *Focusing on individual abilities while accepting disabilities.* Treating the resident with the *care and respect* that she/he deserves.

- **Choice**

Providing the resident options from which to choose, even when it might be more convenient to limit choices.

- **Privacy**

Providing a *personal living space*. Controlling access to that space by others, including substitute caregivers, Resident Managers and Providers. *The resident shall be able to receive care, visit and talk to people in private.* **Personal information and resident records are confidential.** Information can only be shared with **written permission** from the resident or her/his legal representative.

Provider Responsibilities

The **Provider** must orient each *substitute caregiver* to the home and to each resident using an orientation check list that includes:

- 1) Location of Fire Extinguisher.
- 2) Evacuation Procedures.
- 3) Location of Resident Records, including "Advanced Directives".
- 4) Location and Content of First Aid Supplies.
- 5) The Resident's Bill of Rights.
- 6) The House Rules.
- 7) Location of Telephone Numbers for the:
 - a. Individual Residents' Physician(s).
 - b. Individual Residents' Pharmacy(s).
 - c. Individual Residents' Emergency Contacts.
 - d. Licensed Provider.
 - e. Emergency Back-Up Person.
- 8) Location of Medications.
- 9) Location of and Procedure for Filling Out the Medication Record.
- 10) Location of the Key to the Locked Medication Storage Unit.
- 11) Review of the Procedure for Medication Administration.
- 12) Introduction to **Each** Resident.
- 13) Care Instructions for Each Resident from the Individual Care Plan, including Activities.
- 14) Review of Universal Precautions.
- 15) The Need for Delegation of Nursing Task(s) from the Registered Nurse (if applicable).
- 16) Review of Menus.
- 17) Review of Special Dietary Concerns.
- 18) Location and Content of Food Supplies.
- 19) Other_____.
- 20) The Substitute Caregiver's Signature Indicating that She/He Understands the Job Responsibilities and can Provide Appropriate Care to Each Resident.

NOTE: If a caregiver works in other foster homes, he/she must complete an orientation for each home. (See APPENDIX A)

Substitute Caregiver Responsibilities

The substitute caregiver must:

- 1) **Completely understand the instructions provided.** 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.**
- 3) **Make sure that the Provider has left adequate supplies to meet resident needs.**
- 4) **Carry out the care plans.** If left in charge of the home, operate it in a responsible manner.
- 5) **Not perform a delegated nursing task without first having the task delegated to you by a Registered Nurse.**
- 6) **Sign a form that indicates an understanding of the job responsibilities and an agreement that appropriate care will be provided to each resident.**
- 7) **Submit to a Criminal Record Clearance** by signing a release form which authorizes the Provider and the Adult Care Home Program to ascertain and verify information regarding criminal history with the State of Oregon; all persons that frequent the home must have this clearance. Persons who have been convicted of one or more crimes which are substantially related to the qualifications, functions or duties of an operator, manager, *substitute caregiver*, other employee or other household member in an Adult Care Home shall be prohibited from operating, working in, or being in an Adult Care Home on a regular basis (MCAR 890-020-230(a)).
- 8) **Licensing Staff of the Adult Care Home Program, Long-Term Care Ombudsman representatives and Multnomah County Aging Services Division Case Managers must be allowed access to the home and residents.**

REMEMBER...

Adult Care Home substitute caregivers are responsible for all activities taking place in the home during the time they are left in charge. Both the substitute caregiver (you) and the primary Provider may be held legally liable for whatever occurs (or does not occur).

Adult Care Home

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 rules.**
- **Be encouraged and assisted to exercise constitutional and legal rights as a citizen including the right to vote.**
- **Be informed of her/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.**
- **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.**
- **Be able to keep and use personal clothing and possessions as space permits.**

Adult Foster Care Home Residents' Bill of Rights, continued...

Each Resident Has The Right To:

- **Be free from chemical and physical restraints except as ordered by a physician, nurse practitioner or Christian Science practitioner.**
- **Be free of discrimination in regard to race, color, national origin, sex or religion.**
- **Manage her/his own financial affairs unless legally restricted.**
- **Be free from financial exploitation.**
- **A safe and secure environment.**
- **Written notices prior to rate increases, transfers and evictions and a right to a hearing.**
- **A written agreement regarding services to be provided and agreed upon rates.**
- **Voice grievances without fear of retaliation.**

The Bill of Rights must be explained to Residents and a copy given to them at time of admission (MCAR 890-020-415). For *complaints* concerning violations of these Residents' Rights, call (503) 248-3000, ext 6061 and ask to speak to the Complaints Specialist of the ACHP. The Residents' Bill of Rights should be posted in a conspicuous place in the Adult Care Home.

Abuse/Neglect

As a caregiver for the elderly, the *substitute caregiver* needs to be aware of circumstances and incidents that may be considered **Abuse** and/or **Neglect**.

"Abuse," as defined by Multnomah County Administrative Rules (MCAR) for Licensure of Adult Care Homes, means any act or absence of action inconsistent with prescribed resident care. This includes, but is not limited to:

1. **Physical Assault** such as hitting, kicking, scratching, pinching, choking or pushing (*MCAR 890-020-410(f) and MCAR 890-020-415(f)*).
2. **Neglect of care**, including improper administration of medication(s), failure to seek appropriate medical care, inadequate changing of beds or clothes, and failure to help with personal grooming (*MCAR 890-020-410(d) and MCAR 890-020-415 e*).
3. **Denying meals, clothes, or aids** to physical functioning (*MCAR 890-020-410 (f), MCAR 890-020-410 (f), MCAR 890-020-415(l)*).
4. **Use of derogatory or inappropriate names, phrases, or profanity; ridicule; harassment; coercion; threats; cursing; intimidation or inappropriate sexual comments** (*MCAR 890-20-410(f) and MCAR 890-020-415(f)*).
5. **Sexual exploitation** of residents including inappropriate physical contact between staff and residents, or failure of staff to discourage inappropriate sexual advances of residents toward other residents (*MCAR 890-020-410(f)*).
6. **Violating Residents' rights** guaranteed by the Bill of Rights (*MCAR 890-020-415*).
7. **Using chemical or physical restraints**, without a written order from a physician, nurse practitioner or Christian Science practitioner; or to discipline or punish a resident; or for the convenience of the adult foster home (*MCAR 890-020-415(l)*).

Abuse/Neglect Citations, continued...

8. **Financial exploitation** which includes, but is not limited to, unreasonable rate increases; borrowing from or loaning money to a resident; witnessing wills in which a Provider, caregiver, or any member of their family is a beneficiary; adding a Provider's name to a resident's bank account or other property; inappropriately expending a resident's personal funds; soliciting gifts; commingling a resident's funds with a Provider's, a caregiver's or another resident's funds; or acting as a resident's guardian, conservator, trustee or attorney-in-fact (under a power of attorney) (MCAR-890-020-415(n)).

As a caregiver in an Adult Care Home in Multnomah County, you should **take prompt action when you believe a resident has experienced abuse**. Please call the Adult Care Home Program (248-3000, ext. 6061), Multnomah County Aging Services Division (248-3646), or your local law enforcement agency immediately if you suspect that "abuse", as described on pages 14 and 15, has occurred. Your name can remain confidential *unless* there is a judicial proceeding; anonymous complaints are also investigated.

A frequent review of the **Residents' Bill of Rights** and your commitment to protect those rights for Adult Care Home residents will help insure that residents in Multnomah County are in a secure environment and safe from abuse and neglect.

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. Having a clean body that is free of odors and wearing clean clothes changed daily is necessary. Your nails should be kept short and must be clean. Washing your hands often will help prevent the spread of germs.

Your conduct (how you act) around the residents is very important. The following list will give you some advice on how to act:

- Be courteous - treat the resident like you want to be treated.
- Be friendly and understanding.
- Please do not whisper to others in front of the residents.
- Be organized. You will feel less rushed if you are organized.
- Do not gossip!
- Be respectful of the beliefs and opinions of the residents.
- If you smoke, do it only in designated smoking areas and wash your hands after you smoke. Some people are allergic to smoke.

Understanding the Resident

Adult Care Home Residents have had many experiences in their lives. For most of their lives they have been independent, able and willing to make their own decisions. They have been quite capable of taking care of themselves and others. Being dependent on someone whom they do not know to take care of their very private needs may be a new, frightening or disturbing experience for them.

The Adult Care Home Resident has been many things to many people in her/his life. It is important that all *caregivers* remember that they are providing care to a person who has contributed in many ways to our society.

Remember that Adult Care Home Residents:

- Are mature adults who have rich histories of living; they may choose to share their experiences, they may choose not to share, but the experiences do exist.
- Have many of the same desires, needs and feelings that you do.
- Understand your words, body language and/or facial expressions.
- Appreciate kindness, compassion, and patience while you are talking with them and providing care.

Helping the Resident to be independent is one of the most important things that you will do. Most Residents can do some things for themselves. The Resident might be able to comb her/his own hair, hold the bread at a meal or shave with an electric razor.

It is very important that you find out what the resident can do for her/himself. The opportunity to continue to do something independent of your assistance will enhance the Resident's self esteem and emotional health.

Understanding the Resident, continued...

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

1. Praise the Resident for all attempts at independence.

2. Ignore the Resident's failed attempts at independence.

3. Let the resident know you think she/he can succeed.

4. Allow the Resident time to do for her/himself. DO NOT RUSH!

By helping the resident to maintain independence or become more independent, you are following the philosophy of care of the Adult Care Home Program.

The Care Plan

Your specific instructions on caring for individual residents will be contained in that person's care plan. **The care plan will tell you what assistance is needed for each resident to perform the six activities of daily living or ADLs (behavior management, nutrition and eating ability, personal hygiene and bathing, ability to dress & groom oneself, ability to ambulate, bowel and bladder control).**

It should also include information on the person's social, dietary, and activity needs. The care plan is developed within 2 weeks of the residents coming to the Adult Care Home and updated every 6 months, or sooner if conditions change. It should be located in the resident's record at the Adult Care Home.

Be sure to have the Provider **review each care plan** with you before you are left in charge of the home. As the *substitute caregiver* you have a responsibility to keep yourself informed of what is included in each resident's care plan. It cannot be emphasized too strongly how important it is for you as the substitute caregiver to read each resident's care plan and follow it unless you are given specific instructions in writing not to follow it.

Communication Skills

One of the most important things you can do as an Adult Care Home substitute caregiver is to communicate with the resident. Good communication between you and the residents is critical to your success and the continued good health of the resident. You may need to communicate with many people that have a part in the resident's care. These are some hints for communicating:

- **Good listening skills** are an important part of communication. Listen carefully to what is being said and watch the resident's facial expressions, hands and body language. Give the resident your full attention, otherwise you will miss some of what the resident is trying to tell you.
- **Be courteous, polite and considerate** at all times. Never be impolite or critical when you work with the resident or other staff.
- **Be sensitive and respect the resident's moods.** If the resident doesn't want to talk or be involved in an activity, allow the resident that choice.
- **Be tactful.** Try to do and to say the right thing at the right time. Think before you speak. Do not talk about resident in front of her/him unless the resident is involved in the conversation. Do not say anything about the resident to anyone else in the home that you would not be willing to say to the resident. Even if you think the resident can't hear you - remember, our sense of hearing is very powerful.
- **Speak clearly and slowly** when you talk with the resident. By speaking clearly and making eye contact with the resident while talking, you will find that communication is more successful. Be aware of the many other sounds, i.e., television, radio, other residents' voices, when you are speaking. These sounds may make it more difficult for the resident to hear and understand what you are saying.

Communications Skills, continued...

- **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 hard for the resident to hear or understand you. If you use slang language, your resident may not understand what it means and may be offended. Language standards are much more relaxed today than they were when many residents were younger; what may be considered slang language today, may have been considered very offensive in the past.
- You may use **non-verbal communication** (communication without words) to communicate many things. Practice using your hands, body and facial expressions to help others understand you.

<p>#1 Rule in Communications: Speak Clearly!</p>

Communications Skills, continued...

You can help others understand what you are saying by practicing these tips:

- Approach and talk with people from the front. Don't get too close, many people feel more comfortable if you talk to them from a distance of about two feet.
- Keep confusion, distraction and noise to a minimum.
- Make sure you have the resident's attention before you start communicating.
- Speak slowly and clearly. Use a lower tone of voice to convey a sense of calm. Lower tones of voice are easier for the resident with a hearing problem to hear and understand.
- Pay attention to your tone of voice and how your emotions may influence how you talk.
- Use short, simple, familiar words in sentences.
- Explain directions in clear, simple steps. Give directions one step at a time.
- Ask one question at a time and give the resident time to answer. Rushing her/him will create confusion.
- Demonstrate your request by pointing at or touching things.
- Treat the resident with dignity and respect. Remember she/he is an adult. Do not talk down to the resident as if she/he were a child. Do not use pet names such as "honey" and "sweetheart" unless the resident has given you permission to use such terms in place of his/her name.

