# Woodside Village
# Facility Assessment

**Requirement**

Nursing facilities will conduct, document, and annually review a facility-wide assessment, which includes both their resident population and the resources the facility needs to care for their residents (§483.71).

The requirement for the facility assessment is addressed in Valley Senior Living Administrative Policy and Procedure 106, entitled "Skilled Nursing Facility Assessment."

**Purpose**

The purpose of the assessment is to evaluate the resident population and determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. The assessment has been used to make decisions about direct care staff needs (including those who provide services under contract and volunteers), as well as the capabilities to provide services to the residents within the facility, at least annually and as necessary. Using evidence-based, data driven methods focuses on ensuring that each resident is provided care that allows the resident to maintain or attain their highest practicable physical, mental, and psychosocial well-being.

**Overview of the Assessment Tool**

The tool is organized in three parts:
1. **Resident profile** includes numbers, diseases/conditions, physical/behavioral health needs, cognitive disabilities, acuity, and ethnic/cultural/religious factors that impact care
2. **Services and care offered** is based on resident needs including types of care the resident population requires. The focus is not to include individual level care plans in the facility assessment.
3. **Facility resources needed** to provide competent care for residents, including staff, staffing plan (maximizing direct care staff recruitment and retention) staff training/education and competencies, physical environment and building needs, and other resources, including agreements with third parties, health information technology resources and systems, and a facility-based and community-based risk assessment.

**FACILITY ASSESSMENT TOOL**

| Facility Name | Woodside Village (WV) |
|---|---|
| **Persons (names/ titles) involved in completing the assessment** | Gina Roller, Administrator; Garth Rydland, President/CEO; Jonina Schumacher, RN, Admissions Coordinator; Jenny Schultz, RN, Director of Nursing Services; Dr. Chris Henderson, Medical Director; Lori Bott, Chief Financial Officer; Adam Edwards, Chief Human Resources Officer; Angie Praska, RN, Assistant Director of Nursing, Renita Petersen, RN, Quality Coordinator; Sarah Jacobson, RN, Infection Preventionist; Brittany Bye, Staff Development; Shannon Holte, Director of Social Services; Megan Anderson, Administrative Project Coordinator; Samantha Jallo, Safety Director; Brian Sand, Director of Environmental Services; Lisa Warner, Director of Recreation; Andrew Hoeger, Information Services Coordinator; Bud Johnson, Chaplain; Susanna Blue, Health Information Specialist; Rachael Herberg, Director of Dining Services.<br><br>Portions reviewed at Valley Senior Living Quality Leadership Team, WV Quality Review Team, and Community Leadership Team meetings.<br><br>All staff are asked to review and provide annual feedback on the Facility Assessment.  This is accomplished through email and text communications with a link to the Facility Assessment and a request to respond with feedback.<br><br>Through a partnership with Pinnacle Survey, a selection of Residents and Resident Representatives are surveyed monthly via telephone. The results of those surveys are provided to the facility and are reviewed in the monthly facility QAPI meetings and Quality of Care meetings on each neighborhood.<br><br>Sections of the Facility Assessment may be reviewed at monthly Resident Council meetings where residents are encouraged to provide input. |
| **Date(s) of assessment or update** | November 2017; October 2018; November 2018; January 2019; May 2019; August 2019; June 2020; August 2020; December 2021; May 2022; August 2022; April 2023; September 2023; July 2024; August 2024; September 2024; October 2024 |

# Part 1: Resident Profile

*Room, Neighborhood, and Facility Description*

Woodside Village (WV) is a 138-bed, two-level skilled nursing facility. Woodside Village has four long term neighborhoods: The Hearthstone neighborhood is a secure neighborhood located on the first floor that focuses on the safety of 28 residents with dementia. It is considered a Secured Unit by the North Dakota Century Code Chapter 33-07-03.2-26. The Heartland neighborhood, also on the first floor, provides care for 40 residents. On the second floor, the Prairieview neighborhood provides care to 40 residents and the Oakcrest neighborhood provides care for 30 residents. Each neighborhood at Woodside Village has private rooms with private bathrooms and semi-private rooms with shared bathrooms. In 2018 there was a two-level addition of 20 beds with private rooms that have private bathrooms and showers. Woodside Village is also home to several pets. Our pets include dogs, cats, and fish.

All four neighborhoods provide skilled nursing care and rehabilitative services customized to the resident's individual needs. Each neighborhood has an Interdisciplinary team made up of the Care Coordinator, Licensed Social Worker, Registered Dietitian, Life Enrichment Assistant, Physical Therapist, Occupational Therapist, Speech Therapist, Infection Preventionist, and Primary Provider who work to develop the plan of care for each resident. Chaplaincy services and Music Therapy are offered in the facility.

Each neighborhood has its own team station, medication room, whirlpool tub room, shower room, great room, and living room. The great rooms are located adjacent to the team room. Residents in these neighborhoods use the great room for activities and interacting with other residents and staff throughout the day. The great room is also used by some residents during mealtimes. These common areas offer spaces where residents can enjoy activities while being supervised by staff. Admission for these neighborhoods is set forth by the North Dakota Level of Care criteria.

Woodside Village is located within Valley Senior Living on 42nd. Within the campus, Valley Senior Living on 42nd provides other levels of long term care services: Country Estates, a 60-unit independent living, and Wheatland Terrace, a 59-unit assisted living. Town Square, the central commons building of Valley Senior Living on 42nd, has the Myra Café, a library, auditorium, beauty shop, and exercise room that is available to all residents of Valley Senior Living on 42nd.

| NEIGHBORHOOD | Private Room with Private Bathroom | Semi-Private Room with Shared Bathroom | Private Room With Private Bathroom/Shower |
|---|---|---|---|
| Hearthstone = 28 beds | 24 | 4 | - |
| Heartland = 40 beds | 24 | 6 | 10 |
| Oakcrest = 30 beds | 24 | 6 | - |
| Prairieview = 40 beds | 24 | 6 | 10 |
| TOTAL BEDS = 138 | 96 | 22 | 20 |

*Average Daily Census*

CENSUS REPORT for the day of September 9, 2024.

| Neighborhood | Available Beds | Empty Beds | Total Residents | % of Occupancy |
|---|---|---|---|---|
| Hearthstone | 28 | 1 | 27 | 96.4% |
| Heartland | 40 | 0 | 40 | 100% |
| Oakcrest | 30 | 2 | 28 | 93.3% |
| Prairieview | 40 | 1 | 39 | 97.5% |
| Total Facility | 138 | 4 | 134 | 97.1% |

September 2023-August 2024 OCCUPANCY

| Month | Move Ins | Move Outs | Occupancy Percent |
|---|---|---|---|
| September | 4 | 8 | 95.7% |
| October | 7 | 3 | 98.6% |
| November | 4 | 4 | 98.6% |
| December | 4 | 7 | 96.4% |
| January | 6 | 4 | 99.3% |
| February | 2 | 3 | 98.6% |
| March | 3 | 2 | 99.3% |
| April | 2 | 5 | 97.1% |
| May | 3 | 2 | 97.8% |
| June | 4 | 2 | 99.3% |
| July | 2 | 3 | 98.6% |
| August | 4 | 4 | 98.6% |
| TOTAL PER YEAR | 45 | 47 | |
| | 4 PER MONTH | 4 PER MONTH | |

***Diseases/Conditions, Physical and Cognitive Disabilities***

The 10 most common diagnoses at Woodside Village are:
Hypertension Heart with Renal and Heart Failure
Cardiovascular Disease
Stroke Complications
Fractures
Mood Disorders/Depressive, Anxiety, Psychosis
Dementia with Behaviors
Infections
COPD
Diabetes
Osteoarthritis

Other common diagnoses include:

| Category | Common diagnoses |
|---|---|
| Psychiatric/Mood Disorders | Psychosis (Hallucinations, Delusions, etc.), Impaired Cognition, Mental Disorder, Depression, Bipolar Disorder (i.e., Mania/Depression), Schizophrenia, Post-Traumatic Stress Disorder, Anxiety Disorder, Behavior that Needs Interventions |
| Heart/Circulatory System | Congestive Heart Failure, Coronary Artery Disease, Angina, Dysrhythmias, Hypertension, Orthostatic Hypotension, Peripheral Vascular Disease, Risk for Bleeding or Blood Clots, Deep Venous Thrombosis (DVT), Pulmonary Thrombo-Embolism (PTE) |
| Neurological System | Parkinson's Disease, Hemiparesis, Hemiplegia, Paraplegia, Quadriplegia, Multiple Sclerosis, Alzheimer's Disease, Non-Alzheimer's Dementia, Seizure Disorders, CVA, TIA, Stroke, Traumatic Brain Injuries, Neuropathy, Down's Syndrome, Autism, Huntington's Disease, Tourette's Syndrome, Aphasia, Cerebral Palsy |
| Vision | Visual Loss, Cataracts, Glaucoma, Macular Degeneration |
| Hearing | Hearing Loss |
| Musculoskeletal System | Fractures, Osteoarthritis, Other Forms of Arthritis |
| Neoplasm | Prostate Cancer, Breast Cancer, Lung Cancer, Colon Cancer |
| Metabolic Disorders | Diabetes, Thyroid Disorders, Hyponatremia, Hyperkalemia, Hyperlipidemia, Obesity, Morbid Obesity |
| Respiratory System | Chronic Obstructive Pulmonary Disease (COPD), Pneumonia, Asthma, Chronic Lung Disease, Respiratory Failure |
| | |

| Category (continued) | Common diagnoses |
|---|---|
| Genitourinary System | Renal Insufficiency, Nephropathy, Neurogenic Bowel or Bladder, Renal Failure, End Stage Renal Disease, Benign Prostatic Hyperplasia, Obstructive Uropathy, Urinary Incontinence |
| Diseases of Blood | Anemia |
| Digestive System | Gastroenteritis, Cirrhosis, Peptic Ulcers, Gastroesophageal Reflux, Ulcerative Colitis, Crohn's Disease, Inflammatory Bowel Disease, Bowel Incontinence |
| Integumentary System | Skin Ulcers, Injuries |
| Infectious Diseases | Skin and Soft Tissue Infections, Respiratory Infections, Urinary Tract Infections, Infections with Multi-Drug Resistant Organisms, Septicemia, Viral Hepatitis, Clostridium Difficile, Influenza, Scabies, COVID-19 |
| | |

The following document is the Resident Profile of the Residents of Woodside Village:

## AHCA/NCAL *Long Term Care Trend Tracker*  ▪▪LTCtrendtracker
YOUR QUALITY & PERFORMANCE SOLUTION

# SNF Resident Characteristics Report

| Report Summary | Most Recent Period | 1st Prior Period | 2nd Prior Period | 3rd Prior Period | |
|---|---|---|---|---|---|
| Casper Resident - 1+ Assist: Bathing [1] | 99.1% | 99.7% | 99.4% | 98.0% | My Centers |
| | 98.4% | 98.4% | 98.5% | 98.5% | My Peers |
| Casper Resident - 1+ Assist: Dressing [1] | 96.9% | 96.5% | 97.5% | 97.0% | My Centers |
| | 94.0% | 93.1% | 92.9% | 93.0% | My Peers |
| Casper Resident - 1+ Assist: Toilet Use [1] | 94.7% | 94.6% | 96.2% | 95.4% | My Centers |
| | 89.0% | 87.4% | 87.6% | 87.9% | My Peers |
| Casper Resident - 1+ Assist: Transferring [1] | 86.8% | 86.4% | 90.2% | 89.4% | My Centers |
| | 81.6% | 81.6% | 81.4% | 81.4% | My Peers |
| Casper Resident - 1+ Assist: Eating [1] | 35.8% | 37.2% | 35.8% | 38.1% | My Centers |
| | 39.6% | 38.6% | 40.1% | 41.7% | My Peers |
| Casper Resident - Catheterized Post Admission [1] | 2.8% | 2.5% | 2.8% | 1.7% | My Centers |
| | 1.7% | 1.7% | 1.8% | 1.5% | My Peers |
| Casper Resident - Bedfast [1] | 4.1% | 1.3% | 0.6% | 1.0% | My Centers |
| | 2.7% | 2.3% | 2.4% | 2.0% | My Peers |
| Casper Resident - Dementia [1] | 52.2% | 53.0% | 57.6% | 57.9% | My Centers |
| | 49.2% | 48.7% | 50.6% | 52.0% | My Peers |
| Casper Resident - Pressure Sores- Stage 2+ Developed Post Admission [1] | 1.6% | 2.8% | 3.2% | 3.0% | My Centers |
| | 3.0% | 3.1% | 2.7% | 3.0% | My Peers |
| Casper Resident - Antipsychotic Medications [1] | 22.6% | 21.1% | 14.9% | 13.9% | My Centers |
| | 22.8% | 21.2% | 19.1% | 19.6% | My Peers |
| Casper Resident - Hospice Services [1] | 6.6% | 5.4% | 4.7% | 2.6% | My Centers |
| | 4.4% | 4.0% | 4.7% | 3.4% | My Peers |
| Casper Resident - Advance Directives [1] | 94.0% | 99.4% | 99.7% | 86.4% | My Centers |
| | 71.4% | 65.6% | 61.2% | 67.3% | My Peers |

*Data Source(s) and Reporting Windows:*

| | | | | | |
|---|---|---|---|---|---|
| [1] CASPER Resident Measures: CMS CASPER data based on 672 Resident Census and Condition Report. | Current Survey | 1st Prior Survey | 2nd Prior Survey | 3rd Prior Survey | Survey Cycles |

| Report Details | Most Recent Period | 1st Prior Period | 2nd Prior Period | 3rd Prior Period | |
|---|---|---|---|---|---|

