The Community Living Center:

Welcome to the Neighborhood!

Admission Orientation Booklet

Battle Creek VA Medical Center Telephone Numbers:

1(888) 214-1247

or

(269) 966-5600

Personal Information

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About Community Living Centers

VA Community Living Centers (CLCs) provide short-stay and long-stay nursing home care to medically and psychiatrically stable Veterans. The mission of a VA Community Living Center is to restore the Veteran to the highest practicable level of well-being, maximum function, independence, prevent health decline, and provide comfort at the end of life or in home environment.

CLC Services

VA Community Living Centers offer a variety of services:

- Nurse Care
- Rehabilitation
- Mental Health Recovery
- Dementia Care
- Hospice/Palliative Care
- Respite Care
- Geriatric Evaluation/Management

The majority of these services are located on or near the campus of VA medical centers. Contact your local VA medical center to ensure the service you need is available.

Veteran Centered Care

Veteran centered care is the ultimate commitment of all VA Community Living Centers. State of the art facilities house each Veteran to ensure adequate medical treatment. Each Veteran’s care is designed around their preferences, needs, and life-long habits.

VA Community Living Centers serve Veterans from all generations while accommodating cultural preferences along the way. Care is provided so that the Veteran is respected, treated with dignity, and invited to participate in their own treatment.

Transparency of care between Veterans and their caregivers is the foundation of a successful treatment plan. Nurturing the Veteran’s mind, body, and spirit, creates a home environment for the Veteran and is conducive to quality care.
Cultural Transformation

VA Community Living Centers strive to evoke an environment resembling home. Family and friends are encouraged to visit. Cultural transformation is a term coined by VA Community Living Centers to describe the healthy living accommodations made in recent years. These accommodations are as such:

➢ Expanding food/nutrition options
➢ Respecting Veteran sleep/wake cycles
➢ Inviting Veterans to personalize their bedroom
➢ Proving a variety of age specific activities
➢ Assigning the same caregivers to corresponding Veterans
➢ Encouraging cats, dogs, and other friendly animals to visit the CLC
➢ Utilizing interactive games to assist with rehabilitation
➢ Planning special events for specific occasions
➢ Providing private bedrooms (when possible)
➢ Sustaining family friendly spaces for visits

These cultural transformations are to ensure lifelong healthy habits while admitted in VA CLC.

CLC Admission

Criteria
Admission into a VA Community Living Center requires that a Veteran must be enrolled in the VA health care system, eligible for nursing home care, and the VA CLC must be able to provide the necessary services. The Veteran must be medically and psychiatrically stable, special considerations may be made for Veterans who community placement may be difficult. Contact VA Community Living Center to see if you meet admission criteria.
Interdisciplinary Team Members

The term “interdisciplinary” simply means many areas of care are working together, this team of professionals ensures higher quality of care for CLC residents. Each VA CLC resident has access to many medical care professionals such as

➢ Chief, Extended Care Service
➢ Extended Care Service Nursing Supervisor
➢ Provider
➢ Nurse Manager
➢ Registered Nurse
➢ Licensed Practical Nurse
➢ Nursing Assistants
➢ Dietitian
➢ Recreational Therapist
➢ Physical Rehabilitation Sections Representative(s)

These medical care professionals work together to create the best possible environment to meet the needs of both the Veteran and the family/friends. The nursing staff is willing to assist patients whenever help is needed, yet encourage independent completion to increase self-sufficiency and self-esteem.

Meetings between the interdisciplinary team occur on a regular basis to discuss problems and needs, along with medical, psychological, social, and physical progress of each resident.

Once admitted, you can expect...