Communication also includes what you write in the resident's record. It is important that you follow the rules of documentation because the resident's record is a legal document.

DOCUMENTATION SKILLS

The resident's record is a permanent legal document which must be written in a legible, clear manner. Please follow the rules of documentation when writing in the resident's record. The rules of documentation are:

- All entries must be **legible**.
- All entries must be in **ink**.
- All entries must be in **chronological order** (in sequence).
- All entries must contain the **date and time**.
- All entries must be **factual**.
- All entries must be **complete**.
- All entries should be **brief and exact**.
- All entries must be **signed** with your first name initial and your last name.
- The resident's record is a **confidential record**. Please respect that confidentiality.
- There should be *no empty spaces left on a line*. Draw a line through any empty space. This will prevent others from writing in the space you sign.
- When an error is made, a single line should be drawn through the error and a notation of "error" made above the mistake. **DO NOT erase, whiteout or obliterate the error**. It may make others suspicious.
- Do not use "ditto" marks.
- **Be sure to record objective information**. Describe what was said or done. You do not need to draw conclusions. EXAMPLE: Marge stomped her foot and said "I want to go home". **DO NOT WRITE**: "Marge had a temper tantrum" or "Marge is in a bad mood". These last two statements are not objective observations.

Problem Solving-Behavior Management

Some of the residents whom you will provide care to may be confused, and may have outbursts of emotions or aggression. There are certain factors that affect the resident's behavior. These include:

- **Unmet needs.** When the resident's physical, emotional or social needs are not met the resident may respond by being angry, depressed or withdrawn just as you might respond.
- **Frustrations and fears.** As the resident experiences losses of loved ones, possessions and physical abilities, she/he may react to these losses by also being angry, depressed or withdrawn. Holidays and birthday or anniversary dates of loved ones may be difficult times for the resident. Please be especially gentle during these times.
- **Other factors.**
 - Physical Illness
 - Inability to Communicate
 - Progressive Memory Loss
 - Reaction to Medication
 - Pain
 - Change in Routine
 - Depression
 - Poor Eating Habits

With understanding and planning, you can avoid or deal with most difficult behaviors. Here are some suggestions:

- Use good communication skills with each resident.
- Treat each resident as an adult, with respect and dignity.
- Keep the home calm and positive. If the TV is loud, the dishwasher is noisy and the dog is barking, coping skills may decrease and confusion may increase.
- Make sure the provider has given you complete information about each resident that includes resident likes, dislikes and habits, such as food, eating place, activities, and TV programs.

Behavior Management, continued...

- Make sure the provider has reviewed with you any special habits resident might have, and how you should respond.
- Make sure the provider has written out and explained the daily schedule to be followed. This should include:
 - ✓ Bathroom and personal hygiene schedule.
 - ✓ Time that meals are served.
 - ✓ Snack and fluid schedule
 - ✓ Activity times.
 - ✓ Favorite activities.
 - ✓ Medication schedule.
 - ✓ Any appointments the residents have.

If the Provider does not give you information on each resident's needs and a complete daily schedule - **ASK!** As the *substitute caregiver*, you are responsible for each resident and must have the information that you need to do a good job.

Sometimes problems will occur. When you observe a behavior problem, do the following:

1. **Stay calm** and use simple communication skills to understand what is bothering the resident.
2. **Acknowledge the person's feelings and/or problem** even if you do not agree with it.
3. **Relieve the problem if possible.**
4. **Distract the resident** by turning her/his attention to something else, like a snack, an activity, or looking outside together.

Behavior Management, continued...

Sometimes the resident may act out with aggressive behavior due to illness, confusion or medication. This aggressive behavior can be physical, sexual or verbal. **If the resident becomes aggressive, your first job is to protect yourself and the other residents from harm.** This can usually be done by moving the other residents and yourself out of the reach of the resident who is acting aggressively.

After you have moved out of the reach of the aggressive resident, you should:

1. **Stay calm and check to see if something could have caused the resident to be startled, scared or angry. Some things to check for include:**
 - noisy, confusing or strange environments.
 - care provider attitudes of frustration, irritation and impatience.
 - fatigue.
 - personal care activities like bathing and toileting.
 - feeling rushed.
2. **If a resident tries to strike out at you, remain calm and if possible, walk away from the situation. Return in a few minutes. Use good communication skills and reassure the resident. Usually the crisis will be over.**

Behavior Management for Residents with Alzheimer's Disease/Dementia

Residents with Alzheimer's Disease and other forms of dementia can exhibit behavior such as repetitive chanting or motions, aggressiveness and wandering. Coping with these behaviors take patience, good communication and a sense of humor.

Behavior Management, continued...

Repetitive Chanting

Some residents may repeat several sounds over and over again. This behavior will not harm the resident but it can be distracting and may bother you and the other residents.

Try the following:

- Talk soothingly to the resident and touch the resident in a reassuring way.
- Involve the resident in an activity or provide a snack.

Wandering

Any resident with dementia who can walk without assistance is at risk for wandering out the door or out of the yard. To protect the resident, you should:

- Keep the door alarms set.
- Be watchful of the resident and aware of where he/she is located in the home or yard. Monitor his/her movements.
- Be aware of anything that could start the wandering behavior. In particular, stress, anxiety or moodiness may initiate a wandering behavior.
- Distract the resident if she/he starts toward the door.
- Provide exercise for the resident - take the resident for a walk inside the house.

Behavior Management, continued...

If the resident leaves the house or property, follow these steps:

1. Try to **determine what direction** from the property the resident went and keep eye contact on the person.
2. **Call your immediate back-up person or the Provider** to come and watch the other residents while you go and find the resident who has wandered off. If neither of these people can be reached, ask a neighbor for help.

OR

3. If you can not find someone to help you immediate, **do not leave the adult care home in search of the resident**. Remember you continue to have a responsibility for the other residents in your care and they can not be left alone.
4. **Call the police**. Describe the resident in detail: height, weight, hair color, clothes. Tell the police what direction the resident was heading and the name of the nearest street he or she would have approached.
5. **Notify responsible parties and complete a written report of the incident**.

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 resident's dirty clothing and linen, and if you are exposed to the resident's body fluids (urine, saliva, feces, blood).

Follow very carefully Universal Precautions to prevent the spread of disease to others and to protect yourself from disease.

The guidelines for Universal Precautions are:

- Wear gloves whenever you may come into contact with blood or body fluids (urine, feces, saliva).
- Wear 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 wash your hands before and after coming in contact with blood or body fluids (even if you wore gloves).
- Dispose of infectious materials in special containers. Be sure to have the Provider show you these containers.

Safety in the Home

Many accidents that happen in adult foster care homes can be prevented. If you know how to be safe and know how to look for dangers and potential problems, you will provide the safest care to the residents.

To prevent accidents, take these steps:

- Keep floors clear so the residents do not trip over or run into objects in their pathways.
- Wipe up any spills immediately.
- Turn on the lights in the halls when it gets dark outside, or if the hall is dark.
- Keep door alarms set at all times

Rules for preventing fires:

- Smoking in bedrooms is not permitted.
- Turn off all burners on the stove and then recheck to be sure you turned them off.
- Never store gasoline or kerosene in the house.
- If you use a heating pad do not turn it on high.

Safety in the Home, continued...

How to put out fires:

- If clothes catch on fire, fall to the floor, and roll to get flames out. **DO NOT RUN! DROP AND ROLL.**
- Wrap the fire victim's body in a blanket, rug or coat.
- Wrap from head down to keep the flames from reaching the face and head.
- Call 911.

Types of Fires and What To Do:

► Fires from grease:

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

►►►► Fires from electricity:

- **DO NOT** use water to put out electrical fires.
- Call 911.
- Use fire extinguisher.

►►►►►►►► Fires from wood:

- Cover with water.
- Call 911.
- Use fire extinguisher.

Safety in the Home, continued...

To get out of a fire you must know the fire evacuation plan for the home.

Make sure the Provider goes over it with you during orientation.

Under the *Multnomah County Ordinance*, if there is an emergency, you must be able to evacuate all residents in the home within three (3) minutes.

- You must know where the exits are located and what the evacuation plan is.
- You should have participated in a fire drill before you are left in charge of the residents in the home alone.
- You should be able to do any lifting that is required to get the residents to safety.
- Know where the fire extinguisher is located and how to operate them.
- Know where to locate the rechargeable flashlight and check to see that it is plugged in.
- Know where the numbers for police, fire and ambulance are posted. Know where all the telephones are located.

Safety in the Home, continued...

Emergencies:

Emergencies do happen in adult foster care homes just as they do in all homes. An emergency may happen when you are responsible for the care of the residents. It is important that you know what to do. When an emergency happens, **don't 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, **DO NOT WAIT CALL 911.**
- The ACHP recommends that you know First Aid. Your actions in the event of an emergency may make a difference between life and death for the resident.
- To prepare for resident emergencies you need to review the care plan of each resident with the Provider.

If an emergency requires the assistance of emergency services personnel (911), you should:

- Call for help immediately.
- Stay calm and speak clearly.
- Briefly describe the problem.
- Give information as requested (address, name, identify as AFH).
- Follow the directions of the call taker.

Safety in the Home, continued...

When emergency service personnel arrive, have the following information available for their use:

- **Resident's name, age, medical diagnosis.**
- **Resident's physician or nurse practitioner.**
- **Medications.**
- **Allergies.**
- **Directive to Physician (Living Will) or Power of Attorney for Health Care.**
- **Name and telephone number of family emergency contact person.**

Stay calm. Reassure the other residents about any fears they may have about the incident.

You must not transport any resident in an emergency. You must call 911 (emergency services personnel) to assess and transport the resident. If it is necessary for you to accompany the resident and emergency services personnel, you must arrange for a back-up staff person to come and stay with the residents until you return.

Under no circumstance may you leave the residents at the Adult Care Home unattended at any time.

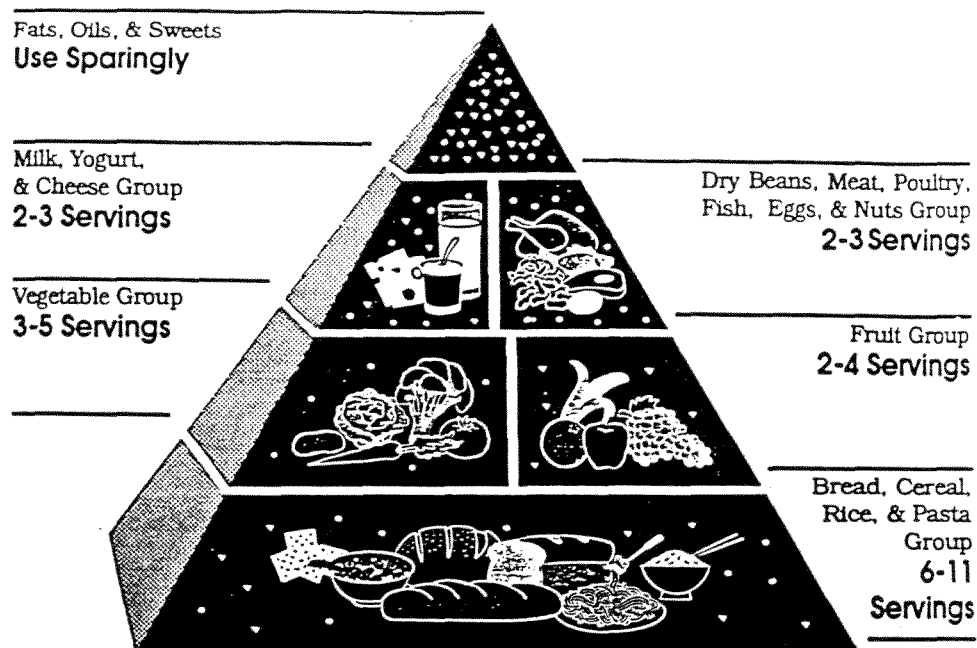
Nutrition and Meal Preparation

Providing a nutritionally balanced diet for elderly and disabled residents is very important. Food for the body is like gasoline for a car -- it keeps it running. It is important to eat a well-balanced diet.