# CASPER Resident

| Survey Cycles | Current Survey | 1st Prior Survey | 2nd Prior Survey | 3rd Prior Survey | |
|---|---|---|---|---|---|
| Average Survey Date [1] | 2023 | 2021 | 2019 | 2018 | My Centers |
| | 2023 | 2021 | 2020 | 2019 | My Peers |
| Number of Centers [1] | 2 | 2 | 2 | 2 | My Centers |
| | 74 | 73 | 72 | 72 | My Peers |

| 1+ Assist | Current Survey | 1st Prior Survey | 2nd Prior Survey | 3rd Prior Survey | Survey Cycles |
|---|---|---|---|---|---|
| 1+ Assist: Bathing [1] | 99.1% | 99.7% | 99.4% | 98.0% | My Centers |
| | 98.4% | 98.4% | 98.5% | 98.5% | My Peers |
| 1+ Assist: Dressing [1] | 96.9% | 96.5% | 97.5% | 97.0% | My Centers |
| | 94.0% | 93.1% | 92.9% | 93.0% | My Peers |
| 1+ Assist: Toilet Use [1] | 94.7% | 94.6% | 96.2% | 95.4% | My Centers |
| | 89.0% | 87.4% | 87.6% | 87.9% | My Peers |
| 1+ Assist: Transferring [1] | 86.8% | 86.4% | 90.2% | 89.4% | My Centers |
| | 81.6% | 81.6% | 81.4% | 81.4% | My Peers |
| 1+ Assist: Eating [1] | 35.8% | 37.2% | 35.8% | 38.1% | My Centers |
| | 39.6% | 38.6% | 40.1% | 41.7% | My Peers |
| **Bowel/Bladder Status** | Current Survey | 1st Prior Survey | 2nd Prior Survey | 3rd Prior Survey | Survey Cycles |
| Catheterized [1] | 10.7% | 12.9% | 10.4% | 9.6% | My Centers |
| | 7.6% | 7.2% | 7.6% | 7.1% | My Peers |
| Catheterized Post Admission [1] | 2.8% | 2.5% | 2.8% | 1.7% | My Centers |
| | 1.7% | 1.7% | 1.8% | 1.5% | My Peers |
| Bladder Incontinence [1] | 77.7% | 72.2% | 70.3% | 71.9% | My Centers |
| | 69.4% | 69.8% | 67.0% | 66.7% | My Peers |
| Bowel Incontinence [1] | 53.1% | 45.7% | 36.7% | 44.7% | My Centers |
| | 44.6% | 42.6% | 38.3% | 38.0% | My Peers |
| **Mobility** | Current Survey | 1st Prior Survey | 2nd Prior Survey | 3rd Prior Survey | Survey Cycles |
| Physically Restrained [1] | 1.3% | 1.3% | 0.3% | 0.3% | My Centers |
| | 0.2% | 0.9% | 0.2% | 0.4% | My Peers |
| Physically Restrained Without Order at Admission [1] | 0.3% | 0.3% | 0.0% | 0.0% | My Centers |
| | 0.1% | 0.6% | 0.2% | 0.4% | My Peers |
| Ambulatory [1] | 4.1% | 6.0% | 3.5% | 6.6% | My Centers |
| | 6.5% | 6.5% | 6.0% | 5.6% | My Peers |
| Bedfast [1] | 4.1% | 1.3% | 0.6% | 1.0% | My Centers |
| | 2.7% | 2.3% | 2.4% | 2.0% | My Peers |
| Contractures [1] | 36.5% | 36.9% | 44.3% | 34.1% | My Centers |
| | 31.2% | 33.2% | 31.2% | 29.9% | My Peers |
| Contractures Developed Post Admission [1] | 6.9% | 4.4% | 7.6% | 7.3% | My Centers |
| | 5.2% | 5.1% | 4.9% | 4.5% | My Peers |
| Dementia [1] | 52.2% | 53.0% | 57.6% | 57.9% | My Centers |
| | 49.2% | 48.7% | 50.6% | 52.0% | My Peers |
| **Skin Integrity** | Current Survey | 1st Prior Survey | 2nd Prior Survey | 3rd Prior Survey | Survey Cycles |
| Pressure Sores- Stage 2+ [1] | 3.8% | 4.7% | 6.0% | 7.3% | My Centers |
| | 5.2% | 4.9% | 3.9% | 4.2% | My Peers |
| Pressure Sores- Stage 2+ Developed Post Admission [1] | 1.6% | 2.8% | 3.2% | 3.0% | My Centers |
| | 3.0% | 3.1% | 2.7% | 3.0% | My Peers |
| **Mental Status and Medication** | Current Survey | 1st Prior Survey | 2nd Prior Survey | 3rd Prior Survey | Survey Cycles |
| Psychiatric Disorders (Documented) [1] | 49.4% | 45.4% | 35.8% | 33.1% | My Centers |
| | 42.2% | 40.8% | 38.2% | 36.8% | My Peers |
| Antipsychotic Medications [1] | 22.6% | 21.1% | 14.9% | 13.9% | My Centers |
| | 22.8% | 21.2% | 19.1% | 19.6% | My Peers |

| Special Care | Current Survey | 1st Prior Survey | 2nd Prior Survey | 3rd Prior Survey | Survey Cycles |
|---|---|---|---|---|---|
| Hospice Services [1] | 6.6% | 5.4% | 4.7% | 2.6% | My Centers |
| | 4.4% | 4.0% | 4.7% | 3.4% | My Peers |
| Dialysis Services [1] | 2.8% | 3.2% | 1.9% | 3.0% | My Centers |
| | 1.2% | 1.4% | 1.1% | 1.4% | My Peers |
| Pain Management Program [1] | 77.7% | 79.5% | 77.2% | 73.2% | My Centers |
| | 64.7% | 60.7% | 65.8% | 67.0% | My Peers |
| **Other** | Current Survey | 1st Prior Survey | 2nd Prior Survey | 3rd Prior Survey | Survey Cycles |
| Advance Directives [1] | 94.0% | 99.4% | 99.7% | 86.4% | My Centers |
| | 71.4% | 65.6% | 61.2% | 67.3% | My Peers |
| Influenza Immunization Rate [1] | 89.3% | 84.5% | 90.8% | 96.4% | My Centers |
| | 79.4% | 79.0% | 79.8% | 81.1% | My Peers |
| Pneumococcal Vaccination Rate [1] | 94.7% | 89.0% | 96.2% | 96.0% | My Centers |
| | 84.4% | 82.7% | 83.8% | 85.3% | My Peers |

Data Source(s):

(1)   CASPER Resident Measures: CMS CASPER data based on 672 Resident Census and Condition Report. last updated: Dec 2023

***Resident Admissions, Room Transfers, and Discharges***

The following paragraphs describe the process for admission, internal facility room changes, and discharge criteria. It will discuss the limitations surrounding those decisions and what factors are considered.

Woodside Village accepts admissions Monday through Friday between the hours of 10 am and 2 pm. Woodside Village does not accept weekend admissions.

All the residents admitted to Woodside Village must meet the criteria for admission set by the North Dakota Level of Care as follows. Furthermore, the resident must continue to meet the North Dakota Level of Care to remain in the facility. If a resident no longer meets the North Dakota Level of Care, the interdisciplinary team will assist the resident with a safe discharge plan.

1. Minimum of one of the following criteria is required for placement
   a. Resident is in a comatose state
   b. Resident has significant respiratory problems
   c. Resident requires assistance with at least 2 of the 4 ADLS, 60% of the time
      Toileting – Transferring – Eating – Locomotion
   d. Resident requires aspiration or maintenance of a clear airway
   e. Resident has dementia that requires a skilled facility
2. Two or more of the following criteria are required for placement
   a. Resident needs help with medications
   b. One or more unstable medical conditions
   c. Resident has restorative potential
   d. Feedings by nasogastric, gastrostomy, jejunostomy, or parenteral route
   e. Care of decubitus ulcers, stasis ulcers, or other widespread skin disorders
   f. Resident requires assistance with at least 1 of the 4 ADLS, 60% of the time
      Toileting – Transferring – Eating – Locomotion

In addition to the criteria above, Hearthstone has its own admission and discharge criteria. The resident must have a medical diagnosis of dementia. The resident must require a protective, secure environment for safety. The resident must be able to benefit from a structured, therapeutic, communal environment to successfully function at his/her highest level. The Admissions Team will complete a clinical screening to determine each resident's need. The Licensed Social Worker and RN Care Coordinator from the Hearthstone neighborhood conduct the clinical screening for the Hearthstone neighborhood.  If the need exceeds our capabilities, admission may be denied.

*Facility Limitations or Potential Reasons for Denial of Admission*

The Admissions team will complete a clinical screening to determine each resident's need. If the need exceeds our capabilities, admission may be denied.

Examples of the facility limitations and/or potential reasons that an admission may be denied are as follows:

- No payer source for the expected length of stay - Admission may be denied if resident does not have an applicable payer for the expected length of stay. The Admissions team will consult the Accounts Receivable Manager when needed. Every attempt will be made to assist the resident in finding an applicable payer source.

- Non-payment of prior stay with Valley Senior Living - Admission will be denied if the applicant is a previous resident or tenant who has an outstanding bill with Valley Senior Living. All bills must be paid in full before any readmission.

- Cost of medications or treatments – Admission may be denied if the cost of a particular medication or treatment far exceeds the expected reimbursement for the resident's care. Every attempt will be made to determine if alternate medications or treatments could be less costly. The Admissions team routinely consults with the prescribing providers and the consulting pharmacy on the cost of medications and treatments.

- Unstable vital signs or laboratory findings – Admission may be denied if the resident has unstable vital signs or laboratory findings that cannot be managed in the skilled nursing facility. It must be reasonable that all the care the resident needs can be provided in the facility. The Admissions team will consult the Medical Director or designee on a case-by-case basis to determine if the resident's needs can be managed in the skilled nursing facility. Example: A transfusion-dependent resident may be denied admission due to the facility's inability to provide blood products to the resident.

- IV fluid and medication administration – Admission will be denied if IV fluids or IV medications are necessary for the resident's routine care. The Medical Director has determined that we will not accept residents needing IV fluids and most IV medications, except some IV antibiotics.  Residents receiving IV fluids and IV medications, such as IV blood pressure medications, require acute care monitoring. Residents will be accepted on most long-term antibiotic therapy regimens administered through a PICC, tunneled central line, or a port if the treatment plan is stable and appropriate labs and follow-up appointments are scheduled before moving in. Peripheral lines are not accepted. Special circumstances may be applicable for residents on Hospice when the care is provided by Hospice staff. For example: Hospice may administer medications through a subcutaneous port or through a subcutaneous pump to meet the needs of a resident on Hospice.

- Dementia with a need for a secured neighborhood – Admission will be denied if the resident has dementia, requires a secure neighborhood to ensure safety and a bed is not available within the Hearthstone neighborhood. Woodside Village has a Roam Alert system that is used for residents at risk of wandering. If a current resident starts to exhibit increased wandering behaviors and the Interdisciplinary Team feels a secured neighborhood is necessary for the safety of the resident, the Interdisciplinary Team will assist with a safe discharge plan if there is no availability within Hearthstone.

- COVID-19 – A COVID-19 positive resident who is a full code and is displaying symptoms of worsening respiratory failure may be transferred to an acute care setting. A COVID-19 positive resident who is in a semi-private room will need to transfer to a private room if the roommate is not also positive.

- C-pap, Bi-pap, V-pap, nebulizers, and oxygen needs – Admission may be denied if a resident's oxygen needs exceed the facility's limitations. Woodside Village provides residents with C-pap, Bi-pap, V-pap, nebulizers, and oxygen that can be administered with a 5-liter or 10-liter concentrator or a combination of two concentrators. The Admissions team will consult the Medical Director or designee on a case-by-case basis to determine if the resident's needs can be managed in the skilled nursing facility. The Admissions team will also consult with the consulting respiratory staff to see if a resident's need can be met with our equipment.  If a resident requires a C-pap, Bi-pap, or V-pap, the equipment settings will be obtained by the Admissions team and will be set before moving in. If a resident requires a nebulizer or oxygen concentrators, the Admissions team will work with Nursing Supply to obtain equipment before the resident moving in. Special circumstances may be applicable for residents on Hospice when Hospice provides the special equipment and training on the equipment.

- Tracheostomies – Admission may be denied if a resident requires a tracheostomy. If a resident has a stable tracheostomy where routine cares can be predicted, admission to the facility may be considered. The Admissions team will consult the Medical Director or designee on a case-by-case basis to determine if the resident's needs can be managed in the skilled nursing facility. The Admissions team will work with the Staff Development RN to ensure that direct care staff training will be provided on the resident's tracheostomy cares before the resident moving in. The Admissions team will also ensure that all the resident's equipment needs are available before move-in.

- Ventilators –Admission will be denied if the resident requires a ventilator. The Medical Director has determined that we will not accept residents on ventilators.

- Airborne Isolation – Admission will be denied if the resident has an active infectious disease or condition that requires airborne isolation, such as tuberculosis. There are no rooms equipped with airborne isolation within the facility.

- Tuberculosis - Individuals with known active TB must have been treated for at least two weeks before admission and must have three consecutive negative AFB sputum cultures (collected at 8-24 hour intervals) before they can be admitted or readmitted. Before the facility admits or readmits anyone who has recently been treated as an inpatient or outpatient for active TB, the Medical Director and/or provider will consult with referring providers and determine whether treatment was adequate, and the admission is appropriate.

- Feedings by nasogastric, gastrostomy, jejunostomy, or parenteral route –The Medical Director at Valley Senior Living has determined that we will not accept residents on parenteral feedings. Nasogastric feedings are evaluated on a case-by-case basis. A resident requiring feedings via nasogastric route must have a short-term plan for such feeding and the plan must be approved by the Medical Director or designee before moving in. Gastrostomy and Jejunostomy feeding are generally accepted. The resident must tolerate the feeding at the set goal rate before moving in. The Admissions team will work with the Dietitian to consult and convey the feeding plans before admission.

- Nasogastric Suction – Admission may be denied if the resident requires nasogastric suction. The Admissions team will consult the Medical Director or designee on a case-by-case basis to determine if the resident's needs can be managed in the skilled nursing facility. Special circumstances may be applicable for residents when Hospice provides the suction supplies and assists with staff training on the resident's suction cares.

- Drains – Admission may be denied if the resident's drain needs are too complex. Jackson Pratt, Hemovac, and Biliary drains are common in the skilled nursing facility. The Admissions team will consult the Medical Director or designee on a case-by-case basis to determine if the resident's needs can be managed in the skilled nursing facility. Special circumstances may be applicable for more complex drainage systems like an indwelling peritoneal catheter.

- PleurX Drains – Admission may be denied if a resident requires PleurX drains. The number of drains and frequency of the drainage procedure will be taken into consideration as these factors determine the cost of supplies and the cost of care of the resident. The Admissions team will consult with the Medical Director or designee on a case-by-case basis. If a resident is accepted with PleurX Drain needs, the Admissions department will work with the Staff Development RN to ensure that direct care staff training will be provided. The Admissions team will also work with Nursing Supply to ensure that all supplies are available prior to moving in. Special circumstances may be applicable for residents on Hospice when Hospice provides the drain kits and assists with drain cares.

- Wounds – Some wounds require routine dressing changes, and some wounds require wound vac systems. The Admissions team will consult with the Certified Wound Care Nurse at Valley on Columbia on a case-by-case basis to determine if we can care for complex wounds that do not require a wound vac system. The facility can care for residents with

short-term, self-contained incisional wound vacs that do not require dressing changes, are placed typically by a surgeon, and are left in place until the surgeon removes them. The facility does not provide care for new residents with traditional, longer term wound vac systems that require free-standing or portable negative pressure vac machines and routine dressing changes. If a current resident requires a longer term free standing or portable wound vac system that requires dressing changes, the interdisciplinary team with a lead from the RN Care Coordinator ensures that we have all the necessary supplies from the wound vac vendor and that the staff is adequately trained on that particular wound vac system and the resident's needs. Admission may be denied if the wound care is too complex to perform in the SNF or if the cost of supplies and staff time exceeds the cost of reimbursement.

- Dialysis – Woodside Village collaborates with DaVita Dialysis and Aurora Dialysis in Grand Forks for residents' hemodialysis needs. The facility also collaborates with dialysis providers for peritoneal dialysis. Admission of a resident on peritoneal dialysis cannot be considered until the peritoneal dialysis nurse conducts resident-specific training with every nurse in the facility that may care for the resident. This type of training can take time and may limit the facility's ability to accept a resident on peritoneal dialysis.

- Implants/Devices – Medical implants such as pacemakers, defibrillators, pain pumps, and subcutaneous ports are very common and routinely cared for at Woodside Village. There are many other implants and devices that are less common such as external defibrillator vests, vagal nerve stimulators, and bone stimulators that will need to be evaluated on a case-by-case basis. The facility may need to develop policies and procedures for these devices and train staff on how to care for the devices before moving in.

- Traumatic Brain Injury – The limitation of the facility exists when the behavior of a resident with a TBI results in aggressive or abusive behavior to other residents, family members, or visitors. The Admissions team will consult the Medical Director or designee on a case-by-case basis to determine if the resident's needs can be managed in the skilled nursing facility.

- Aggressive or Abusive Behavior – Admission may be denied if the resident's behavior could cause harm to the resident or others at Woodside Village. Those issues need to be addressed and stabilized before being reconsidered for admission.  The Admissions team will work with the Medical Director or designee to determine if the needs of a physically or verbally aggressive resident can be met by Woodside Village.

- Bariatric Needs – Woodside Village has several rooms on the Prairieview and Heartland neighborhoods equipped with a ceiling lift system. The Admissions team will determine on a case-by-case basis depending on the bariatric equipment needs, the current bariatric equipment available, and the number of staff it would take to safely lift and transfer the resident when necessary. The Admissions team will coordinate with the Director of Nursing Services to determine if the facility can meet the resident's bariatric needs.