➢ Compassionate treatment
➢ Freedom of choice concerning care and daily routine
➢ Resect of personal and private wishes
➢ Personal decisions about care and family/friend representation (if you choose)
➢ Trustworthy staff who are aware of habits, needs, and preferences

Residential Rights

Admission to a VA Community Living Center should not come with worries that you will lose certain privacies, decision making ability, or sense of individuality. The interdisciplinary team in charge of Veteran care places patient concerns above their own concerns. While you are a resident of a VA CLC, the care a Veteran receives guarantees them rights for personal and assisted care.
**Personal Care**

Residential rights to personal care at the VA CLC entail important reminders that, as a Veteran, you are entitled to care that you deem acceptable. A Veteran’s personal care rights are as listed:

- Remain involved in decision making when resolving conflicts about care
- Receive considerate, respectful care that reflects personal values and beliefs
- Retain personal freedom and dignity
- Make open contact with visitors such as family and friends
- Refuse or accept participation in social groups or community activities
- Refuse or accept to perform tasks in or for the organization
- Participate in neighborhood association meetings
- Keep and use personal clothing and possessions
- Delegate management of personal financial affairs
- Issue complaints and expect to be heard, reviewed, and (when possible) resolved
- Select medical, dental, and other licensed independent care providers
- Refuse care/treatment to the extent permitted by law
- Gain access to protective and advocacy services

**Assisted Care**

During assisted care, a Veteran’s rights must be streamlined between caregiver and patient. An important and necessary component of care is the relationship between caregiver and Veteran. What a Veteran can expect upon a VA CLC residency are as listed:

- Effective communication
- Appropriate assessment and management of pain
- Freedom from chemical or physical restrain
- Freedom from abuse, neglect, and exploitation
- Environment that preserves dignity and positively affects self-image
- Access to transportation services
- Option to provide or withhold informed consent
• Option to provide or withhold resuscitative services, including life sustaining treatment
• Decisions related to care at the end of life
• Family participation concerning care and treatment decisions
• Personal rights respected and protected during research, investigation, or clinical trials

**Identification Bands**
Upon admission, a soft plastic identification band will be placed on the Veteran’s wrist. Name, date of birth, social security number, medication allergies, and other vital information will be included on the identification band. Throughout the resident’s stay the identification band should be worn at all times, only when discharged will the Veteran remove their band. **Notify the nursing staff on your neighborhood immediately if identification band is lost.**

**Patient Safety Barcode Identification Wristband (PSI)**
Color-coded alerts with text barcodes on the wristband is one of many communication strategies used to alert CLC personnel, families, and volunteers of resident’s safety risks. The PSI wristbands alert those involved to patient allergies, fall risks, extremity restriction, swallowing difficulties, or end of life treatment choice. The different wristbands are explained in the table below.

<table>
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<tr>
<th>Color Code</th>
<th>Corresponding Treatment</th>
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<tr>
<td>Allergy</td>
<td>Resident has an allergy which includes allergies to medication.</td>
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<tr>
<td>Fall Risk</td>
<td>Resident has been screened for moderate to high risk for falling.</td>
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<tr>
<td>DNR</td>
<td>Resident has selected a ‘Do Not Resuscitate’ treatment status.</td>
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<tr>
<td>Swallow</td>
<td>Resident has been identified as having potential for swallowing.</td>
</tr>
<tr>
<td>Wander</td>
<td>Resident has been identified as having potential for wandering.</td>
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<tr>
<td>Limb Alert</td>
<td>Resident has a limb/extremity that is restricted for monitoring blood pressure phlebotomy and other treatments.</td>
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<tr>
<td>Isolation</td>
<td>Resident should be isolated.</td>
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Authorized Absences and Passes

Once admitted to the VA Community Living Center, a Veteran can obtain an authorized pass. Alert staff five days in advance of an intended absence, this allows the medical staff time to order medication and medical supplies that may be needed during the absence.

If a Veteran leaves campus without an authorized pass, a status of unauthorized absence will be gained and the medical team will discuss discharge.

There are two types of authorized absences: passes for long-term and short-term residents.

*Long-term patients* An authorized leave of four days or less determines an authorized pass. Off-campus daytime passes or overnight visits to home are encouraged for long-stay and palliative care residents.

*Short-term patients* Limited passes may be provided for rehabilitation and short-term residents; these passes are at the discretion of the medical care team.

Clothing and Personal Items

VA Community Living Centers only provide pajamas and robes for Veterans. When admitted, the resident must provide their own clothing, toiletries, and personal items.