The right kinds of foods and a variety of foods are necessary to keep the body and mind healthy. Generally speaking, you should serve 3 meals per day with at least two snacks in between the meals. Be sure to offer food and fluids to residents in a positive, proactive manner. Check with the Provider about special dietary needs as indicated in residents' care plan.

The food pyramid is one way to help you plan food choices for good health. It shows the amount of food from the food groups that form a balanced diet and the number of servings suggested per day. The foods at the bottom of the pyramid (bread, rice, cereal, pasta) should make up the largest part of the diet.

Below is the food guide pyramid for non-vegetarians, or those who eat animal foods. A Vegetarian Food Pyramid is available on page 37.



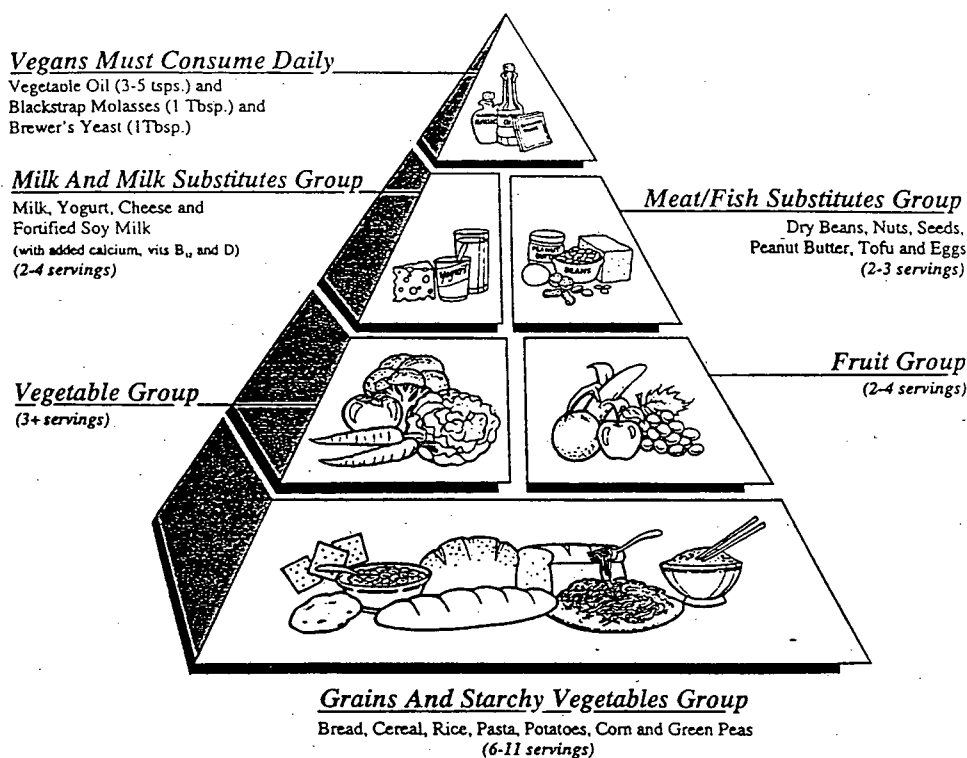
Source for Food Guide Pyramid: USDA/U.S. Dept. of Health and Human Services; Adapted by The Public Health Foundation WIC Program, April 1993.

Nutrition and Meal Preparation, continued...

WATER is the most essential nutrient. We must have water to live and we must replenish it regularly because it:

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

Vegetarian Food Pyramid



Source: New York Medical College, USDA, Oregon State Extension Service, 1994.

Nutrition and Meal Preparation, continued...

Meals and Menu Planning

The Provider is responsible for developing and posting a weekly menu plan. You should use that menu plan as your guideline in preparing nutritious and well-balanced meals.

Some residents may be on special diets. **The resident's health may be jeopardized if you do not follow the diet which the doctor or nurse practitioner has ordered for her/him.** Check with the Provider to be sure you know what each resident's diet needs are and if there have been any changes since you were last in the home.

To encourage interest in the meal time activity:

- Learn what foods each resident likes and dislikes.
- Allow residents to take part in meal preparations, table setting, etc., if they wish. If they help in this activity, please make sure they wash their hands before and after the activity especially if they help in any way with food preparation.
- Serve foods in a timely manner so that cooked foods come to the table hot and cold foods remain cold until eaten.
- Serve meals in appropriate amounts. Don't insist a resident eat everything on his/her plate, but encourage them to eat as much as needed.
- Foods that are presented attractively and smell good will be eaten and appreciated by residents.
- Keep the noise level low and monitor the room temperature to be sure it is comfortable.

Nutrition and Meal Preparation, continued...

Follow the mealtime and snack schedule. Residents must be able to depend on a regularly scheduled time for eating meals. In many cultures, meal time is the time when everyone in the family shares what happened to them that day or what they want to do tomorrow. Please try to make the mealtime as enjoyable an experience as possible for the residents.

Precautions should be taken when preparing and storing food, because:

- **Bacteria can also grow on dishes, utensils and kitchen surfaces that have not been properly cleaned:**
- **Bacteria can grow on food that is not stored at the right temperature.**
- **Bacteria can make your residents very sick.**
- **Wash hands when preparing and handling food.**
- **Be sure that all meat is thoroughly cooked and then refrigerate leftovers immediately after meal time.**
- **Clean the kitchen immediately after a meal is completed. Wash as many of the dishes and cooking utensils in the dishwasher as possible to kill germs and bacteria.**

Providing Personal Care

Personal care is vital to the resident's well-being. Personal care includes bathing, hair care, mouth care, skin care, foot care, and toileting.

Encouraging resident independence and promoting self-esteem is one of your primary goals as an adult foster home caregiver. Most older residents in your care have performed activities of daily living independently (and privately) for 60, 70, 80 or more years. While it may be easier to provide hands-on assistance (for example, dressing a resident who can dress her/himself if given enough time), you should encourage the self-care efforts of residents as much as possible.

Doing for a person what she or he is capable of doing can lead to "learned helplessness." This may cause a decline in the resident's health or mental attitude, further loss of function, or attention-seeking behavior problems.

If you don't know what the resident can do for her/himself - **ask the resident.** If that is not possible, talk with the Provider. Information about the resident's level of independence should be included in her/his care plan.

Personal Care Goals in Adult Foster Homes:

- **Promote Self-Care and Independence**
- **Assure Safety and Comfort**
- **Maintain Dignity**
- **Respect Privacy**
- **Use Age Appropriate Behavior**

Providing Personal Care, continued...

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 on occasion or all of the time. The resident's care plan includes information about . Encourage independence as you follow these steps:

- **Provide for safety and comfort by taking the following precautions when bathing a resident:**
 - Check that the room is warm and draft free.
 - Check that the water is moderately warm (not over 105°F). Test it on your wrist before the resident comes in contact with it.
 - Use a closed toilet seat, covered with a towel, as a chair for the resident to sit on before and after the bath.
 - Be aware of the potentials for slipping, scalding, and drowning.
- **Be ready to provide assistance in the following ways:**
 - Help getting into and out of the tub or shower.
 - Washing back or hair.
 - Washing private areas.
 - Toweling dry.
 - Use lotion after bathing.
- **Provide privacy:**
 - Be in room only when resident requires assistance or supervision.
- **Notice resident's body and check for signs of skin problems:**
 - Shoulder blades, elbows, tail bone, and heels are prone to pressure sores.
 - Look for reddened areas, rashes or breaks in skin.
 - Record your observations and notify the Provider.

Providing Personal Care, continued...

Grooming

Good grooming helps to increase the self-esteem of residents so that they will feel good about themselves; it also promotes their comfort and appearance. 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. The resident may also enjoy going to a hair salon or barbershop.

Caution:

✧ If the resident has an eye disorder or has had recent eye surgery, consult the care plan or ask the Provider before proceeding with a shampoo. ✧

Shaving

For most men, shaving is a lifelong ritual, and they are able to perform this task 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 their own razor.

Providing Personal Care, continued...

Mouth Care

Good oral hygiene prevents sores and bad breath and keeps mucous membranes from becoming dry and cracked. Poor oral hygiene 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 her/his own toothbrush.

If you assist a resident with oral hygiene, examine her/his mouth for signs of redness, swelling, or bleeding. A dentist should check any red or white spots or sores that bleed and/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 can't do this for her/himself, do the following:

- Ask resident to remove them or ask the Provider how to remove them.
- Place dentures in a container filled with water (if you use the sink, line it with a washcloth to prevent breaking the dentures if dropped).
- Clean dentures with a toothbrush. Cup dentures in hand, apply toothpaste, brush the inside first, then the tooth and palate area.
- Rinse thoroughly with water.
- Apply denture cream or adhesive as directed.
- Have the resident rinse her/his mouth with water before replacing dentures.
- Store dentures in water when not in the resident's mouth. This keeps them from warping. Dentures should soak in water for 6 to 8 hours each day (usually overnight).

Providing Personal Care, continued...

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

Foot Care

Painful feet are a common problem and can have negative consequences for many older people. 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 the ability to be independent. Residents who have sensitive feet and wear loose-fitting shoes, bedroom slippers, or no shoes at all, increase their risk of falling. A resident with failing vision and a shuffling gait who goes barefoot is at risk of injuring her/his feet. If the resident is less sensitive to pain, an injury to the feet such as a burn, cut, bruise, or fracture, may go unnoticed and untreated. Some foot problems may require the care of a health care professional.

Consult the care plan or Provider before providing foot care, especially before you cut the resident's toenails.

Skin Care

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

Skin Breakdown

The elderly are more at risk for pressure sores (or decubitus ulcers) because their circulation is poorer, their skin is thinner and drier, and there is less fatty tissue to cushion it. *Older skin is easily injured and slower to heal.* If a pressure site or injury is not properly treated, death of cells can lead to skin breakdown. The disabled or any one who sits, lies, or is in one position for a long period of time are also at risk of skin breakdowns.

Providing Personal Care, continued...

Warning Signs of Skin Breakdown

- **Reddened area remains red over an hour.**
DO NOT MASSAGE. Rubbing increases tissue damage.
- **Skin is pinker, redder, or warmer than normal.**
For dark skin, appearance is mahogany or blue-brown in color and shiny.

Contact the Provider immediately if you see skin breakdown or any unusual appearance of the skin. If the Provider is not available, contact the health care professional.

Providing Personal Care, continued...

What Causes Pressure Sores

- **Pressure**

Sitting or lying in one position for more than 1- 2 hours.

Lying on wrinkled sheets.

Wearing a cast or splint.

- **Friction**

Anything that rubs against the skin.

- **Shearing**

Sliding down in bed or being pulled across the bed linens.

- **Other Factors**

- *Moisture* -- Moisture from sweating and incontinence changes the protective nature of the skin and increases the risk of infection.
- *Dehydration and Poor Nutrition* -- Adequate fluid intake is essential in maintaining 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* -- Being overweight or underweight increases 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 or 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.

Providing Personal Care, continued...

Preventing Pressure Sores

- Keep the resident's skin clean and dry.
- Change the resident's position in the bed or chair at least every 1 - 2 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 2 hours and change their linens/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 the best efforts to prevent them. *Assure the resident that the health care professionals will give proper treatment in a sensitive manner.* Your duties regarding decubitus care must be determined and delegated by a registered nurse.

Your part in treatment will include:

- **Eliminate pressure** - If a pressure sore is to heal, keep weight and pressure off of it.
- **Protect the area from further damage** - Reduce exposure to friction, irritation, and moisture.
- **Change dressing as needed** - Follow the procedure as delegated directly to you by the registered nurse.
- **Document observations** - Keep an accurate account from the time the pressure sore is discovered. Charting should include the:
 - Date
 - Location of the Pressure sore
 - Size of the pressure Sore
 - Presence of an Odor or Drainage

BOWEL AND BLADDER NEEDS

Your responsibility is to help residents maintain normal function or deal with a change in independent 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 and are beyond their control. Never embarrass or criticize a resident for these or any 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 which contribute to constipation are:

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

Be alert for the following:

- **Passing a hard-formed stool.**
- **Straining while trying to pass a stool.**
- **Not able to pass a stool.**
- **A change from normal bowel movement pattern.**
- **Complaints about pressure and fullness in rectum.**
- **Abdominal and/or back pain.**

Bowel and Bladder Needs, continued...

Signs of constipation are often like common signs of illness:

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

Use of laxatives

Worry about constipation often leads people to seek the aid of laxatives. Such products are unnecessary, costly, and potentially harmful. The use of laxatives causes loss of 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.