- Overall Medical Complexity of the Resident – While the facility might accept a resident with a number of the previously stated clinical needs, the totality of a resident's clinical complexity may affect the Admissions team's decision to admit a resident. The Admissions team may consult with the Medical Director or designee for this final determination.

- Tobacco Policy - All residents must agree to not smoke or use tobacco products (including e-cigarettes) in Woodside Village or on the property before moving in. If the resident does not agree to abide by the Valley Senior Living tobacco policy, the admission will be denied. Furthermore, those residents who agreed to abstain from the use of tobacco products and violated the tobacco policy during a previous stay may be denied any further admissions. The Admissions team will work with the primary providers and the resident for smoking cessation when the resident is a current tobacco user and will need assistance quitting tobacco use upon moving in.

- Medical Marijuana and Cannabidiol (CBD) - Though medical marijuana is legal in North Dakota, the Federal Controlled Substances Act makes marijuana illegal even for medical purposes. Since we receive federal funding, our facility is required to have certain restrictions. Our staff will not store or administer medical marijuana. Medical marijuana is not allowed anywhere on our property which includes the resident's room, the facility, and the grounds of the facility. CBD can be used as long as it is properly labeled with the listed amount of CBD on the label; contains no more than 0.3% THC; has a listed manufacturer, and expiration date; and the following statement: "product does not claim to diagnose, treat, cure, prevent disease and has not been evaluated or approved by the FDA." Hemp-derived CBD is not regulated by the DEA (it is not a controlled substance). As long as the CBD is hemp-derived and meets the above criteria, it is allowed.

- Sex Offenders/Criminal History – Admission may be denied if a person has a history of sexual or other criminal offenses and the Admissions team determines that there is a likelihood that the SNF vulnerable population could be at risk for harm. The Admissions team will consult with the Director of Nursing and/or the Administrator on a case-by-case basis to determine if admission will be accepted or denied.

- Other Populations not commonly cared for in a skilled nursing facility that would need to be discussed with the Medical Director or designee would include:
  - Those with suicidal behavior
  - Those with acute mental health conditions
  - Those with illegal drug or other addictions
  - Those who are pregnant
  - Those who are under the age of 18

In conclusion, the Admissions team will determine if we can meet a resident's needs based on the clinical screening information. If the Admissions team has any questions or concerns related to a specific portion of the resident's needs or the facility's ability to care for the resident, they

will consult with the appropriate department or outside provider. Most of the assistance comes from the Medical Director or designee to help determine if a resident is stable enough to be admitted to the skilled nursing facility. The Staff Development RN is often consulted to ensure staff are trained and prepared to care for a certain aspect of a resident's care and Nursing Supply is consulted to assist in gathering supplies and equipment before moving in. The list of potential professions that may assist the Admissions team or be consulted for a decision is as follows:

- Internal - Medical Director or designee, Nurse Practitioner, Administrator, Director of Nursing, Assistant Director of Nursing, Director of Social Services, Licensed Social Workers, Staff Development RN, Infection Preventionist, RN Certified Wound Care Nurse, Safety Director, Nursing Supply, Dietitians, Chaplain, PT/OT/SLP, and Accounts Receivable

- External – Primary Providers, Discharge Planners, DaVita or Aurora Dialysis, Altru Cancer Center, Ethos Hospice, Red River Valley Hospice, Altru Wound Clinic, Altru Infectious Disease, Rural Psychiatry Associates, Infinity Health, Altru Respiratory Therapy, Altru Home Infusion – cost and supply of IV antibiotics, Thrifty White Drug Pharmacy – cost and supply of medications, Walls Pharmacy, and Altru Clinic Pharmacy

*Acuity*

The acuity of Woodside Village for the facility assessment was based on the Case Mix Report from September 9, 2024. On that day, the number of residents in each major RUG-IV category were as follows:

| Major RUG-IV Categories | Hearthstone | Heartland | Prairieview | Oakcrest |
|---|---|---|---|---|
| Rehabilitation Plus Extensive Services | 0 | 0 | 0 | 0 |
| Rehabilitation | 0 | 2 | 0 | 1 |
| Extensive Services | 0 | 0 | 0 | 0 |
| Special Care High | 0 | 3 | 2 | 0 |
| Special Care Low | 1 | 3 | 9 | 5 |
| Clinically Complex | 1 | 3 | 4 | 3 |
| Behavioral Symptoms and Cognitive Performance | 10 | 4 | 6 | 2 |
| Reduced Physical Function | 15 | 23 | 19 | 18 |
| Residents without Assessments | 0 | 0 | 0 | 0 |
| Open Rooms | 0 | 0 | 0 | 0 |

The Woodside Village 672 – Resident Census and Conditions of Residents Report was run on September 9, 2024. On that day, the number of residents with the following special treatments and conditions were as follows:

| Special Treatment or Condition | Hearthstone | Heartland | Prairieview | Oakcrest |
|---|---|---|---|---|
| Hospice Care | 3 | 3 | 0 | 3 |
| Radiation | 0 | 0 | 0 | 0 |
| Chemotherapy | 0 | 0 | 0 | 0 |
| Dialysis | 0 | 0 | 0 | 0 |
| IV Therapy or Blood Transfusion | 0 | 0 | 0 | 0 |
| Respiratory Treatment | 0 | 4 | 2 | 1 |
| Tracheostomy Care | 0 | 0 | 0 | 1 |
| Ostomy Care | 0 | 1 | 0 | 0 |
| Suctioning | 0 | 0 | 0 | 0 |
| Injections | 5 | 8 | 9 | 5 |
| Tube Feeding | 0 | 0 | 1 | 0 |
| Mechanically Altered Diet | 12 | 11 | 10 | 14 |
| Rehabilitative Services | 0 | 1 | 1 | 0 |

| | | | | |
|---|---|---|---|---|
| Assisted Devices while eating | 10 | 19 | 14 | 15 |
| Antipsychotic Medication | 12 | 3 | 3 | 6 |
| Antianxiety Medication | 6 | 6 | 3 | 6 |
| Antidepressant Medication | 24 | 23 | 27 | 22 |
| Hypnotic Medications | 0 | 1 | 0 | 1 |
| Antibiotics | 0 | 7 | 3 | 0 |
| On a pain management program | 23 | 30 | 33 | 22 |
| Unplanned sig weight loss/gain | 4 | 2 | 6 | 1 |
| Do Not Speak English | 0 | 0 | 0 | 0 |
| Use Non-oral Communication | 0 | 0 | 1 | 0 |
| Indwelling or External Catheter | 2 | 4 | 6 | 1 |
| Physically Restrained | 0 | 0 | 0 | 1 |
| Dementia Diagnosis | 27 | 25 | 26 | 16 |
| Pressure Ulcers | 0 | 2 | 0 | 0 |

| Special Treatment or Condition | Woodside Village |
|---|---|
| Hospice Care | 9 |
| Radiation | 0 |
| Chemotherapy | 0 |
| Dialysis | 0 |
| IV Therapy or Blood Transfusion | 0 |
| Respiratory Treatment | 7 |
| Tracheostomy Care | 1 |
| Ostomy Care | 1 |
| Suctioning | 0 |
| Injections | 27 |
| Tube Feeding | 1 |
| Mechanically Altered Diet | 47 |
| Rehabilitative Services | 2 |
| Assisted Devices while eating | 58 |
| Antipsychotic Medication | 24 |
| Antianxiety Medication | 21 |
| Antidepressant Medication | 96 |
| Hypnotic Medications | 2 |
| Antibiotics | 10 |
| On a pain management program | 108 |
| Unplanned sig weight loss/gain | 13 |
| Do Not Speak English | 0 |
| Use Non-oral Communication | 1 |
| Indwelling or External Catheter | 13 |
| Physically Restrained | 1 |
| Dementia Diagnosis | 94 |
| Pressure Ulcers | 2 |

The Woodside Village 672 – Resident Census and Conditions of Residents Report was run on September 9, 2024. On that day, assistance with ADL needs for each neighborhood was as follows:

**Woodside Village**

| Assistance with Activities of Daily Living | Independent | Assist of 1-2 Staff | Dependent |
|---|---|---|---|
| Bathing | 0 | 107 | 35 |
| Dressing | 4 | 93 | 56 |
| Transferring | 32 | 78 | 31 |
| Toileting | 4 | 85 | 50 |
| Eating | 100 | 21 | 13 |
| | **Independent** | **Assistive Device Used to Ambulate** | **In Chair Most of Time** |
| Mobility | 8 | 60 | 99 |

**Hearthstone Neighborhood**

| Assistance with Activities of Daily Living | Independent | Assist of 1-2 Staff | Dependent |
|---|---|---|---|
| Bathing | 0 | 14 | 13 |
| Dressing | 0 | 17 | 10 |
| Transferring | 14 | 6 | 7 |
| Toileting | 0 | 10 | 8 |
| Eating | 16 | 11 | 0 |
| | **Independent** | **Assistive Device Used to Ambulate** | **In Chair Most of Time** |
| Mobility | 8 | 7 | 13 |
| | | | |

**Heartland Neighborhood**

| Assistance with Activities of Daily Living | Independent | Assist of 1-2 Staff | Dependent |
|---|---|---|---|
| Bathing | 0 | 36 | 10 |
| Dressing | 0 | 38 | 24 |
| Transferring | 5 | 32 | 8 |
| Toileting | 0 | 37 | 19 |
| Eating | 33 | 2 | 4 |
| | **Independent** | **Assistive Device Used to Ambulate** | **In Chair Most of Time** |
| Mobility | 0 | 16 | 29 |

**Prairieview Neighborhood**

| Assistance with Activities of Daily Living | Independent | Assist of 1-2 Staff | Dependent |
|---|---|---|---|
| Bathing | 0 | 34 | 6 |
| Dressing | 2 | 27 | 6 |
| Transferring | 7 | 28 | 5 |
| Toileting | 2 | 29 | 5 |
| Eating | 32 | 4 | 3 |
|  | Independent | Assistive Device Used to Ambulate | In Chair Most of Time |
| Mobility | 0 | 24 | 29 |


**Oakcrest Neighborhood**

| Assistance with Activities of Daily Living | Independent | Assist of 1-2 Staff | Dependent |
|---|---|---|---|
| Bathing | 0 | 23 | 6 |
| Dressing | 2 | 11 | 16 |
| Transferring | 6 | 12 | 11 |
| Toileting | 2 | 9 | 18 |
| Eating | 0 | 23 | 6 |
|  | Independent | Assistive Device Used to Ambulate | In Chair Most of Time |
| Mobility | 0 | 13 | 25 |


*Ethnic, Cultural, Religious Factors or Personal Resident Preferences*

This section addresses the ethnic, cultural, or religious factors or personal resident preferences that may potentially affect the care provided to residents by the facility. Examples may include activities, food and nutrition services, languages, clothing preferences, access to religious services, or religious-based advanced directives.

Valley Senior Living is sensitive to religious preference through the employment of two full-time chaplains and three PRN chaplains. One chaplain is designated as full-time for Woodside Village. There is Monday through Friday and on-call weekend spiritual care provided by our Chaplaincy team. Chaplaincy provides non-denominational Protestant services and Bible studies, and priests from local Catholic churches provide Mass and Rosary weekly. Our chaplains provide one-to-one visits for residents in need of spiritual care on a routine and as-needed basis. For people that have religions other than Christianity, our chaplains are a

resource for our residents and staff regarding issues of spirituality and accessing other local faith communities.

Communicating with people with Limited English Proficiency is described in a Social Services policy which delineates the roles of staff, interpreters, and a 24-hour language phone line to assist with interpreting. The Social Workers will coordinate with Nursing and Life Enrichment staff or other appropriate disciplines on the use of communication devices such as pictures, an iPad, a computer, or other available technology used as a translation source to enhance communication. Common phrases of the resident's language will be made available to neighborhood staff. The resident's care plan will address the most effective communication techniques.

Dining Services provides many accommodations within diet preferences such as options for a vegetarian diet. The facility accommodates religious preferences such as meal choices other than meat on Fridays during Lent or pork-free meal options. Dining Services is limited in that the storage and preparation of food may be commingled. For example, if someone is of the Jewish faith, Dining Services can order pre-prepared kosher items, but the items will be stored and prepared in the same spaces and equipment as non-kosher food items. Dining Services purchases special foods for people with medical conditions such as Celiac disease. A reusable toaster bag for the toaster or a separate toaster is used to accommodate gluten-free diets; however, the main kitchen is not gluten-free. Dining Services has also prepared recipes specific to a person's ethnicity or religious preference within reasonable accommodations.

A resident may prefer only female caregivers which nursing can accommodate due to the large percentage of nursing staff who are female. Nursing is not able to accommodate only male caregivers based on preference, but male caregivers would be assigned when able.

Choices about treatment or withholding treatment due to religious preferences would be accommodated if staff is informed, it is the choice of the primary decision maker, it is consistent with a healthcare directive if available, and it does not violate state or federal regulations.

Plans of care will address resident preferences. Residents have choices in the food they eat. Residents choose the types of activities in which they would like to participate. Life stories have been created for each resident to inform staff about the history and preferred activities of each resident.

# Part 2: Services and Care Offered Based on Resident Needs

*Resident Support and Care Needs*

The following list reflects the types of care provided to residents. The section in Part 1 entitled "Facility Limitations or Potential Reasons for Denial of Admission" discusses areas in which care and services may be limited based on resident needs.

| General Care | Specific Care or Practices |
|---|---|
| Activities of daily living | Bathing, showers, oral/denture care, dressing, eating, support with needs related to hearing/vision/sensory impairment; supporting resident independence in these activities |
| Mobility and fall/fall with injury prevention | Transfers, ambulation, restorative nursing, contracture prevention/care; supporting resident independence in these activities |
| Bowel/bladder | Bowel/bladder toileting programs, incontinence prevention and care, intermittent or indwelling or other urinary catheters, ostomy, responding to requests for assistance to the bathroom/toilet promptly to maintain continence and promote resident dignity |
| Skin integrity | Pressure injury prevention and care, skin care, wound care (surgical, other skin wounds), Certified Wound and Ostomy Nurse available for consultation and education, and Altru Wound Clinic consults |
| Mental health | Manage the medical conditions and medication-related issues causing psychiatric symptoms and behavior, identify and implement interventions to help support individuals with issues such as dealing with anxiety, care of someone with cognitive impairment, care of individuals with depression, trauma/PTSD, other psychiatric diagnoses, and intellectual or developmental disabilities. Rural Psychiatry Associates and Infinity Health consults. Licensed Clinical Social Worker on site provides staff support, consultation for plans of care, and counseling for residents. |
| Medications | Awareness of any limitations of administering medications Administration of medications that residents need By route: oral, nasal, buccal, sublingual, topical, subcutaneous, rectal, intravenous (PICCs, Ports or Tunneled Central Lines Only), intramuscular, inhaled (nebulizer), vaginal, ophthalmic, etc. Assessment/management of polypharmacy provided by Thrifty While Drug Consulting Pharmacy. |

| | |
|---|---|
| Pain management | Assessment of pain, pharmacological and nonpharmacological pain management |
| Infection prevention and control | Identification and containment of infections, prevention of infections, Facility employed Infection Preventionist |
| Management of medical conditions | Assessment, early identification of problems/deterioration, management of medical and psychiatric symptoms and conditions such as heart failure, diabetes, chronic obstructive pulmonary disease (COPD), gastroenteritis, infections such as UTI and gastroenteritis, pneumonia, hypothyroidism |
| Therapy | PT, OT, Speech/Language, Music, Art |
| Other special care needs | Dialysis, hospice, ostomy care, tracheostomy care, bariatric care, palliative care, end-of-life care |
| Nutrition | Individualized dietary requirements, liberal diets, specialized diets, tube feeding, cultural or ethnic dietary needs, assistive devices, fluid monitoring or restrictions |
| Provide person-centered/directed care: Psycho/social/spiritual support: | Build relationships with resident<br>Find out what the resident's preferences and routines are; what makes a good day for the resident; what upsets him/her and incorporate this information into the care planning process.<br>Record and discuss treatment and care preferences<br>Support emotional and mental well-being; support helpful coping mechanisms<br>Support resident having familiar belongings<br>Provide culturally competent care: learn about resident preferences and practices regarding culture and religion<br>Provide or support access to religious preferences, use or encourage prayer as appropriate/desired by the resident<br>Provide opportunities for social activities/life enrichment (individual, small group, community)<br>Support community integration if the resident desires<br>Prevent abuse and neglect<br>Identify hazards and risks for residents<br>Offer and assist resident and family caregivers (or other proxy as appropriate) to be involved in person-centered care planning and advanced care planning<br>Provide family/representative support |

In addition to the types of care listed above, Woodside Village has additional facility capabilities:

- One full-time physician serves as the Medical Director and a full-time nurse practitioner

shared with Valley Senior Living on Columbia are in the facility from Monday through Friday.  Two other physicians serve with them in a 24/7 on-call team for the facility.