*Clothing*
Once admitted, the resident must mark their clothes with their name and assigned ward. Give any new, unmarked clothing items to the nursing staff to be sent for labeling. It is important that the Veteran provide clothes that are comfortable and non-restrictive. A washer and dryer is available to residents, but we ask residents provide their own detergents. Laundry service is available from the VA, allow up to three to five business days for laundry service completion. Please provide the following clothing items:

- 8 shirts/blouses
- 8 pairs trousers/slacks
- 1 pair of shoes
- 2 sweaters
- 1 pair of gloves
- 1 cap/hat
- 1 winter coat
- 1 lightweight jacket
- 1 pair nonslip slippers
Toiletries
Residents must also provide their own toiletries. Provide the necessary toiletries that are essential to daily routines and a comfortable lifestyle. Suggested toiletries are:

➢ Comb
➢ Brush
➢ Toothbrush
➢ Toothpaste
➢ Deodorant
➢ Shampoo
➢ Shaving Cream
➢ Electric Razor
➢ Denture Supplies

Personal Items
Residents are encouraged to bring along favorite items from home that provide comfort in a new setting. While personal items are encouraged, it is also important to keep in mind that a Veteran’s space is limited and to accommodate the size of the bedroom. Items such as pictures, plants, or a lamp ease the transition into a VA Community Living Center. Any electrical items brought with a resident must be safety approved by Engineering Service. Large items such as furniture and televisions must be approved by the Nurse Manager. Glass items, scissors, and knives are not allowed in VA CLCs. Valuables should be placed in the resident’s assigned locker.

Mail
Mail is received and delivered once a day, the VA Community Living Center encourages contact between family and friends to send cards and letters. A resident’s mailing address is:

Resident Name
Community Living Center
Neighborhood_____ 
VA Medical Center
5500 Armstrong Road 
Battle Creek, MI 49037

Visitation
VA Community Living Centers are open 24/7 for visitation. Exceptions apply to Veterans with communicable diseases. If children are a part of the visiting party, they must be accompanied by adult supervision at all times. Families may call as they please, but the easiest method of communication is by designating a time to talk over the phone. Resident rooms include telephones. A resident’s interdisciplinary team can assist at any time to assist with contacting family, do not hesitate to reach out for help!
Meal Times

Designated meal times depend on the Veteran’s assigned neighborhood, check in with the ward staff for exact meal time. It is expected that residents are on time for meals. Two hours are provided to accommodate meal time preferences.

**Personal food items**
Immediate family only may provide food to one resident. Any outside food provided by family is subject to approval by clinical dietician to ensure resident health requirements. Please do not bring food/drink for other residents.

Food must be stored in single-serving size and must be sealed/wrapped. Home-made food will be dated and stored in airtight containers. Leftovers will be refrigerated and discarded after a 24-hour time period.

Smoking

Smoking is allowed only in designated area and restricted to specific times. All smoking materials must be obtained through nursing staff at the nursing station at each neighborhood then promptly returned after. Cigarettes, cigars, pipes, tobacco, and lighters are all considered smoking materials.

Those relying on supplemental oxygen must obtain smoking materials from the nursing staff and remove oxygen source prior to smoking. Never smoke while using oxygen or with oxygen source near smoking materials.

Resident Services

**Barber**
Barber services are available once a week. Contact the Neighborhood Unit Coordinator for specific times for barber services.

**Neighborhood Association**
The Neighborhood Association meets once a month and acts as a forum for residents to make suggestions for improvements in the CLC. Meetings are held at a different Neighborhood each time. Contact staff for meeting times.

**Family Council**
The Family Council meets once every month and is for the family of any resident on the ward. This service provides a chance for families to meet staff, ask questions and learn about programs offered at VA CLCs. Dates, times, and locations can be obtained through neighborhood social workers.
**Resident and Family Support**
Questions and concerns regarding resident care can be answered through a resident’s interdisciplinary team. A Veteran’s well-being is the ultimate concern of the team, any chance to receive feedback or concerns helps the interdisciplinary team strive for the best possible care. Concerns or complaints about residential care can be initially discussed with the nurse manager. If further resolution is required, contact the Chief Extended Care Service.