Administering laxatives and enemas should only be used under the direction of the Provider and health care professional. Enemas can only be done with RN 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 a resident drugs used to relieve diarrhea or constipation unless instructed to 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 that may not be able to move or walk without assistance. Have the Provider demonstrate for you the transfer techniques for each resident. *Do not assume that each resident will need the same kind of transfers.* **NOTE: The caregiver who has had a back injury or is overweight is at even higher risk for another back injury.**

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 called your base of support.
- **Don't twist your body** - Be careful not to twist your body. Instead, 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 object or resident 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. Ask the resident.

Moving and Lifting, continued...

What To Consider Before Movement:

It is important to know how much assistance the resident needs. Check care plan. If the resident is able to help, encourage the resident to exercise hip area 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 the bed to a chair, you must **first have her/him 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 her/him to fall.

TRANSFERRING A RESIDENT FROM BED TO CHAIR

- If a resident needs help transferring:
 - be sure you understand the care plan completely
 - ask the Provider to demonstrate the proper technique for the resident.
- Ask the resident if she/he is comfortable.
- Cover legs with blanket if needed.

MEDICATIONS

Understanding and giving medications correctly can be difficult. It is important that you:

- Learn what medications each resident takes;
- Learn why the resident takes that medication;
- Know how to give each medication;
- Learn what side effects each medication may have and be alert to the resident exhibiting those side effects;
- Follow the medication schedule set up by the primary care Provider;
- Record medications taken;
- Record any adverse reactions experienced by the resident while the resident is taking the medication.
- In addition to recording any adverse reactions, you should inform the Provider verbally of your observations.

Side Effects and Adverse Reactions

The *action* of the drug means how the drug causes chemical changes in body cells. The *effect* of the drug means what happens in the body because of the drug's action.

Sometimes the drug will produce effects on the body that are different than the main effect intended. These are called *side effects* or adverse *reactions*. Adverse reactions are unexpected ways that a drug effects the resident. To understand and observe how drugs may effect residents and to know what action to take, it is important to know the:

- Main Effect Desired (why the drug is given)
- Potential Side Effects
- Potential Adverse Reactions

Medications, continued...

Most Common Side Effects of Drugs

- Anxiety
- Black (tarry) Stools
- Blurred Vision
- Breathing Difficulties
- Bruising
- Burning Sensation
- Chest Pains
- Confusion
- Constipation
- Depression
- Diarrhea
- Dizziness
- Drowsiness
- Dryness of Mouth
- Fever
- Flushing
- Headache
- Heartburn
- Hives
- Insomnia
- Irritability
- Itching
- Lightheadedness
- Loss of Appetite
- Low Blood Pressure
- Nausea
- Nervousness
- Rash
- Restlessness
- Ringing in the Ears
- Sweating
- Tingling
- Tremors
- Upset Stomach
- Urinary Frequency
- Urine Color Change
- Weakness
- Weight Gain

Drug Interactions

A drug interaction occurs when a drug combines with other drugs and/or certain foods to produce side effects. Knowledge of drug interactions, as well as adverse reactions, for each medication taken by a resident can help prevent problems.

● **Food/Drug Interactions** - Certain foods interfere with the action of certain drugs. For example: Calcium in milk makes tetracycline ineffective and serious side effects develop if people who are taking certain anti-depressant drugs eat aged cheese, sour cream, cabbage or drink red wine.

● **Drug/Food Interactions** - Some medications interfere with the body's use of certain nutrients which can complicate health problems in the elderly. For example: Mineral oil decreases absorption of fat soluble vitamins.

● **Drug/Drug Interactions** - One medication may interact with another by increasing, decreasing, or altering the other's intended action, or combining to create a "new" side effect. For example: Antacids decrease absorption of the heart drug digoxin.

Medications, continued...

It is very important that you notify the Provider about any side effects or adverse reactions to medications that you observe. If the Provider is not available, contact the health care professional.

Ways Medications Are Given (Routes)

Drugs can be given to residents through different methods or *routes*. The physician or nurse practitioner determines which route will be the best for the resident.

Medical Abbreviations and Time Schedules

To understand how and what time the medication should be given, and any other instructions, you need to know certain abbreviations. If you have any questions about how to administer the medication, contact the health care professional. See the chart on page 56.

Medications, continued...

Abbreviation	Meaning	Abbreviation	Meaning	Times Given
a	before	a.c.	before meals	1/2 hour before meal
AD	right ear	ad.lib.	at pleasure	given freely
AS	left ear	AM; a.m.	before noon	morning
AU	both ears	BID; b.i.d.	twice a day	10 am and 4 pm
c	with	h.	hourly	on each hour
dil.	dilute	h.s.	hour of sleep	at bedtime
M.	mix	n.; noc	night	in the night
n.p.o.	nothing by mouth	p.c.	after meals	1/2 hour after meal
non rep.	do not repeat	PM; p.m.	after noon	afternoon
OD	right eye	PRN; p.r.n.	as needed	when requested ²
OS	left eye	q.d.; QD	every day	10 a.m. or as ordered
per	by	q.h.	every hour	on each hour
p	after	q2h	every 2 hours	6 a.m. and on even hours
p.o.	by mouth	q3h	every 3 hours	6,9,1,2,3, day and night
q	every	q4h	every 4 hours	8,12,4, day and night
Rx	take	QID; q.i.d.	4 times a day	8am, 12n, 4pm, 8pm
s	without	q.o.d.	every other day	10 am or as ordered
		stat	immediately	give as ordered
		TID; t.i.d.	3 times a day	usually given with meals

² May need nursing intervention.

Medications, continued...

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 **correct resident**.
- Give the **correct drug**.
- Give the **correct dose (amount)**.
- Give the medication by the **correct route**.
- Give the medication at the **correct time**.
- Document the medication administration on the **correct resident chart**.

Medications, continued...

The Correct Resident

Make absolutely sure you know who the resident is. The resident's name should also be on medication container label. ☼

The Correct Medication

You must only give medications from labeled containers. Read the label 3 times as you get the medication ready to give it.

1. When you take it from the storage unit.
2. As you pour it or measure it.
3. When you put it back into the storage unit.

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

The Correct Dose (Amount)

Make sure the amount the resident receives is the same amount written on the medication chart. ☼

The Correct Route

Know the correct route, or how you are to give the medication. It is important to understand and be able to read the route abbreviations. ☼

Medications, continued...

The Correct Time

Know what time or time(s) of the day and night the medication should be given. Understand the time abbreviations. ☼

To safely administer medication, follow the instructions of the Provider.

These instructions should include:

- **Wash hands with soap and warm water.**
- **Prepare medications immediately prior to dispensing.**
- **Follow the medication order and instructions written on the medication chart.**
- **Make sure that the information on the label and the medication chart are the same.**
- **Check the container label three times while preparing the medication.**
- **Follow all instructions.**
- **Place the medication dose in a medicine cup (don't touch it with your hands).**
- **Take the medication to the resident.**
- **Call the resident by name.**
- **Stay with the resident until she/he takes it.**
- **Document that you gave the medication in the medication chart.**

If you forget to give a medication, the resident refuses to take the medication or is unable to take the medication, call the health care professional to inform her/him about the situation so that the proper steps can be taken. Document the call and what was done in the medication chart and the resident progress notes.

Medications, continued...

Resident Self-Administration of Medication

Some residents are allowed to store and give themselves their own medications. This requires a physician's order that is documented in the resident's care plan.

The Medication Administration Chart

It is important to keep accurate records. Review the medication chart that has been developed for each resident. It should show the name and dose of each prescribed medication, what route it is given and the time it should be given.

Medications must be initialed by within 1/2 hour of being given by the person administering the medication. If the resident misses a medication, a brief but complete explanation should be recorded on the resident's medication chart. Never chart a medication as given in advance of giving the medication.

If adverse changes in a resident are observed after a medication is given, notify the resident's physician or nurse practitioner and Provider. Record the following information in the resident's progress notes and/or medication chart:

- Name of medication taken
- Dose taken
- Route (how medication was taken)
- Time and date taken
- Changes in resident after taking medication
- 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 be done (state if given in person or over the telephone, when and who took the information)
- Outcome (what happened)

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

Medications, continued...

Storage of Medications

Each resident's medication must be clearly labeled with the pharmacist's label in an original container or bubble pack and kept separately within a locked storage container. It should be kept at room temperature unless otherwise directed.

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

PRN (as needed) Medications

The adult care home caregiver should not give any medication that is ordered for the resident by the physician or nurse practitioner to be given on a time schedule of "PRN", unless there is accompanying information as to what "PRN" means specific to that medication for that resident.

If the resident has a prescribed medication that is ordered to be given "PRN", you must have either the physician, nurse practitioner, registered nurse, or pharmacist write out:

- Why the medications was ordered--what condition of the resident requires the medication.
- When should the medication be given -- Instructions should be specific and not "give one tablet for pain." Instructions must state where the pain is located on the resident and what kind of pain it is.
- How often is it to be given.
- How often and the number of times in a 24 hour period it can be given.
- When should the resident stop receiving the medication.

Medications, continued...

This information must stay with the medication record. Then, if a "PRN" medication is given, you must document why it was given.

Over the counter medications need to have prior approval of the physician, nurse practitioner, registered nurse or pharmacist.

Procedure to be followed for over the counter medications:

The resident complains of a headache. You have a medication order with written instructions that says you can "give 2 tablets if the resident complains of a headache." You give the resident the medication that is ordered. **After you give the medication, you must document that the resident complained of a headache and you gave the medication per the instructions in the medication order.**

And remember, with any medication, if you have any questions, please talk with the health care professional. Medications are drugs, and drugs do things to the body. Proper medication administration is very important to the resident's health.

Delegation of Nursing Care Tasks

As a *substitute caregiver* in an Adult Foster Care Home in Multnomah County, you will help the residents in their basic care needs. These basic care needs are called activities of daily living (ADLs). Activities of daily living include bathing, grooming, dressing, and eating. You can provide this care without the supervision of a licensed nurse as long as you have been taught how to do it.

If the resident needs special nursing care like insulin injections, suctioning, restraints, or wound care, only the registered nurse can provide this care unless the registered nurse teaches and then delegates the care to you. This is called the *delegation of special tasks of nursing care*.

The delegation of special tasks of nursing care is something new in Multnomah County and in Oregon. Only since the late 1980's has a registered nurse been able to teach a non-family member to do a nursing task that normally only a registered nurse can do.

Special tasks of nursing care include more than just the tasks listed above. **"Special tasks of nursing care means procedures that require the education and training of a registered nurse or licensed practical nurse to perform."**³

Because there is not a list of all the special tasks of nursing care, it is important that you talk with the Provider about contacting the registered nurse regarding nursing care needs for a resident. **Only a registered nurse (RN) can delegate special tasks of nursing care. A licensed practical nurse (LPN) cannot delegate special tasks of nursing care.**

"Delegation means that a registered nurse authorizes an unlicensed person to perform special tasks of nursing care in selected situations and indicates that authorization in writing. Delegation occurs only after assessment of a specific situation (including the ability of the delegate), teaching the task and ensuring supervision."⁴

³ Source: Oregon State Board of Nursing, Oregon Administrative Rules 851-47-010.

⁴ Source: Oregon State Board of Nursing, Oregon Administrative Rules 851-47-010.

Delegation of Nursing Care Tasks, continued...

The registered nurse, after her/his assessment, will determine if the special task of nursing care can be safely delegated. If the decision to delegate is made by the registered nurse, the resident must agree to allow the caregiver to perform the nursing task in place of the nurse, and the caregiver and Provider must agree to accept the responsibility for performing the special task of nursing care. **This agreement should be in writing.**

The registered nurse will not delegate a special task of nursing care to a caregiver if the following happens:

- You are not able to do the task.
- You are not able to deal with the risks involved in doing the task.
- You are not willing to do the task (you can refuse).
- The RN is not willing to delegate the task.

Before delegating the special task of nursing care, the RN will:

- **Teach you the task.**

This teaching will be done by showing and telling you how to do it. The RN will teach you how to do the nursing task, how often it should be done, and when to call the RN or physician/nurse practitioner.

- **Watch you do the task correctly.**

An important part of learning is to do the task yourself in front of someone else. You must do the task correctly before the RN will delegate it to you.

- **Assess the resident's health condition to make sure it is safe for the caregiver to do the task for the resident without on site nursing supervision.**
- **Leave written instructions for the care Provider to use as a reference.**

This is very important. You **must have written instructions** that tell you exactly what to do as the RN taught it.

Delegation of Nursing Care Tasks, continued...