- Staff completes routine lab draws onsite when possible. Other labs and diagnostic testing such as EKGs, imaging, ultrasound, and X-rays are examples of tests that take place outside the facility but are conveniently available within the community.

- Consulting Psychiatry makes onsite monthly rounds and as needed.

- Facility-employed Board-Certified Infection Preventionist

- Facility-employed Certified Wound Care Nurse

- Contracted Licensed Clinical Social Worker provides staff support, consultation for plans of care, and counseling for specific residents with behavioral health needs

- Physical Therapy, Occupational Therapy, and Speech Therapy contracted through Altru on a Monday through Saturday basis. Respiratory Therapy supports the facility in providing the necessary equipment and training.

- Music Therapists are employed by Woodside Village who provide services on a one-on-one or group basis.

- Consulting Pharmacy services on all admissions, readmissions, and discharges in addition to monthly reviews. The consulting pharmacy stocks the emergency kits with commonly used medications. All pharmacies providing services to Woodside Village are to provide 24-hour and 7-day-a-week service and use a carded medication system.

# Part 3: Facility Resources Needed to Provide Competent Support and Care for the Resident Population Every Day and During Emergencies

*Staff Type and Staffing Plan*

The leadership of Woodside Village considers several parameters in staffing its departments in a way that will provide quality of care and quality of life for our residents:

- BUDGETING PROCESS: Through the budgeting process, leadership and department supervisors determine yearly the number of hours budgeted for each job type throughout the organization. It is reviewed by the Finance Committee of the Board of Directors and approved by the Executive Committee of the Board of Directors. During the budget year, changes may occur due to changes in census or intensity of need for a particular service as approved by the Administrator.

- MONITORING: To monitor that we are meeting the budgeted staffing goals, biweekly payroll reports are given to supervisors and leadership to monitor actual to budgeted hours. The total number of employees, vacant nursing positions, vacant FTEs, and percentages of incentive and overtime pay are monitored by our recruitment and retention committee. The Executive Committee of the Board of Directors receives monthly reports on these activities.

- WEEKDAY/WEEKEND/HOLIDAY/CRITICAL STAFFING: Nursing policies delineate budgeted and critical staffing patterns and incentive pay methods to ensure proper staffing. A recent improvement activity has been to add the number of float positions necessary to achieve a weekly 95% level of budgeted to actual staffing ratio on a neighborhood basis by shift by CNA or nurse. The post-pandemic requirement of continuing to not work until COVID has been ruled out by two antigen tests 48 hours apart or a PCR test has led to the need for additional float positions.

- MEMORY CARE VS LONG TERM CARE STAFFING:  The acuity of Hearthstone is lower than the other long term care neighborhoods.  However, we maintain the same number of nursing staff to care for the different needs of the Hearthstone population.  A CNA provides Life Enrichment programming in the late afternoon to support residents who have a lowered stress threshold at that time of day.  The primary Housekeeper on Hearthstone is a Certified Nursing Assistant, which enables them to support behavioral needs and assist with cares when necessary.

- AMOUNT OF STAFF: The number of positions and types of positions that we staff are based on the following factors:
    - Nursing: Woodside Village has a goal of meeting the threshold of 5-star staffing. The overall staffing level for nursing has met the 5-star level since the inception of the system. There are times in which a lack of RN availability in the job market could lower the facility staffing star rating to a 4-star level overall.
    - All departments: Woodside Village compares staffing levels with a yearly North Dakota skilled nursing facility comparison database on a department-by-department basis to ensure that we are staffing at an appropriate level.
    - The following chart represents the staffing rating based on six PBJ measures. It demonstrates that Woodside Village has been attaining its goal of 5-star staffing.

## Your Staffing Rating Breakdown

In April 2024, CMS adjusted the staffing scoring methodology to penalize missing turnover data. Missing rates will be scored at the lowest points possible (e.g. 5 out of 50 points) instead of having scoring re-based to allow for missing data. For more details, see CMS's Five-Star Technical Manual and this CMS Memo from Sept 2023.

The tables below summarize your center's current staffing rating.

Separately, CMS has frozen the HPRD measures starting in April 2024 for one quarter as they shift to PDPM-based staffing acuity. Thus, your star rating is currently based on 2023q3 PBJ data. In July 2024, CMS will adjust the scoring thresholds to minimize the impact on star ratings.

### Measures and Scoring Determining Your Center's Staffing Rating Presently

| PBJ Measure | Current Performance (Based on 2023q3 Data) | | |
|---|---|---|---|
| | Performance | Points Earned | Points Possible |
| Total Nurse HPRD | 5.287 | 100 | 100 |
| Weekend Total Nurse HPRD | 4.556 | 50 | 50 |
| RN HPRD | 1.088 | 90 | 100 |
| Total Nurse Turnover^ | 42.8% | 40 | 50 |
| RN Turnover^ | 32.0% | 45 | 50 |
| Administrator Turnover^ | 0 | 30 | 30 |
| **Total Points** | | 355 | 380 |

^- Turnover measures reflect a year of data
N/A- Not Available. PBJ data is missing or incomplete for measure.
All HPRD measures are adjusted for case-mix

### Your Center's Staffing Star Rating

| | Current Performance (Apr 2024) |
|---|---|
| Total Points Earned | 355 |
| Scaled Total Score** | Not Applicable |
| Days with no RN~ | 0 |
| Staffing Star Rating | 5 Stars |
| Star Rating Footnote | -- |

**- Prior to April 2024 if measure(s) are missing, the total score will be re-scaled to 380.
~- Four or more days with no RN hours result in an automatic 1 star staffing rating

- CARE NEEDS ARE ADDRESSED THROUGH AN EVIDENCE-BASED, DATA-DRIVEN METHOD FOR STAFFING: Nursing leadership reallocates staffing by reviewing the numbers of residents who need total assistance with meals and who require assistance of two for transfers. This analysis is compared to call light statistics and actual staffing levels to determine if we are meeting resident needs on a timely basis. Individual resident assessments determine the case mix and activities for daily living assistance for an evidenced-based, data-driven method of staffing. Ongoing adjustments to staffing are made by the Assistant Directors of Nursing. The following is a sample report that is distributed weekly so call lights, hours worked, call-in hours, and acuity are analyzed.

| Sufficient Staffing Anaylsis | | Valley on Columbia | | | | | Woodside Village | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Week Ending: **7/21/2024** | | VT | AL | LN | RS | RE | OC | PV | HL | HS | |
| % of Call Lights that Met Standard Normal - 5 Min Bath - 3 Min | Normal - Day Shift | 66% | 77% | 67% | 67% | 81% | 70% | 76% | 69% | - | |
| | Bath - Day Shift | 65% | 67% | 62% | 69% | 64% | 73% | 61% | 76% | 100% | |
| | Normal - PM Shift | 76% | 75% | 86% | 66% | 74% | 93% | 74% | 75% | 100% | >=70% |
| | Bath - PM Shift | 67% | 67% | 63% | 46% | 33% | 90% | 68% | 75% | 67% | <70% |
| | Normal - NOC Shift | 95% | 89% | 92% | 82% | 83% | 98% | 91% | 91% | - | |
| | Bath - NOC Shift | 88% | 100% | 88% | 70% | 67% | 100% | 95% | 90% | - | |
| # Overtime Calls Normal > 20 Min Bath > 12 Min | Day Shift | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | |
| | PM Shift | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 2 | 0 | >5 |
| | NOC Shift | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| % Actual Hours Worked to Scheduled Hours | Days - CNA | 100% | 106% | 100% | 100% | 109% | 101% | 102% | 104% | 97% | |
| | PMs - CNA | 100% | 109% | 100% | 100% | 105% | 106% | 104% | 108% | 104% | |
| | NOCs - CNA | 100% | 100% | 100% | 100% | 100% | 114% | 100% | 95% | 93% | <95% |
| | Days - Nurse | 97% | 92% | 95% | 98% | 100% | 100% | 100% | 100% | 100% | >105% |
| | PMs - Nurse | 100% | 100% | 100% | 100% | 100% | 96% | 93% | 100% | 97% | |
| | NOCs - Nurse | 78% | 100% | 100% | 100% | 100% | 91% | 100% | 87% | 93% | |
| CNA Call In Hours | Day Shift | 16 | 8 | 48 | 8 | 8 | 7.75 | 38.5 | 15.5 | 7.75 | |
| | PM Shift | 40 | 7.75 | 7.75 | 0 | 23.25 | 0 | 15.5 | 12.75 | 0 | |
| | NOC Shift | 0 | 0 | 7.75 | 7.75 | 0 | 15.5 | 0 | 14.5 | 7.75 | |
| % Two Person Transfer Assistance | | 20% | 40% | 32% | 30% | 45% | 33% | 10% | 23% | 21% | top 2 - each building |
| % Assistance with Meals | | 7% | 18% | 16% | 8% | 18% | 20% | 8% | 10% | 18% | |
| 7/9/2024 | Case Mix | 1.43 | 0.98 | 1.02 | 1.06 | 1.05 | 0.96 | 0.9 | 1 | 0.93 | |
| 7/9/2024 | ADL Score | 10 | 9 | 9 | 9 | 9 | 9 | 8 | 9 | 10 | |

- RECRUITMENT AND RETENTION PLAN – The Human Resources policy manual contains numerous policies and procedures designed to recruit and retain qualified staff. 209.1 through 209.22 outlines specific benefits for employees at Valley Senior Living. Annual review of staff compensation and benefits by Executive Leadership combined with an active Recruitment and Retention Committee monitors the ongoing effectiveness of recruitment and retention practices.
  - STAFF COMPENSATION/BENEFITS: Compensation and benefits are based on several factors:
    - Payment and benefit comparisons are done yearly with local healthcare facilities and other ND long term care facilities.

- ND Department of Health and Human Services payment system limitations: Valley Senior Living on Columbia attempts to not exceed the limits in direct, other direct, and indirect cost categories.
- Nursing scholarships and loan repayment programs are key tools to recruiting and retaining nurses within our organization. Valley Senior Living will pay up to a $15,000 lifetime maximum per employee for these programs. Employees can apply on a semi-annual basis.

o RECRUITMENT AND RETENTION COMMITTEE: **Valley Senior Living has not utilized a staffing agency for nursing since 2003.** A Recruitment and Retention Committee meets every other week consisting of nursing leadership, human resources, marketing, and administration. Retention and recruitment strategies are discussed in addition to the monitoring of open nursing positions. In times of high periods of vacant positions, Valley Senior Living staff is committed to consistent staffing and increasing financial incentives to our staff to meet resident needs. The following guidelines have been used to respond to the changing nature of our organization's response to open nursing positions:

**Responses to Open Positions**

| Rank (1 least vacancies - 10 most vacancies) | Vacancy Range After Completion of a CNA Class | Action |
|---|---|---|
| -5 | Less than 1% | Decrease advertising presence |
| -4 | Less than 3% | No guarantee of full time for some CNA class participants |
| -3 | Less than 5% | Limit slots in the CNA class, teach class every six weeks |
| -2 | Less than 5% | Flex staff do not need to meet mandatory requirements |
| -2 | Less than 5% | Flex staff start to take scheduled positions to get hours |
| -2 | Less than 5% | Incentive use low, no authorized double pay unless emergency |
| -1 | Less than 5% | Flex staff are approached to take every other weekend or float positions |
| -1 | Less than 5% | Positions are created for CNA Class participants |
| 0 | Less than 5% | Organization meets incentive pay targets in budget |
| 1 | More than 5% | Double time is occasionally offered |
| 2 | 5% to 9% | CNA Class is taught every five weeks |
| 2 | More than 7% | Increase recruiter bonus to current staff |
| 2 | More than 7% | Offer bonus for flex staff to take regular positions |
| 2 | More than 7% | Offer bonus for PT staff to take FT positions |
| 2 | More than 7% | Willing to hire part time people into full time positions |
| 3 | More than 9% | CNA Classes taught concurrently or back to back |
| 3 | More than 9% | Hire-on bonuses offered to external staff |
| 3 | More than 9% | Allow people to hire directly into a PRN position |
| 3 | More than 9% | Incentive pay is offered sooner than eligible by policy |
| 3 | More than 9% | Increased marketing dollars for targeted advertising |
| 3 | More than 9% | Applications are split disproportionately among the buildings |
| 3 | More than 9% | Recruitment and Retention Group meets weekly |
| 4 | More than 9% | Allow newer people to transfer into a PRN position rather than potentially resign |
| 4 | More than 9% | PRN staff are eligible for incentive pay |
| 4 | More than 9% | Not terminating due to attendance issues |
| 5 | More than 11% | Exceptions are made to the 1 year rule for terminations before returning to Valley |
| 5 | More than 11% | Contact a list of former staff to recruit back to organization |
| 5 | More than 11% | Preference of community may not be honored for new hires |
| 6 | More than 11% | Nurses pick up CNA shifts/Nurse Mgmt pick up Nurse Shifts |
| 6 | More than 11% | Volunteer basis - offer time and a half for a 6 to 8 week reassignment |
| 7 | More than 11% | Double time offered in place of time and a half frequently |
| 8 | More than 15% | Recruit full-time staff for temporary reassignment |
| 9 | More than 18% | Mandatory overtime |
| 10 | More than 20% | Utilize Staffing Agency |

- INCENTIVE PAY/CRITICAL STAFFING POLICY: The nursing department has an incentive pay and critical staffing policy to ensure appropriate staffing. There are times in which we are not able to staff optimally due to vacancies or call-ins. It is the responsibility of nursing management or the charge nurse of the building to reallocate staff to ensure that the minimum level of staffing is met for each shift. The Incentive Pay policy (506.10) would govern most situations to incentivize staff to pick up additional hours. The Emergency Staffing Plan (Policy 950.5) provides direction for organizational response to extreme workforce challenges. There is a weekly tool to monitor the staffing levels for each skilled neighborhood for each shift for CNAs and Nurses to ensure that the actual hours worked are at least 95 percent of the budgeted hours. See the previous Sufficient Staffing analysis chart which proves that management evaluates the effectiveness of its staffing plan.

- The following chart represents the approved budget for the facility. Approved changes from the prior year are noted in each department. The staff are represented in FTEs or full-time equivalents. One FTE represents 40 hours of work per week.

