



AGENDA
Vernon Manor Board of Trustees
Monday, August 11, 2014
9:00 a.m.
in the Conference Room of Vernon Manor

The agenda will include and action may be taken on any or all of the following:

1. Call to Order – 9:00 a.m.. - Ole Yttri, presiding.
2. Affirmation of proper public notice of the meeting.
3. Review proceedings of July 10, 2014.
4. Audience to visitors.
5. Review monthly bills and authorize payment.
6. Administrator's Report.
 - a. Census
 - b. Review JT Associate Medicare Cost Report.
 - c. Other
7. Purchase of table top kettle.
8. Repair to loading dock and dumpster area.
9. Senior Preferred: 2% reduction from sequestration.
10. Review monthly financials.
11. Schedule next meeting, tentatively September 12, 2014. (9:30 a.m.)
12. Adjourn

VERNON MANOR
QUALITY ASSURANCE MONTHLY MEETING
May 15, 2014

- The **Quality Assurance Meeting** was called to order at 11:12 a.m. in the Conference Room at Vernon Manor.
- **Minutes** of the April 2014 QA meeting were reviewed, motion by Tara, second by Brenda to approve the minutes, all voted aye.
- **Census** – Report attached. Three (3) long term residents have expired, tough to rebuild long term stays.
- **Staffing**- Interviewing for Assistant DON, p.m. supervisor, needing night R.N., and on-call C.N.A.'s
- **Safety Committee** – Not present / no report.
- **Fire drill** – Not present / no report
- **Resident Accidents / Incidents** – Report attached. One (1) resident has had multiple falls, no significant time of day. Falls will target surveyors when they visit.
- **Infection Control** – Report attached. Two (2) admits with an infection. Staff charting is significantly better in regards to infection.
- **Pharmacy** – Not present / no report.
- **Dietary** – Test tray temperatures were low, not staff related. Forty (40) year old equipment is wearing down. This has been resolved. Working on changing temps so food is kept warmer when going out on the wings. Making a change with sanitary chemicals. Michelle asked to comment on previous month's comment regarding "waste" from meals. i.e., paper products, individual wrappings. Meal presentation is important, plus, individual packaging cuts down on labor vs. washing dishes. Food waste is more of a problem; portion control is being looked into.
- **Restraint Committee** – Report attached.
- **Activity Department** – No report, preparing for survey visit.
- **Therapy** – Bariatric parallel bars have been delivered. Therapy has had one (1) resignation.
- **New forms – Policy**- Facility is now smoke-free, dress code policy has been introduced to staff.
- **In-service** – Skills fair scheduled for May 27 & 28, mandatory for all staff. Amanda will identify who needs what part.
- **Housekeeping** – No report.
- **Laundry** – Not present. No report.
- **Compliance Program** – None
- **Administration Report:** QA monthly needs to be viewed as "proactive", everyone needs to attend. Will move to 3rd Wednesday, of each month. Department Head meeting will be 1st and 3rd Wednesday in June. Chart reviews are being done, good educational/ learning tool, find things that need to be addressed prior to State audit.

○ **Other QA audits:**

Audit reports

- a. Pharmacy: No audit scheduled.
- b. MDS Coordinator:
 - Psychotropic meds random audits (3Months): **Report attached.**
- c. IDT: (Continue 2 months)
 - Monitor all skin issues wkly., report to D.O.N., and D.O.N reports to Q.A. No report. Charge Nurses' handling skin issues, looking at wound care routine. **Continue audit.** (3 Months)
- d. Infection Control Nurse: report attached.
 - 5% of resident census will be monitored through perineal care observation. (3 Months) Education continues. **Continue audit.**
 - Random audits (group) once per week of hand washing during care. Housekeeping staff monitoring as well. Michelle has requested Hand washing station in kitchen between coffee and juice machines. **Continue audit.**
- e. Social Workers:
 - Pressuring relieving devices and make sure all resident care cards match care plans. **Report attached.**
 - Random audits of 5% of residents care plans per month to check for accuracy. (3 Months) Audits continue, 16 charts reviewed, interventions are not on care plans or being followed. Recommendation: Care card reviewed at morning meeting. Devices are being changed and not on care card. One shift should be discontinuing something without other shifts input.
 - Evaluate all explorers every month at QA. **Report attached.** Alarm for front door will be in place in May.
 - Bring to QA all exits by residents. One (1) resident removed from wander guard list, no longer appropriate.
 - Exits by non-explorers / or if resident is own decision maker. **No residents fit into this category.**
- F. Dietary:
 - Random audits (tray audits) of food preparation, meal service, 2 times per week **No report.** Do audit for June, then remove from audit list.
- g. Medical Records: **No audit.**
- h. D.O.N.: Skin issues audited. No report.

Motion made by Brenda, second by Tammy to adjourn.
Next monthly QA will be June 18th at 9:00 a.m.