- **Instruct you that the special task of nursing care that was taught to them is resident specific, and cannot be done for any other resident.**

If the RN delegates a nursing task to you, you cannot do that same task for any other resident unless the RN delegates the task to you separately for another resident. Just because you learned it for one, that doesn't mean you can do it for another.

- **Decide how often she/he will come out to reassess the resident's health condition and supervise the care Provider doing the nursing task.**

The RN is the only one who can decide how often she/he needs to reassess the resident's health condition and supervise you doing the nursing task. The *RN must supervise you at least every 60 days*, but can reassess and supervise more often if she/he thinks it is needed. When the RN supervises you, she/he must actually watch you do the nursing task. Once the RN has delegated a nursing task to you, she/he must continue to supervise for as long as you are doing the nursing task.

Restraints

According to the Multnomah County Administrative Rules, Adult Foster Care Homes cannot use physical or chemical restraints physical or chemical restraints as a part of the plan of care for a resident unless these specific conditions are met:

1. There is a specific physician's or nurse practitioner's order for the restraint, and
2. A Registered Nurse has taught and delegated the proper use of the restraint to each Provider involved.

During waking hours, physical restraints must be checked and released (untied) every two (2) hours (or more often if possible) for a minimum of ten (10) minutes. This procedure must be documented.

During the time the restraint is released, the body part(s) must be exercised and observed for any sign of reduced circulation or pressure areas. **Restraints should be used as a last resort and residents can refuse them.**

APPENDIX A

APPENDIX A
MULTNOMAH COUNTY ADULT CARE HOME PROGRAM
421 SW 5TH, ROOM 405
PORTLAND OR 97204
(503)248-3000
SUBSTITUTE CAREGIVER CHECKLIST

TO BE COMPLETED PRIOR TO CAREGIVER BEING LEFT IN CHARGE

PRINT THE FOLLOWING INFORMATION:

OPERATOR'S FULL NAME

CAREGIVER'S FULL NAME

OPERATOR'S SSN

CAREGIVER'S SSN

CARE HOME ADDRESS

CAREGIVER'S DATE OF BIRTH

CARE HOME TELEPHONE NUMBER

CAREGIVER'S PERMANENT ADDRESS

CAREGIVER'S PERMANENT TELEPHONE#

The Adult Care Home Operator must orient Substitute Caregivers on the following policies and procedures. Substitute caregivers must accurately complete this training form and master the related skills before being left alone with any residents. No Substitute Caregiver will be exempt from this training.

1. I HAVE BEEN INSTRUCTED IN THE 911 PROCEDURE FOR EMERGENCIES REQUIRING AMBULANCE, FIRE, OR POLICE. YES___ NO___ INITIALS___
2. I UNDERSTAND THE FIRE SAFETY FOR THIS HOME INCLUDING:
- A) LOCATION OF FIRE EXTINGUISHER AND INSTRUCTIONS FOR USE.
WHERE ARE THEY LOCATED? _____
- B) TECHNIQUES FOR PUTTING OUT FIRES.
- ALWAYS CALL 911 AND: _____
- C) I HAVE PARTICIPATED IN FIRE DRILLS WITH RESIDENTS.
(DATE OF LAST FIRE DRILL _____)
I KNOW HOW TO EVACUATE ALL RESIDENTS IN UNDER 3 MINUTES.
YES___ NO___ INITIALS___
3. I HAVE KNOWLEDGE OF HOME MAINTENANCE AND EMERGENCY AIDS INCLUDING:
- A) LOCATION OF FUSE BOX ON PROPERTY: _____ (LOCATION)
- B) LOCATION OF EXTRA FUSES FOR BOX: _____ (LOCATION)
- C) KNOWLEDGE OF HOW TO CHANGE FUSES IN FUSE BOX.
YES___ NO___ INITIALS___
- D) LOCATION OF PLUG IN FLASHLIGHT. _____ (LOCATION)
- E) LOCATION OF WATER SHUT-OFF VALVE. _____
(LOCATION)
- F) LOCATION OF FIRST AID SUPPLIES. _____ (LOCATION)
4. I KNOW THE LOCATION OF ALL RESIDENT RECORDS,
INCLUDING ADVANCED DIRECTIVES. YES___ NO___ INITIALS___
- I KNOW THE LOCATION OF TELEPHONES AND PHONE NUMBERS FOR:
- RESIDENT'S PHYSICIANS: _____ (LOCATION)
- RESIDENT'S PHARMACIES: _____ (LOCATION)
- RESIDENT'S EMERGENCY CONTACTS: _____ (LOCATION)
- WHERE THE OPERATOR OR LICENSED PROVIDER CAN BE REACHED:
YES___ NO___ INITIALS___ TELEPHONE NUMBER: _____
- EMERGENCY BACK UP PERSON: _____ (NAME)
- TELEPHONE NUMBER: _____
5. I HAVE READ THE RESIDENT'S BILL OF RIGHTS.
YES___ NO___ INITIALS___

6. I HAVE READ THE HOUSE RULES. YES___ NO___ INITIALS___
7. I HAVE BEEN INTRODUCED TO ALL RESIDENTS, BEEN ESCORTED THROUGHOUT THE HOME AND KNOW WHERE EACH RESIDENTS ROOM IS. YES___ NO___ INITIALS___
8. I HAVE REVIEWED RESIDENT CARE PLANS AND UNDERSTAND HOW TO MEET THE NEEDS AND PREFERENCES OF EACH RESIDENT. YES___ NO___ INITIALS___
9. I WILL BE GIVING MEDICATIONS TO RESIDENTS. YES___ NO___
IF YES, COMPLETE 12A - 12F BELOW.
- A) I KNOW THE LOCATION OF MEDICATIONS AND THE KEY FOR THE LOCKED MEDICATION CABINET. YES___ NO___ INITIALS___
- B) I HAVE REVIEWED ALL MEDICATIONS FOR EACH RESIDENT. YES___ NO___ INITIALS___
- C) I HAVE BEEN INSTRUCTED IN ALL POTENTIAL SIDE EFFECTS AND REACTIONS OF MEDICATIONS THAT I MAY BE GIVING TO RESIDENTS. YES___ NO___ INITIALS___
- D) I HAVE BEEN INSTRUCTED IN THE PROPER WAY TO RECORD MEDICATIONS FOR EACH RESIDENT. YES___ NO___ INITIALS___
- E) I HAVE BEEN ADVISED OF ANY EMERGENCY MEDICATIONS THAT I MAY NEED TO GIVE. YES___ NO___ INITIALS___
- F) I KNOW I SHOULD NOT GIVE MEDICATIONS TO RESIDENTS UNLESS SPECIFICALLY DIRECTED TO BY THE OPERATOR. YES___ NO___ INITIALS___
10. I KNOW WHERE FOOD IS STORED. I UNDERSTAND MENU AND SNACK PREPARATION. I KNOW OF ANY SPECIAL DIET REQUIREMENTS OF RESIDENTS. YES___ NO___ INITIALS___
11. I UNDERSTAND HOW TO GIVE WATER OR LIQUIDS TO RESIDENTS WHO HAVE SWALLOWING OR CHOKING PROBLEMS. YES___ NO___ INITIALS___
12. I HAVE REVIEWED THE GUIDELINES FOR UNIVERSAL PRECAUTIONS.

13. I HAVE BEEN INSTRUCTED ON HOW TO ASSIST RESIDENTS WITH ALL TRANSFERS (ON/OFF TOILETS, CHAIRS, OR THE TURNING AND REPOSITIONING OF RESIDENTS CONFINED TO BED).
YES___ NO___ INITIALS___
14. I HAVE BEEN INSTRUCTED ON HOW TO HELP RESIDENTS WITH TOILETING AND CLEAN-UP OR CHANGING ADULT DIAPERS WHEN NECESSARY.
YES___ NO___ INITIALS___
15. I HAVE COMPLETED THE SUBSTITUTE CAREGIVER TRAINING MANUAL AND HAVE A CERTIFICATE POSTED.
YES___ NO___ INITIALS___

ONLY SIGN THIS PAGE AFTER COMPLETING QUESTIONS 1-15.

SIGNATURE OF OPERATOR/PROVIDER

DATE

STATEMENT OF SUBSTITUTE CAREGIVER:

I UNDERSTAND AND ACCEPT THE RESPONSIBILITY OF CARING FOR RESIDENTS IN THIS FOSTER HOME AS A SUBSTITUTE CAREGIVER. I have received the training and completed the procedures required above. I understand this form is required for every home I work in.

SIGNATURE OF SUBSTITUTE CAREGIVER

DATE

STATEMENT OF OPERATOR:

I have completed and submitted to the Adult Care Home Program and authorization form for a criminal record check for this substitute caregiver. I have provided training covering the above items which are necessary to provide for the safety and care of the residents in the Adult Care Home licensed in my name.

SIGNATURE OF OPERATOR/RESIDENT MANAGER

DATE

This signed statement must be kept on file for each substitute caregiver.

Multnomah County
Substitute Caregiver Preparatory Training
Workbook/Learning Activities

April, 1995

For questions about this WorkBook, please contact:

Adult Care Home Program
Multnomah County Aging Services Division
421 SW 5th, Room 405
Portland, OR 97204-2221
(503) 248-3000

**THIS WORKBOOK IS TO BE USED
AFTER REVIEWING THE MULTNOMAH COUNTY
SUBSTITUTE CAREGIVER PREPARATORY TRAINING
STUDY GUIDE PUBLISHED IN APRIL 1995.**

This workbook was developed by the Senior and Disabled Services Division of the Oregon State Department of Human Resources. The Adult Care Home Program of the Multnomah County Aging Services Division wishes to thank SDSD for allowing the materials to be edited and changed to better meet the needs of Adult Care Home Providers and Substitute Caregivers in Multnomah County who operate under the Multnomah County Administrative Rules (MCAR) for Licensure of Adult Care Homes which are located in MCAR 890-005-100 through MCAR 890-150-100.

Providers will receive one copy of the Multnomah County Substitute Caregiver Preparatory Training Study Guide, April 1995, and two copies of this workbook. It is the responsibility of the Provider/Operator to provide additional copies of the workbook/learning activities for each substitute caregiver employed in their Adult Care Home in Multnomah County. Copies of this workbook and the study guide will also be made available to the Multnomah County Library for distribution to the Central and Branch libraries.

Questions about this workbook/learning activities should be directed to the Adult Care Home Program by calling 248-3000, ext. 2699, or by writing to the address on the cover of the workbook.

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Introduction

Learning Activities

1. What is the goal of the Adult Care Home Program (ACHP) Program in Multnomah County?
2. What are two (2) reasons an individual may choose to live in an ACH?
 - 1.
 - 2.
3. What responsibility does the provider have to the substitute caregiver?
4. What are the eight (8) things the substitute caregiver must do?
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.

5. Why is it important to know the Resident's Bill of Rights?
6. Is it ever all right to use chemical or physical restraints without a Doctor's order?
7. What should you do if you suspect that a resident has been abused?
 - a.
 - b.
 - c.
8. Circle the types of behavior that would indicate psychological abuse.
 - a. threats
 - b. insults
 - c. harsh orders
 - d. withholding of affection
9. *Fill in the blanks.*

To provide the best care to the residents, you must first _____ -
_____. It is very important that you are _____ -
_____, _____ and _____.

10. How you act around the residents is very important. You should:

1. Be courteous
2. Be friendly and understanding
- 3.
- 4.
- 5.
- 6.
- 7.

Understanding the Resident

Learning Activities

1. What information is contained in the Care Plan?
2. Do all residents have a Care Plan?
3. When should you look at the Care Plan?
4. What four (4) things should you remember about adult foster care home residents?
 - 1.
 - 2.
 - 3.
 - 4.
5. *Fill in the blanks.*
Helping the resident to _____ or become
_____. You are following the _____
of _____ in the adult care home.

6. The four (4) steps to independence that you should follow while working with residents are:

1.

2.

3.

4.

Communication Skills

Learning Activities

1. What are five (5) things to remember when communicating with residents?
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
2. *Fill in the blanks.*
Communication also includes what you _____ in the resident's record.
3. *True or False. (Circle)*
The resident's record is a legal document.
4. What is the number one rule in communicating with a resident?
5. *True or False. (Circle)*
Your tone of voice is not important in how you communicate with residents.

6. List five (5) rules of documentation.

1.

2.

3.

4.

5.

7. *True or False.* (Circle)

The residents record is a confidential record.

8. *Fill in the Blank.*

To record objective information, you should _____ what was said or done.

9. *True or False.* (Circle)

Your conclusions about a resident's behavior are more important than your observations of a resident's behavior.