**Financial Services**
Contact the unit coordinator when depositing and/or withdrawing/receiving funds from a resident’s account. The VA is not responsible for cash or canteen books that are kept on person. We ask that Veterans do not bring large amounts of cash or valuables to the VA CLCs.

**Advance Directives**
Advance directives are documents that allow a person to give directions about future medical care or to place decision making power with another person(s) if Veteran loses decision making ability. Once admitted the Veteran will be asked if they have set up an advance directive, if not, they will be asked if they want to do so.

Living wills, durable powers of attorney for health care, do not resuscitate (DNR) orders, right to die, similar documents expressing end of life preferences, and organ donation preferences are included in advance directives.

**Absence Due to Hospitalization**
If a resident is transferred from the VA Community Living Center to the hospital for observation or the resident is transferred to the hospital for observation but stays more than 23 hours, the CLC is to use the following guidance:

1. Veteran residing in the VA CLC for the previous 90 days or less must be discharged from the VA CLC and must be considered as a new applicant for readmission into the VA CLC.
2. A Veteran who has resided in the VA CLC for more than 90 continuous days prior to their transfer to the hospital and seeks return to the CLC must be readmitted if the resident returns from the hospital within seven (7) days of transfer and meets the criteria for care in that VA CLC.
3. A Veteran who has resided in the VA CLC for more than 90 continuous days prior to transfer to the hospital and seeks return to the CLC after seven (7) or more days from the time of transfer from the VA CLC. The Veteran may be readmitted as soon as a VA CLC bed becomes available and the resident meets the criteria for care in that VA CLC.

The bed hold policy applies to VA CLC residents who are transferred to both VA and non-VA hospitals. This policy applies to all residents who are admitted to a VA CLC and after May 1, 2011, and to all residents who are in a VA CLC on that date.
Bedroom Assignments or Changes

Bedroom assignments are not permanent; although every effort is made to avoid frequent bedroom changes, Veteran room assignments may be changed based upon resident needs, this includes all those living in a VA CLC. The Veteran or responsibly party will be notified of any changes in bedroom assignments.

VA CLC Resident Responsibilities

During their stay, it is the ultimate goal that the Veteran reaches the best state of health and independence. To reach this goal, commitment from both the Veteran and VA CLC staff is required. Responsibilities for Veteran’s during their recovery and rehabilitation are expected as follows:

1. Participate in establishing treatment goals and planning the care necessary to reach these goals.
2. Cooperate with the staff members in charge of care. This includes attending therapy sessions, participating in care conferences, following through with team suggestions, and being transparent with any medical needs.
3. Encourage family members or loved ones to become involved in setting goals and planning necessary medical care.
4. Communicate honestly and openly with those responsible with medical care. Provide complete and accurate information about health history while also reporting unexpected changes in condition.
5. Inform the staff as to whether or not there is an understanding between Veteran and care team expectations.
6. Understand and accept the consequences if refusing to follow the instructions of the interdisciplinary team.
7. Remain considerate of the rights of other residents and Medical Center staff. This includes noise control and following smoking regulations.
8. Respect the property of others and of the Medical Center, including ensuring that the financial obligations (if any) for health care are fulfilled.
9. Return to the ward on time for meals, medications, treatments, and appointments.
10. Consume only medication prescribed by the Nursing Home Care Unit physician.
11. Follow instructions during disaster drills. All staff are informed of evacuation and safety procedures. These drills occur periodically to ensure safety during actual disaster.

Following these rules greatly increases successful rehabilitation and care.
Pressure Ulcers: Prevention and Care

What are pressure ulcers?
Pressure ulcers are red areas or sores on the skin, they can occur over any part of the body. Susceptible areas for pressure ulcers are heels, hips, and back. Depending on severity, there may be drainage or odor from these areas.