## *Woodside Village Budget – July 2024 to June 2025*

| Woodside Village FTE Budget | | | | | | | |
| Summary of Changes in Budget | | | | | | | |
| | | | | | | | |
| Position | Proposed Total FTE 2024 | Budget 2023 | Change in FTEs-Budget | Actual 2023 FTEs | Change in FTEs-Actual | Actual 2020 | Budget Change from Pre-Pandemic | Notes: |
|---|---|---|---|---|---|---|---|---|
| Nursing Management | 8.28 | 8.55 | (0.27) | 8.58 | (0.30) | 7.80 | 0.48 | |
| Nursing Support:Nurse Scheduler | 1.67 | 1.61 | 0.06 | 1.67 | 0.00 | 1.49 | 0.18 | |
| Nursing Support: HUC | 1.98 | 2.06 | (0.08) | 1.98 | 0.00 | 2.93 | (0.95) | |
| RN | 15.29 | 15.46 | (0.17) | 14.73 | 0.56 | 12.89 | 2.40 | A |
| LPN | 19.64 | 19.48 | 0.16 | 19.26 | 0.38 | 16.85 | 2.79 | A |
| CMA | 0.32 | 0.25 | 0.07 | 0.53 | (0.21) | 2.30 | (1.98) | A |
| CNA | 77.94 | 76.40 | 1.54 | 77.94 | 0.00 | 77.52 | 0.42 | B |
| C.N.A Class | 1.94 | 4.76 | (2.82) | 1.94 | 0.00 | 0.80 | 1.14 | C |
| Restorative Aide/Therapy Clerk | 5.88 | 5.05 | 0.83 | 5.88 | 0.00 | 5.44 | 0.44 | D |
| TOTAL Nursing | 132.93 | 133.62 | (0.69) | 132.50 | 0.43 | 128.02 | 4.91 | |
| Recreation | 7.56 | 7.01 | 0.55 | 7.50 | 0.06 | 7.19 | 0.37 | E |
| Dietician | 1.20 | 1.07 | 0.13 | 0.91 | 0.29 | 1.07 | 0.13 | F |
| Housekeeping | 8.50 | 7.98 | 0.52 | 8.50 | 0.00 | 8.91 | (0.41) | G |
| Laundry | 2.53 | 2.69 | (0.16) | 1.53 | 1.00 | 2.02 | 0.51 | H |
| Social Service | 3.03 | 3.26 | (0.23) | 3.39 | (0.36) | 2.66 | 0.37 | |
| Plant | 1.04 | 1.05 | (0.01) | 1.03 | 0.01 | 1.02 | 0.02 | |
| Chaplain | 0.81 | 0.74 | 0.07 | 0.81 | 0.00 | 0.00 | 0.81 | |
| WSV TOTAL | 157.60 | 157.42 | 0.18 | 156.17 | 1.43 | 150.89 | 6.71 | |

| Percentage Increase from 2023 Budget | 0.1% |
| Percentage Increase from 2023 Actual | 0.9% |

**Notes on Proposed FTE Changes:**
A  Nursing:  Shift between RN and LPN.
B  Nursing:  C.N.A. increase due to more consistent staffing
C  Nursing:  Class adjusted based on position placed at Woodside Village this past year.
D  Nursing:  Restorative budgeted at current staffing level.
E  Recreation:  Departmental restructuring after new Director and post COVID.
F  Dietician:  Restructuring between both nursing homes.
G  Laundry:  Adjusted to current staffing.  In process of evaluating positions that share tasks between building and Housekeeping and Laundry,.
H  Social Services:  adjusting for prior year leave.

# Town Square Budget – July 2024 – June 2025

**Town Square staff work within Woodside Village, Wheatland Terrace, and Country Estates. They may be allocated based on meals, square footage, or based on total expenses on the campus.**

| Town Square FTE Budget | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Summary of Changes in Budget | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Position | Proposed Total FTE 2024 | Budget 2023 | Change in FTEs- Budget | Actual 2023 FTEs | Change in FTEs- Actual | Actual 2020 | Budget Change from Pre-Pandemic | Notes: |
| **Administration** | **3.20** | **3.18** | **0.02** | **3.33** | **(0.13)** | **3.18** | 0.02 | |
| Dining Services Dir | 1.00 | 1.00 | 0.00 | 1.00 | 0.00 | 1.00 | 0.00 | |
| Dining Services Asst Dir | 1.00 | 1.00 | (0.00) | 0.92 | 0.08 | 0.00 | 1.00 | |
| PM Supervisor | 0.06 | 0.07 | (0.01) | 0.06 | 0.00 | 0.25 | (0.19) | |
| Head Cook | 2.95 | 3.08 | (0.13) | 2.95 | 0.00 | 2.96 | (0.01) | A |
| Cook | 1.40 | 1.40 | (0.00) | 1.76 | (0.36) | 1.32 | 0.08 | A |
| Cooks Asst | 1.40 | 1.40 | 0.00 | 1.25 | 0.15 | 1.43 | (0.03) | A |
| DS Aide II | 14.89 | 14.78 | 0.11 | 14.53 | 0.36 | 11.92 | 2.97 | B |
| DS Aide I | 6.21 | 6.08 | 0.13 | 5.86 | 0.35 | 7.47 | (1.26) | B |
| **Dining Services** | **28.91** | **28.81** | **0.10** | **28.33** | **0.58** | **26.35** | **2.56** | A,B |
| **Beauty Shop** | **0.93** | **0.97** | **(0.04)** | **0.93** | **0.00** | **0.80** | **0.13** | |
| **Plant** | **0.90** | **1.18** | **(0.28)** | **0.90** | **0.00** | **0.97** | **(0.07)** | |
| **Housekeeping** | **0.98** | **0.98** | **(0.00)** | **0.98** | **0.00** | **0.95** | **0.03** | |
| **TSQ Total** | **34.92** | **35.12** | **(0.20)** | **34.47** | **0.45** | **32.25** | **2.67** | |
| Increase (Decrease) | | (0.20) | | 0.45 | | | | |
| Percentage Increase from 2023 Budget | -0.6% | | | | | | | |
| Percentage Increase from 2023 Actual | 1.3% | | | | | | | |

_Notes on Proposed FTE Changes:_

A  Dining Services: Cook and Head Cook distribution adjusted to be more reflective of actual schedule.

B  Dining Services: Aides are adjusted to more recent payrolls and are over budget due to positions being filled on a more consistent basis.

# *Valley Senior Living Corporate Budget – July 2024 to June 2025*

***Valley Senior Living Corporate Staff's primary offices are predominantly located at Valley Senior Living on Columbia except for the Human Resources Assistant, Executive Administrative Assistant, and Accounts Receivable Specialist serving Woodside Village on site.***

| | COR FTE Budget | | | | | | |
|---|---|---|---|---|---|---|---|
| | Summary of Changes in Budget | | | | | | |
| | | | | | | | |
| Position | Proposed Total FTE 2024 | Budget 2023 | Change in FTEs- Budget | Actual 2023 FTEs | Change in FTEs- Actual | Notes | 2024 Productive FTEs |
| Nursing-Admissions Clerical | 1.00 | 1.00 | 0.00 | 0.80 | 0.20 | A | 0.90 |
| Nursing-Employee Health Nurse/COVID Line | 1.60 | 2.00 | (0.40) | 1.96 | (0.36) | A | 1.33 |
| Clinical Records | 1.14 | 1.30 | (0.16) | 1.14 | 0.00 | | 1.03 |
| Chaplaincy Flex | 0.19 | 0.29 | (0.10) | 0.19 | 0.00 | | 0.17 |
| Administration | 6.34 | 6.44 | (0.10) | 6.05 | 0.29 | B | 5.68 |
| Finance | 5.64 | 5.55 | 0.09 | 5.39 | 0.25 | C | 4.85 |
| Human Resources | 5.77 | 5.55 | 0.23 | 5.77 | 0.00 | D | 5.19 |
| IT Coordinator | 1.20 | 1.00 | 0.20 | 1.14 | 0.06 | E | 1.03 |
| Transportation | 4.55 | 4.54 | 0.01 | 4.55 | 0.00 | | 3.92 |
| Corporate Total | 27.44 | 27.67 | (0.23) | 26.99 | 0.44 | | 24.11 |
| Increase(Decrease) | | (0.23) | | 0.44 | | | |
| Percentage Increase from 2023 Budget | -0.8% | | | | | | |
| Percentage Increase from 2023 Actual | 1.6% | | | | | | |

***Notes on Proposed FTE and Wage Changes:***

A  Nursing: Admission Clerical staff experienced turnover and returned to 1.0 FTE.  Planned reduction in COVID Line hours.

B  Administration budget increase from actual due to budgeting Volunteer/Event Coordinator of entire fiscal year.  Percentage of time allocated to the Foundation based on time tracking.

C  Finance budget increase due to orientation for planned retirement of AR Manager.

D  HR returned to prior year budget level due to department turnover during 2022-2023.  Salary adjustments reflected below.

E  IT Coordinator partially retired and replacement hired.  Added .2 FTE for IT Senior Support hours and coverage at higher rate for anticipated leave for new IT Coordinator.

## *Individual staff assignment*

Woodside Village promotes consistent assignments across all departments. Whenever possible, staff are assigned to a particular neighborhood. For example, housekeeping, recreation, social services, and nursing staff are based on a specific neighborhood within Woodside Village.

Within nursing, consistent assignment goes a level deeper in that CNAs are assigned a particular group within a neighborhood. CNA resident group assignments are based on proximity within an area of a neighborhood first, and occasionally consistent staff assignments may be disrupted if a particular group becomes too resource-intensive for that CNA. CNAs are unable to pick up shifts on another neighborhood until they have been authorized by a Nursing Scheduling Coordinator.

## *Staff Training/Education and Competencies*

The RN Staff Development in conjunction with the Quality Council reviews the educational requirements for all staff considering the competencies needed. While the current orientation for all positions addresses training for required tasks, tasks will be evaluated for the appropriate level of confirmation of the knowledge, specifically whether post-tests and return demonstration are needed.

There is a master spreadsheet that tracks the content, responsible party, frequency of training, and departments receiving the training. This is available in the O Drive under Facility Assessment / Job Descriptions and Orientation Checklists / Education.

Upon orientation to Valley Senior Living, all new staff meets with Human Resources to sign several documents and acknowledgments. They are assigned several online training modules with post-tests. Some need to be completed immediately to start their first shift onsite, and others need to be completed in 30 days.

General Orientation Sessions and Content: Preference is for in-person presentation of the following, but this is not possible for all new staff. Information is provided to new hires on the following information:
- Human Resources presents personnel policies, payroll, and benefits information.
- SNF Administrator presents Valley Senior Living History, Mission, Vision, Values, Code of Conduct (signed document), Introduction to the Philosophy of Person-Centered Care through the Eden Alternative, and Corporate Compliance Standards and Code of Conduct (signed document).
- Staff Development RN or designee provides Safety is Our Responsibility Packet and Procedures on Fire, Missing Person in Nursing Facility, Armed Intruder/Active Shooter, and the Exposure Control Plan (signed acknowledgment of receipt).

Health Care Academy Modules Assigned Upon Hire to All Staff with Post-Tests:
- Residents' Rights
- Annual Federal Training Summary
- Hazard Vulnerability Assessment
- Bloodborne Pathogens
- QAPI for Healthcare Staff
- Hospice Care in the Long Term Care Setting
- Infection Control Precautions
- Sexual Harassment Awareness
- Hand Hygiene
- Behavioral Health and Trauma Informed Care
- CMS Hand and Hand: Modules 1-5
- HIPAA and HITECH: Essentials for Staff
- Customer Service Strategies
- Abuse Reporting Responsibilities
- Cultural Competency Basics
- Advance Directives

Monthly New Employee Education Content:

Within the first few months of work, all employees receive in-person training in the following areas focusing on the competencies of person-centered care and caring for residents with dementia or other types of behavioral needs. This 4.5-hour training includes:

- Virtual Dementia Tour – Participants don equipment and are given tasks that are designed to fail and create confusion. It is an exercise intended to promote empathy and understanding of dementia.
- Conflict Resolution and Personality Types – Tools to appropriately resolve conflict are shared and a personality inventory is taken by each staff. Discussion is held to reflect on the personality differences and how they change a person's approach to working together.
- Eden Alternative Training includes training about culture change within nursing homes, in-depth education on each of the ten principles of the Eden Alternative. A booklet is distributed which staff take notes on and keep at the end of the presentation.


Annual Education Content:

Annual Corporate Education (ACE) is held in person for all staff, typically for four hours. Annual education is provided in person and via Healthcare Academy. The following were the modules completed for the 2023 annual education.

- Annual Federal Training Summary (1.5 hours)
- Infection Control Precautions (1 hour)
- Bloodborne Pathogens (30 minutes)
- Resident Rights (1 hour)
- QAPI for Healthcare Staff (30 minutes)
- Sexual Harassment Awareness (1 hour)
- Advanced Directives (30 mins)
- QAPI Update (15 mins)
- Hazard Vulnerability Assessment (15 mins)
- HIPAA
- Challenging Behaviors: Care and Interventions for Individuals Experiencing Dementia
- Abuse Reporting Responsibility (15 mins)
- Mental Behavioral Health and Trauma Informed Care (15 mins)
- Cultural Competency Basics (1 hour)

Department Specific Training:

Every position at Valley Senior Living has a job description with requirements for education or certifications. Within the Education Folder in the Facility Assessment on the O Drive, a spreadsheet has been created that outlines those requirements and the training for each of those positions. There are department-specific orientation checklists for each position. Each department reviews its ongoing training needs.

In the nursing department, a significant effort has been made to improve CNA training and support for new CNAs. To attract the best-qualified staff, Valley Senior Living provides paid training for students in our Certified Nursing Assistant Training Program. The program includes:

- Completion of a minimum of 75 hours of theory.
- Completion of a minimum of 24 hours of clinical/skills practice.
- The completion and validation of nursing assistant skills.
- Determine competency with the utilization of 24 chapter quizzes from the content within the course textbook.
- A 100-question cumulative final exam from the content within the course textbook.
- A cumulative score of 75% (quizzes and final exam) to pass the theory portion of the course.

Upon completion of that program or hire as CNAs, CNA Mentors provide a supportive training environment for new CNAs. Nursing Assistants from the class along with newly hired and previously certified CNAs will complete a 10-day training with a CNA Mentor and training on their neighborhood. While our preference is that all new CNAs will complete the mentor training, some employees such as college students with scheduling conflicts do not have the same availability and receive a condensed version of the mentor training. CNAs have specific tasks that they accomplish as they begin caring for more residents each day. At the end of orientation, a CNA mentor performs an audit of the new CNA's ability to be proficient in their job, and additional orientation can be granted at that point. Skills validations occur annually for all CNAs.

Licensed nurse training puts a higher emphasis on return demonstration for the completion of physical skills. In the last year, licensed nurse skills validation has been conducted in small groups.

The evaluation of the dining services educational programs has led to the first phase of the development of a packet of self-tests on personal hygiene and appearance, mechanically altered diets, glove use and sanitation, therapeutic diets, and safety. The tests were created for Valley Senior Living with a resource book – Cassens, (2017). *Dining Services Education and Training* (First Edition). Areas of individual improvement are being identified through the completion of the tests. The second phase of the improved training program relates to skills validations for key competencies within dining services.

***Policies and Procedures for Provision of Care***

All policies and procedures within the organization are available through the facility's intranet at the P Drive/Policies and Procedures. CMS regulations and other federal and state requirements are sources of what policies and procedures may be developed throughout the organization. Currently, policies and procedures are being revised for nursing staff based on the following references:

- Drug Reference Book (most current)
- Clinical Nursing Skills & Techniques, 10th Edition by Perry, Potter, Ostendorf, Laplante
- Fundamentals of Nursing, 10th Edition by Potter, Perry, Stockert, Hall
- Nursing Competencies for Lont-Term Care, Copyright 2018 MED-PASS, revised March 2023
- Medical-Surgical Nursing- Assessment and Management of Clinical Problems, 10th Edition by Lewis, Bucher, Heitkemper, Harding, Kwong, Roberts
- Hartman's Nursing Assistant Care: Long-Term Care, 5th Edition, by Susan Alvare Hedman, Jetta Fuzy, RN, MS, and Katherine Howard, MS, RN-BC, CNE
- Other professionals may be consulted such as the Medical Director, Altru Infectious Disease and Wound Care specialists, and the Consultant Pharmacist for the formulation of policies.