Problem Solving/Behavior Management Learning Activities

1. Five (5) factors which may affect the resident's behavior include:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

2. List six (6) ways that, with understanding and planning, you can avoid or deal with the most difficult behaviors.
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.

3. Sometimes behavior problems will occur. When you observe a behavior problem, what should you do?
 - a.
 - b.
 - c.
 - d.
4. *Fill in the blanks.*
If the resident becomes aggressive, your first job is to _____
_____ and the _____ from harm.
5. Describe two (2) ways to deal with repetitive chanting.
 - 1.
 - 2.
6. Any resident with Alzheimer's Disease who can walk is at risk for wandering out the door. Because of this, you should:
 - a.
 - b.
 - c.
 - d.
 - e.

7. *True or False.* (Circle)

If a resident wanders away from the adult care home, it is ok to leave other residents alone in the adult care home while you search for the resident.

8. If the resident leaves the home or property, you should:

a.

b.

c.

d.

e.

Preventing the Spread of Disease

Learning Activities

1. What is the best way to prevent the spread of disease?
2. What are the guidelines for Universal Precautions?
 - a.
 - b.
 - c.
 - d.
3. Who is being protected by using Universal Precautions? And Why?

Safety in the Home

Learning Activities

1. List three (3) ways to prevent accidents in the home.

1.

2.

3.

2. What are the four (4) rules for preventing fires?

1.

2.

3.

4.

3. *Fill in the blanks.*

If your clothes catch on fire, _____ to the _____, and _____ to get the flames out. If the resident's clothes catch on fire, gently help her/him to the floor, and _____ the resident's body in a _____, _____ or _____ to put the flames out. Wrap from the _____ down to keep the flames from reaching the _____ and _____. Absolutely _____!

4. *Fill in the blanks.*

When an emergency happens, you must be able to _____ all residents within _____.

5. What one thing should you do if you are not sure whether a situation is an emergency?

6. What information must you have ready when emergency personnel arrive?

a.

b.

c.

d.

e.

f.

7. *True or False.* (Circle)
You must know the fire evacuation plan.

8. *True or False.* (Circle)
You should participate in a fire drill before you are left in charge of the residents in an adult care home in Multnomah County.

Nutrition and Meal Preparation

Learning Activities

1. What is the key to good nutrition?

2. Draw the food pyramid and insert the food groups along with the number of servings per day.

3. What is the most essential nutrient and what does it do for the body?

Nutrient

What It Does

4. List five (5) ways to encourage interest in foods.

a.

b.

c.

d.

e.

5. *Fill in the blanks.*

Follow the _____ and _____. Residents must be able to _____ on the _____ they will eat.

6. What are three (3) things you need to be aware of while preparing and storing food?

a.

b.

c.

7. *True or False. (Circle)*

The foods at the bottom of the traditional food pyramid should make up the largest part of the diet.

8. *True or False.* (Circle)

You may change the weekly menu plan without consulting the Provider.

9. Why should you follow the diet which a doctor or nurse practitioner has ordered for a resident on a special diet?

Providing Personal Care

Learning Activities

1. Personal care includes what six (6) things?
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.
2. *Fill in the blanks.*
Encouraging resident _____ and promoting _____ - _____
is one of your primary _____ as an adult care home substitute caregiver.
3. If you don't know how much the resident can do for her/himself, what should you do?
4. List the five (5) personal care goals.
 - a.
 - b.
 - c.
 - d.
 - e.

5. What does bathing do for the resident?
6. What are the steps you should use in assisting the resident to bathe?
 - a.
 - b.
 - c.
 - d.
 - e.
7. *True or False.* (Circle)
A male resident should be allowed to shave himself unless it is unsafe for him to do so.
8. What type of razor is the easiest and safest to use?
9. When assisting the resident with mouth care, you should examine the mouth for signs of what three (3) things?
 - a.
 - b.
 - c.

10. How often do dentures or partials need to be cleaned?
11. What problems can occur from a resident having sore feet?
12. What should you do before cutting a resident's toe nails?
13. Four (4) age-related changes that occur with the skin are:
 - a.
 - b.
 - c.
 - d.
14. Why are people with disabilities at risk for pressure sores?
15. What are two (2) warning signs of skin breakdown?
 - a.
 - b.

16. List three (3) things that may cause pressure sores.

a.

b.

c.

17. How can you help prevent pressure sores?

18. What is your part in the management of pressure sores?

a.

b.

c.

d.

Bowel and Bladder Needs

Learning Activities

1. List five (5) factors which contribute to constipation.
 - a.
 - b.
 - c.
 - d.
 - e.
2. What are three (3) signs of constipation?
 - a.
 - b.
 - c.
3. Laxatives and enemas should only be used under what conditions?
4. *Fill in the blanks.*
Diarrhea may be a sign of _____, _____,
_____, or _____.

5. *True or False.* (Circle)

Never give a resident drugs used to relieve diarrhea unless instructed to by the health care professional.

Moving and Lifting

Learning Activities

1. *True or False.* (Circle)
Using the muscles of the lower back to do heavy work is very bad for your back.
2. Who is at high risk for a back injury?
3. List three (3) rules of good body mechanics..
 - a.
 - b.
 - c.
4. Before you transfer the resident from the bed to a chair, you must first do what?
5. *True or False.* (Circle)
The Provider should demonstrate the proper technique to transfer each resident.

Medications

Learning Activities

1. Before you can give (administer) medications to others, you must :

2. *Fill in the blanks.*
Drugs have certain effects on the body. These effects are called
_____.

3. What does the term “adverse reactions” mean?

4. List five (5) common side effects of medications.
 - a.
 - b.
 - c.
 - d.
 - e.

5. *Fill in the blanks.*

A drug interaction occurs when a drug combines with other _____ and/or _____ to produce side effects.

6 - 20. *Match the abbreviation with its meaning.*

<u>Abbreviation</u>	<u>Meaning</u>
6. _____ q2h	a. hour of sleep
7. _____ n.p.o.	b. after meals
8. _____ h.s.	c. every day
9. _____ BID	d. three times a day
10. _____ p.c.	e. every
11. _____ p.r.n.	f. after noon
12. _____ OD	g. every two hours
13. _____ q	h. by
14. _____ a.c.	i. twice a day
15. _____ p	j. after
16. _____ t.i.d.	k. right eye
17. _____ q.d.	l. nothing by mouth
18. _____ PM	m. dilute
19. _____ per	n. as needed
20. _____ dil.	o. before meals

21. What are the six (6) rules for administering medications?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

22. Who should initial the medication charts and when?
23. If the resident has a severe reaction to a medication, what should you do?
24. How should medications be stored?
25. What should you do if the label shows that the medication has expired?
26. What does PRN mean and under what conditions can the medication be given?

Delegation of Nursing Care Tasks

Learning Activities

1. What is the definition of "special tasks of nursing care"?

2. What is delegation of special tasks of nursing care?

3. *True or False.* (Circle)
There is a list available of the more common tasks of nursing care.

4. Who can delegate special tasks of nursing care?

5. When will the Registered Nurse not delegate special tasks of nursing care?
 - a.
 - b.
 - c.
 - d.

6. *True or False.* (Circle)

As a part of delegation, the Registered Nurse must leave written instructions that you can understand and follow.

7. According to the Multnomah County Adult Foster Care Home Rules, what must happen before physical or chemical restraints can be used for a resident as a part of her/his care plan?

a.

b.

11. How often must physical restraints be released (untied)?

12. *True or False.* (Circle)

Using physical or chemical restraints, without a written order from a physician, nurse practitioner or Christian Science practitioner is considered abuse by the Multnomah County Adult Care Home Program.

***SUBSTITUTE CAREGIVER
CERTIFICATE OF COMPLETION***

**Adult Care Home Program
Multnomah County Aging Services Division**

_____ has successfully completed
the approved basic Caregiver Preparatory Training for Substitute Caregivers
in Multnomah County, Oregon.

Provider's Signature

Caregiver's Signature

Date Training Completed

Adult Care Home Program Licensing Copy

cut here

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Multnomah County Aging Services Division**

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Adult Care Home Provider's Copy

cut here

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Multnomah County Aging Services Division**

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the approved basic Caregiver Preparatory Training for Substitute Caregivers
in Multnomah County, Oregon.

Provider's Signature

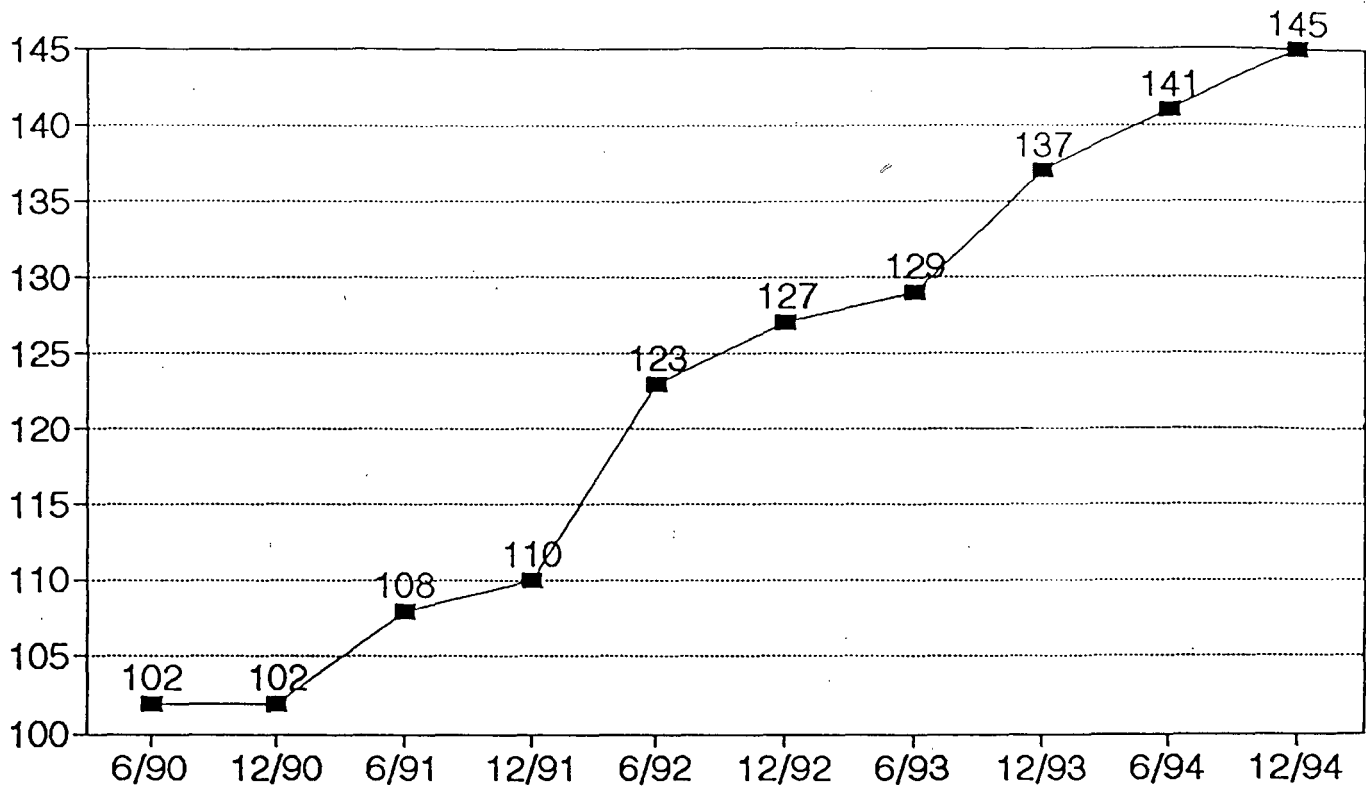
Caregiver's Signature

Date Training Completed

Adult Care Home Substitute Caregiver's Copy

PG/C ACTIVE CASELOADS

12/94



FISCAL YEAR	NEW CASES FILED	DEATHS/CLOSURES
91-92	32	17
92-93	33	19
93-94	27	14
94-95 (8 MOS)	13	9/3

total growth since 1-1-91	44%
non-white caseload growth	225%
MRDD/ Mentally ill growth	300%
community based growth	76%



MULTNOMAH COUNTY, OREGON

BOARD OF COUNTY COMMISSIONERS

BEVERLY STEIN
DAN SALTZMAN
GARY HANSEN
TANYA COLLIER
SHARRON KELLEY

BUDGET & QUALITY

PORTLAND BUILDING
1120 S.W. FIFTH - ROOM 1400
P. O. BOX 14700
PORTLAND, OR 97214
PHONE (503)248-3883

TO: Jim McConnell, Aging Services Director
Kathy Gillette, Administrative Services Officer

FROM: Dave Warren *DCW*

DATE: May 9, 1995

SUBJECT: Follow Up Items from the Board's Budget Work Session of May 9, 1995

1995 MAY 10 AM 8:49
MULTNOMAH COUNTY
OREGON
BOARD OF
COUNTY COMMISSIONERS

Here is a list of items about which the Board of Commissioners would like additional information.