How are pressure ulcers caused?
Pressure ulcers occur when a single position is held for an extensive period of time. For example, if a Veteran has been laid out on their side in bed for two hours without shifting. Without proper blood supply to the skin a red area may appear on the skin, remaining in one position restricts the proper blood flow. If pressure on the skin is not relieved within two (2) hours, pressure ulcers can appear.

Who get pressure ulcers?
Many risk factors exist that increase chances for pressure ulcers. Those who are sick or have been hurt may have limited movement and are more likely to develop pressure ulcers. Poor diet is also a factor, unhealthy eating leads to fragile skin which then can break down. Wet or soiled skin is also at risk.

Pressure Ulcer Prevention
Here are some helpful tasks a resident can implement to prevent pressure ulcers:

➢ Shift position every two hours
➢ Maintain clean bed spread
➢ Remain active, make small shifts within the two hour time period
➢ Talk with medical provider or dietitian about improving diet
➢ Use a trapeze to assist with entering/leaving bed
➢ Use a draw sheet to help turn, lift, or change position
➢ Examine skin at least twice a day
➢ Drink lots of fluids
➢ Keep skin clean and dry

Pressure Ulcer Risks
Here are some risky behaviors that increase chances of pressure ulcers:

➢ Sit on a rubber/plastic air ring
➢ Sit in a chair for more than two hours without shifting weight
➢ Use heat on any pressure sore
➢ Lay in bed for more than two hours without shifting weight
➢ Rub sore areas

Have a pressure ulcer?
Please, notify the nursing staff if pressure ulcers become a problem. The VA Community Living Center has a special Wound Care Team that can help any resident with difficulties. We want to know about your skin problems if they arise. Do not hesitate to notify us!

**Restraints**

The VA Community Living Center’s policy is to avoid the use of physical restraints and pursue the goal of a restraint free restorative environment. Physical restraints are used only when alternatives to restraint are not effective and only when the option is absolutely necessary. This happens when the safety of other residents, staff, and visitors are at risk. All members of the resident’s interdisciplinary team, as well as family members can issue restraints. The choice to use restraints or alternatives is a collaborative decision between family and the resident’s interdisciplinary team, we encourage family members to be active in these decisions.

**What is a restraint?**
Restraints are devices that restrict a resident’s movement, these can include, but are not limited to, a locked tray across a resident’s chair, side rails, roll belts, torso vests, and wrist ties.

**When is a restraint used?**
Restraints are used as a last resort. All practical alternatives will have already been exercised before restraints are used for a resident. A physician’s order must be obtained but registered nurses can apply restraints in emergency situations.

**Consequences of a restraint**
There are many negative physical effects from the use of restraints, such as swelling, respiratory problems, constipation, pressure ulcers, and muscle atrophy/contractures.

Not only do restraints cause negative physical effects, but psychologically a resident can suffer from loss of activity, low self-esteem, social isolation, and cognitive decline.

**Alternatives to restraints**
Restraints are intended to completely restrict resident mobility, but there are alternatives to restricting all mobility. Devices considered as alternatives to restraints are those that allow movement within acceptable limits of safety and enable the resident to perform tasks. Close observation, family participation, self-release belts/trays, bed/chair alarms, or even leisure activities can be considered alternatives to restraints.

With appropriate application of restraint alternatives, a resident can benefit from self-esteem boosts, improved moods, greater physical mobility, and better sleep as well.
Safety Partners

The best care is provided when there is open, honest dialogue between resident and their interdisciplinary team. When there is a question, we encourage Veterans to voice their concerns. Because we encourage this transparency between resident and, each resident can expect similar treatment from the medical staff. It is the goal of the medical staff for a Veteran to know exactly what kind of treatment, what to expect from treatments, and any diagnosis.

Pain is an especially important topic between resident and medical staff. Untreated pain is even harder to relieve, but proper pain management can dramatically improve quality of life for residents. The interdisciplinary team wants to know pain levels, it helps accurately gauge how to treat specific causes. Pain can be controlled, but an open, honest relationship must exist between resident and their interdisciplinary team.