***Working With Medical Practitioners***

Valley Senior Living contracts for Medical Director services through Altru Health System. Dr. Chris Henderson is the Medical Director. Dr. Henderson is Board Certified in Family Medicine and has also served as a Hospice Medical Director. He is a member of the Society for Post-Acute and Long Term Care Medicine.

As of September 2024, there are seven Primary Physicians on the medical staff. Six work for Altru Health System and one is employed by Sanford Health.

Dr. Henderson is the primary physician for the majority of residents at Woodside Village and is available on a Monday to Friday basis during clinic hours and is onsite at Woodside Village twice a week. Dr. Volberding is a primary physician who works with Dr. Henderson and is onsite at Woodside Village one time a week.

As a condition of being a Primary Physician, the facility requires that all routine provider visits be conducted within Woodside Village. Over 90 percent of the residents at Woodside Village are covered on a 24-hour basis by their Altru primary physician and the Altru Long Term Care (LTC) Call Team consisting of Dr. Henderson, Dr. Volberding, Dr. Weisenberger, and Amaka Onyeka. Amaka is the full-time nurse practitioner who is onsite at Valley Senior Living on Columbia, the Valley Senior Living skilled nursing facility located on the campus of Altru Health System. The remaining providers have provided 24-hour call coverage. If a primary physician or their designee is not able to be contacted, the Altru LTC Call Team serves as the next in line within our provider call algorithm. If the Altru LTC Call Team member is not available, Valley Senior Living staff will contact the other members of that team until someone is reached.

Dr. Henderson and Amaka Onyeka are members of the QAPI Quality Leadership Team that meets monthly. The Director of Nursing, Administrator, Consulting Pharmacist, Quality Coordinator, and Infection Preventionist are also represented on this committee.

If a provider is not caring for residents in a manner consistent with standards or the guidelines of the medical staff policy, a provider concern form is completed with an initial follow-up by the Director of Nursing Services. If the issue is unable to be resolved, the Medical Director is responsible to follow up with the provider.  If the issue is not able to be resolved by the Medical Director, a process is followed to revoke the privileges of the provider.

*Physical Environment and Building/Plant Needs*

Woodside Village opened in March of 1999 and is a part of the Valley Senior Living on 42nd Campus. See the description in Section 1 of the facility and each neighborhood. The Woodside Village and Town Square buildings are considered part of the skilled nursing facility and are surveyed to that standard.

An interior finishes renovation was completed between 2008 and 2011 for Woodside Village and 2019 for Town Square. The main chiller system and domestic water boiler system were replaced in 2012. The boiler systems were replaced in 2016 and upgraded to have dual-fuel capability for propane. Replacement of Woodside Village's roof occurred in 2018 and Town Squares' roof was replaced in 2019. An interior finishes renovation in the Heartland and Prairieview common spaces was completed in 2021 and in the Hearthstone and Oakcrest common spaces in 2023.

A 2018 addition to the nursing home consists of a household of 10 rooms built around a common area duplicated on the first and second floors of Woodside Village on the Heartland and Prairieview neighborhoods. Two dining spaces were added that are more centrally located in those neighborhoods. Also in 2018, a space within the Town Square was renovated to include a preschool classroom with students from Head Start, a federal early childhood education program operated by the Grand Forks Public School district. This allows for more intergenerational programming between children and residents of Woodside Village.

The capital needs of the organization are determined through the budgeting process. A list of the currently budgeted capital items is available for review. Department managers identify items that would cost over $1,000 or repairs for capital items of $5,000 or more in their budgets. These requests are reviewed by Administration and discussed with the Finance Committee of the Executive Committee before the final budget is approved by the Executive Committee of the Board of Directors. A contingency fund is established to cover unplanned capital purchases throughout the fiscal year.

Details for the most recent inventories for nursing, dining services, housekeeping, laundry, maintenance, and administration are in the O Drive/Financial/Audit and Inventory folder for that year. Prime vendor agreements for food are with US Foods, nursing supplies are predominantly ordered through Concordance, housekeeping/laundry orders primarily through Cole Paper and Network Services, administrative supplies are ordered through Office Max, Business Essentials, and Cole Paper, and maintenance obtains supplies through a variety of vendors.

Valley Senior Living has several vehicles that are used for the entire company. They are used for medical appointment transportation and recreational purposes and are listed below.

| |
|---|
| 2023 Chrysler Voyage Rear Entry – 1 w/v +1 seated or 2 seated |
| 2022 Chrysler Voyager Side Entry – 1 w/c + 3 seated |
| 2020 Toyota Sienna rear entry – 1 seated + 1 w/c |
| 2019 Ford E450 Glaval People Mover – 5 w/c + 9 seats OR 3 w/c + 11 seats |
| 2019 Dodge Grand Caravan (side ramp) 1 w/c + 3 seats |
| 2018 Dodge Grand Caravan (side ramp) – 1 w/c + 3 seats |
| 2018 Dodge Grand Caravan (rear ramp) – 1 w/c + 1 seated or 3 seated |
| 2017 Dodge Grand caravan rear entry – 1 w/c + 1 seated or 3 seated |
| 2016 Dodge Promaster – 2 w/c + 5 seats |
| 2011 Ford E450 -- 2 w/c + 12 seats OR 4 w/c + 10 seats |
| 1998 El Dorado People Mover – 2 w/c + 12 seats OR 4 w/c + 10 seats |

## *Contracts*

Several services are provided under a contractual relationship at Woodside Village. See O Drive: / Corporate Contracts for a list of all contracts pertaining to Woodside Village and the entire company.  Notable contracts are as follows:
- Altru Health Systems –
  - Transfer Agreement- pertains to transfers between hospital and SNF
  - Medical Director and Assistant Medical Director agreements
  - Therapy Services Agreement – PT, OT, Speech
  - Respiratory Services Consultative Services
  - Laboratory Service Agreement – Medicare A
  - Letter of Agreement regarding billing and payment of Medicare A services
  - Cancer Services – Medicare A
  - EPIC External Access Agreement
  - Telemedicine Services Agreement
- Aurora Dialysis Transfer and Service Agreement
- C&R Laundry Service Contract
- Rural Psychiatry Associates Mental Health Services Agreement and Process for Accessing Services
- Corner Home Medical, Formerly Altru Specialty Service, DBA Yorhom – Oxygen
- DaVita Dialysis Transfer and Service Agreement
- Eden Alternative Registry Agreement
- Educational Agreements for Students –
  - Facility Provided CNA Training Course – Approval Letter from ND Department of Health
  - UND Master Agreement for Student BSN Nurses, Dietitians, Social Workers, Music Therapy and other disciplines
  - Clinical Site for CNA class for Grand Forks Public Schools, Lake Region State College Train ND

- o Northland Community and Technical College – Licensed Practical Nurse and Associate Degree Registered Nurse Clinical Site
- Hospice of the Red River Valley
- Ethos Hospice
- Pinnacle Quality Insight – resident and family satisfaction surveys
- PointClickCare Agreements for EMR, Integration with Medication Ordering, Documentation Storage, Welch Allyn Integration, Skin Module, eINTERACT, and Document Manager
- Thrifty White Pharmacy – Care Coordination Contracted Services of Consulting Pharmacist Services, Prospective Pharmacy Review and Discharge Medication Coordination, Primary Provider Pharmacy Contract
- Emergency contracts are located in P Drive/ Policies and Procedures / Safety/ Emergency Operations Plan
- Blueprint 360 - contacted nutritional software program

## *Health Information Technology Resources*

Health information is transferred to other providers in paper form, by fax, or by giving external providers specifically configured permissions to access the electronic medical record, PointClickCare. Altru has given Valley Senior Living access to EPIC to coordinate care and it is governed by a contract referenced in the Contracts section of the facility assessment. Social Services Policy 600.28 outlines the specific information shared upon transfer to other medical providers.

The Information Services Coordinator is in charge of the processes to deal with downtime procedures. Hardware has redundancy built into the systems wherever possible. Redundancy is built into the system of providing internet through three layers of service – Dakota Carrier Network (primary), Midcontinent Cable (automatic fail-over secondary provider), and smartphone hotspot access through AT&T.  In the event of a significant system failure, the facility has a 24-hour, 7-day contract with Networking Specialists to address network issues.

In the event of a PointClickCare access failure, a separate computer is located onsite and is automatically backed up on an hourly basis with all Medication Administration Record (MAR) and Treatment Administration Record (TAR) information. A separate printer is resourced for the purpose of printing all MARs and TARs for the continuity of resident care.  A separate file for the Kardex is saved weekly for CNAs to have the information needed to care for residents in the event of an outage.

Medical Records Policy 801.2 Confidentiality of Medical Records states residents may inspect their record within 24 hours of written or verbal request, and/or may receive photocopies of any portion of the chart within 48 hours.

## *Infection Prevention Program Evaluation*

The infection prevention and control program is coordinated and overseen by the Infection Preventionist. The elements of the infection prevention and control program consist of coordination/oversight, policies/procedures, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infection, and employee health and safety. The infection prevention and control committee is responsible for reviewing and providing feedback on the overall program. Centers for Disease Control and Prevention, North Dakota Department of Health, Grand Forks Department of Health, and Altru Infectious Disease are sources of standards of care, guidance, and consultation for the Infection Preventionist.

Surveillance tools are used for recognizing the occurrence of infection, recording data, detecting outbreaks and epidemics, monitoring employee infections, and detecting unusual pathogens. The information obtained from surveillance activities is compared with acknowledged standards. This information is shared with the infection prevention and control committee, the Quality Review Team, and the Quality Leadership Team.

A standardized scoring tool will be utilized in performing the facility's infection prevention and control risk assessment. An all-hazards approach focusing on a full spectrum of infections and device or care-related events, specific to this facility's location and resident population, will be utilized. A variety of infection, device, and care-related events that will be considered include but are not limited to, common infections occurring in the facility and community, emerging infections occurring in the community, multi-drug resistant infections occurring in the facility and community, device-related infections and care practices, care-related infection prevention and control practices, adherence to basic infection and prevention and control practices, and adherence to standard and transmission-based precautions.

Risk will be determined by considering each event's probability of occurrence, potential impact, and preparedness. Considerations for the probability of occurrence include but are not limited to, the knowledge that the event has happened in the past, statistics/data that the event is likely to occur in the future, and historical data about how often the event occurs or is likely to occur. Considerations for rating the risk for potential impact include but are not limited to, the potential for high rates of mortality and the potential for permanent or temporary change. Considerations for determining preparedness include, but are not limited to, policies and procedures in place to address the event, necessary resources (i.e. supplies, technology) available to address the event, and staff training to address the event.

The infection control plan is developed based upon this assessment which identifies infection control program priorities and stratifies infection risks based on our geography, location in the community, and resident population. The assessment is completed by the Infection Prevention and Control Committee annually and as needed when new risks or hazards are identified. The assessment and plan is an ongoing, continual process, therefore, it is available upon request. If an outbreak should occur, it will take precedence over the assessment and plan.

| EVENT | PROBABILITY OF OCCURRENCE[1] | | | POTENTIAL IMPACT[2] | | | PREPAREDNESS[3] | | | RISK LEVEL Add rankings (score of 7 or > are considered highest priority for improvement efforts). |
|---|---|---|---|---|---|---|---|---|---|---|
| | High | Med | Low | Life Threatening Impact | Permanent Impact | Temp Impact | Poor | Fair | Good | |
| Score | 3 | 2 | 1 | 3 | 2 | 1 | 3 | 2 | 1 | |
| **External Factors (Community, Demographics)** Identify other risk factors in the community based on geographic location (coast, mountains etc.) | | | | | | | | | | |
| Tuberculosis Community Risk | | 2 | | | 2 | | | | 1 | 5 |
| COVID-19 Community Risk | 3 | | | | 2 | | | | 1 | 6 |
| Emerging Infectious Diseases Community Risk | | | 1 | 3 | | | | 2 | | 6 |
| **Internal Factors (Facility Related)** | | | | | | | | | | |
| **Facility Associated Infection(s)** | | | | | | | | | | |
| Urinary Tract Infection (UTI) | 3 | | | | | 1 | | | 1 | 5 |
| Catheter-Associated Urinary Tract Infection (CAUTI) | 3 | | | | | 1 | | | 1 | 5 |
| Common Cold/Pharyngitis | 3 | | | | | 1 | | | 1 | 5 |
| Influenza-Like Illness | 3 | | | | | 1 | | | 1 | 5 |
| Pneumonia | 3 | | | | | 1 | | | 1 | 5 |
| Lower Respiratory Tract Infection | 3 | | | | | 1 | | | 1 | 5 |
| COVID-19 | 3 | | | | 2 | | | | 1 | 6 |
| Soft Tissue Infection | 3 | | | | | 1 | | | 1 | 5 |
| Fungal Skin Infections | 3 | | | | | 1 | | | 1 | 5 |
| Herpes Skin Infections | 3 | | | | 2 | | | | 1 | 6 |
| Conjunctivitis | 3 | | | | | 1 | | | 1 | 5 |
| Parasitic Infestations (Lice, Scabies) | | 2 | | | | 1 | | | 1 | 4 |
| Gastroenteritis | 3 | | | | | 1 | | | 1 | 5 |
| Norovirus | 3 | | | | | 1 | | | 1 | 5 |
| Clostridium difficile | 3 | | | | 2 | | | | 1 | 6 |
| Multi-Drug Resistant Organisms (e.g. MRSA, VRE, ESBL, CRE) | 3 | | | | 2 | | | | 1 | 6 |
| **Outbreak Related** | | | | | | | | | | |
| Respiratory Illness (e.g. Influenza, Measles, COVID-19) | 3 | | | | 2 | | | | 1 | 6 |
| Gastrointestinal Illness (e.g. Norovirus, Hepatitis A, Salmonella) | 3 | | | | | 1 | | | 1 | 5 |
| Parasitic Outbreak (e.g. Lice, Scabies) | | | 1 | | | 1 | | | 1 | 3 |
| Bioterrorism | | | 1 | 3 | | | | 2 | | 6 |
| **Antibiotic Stewardship** | | | | | | | | | | |
| Lack of leadership support for antibiotic stewardship | | | 1 | | 2 | | | | 1 | 4 |
| Inadequate written policies for stewardship | | | 1 | | 2 | | | | 1 | 4 |
| Lack of an antibiotic usage report from pharmacy | 3 | | | | | 1 | | | 1 | 5 |
| Lack of antibiotic resistance patterns (e.g. antibiogram) | | | 1 | | | 1 | | | 1 | 3 |
| Lack of knowledge regarding antibiotic stewardship policies and practices | | 2 | | | 2 | | | | 1 | 5 |