Please prepare responses to the Board's questions. I suggest the responses state the question and then state the response. If appropriate, the response may be a reference to an attached document. Please respond to all the questions by Friday, May 19.

- Send a copy of the answer(s) to Chris Tebben. She will review it (for no more than one working day after it arrives), perhaps even supplement it with additional work, and forward it to the Chair's Office;
- Taking no more than one working day, Meganne or Bill will review the responses to see that they answer the question(s) clearly, add anything they feel is needed, and return it to Chris;
- Chris will communicate any proposed changes to you or give you the OK to print;
- Deliver 10 copies to Kathy Nash in Budget & Quality. She will package your material with a sequentially numbered cover page and an index so the Board can tell what they receive, tell that it is in response to issues raised and at which hearing, the date they received it, and be assured they have received all the packets.
- Budget & Quality will deliver the packets to the Office of the Board Clerk who will distribute them to the Board.

Follow up Items

Aging Services

1. Compute the loss resulting from State withdrawal of funding for the 6% PERS pickup.
2. Explore possible links between OSU Extension and the adult care home program.
3. Discuss the possibility of cross-training staff so they can be moved across functions as required.

Amendments

Please prepare the following amendments as requested by the Board. Use the attached form for these amendments. Send a copy of them to Chris Tebben who will review them for completeness. If there are any proposed changes, Chris will communicate them to you or give you the OK to print them. Send 10 copies to Kathy Nash. She will distribute them to the Board for further consideration.

ASD 1 - East County office (including trend data on caseloads and funding by district center) (Commissioner Kelley)

ASD 2 - Same day/emergency transportation (with a discussion of the steps that have been taken to resolve the problem) (\$45,000) (Commissioner Saltzman)

ASD 3 - Multi-cultural outreach (Commissioner Hansen)

ASD 4 - Additional adult protective services (Commissioner Collier)

ASD 5 - Additional Public Guardian Staff (Commissioner Collier)

c. Board of County Commissioners

Larry Aab

Kelly Bacon

Sheriff John Bunnell

Susan Clark

Elyse Clawson

Ginnie Cooper

Lance Duncan

Marie Eighmey

Margaret Epting

Bill Farver

Tom Fronk

Tamara Holden

Susan Kaeser

Billi Odegaard

Mike Oswald

Lorenzo Poe

District Attorney Mike Schrunck

Tom Simpson

Meganne Steele

Kathy Tinkle

Betsy Williams

CIC

Patrol

BUDGET AMENDMENT NO. _____

Date Proposed _____

Date Approved _____

Proposed By _____

Dept _____

Fund _____

Budget Pages _____

Description of Amendment

Personnel Changes

Job Title	FTE	Base	Fringe	Insurance	Total

Revenue Impact

Fund	Agency	Organization	Object/ Revenue	Increase (Decrease)	Notes

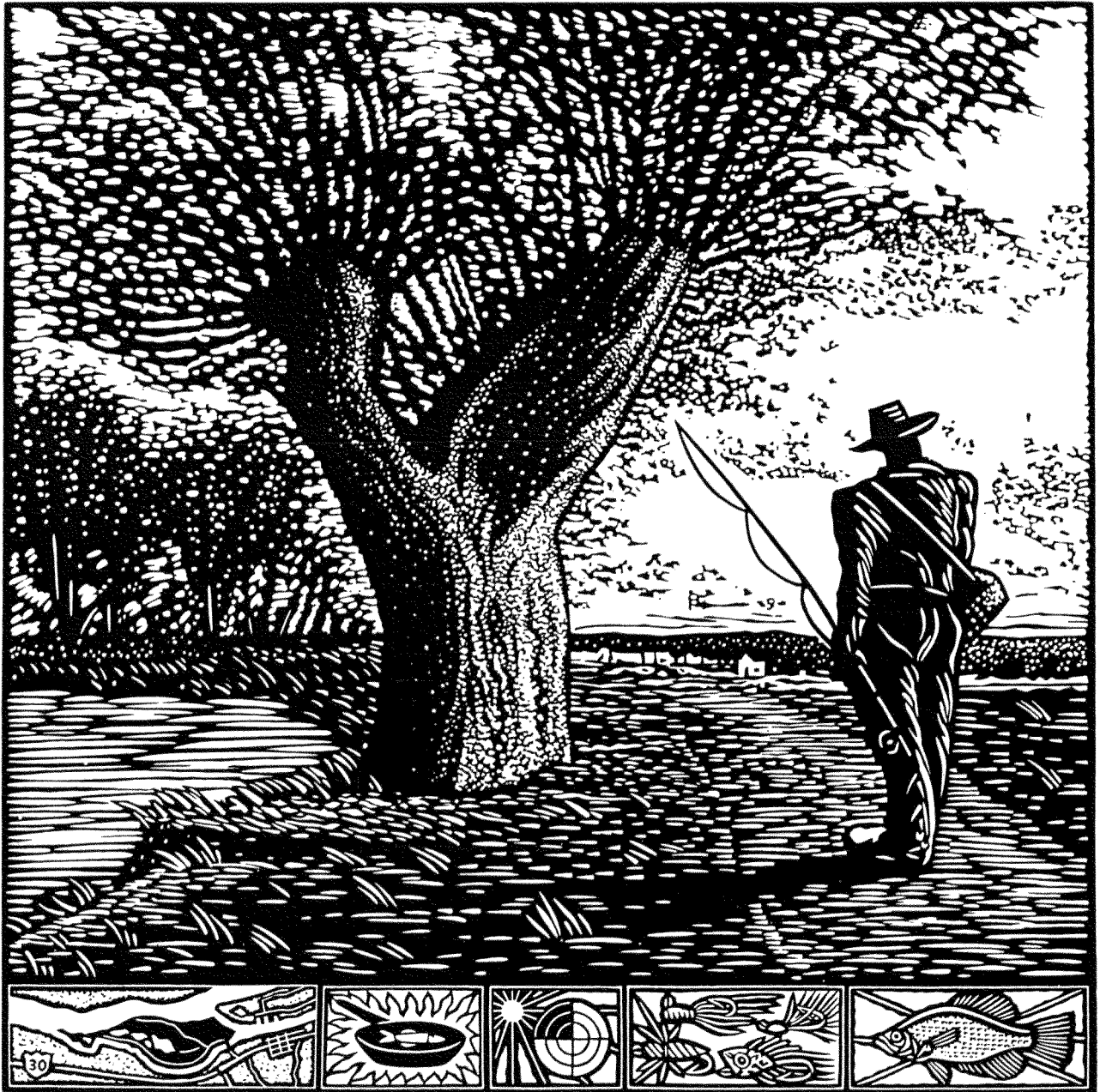
Effect on GENERAL fund CONTINGENCY \$ _____

Age Group	Percentage
18-24	10
25-34	20
35-44	25
45-54	20
55-64	15
65-74	10
75-84	5
85+	5

[illegible]

Effect on GENERAL fund CONTINGENCY \$

Multnomah County



PACKET #14

AGING SERVICES DIVISION

Follow-up questions/packet

(distribution 6-1-95)

1995-96

**AGING SERVICES DIVISION
RESPONSES TO BOARD OF COUNTY COMMISSIONERS QUESTIONS
MAY 19, 1995**

- 1. Compute the loss resulting from State withdrawal of funding for the 6% PERS pickup.**

Based on 144.638 positions allocated to Multnomah County, with estimated average wages (State of Oregon calculations, not actual Multnomah County wages and salaries) of \$35,035 per position, 6% PERS loss is estimated to be \$304,043.

- 2. Explore possible links between OSU extension and the Adult Care Home program.**

The Adult Care Home Program (ACHP) initiated contact with the OSU Extension Service when the "Substitute Caregiver's Manual for Multnomah County Adult Care Home Operators" was developed. OSU Extension service was especially helpful in providing information for this training manual on nutritious meal preparation for vegetarians.

The ACHP plans to continue to obtain information from OSU Extension service to distribute to the ACH providers. Plans include obtaining materials in the areas of: food safety and preservation; meal preparation; home economics; and nutrition. Opportunities for caregivers to receive training directly from OSU, or through OSU speakers attending Adult Care Home Providers' meetings are also planned. Recognizing that the OSU Extension Service is a valuable resource, the ACH program will continue and expand its work with OSU next year as the requirements for the amount and quality of training for Adult Care Home Caregivers is increased.

- 3. Discuss the possibility of cross-training staff so they can be moved across functions as required.**

There are some specialized job functions at ASD that lend themselves to cross training, e.g., Protective Services and ACHP monitoring. The basic problem to this point is that both programs haven't been so overloaded that teams have nothing to lend to each other. With the new added positions, we have an opportunity to cross train.

East Branch is currently working toward cross-functional teams which will require cross training. The areas of focus include case management, eligibility and business services.

AMENDMENTS:

1. East County District Center

Background: ASD currently serves all of East County east of 82nd Ave. from a site located at SE 122nd. (The location of all ASD service sites are shown on the attached map.) The current site includes an ASD Branch office, a District Senior Service Center operated by the YWCA, and the Mid-County Senior Center,.

The 1990 Census shows that East county had the largest growth in the number of Seniors of all the quadrants. Census data show that there are 34,643 seniors age 60 and over in East County, an increase of 32% in ten years. There are also large numbers of people in the 50 - 59 and 40 - 49 age groups in East County. As these groups "age in place" there will be increased growth in the Senior population and a need for appropriate services and adequate access to them. At present, slightly more than a third (37%) of the East County seniors live east of 162nd Ave, and three fourths of those live within the boundaries of the City of Gresham.

East County has gradually developed from a rural, to suburban, to urban area and it has not had, until recently, a large number of older people. East County lacks a social service network or history of social service development to meet the needs of older citizens. There is a great need for increased Senior services and improved access for the growing Senior population of that area. There are two major problems with the current location:

- ♦ The current Mid-County site is in a building that is inadequate for the development of a full-service Senior Service Center that can include a Senior Activity Center, the ASD Branch office, and the District Center Services to Seniors.

- ♦ ASD has no major Focal Point for services for people who live in the part of the County east of 162nd. The Gresham Senior Center, located in downtown Gresham in a County-owned facility, is operated by Gresham Seniors Inc., a private non-profit corporation. It includes a Loaves and Fishes meal site, and provides activities for its membership. It does not have on-site access to services and information or good contact with the wide range of services available through the other Senior Centers that are connected with the Multnomah County Aging Services Division.

Proposal: ASD plans to divide the area into two service districts:

- ♦ Mid-County District made up of all of the area between 82nd Ave. and 162nd.

- ♦ East County District made up of all of the area of the County including the Cities east of 162nd.

The development goal for the Mid-County District is to relocate the Mid-County District Focal Point to be part of the City of Portland's new Community Center. It will include a Senior Activity Center, Branch office of ASD , District senior services, and a site for the delivery of Congregate and Home-delivered meals for Seniors. Social service agencies serving families and others will be collocated at the same site as part of the County's service integration project for families.

The development goal for the East County District is to create a full Service District Focal point for Senior Services that is centrally located in the Gresham area. The Focal point role is to provide leadership for the development of services where none exist, and to be a visible center that is known and recognized by the community, seniors, and families, as the place to go for information and access to services for Seniors. The ASD program will not supplant the existing Senior programs but will coordinate with them to assure improved access to a full range of services for Seniors. The Center will also link up with other systems in the area that are committed to improve services to Seniors and other populations in the community. They include, but are not limited to, the Caring Communities project, Gresham Seniors Inc., Gresham parks, Elder Safety Coalition, ASD Branch, Interfaith Caregivers, and the Gresham Police Dept.

The East County District focal point will include, but will not be limited to, the following collocated services:

- ♦ Senior Activity Center
- ♦ Case Management for Seniors needing advice and services
- ♦ Central access point for Seniors needing information and/or services
- ♦ Congregate meal site, if feasible
- ♦ Access to a wide range of services for Seniors, such as transportation, home care, home-delivered meals.

LOCATION. No decision has been made about the location of the East County District Center. ASD will work with a group of Seniors in the area to identify the options and to develop selection criteria and the location.