Fall Prevention

Falls may have serious or fatal outcomes, after a fall there are physical and psychological effects. Lessened mobility means weaker bones and skin and muscles that are not as strong as before. Depression may be caused because of a fall, it is important that residents are conscious about falling risks, and what can be done to prevent them.

**How to prevent falls at the VA Community Living Center**

Honesty about past falls is the most important aspect when preventing falls, if the interdisciplinary team knows of this history there can be appropriate measures made to prevent future falls.

If a resident requires assistive devices, such as a wheelchair, cane, or walker, it is important to make sure those devices are in good condition. For example, keeping track of the rubber tips on a walker or cane decreases potential slips or falls. Always lock the wheels of a wheelchair when moving to or from, and remember to raise the foot rests.

Here are more ways a resident can prevent falls:

- Use handrails in hallways and bathrooms
- Avoid sudden movements
- Turn lights on before moving around in the dark
- Wear shoes with rubber, no-slip soles
- Avoid wet floors
- Maintain balanced diet
- Exercise regularly
- Keep bed in low position
**What to do if a fall occurs**

Sometimes falls are unpreventable. In the unfortunate event when a fall occurs, a caregiver must know any symptoms before the fall, pain or injuries before the fall, and what caused the fall. The information provided by the resident will help future fall prevention.

A resident can decrease risk of injury during a fall by remembering to **relax**, **absorb**, and **roll**. Relaxing relieves muscle tension during the fall, absorbing helps cushion the fall, and rolling in the direction of the fall can reduce injury.

**MRSA Testing**

Methicillin-Resistant Staphylococcus aureus, or MRSA, is a highly contagious infection that can quickly spread from person to person. MRSA is contracted through touching items that already have MRSA as well as direct contact with people who have the infection. Symptoms for MRSA are hard to detect, and if contracted through an open wound, can be dangerous.

Because of the close proximity living at the VA Community Living Centers residents may undergo MRSA testing. These tests are to ensure healthy, clean living for both residents and staff.

**How is MRSA testing done?**

A cotton swab is carefully inserted into the nose; this may tickle but does not hurt. Remnants of the cotton swab are then tested. Test results may take a day or two to process and may be repeated several times for accurate assessment.

**Negative results**

If test results come back negative, it is encouraged that residents continue to practice safe personal hygiene.

**Positive results**

If test results come back positive, the MRSA infection has been detected and the resident is a carrier of the germ. Symptoms may not arise but the resident still able to pass the infection to another.
Complaints from residents about their health care are received by the Joint Commission. Veterans are to send in complaints by mail, fax, or e-mail by summarizing the complaint in one to two pages. Included in these summaries is the issue at hand, name, street address, city, and state. Complaints can also be submitted anonymously. Issues are kept confidential unless the subject is necessary to share with the organization. Reach the Joint Commission through:

**Email:**
complaint@jcaho.org

**Fax:**
Office of Quality Monitoring, (630) 792-5636

**Mail:**
Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

**Scope of complaints**
The Joint Commission addresses all complaints that relate to quality of care issues, issues concerning billing or payment disputes are not considered. Resident rights, care of residents, safety, infection control, medication use and security are all valid complaints under the Joint Commission. It is important to remember that the Joint Commission does not review complaints from any kind of unaccredited organizations.

**How the Joint Commission Responds to Complaints**
A Joint Commission complaint response begins with a review of past complaints about the organization in question. Depending on the nature of the complaint, the Joint Commission will take one or more of the follow actions:

- An unannounced on-site evaluation of the organization will be conducted by the Joint Commission.
- A written response will be requested from the organization in response to the complaint.
- The complaint will be entered into a quality monitoring database that is used to track quality performance of the organization.
- Review of the organization’s next accreditation survey will include the latest complaint by the Joint Commission.
**Release of Complaint-Related Information**

Upon request, the Office of Quality Monitoring can provide the number of organizational complaints by contacting (800) 994-6610. On-site reviews of an organization, if any, are included in the organization’s Quality Report, which is available on the web or by calling Customer Service Center at (630) 792-5800.