| EVENT | PROBABILITY OF OCCURRENCE[1] | | | POTENTIAL IMPACT[2] | | | PREPAREDNESS[3] | | | RISK LEVEL Add rankings (score of 7 or > are considered highest priority for improvement efforts). |
|---|---|---|---|---|---|---|---|---|---|---|
| | High | Med | Low | Life Threatening Impact | Permanent Impact | Temp Impact | Poor | Fair | Good | |
| Score | 3 | 2 | 1 | 3 | 2 | 1 | 3 | 2 | 1 | |
| Non-compliance with antibiotic stewardship policies and practices | | 2 | | | 2 | | | | 1 | 5 |
| **Exposure Related** | | | | | | | | | | |
| Lack of accessible hand hygiene supplies (e.g. hand sanitizer, hand soap, sinks) | | | 1 | | 2 | | | | 1 | 4 |
| Non-compliance with hand hygiene | 3 | | | | 2 | | | | 1 | 6 |
| Lack of accessible personal protective equipment (PPE) | | | 1 | | 2 | | | | 1 | 4 |
| Incorrect selection and use of PPE | 3 | | | | 2 | | | | 1 | 6 |
| Non-compliance with fit testing requirements | | | 1 | | | 1 | | | 1 | 3 |
| Non-compliance with cohorting | | | 1 | | 2 | | | | 1 | 4 |
| Inadequate written plans to manage outbreaks | | | 1 | 3 | | | | | 1 | 5 |
| Non-compliance with standard precautions | 3 | | | | 2 | | | | 1 | 6 |
| Non-compliance with transmission-based precautions | 3 | | | | 2 | | | | 1 | 6 |
| Non-compliance with enhanced barrier precautions | 3 | | | | 2 | | | | 1 | 6 |
| Non-compliance with respiratory hygiene/cough etiquette | 3 | | | | 2 | | | | 1 | 6 |
| Non-compliance with injection safety | | 2 | | | 2 | | | | 1 | 5 |
| Lack of engineering controls to minimize exposure risk (e.g. needlestick prevention devices, sharps containers, ventilation systems) | | | 1 | | 2 | | | | 1 | 4 |
| **Healthcare Personnel** | | | | | | | | | | |
| Low influenza immunization rates among employees | | | 1 | | | 1 | | | 1 | 3 |
| Low COVID immunization rates among employees | | 2 | | | 2 | | | | 1 | 5 |
| Non-compliance with employee illness/disease reporting | 3 | | | | 2 | | | | 1 | 6 |
| Non-compliance with employee tuberculosis screening requirements | | | 1 | | 2 | | | | 1 | 4 |
| **Resident/Visitors** | | | | | | | | | | |
| Non-compliance with resident tuberculosis screening requirements upon admission | | | 1 | | 2 | | | | 1 | 4 |
| Low influenza immunization rates among residents | | | 1 | | | 1 | | | 1 | 3 |
| Low pneumococcal immunization rates among residents | | | 1 | | | 1 | | | 1 | 3 |
| Low COVID immunization rates among residents | | 2 | | | 2 | | | | 1 | 5 |

| EVENT | PROBABILITY OF OCCURRENCE[1] | | | POTENTIAL IMPACT[2] | | | PREPAREDNESS [3] | | | RISK LEVEL Add rankings (score of 7 or > are considered highest priority for improvement efforts). |
|---|---|---|---|---|---|---|---|---|---|---|
| | High | Med | Low | Life Threatening Impact | Permanent Impact | Temp Impact | Poor | Fair | Good | |
| **Score** | 3 | 2 | 1 | 3 | 2 | 1 | 3 | 2 | 1 | |
| Non-compliance with hand hygiene | 3 | | | | 2 | | | | 1 | 6 |
| Non-compliance with respiratory hygiene/cough etiquette | 3 | | | | 2 | | | | 1 | 6 |
| Lack of communication during facility outbreaks | | 2 | | | 2 | | | 2 | | 6 |
| Lack of knowledge regarding measures to reduce infection risk (e.g. visiting when ill) | 1 | | | | 2 | | | | 1 | 4 |
| **Cleaning and Disinfection** | | | | | | | | | | |
| Inadequate cleaning and disinfection of resident rooms | 3 | | | | 2 | | | 2 | | 7 |
| Inadequate terminal cleaning and disinfection of resident rooms | 3 | | | | 2 | | | 2 | | 7 |
| Inadequate cleaning and disinfection of high touch surfaces | 3 | | | | 2 | | | 2 | | 7 |
| Inadequate cleaning and disinfection of common areas | 3 | | | | 2 | | | 2 | | 7 |
| Lack of accessible products for routine cleaning and disinfection | | | 1 | | 2 | | | | 1 | 4 |
| Lack of accessible products with sporicidal activity for cleaning and disinfection (e.g. C. difficile) | | | 1 | | 2 | | | | 1 | 4 |
| Non-compliance with selection and use of cleaning and disinfecting products | 3 | | | | 2 | | | 2 | | 7 |
| Lack of a pest control program (e.g. insects, rodents, bed bugs) | | | 1 | | | 1 | | | 1 | 3 |
| **Environment of Care** | | | | | | | | | | |
| Lack of a water management program | | | 1 | 3 | | | | | 1 | 5 |
| Inadequate written policies for water management program | | | 1 | 3 | | | | | 1 | 5 |
| Lack of water infection control risk assessment | | | 1 | 3 | | | | | 1 | 5 |
| Non-compliance with water management program control measures and corrective actions | | | 1 | 3 | | | | | 1 | 5 |
| Inadequate written policies for water intrusion | | | 1 | | 2 | | | | 1 | 4 |
| Lack of an infection control risk assessment for construction and rennovation projects | | 2 | | | 2 | | | | 1 | 5 |
| Lack of a medical waste management program | | | 1 | | 2 | | | | 1 | 4 |
| Inadequate written policies for medical waste management | | | 1 | | 2 | | | | 1 | 4 |
| Non-compliance with medical waste practices | | 2 | | | 2 | | | | 1 | 5 |

| EVENT | PROBABILITY OF OCCURRENCE[1] | | | POTENTIAL IMPACT[2] | | | PREPAREDNESS [3] | | | RISK LEVEL Add rankings (score of 7 or > are considered highest priority for improvement efforts). |
|---|---|---|---|---|---|---|---|---|---|---|
| | High | Med | Low | Life Threatening Impact | Permanent Impact | Temp Impact | Poor | Fair | Good | |
| Score | 3 | 2 | 1 | 3 | 2 | 1 | 3 | 2 | 1 | |
| Lack of an animal therapy program | | | 1 | | | 1 | | 2 | | 4 |
| **Medical Devices, Supplies and Equipment** | | | | | | | | | | |
| Improper storage and handling of medications and vaccines (e.g. temperature excursions) | 3 | | | | | 1 | | | 1 | 5 |
| Improper handling of injection equipment (e.g. reuse of syringes) | | 2 | | | 2 | | | | 1 | 5 |
| Lack of access to single-use, autodisabling injection equipment | | | 1 | | 2 | | | | 1 | 4 |
| Lack of access to single-use, autodisabling fingerstick devices | | | 1 | | 2 | | | | 1 | 4 |
| Improper cleaning and disinfection of shared equipment (e.g. mechanical lifts) between residents | 3 | | | | 2 | | | | 1 | 6 |
| Lack of dedicated equipment to minimize bloodborne pathogen exposure risk (e.g. glucometers, nail clippers) | | | 1 | | 2 | | | | 1 | 4 |
| Improper storage of medical supplies (e.g. separation of clean and dirty equipment) | 3 | | | | | 1 | | | 1 | 5 |
| Improper storage and transport of linen | 3 | | | | | 1 | | | 1 | 5 |

**Date Prepared: 6/24/2024**

**Date Approved: 7/22/2024**

**Example Criteria: Probability of Occurrence[1]**
High: The event is expected to occur based on historical and current data.
Medium: The event has the potential to occur based on historical and current data.
Low: The event has never occured or is unlikely to occur based on historical and current data.

**Example Criteria: Potential Impact[2]**
Life-Threatening Impact: Event is associated with high rates of mortality
Permanent Impact: Event is associated with permanent change
Temporary Impact: Event is associated with a temporary change

**Example Criteria: Preparedness[3]**
Poor: 0-1 of the following components- Policies and procedures in place, staff competency, equipment and supplies, and ongoing monitoring for compliance.
Fair: 2-3 of the following components- Policies and procedures in place, staff competency, equipment and supplies, and ongoing monitoring for compliance.
Good: All of the following components- Policies and procedures in place, staff competency, equipment and supplies, and ongoing monitoring for compliance.

Infection Prevention and Control Program Plan
Woodside Village
2024

| Risk Event | Goal | Measurable Objective | Strategy | Evaluation Method | Responsible |
|---|---|---|---|---|---|
| Cleaning and Disinfection:<br>• Inadequate cleaning and disinfection of resident rooms<br>• Inadequate cleaning and disinfection of high touch surfaces and/or common areas<br>Non-compliance with selection and use of cleaning and disinfection products | • Maintain compliance with cleaning and disinfection standards.<br>• | • Demonstrate employee competency with cleaning and disinfection standards through auditing for the fiscal year.<br>• Maintain average cleanliness scores of $\geq 3$ on resident and family Pinnacle surveys for the fiscal year. | • Employee cleaning and disinfection education on hire, annually, and as needed.<br>• Employee cleaning and disinfection skills validation on hire, annually, and as needed. | • Cleaning and disinfection audits completed monthly.<br>• Ongoing monitoring of resident and family feedback regarding cleanliness through Pinnacle surveys. | Assistant Director of Environmental Services |
| Non-compliance with hand hygiene | • Maintain resident and employee hand hygiene compliance rates. | • Maintain resident and employee hand hygiene compliance rates $\geq 80\%$ for the fiscal year. | • Resident hand hygiene education upon move in and on a routine basis through visual prompts.<br>• Employee hand hygiene education on hire, annually, and as needed.<br>• Employee hand hygiene skills validation on hire, annually, and as needed. | • Hand hygiene audits completed monthly. | VSL Staff Development Nurse |
| Exposure-related:<br>• Non-compliance with standard precautions<br>• Non-compliance with transmission-based precautions<br>• Non-compliance with enhanced barrier precautions | • Maintain employee compliance rates with standard, transmission-based, and enhanced barrier precautions. | • Maintain employee compliance rates with standard, transmission-based, and enhanced barrier precautions $\geq 80\%$ for the fiscal year. | • Employee precaution education on hire, annually, and as needed.<br>• Employee precaution skills validation on hire, annually, and as needed. | • Standard, transmission-based, and enhanced barrier precaution audits completed monthly. | VSL Staff Development Nurse |
| Medical Devices, Supplies, and Equipment:<br>• Improper cleaning and disinfection of shared equipment (e.g. mechanical lifts) between residents | • Maintain compliance with cleaning and disinfection standards. | • Maintain compliance with cleaning and disinfection of shared equipment between residents $\geq 80\%$ for the fiscal year. | • Employee cleaning and disinfection education for shared medical equipment on hire, annually, and as needed. | • Cleaning and disinfection audits completed monthly. | VSL Staff Development Nurse |

**Facility Risk Assessment and Mitigation**

Valley Senior Living's primary responsibility is to provide a safe and healthy environment for every resident, tenant, employee, and visitor. A risk assessment of facility systems and equipment significantly contributes to planning for contingencies related to system failures. Chapter 4 of the 2012 Life Safety Code NFPA 99 requires a risk assessment of the systems and equipment.

Valley Senior Living Environmental Services Directors complete a Risk Assessment for each campus. The ASHE (American Society for Healthcare Engineering) Risk Assessment Tool was used as the template for this Risk Assessment.

The Risk Assessment addresses the following and each area of facility systems will be considered within the code:
- Gas and Vacuum (NFPA Chapter 5)
- Electrical Systems (NFPA Chapter 6)
- Information Technology (NFPA Chapter 7)
- Plumbing (NFPA Chapter 8)
- HVAC (NFPA Chapter 9)
- Electrical Equipment (NFPA Chapter 10)
- Gas Equipment (NFPA Chapter 11)

A risk category is assigned for each building system:
- Category 1 – High Resident Impact – failure may cause death or serious injury, the system must always work
- Category 2 – Minor Resident Impact – failure limited to minor injuries, high reliability is expected
- Category 3 – Slight Resident Impact – failure may cause discomfort, normal reliability needed
- Category 4 – No Resident Impact – no impact on residents or caregivers

**Valley Senior Living - Valley Senior Living on Columbia (VC) and Woodside Village (WV)**

**NFPA Systems Risk Assessment**

**May 2024**

**This Risk Assessment applies to the entire facility.**

| NFPA Chapter | Facility System | Risk Category | Mitigation/Comments |
|---|---|---|---|
| 5 | Medical Gases | NA | There are no in wall medical gases for resident use. |
| 6 | Emergency Generator | 1 | Generator powers the entire campus, requires diesel fuel availability for delivery. 24/7 Emergency Service, tested frequently to ensure reliability |
| 6 | Utility - Electricity | 1 | Utility failure results in emergency generator to provide power for the campus |
| 6 | Electrical System | 1 | Contractor available 24/7. If failure of main internal electrical switchgear for campus, may cause evacuation. |
| 6 | Electrical Automatic Transfer Switch | 1 | Contractor available 24/7. If failure of either automatic transfer switch, may cause lack of power until power can be manually transferred. There are a minimal amount of lanterns available for emergency lighting. |
| 7 | Utility - Cell Phone Access | 2 | Cell phone access serves as emergency phone access and emergency internet access for EMR |
| 7 | Utility - Internet Access | 2 | Access to EMR is through two internet providers: primary Dakota Carrier Network, fail over to Midco, use cell phone hot spots if Midco failure, use internal database file backups if cell phone failure. |
| 7 | Fire Suppression Sprinkler System | 2 | 24/7 Service Contract, if not functioning, implement fire watch policy |
| 7 | Smoke and Heat Detection System | 2 | 24/7 Service Contract, if not functioning, implement fire watch policy |
| 7 | Key Pad System for Door Lock | 2 | If system fails, battery backup on door will notify staff in vicinity and annunciate through the nurse call. |
| 7 | Overhead Paging System | 2 | Failure results in calling cell phones to turn walkie-talkies over our emergency channel |
| 7 | Roam Alert System | 2 | Johnson Controls Available 24/7, same system at VC and WV |
| 7 | Nurse Call System | 2 | DTB (contractor) available 24/7 by phone, weekdays on site. Electrician supplements lack of local presence for service. |
| 7 | Walkie Talkie System | 3 | Advanced Wireless and DTB - Failure results in relying on overhead paging, cell phones, and nurse call dome lights. |
| 7 | Internal Computer Network | 3 | 24/7 Service Contract, systems representing a 2 for risk are cloud-based or stand alone systems. |
| 7 | Utility - External Phone Lines | 4 | Cell phones provide redundancy and listed on corporate phone sheet. |
| 7 | Phone System | 4 | Dak-Min Tech for equipment, Zayo provides exterior phone lines, cell phone system and dedicated land lines for fire panels. |
| 7 | C-Cure System - Campus Security Monitoring | 4 | Johnson Controls (contractor) available 24/7, in event of system failure, doors all function the same but notifications of security breaches only occur at local level. |
| 8 | Utility - Water | 2 | Emergency water contract for potable water, could shelter in place for 3 days. Lack of any water source could result in evacuation. |
| 8 | Utility - Sewer | 2 | Contractor available 24/7, If city sewer backup for entire facility occurs, may cause evacuation. |
| 9 | Heating System - Boilers | 1 | Contractor available 24/7, three boilers provide redundancy for VSL on 42nd. Two boilers provide redundancy and Altru steam lines provide a full backup system at VC. |
| 9 | Heating System - Hot water distribution | 1 | 24/7 Service Contract - two pumps provide redundancy for hot water distribution. |
| 9 | Dual Fuel Source | 1 | Contractor available 24/7, Propane is the dual fuel source for VSL on 42nd (boilers only), Steam from Altru is dual fuel source for VC (boilers and hot water distribution for LTC, not VT or kitchen) |
| 9 | Utility - Natural Gas | 1 | Dual fuel source available at VC and VSL on 42nd |
| 9 | Cooling System - Chilled water distribution | 1 | 24/7 Service Contract - two pumps provide redundancy for chilled water distribution. |
| 9 | Cooling System | 1 | Two chillers provide redundancy and are monitored through digital controls. Contractor available 24/7 |
| 9 | Ventilation Air Handlers | 1 | Failure could result in heat/cooling not being distributed throughout facility. Residents can be relocated in the event of failure in one area. |
| 9 | Digital Environmental Controls | 3 | During failure, controls can be run manually |
| 9 | Dry Cooling System (VSL on 42nd only) | 4 | Contractor available 24/7 |

1. Category 1 systems are available at all times for life-support systems.
2. Category 2 systems are highly reliable systems with system failure impact limited to minor injury to the patient or staff.
3. Category 3 system failures may cause discomfort to the patient or caregiver.
4. Category 4 systems have no impact on the patient or caregivers.