TRANSITION. In preparation for the development of the new District Center, ASD will have a Project Coordinator to begin work on start-up activities before July 1. The Project Coordinator will:

- ♦ work with the Elder Safety Coalition that will serve as an interim Advisory Committee to the project
- ♦ conduct outreach activities to Seniors of the area to inform them about the project, and to assess needs and wants
- ♦ contact other potential partners to involve them in the

planning process

- ♦ assure a smooth transition so that Seniors do not lose any existing services while changes are occurring
- ♦ provide accurate information to the community at large about the project.

FUNDING. Most of the costs for the new East County District Focal Point will be existing funding from the current East Branch and District Center located at SE 122nd. Additional funds are needed to cover basic costs and additional focal point activities serving the new District.

Based on the allocation formula established for District Centers, the total needed for the District Center in East County is \$164,700. ASD has about half of that amount from Older Americans Act and Oregon Project Independence funds for provision of services. However, when compared with the district's Senior population growth, available funds are not enough to fund services at the full allocation level. An additional \$84,588 is needed to provide the base allocation for the District Center (\$44,332), to fully fund services, and to fund the Project Coordinator. The anticipated start up date will move from October 1, 1995 to January 1, 1996 to compensate for the non-funding of an Add Package from the City of Gresham.

CONTINGENCIES. Development will depend on the availability of funds.

Amendment

Chart of District Center funding statistics

2. EMERGENCY TRANSPORTATION

ASD requests \$45,315 for additional same day, door-to-door transportation services for elderly who cannot ride regular buses and who are not covered by the State-paid Medicaid medical transportation program.

Introduction: Reliable and responsive transportation service is a quality of life issue for the elderly. The door-to-door service suffers from the lack of capacity and requires 48 hours notice of request. The funding would enable the Aging Services System to buy emergency rides from cab companies and other transportation providers, when the existing system is non-responsive.

Background/alternatives/analysis: Present arrangements to serve these clients are through a major contract with the Tri-Met LIFT Program, with back-up through 2 contracts with taxi-cab companies. This arrangement is the most desirable because it is cost effective and because it supports the public mandate that Tri-Met, as the

Regional Transportation Agency for the Portland Metropolitan Area, has the authority and responsibility to provide public mass transit for all residents. With the implementation of the Americans with Disabilities Act (ADA), Tri-Met must provide equivalent services which can be used by frail elderly and disabled. The Tri-Met LIFT program and Tri-Met funding for volunteer programs, along with wheelchair lifts on regular buses, are Tri-Met's primary efforts to meet the needs of persons who are frail or disabled.

At this time, the Tri-Met LIFT does not have the capacity to supply expanded services to both the general passengers as required by the Americans with Disability Act and rides contracted by Multnomah County for its elderly and disabled clients. This lack of capacity results in turn-downs to ride requests or a ride quality which is not acceptable to frail or disabled riders, e.g. waiting an hour or more for a return trip home, requiring several hours in transit to accommodate an efficient routing system, not having a specific pick-up or drop-off time or needing door-to-door instead of curb to curb service as now provided. The LIFT still requires 48 hour advance notice.

Financial Impact: This would add \$45,315 to the Aging Service Division budget.

Evaluation: ASD will conduct sample client satisfaction survey throughout the year. The measure of success is reduction in the number of complaints about canceled rides, inability to get rides, late pick up and arrivals.

Legal Issues: N/A

Controversial Issues: N/A

Link to Current County Policies and Benchmarks: Transportation is the one issue that is consistently raised as a problem by our customers. Difficulties with transportation service is the single most frequently cited cause for dissatisfaction with our services.

Citizen Participation: This Add Package has been presented to and approved by the Area Agency on Aging Committee of the Portland/Multnomah Commission on Aging (ASD's CBAC), which includes seniors and senior advocates.

Other Government Participation: N/A

3. MULTI-CULTURAL OUTREACH

This request is for \$69,439 to create three part-time Community Liaison positions for Aging Services Division's Multi-Ethnic Programs in Multnomah County.

Introduction: Over the past 8 years, Aging Services Division has tested a variety of strategies to increase access and to reduce barriers to services for the ethnic minority older persons. One of the most successful is the Community Liaison program in which individuals from the ethnic community are hired to be the liaison between the agency and the individuals. They function as bi-lingual and bi-cultural "ombudsmen" and assist people through the "system". From the agency's perspective, the Liaisons serve as eyes and ears to the community and provide needed feedback on how our agency is perceived and experienced.

Background/Alternatives/Analysis: Although the success of this approach was attested to by the members of the PMCoA's Multiethnic Committee, ASD was unable to continue the program because the positions were filled with temporary hires with one-time-only funding. This add package would create positions that would enhance the work of case management staff without adverse impact on existing staff assignments or workload.

ASD will continue is to fill vacancies as they occur with bi-lingual and bi-cultural case managers and case aides. This would improve services to those who seek the services, but not to those who need the service, but are reluctant to approach the agency.

Financial Impact: This would add \$69,439 to the Aging Service Division budget.

Evaluation: The effectiveness of this proposal will be measured through the increased number of ethnic minority older persons who are linked to ASD service system.

Legal Issues: N/A

Controversial Issues: N/A

Link to Current County Policies and Benchmarks: N/A

Citizen Participation: This Add Package has been presented to and approved by the Area Agency on Aging Committee of the Portland/Multnomah Commission on Aging (ASD's CBAC), which includes seniors and senior advocates.

Other Government Participation: N/A

4. Additional Adult Protective Services

The 1.5 additional FTE (1.0 Case Manager Sr. and .50 Office Assistant 2) in the Chair's budget will address the current backlog and some case load growth. The addition of another 1.0 Case Manager Sr. would address the anticipated growth in the number of Protective Services complaints anticipated during the next fiscal year. This increase is anticipated due to community education, growth in the population, and the possible decrease in Case Management staff should State budget cuts materialize.

5. Additional Public Guardian Staff

This Year's Budget Package:

- will allow us to admit waiting-listed clients, and eliminate the waiting time for a guardian during most of the year
- will allow us to admit the most desperate abuse/ neglect intakes for at least the next year
- will meet some of the need for mental health/ MRDD/ dementia clients who need guardians to manage complex medical and care decisions, saving extensive case management time
- will decrease caseloads slightly, back to a size that will enable us to regain compliance with court deadlines
- will allow us to complete implementation of a program-wide data base that will save extensive staff time in the future

Addition of 1.5 Staff (1.0 Deputy Guardian and .50 Office Assistant 2) Beyond Current Request:

- would allow expansion room for several years, and allow us to take complex clients from the mental health/ MRDD caseloads at a high risk rather than a desperate risk level
- would create a program size large enough to handle more future need in Multnomah County based on client attrition
- would allow us to specialize a staff member in property management, sale, and difficult conservatorship issues, improving cost-effectiveness and reducing liability

BUDGET AMENDMENT NO. ASD 96TECH01 Date Proposed _____

Date Approved _____

Proposed by Commissioner Sharron Kelley

Dept Aging Services Fund: 156 Budget Pages _____

Description of Amendment

Adds funding for district center development and focal point activities
for the East County District Center.

Personnel Changes None

Job Title	FTE	Base	Fringe	Insurance	Total

Revenue Impact This amendment adds \$84,588 County General Fund to Aging
Community Access Distric Center program.

Fund	Agency	Org.	Object/ Revenue	Increase (Decrease)	Notes
156	010	1760	6060	84,000	Pass Through
156	010	1760	7100	588	Indirect .007 %
156	010	1760	7601	84,000	CGF Subsidy
156	010	1760	7601	588	CGF Indirect

Effect on GENERAL FUND CONTINGENCY (84,588.00)

ASD 96Tech01

BUDGET AMENDMENT NO. ASD 96TECH02

Date Proposed _____

Date Approved _____

Proposed by Commissioner Dan Saltzman

Dept Aging Services **Fund:** 156

Budget Pages

Description of Amendment Increase Emergency Transportation Services

Personnel Changes None

Job Title	FTE	Base	Fringe	Insurance	Total

Revenue Impact This Amendment adds \$45,315 County General Fund to ASD's Community Access Transportation Services Program.

Fund	Agency	Org.	Object/ Revenue	Increase (Decrease)	Notes
156	010	1830	6060	45,000	Pass Through
156	010	1830	7100	315	Indirect .007%
156	010	1830	7601	45,000	CGF Subsidy
156	010	1830	7601	315	CGF Indirect

Effect on GENERAL FUND CONTINGENCY (45,315)

ASD 96Tech02

BUDGET AMENDMENT NO. ASD 96TECH03

Date Proposed _____

Date Approved _____

Proposed by Commissioner Gary Hansen

Dept Aging Services Fund: 156 Budget Pages

Description of Amendment Multi-ethnic outreach Community Liaison positions

Personnel Changes Adds 3 part-time Case Manager 2 positions

Job Title	FTE	Base	Fringe	Insurance	Total
Case Manager 2	0.5	16,154	2,838	3,341	22,333
Case Manager 2	0.5	16,154	2,838	3,342	22,334
Case Manager 2	0.5	16,154	2,838	3,341	22,333

Revenue Impact This amendment adds \$69,439 County General Fund to Aging Services Community Access Ethnic & Minority Services Program budget.

Fund	Agency	Org.	Object/ Revenue	Increase (Decrease)	Notes
156	010	1810	5100	48,462	Permanent
156	010	1810	5500	8,514	Fringe
156	010	1810	5550	10,024	Insurance
156	010	1810	7100	2,439	Indirect 3.64%
156	010	1810	7601	67,000	CGF Subsidy
156	010	1810	7601	2,439	CGF Indirect

Effect on GENERAL FUND CONTINGENCY (69,439)

ASD 96Tech03

BUDGET AMENDMENT NO. ASD 96TECH04

Date Proposed _____

Date Approved _____

Proposed by Commissioner Tanya Collier

Dept Aging Services Funds: 156 and 100 Budget Pages

Description of Amendment Additional Public Guardian Staff to allow program to add clients most urgently needing guardianship while continuing to meet court standards for existing clients.

Personnel Changes Adds one Deputy Public Guardian and .5 Office Assistant

Job Title	FTE	Base	Fringe	Insurance	Total
Office Assistant 2	0.50	10,958	1,925	3,329	16,212
Deputy Pub Guardian	1.00	34,533	6,067	7,170	47,770

Revenue Impact Increases XIX revenue \$51,723 by matching CGF of \$23,276 and additional CGF to support the Public Guardian program.

Fund	Agency	Org.	Object/ Revenue	Increase (Decrease)	Notes
156	010	1706	6050	818	Supplement
156	010	1706	7100	1,823	Indirect for amend 3.64%
156	010	1706	7500	49,906	Other internal Charges
156	010	1706	2609	51,723	Title XIX
156	010	1706	7601	818	CGF match
156	010	1706	7601	6	CGF Indirect
100	010	1950	5100	45,491	Permanent
100	010	1950	5500	7,992	Fringe
100	010	1950	5550	10,499	Insurance
100	010	1950	6050	22,458	Supplement
100	010	1950	6602	49,906	Service Reimbursement
100	010	1950	7601	14,076	CGF Subsidy
100	010	1950	7601	22,458	CGF match

Effect on GENERAL FUND CONTINGENCY (37,358)

ASD 96Tech04

BUDGET AMENDMENT NO. ASD 96TECH05

Date Proposed _____

Date Approved _____

Proposed by Commissioner Tanya Collier

Dept Aging Services Fund: 156 Budget Pages

Description of Amendment Additional Protective Services staff to improve response to complaints of alleged abuse or neglect of older people.

Personnel Changes Adds one Case Manager Senior to repond to complaints.

Job Title	FTE	Base	Fringe	Insurance	Total
Case Manager Sr	1.00	35,987	6,322	7,226	49,535

Revenue Impact Increases Title XIX \$51,338 in Long Term Care by matching \$23,102 County General Fund.

Fund	Agency	Org.	Object/ Revenue	Increase (Decrease)	Notes
156	010	1930	5100	35,987	Permanent
156	010	1930	5500	6,322	Fringe
156	010	1930	5550	7,226	Insurance
156	010	1905	6050	23,102	Supplement
156	010	1905	7100	1,965	Indirect
156	010	1930	2609	49,535	Title XIX
156	010	1905	7601	23,102	CGF Match
156	010	1905	7601	162	CGF indirect
156	010	1905	2609	1,803	Title XIX - Indirect

Effect on GENERAL FUND CONTINGENCY (23,264)

ASD 96Tech05