**Valley Senior Living - Valley Senior Living on Columbia (VC) and Woodside Village (WV)**

**Electrical and Gas Equipment Assessment Tool**

**May 2024**

| Equipment | Risk Category | Mitigation |
|---|---|---|
| Automatic External Defibrillator | 1 | Redundancy in equipment, audit battery strength monthly |
| Suction Machine | 1 | Suction machine is on each crash cart, multiple crash carts, audit function weekly |
| Medication Refrigerators | 2 | Pharmaceutical grade refrigerators were purchased to mitigate risk. Constantly monitored through wifi connection to cloud service that notifies staff of temps not in range 24/7. |
| Walk-In Coolers | 2 | Constantly monitored through wifi connection to cloud service that notifies staff of temps not in range 24/7. If system failure, US Foods can provide emergency storage for refrigerated and frozen items, third party contractor if longer period of time. |
| Walk-In Freezers | 2 | Constantly monitored through wifi connection to cloud service that notifies staff of temps not in range 24/7. If system failure, US Foods can provide emergency storage for refrigerated and frozen items, third party contractor if longer period of time. |
| Blenders | 2 | Redundancy in equipment |
| AccuCheck Devices | 2 | Redundancy in equipment |
| Bed Alarms | 2 | Redundancy in equipment |
| Total Lifts | 2 | Redundancy in equipment |
| Sit to Stand Lifts | 2 | Redundancy in equipment |
| Ceiling Lift Motors | 2 | Redundancy in equipment |
| Liquid Oxygen Personal Unit | 2 | Redundancy in equipment, concentrator, E tank availability |
| Liquid Oxygen Storage Tank | 2 | Redundancy in equipment, concentrator, E tank availability |
| Oxygen Concentrator | 2 | Redundancy in equipment, liquid O2, E tank availability |
| E Tank | 2 | Redundancy in equipment, liquid O2, concentrator availability |
| Air Mattress for Pressure Relief | 2 | Redundancy in equipment |
| Kitchen Equipment | 2 | Redundancy in equipment |
| Medication Cart Laptops | 2 | Redundancy in equipment - use the COW |
| Network Routers | 2 | Redundancy in PCC access through cell phone hotspots |
| Network Servers | 2 | Redundancy in PCC access through cell phone hotspots |
| Environmental Digital Controls | 2 | Service Contract for 24/7 service |
| Combi Ovens | 3 | Redundancy in equipment. If natural gas failure, limited oven space but available. |
| Dish Machine | 3 | Use paper products as a back up. |
| Bladder Scanner | 3 | Redundancy in equipment at VC, one at WV, VC shares with WV |
| Neighborhood Refrigerators | 3 | Constantly monitored through wifi connection to cloud service that notifies staff of temps not in range 24/7. Food items could be stored in other areas |
| Whirlpool Tubs | 3 | Redundancy in equipment |
| SPOT Monitor | 3 | Redundancy in equipment |
| Resident Beds | 3 | Redundancy in equipment |
| Laundry Equipment | 4 | If failure of laundry equipment, there are residential machines or could contract with C&R for service |
| Laptop/Kiosk/Desktop Computers | 4 | Redundancy in equipment - Ipads, Android Tablets, or Desktops |
| Phone Sets | 4 | Redundancy in equipment |
| All Other Equipment | 4 | |

1. Category 1 systems are available at all times for life-support systems.
2. Category 2 systems are highly reliable systems with system failure impact limited to minor injury to the patient or staff.
3. Category 3 system failures may cause discomfort to the patient or caregiver.
4. Category 4 systems have no impact on the patient or caregivers.

## *Community and Facility Based Hazard Vulnerability Assessment (HVA)*

It is the policy of Valley Senior Living to utilize a community and facility-based Hazard Vulnerability Assessment (HVA) to gain a realistic understanding of the vulnerabilities that may be faced and to evaluate the facility's ability to maintain continuity of operations as well as its ability to secure required supplies and resources during an emergency or natural disaster. The HVA will be used in the development of the facility's Emergency Preparedness Plan.

An integrated "All Hazards Approach" specific to the location of the facility will be utilized to consider particular hazards most likely to occur in the surrounding area. These include, but are not limited to:
1. Natural disasters
2. Man-made disasters
3. Facility-based disasters that include but are not limited to:
    a. Care-related emergencies
    b. Equipment and utility failures such as power, water, and gas
    c. Interruptions in communication
    d. Loss of all or a portion of the facility
    e. Interruptions to the normal supply of essential resources such as water, food, fuel, medications, and medical supplies

Potential vulnerabilities that are considered include, but are not limited to:
1. Human resources (i.e., resident and staff safety)
2. Business continuity
3. Physical resources

Risk will be determined by considering a threat's capability for triggering a vulnerability. Rating the degree of risk or potential impact will be used in prioritizing the strategies in emergency planning.

Considerations for the probability of occurrence include, but are not limited to:
1. Knowledge that the issue, hazard, or threat happened in the past.
2. Statistics that the issue, hazard, or threat is likely to occur in the future.
3. Historical data about how often the issue, hazard, or threat occurs or is likely to occur.

Considerations for rating severity, if an issue, hazard, or threat should occur, include but are not limited to:
1. Potential for death or injury requiring medical intervention.
2. Potential for interruption of direct resident care, facility infrastructure, staff, or ancillary services (e.g., pharmacies, food, and laundry).
3. Potential for contamination of outdoor air, water supply, or food supply.
4. Potential for disruption of water or food supply.
5. Potential for evacuation or displacement of residents.

6. Potential for disruption of public utilities (gas and/or electric), public transportation, or transportation routes.
7. Employees unable to report to work.
8. Interruption of critical supplies.

Considerations for determining the current level of preparedness include, but are not limited to:
1. Policies and procedures in place to address an issue, hazard, or threat.
2. Necessary resources (i.e. supplies, technology) available to address an issue, hazard, or threat.
3. Staff training to address an issue, hazard, or threat.

The HVA is completed by facility leadership with collaboration from all departments including but not limited to the Safety Leadership and Facility Safety Committees.

The facility collaborates with various state and local emergency preparedness officials to obtain a community-based risk assessment to be used in performing the facility-based risk assessment. (Refer to the Grand Forks Emergency Management link for the 2020 Multi-Hazard Mitigation Plan which was utilized) https://www.grandforksgov.com/government/city-departments/emergency-management.

Follow-up assessments will be completed as needed to facilitate an annual review of the facility's emergency preparedness plan.

The facility will maintain documentation of the Hazard Vulnerability Assessment indefinitely or for a minimum of three years following each reassessment.

In July 2021, a policy was developed to address Valley Senior Living's response to poor air quality as Canadian wildfires caused several days of concerning levels of particulates in the air which could be harmful to residents.

## Kaiser Permanente
### Emergency Management

Summary For - Valley Senior Living

**2024**

| TOP 10 HVA | RANK | Risk % |
|---|---|---|
| Infectious Disease Outbreak (COVID, Flu, GI, etc.) | 1 | 47% |
| Elopement | 2 | 47% |
| Falls | 3 | 39% |
| Facility Reported Incidents | 4 | 38% |
| Choking | 5 | 35% |
| Severe Winter Storm | 6 | 34% |
| Suicide | 7 | 33% |
| Code Blue/CPR | 8 | 32% |
| IT System Outage/Phone Failure | 9 | 28% |
| Severe Summer Storm | 10 | 20% |

**2024**

| TOP 10 ACTUAL ALERTS | Alerts | Activations |
|---|---|---|
| Infectious Disease Outbreak (COVID, Flu, GI, etc.) | 26 | 19 |
| Elopement | 36 | 5 |
| Falls | 1,145 | 31 |
| Facility Reported Incidents | 52 | 7 |
| Choking | 11 | 5 |
| Severe Winter Storm | 6 | 4 |
| Suicide | 20 | 1 |
| Code Blue/CPR | 3 | 3 |
| IT System Outage/Phone Failure | 5 | 1 |
| Severe Summer Storm | 0 | 0 |

# Kaiser Permanente

## Emergency Management

### Input

| Report Year | 2024 |
|---|---|
| Last Saved | Wednesday, August 07, 2024 at 10:48 AM |

| Report For | Valley Senior Living |
|---|---|

## Initial Process for Development:
Kaiser Permanente tool was used as a basis for scoring the relative risk of all incidents.
The HVA was formed in May 2017 in conjunction with the 2015 Grand Forks County Mitigation Plan.
GF County Mitigation items were coded as high, moderately high, moderate and low hazard on the original template.
Facility staff attended NDTLCA training opportunities on the HVA to understand process for completion.
The President/CEO reviewed the HVA and assigned preliminary scores for discussion.
Alerts and Activations were added which significantly changed risk ratings, giving preference to events likely to occur.
The HVA was reviewed/revised in Administrative Safety and Valley on 42nd and VC Facility Safety meetings.
After a number of revisions, the HVA was presented to the Executive Committee of the Board of Directors in June 2017.
Another revision took place in July and an HVA was set for the purpose of training all staff in August.
The document is reviewed annually by Safety Director and Administrative Safety in conjunction with annual staff training.

## Process to Educate All Staff:
In mandatory yearly education, all existing staff received inservice training on the top 10 items in the HVA.
New staff receive training on the top 10 items of the HVA through a Healthcare Academy Module with Posttest

## Process to Track Future Events:
Many of the items in the HVA have their own incident reporting process and reporting mechanism.
The intent is that as events occur that do not have their own incident reporting process, discuss in safety meetings.

# Kaiser Permanente
Emergency Management

**Hazards - Valley Senior Living**
**Hazard Vulnerability Assessment Tool**

| Alert Type | PROBABILITY | ALERTS | ACTIVATION | SEVERITY = ( MAGNITUDE - MITGATION ) | | | | | | RISK |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | HUMAN IMPACT | PROPERTY IMPACT | BUSINESS IMPACT | PREPARED-NESS | INTERNAL RESPONSE | EXTERNAL RESPONSE | |
| | Likelihood this will occur | | | Possibility of death or injury | Physical losses and damages | Interuption of services | Preplanning | Time, effectiveness, resources | Community/Mutual Aid staff and supplies | * Relative threat |
| SCORE | 0 = N/A 1 = Low 2 = Moderate 3 = High | Number of Alerts | Number of Activations | 0 = N/A 1 = Low 2 = Moderate 3 = High | 0 = N/A 1 = Low 2 = Moderate 3 = High | 0 = N/A 1 = Low 2 = Moderate 3 = High | 0 = N/A 1 = High 2 = Moderate 3 = Low | 0 = N/A 1 = High 2 = Moderate 3 = Low | 0 = N/A 1 = High 2 = Moderate 3 = Low | 0 - 100% |
| Infectious Disease Outbreak (COVID, Flu, GI, etc.) | 2 | 26 | 19 | 2 | 0 | 2 | 2 | 1 | 2 | 47% |
| Elopement | 2 | 36 | 5 | 3 | 0 | 2 | 1 | 1 | 2 | 47% |
| Falls | 3 | 1,145 | 31 | 3 | 0 | 1 | 1 | 1 | 1 | 39% |
| Resident Abuse/Neglect/Etc. (FRIs) | 3 | 52 | 7 | 2 | 0 | 1 | 1 | 1 | 2 | 38% |
| Choking | 3 | 11 | 5 | 3 | 0 | 1 | 1 | 1 | 1 | 35% |
| Severe Winter Storm | 3 | 6 | 4 | 1 | 1 | 2 | 1 | 1 | 1 | 34% |
| Suicide | 1 | 20 | 1 | 3 | 0 | 1 | 1 | 1 | 1 | 33% |
| Code Blue/CPR | 3 | 3 | 3 | 3 | 0 | 1 | 1 | 1 | 1 | 32% |
| IT System Outage/Phone Failure | 2 | 5 | 1 | 0 | 0 | 3 | 1 | 2 | 1 | 28% |
| Severe Summer Storm | 3 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 20% |
| Sewage Failure | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 19% |
| Cyber Attack | 2 | 0 | 0 | 0 | 2 | 3 | 1 | 1 | 1 | 18% |
| Workplace Violence / Threat | 2 | 0 | 0 | 2 | 0 | 1 | 2 | 2 | 1 | 18% |
| Flood, Internal | 2 | 0 | 0 | 1 | 2 | 1 | 1 | 1 | 1 | 16% |
| Explosion | 1 | 0 | 0 | 3 | 3 | 3 | 2 | 1 | 1 | 14% |
| Suspicious Package / Substance | 1 | 0 | 0 | 2 | 2 | 1 | 3 | 3 | 2 | 14% |
| Tornado | 1 | 0 | 0 | 3 | 3 | 3 | 2 | 1 | 1 | 14% |
| Act of Terrorism | 1 | 0 | 0 | 3 | 1 | 1 | 3 | 3 | 1 | 13% |
| Fire, Internal | 1 | 0 | 0 | 3 | 3 | 3 | 1 | 1 | 1 | 13% |
| Fire, Wildfire | 1 | 0 | 0 | 2 | 3 | 3 | 2 | 1 | 1 | 13% |
| Bomb Threat | 1 | 0 | 0 | 2 | 2 | 3 | 2 | 1 | 1 | 12% |
| Chemical Exposure, External | 1 | 0 | 0 | 3 | 1 | 3 | 2 | 1 | 1 | 12% |
| Dam Failure | 1 | 0 | 0 | 1 | 3 | 3 | 2 | 1 | 1 | 12% |
| Flood, External | 1 | 0 | 0 | 1 | 3 | 3 | 2 | 1 | 1 | 12% |
| Fuel Shortage | 1 | 0 | 0 | 1 | 2 | 2 | 2 | 2 | 2 | 12% |
| Gas / Emmissions Leak | 1 | 0 | 0 | 2 | 1 | 2 | 2 | 2 | 2 | 12% |
| HVAC Failure | 1 | 0 | 0 | 2 | 1 | 3 | 2 | 1 | 2 | 12% |
| Transportation Incident | 1 | 0 | 0 | 2 | 2 | 2 | 2 | 2 | 1 | 12% |
| Water Disruption | 1 | 0 | 0 | 1 | 0 | 3 | 2 | 3 | 2 | 12% |
| Generator Failure | 1 | 0 | 0 | 1 | 1 | 3 | 1 | 2 | 2 | 11% |
| Water Contamination | 1 | 0 | 0 | 2 | 0 | 2 | 2 | 2 | 2 | 11% |
| Air Quality Issue | 1 | 1 | 0 | 2 | 0 | 1 | 1 | 1 | 1 | 11% |
| Active Shooter | 1 | 0 | 0 | 3 | 0 | 2 | 2 | 1 | 1 | 10% |
| Evacuation | 1 | 0 | 0 | 1 | 1 | 3 | 2 | 1 | 1 | 10% |
| Supply Chain Shortage / Failure | 1 | 0 | 0 | 1 | 1 | 3 | 1 | 2 | 1 | 10% |
| Utility Failure | 1 | 0 | 0 | 0 | 1 | 3 | 1 | 2 | 2 | 10% |
| Strikes / Labor Action / Work Stoppage | 1 | 0 | 0 | 0 | 0 | 3 | 3 | 2 | 0 | 9% |
| Shelter in Place | 1 | 0 | 0 | 1 | 1 | 2 | 1 | 1 | 1 | 8% |
| Natural Gas Disruption | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 2 | 0 | 7% |
| Pandemic | 1 | 0 | 0 | 1 | 0 | 2 | 1 | 1 | 1 | 7% |
| Power Outage | 2 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 7% |
| Planned Power Outage | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 3% |